



---

**Mano K. Nazar**  
**Site Vice President**  
Prairie Island Nuclear Generating Plant  
Nuclear Management Company, LLC  
1717 Wakonade Dr. East • Welch MN 55089

May 31, 2002

10 CFR 50.55a

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

**PRAIRIE ISLAND NUCLEAR GENERATING PLANT**  
Docket No. 50-306 License No. DPR-60

Unit 2 Inservice Inspection Summary Report, Interval 3, Period 3  
Refueling Outage Dates 2-1-2002 to 3-2-2002  
Cycle 21 / 6-7-2000 to 3-2-2002

---

During the 2002 Prairie Island Unit 2 refueling outage, an inservice inspection (ISI) examination for the third period of the third interval was conducted. Attached for your information are four copies of the ISI examination Summary Report for this period.

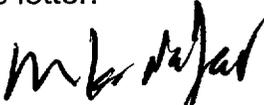
The report identifies components examined, the examination methods used, the examination number, and summarizes the results. All anomalies were either corrected or an engineering evaluation was performed to accept "as is" conditions. A description of the corrective work and the corresponding work request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

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

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

A047

Please contact Robert Alexander (651-388-1121) if you have any questions related to this letter.



Mano K. Nazar  
Site Vice President  
Prairie Island Nuclear Generating Plant

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

Attachment: Unit 2 ISI Summary Report, approved May 18, 2002

NUCLEAR MANAGEMENT COMPANY, LLC  
700 FIRST STREET  
HUDSON, WISCONSIN 54016

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

INSERVICE INSPECTION SUMMARY REPORT  
INTERVAL 3, PERIOD 3  
REFUELING OUTAGE DATES: 2-1-2002 TO 3-2-2002  
UNIT 2, CYCLE 21: 6-7-2000 TO 3-2-2002

COMMERCIAL SERVICE DATE: DECEMBER 21, 1974

Prepared By:  Date: 5-8-02  
ISI Repair/Replacement Coordinator, Nuclear Management Company  
Russell Willston

Reviewed By:  Date: 5/16/02  
Section XI Program Coordinator, Nuclear Management Company  
Paul Blaylock

Reviewed By:  Date: 5/16/2002  
Program Engineering Manager, Nuclear Management Company  
Randall Womack

Approved By:  Date: 5/16/02  
Director of Engineering, Nuclear Management Company  
H. Lee Williams

Table of Contents

	<u>Number of Pages</u>
Section 1. Discussion .....	2
Section 2. Form NIS-1, Owner's Report for Inservice Inspections .....	2
Section 3. Interval 3 Period 3 Examinations by Class .....	14
Section 4. Pressure Tests.....	1
Section 5. Snubber Inservice Testing and Preservice Examinations.....	2
Section 6. Steam Generator Eddy Current Examination Results .....	50
Section 7. Repair/ Replacement Activities .....	167

## Section 1. Discussion

### 1.0 INTRODUCTION

This summary report identifies the components examined, the examination methods used, the examination number and summarizes the examination results performed during the 3rd period of the 3rd interval, unit 2 fuel cycle 21 (2R21). The 3rd inspection interval is based on the examination requirements of the ASME Boiler and Pressure Vessel Code Section XI, 1989 Edition with no addenda.

### 2.0 PERSONNEL

Visual and nondestructive examinations were performed by Nuclear Management Company, Lambert Macgill and Thomas (LMT), ABB and Zetec Inc. Framatome Technologies was contracted to perform independent evaluation of the eddy current steam generator data. The Hartford Steam Boiler Inspection and Insurance Company of Connecticut, provided the Authorized Inspection services. Examination personnel certifications are maintained on file by Nuclear Management Company.

### 3.0 INSPECTION SUMMARY

Examination results indicate that plant systems integrity have been maintained.

The information contained in Section 3 is computer generated by the ISI database management system and includes other non-code inspection results. The non-code inspection results listed within this appendix have not been reviewed or certified by the ANI inspector and are not covered by the form NIS-1 submitted with this summary report.

Pressure tests were completed as scheduled and corrective measures performed as required by ASME XI.

During technical specification required visual inspections, snubber 2-MSDH-20 was observed to have no visible fluid in the reservoir sight glass. The snubber was removed and as-found functionally tested with satisfactory results. Other minor snubber deficiencies as noted on SP 2171 and TP 2535 were repaired under work order 0103643. All snubbers that underwent functional testing had satisfactory results, therefore no scope expansion was required.

During the refueling outage, 100% of all accessible tubes in steam generator 21 and 22 were examined full length as part of the inservice inspection. See Section 6 for details.

All repair/ replacement activities completed during the cycle are documented on the attached NIS-2 forms.

#### 4.0 IWE SUMMARY

Section 3 will convey the Class MC components examined, the examination number, and summary of the the examination results performed during cycle 2R21. The first interval, September 9, 1996 to May 8, 2008 is based on the examination requirements of ASME Section XI 1992 Edition and 1992 Addenda, and 10 CFR 50.55a dated Tuesday, September 30, 1997. No areas of corrosion were noted.

Modifications under design change 99ZC01 to the maintenance and personnel airlocks were performed to replace the handwheel shaft seal assemblies. The pressure retaining bolted connections were examined while disassembled. Volumetric leak rate tests were performed prior to and after installation of the new seal assemblies, and the results are tabulated below.

	Pre-Test	Post-Test
Maintenance Airlock	2825 SCC/ min.	34.8 SCC/ min.
Personnel Airlock	2958 SCC/ min.	31.4 SCC/ min.

#### 5.0 EXAMINATION REPORTS, EQUIPMENT AND MATERIALS

Examination reports contain references to procedures, equipment and materials used to complete the specific examinations. Copies of the examination reports, examination procedures, and equipment records are available from Nuclear Management Company.

Section 3 contains several abbreviations which are identified below:

(A) = Augmented examinations  
BL = Baseline examination  
GEO = Geometry, evaluation of a indication  
HELB = High Energy Line Break  
IN = Information Notice  
IND = Indication requires further evaluation  
NAD = No Apparent Defects  
NC = Non Code examinations  
NCR = Nonconformance Report  
SE = Safety Evaluation

Hanger and component support examinations listed in Section 3 as IWF or F-A, B, C include the applicable examination requirements of ASME Section XI Subsection IWF.

# FORM NIS-1 OWNER'S REPORT FOR INSERVICE INSPECTIONS

(As required by the Provisions of the ASME Code Rules)

1. Owner Nuclear Management Company, Hudson, Wisconsin  
(Name and Address of Owner)
2. Plant Prairie Island Nuclear Generating Plant, 1717 Wakonade Drive E., Welch, MN 55089  
(Name and Address of Plant)
3. Plant Unit PI Unit 2 4. Owner Certificate of Authorization (if required) N/A
5. Commercial Service Date 12/20/1974 6. National Board Number for Unit N/A
7. Components Inspected

Component or Appurtenance	Manufacturer or Installer	Manufacturer or Installer Serial No.	State or Province No.	National Board No.
Reactor Vessel	Creuot-Loire	687	MINN-200-51	-----
Pressurizer	Westinghouse	1191	-----	68-57
Steam Generator #21	Westinghouse	1181	-----	68-39
Steam Generator #22	Westinghouse	1182	-----	68-40
Reactor Coolant Pump #21	Westinghouse	W510	-----	-----
Reactor Coolant Pump #22	Westinghouse	W515	-----	-----
RHR Heat Exchanger 21	Joseph Oats & Sons	1817-1C	-----	342
RHR Heat Exchanger 22	Joseph Oats & Sons	1817-1D	-----	343
RHR Pump 21	Byron Jackson	-----	-----	-----
RHR Pump 22	Byron Jackson	-----	-----	-----
Safety Injection Pump #21	Bingham	-----	-----	-----
Safety Injection Pump #22	Bingham	-----	-----	-----
Accumulator Tank 21	Delta Southern	41037-68-1	-----	2575
Accumulator Tank 22	Delta Southern	41037-69-2	-----	2576
Boric Acid Tank 21	NAVCO	-----	-----	-----

## SEE ATTACHMENTS FOR INSPECTION SUMMARY

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.

This form (E00029) may be obtained from the ASME Order Dept., 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300

### FORM NIS-1 (Back)

- 8. Examination Dates 6/7/2000 to 3/2/2002
- 9. Inspection Period Identification: 3 to --
- 10. Inspection Interval Identification: 12/21/1994 to 12/20/2004
- 11. Applicable Edition of Section XI 1989 Addenda no addenda
- 12. Date/Revision of Inspection Plan: 11-07-98 Revision 1
- 13. Abstract of Examinations and Tests. Include a list of examinations and tests and a statement concerning status of work required for the Inspection Plan.  
See Sections 3 thru 6.
- 14. Abstract of Results of Examinations and Tests.  
See Sections 3 thru 6.
- 15. Abstract of Corrective Measures.  
See Sections 3 thru 6.

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

Certificate of Authorization No. ( if applicable) N/A Expiration Date \_\_\_\_\_  
 Date 5/16/02 Signed Nuclear Management Company By Paul G. [Signature]  
Owner

#### CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectores and the State or provinces of Minnesota and employed by The Hartford Steam Boiler Inspection + Insurance Co. of Connecticut of Hartford, CT have inspected the components described in this Owner's Report during the peroid 6/7/00 to 3/2/02, and state that to the best of my knowledge and belief, the Owner has performed examinations and tests and taken corrective measures described in this Owner's Report in accordance with the inspection plan and as required by the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ABNI, MN 039600-CO  
 Inspector's Signature National Board, State, Province, and Endorsements  
 Date 5/17/02

SEE ATTACHMENTS FOR INSPECTION SUMMARY

## Section 3 Inservice Inspection Report

Owner: Nuclear Management Company, Hudson, Wisconsin  
 Plant: Prairie Island Nuclear Generating Plant , 1717 Wakonade Drive E., Welch, MN 55089  
 Plant Unit: PI Unit 2

Owner Certificate of Authorization (If Req.): N/A  
 Commercial Service Date: 12/20/1974  
 National Board Number for Unit: N/A

Summary No.	Comp ID	Comp Desc.	Category	Item	Procedure	Method/Sheet/Results	System	ISO Num	Exam Date
500713	Pump # 22	Body	T.S.	TS.4.2-1	ISI-UT-12	UT 2002U014 NAD	RC	2-ISI- 43B	2/9/2002
					ISI-MT-1	MT 2002M007 NAD	RC	2-ISI- 43B	2/9/2002
500715	Pump # 22	Keyway & Bore	T.S.	TS.4.2-1	ISI-UT-12	UT 2002U015 NAD	RC	2-ISI- 43B	2/9/2002
500717	Pump # 22	Periphery	T.S.	TS.4.2-1	ISI-MT-1	MT 2002M008 NAD	RC	2-ISI- 43B	2/9/2002
					ISI-UT-12	UT 2002U011 NAD	RC	2-ISI- 43B	2/9/2002
<b>Class 1</b>									
500027	H- 2	Support	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V154 NAD	RC	2-ISI- 7E	12/18/2002
Comments:	Preservice Examination								
500028	H- 4	Ruptured Restraint	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V181 NAD	RC	2-ISI- 7E	2/20/2002
Comments:	Preservice Examination								
500031	H- 3	Support	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V188 NAD	RC	2-ISI- 7E	2/21/2002
Comments:	Preservice Examination								
500032	H- 6	Support	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V182 NAD	RC	2-ISI- 7E	2/20/2002
Comments:	Preservice Examination								
500036	H- 1	Restraint	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V118 NAD	RC	2-ISI- 7A	2/2/2002
Comments:	Preservice Examination								
500038	H- 4	Restraint	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V101 NAD	RC	2-ISI- 7A	2/9/2002
Comments:	Preservice Examination								
500040	H- 2	Restraint	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V102 NAD	RC	2-ISI- 7A	2/9/2002
Comments:	Preservice Examination								
500057	H- 1	Support	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V028 NAD	RC	2-ISI- 17	2/5/2002
500060	H- 1	Support	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V176 IND	RC	2-ISI- 15	2/18/2002
Comments:	Acceptable as is, CR200201887								
500067	H- 3	Restraint	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V177 IND	RC	2-ISI- 4	2/19/2002
					ISI-VT-2.0	VT 2002V185 NAD	RC	2-ISI- 4	2/20/2002
Comments:	Not acceptable, CR 200201891Reworked and re-inspected report 2002V185								
500069	H- 2	Restraint	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V178 NAD	RC	2-ISI- 4	2/19/2002
500070	H- 1	Restraint	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V025 IND	RC	2-ISI- 4	2/5/2002

## Section 3 Inservice Inspection Report

Owner: Nuclear Management Company, Hudson, Wisconsin  
 Plant: Prairie Island Nuclear Generating Plant , 1717 Wakonade Drive E., Welch, MN 55089  
 Plant Unit: PI Unit 2

Owner Certificate of Authorization (If Req.): N/A  
 Commercial Service Date: 12/20/1974  
 National Board Number for Unit: N/A

Summary No.	Comp ID	Comp Desc.	Category	Item	Procedure	Method/Sheet/Results	System	ISO Num	Exam Date
Comments:	Acceptable as is. CR200201891								
500095	B- 1	Valve Bolting	B-G-2	B7.70	ISI-VT-1.0	VT 2002V190 NAD	RC	2-ISI- 10A	2/22/2002
					ISI-VT-1.0	VT 2002V023 IND	RC	2-ISI- 10A	2/5/2002
Comments:	Accepted as is, CR200201891								
500138	B- 1	Valve Bolts	B-G-2	B7.70	ISI-VT-1.0	VT 2002V016 NAD	RC	2-ISI- 23	2/4/2002
500146	B- 2	Valve Bolting	B-G-2	B7.70	ISI-VT-1.0	VT 2002V066 NAD	SI	2-ISI- 28	2/7/2002
500259	H- 2	Restraint	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V167 NAD	RH	2-ISI- 20C	2/18/2002
Comments:	Exam performed as part of scope expansion from Report No. 2002V149.								
500260	H- 1	Restraint	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V166 NAD	RH	2-ISI- 20C	2/18/2002
Comments:	Exam performed as part of scope expansion from Report No. 2002V149.								
500261	H- 5	Restraint	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V162 NAD	RH	2-ISI- 20B	2/18/2002
Comments:	Exam performed as part of scope expansion from Report No. 2002V149.								
500263	H- 4	Restraint	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V163 NAD	RH	2-ISI- 20B	2/18/2002
Comments:	Exam performed as part of scope expansion from Report No. 2002V149.								
500264	H- 3	Restraint	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V164 NAD	RH	2-ISI- 20B	2/18/2002
Comments:	Exam performed as part of scope expansion from Report No. 2002V149.								
500265	H- 1	Restraint	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V165 NAD	RH	2-ISI- 20B	2/18/2002
Comments:	Exam performed as part of scope expansion from Report No. 2002V149.								
500266	H- 3	Restraint	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V139 NAD	RC	2-ISI- 20A	2/14/2002
Comments:	Exam performed as part of scope expansion from Report No. 2002V024.								
500267	H- 2	Restraint	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V024 IND	RC	2-ISI- 20A	2/5/2002
					ISI-VT-2.0	VT 2002V150 NAD	RC	2-ISI- 20A	2/16/2002
Comments:	See CR 200201891								
500268	H- 6	Restraint	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V159 NAD	RH	2-ISI- 20A	2/18/2002
Comments:	Exam performed as part of scope expansion from Report No. 2002V149.								
500271	H- 7	Restraint	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V160 NAD	RC	2-ISI- 20A	2/18/2002
Comments:	Exam performed as part of scope expansion from Report No. 2002V149.								
500272	H- 5	Restraint	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V140 IND	RC	2-ISI- 20A	2/14/2002

## Section 3 Inservice Inspection Report

Owner: Nuclear Management Company, Hudson, Wisconsin  
 Plant: Prairie Island Nuclear Generating Plant, 1717 Wakonade Drive E., Welch, MN 55089  
 Plant Unit: PI Unit 2

Owner Certificate of Authorization (If Req.): N/A  
 Commercial Service Date: 12/20/1974  
 National Board Number for Unit: N/A

Summary No.	Comp ID	Comp Desc.	Category	Item	Procedure	Method/Sheet/Results	System	ISO Num	Exam Date
Comments:	Acceptable as is, CR200201887				ISI-VT-2.0	VT 2002V191 NAD	RC	2-ISI- 20A	2/23/2002
500273	H- 1	Restraint	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V149 IND	RC	2-ISI- 20A	2/16/2002
Comments:	Not Acceptable, CR 200201891, Reworked re-inspected report 2002V189				ISI-VT-2.0	VT 2002V189 NAD	RC	2-ISI- 20A	2/22/2002
500366	H- 2	Crossover Support	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V014 NAD	RC	2-ISI- 33B	2/4/2002
500375	B- 3	Lower Seal House	B-G-2	B7.60	ISI-VT-1.0	VT 2002V147 NAD	RC	2-ISI- 43A	2/15/2002
500376	B- 4	Upper Seal House	B-G-2	B7.60	ISI-VT-1.0	VT 2002V148 NAD	RC	2-ISI- 43A	2/15/2002
500377	B- 4	Upper Seal House	B-G-2	B7.60	ISI-VT-1.0	VT 2002V055 NAD	RC	2-ISI- 43B	2/6/2002
500378	B- 3	Lower Seal House	B-G-2	B7.60	ISI-VT-1.0	VT 2002V056 NAD	RC	2-ISI- 43B	2/6/2002
500379	B- 1	Flange Bolts	B-G-1	B6.180	ISI-UT-4D	UT 2002U047 NAD	RC	2-ISI- 43A	2/20/2002
500381	H-10	Col 1 Base	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V054 NAD	RC	2-ISI- 43B	2/6/2002
500382	H-11	Col 2 Base	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V053 NAD	RC	2-ISI- 43B	2/6/2002
500404	H- 2A	Col 2 Bumper	B-K-1	F-A,B,C	ISI-VT-2.0	VT 2002V125 NAD	RC	2-ISI- 43A	2/12/2002
500442	RV Wshrs 1-	Washers	B-G-1	B6.50	ISI-VT-1.0	VT 2002V093 NAD	RV	2-ISI- 39	2/9/2002
Comments:	Washer Sets 17 - 32.								
500466	H-18	Col 2 Bumper	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V173 NAD	SG	2-ISI- 37C	2/19/2002
500478	H-19	Col 3 Bumper	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V175 NAD	SG	2-ISI- 37C	2/19/2002
500512	B- 1	Flange Bolts	B-G-2	B7.50	ISI-VT-1.0	VT 2002V026 NAD	RC	2-ISI- 17	2/5/2002
500515	B- 1	Flange Bolts	B-G-2	B7.50	ISI-VT-1.0	VT 2002V129 NAD	RC	2-ISI- 30A	2/13/2002
500711	B- 1	Flange Bolts	B-G-2	B7.50	ISI-VT-1.0	VT 2002V130 NAD	RC	2-ISI- 30B	2/13/2002
500724	B- 1	Inlet Manway Studs	B-G-2	B7.30	ISI-VT-1.0	VT 2001V301 NAD	SG	2-ISI- 37A	5/22/2001
Comments:	Preservice Examination				ISI-VT-1.0	VT 2001V305 NAD	SG	2-ISI- 37A	5/23/2001
500725	B- 1	Inlet Manway Studs	B-G-2	B7.30	ISI-VT-1.0	VT 2002V094 NAD	SG	2-ISI- 37B	2/9/2002
500728	B- 1	Marmon Clamp @ 120	B-G-2	B7.10	ISI-VT-1.0	VT 2002V169 NAD	RV	2-ISI- 38	2/18/2002
Comments:	Preservice Examination								
501013	B- 1	Manway Studs	B-G-2	B7.20	ISI-VT-1.0	VT 2001V302 NAD	RC	2-ISI- 35	5/24/2001
Comments:	Reports 2001V302 and 2001V304 are Preservice Exams.				ISI-VT-1.0	VT 2001V304 NAD	RC	2-ISI- 35	5/24/2001
					ISI-VT-1.0	VT 2002V131 NAD	RC	2-ISI- 35	2/14/2002
501064	H- 5	Spring/Clamp	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V042 NAD	RC	2-ISI- 24	2/5/2002
501069	H- 3	Restraint	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V011 NAD	VC	2-ISI- 1C	2/4/2002

## Section 3 Inservice Inspection Report

Owner: Nuclear Management Company, Hudson, Wisconsin  
 Plant: Prairie Island Nuclear Generating Plant, 1717 Wakonade Drive E., Welch, MN 55089  
 Plant Unit: PI Unit 2

Owner Certificate of Authorization (If Req.): N/A  
 Commercial Service Date: 12/20/1974  
 National Board Number for Unit: N/A

Summary No.	Comp ID	Comp Desc.	Category	Item	Procedure	Method/Sheet/Results	System	ISO Num	Exam Date
501125	W- 1	Pump To Pipe	B-J	B9.11	ISI-UT-11	UT 2002U035 NAD	RC	2-ISI- 32C	2/12/2002
					ISI-PT-1	PT 2002P040 NAD	RC	2-ISI- 32C	2/11/2002
Comments:	UT Examination is limited to 49.2% coverage due to 6" branch connection. PT Surface examination >90%.								
501140	W- 1	Nozzle To Elbow	B-J	B9.11	ISI-UT-11	UT 2002U045 NAD	RC	2-ISI- 33B	2/19/2002
					ISI-PT-1	PT 2002P063 NAD	RC	2-ISI- 33B	2/16/2002
Comments:	UT examination is limited to 55.3% coverage due to configuration. PT Surface Examination coverage is >90%.								
501141	W- 2	Elbow To Pipe	B-J	B9.11	ISI-UT-11	UT 2002U046 NAD	RC	2-ISI- 33B	2/19/2002
					ISI-PT-1	PT 2002P062 NAD	RC	2-ISI- 33B	2/16/2002
501152	H- 5	Spring Clamp	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V183 NAD	RC	2-ISI- 7E	2/20/2002
Comments:	Preservice exam								
501160	H- 1	Seismic Restraint	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V027 NAD	RC	2-ISI- 7B	2/5/2002
501162	H- 5	Seismic Anchor	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V013 NAD	RC	2-ISI- 7A	2/4/2002
501163	H- 3	Snubber	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V103 NAD	RC	2-ISI- 7A	2/9/2002
Comments:	Preservice Examination								
501182	H- 2	Spring Hanger	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V002 NAD	RH	2-ISI- 52	1/28/2002
501269	H- 4	Snubber	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V041 IND	RH	2-ISI- 10A	2/5/2002
Comments:	Acceptable as is. CR200201887								
501299	H- 4	Restraint & Support	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V158 IND	RC	2-ISI- 20A	2/18/2002
Comments:	Acceptable as is. CR200201887								
501409	N- 2 IR	Spray Nozzle	B-D	B3.120	ISI-UT-5D	UT 2002U016 NAD	RC	2-ISI- 35	2/10/2002
501459	W- 2	Nozzle to Pipe	B-J	B9.21	ISI-PT-1	PT 2002P061 NAD	RC	2-ISI- 7E	2/15/2002
501514	W- 3	Pipe to Elbow	B-J	B9.21	ISI-PT-1	PT 2002P021 NAD	RC	2-ISI- 7E	2/6/2002
501524	W- 7	45 Elbow to Reducer	B-J	B9.21	ISI-PT-1	PT 2002P015 NAD	SI	2-ISI- 23	2/6/2002
501526	W-13	Pipe to Weldolet	B-J	B9.21	ISI-PT-1	PT 2002P060 NAD	SI	2-ISI- 25	2/14/2002
501558	W- 3	Bottom Head to Shell	B-B	B2.11	ISI-UT-3	UT 2002U021 IND	RC	2-ISI- 36	2/10/2002
Comments:	Indication acceptable per WCAP								
501584	W- 8	45 Elbow to Reducer	B-J	B9.11	ISI-PT-1	PT 2002P026 NAD	RC	2-ISI- 28	2/8/2002
					ISI-UT-16A	UT 2002U039 NAD	RC	2-ISI- 28	2/14/2002
501638	W- 7	Valve to 45 Elbow	B-J	B9.11	ISI-UT-16A	UT 2002U038 NAD	RC	2-ISI- 28	2/14/2002
					ISI-PT-1	PT 2002P025 NAD	RC	2-ISI- 28	2/8/2002
Comments:	UT Examination is limited 50% by PDI procedure, PT Surface examination >90% coverage.								

## Section 3 Inservice Inspection Report

Owner: Nuclear Management Company, Hudson, Wisconsin  
 Plant: Prairie Island Nuclear Generating Plant, 1717 Wakonade Drive E., Welch, MN 55089  
 Plant Unit: PI Unit 2

Owner Certificate of Authorization (If Req.): N/A  
 Commercial Service Date: 12/20/1974  
 National Board Number for Unit: N/A

Summary No.	Comp ID	Comp Desc.	Category	Item	Procedure	Method/Sheet/Results	System	ISO Num	Exam Date
501666	W- 5	Top Head to Shell	B-B	B2.11	ISI-UT-3	UT 2002U040 GEO	RC	2-ISI- 36	2/13/2002
501669	W- 6	Elbow to Pipe	B-J	B9.11	ISI-PT-1	PT 2002P064 NAD	RC	2-ISI- 20A	2/16/2002
					ISI-UT-16A	UT 2002U041 NAD	RC	2-ISI- 20A	2/18/2002
501675	W- 6	Pipe to Valve	B-J	B9.21	ISI-PT-1	PT 2002P031 NAD	RC	2-ISI- 7A	1/28/2002
Comments:	Preservice Examination								
501687	W- 7	Tee to Valve	B-J	B9.21	ISI-PT-1	PT 2002P011 NAD	RC	2-ISI- 27	2/5/2002
501730	H- 1	Base	B-H	F-A&B8	ISI-VT-2.0	VT 2002V146 NAD	RC	2-ISI- 36	2/15/2002
501734	W- 8	Pipe to Elbow	B-J	B9.11	ISI-PT-1	PT 2002P039 NAD	RC	2-ISI- 20A	2/10/2002
					ISI-UT-16A	UT 2002U027 NAD	RC	2-ISI- 20A	2/12/2002
501740	W- 7	Valve to Pipe	B-J	B9.21	ISI-PT-1	PT 2002P030 NAD	RC	2-ISI- 7A	1/28/2002
Comments:	Preservice Examination								
501741	W- 7	Pipe to Elbow	B-J	B9.21	ISI-PT-1	PT 2002P020 NAD	RC	2-ISI- 7E	1/7/2002
Comments:	Preservice Examination								
501795	W- 8	Elbow to Pipe	B-J	B9.21	ISI-PT-1	PT 2002P018 NAD	RC	2-ISI- 7E	1/7/2002
Comments:	Preservice Examination								
501803	W- 4	Flange to Pipe	B-J	B9.21	ISI-PT-1	PT 2002P008 NAD	RC	2-ISI- 17	2/4/2002
501804	W- 9	Elbow to Pipe	B-J	B9.11	ISI-UT-16A	UT 2002U033 NAD	RC	2-ISI- 20A	2/12/2002
					ISI-PT-1	PT 2002P038 NAD	RC	2-ISI- 20A	2/10/2002
Comments:	UT examination is limited to 58.75% Coverage.PT surface examination >90% Coverage.								
501852	W- 9	Pipe to Valve	B-J	B9.21	ISI-PT-1	PT 2002P017 NAD	RC	2-ISI- 7E	1/7/2002
Comments:	Preservice Examination								
501890	W-10	Valve to Elbow	B-J	B9.21	ISI-PT-1	PT 2002P016 NAD	RC	2-ISI- 7E	1/7/2002
Comments:	Preservice Examination								
501936	W- 1	Pipe to Nozzle	B-J	B9.32	ISI-PT-1	PT 2002P022 NAD	RC	2-ISI- 7E	2/7/2002
501965	W-12	Elbow to Pipe	B-J	B9.21	ISI-PT-1	PT 2002P010 NAD	RC	2-ISI- 27	2/5/2002
501990	W-14	Valve To Pipe	B-J	B9.40	ISI-PT-1	PT 2002P052 NAD	VC	2-ISI- 1A	2/11/2002
Comments:	Preservice Examination								
501993	W-12	Elbow To Pipe	B-J	B9.21	ISI-PT-1	PT 2002P035 NAD	RC	2-ISI- 3	2/10/2002
502029	W-13	Pipe To Valve	B-J	B9.40	ISI-PT-1	PT 2002P051 NAD	VC	2-ISI- 1A	2/11/2002
Comments:	Preservice Examination								

## Section 3 Inservice Inspection Report

Owner: Nuclear Management Company, Hudson, Wisconsin  
 Plant: Prairie Island Nuclear Generating Plant, 1717 Wakonade Drive E., Welch, MN 55089  
 Plant Unit: PI Unit 2

Owner Certificate of Authorization (If Req.): N/A  
 Commercial Service Date: 12/20/1974  
 National Board Number for Unit: N/A

Summary No.	Comp ID	Comp Desc.	Category	Item	Procedure	Method/Sheet/Results	System	ISO Num	Exam Date	
502031	W-13	Pipe To Valve	B-J	B9.40	ISI-PT-1	PT 2002P036 NAD	RC	2-ISI- 3	2/10/2002	
502040	W-12	Pipe to Elbow	B-J	B9.21	ISI-PT-1	PT 2002P005 NAD	RC	2-ISI- 24	2/4/2002	
502083	W-13	Elbow to Pipe	B-J	B9.21	ISI-PT-1	PT 2002P006 NAD	RC	2-ISI- 24	2/4/2002	
502111	W-15	Bent Pipe To Reducer	B-J	B9.11	ISI-UT-16A	UT 2002U013 NAD	RC	2-ISI- 31	2/9/2002	
					ISI-PT-1	PT 2002P032 NAD	RC	2-ISI- 31	2/9/2002	
502118	W- 7	Valve to Pipe	B-J	B9.40	ISI-PT-1	PT 2002P054 NAD	VC	2-ISI- 12C	2/11/2002	
Comments:	Preservice Examination									
502150	W-16	Reducer To Safe End	B-J	B9.11	ISI-UT-16A	UT 2002U017 NAD	RC	2-ISI- 31	2/9/2002	
					ISI-PT-1	PT 2002P033 NAD	RC	2-ISI- 31	2/9/2002	
502157	W- 6	Pipe to Valve	B-J	B9.40	ISI-PT-1	PT 2002P053 NAD	VC	2-ISI- 12C	2/11/2002	
Comments:	Preservice Examination									
502165	W-17	Safe End To Nozzle	B-F	B5.40	ISI-UT-16	UT 2002U020 NAD	RC	2-ISI- 31	2/19/2002	
					ISI-PT-1	PT 2002P034 NAD	RC	2-ISI- 31	2/9/2002	
502225	W- 2	Elbow to Pipe	B-J	B9.21	ISI-PT-1	PT 2002P009 NAD	RC	2-ISI- 7B	2/4/2002	
502364	W- 4	Pipe To Elbow	B-J	B9.11	ISI-PT-1	PT 2002P037 NAD	RH	2-ISI- 10C	2/10/2002	
					ISI-UT-16A	UT 2002U023 NAD	RH	2-ISI- 10C	2/12/2002	
502508	W- 6	Pipe To Valve	B-J	B9.40	ISI-PT-1	PT 2002P048 NAD	RC	2-ISI- 4	2/11/2002	
502513	W- 5	63 Elbow To Pipe	B-J	B9.21	ISI-PT-1	PT 2002P047 NAD	RC	2-ISI- 4	2/11/2002	
502519	W- 4	Cross To 62 Elbow	B-J	B9.21	ISI-PT-1	PT 2002P046 NAD	RC	2-ISI- 4	2/11/2002	
502560	W-10	Pipe To Elbow	B-J	B9.21	ISI-PT-1	PT 2002P014 NAD	VC	2-ISI- 1C	2/5/2002	
502562	W- 9	Elbow To Pipe	B-J	B9.21	ISI-PT-1	PT 2002P013 NAD	VC	2-ISI- 1C	2/5/2002	
502565	W- 8	Pipe To Elbow	B-J	B9.21	ISI-PT-1	PT 2002P012 NAD	VC	2-ISI- 1C	2/5/2002	
502575	W-16	Pipe to Nozzle	B-J	B9.40	ISI-PT-1	PT 2002P049 NAD	VC	2-ISI- 13D	2/12/2002	
502582	W- 1	Valve To Pipe	B-J	B9.40	ISI-PT-1	PT 2002P056 NAD	VC	2-ISI- 1C	2/12/2002	
Comments:	Preservice Examination									
502589	W- 1	Valve to Pipe	B-J	B9.40	ISI-PT-1	PT 2002P055 NAD	VC	2-ISI- 12A	2/12/2002	
Comments:	Preservice Examination									
502593	W- 7	Elbow to Pipe	B-J	B9.21	ISI-PT-1	PT 2002P050 NAD	VC	2-ISI- 13D	2/12/2002	
502618	W-A	Tube Sheet to Head	B-B	B2.40	ISI-UT-3	UT 2002U010 IND	SG	2-ISI- 37B	2/6/2002	
Comments:	All UT Indications are acceptable by Code or Fracture Analysis iaw WCAP 14166.									
502656	H- 5	Pad 2	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V124 NAD	RC	2-ISI- 43A	2/12/2002	
502657	H- 2	Col 2 Tie Back	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V123 NAD	RC	2-ISI- 43A	2/12/2002	
502675	H- 3	Single Support	B-K-1	F-A,B,C	ISI-VT-2.0	VT 2002V168 NAD	RH	2-ISI- 20C	2/18/2002	
502925	W- 5	Pipe to Elbow	B-J	B9.21	ISI-PT-1	PT 2002P007 NAD	RC	2-ISI- 17	2/4/2002	

## Section 3 Inservice Inspection Report

Owner: Nuclear Management Company, Hudson, Wisconsin  
 Plant: Prairie Island Nuclear Generating Plant, 1717 Wakonade Drive E., Welch, MN 55089  
 Plant Unit: PI Unit 2

Owner Certificate of Authorization (If Req.): N/A  
 Commercial Service Date: 12/20/1974  
 National Board Number for Unit: N/A

Summary No.	Comp ID	Comp Desc.	Category	Item	Procedure	Method/Sheet/Results	System	ISO Num	Exam Date
502939	H- 8	Snubber/Lug	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V161 NAD	RC	2-ISI- 20A	2/18/2002
Comments:	Exam performed as part of scope expansion from Report No. 2002V149.								
505001	N- 1 IR	Surge Nozzle	B-D	B3.120	ISI-UT-5D	UT 2002U012 NAD	RC	2-ISI- 35	2/9/2002
505014	N- 6 IR	Nozzle Inner Radius	B-D	B3.140	ISI-UT-5E	UT 2002U044 NAD	SG	2-ISI- 37B	2/19/2002
505418	H- 1	Restraint	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V112 NAD	SI	2-ISI- 93B	2/13/2002
505432	H-10	Fixture 1	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V170 NAD	SG	2-ISI- 37C	2/19/2002
505433	H-11	Fixture 2	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V171 NAD	SG	2-ISI- 37C	2/19/2002
505606	H-14	Lower Pad 2	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V174 NAD	RC	2-ISI- 37C	2/19/2002
505607	H-15	Lower Pad 3	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V172 NAD	RC	2-ISI- 37C	2/19/2002
505613	H-13	Column 1	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V052 NAD	RC	2-ISI- 43B	2/6/2002
505614	H-14	Column 2	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V051 NAD	RC	2-ISI- 43B	2/6/2002
515304	W-5A	Pipe to Pipe	B-J	B9.21	ISI-PT-1	PT 2002P024 NAD	RC	2-ISI- 7A	2/7/2002
Comments:	Preservice Examination								
515305	W-7A	Pipe to Pipe	B-J	B9.21	ISI-PT-1	PT 2002P023 NAD	RC	2-ISI- 7A	2/7/2002
Comments:	Preservice Examination								
515306	W-11A	Pipe to Pipe	B-J	B9.21	ISI-PT-1	PT 2002P057 NAD	RC	2-ISI- 7E	2/13/2002
Comments:	Preservice Examination								
515307	W-6A	Pipe to Pipe	B-J	B9.21	ISI-PT-1	PT 2002P058 NAD	RC	2-ISI- 7E	2/13/2002
Comments:	Preservice Examination								
515308	W-11	Elbow to Pipe	B-J	B9.21	ISI-PT-1	PT 2002P019 NAD	RC	2-ISI- 7E	1/7/2002
Comments:	Preservice Examination								
515309	W-5B	Weldolet to bypass pipe	B-J	B9.32	ISI-PT-1	PT 2002P065 NAD	RC	2-ISI- 7A	1/23/2002
Comments:	Preservice Examination								
515310	W-7B	Weldolet to bypass pipe	B-J	B9.32	ISI-PT-1	PT 2002P066 NAD	RC	2-ISI- 7A	1/23/2002
Comments:	Preservice Examination								
515311	W-11B	Weldolet to bypass pipe	B-J	B9.32	ISI-PT-1	PT 2002P067 NAD	RC	2-ISI- 7E	1/7/2002
Comments:	Preservice Examination								
515312	W-8B	Weldolet to bypass pipe	B-J	B9.32	ISI-PT-1	PT 2002P068 NAD	RC	2-ISI- 7E	1/7/2002
Comments:	Preservice exam								

## Section 3 Inservice Inspection Report

Owner: Nuclear Management Company, Hudson, Wisconsin  
 Plant: Prairie Island Nuclear Generating Plant , 1717 Wakonade Drive E., Welch, MN 55089  
 Plant Unit: PI Unit 2

Owner Certificate of Authorization (If Req.): N/A  
 Commercial Service Date: 12/20/1974  
 National Board Number for Unit: N/A

Summary No.	Comp ID	Comp Desc.	Category	Item	Procedure	Method/Sheet/Results	System	ISO Num	Exam Date
<b>Class 2</b>									
500251	W-17	Pipe to Valve	C-F-1	C5.11	ISI-PT-1	PT 2002P059 NAD	SI	2-ISI- 72	2/14/2002
					ISI-UT-16A	UT 2002U036 NAD	SI	2-ISI- 72	2/14/2002
Comments:	Examination limited to 50% for UT exam, PT exam was >90%.								
500293	W-21	Flued Head to Pipe	C-F-2	C5.51	ISI-MT-1	MT 2002M002 NAD	FW	2-ISI- 49	2/4/2002
					ISI-UT-1A	UT 2002U022 IND	FW	2-ISI- 49	2/7/2002
Comments:	Flaw exhibited characteristics of slag inclusion or lack of fusion located just above the root of the weld. Indication acceptable.								
500374	H- 5	Pump Base (Slide)	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V001 IND	SI	2-ISI- 51	1/28/2002
Comments:	Accepted as is. CR200201887								
500567	W-24	Pipe to Reducer	C-F-2	C5.51	ISI-UT-1A	UT 2002U007 GEO	FW	2-ISI- 49	2/7/2002
					ISI-MT-1	MT 2002M001 IND	FW	2-ISI- 49	2/4/2002
Comments:	Indication acceptable by Code.								
500599	W- 3	Elbow to Pipe	C-F-2	C5.51	ISI-MT-1	MT 2002M014 NAD	FW	2-ISI- 48	2/15/2002
					ISI-UT-1A	UT 2002U034 NAD	FW	2-ISI- 48	2/15/2002
500667	H- 1	Seismic Restraint	C-C	F-A,B,C	ISI-VT-2.0	VT 2002V114 NAD	FW	2-ISI- 48	2/10/2002
					ISI-MT-1	MT 2002M015 NAD	FW	2-ISI- 48	2/15/2002
500671	H- 4	Support	C-C	F-A,B,C	ISI-VT-2.0	VT 2002V087 NAD	FW	2-ISI- 48	2/8/2002
					ISI-MT-1	MT 2002M010 NAD	FW	2-ISI- 48	2/12/2002
500693	H- 6	Seismic Restraint	C-C	F-A,B,C	ISI-MT-1	MT 2002M013 NAD	FW	2-ISI- 48	2/12/2002
					ISI-VT-2.0	VT 2002V088 IND	FW	2-ISI- 48	2/8/2002
Comments:	Acceptable as is. CR200201386								
500701	H- 5	Spring Hanger	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V086 NAD	FW	2-ISI- 48	2/8/2002
500790	W-17/LSUD	15 Elbow to Pipe	C-F-2	C5.50	ISI-MT-1	MT 2002M022 NAD	MS	2-ISI- 46A	2/18/2002
					ISI-UT-1A	UT 2002U042 NAD	MS	2-ISI- 46A	2/18/2002
500793	W-18/LSU	Pipe To Penetration	C-F-2	C5.50	ISI-UT-1A	UT 2002U043 NAD	MS	2-ISI- 46A	2/18/2002
					ISI-MT-1	MT 2002M023 NAD	MS	2-ISI- 46A	2/18/2002
500830	W-14/LSU	Pipe-Flanged Nozzle	C-F-2	C5.80	ISI-MT-1	MT 2002M016 NAD	MS	2-ISI- 46B	2/12/2002
Comments:	Surface examination limited to 83% coverage due to interference of hanger.								
500845	W-11/LSUD	Pipe to Tee	C-F-2	C5.50	ISI-MT-1	MT 2002M012 NAD	MS	2-ISI- 46B	2/12/2002
					ISI-UT-1A	UT 2002U024 NAD	MS	2-ISI- 46B	2/13/2002
500852	W-29	Pipe to Valve	C-F-2	C5.51	ISI-UT-1A	UT 2002U025 NAD	MS	2-ISI- 46B	2/13/2002
					ISI-MT-1	MT 2002M011 NAD	MS	2-ISI- 46B	2/12/2002

## Section 3 Inservice Inspection Report

Owner: Nuclear Management Company, Hudson, Wisconsin  
 Plant: Prairie Island Nuclear Generating Plant, 1717 Wakonade Drive E., Welch, MN 55089  
 Plant Unit: PI Unit 2

Owner Certificate of Authorization (If Req.): N/A  
 Commercial Service Date: 12/20/1974  
 National Board Number for Unit: N/A

Summary No.	Comp ID	Comp Desc.	Category	Item	Procedure	Method/Sheet/Results	System	ISO Num	Exam Date
500889	W- 1/LSD	Nozzle To Red Elbow	C-F-2	C5.50	ISI-UT-1A	UT 2002U018 NAD	MS	2-ISI- 47A	2/10/2002
					ISI-MT-1	MT 2002M005 NAD	MS	2-ISI- 47A	2/7/2002
500891	W- 2/LSUD	Red Elbow to Pipe	C-F-2	C5.50	ISI-MT-1	MT 2002M004 NAD	MS	2-ISI- 47A	2/7/2002
					ISI-UT-1A	UT 2002U019 NAD	MS	2-ISI- 47A	2/10/2002
500978	H- 1	Rupture Restaint	C-C	F-A,B,C	ISI-VT-2.0	VT 2002V151 NAD	MS	2-ISI- 47A	2/16/2002
					ISI-MT-1	MT 2002M025 NAD	MS	2-ISI- 47A	2/17/2002
Comments:	MT Surface examination limited to 74.3% Coverage, VT coverage >90%.								
500985	H- 2	Seismic Restraint	C-C	F-A,B,C	ISI-MT-1	MT 2002M024 NAD	MS	2-ISI- 47A	2/9/2002
					ISI-VT-2.0	VT 2002V015 IND	MS	2-ISI- 47A	2/4/2002
Comments:	VT Acceptable as is. CR200201887. MT coverage limited to 74.3% examined, VT coverage >90%.								
500988	H- 3	Seismic Restraint	C-C	F-A,B,C	ISI-MT-1	MT 2002M021 NAD	MS	2-ISI- 47A	2/16/2002
					ISI-VT-2.0	VT 2002V152 NAD	MS	2-ISI- 47A	2/16/2002
Comments:	MT Surface examination limited to 74.3% Coverage, VT coverage >90%.								
500990	H- 8	Double Snubber Clamp	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V012 NAD	MS	2-ISI- 46A	2/4/2002
501015	N- 4	Main Steam Nozzle	C-B	C2.21	ISI-MT-1	MT 2002M003 NAD	SG	2-ISI- 37B	2/7/2002
					ISI-MT-1	MT 2002M006 IND	SG	2-ISI- 37B	2/7/2002
					ISI-MT-1	MT 2002M026 NAD	SG	2-ISI- 37B	2/20/2002
					ISI-UT-3	UT 2002U008 NAD	SG	2-ISI- 37B	2/8/2002
Comments:	Indication on report 2002M006 not in code required inspection area.								
501398	H- 5	Support E	C-C	F-A,B,C	ISI-MT-1	MT 2002M018 NAD	SI	2-ISI- 60A	2/15/2002
					ISI-VT-2.0	VT 2002V120 NAD	SI	2-ISI- 60A	2/13/2002
501401	H- 6	Support F	C-C	F-A,B,C	ISI-VT-2.0	VT 2002V119 NAD	SI	2-ISI- 60A	2/13/2002
					ISI-MT-1	MT 2002M017 NAD	SI	2-ISI- 60A	2/15/2002
502126	W-11/LSUD	Red Tee to Pipe	C-F-1	C5.10	ISI-PT-1	PT 2002P004 NAD	RH	2-ISI- 51	1/28/2002
					ISI-UT-16A	UT 2002U002 NAD	RH	2-ISI- 51	1/30/2002
502143	W-16/LSUD	Pipe to Elbow	C-F-1	C5.10	ISI-UT-16A	UT 2002U003 NAD	RH	2-ISI- 51	1/30/2002
					ISI-PT-1	PT 2002P001 IND	RH	2-ISI- 51	1/29/2002
Comments:	Report 2002P001 indication is acceptable by code.								
502145	W-17/LSUD	Elbow to Pipe	C-F-1	C5.10	ISI-UT-16A	UT 2002U004 NAD	RH	2-ISI- 51	1/30/2002
					ISI-PT-1	PT 2002P003 NAD	RH	2-ISI- 51	1/29/2002
502147	W-18/LSU	Pipe to Flange	C-F-1	C5.10	ISI-UT-16A	UT 2002U001 NAD	RH	2-ISI- 51	1/30/2002
					ISI-PT-1	PT 2002P002 NAD	RH	2-ISI- 51	1/29/2002
Comments:	UT Examination limited to 75% Coverage, PT Surface examination > 90% Coverage.								

## Section 3 Inservice Inspection Report

Owner: Nuclear Management Company, Hudson, Wisconsin  
 Plant: Prairie Island Nuclear Generating Plant , 1717 Wakonade Drive E., Welch, MN 55089  
 Plant Unit: PI Unit 2

Owner Certificate of Authorization (If Req.): N/A  
 Commercial Service Date: 12/20/1974  
 National Board Number for Unit: N/A

Summary No.	Comp ID	Comp Desc.	Category	Item	Procedure	Method/Sheet/Results	System	ISO Num	Exam Date
502372	W- 1/LSD	Valve to Reducer	C-F-1	C5.10	ISI-PT-1	PT 2002P028 NAD	RH	2-ISI- 50	2/8/2002
					ISI-UT-16A	UT 2002U028 NAD	RH	2-ISI- 50	2/14/2002
Comments:	UT Examination limited to 50% by PDI procedure, PT Surface Examinatin >90% Coverage.								
502388	W- 1	Valve to Pipe	C-F-1	C5.11	ISI-UT-16A	UT 2002U037 NAD	SI	2-ISI- 70	2/14/2002
					ISI-PT-1	PT 2002P029 NAD	SI	2-ISI- 70	2/8/2002
Comments:	UT Examination Limited to 50% Coverage by PDI procedure. PT examination>90% coverage.								
502392	W- 5/LSD	Valve to Reducer	C-F-1	C5.10	ISI-PT-1	PT 2002P027 NAD	RH	2-ISI- 50	2/8/2002
					ISI-UT-16A	UT 2002U026 NAD	RH	2-ISI- 50	2/13/2002
Comments:	UT Examination Limited to 50% Coverage by PDI procedure. PT Surface examination >90% Coverage.								
502620	W-B	Tube Sheet to Shell	C-A	C1.30	ISI-UT-3	UT 2002U006 NAD	SG	2-ISI- 37B	2/6/2002
502621	W-28	Flange to Pump	C-G	C6.10	ISI-MT-1	MT 2002M020 NAD	SI	2-ISI- 64	2/14/2002
502643	H- 1	Snubber 1	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V070 NAD	SG	2-ISI- 37C	2/7/2002
502644	H- 2	Snubber 2	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V073 NAD	SG	2-ISI- 37C	2/7/2002
502645	H- 3	Snubber 3	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V071 NAD	SG	2-ISI- 37C	2/7/2002
502646	H- 4	Snubber 4	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V072 NAD	SG	2-ISI- 37C	2/7/2002
502647	H- 1	Snubber 1	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V074 NAD	SG	2-ISI- 37D	2/7/2002
502648	H- 2	Snubber 2	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V075 NAD	SG	2-ISI- 37D	2/7/2002
502649	H- 3	Snubber 3	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V076 NAD	SG	2-ISI- 37D	2/7/2002
502650	H- 4	Snubber 4	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V077 NAD	SG	2-ISI- 37D	2/7/2002
502680	N- 4 IR	MS Nozzle Inner Radi	C-B	C2.22	ISI-UT-5E	UT 2002U009 NAD	SG	2-ISI- 37B	2/8/2002
505084	W- 7	Reducer to Elbow	C-F-1	C5.21	ISI-PT-1	PT 2002P043 NAD	SI	2-ISI- 90B	2/11/2002
					ISI-UT-16A	UT 2002U030 NAD	SI	2-ISI- 90B	2/14/2002
505120	W-11	Elbow to Pipe	C-F-1	C5.21	ISI-PT-1	PT 2002P041 NAD	SI	2-ISI- 90C	2/11/2002
					ISI-UT-16A	UT 2002U032 NAD	SI	2-ISI- 90C	2/14/2002
505132	H- 1	Single Support	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V067 NAD	SI	2-ISI- 90C	2/7/2002
505198	W- 7	Elbow to Pipe	C-F-1	C5.30	ISI-PT-1	PT 2002P045 NAD	SI	2-ISI- 97	2/11/2002
505199	W- 8	Pipe to Orifice	C-F-1	C5.21	ISI-UT-16A	UT 2002U031 NAD	SI	2-ISI- 97	2/14/2002
					ISI-PT-1	PT 2002P044 NAD	SI	2-ISI- 97	2/11/2002
505393	W- 5	Elbow to Pipe	C-F-1	C5.21	ISI-PT-1	PT 2002P042 NAD	SI	2-ISI- 93B	2/11/2002
					ISI-UT-16A	UT 2002U029 NAD	SI	2-ISI- 93B	2/14/2002
505627	N- 1 IN-IR	Feedwater Nozzle	NC	NCIN93-	ISI-MT-1	MT 2002M009 NAD	SG	2-ISI- 37B	2/9/2002
505628	N- 1 Ring Tee	FW Ring Tee/Supports	NC	NCIN93-	ISI-VT-2.0	VT 2002V117 NAD	SG	2-ISI- 37B	2/9/2002
505629	W- F VT	Trans Weld Int VT	NC	NCIN93-	ISI-VT-1.0	VT 2002V116 NAD	SG	2-ISI- 37B	2/9/2002
<b>Class 3</b>									
510303	AFWH-16	BRACE W/CLAMP & SLID	D-A	D1.XX & F	ISI-VT-2.0	VT 2002V122 NAD	AF	2-3-102	2/13/2002
510315	AFWH-28	ROD /CLAMP	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V121 NAD	AF	2-3-101	2/13/2002

## Section 3 Inservice Inspection Report

Owner: Nuclear Management Company, Hudson, Wisconsin  
 Plant: Prairie Island Nuclear Generating Plant, 1717 Wakonade Drive E., Welch, MN 55089  
 Plant Unit: PI Unit 2

Owner Certificate of Authorization (If Req.): N/A  
 Commercial Service Date: 12/20/1974  
 National Board Number for Unit: N/A

Summary No.	Comp ID	Comp Desc.	Category	Item	Procedure	Method/Sheet/Results	System	ISO Num	Exam Date
510317	AFWH-3	BOX & SEISMIC	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V061 NAD	AF	2-3-104	2/7/2002
510351	AFWH-61	SWAY STRUT	D-A	D1.XX & F	ISI-VT-2.0	VT 2002V006 NAD	AF	2-3-99	1/31/2002
510355	AFWH-65	ROD	D-A	D1.XX & F	ISI-VT-2.0	VT 2002V004 NAD	AF	2-3-99	1/31/2002
512734	CWH-619	SEISMIC FLOOR RESTR	D-B	D1.XX & F	ISI-VT-2.0	VT 2002V060 NAD	CW	2-3-131	2/7/2002
512806	CCH-60	ROD	D-B	D1.XX & F	ISI-VT-2.0	VT 2002V155 NAD	CC	2-3-78	2/18/2002
512812	CCH-13	ROD	D-B	D1.XX & F	ISI-VT-2.0	VT 2002V157 NAD	CC	2-3-75	2/18/2002
512818	CCH-34	SEISMIC ANCHOR	D-B	D1.XX & F	ISI-VT-2.0	VT 2002V156 NAD	CC	2-3-75	2/18/2002
512900	2-CWH-622	SPRING BASE	D-B	D1.XX & F	ISI-VT-2.0	VT 2002V003 NAD	CW	2-3-2	1/31/2002
512920	2-CWH-50	SNUBBER	D-B	D1.XX & F	ISI-VT-2.0	VT 2002V005 NAD	CW	2-3-2	1/31/2002
512921	CWH-620	SPRING	D-B	D1.XX & F	ISI-VT-2.0	VT 2002V008 NAD	CW	2-3-4	1/31/2002
512922	CWH-35	SNUBBER	D-B	D1.XX & F	ISI-VT-2.0	VT 2002V115 NAD	CW	2-3-5	2/10/2002
512940	CCH-55	ROD /CLAMP	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V007 NAD	CC	2-3-81	1/31/2002
512943	CCH-47	DOUBLE ROD	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V126 IND	CC	2-3-82	2/13/2002
Comments:	Acceptable as is. CR200201887								
513035	CWH-108	DOUBLE RIGID/ U-BOLT	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V062 NAD	CW	2-3-12B	2/7/2002
515151	2EGH-5035	*RESTRAINT	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V010 NAD		2-3-311	2/1/2002
515163	2EGH-5005	GUIDE	D-A	D1.XX & F	ISI-VT-2.0	VT 2002V018 NAD		2-3-315	2/4/2002
515172	2EGH-6021	*GUIDE	D-A	D1.XX & F	ISI-VT-2.0	VT 2002V017 NAD		2-3-319	2/4/2002
515179	2EGH-6044	*GUIDE	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V009 NAD		2-3-320	2/1/2002
515187	2EGH-6025	*RESTRAINT	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V069 NAD		2-3-323	2/8/2002
515262	2EGH-5060	HANGER	D-A	D1.XX & F	ISI-VT-2.0	VT 2002V153 NAD		2-3-343	2/17/2002
515272	2EGH-6060	GUIDE	D-A	D1.XX & F	ISI-VT-2.0	VT 2002V100 NAD		2-3-345	2/9/2002
515275	2EGH-6061	SADDLE HANGER	D-A	D1.XX & F	ISI-VT-2.0	VT 2002V099 NAD		2-3-346	2/9/2002
515285	2EGH-6087	SWAY STRUT	F-A	F-A,B,C	ISI-VT-2.0	VT 2002V068 NAD		2-3-347	2/8/2002
<b>Class MC</b>									
600036	S-35	Accessible Surface Area	E-A	E1.12	ISI-VT-2.1	VT 2002V044 NAD	PC	2-ISI-301	2/5/2002
600041	S-40	Accessible Surface Area	E-A	E1.12	ISI-VT-2.1	VT 2002V043 NAD	PC	2-ISI-301	2/5/2002
600042	S-41	Accessible Surface Area	E-A	E1.12	ISI-VT-2.1	VT 2002V045 NAD	PC	2-ISI-301	2/5/2002
600047	S-46	Accessible Surface Area	E-A	E1.12	ISI-VT-2.1	VT 2002V040 NAD	PC	2-ISI-301	2/5/2002
600048	S-47	Accessible Surface Area	E-A	E1.12	ISI-VT-2.1	VT 2002V039 NAD	PC	2-ISI-301	2/5/2002
600053	S-52	Accessible Surface Area	E-A	E1.12	ISI-VT-2.1	VT 2002V038 NAD	PC	2-ISI-301	2/5/2002
600054	S-53	Accessible Surface Area	E-A	E1.12	ISI-VT-2.1	VT 2002V037 NAD	PC	2-ISI-301	2/5/2002
600059	S-58	Accessible Surface Area	E-A	E1.12	ISI-VT-2.1	VT 2002V036 NAD	PC	2-ISI-301	2/5/2002
600060	S-59	Accessible Surface Area	E-A	E1.12	ISI-VT-2.1	VT 2002V035 NAD	PC	2-ISI-301	2/5/2002
600063	S-62	Accessible Surface Area	E-A	E1.12	ISI-VT-2.1	VT 2002V080 NAD	PC	2-ISI-302	2/8/2002
Comments:	Chipping 2" x 1" Single paint chip less than #8 ASTM D-913. Primer is intact								
600064	S-62A	NOTES 1,2,4,5 AND 6	E-A	E1.12	ISI-VT-2.1	VT 2002V081 NAD	PC	2-ISI-302	2/8/2002

## Section 3 Inservice Inspection Report

Owner: Nuclear Management Company, Hudson, Wisconsin  
 Plant: Prairie Island Nuclear Generating Plant , 1717 Wakonade Drive E., Welch, MN 55089  
 Plant Unit: PI Unit 2

Owner Certificate of Authorization (If Req.): N/A  
 Commercial Service Date: 12/20/1974  
 National Board Number for Unit: N/A

Summary No.	Comp ID	Comp Desc.	Category	Item	Procedure	Method/Sheet/Results	System	ISO Num	Exam Date
600065	S-62B	NOTES 1,2,4,5 AND 6	E-A	E1.12	ISI-VT-2.1	VT 2002V079 NAD	PC	2-ISI-302	2/8/2002
600066	S-63	Accessible Surface Area	E-A	E1.12	ISI-VT-2.1	VT 2002V065 NAD	PC	2-ISI-302	2/7/2002
600067	S-63A	Accessible Surface Area	E-A	E1.12	ISI-VT-2.1	VT 2002V064 NAD	PC	2-ISI-302	2/7/2002
600068	S-64	Accessible Surface Area	E-A	E1.12	ISI-VT-2.1	VT 2002V058 NAD	PC	2-ISI-302	2/7/2002
600069	S-64A	Accessible Surface Area	E-A	E1.12	ISI-VT-2.1	VT 2002V057 NAD	PC	2-ISI-302	2/7/2002
Comments:	Paint chipping next to penetration #12. Degree of chipping less than No. 8 ASTM D913.								
600075	S-68A	Accessible Surface Area	E-A	E1.12	ISI-VT-2.1	VT 2002V138 NAD	PC	2-ISI-303	2/13/2002
600076	S-68B	Accessible Surface Area	E-A	E1.12	ISI-VT-2.1	VT 2002V137 NAD	PC	2-ISI-303	2/13/2002
600077	S-68C	Accessible Surface Area	E-A	E1.12	ISI-VT-2.1	VT 2002V136 NAD	PC	2-ISI-303	2/13/2002
600112	S-90	Accessible Surface Area	E-A	E1.12	ISI-VT-2.1	VT 2002V132 NAD	PC	2-ISI-307	2/14/2002
600113	S-91	Accessible Surface Area	E-A	E1.12	ISI-VT-2.1	VT 2002V133 NAD	PC	2-ISI-307	2/14/2002
600274	C7D	Accessible Surface Area	E-A	E1.12	ISI-VT-2.1	VT 2002V111 NAD	PC	2-ISI-306	2/10/2002
600277	C9	Accessible Surface Area	E-A	E1.12	ISI-VT-2.1	VT 2002V078 NAD	PC	2-ISI-302	2/8/2002
600278	C10	Accessible Surface Area	E-A	E1.12	ISI-VT-2.1	VT 2002V084 NAD	PC	2-ISI-302	2/8/2002
600302	C29A	Accessible Surface Area	E-A	E1.12	ISI-VT-2.1	VT 2002V083 NAD	PC	2-ISI-302	2/8/2002
600303	C29B	Accessible Surface Area	E-A	E1.12	ISI-VT-2.1	VT 2002V082 NAD	PC	2-ISI-302	2/8/2002
600323	C37A	Accessible Surface Area	E-A	E1.12	ISI-VT-2.1	VT 2002V097 NAD	PC	2-ISI-304	2/9/2002
600324	C37B	Accessible Surface Area	E-A	E1.12	ISI-VT-2.1	VT 2002V110 NAD	PC	2-ISI-306	2/10/2002
600325	C37C	Accessible Surface Area	E-A	E1.12	ISI-VT-2.1	VT 2002V096 NAD	PC	2-ISI-304	2/9/2002
600327	C38A	Accessible Surface Area	E-A	E1.12	ISI-VT-2.1	VT 2002V098 NAD	PC	2-ISI-304	2/9/2002
600328	C38B	Accessible Surface Area	E-A	E1.12	ISI-VT-2.1	VT 2002V109 NAD	PC	2-ISI-306	2/10/2002
600329	C38C	Accessible Surface Area	E-A	E1.12	ISI-VT-2.1	VT 2002V095 NAD	PC	2-ISI-304	2/9/2002
600330	C38D	Accessible Surface Area	E-A	E1.12	ISI-VT-2.1	VT 2002V108 NAD	PC	2-ISI-306	2/10/2002
600361	C60	Accessible Surface Area	E-A	E1.12	ISI-VT-2.1	VT 2002V134 NAD	PC	2-ISI-303	2/13/2002
Comments:	Paint on equipment hatch cover starting to wear from chain fall rubbing against it. Less than ASTM D821.								
600363	C62	Accessible Surface Area	E-A	E1.12	ISI-VT-1.1	VT 2002V050 IND	PC	2-ISI-307	2/5/2002
Comments:	Indications accepted per Condition Report Gen 200200987.								
600375	G1	SEALS	E-D	E5.10	ISI-VT-2.1	VT 2002V127 NAD	PC	2-ISI-303	2/13/2002
Comments:	Examined disassembled inner O-ring.								
600376	G2	SEALS	E-D	E5.10	ISI-VT-2.1	VT 2002V128 NAD	PC	2-ISI-303	2/13/2002
Comments:	Examined disassembled outer O-Ring.								
600415	G3	SEALS	E-D	E5.10	ISI-VT-2.1	VT 2002V089 NAD	PC	2-ISI-307	2/8/2002
Comments:	Examined disassembled. Pre-service inspection of inner bulkhead upper handwheel seal WO #0101954.								

## Section 3 Inservice Inspection Report

Owner: Nuclear Management Company, Hudson, Wisconsin  
 Plant: Prairie Island Nuclear Generating Plant , 1717 Wakonade Drive E., Welch, MN 55089  
 Plant Unit: PI Unit 2

Owner Certificate of Authorization (If Req.): N/A  
 Commercial Service Date: 12/20/1974  
 National Board Number for Unit: N/A

Summary No.	Comp ID	Comp Desc.	Category	Item	Procedure	Method/Sheet/Results	System	ISO Num	Exam Date
600416	G4	SEALS	E-D	E5.10	ISI-VT-2.1	VT 2002V091 NAD	PC	2-ISI-307	2/8/2002
Comments:	Examined disassembled. Pre-service inspection of inner bulkhead lower handwheel seal WO #0101954.								
600419	G7	SEALS	E-D	E5.10	ISI-VT-2.1	VT 2002V019 NAD	PC	2-ISI-307	2/5/2002
Comments:	Seals examined unassembled. □ Pre-service exam to WO #0101954.								
600420	G8	SEALS	E-D	E5.10	ISI-VT-2.1	VT 2002V021 NAD	PC	2-ISI-307	2/5/2002
Comments:	Examined unassembled. □ Pre-service exam to WO #0101954.								
600437	G9	SEALS	E-D	E5.10	ISI-VT-2.1	VT 2002V143 NAD	PC	2-ISI-310	2/14/2002
Comments:	No access to component.								
600438	G10	SEALS	E-D	E5.10	ISI-VT-2.1	VT 2002V144 NAD	PC	2-ISI-310	2/14/2002
Comments:	No access to this component.								
600439	G11	SEALS	E-D	E5.10	ISI-VT-2.1	VT 2002V142 NAD	PC	2-ISI-310	2/14/2002
Comments:	Electrical box not disassembled, no access.								
600440	G12	SEALS	E-D	E5.10	ISI-VT-2.1	VT 2002V141 NAD	PC	2-ISI-310	2/14/2002
Comments:	No access due to cabling and canister.								
600444	G34	MOISTURE BARRIER	E-D	E5.30	ISI-VT-2.1	VT 2002V049 NAD	PC	2-ISI-301	2/5/2002
600445	G35	MOISTURE BARRIER	E-D	E5.30	ISI-VT-2.1	VT 2002V048 NAD	PC	2-ISI-301	2/5/2002
600450	G40	MOISTURE BARRIER	E-D	E5.30	ISI-VT-2.1	VT 2002V047 NAD	PC	2-ISI-301	2/5/2002
600451	G41	MOISTURE BARRIER	E-D	E5.30	ISI-VT-2.1	VT 2002V046 NAD	PC	2-ISI-301	2/5/2002
600456	G46	MOISTURE BARRIER	E-D	E5.30	ISI-VT-2.1	VT 2002V034 NAD	PC	2-ISI-301	2/5/2002
600457	G47	MOISTURE BARRIER	E-D	E5.30	ISI-VT-2.1	VT 2002V033 NAD	PC	2-ISI-301	2/5/2002
600462	G52	MOISTURE BARRIER	E-D	E5.30	ISI-VT-2.1	VT 2002V032 NAD	PC	2-ISI-301	2/5/2002
600463	G53	MOISTURE BARRIER	E-D	E5.30	ISI-VT-2.1	VT 2002V031 NAD	PC	2-ISI-301	2/5/2002
600468	G58	MOISTURE BARRIER	E-D	E5.30	ISI-VT-2.1	VT 2002V030 NAD	PC	2-ISI-301	2/5/2002
600469	G59	MOISTURE BARRIER	E-D	E5.30	ISI-VT-2.1	VT 2002V029 NAD	PC	2-ISI-301	2/5/2002
600472	G62	MOISTURE BARRIER	E-D	E5.30	ISI-VT-2.1	VT 2002V085 NAD	PC	2-ISI-302	2/8/2002
600473	G63	MOISTURE BARRIER	E-D	E5.30	ISI-VT-2.1	VT 2002V063 IND	PC	2-ISI-302	2/7/2002
Comments:	Indication have been accepted per Condition report GEN 200200987.								
600474	G64	MOISTURE BARRIER	E-D	E5.30	ISI-VT-2.1	VT 2002V059 IND	PC	2-ISI-302	2/7/2002
Comments:	Indications accepted per Condition report GEN 200200987.								
600484	B1	BOLTED CONNECTION	E-G	E8.10	ISI-VT-1.1	VT 2002V180 NAD	PC	2-ISI-302	2/20/2002

## Section 3 Inservice Inspection Report

Owner: Nuclear Management Company, Hudson, Wisconsin  
 Plant: Prairie Island Nuclear Generating Plant , 1717 Wakonade Drive E., Welch, MN 55089  
 Plant Unit: PI Unit 2

Owner Certificate of Authorization (If Req.): N/A  
 Commercial Service Date: 12/20/1974  
 National Board Number for Unit: N/A

Summary No.	Comp ID	Comp Desc.	Category	Item	Procedure	Method/Sheet/Results	System	ISO Num	Exam Date	
Comments:	Preservice exam of 1 Bolt for fuel transfer canal inspected previous to installation.									
600500	B1	BOLTED CONNECTION	E-G	E8.10	ISI-VT-1.1	VT 2002V135 IND	PC	2-ISI-303	2/13/2002	
Comments:	Indication accepted per Condition Report GEN 200200987.									
600501	B1	BOLTED CONNECTION	E-G	E8.10	ISI-VT-1.1	VT 2002V090 NAD	PC	2-ISI-307	2/8/2002	
Comments:	Examined 4 bolts and 4 washers disassembled.									
600502	B2	BOLTED CONNECTION	E-G	E8.10	ISI-VT-1.1	VT 2002V092 NAD	PC	2-ISI-307	2/8/2002	
Comments:	Examined 4 bolts and 4 washers disassembled.									
600503	B3	BOLTED CONNECTION	E-G	E8.10	ISI-VT-1.1	VT 2002V020 NAD	PC	2-ISI-307	2/5/2002	
Comments:	Examined 4 bolts and 4 washers unassembled to WO #0101954.									
600504	B4	BOLTED CONNECTION	E-G	E8.10	ISI-VT-1.1	VT 2002V022 NAD	PC	2-ISI-307	2/5/2002	
Comments:	Examined 4 bolts and 4 washers unassembled to WO #0101954.									
600600	G1	SEALS	E-D	E5.10	ISI-VT-2.1	VT 2002V107 NAD	PC	2-ISI-306	2/10/2002	
Comments:	Examined O-ring disassembled.									
600601	G2	SEALS	E-D	E5.10	ISI-VT-2.1	VT 2002V106 NAD	PC	2-ISI-306	2/10/2002	
Comments:	Examined O-ring disassembled.									
600602	G3	SEALS	E-D	E5.10	ISI-VT-2.1	VT 2002V105 NAD	PC	2-ISI-306	2/10/2002	
Comments:	Examined O-ring disassembled.									
600603	G4	SEALS	E-D	E5.10	ISI-VT-2.1	VT 2002V104 NAD	PC	2-ISI-306	2/10/2002	
Comments:	Examined O-ring disassembled.									
600620	B6	BOLTED CONNECTION	E-G	E8.10	ISI-VT-1.1	VT 2002V179 NAD	PC	2-ISI-310	2/14/2002	

Section 4. Pressure Tests

The following scheduled pressure test was conducted during the 2R21 fuel cycle. All indications of leakage were evaluated and corrective measures performed as required by IWA-5250.

SYSTEM	CATEGORY/ ITEM	PROCEDURE	ASME XI CODE CLASS	WORK ORDER	COMPLETION DATE
Reactor Coolant	B-P/ B15.10, B15.20, B15.30, B15.40, B15.50, B15.60, B15.70	SP 2070	1	0101285	2/28/02

Section 5. Snubber Inservice Testing and Preservice Examinations

During technical specification required visual inspections, snubber 2-MSDH-20 was observed to have no visible fluid in the reservoir sight glass. The snubber was removed and as-found functionally tested with satisfactory results. Other minor snubber deficiencies as noted on SP 2171 and TP 2535 were repaired under work order 0103643. All snubbers that underwent functional testing had satisfactory results, therefore no scope expansion was required.

SNUBBER NO	FUNCTIONAL TEST WO	PI # REMOVED	PI # REPLACED	FUNCTIONAL TEST RESULTS	VT-3 EXAM WO
2-RCRH-45	0103644	566	567	Passed	0103597
2-SIRH-4A	0103644	393	271	Passed	0103619
2-FWH-13B	0103644	53	55	Passed	0103636
2-RRCH-253	0103644	268	129	Passed	0103625
2-CSH-210	0103644	63	294	Passed	0103605
2-RCRH-38	0103644	281	98	Passed	0103612
2-RCVCH-1339	0103644	455	203	Passed	0103622
2-FWH-16	0103644	255	587	Passed	0103635
2-RCRH-31	0103644	78	246	Passed	0103611
2-CCRH-65	0103644	120	57	Passed	0103604
2-MSH-54A	0103644	254	420	Passed	0103618
2-RRCH-261	0103644	214	318	Passed	0103627
2-RHRRH-19	0103644	230	286	Passed	0103614
2-RRCH-255	0103644	265	189	Passed	0103626
2-CH-72	0103644	163	586	Passed	0103637
2-RHCH-47	0103644	332	39	Passed	0103624
2-MSH-101	0103644	527	580	Passed	0103633
2-MSH-75B	0103644	361	84	Passed	0103631
2-RCVCH-1860	0103644	456	20	Passed	0103623
2-MSH-82A	0103644	585	541	Passed	0103621
2-CSH-82B	0103644	303	390	Passed	0103607
2-CSH-82A	0103644	110	291	Passed	0103606
2-MSH-104B	0103596	1349	1349	Passed	0103596
2-CWH-621	0103644	399	128	Passed	0103609
2-MSH-76A	0103644	573	472	Passed	0103599
2-CWH-49	0103644	386	259	Passed	0103608
2-RSIH-265	0103644	526	398	Passed	0103630

SNUBBER NO	FUNCTIONAL TEST WO	PI # REMOVED	PI # REPLACED	FUNCTIONAL TEST RESULTS	VT-3 EXAM WO
2-RRCH-279B	0103644	170	339	Passed	0103617
2-CCRH-63	0103644	522	141	Passed	0103602
2-RCRH-20	0103644	425	406	Passed	0103610
2-RHRRH-9	0103644	263	169	Passed	0103616
2-RHRRH-4	0103598	119	119	Passed	0103598
2-RHRRH-15	0103644	371	276	Passed	0103613
2-RCCH-641	0103644	19	533	Passed	0103600
2-CCRH-59	0103644	450	237	Passed	0103601
2-RRCH-284A	0103644	111	325	Passed	0103628
2-RRCH-284B	0103644	44	395	Passed	0103629
2-RHRRH-2	0103644	260	142	Passed	0103615
2-MSDH-20	0201498	121	102	Passed	0201498
22S/G03	0103639	72218-000-07	72218-000-09	Passed	0103639
21S/G03	0103638	72218-000-13	72218-000-01	Passed	0103638
2-MSH-81A	0103644	529	85	Passed	0103632
2-MSH-81B	0103644	127	475	Passed	0103620
2-RCVCH-1594	0103648	193	401	Passed	0103634

Section 6. Steam Generator Eddy Current Examination Results

RESULTS OF STEAM GENERATOR EDDY CURRENT EXAMINATIONS

CYCLE 2R21

During the February 2002 scheduled refueling outage 100% of all accessible tubes in steam generator 21 and 22 were examined full length as part of the inservice inspection. The examination was conducted utilizing the multifrequency eddy current technique. The inspection program was as follows:

1. Bobbin Coil Examinations - The bobbin coil technique was used to examine all tubes full length, except the u-bend region of rows 1 and 2. These bobbin coil examinations were completed using magnetically biased 0.720 inch, 0.700 inch, 0.680 inch and 0.650 inch diameter probes.

2. MRPC Examinations - The 0.650 inch dual motion Mid Range Plus Point (PP11A) was used to examine 100% of the u-bend region of rows 1 and 2. The 0.650 inch dual motion High Frequency Plus Point (PP9A) motorized rotating pancake coil (MRPC) technique was used to examine the u-bend region of rows 1 and 2 on all tubes that exceeded the average noise level of the EPRI qualification on the Mid Range Plus Point probe. The 0.720 inch 3-Coil (0.115" mid range pancake / Plus Point mid range (PP11A) / 0.080" high frequency shielded pancake) MRPC technique was used to examine 100% of the hot leg tubes from three inches above the secondary tube sheet face through the tube end. The 0.600 inch (Plus Point mid range (PP11A) magnetically biased) MRPC technique was used to examine 25% of the Asea Brown Boveri Combustion Engineering (ABBCE) Inconel 690 hot leg tube roll plugs.

3. Supplemental Examinations - The 0.720 inch 3-Coil (0.115" mid range pancake / Plus Point mid range (PP11A) / 0.080" high frequency shielded pancake) MRPC technique was used to supplement the bobbin coil data to further characterize all: absolute drift signals, copper deposit signals, other deposit signals, dent signals > 5.0 volts at  $\pm 0.5$ " from a support structure or top of tube sheet, indications not reportable > 1.5 volts at tube support plates, manufacturing burnish mark signals, mix residual indication signals, possible loose part signals, possible support ligament indication signals, non quantifiable indication signals, distorted indication signals, cold leg thinning indications equal to or greater than 40% through wall and cold leg thinning indications less than 40% through wall but equal to or greater than 1.5 volts. The 0.720 inch magnetically biased 3-Coil (0.115" mid range pancake / Plus Point mid range (PP11A) / 0.080" high frequency shielded pancake) MRPC technique was used to disposition MRPC permeability variation indications.

4. Pre-Service Baseline Examinations - The 0.730 inch combination probe (bobbin / 0.115" mid range pancake / Plus Point mid range(PP11A)) was used to baseline examine and profile all tubes rerolled this outage.

ABBCE was contracted to acquire and evaluate the eddy current data. Zetec, Inc. was subcontracted by ABBCE to perform primary manual data analysis. Framatome Technologies, Inc. was contracted to perform a completely independent evaluation of all data acquired by ABBCE utilizing manual analysis on all MRPC data and Computer Data Screening (CDS) of all bobbin coil data. MoreTech, Inc. was contracted to provide the Independent QDA function. The scope of all the work contracted was completed using remote positioning devices and the Zetec MIZ-30 digital test equipment along with associated acquisition and analysis software. The software utilized was Zetec, Inc. EDDYNET98 version 2.0 including Patch\_E98\_2.29.

A summary of the distribution and disposition of indications can be found in Table I.

A summary of the distribution and disposition of indications by tube can be found in Table II.

Lists of: tubes left inservice less than the Technical Specification (< T. S.) repair limit, tubes left inservice with the F\* criteria without an additional reroll (F\*0), tubes left inservice with the F\* criteria with one additional reroll (F\*1), tubes left inservice with the F\* criteria with two additional rerolls (F\*2), tubes left inservice with the EF\* criteria with an additional elevated reroll (EF\*) and tubes plugged/replaced this outage can be found in Tables III through VIII respectively.

A summary of the total tubes plugged to date (03/02) can be found in Table IX.

TABLE I  
 Distribution and Disposition of indications

S/G NO.	< T. S.	F*0	F*1	F*2	EF*	PLUG*
21	152	132	976	53	6	12
22	174	108	546	43	0	23

\* Does not include repairable or replaced plugs

TABLE II  
 Distribution and Disposition of indications by Tube

S/G NO.	< T. S.	F*0	F*1	F*2	EF*	PLUG*
21	111	132	976	53	6	12
22	143	108	546	43	0	23

\* Does not include repairable or replaced plugs

TABLE III  
 < T. S. Indications

NO.	S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
1	21	C	16	4	16	01C	-0.03		<TS
2	21	C	16	5	14	02C	-0.03		<TS
3	21	C	14	6	20	01C	-0.06		<TS
4	21	C	19	6	23	NV1	-0.32		<TS
5	21	C	20	6	5	01C	-0.09		<TS
6	21	C	23	7	28	01C	-0.26		<TS
7	21	C	27	10	26	07H	25.55		<TS
8	21	C	25	11	27	02C	0.20		<TS
9	21	C	29	13	1	01C	-0.26		<TS
10	21	C	33	17	23	02C	-0.03		<TS
11	21	C	34	18	1	01C	-0.26		<TS
12	21	C	36	18	1	02C	-0.23		<TS
13	21	C	36	21	8	02C	0.22		<TS
14	21	C	41	26	35	01C	0.26		<TS
14	21	C	41	26	24	01C	-0.32		<TS
15	21	C	23	27	25	NV4	4.41		<TS
16	21	C	41	27	5	01C	0.11		<TS
16	21	C	41	27	33	01C	-0.23		<TS
17	21	C	18	28	21	07H	23.38		<TS
17	21	C	18	28	26	NV2	0.86		<TS

NO.	S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
17	21	C	18	28	21	NV2	12.87		<TS
18	21	C	34	28	23	NV3	0.00		<TS
19	21	C	41	29	2	01C	-0.23		<TS
20	21	C	25	30	21	NV2	0.81		<TS
20	21	C	25	30	33	NV2	19.47		<TS
20	21	C	25	30	20	NV4	2.38		<TS
21	21	C	39	30	23	NV4	2.65		<TS
22	21	C	34	31	21	NV1	-0.17		<TS
22	21	C	34	31	27	NV2	-0.23		<TS
22	21	C	34	31	32	NV3	-0.20		<TS
22	21	C	34	31	23	NV4	-0.26		<TS
23	21	C	25	32	25	NV2	0.29		<TS
23	21	C	25	32	26	NV2	19.43		<TS
24	21	C	34	32	21	NV2	-0.29		<TS
25	21	C	24	33	20	NV3	2.23		<TS
26	21	C	25	33	34	NV2	1.37		<TS
26	21	C	25	33	29	NV2	20.14		<TS
26	21	C	25	33	21	NV4	1.06		<TS
27	21	C	39	34	20	NV2	35.71		<TS
27	21	C	39	34	28	NV4	2.89		<TS
28	21	C	44	34	24	05C	-0.06		<TS
28	21	C	44	34	1	01C	-0.23		<TS
29	21	C	23	37	27	NV2	17.53		<TS
30	21	C	17	38	11	NV2	0.30		<TS
31	21	C	45	41	17	02C	-0.11		<TS
31	21	C	45	41	20	01C	-0.26		<TS
32	21	C	45	42	27	02C	0.00		<TS
32	21	C	45	42	1	01C	-0.23		<TS
33	21	C	36	43	21	07H	33.78		<TS
33	21	C	36	43	23	NV2	2.58		<TS
33	21	C	36	43	23	NV2	32.65		<TS
34	21	C	46	43	1	01C	-0.26		<TS
35	21	C	43	44	11	01C	-0.29		<TS
36	21	C	44	44	12	01C	-0.20		<TS
37	21	C	28	45	31	07H	29.58		<TS
37	21	C	28	45	32	NV2	0.12		<TS
37	21	C	28	45	27	NV2	22.43		<TS
37	21	C	28	45	20	NV2	24.86		<TS
37	21	C	28	45	20	NV4	2.42		<TS
38	21	C	36	45	24	NV2	1.30		<TS
39	21	C	44	45	16	01C	-0.06		<TS
40	21	C	45	45	9	01C	0.06		<TS
41	21	C	46	45	3	01C	-0.06		<TS
42	21	C	44	46	28	01C	-0.17		<TS
43	21	C	36	47	33	07H	33.93		<TS
43	21	C	36	47	28	NV2	2.19		<TS
43	21	C	36	47	24	NV2	32.42		<TS
44	21	C	39	47	24	NV2	35.39		<TS

NO.	S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
44	21	C	39	47	27	NV4	3.18		<TS
45	21	C	35	48	35	07H	32.76		<TS
45	21	C	35	48	24	NV2	2.16		<TS
46	21	C	45	48	14	01C	0.14		<TS
47	21	C	29	50	30	NV2	0.99		<TS
48	21	C	45	50	24	01C	-0.06		<TS
49	21	C	41	53	15	01C	-0.17		<TS
50	21	C	43	54	6	01C	0.00		<TS
51	21	C	46	54	1	01C	-0.09		<TS
52	21	C	22	55	21	NV2	18.41		<TS
53	21	C	34	56	16	NV3	0.00		<TS
54	21	C	40	57	21	01C	0.23		<TS
55	21	C	43	57	3	01C	0.12		<TS
56	21	C	19	58	20	NV2	14.70		<TS
56	21	C	19	58	20	NV4	0.53		<TS
57	21	C	41	58	15	01C	-0.14		<TS
58	21	C	45	58	11	01C	0.06		<TS
59	21	C	8	59	33	04H	1.53		<TS
60	21	C	9	59	32	04H	1.50		<TS
60	21	C	9	59	34	04H	1.51		<TS
61	21	C	43	59	23	01C	0.00		<TS
62	21	C	36	60	26	NV2	2.45		<TS
63	21	C	42	60	15	01C	0.03		<TS
64	21	C	21	61	22	NV2	1.12		<TS
64	21	C	21	61	20	NV2	17.01		<TS
64	21	C	21	61	15	NV4	0.09		<TS
65	21	C	23	61	26	NV2	1.48		<TS
65	21	C	23	61	21	NV2	18.74		<TS
65	21	C	23	61	24	NV4	0.12		<TS
66	21	C	39	61	5	01C	-0.23		<TS
67	21	C	42	62	1	01C	-0.14		<TS
68	21	C	36	63	37	NV2	2.60		<TS
69	21	C	39	63	6	01C	0.20		<TS
70	21	C	21	64	23	NV2	17.01		<TS
71	21	C	42	64	1	02C	-0.32		<TS
72	21	C	43	64	5	01C	-0.17		<TS
73	21	C	40	66	14	02C	-0.17		<TS
74	21	C	21	67	14	NV2	0.44		<TS
75	21	C	26	69	24	07H	28.4		<TS
75	21	C	26	69	23	NV2	2.50		<TS
75	21	C	26	69	20	NV2	23.01		<TS
76	21	C	39	69	16	01C	-0.23		<TS
77	21	C	40	70	22	02C	-0.09		<TS
78	21	C	18	71	21	NV2	12.59		<TS
78	21	C	18	71	16	NV3	0.06		<TS
79	21	C	39	71	28	01C	-0.23		<TS
80	21	C	26	72	28	NV2	1.08		<TS
80	21	C	26	72	35	NV2	21.29		<TS

NO.	S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
81	21	C	36	72	12	01C	-0.15		<TS
82	21	C	39	72	13	01C	-0.15		<TS
83	21	C	38	73	19	01C	-0.09		<TS
84	21	C	37	75	6	01C	0.00		<TS
85	21	C	34	76	16	02C	0.12		<TS
86	21	C	33	77	16	03C	-0.32		<TS
87	21	C	35	77	12	02C	-0.12		<TS
88	21	C	32	78	21	02C	-0.06		<TS
88	21	C	32	78	29	01C	-0.26		<TS
89	21	C	23	85	1	01C	0.00		<TS
90	21	C	23	86	29	01C	0.00		<TS
91	21	C	25	86	14	01C	0.00		<TS
92	21	C	18	87	1	01C	-0.14		<TS
93	21	C	17	89	13	02C	-0.06		<TS
93	21	C	17	89	28	01C	0.00		<TS
94	21	C	12	90	10	01C	-0.14		<TS
95	21	C	18	90	9	02C	-0.12		<TS
96	21	C	7	91	24	01C	-0.06		<TS
97	21	C	13	91	25	01C	0.26		<TS
98	21	C	14	91	1	01C	0.00		<TS
99	21	C	16	91	1	01C	-0.06		<TS
100	21	C	3	92	18	01C	0.11		<TS
101	21	C	6	92	1	01C	-0.12		<TS
102	21	C	8	92	6	02C	-0.17		<TS
102	21	C	8	92	12	01C	-0.06		<TS
103	21	C	9	92	7	01C	-0.09		<TS
104	21	C	10	92	1	01C	-0.03		<TS
105	21	C	11	92	1	01C	0.03		<TS
106	21	C	14	92	30	NV1	2.39		<TS
106	21	C	14	92	1	01C	0.06		<TS
107	21	C	2	93	13	02C	0.00		<TS
107	21	C	2	93	14	01C	-0.11		<TS
108	21	C	5	93	1	01C	0.00		<TS
109	21	C	6	93	15	02C	-0.09		<TS
110	21	C	5	94	22	01C	0.00		<TS
111	21	C	7	94	30	01C	0.09		<TS
1	22	C	12	3	23	02C	0.06		<TS
2	22	C	16	4	5	01C	0.18		<TS
3	22	C	17	5	5	01C	0.26		<TS
4	22	C	16	6	1	01C	-0.12		<TS
5	22	C	17	6	16	01C	-0.06		<TS
6	22	C	19	6	1	02C	0.12		<TS
7	22	C	20	6	30	01C	-0.03		<TS
8	22	C	21	7	13	02C	0.06		<TS
8	22	C	21	7	10	01C	0.00		<TS
9	22	C	25	9	23	01C	-0.06		<TS
10	22	C	20	10	6	01C	-0.06		<TS
11	22	C	24	10	1	01C	-0.15		<TS

NO.	S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
12	22	C	26	10	17	02C	0.18		<TS
13	22	C	28	11	1	02C	0.21		<TS
14	22	C	29	13	19	01C	0.00		<TS
15	22	C	31	13	30	01C	-0.18		<TS
16	22	C	29	15	3	01C	-0.20		<TS
17	22	C	30	15	14	01C	-0.15		<TS
18	22	C	34	16	26	02C	-0.03		<TS
19	22	C	34	17	31	02C	-0.12		<TS
19	22	C	34	17	16	01C	-0.23		<TS
20	22	C	30	19	3	01C	-0.15		<TS
21	22	C	31	19	21	01C	-0.20		<TS
22	22	C	32	20	8	01C	-0.20		<TS
23	22	C	36	22	28	02C	0.03		<TS
24	22	C	37	23	7	01C	0.15		<TS
25	22	C	37	24	26	01C	-0.15		<TS
26	22	C	38	25	12	02C	-0.18		<TS
26	22	C	38	25	9	01C	0.21		<TS
27	22	C	41	26	3	01C	0.00		<TS
28	22	C	39	29	20	02C	-0.09		<TS
29	22	C	41	29	22	NV1	0.00		<TS
30	22	C	19	31	20	NV2	2.65		<TS
31	22	C	19	34	21	NV1	0.00		<TS
32	22	C	43	34	27	03C	-0.06		<TS
33	22	C	44	34	22	02C	-0.21		<TS
34	22	C	43	35	17	02C	-0.15		<TS
35	22	C	25	36	20	NV2	3.09		<TS
36	22	C	44	36	23	02C	-0.12		<TS
37	22	C	42	38	11	NV1	-0.15		<TS
37	22	C	42	38	17	NV2	-0.15		<TS
37	22	C	42	38	16	02C	-0.21		<TS
38	22	C	38	39	9	NV1	-0.18		<TS
38	22	C	38	39	9	NV2	-0.03		<TS
39	22	C	43	39	1	02C	-0.21		<TS
40	22	C	44	39	14	02C	-0.17		<TS
41	22	C	45	39	27	02C	-0.12		<TS
42	22	C	44	40	23	02C	0.00		<TS
43	22	C	33	41	13	NV1	-0.09		<TS
44	22	C	40	41	18	NV1	0.00		<TS
44	22	C	40	41	23	NV2	0.00		<TS
44	22	C	40	41	16	NV3	0.00		<TS
45	22	C	44	42	19	02C	-0.09		<TS
46	22	C	46	42	14	02C	-0.20		<TS
47	22	C	37	43	33	NV2	33.22		<TS
47	22	C	37	43	27	NV4	3.82		<TS
48	22	C	45	43	3	01C	0.09		<TS
49	22	C	45	44	23	02C	0.09		<TS
50	22	C	39	45	17	NV1	-0.21		<TS
51	22	C	38	46	27	07H	35.63		<TS

NO.	S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
51	22	C	38	46	21	NV4	2.88		<TS
52	22	C	36	47	20	NV2	1.87		<TS
53	22	C	38	47	23	NV2	2.07		<TS
54	22	C	45	47	1	01C	-0.06		<TS
55	22	C	38	48	24	NV2	2.12		<TS
55	22	C	38	48	15	NV4	0.03		<TS
56	22	C	41	48	20	NV2	0.18		<TS
57	22	C	44	48	12	01C	-0.09		<TS
58	22	C	45	48	8	02C	-0.09		<TS
58	22	C	45	48	2	01C	0.32		<TS
59	22	C	25	49	17	NV4	-0.15		<TS
60	22	C	26	49	12	NV4	0.33		<TS
61	22	C	11	50	10	NV1	0.00		<TS
62	22	C	33	50	23	NV2	28.56		<TS
63	22	C	38	50	20	NV1	0.00		<TS
63	22	C	38	50	27	NV4	0.00		<TS
64	22	C	45	50	26	01C	0.06		<TS
65	22	C	37	51	20	NV2	2.13		<TS
65	22	C	37	51	21	NV2	32.75		<TS
66	22	C	45	52	19	01C	0.18		<TS
67	22	C	40	53	22	01C	0.18		<TS
68	22	C	44	53	27	01C	0.15		<TS
69	22	C	46	53	25	02C	-0.12		<TS
70	22	C	36	54	25	NV4	3.58		<TS
71	22	C	39	54	23	07H	35.29		<TS
72	22	C	45	54	1	02C	0.00		<TS
72	22	C	45	54	2	01C	0.06		<TS
73	22	C	39	55	22	NV2	3.95		<TS
74	22	C	11	56	9	NV1	0.00		<TS
75	22	C	36	56	24	NV2	33.06		<TS
76	22	C	38	56	20	NV2	35.51		<TS
77	22	C	42	56	13	02C	0.00		<TS
78	22	C	43	56	23	01C	-0.03		<TS
79	22	C	17	57	21	NV1	3.20		<TS
80	22	C	38	57	21	07H	34.66		<TS
81	22	C	43	57	24	NV3	0.00		<TS
82	22	C	35	58	24	07H	32.81		<TS
83	22	C	43	58	18	NV2	0.00		<TS
83	22	C	43	58	19	01C	-0.18		<TS
84	22	C	40	59	22	07H	34.62		<TS
84	22	C	40	59	20	NV2	3.87		<TS
85	22	C	41	60	5	02C	-0.15		<TS
86	22	C	42	60	6	02C	-0.23		<TS
86	22	C	42	60	23	01C	-0.09		<TS
87	22	C	43	60	7	02C	-0.03		<TS
88	22	C	41	61	34	02C	-0.15		<TS
89	22	C	43	63	4	02C	-0.23		<TS
90	22	C	32	64	29	NV2	2.75		<TS

NO.	S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
90	22	C	32	64	29	NV2	28.33		<TS
91	22	C	38	64	29	NV2	34.39		<TS
92	22	C	39	64	21	02C	-0.21		<TS
93	22	C	42	64	24	02C	-0.18		<TS
94	22	C	19	65	20	NV2	1.27		<TS
95	22	C	42	65	17	02C	-0.12		<TS
96	22	C	43	65	18	02C	-0.15		<TS
97	22	C	40	66	1	02C	0.12		<TS
98	22	C	41	66	25	02C	-0.12		<TS
99	22	C	32	67	17	NV1	-0.06		<TS
99	22	C	32	67	27	NV2	-0.20		<TS
99	22	C	32	67	24	NV2	28.50		<TS
99	22	C	32	67	30	NV3	-0.26		<TS
99	22	C	32	67	18	NV4	-0.18		<TS
100	22	C	36	69	28	NV3	0.00		<TS
101	22	C	40	69	31	02C	-0.09		<TS
102	22	C	41	69	11	02C	-0.03		<TS
103	22	C	36	70	36	NV2	4.76		<TS
103	22	C	36	70	39	NV2	33.03		<TS
104	22	C	16	71	17	NV3	-0.24		<TS
105	22	C	38	71	26	01C	0.00		<TS
106	22	C	40	71	21	02C	-0.15		<TS
107	22	C	32	72	11	NV3	-0.15		<TS
108	22	C	36	73	21	NV2	32.19		<TS
108	22	C	36	73	1	02C	-0.12		<TS
109	22	C	35	74	1	02C	0.03		<TS
110	22	C	33	75	23	01C	-0.06		<TS
111	22	C	35	75	27	01C	0.00		<TS
112	22	C	36	75	23	02C	-0.18		<TS
113	22	C	33	76	16	01C	0.00		<TS
114	22	C	29	77	35	02C	0.12		<TS
115	22	C	30	79	25	02C	0.15		<TS
115	22	C	30	79	11	01C	0.12		<TS
116	22	C	30	81	23	01C	-0.03		<TS
117	22	C	29	82	26	02C	-0.18		<TS
117	22	C	29	82	28	01C	-0.12		<TS
118	22	C	30	82	22	02C	-0.12		<TS
119	22	C	30	83	1	02C	-0.21		<TS
120	22	C	22	85	1	01C	-0.15		<TS
121	22	C	28	85	12	01C	0.09		<TS
121	22	C	28	85	13	01C	-0.15		<TS
122	22	C	26	86	13	02C	-0.12		<TS
123	22	C	14	88	12	02C	-0.09		<TS
124	22	C	22	88	9	02C	-0.18		<TS
125	22	C	16	89	19	02C	-0.12		<TS
125	22	C	16	89	9	01C	-0.24		<TS
126	22	C	17	89	26	01C	0.00		<TS
127	22	C	18	89	12	02C	-0.09		<TS

NO.	S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
128	22	C	19	89	15	01C	0.00		<TS
129	22	C	6	90	17	01C	0.00		<TS
130	22	C	12	90	11	01C	-0.09		<TS
131	22	C	16	90	32	01C	0.00		<TS
132	22	C	17	90	1	01C	-0.15		<TS
133	22	C	2	91	7	01C	0.03		<TS
134	22	C	7	91	1	01C	0.06		<TS
135	22	C	11	91	25	02C	-0.03		<TS
136	22	C	12	91	6	02C	0.00		<TS
136	22	C	12	91	1	01C	0.00		<TS
137	22	C	3	92	5	01C	0.03		<TS
138	22	C	6	92	5	02C	0.00		<TS
139	22	C	7	92	16	01C	0.03		<TS
140	22	C	9	92	3	01C	0.03		<TS
141	22	C	4	93	12	02C	0.03		<TS
141	22	C	4	93	17	01C	0.12		<TS
142	22	C	5	93	15	01C	0.06		<TS
143	22	C	4	94	5	02C	-0.06		<TS

TABLE IV  
 F\*0 Tubes

NO.	S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
1	21	H	1	2	SAN	TRH	-2.64	-2.47	F*0
2	21	H	3	3	SAN	TRH	-2.72	-2.62	F*0
3	21	H	1	4	SAN	TRH	-2.69	-2.36	F*0
4	21	H	1	5	SAI	TRH	-2.81	-2.71	F*0
5	21	H	1	6	SAN	TRH	-2.72	-2.43	F*0
6	21	H	3	6	MAN	TRH	-2.31	-2.05	F*0
7	21	H	1	7	SAN	TRH	-2.83	-2.72	F*0
8	21	H	2	7	MAN	TRH	-2.73	-2.45	F*0
9	21	H	7	7	SAN	TRH	-2.81	-2.64	F*0
10	21	H	2	8	SAN	TRH	-2.77	-2.37	F*0
11	21	H	5	8	SAN	TRH	-2.31	-2.04	F*0
12	21	H	4	9	SAN	TRH	-2.73	-2.52	F*0
13	21	H	12	9	SAI	TRH	-2.35	-2.31	F*0
14	21	H	25	9	SAI	TRH	-2.75	-2.72	F*0
15	21	H	2	10	SAN	TRH	-2.64	-2.43	F*0
16	21	H	15	10	SAN	TRH	-2.19	-2.04	F*0
17	21	H	25	10	SAN	TRH	-2.35	-2.21	F*0
18	21	H	26	10	SAI	TRH	-2.73	-2.67	F*0
19	21	H	1	11	MAN	TRH	-2.81	-2.47	F*0
20	21	H	3	11	MAN	TRH	-2.74	-2.62	F*0
21	21	H	6	11	SAI	TRH	-3.58	-3.41	F*0
22	21	H	7	11	SAI	TRH	-1.61	-1.48	F*0
23	21	H	23	11	SAN	TRH	-2.72	-2.60	F*0
24	21	H	27	11	SAN	TRH	-2.56	-2.30	F*0

NO.	S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
25	21	H	29	11	MAN	TRH	-2.70	-2.58	F*0
26	21	H	2	12	SAN	TRH	-2.60	-2.42	F*0
27	21	H	5	12	SAN	TRH	-2.67	-2.58	F*0
28	21	H	15	12	SAN	TRH	-2.67	-2.53	F*0
29	21	H	28	12	MAN	TRH	-2.40	-2.30	F*0
30	21	H	1	13	MAN	TRH	-2.94	-2.76	F*0
31	21	H	6	13	SAN	TRH	-2.48	-2.36	F*0
32	21	H	7	13	MAN	TRH	-2.89	-2.63	F*0
33	21	H	1	14	MAN	TRH	-3.03	-2.80	F*0
34	21	H	7	15	SAN	TRH	-2.83	-2.56	F*0
35	21	H	2	16	SAN	TRH	-2.67	-2.52	F*0
36	21	H	3	16	SAN	TRH	-2.71	-2.59	F*0
37	21	H	5	16	SAN	TRH	-3.04	-2.86	F*0
38	21	H	6	16	SAI	TRH	-2.70	-2.61	F*0
39	21	H	15	16	SAN	TRH	-2.74	-2.59	F*0
40	21	H	5	17	MAN	TRH	-2.66	-2.59	F*0
41	21	H	7	17	MAN	TRH	-2.61	-2.43	F*0
42	21	H	7	18	SAI	TRH	-2.50	-2.34	F*0
43	21	H	7	19	MAN	TRH	-2.51	-2.41	F*0
44	21	H	8	19	SAN	TRH	-2.42	-2.33	F*0
45	21	H	26	19	MAN	TRH	-2.76	-2.66	F*0
46	21	H	8	20	SAI	TRH	-2.71	-2.62	F*0
47	21	H	25	20	MAN	TRH	-2.56	-2.38	F*0
48	21	H	31	20	SAI	TRH	-2.75	-2.68	F*0
49	21	H	33	20	MAN	TRH	-2.63	-2.52	F*0
50	21	H	32	21	MAI	TRH	-2.75	-2.64	F*0
51	21	H	33	21	SAN	TRH	-2.64	-2.55	F*0
52	21	H	6	22	MAI	TRH	-2.47	-2.41	F*0
53	21	H	7	22	SAN	TRH	-2.59	-2.47	F*0
54	21	H	7	23	SAI	TRH	-2.54	-2.47	F*0
55	21	H	31	24	MAI	TRH	-2.55	-2.47	F*0
56	21	H	33	24	SAN	TRH	-2.52	-2.46	F*0
57	21	H	1	25	MAN	TRH	-2.43	-2.37	F*0
58	21	H	24	25	MAN	TRH	-2.49	-2.38	F*0
59	21	H	33	25	SAN	TRH	-2.46	-2.35	F*0
60	21	H	31	28	SAN	TRH	-2.45	-2.36	F*0
61	21	H	33	30	SAN	TRH	-2.62	-2.37	F*0
62	21	H	17	32	SAN	TRH	-2.24	-2.21	F*0
63	21	H	1	34	SAN	TRH	-2.50	-2.40	F*0
64	21	H	33	34	SAN	TRH	-2.62	-2.55	F*0
65	21	H	1	35	SAN	TRH	-2.44	-2.37	F*0
66	21	H	25	41	SAN	TRH	-2.42	-2.23	F*0
67	21	H	1	47	MAN	TRH	-2.45	-2.22	F*0
68	21	H	21	47	MAN	TRH	-2.50	-2.40	F*0
69	21	H	28	60	SAI	TRH	-2.52	-2.34	F*0
70	21	H	26	61	SAI	TRH	-2.56	-2.51	F*0
71	21	H	27	61	MAN	TRH	-2.44	-2.35	F*0
72	21	H	15	62	SAN	TRH	-2.58	-2.43	F*0

NO.	S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
73	21	H	23	62	MAI	TRH	-2.55	-2.43	F*0
74	21	H	28	62	SAI	TRH	-2.45	-2.36	F*0
75	21	H	32	62	SAI	TRH	-2.58	-2.45	F*0
76	21	H	33	62	SAI	TRH	-2.66	-2.54	F*0
77	21	H	21	63	SAI	TRH	-1.86	-1.74	F*0
78	21	H	26	63	SAI	TRH	-2.42	-2.38	F*0
79	21	H	27	63	SAI	TRH	-2.47	-2.41	F*0
80	21	H	29	63	SAN	TRH	-2.62	-2.53	F*0
81	21	H	15	64	SAN	TRH	-2.74	-2.63	F*0
82	21	H	23	64	SAI	TRH	-2.57	-2.45	F*0
83	21	H	32	64	MAI	TRH	-2.54	-2.41	F*0
84	21	H	33	64	SAI	TRH	-2.50	-2.40	F*0
85	21	H	3	65	SAI	TRH	-2.77	-2.74	F*0
86	21	H	15	65	SAI	TRH	-2.70	-2.64	F*0
87	21	H	23	65	SAI	TRH	-2.64	-2.57	F*0
88	21	H	24	65	SAI	TRH	-2.63	-2.57	F*0
89	21	H	26	65	MAN	TRH	-2.42	-2.32	F*0
90	21	H	30	65	SAN	TRH	-2.57	-2.42	F*0
91	21	H	1	66	MAN	TRH	-2.80	-2.58	F*0
92	21	H	2	66	SAN	TRH	-1.92	-1.87	F*0
93	21	H	25	66	SAN	TRH	-2.69	-2.49	F*0
94	21	H	27	66	SAI	TRH	-2.55	-2.44	F*0
95	21	H	17	67	SAN	TRH	-1.57	-1.46	F*0
96	21	H	1	68	SAN	TRH	-2.67	-2.55	F*0
97	21	H	6	68	SAI	TRH	-2.63	-2.51	F*0
98	21	H	8	68	SAN	TRH	-2.70	-2.61	F*0
99	21	H	27	68	SAN	TRH	-2.56	-2.19	F*0
100	21	H	1	69	SAN	TRH	-2.63	-2.48	F*0
101	21	H	24	69	MAN	TRH	-2.49	-2.34	F*0
102	21	H	23	70	MAI	TRH	-2.55	-2.50	F*0
103	21	H	24	70	SAN	TRH	-2.31	-2.27	F*0
104	21	H	27	70	SAI	TRH	-2.61	-2.51	F*0
105	21	H	30	70	SAN	TRH	-2.43	-2.30	F*0
106	21	H	23	71	SAN	TRH	-2.46	-2.39	F*0
107	21	H	29	71	SAI	TRH	-2.55	-2.41	F*0
108	21	H	27	72	SAN	TRH	-2.30	-2.23	F*0
109	21	H	31	72	MAI	TRH	-2.43	-2.23	F*0
110	21	H	1	73	SAI	TRH	-2.61	-2.55	F*0
111	21	H	25	73	SAN	TRH	-2.48	-2.34	F*0
112	21	H	32	74	SAI	TRH	-2.55	-2.51	F*0
113	21	H	1	75	SAN	TRH	-2.58	-2.43	F*0
114	21	H	16	75	SAN	TRH	-2.27	-2.04	F*0
115	21	H	1	76	SAN	TRH	-2.57	-2.42	F*0
116	21	H	6	76	SAN	TRH	-2.35	-2.09	F*0
117	21	H	16	76	SAN	TRH	-2.35	-1.88	F*0
118	21	H	21	76	SAI	TRH	-2.56	-2.52	F*0
119	21	H	26	76	SAI	TRH	-2.33	-2.27	F*0
120	21	H	27	76	MAN	TRH	-2.53	-2.40	F*0

NO.	S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
121	21	H	1	77	SAN	TRH	-2.52	-2.38	F*0
122	21	H	1	78	MAN	TRH	-2.56	-2.46	F*0
123	21	H	22	78	SAI	TRH	-2.34	-2.27	F*0
124	21	H	14	79	SAI	TRH	-2.38	-2.18	F*0
125	21	H	20	79	SAN	TRH	-2.19	-1.99	F*0
126	21	H	25	80	MAI	TRH	-2.75	-2.65	F*0
127	21	H	5	81	SAI	TRH	-2.64	-2.52	F*0
128	21	H	25	81	SAI	TRH	-2.34	-2.31	F*0
129	21	H	16	82	SAI	TRH	-2.18	-2.09	F*0
130	21	H	22	82	SAI	TRH	-2.32	-2.25	F*0
131	21	H	1	83	SAI	TRH	-2.57	-2.42	F*0
132	21	H	6	93	SAN	TRH	-2.28	-2.21	F*0
1	22	H	4	1	SAN	TRH	-2.20	-2.13	F*0
2	22	H	1	2	SAI	TRH	-1.93	-1.87	F*0
3	22	H	1	7	SAN	TRH	-2.48	-2.23	F*0
4	22	H	3	10	SAI	TRH	-2.37	-2.29	F*0
5	22	H	35	20	SAN	TRH	-2.20	-2.12	F*0
6	22	H	35	23	SAI	TRH	-2.13	-2.04	F*0
7	22	H	37	25	SAI	TRH	-2.19	-2.09	F*0
8	22	H	1	27	SAN	TRH	-2.54	-2.43	F*0
9	22	H	8	27	SAI	TRH	-2.57	-2.38	F*0
10	22	H	1	28	SAI	TRH	-2.43	-2.38	F*0
11	22	H	3	28	SAI	TRH	-2.37	-2.23	F*0
12	22	H	2	29	SAN	TRH	-2.35	-2.25	F*0
13	22	H	3	29	SAI	TRH	-2.32	-2.21	F*0
14	22	H	2	30	SAI	TRH	-2.51	-2.48	F*0
15	22	H	1	33	MAN	TRH	-2.28	-2.15	F*0
16	22	H	1	34	SAN	TRH	-2.34	-2.17	F*0
17	22	H	42	35	SAN	TRH	-2.40	-2.30	F*0
18	22	H	1	37	MAN	TRH	-2.35	-2.21	F*0
19	22	H	2	39	SCI	TRH	-2.21	-2.14	F*0
20	22	H	2	45	SAN	TRH	-2.15	-2.11	F*0
21	22	H	1	46	SAI	TRH	-2.53	-2.43	F*0
22	22	H	7	48	SAI	TRH	-2.50	-2.40	F*0
23	22	H	9	48	SAN	TRH	-2.30	-2.06	F*0
24	22	H	10	48	SAN	TRH	-2.47	-2.35	F*0
25	22	H	5	49	SAN	TRH	-2.84	-2.69	F*0
26	22	H	7	49	SAN	TRH	-2.47	-2.32	F*0
27	22	H	3	50	SAI	TRH	-2.67	-2.58	F*0
28	22	H	4	50	SAI	TRH	-2.75	-2.66	F*0
29	22	H	6	50	SAI	TRH	-2.75	-2.66	F*0
30	22	H	7	50	SAN	TRH	-2.55	-2.40	F*0
31	22	H	10	50	SAN	TRH	-2.83	-2.74	F*0
32	22	H	1	51	MAN	TRH	-2.75	-2.52	F*0
33	22	H	3	51	SAN	TRH	-2.75	-2.61	F*0
34	22	H	4	51	MAN	TRH	-2.78	-2.69	F*0
35	22	H	7	51	SAN	TRH	-2.59	-2.47	F*0
36	22	H	1	52	MAN	TRH	-2.94	-2.70	F*0

NO.	S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
37	22	H	10	52	SAN	TRH	-2.81	-2.71	F*0
38	22	H	1	53	MAN	TRH	-2.88	-2.76	F*0
39	22	H	6	53	SAI	TRH	-2.70	-2.64	F*0
40	22	H	7	53	SAN	TRH	-2.67	-2.59	F*0
41	22	H	34	53	MAI	TRH	-2.16	-2.12	F*0
42	22	H	37	53	MAN	TRH	-2.39	-2.21	F*0
43	22	H	5	54	MAN	TRH	-2.62	-2.56	F*0
44	22	H	34	55	MAN	TRH	-2.17	-2.06	F*0
45	22	H	1	56	MAN	TRH	-2.75	-2.63	F*0
46	22	H	2	56	SAN	TRH	-2.63	-2.54	F*0
47	22	H	34	56	MAN	TRH	-2.25	-2.11	F*0
48	22	H	3	57	SAI	TRH	-2.68	-2.60	F*0
49	22	H	37	57	MAN	TRH	-2.25	-2.07	F*0
50	22	H	9	58	SAI	TRH	-2.71	-2.60	F*0
51	22	H	34	58	MAN	TRH	-2.15	-2.03	F*0
52	22	H	7	59	SAI	TRH	-2.69	-2.64	F*0
53	22	H	26	59	MAN	TRH	-2.13	-1.98	F*0
54	22	H	37	59	MAI	TRH	-2.21	-2.12	F*0
55	22	H	34	60	MAN	TRH	-2.30	-2.20	F*0
56	22	H	11	61	SAN	TRH	-2.74	-2.66	F*0
57	22	H	1	62	MAN	TRH	-2.74	-2.49	F*0
58	22	H	7	63	SAI	TRH	-2.68	-2.62	F*0
59	22	H	8	63	SAI	TRH	-2.66	-2.58	F*0
60	22	H	17	63	MAI	TRH	-2.14	-2.06	F*0
61	22	H	34	63	MAN	TRH	-2.13	-1.98	F*0
62	22	H	5	64	SAN	TRH	-2.31	-2.27	F*0
63	22	H	8	64	SAI	TRH	-2.39	-2.33	F*0
64	22	H	7	65	MAN	TRH	-2.54	-2.31	F*0
65	22	H	8	66	SAN	TRH	-2.37	-2.27	F*0
66	22	H	18	66	SAI	TRH	-1.42	-1.32	F*0
67	22	H	8	67	SAI	TRH	-2.28	-2.23	F*0
68	22	H	8	68	SAN	TRH	-2.36	-2.25	F*0
69	22	H	34	68	MAN	TRH	-2.32	-2.10	F*0
70	22	H	1	69	MAN	TRH	-2.71	-2.59	F*0
71	22	H	1	70	MAN	TRH	-2.71	-2.56	F*0
72	22	H	37	70	MAN	TRH	-2.20	-2.07	F*0
73	22	H	6	71	SAI	TRH	-2.19	-2.14	F*0
74	22	H	7	71	SAI	TRH	-2.39	-2.32	F*0
75	22	H	11	71	SAN	TRH	-2.40	-2.30	F*0
76	22	H	24	71	MAN	TRH	-2.18	-2.03	F*0
77	22	H	1	72	MAN	TRH	-2.73	-2.41	F*0
78	22	H	5	72	SAN	TRH	-2.51	-2.44	F*0
79	22	H	34	72	SAI	TRH	-2.13	-2.10	F*0
80	22	H	37	72	SAN	TRH	-2.20	-2.01	F*0
81	22	H	1	74	MAN	TRH	-2.72	-2.65	F*0
82	22	H	4	74	MAI	TRH	-2.25	-2.19	F*0
83	22	H	5	74	SAN	TRH	-2.42	-2.32	F*0
84	22	H	6	74	MAN	TRH	-2.20	-2.11	F*0

NO.	S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
85	22	H	4	75	SAN	TRH	-2.33	-2.24	F*0
86	22	H	6	75	SAI	TRH	-2.16	-2.07	F*0
87	22	H	1	76	MAN	TRH	-2.80	-2.61	F*0
88	22	H	1	77	MAN	TRH	-2.78	-2.65	F*0
89	22	H	4	77	SAN	TRH	-2.40	-2.31	F*0
90	22	H	6	77	MAI	TRH	-2.19	-2.13	F*0
91	22	H	1	78	MAN	TRH	-2.80	-2.46	F*0
92	22	H	4	78	SAN	TRH	-2.22	-2.14	F*0
93	22	H	1	79	MAN	TRH	-2.59	-2.43	F*0
94	22	H	3	79	SAN	TRH	-2.62	-2.43	F*0
95	22	H	1	80	MAN	TRH	-2.61	-2.29	F*0
96	22	H	4	80	SAN	TRH	-2.28	-2.22	F*0
97	22	H	5	80	SAN	TRH	-2.52	-2.39	F*0
98	22	H	4	81	SAI	TRH	-2.18	-2.12	F*0
99	22	H	1	82	MAN	TRH	-2.66	-2.45	F*0
100	22	H	5	82	SAN	TRH	-2.55	-2.38	F*0
101	22	H	1	83	SAN	TRH	-2.62	-2.38	F*0
102	22	H	6	85	SAN	TRH	-2.34	-2.16	F*0
103	22	H	7	85	SAI	TRH	-2.30	-2.19	F*0
104	22	H	6	86	SAI	TRH	-2.17	-2.13	F*0
105	22	H	1	87	SAN	TRH	-2.67	-2.45	F*0
106	22	H	4	88	SAN	TRH	-2.37	-2.30	F*0
107	22	H	6	91	SAN	TRH	-2.52	-2.49	F*0
108	22	H	6	94	MAN	TRH	-2.41	-2.24	F*0

TABLE V  
F\*1 Tubes

NO.	S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
1	21	H	14	3	MAD	1BH	-1.63		F*1
2	21	H	6	4	SAD	1BH	-1.16		F*1
3	21	H	7	4	SAD	1BH	-1.00		F*1
4	21	H	7	5	MAD	1BH	-1.16		F*1
5	21	H	17	7	MAD	1BH	-1.16		F*1
6	21	H	1	8	MAD	1BH	-1.31		F*1
7	21	H	13	8	MAN	1BH	-1.41	-1.33	F*1
8	21	H	5	9	SAD	1BH	-1.37		F*1
9	21	H	7	9	MAD	1BH	-1.22		F*1
10	21	H	11	9	MAN	1BH	-1.34	-1.27	F*1
11	21	H	13	9	SAD	1BH	-1.27		F*1
12	21	H	1	10	MAD	1BH	-1.39		F*1
13	21	H	4	10	SAD	1BH	-1.39		F*1
14	21	H	5	10	SAD	1BH	-1.10		F*1
15	21	H	12	10	SAD	1BH	-1.25		F*1
16	21	H	19	10	SAD	1BH	-1.05		F*1
17	21	H	20	10	SAD	1BH	-1.33		F*1
18	21	H	2	11	SAD	1BH	-0.90		F*1

NO.	S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
19	21	H	5	11	MAN	1BH	-1.37	-1.20	F*1
20	21	H	10	11	SAD	1BH	-1.14		F*1
21	21	H	13	11	SAD	1BH	-0.79		F*1
22	21	H	14	11	MAD	1BH	-1.12		F*1
23	21	H	24	11	MAD	1BH	-1.30		F*1
24	21	H	1	12	SAD	1BH	-1.32		F*1
25	21	H	7	12	SAD	1BH	-1.07		F*1
26	21	H	9	12	SAD	1BH	-1.33		F*1
27	21	H	11	12	SAD	1BH	-1.06		F*1
28	21	H	14	12	MAN	1BH	-1.23	-0.99	F*1
29	21	H	22	12	SAD	1BH	-1.40		F*1
30	21	H	2	13	MAN	1BH	-1.38	-0.97	F*1
31	21	H	4	13	SAN	1BH	-1.30	-1.16	F*1
32	21	H	13	13	SAD	1BH	-1.40		F*1
33	21	H	14	13	SAD	1BH	-1.33		F*1
34	21	H	15	13	MAN	1BH	-1.23	-1.12	F*1
35	21	H	2	14	SAN	1BH	-3.61	-3.43	F*1
36	21	H	4	14	MAD	1BH	-1.22		F*1
37	21	H	5	14	SAD	1BH	-2.14		F*1
38	21	H	6	14	SAD	1BH	-1.30		F*1
39	21	H	7	14	SAN	1BH	-3.82	-3.68	F*1
40	21	H	9	14	MAD	1BH	-1.35		F*1
41	21	H	11	14	MAN	1BH	-1.14	-0.92	F*1
42	21	H	13	14	SAD	1BH	-1.17		F*1
43	21	H	15	14	MAD	1BH	-1.21		F*1
44	21	H	22	14	SAD	1BH	-1.17		F*1
45	21	H	1	15	MAN	1BH	-1.04	-0.84	F*1
46	21	H	2	15	SAD	1BH	-1.38		F*1
47	21	H	5	15	SAD	1BH	-1.17		F*1
48	21	H	8	15	SAD	1BH	-1.21		F*1
49	21	H	10	15	SAD	1BH	-1.37		F*1
50	21	H	11	15	SAD	1BH	-0.89		F*1
51	21	H	13	15	MAN	1BH	-1.31	-0.94	F*1
52	21	H	14	15	SAD	1BH	-1.26		F*1
53	21	H	15	15	SAD	1BH	-0.90		F*1
54	21	H	16	15	MAN	1BH	-1.13	-1.02	F*1
55	21	H	18	15	MAN	1BH	-1.24	-1.13	F*1
56	21	H	19	15	MAD	1BH	-1.21		F*1
57	21	H	22	15	SAD	1BH	-1.22		F*1
58	21	H	23	15	SAN	1BH	-1.18	-1.07	F*1
59	21	H	26	15	SAD	1BH	-0.85		F*1
60	21	H	27	15	SAD	1BH	-1.31		F*1
61	21	H	1	16	SAD	1BH	-1.34		F*1
62	21	H	4	16	MAN	1BH	-1.27	-1.13	F*1
63	21	H	7	16	SAD	1BH	-0.80		F*1
64	21	H	8	16	MAD	1BH	-1.20		F*1
65	21	H	10	16	SAD	1BH	-0.88		F*1
66	21	H	12	16	MAD	1BH	-1.23		F*1

NO.	S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
67	21	H	13	16	MAD	1BH	-1.16		F*1
68	21	H	14	16	MAD	1BH	-1.35		F*1
69	21	H	17	16	SAD	1BH	-1.28		F*1
70	21	H	18	16	SAD	1BH	-1.24		F*1
71	21	H	24	16	MAD	1BH	-1.39		F*1
72	21	H	26	16	MAD	1BH	-1.40		F*1
73	21	H	29	16	MAN	1BH	-1.04	-0.93	F*1
74	21	H	1	17	MAN	1BH	-1.17	-0.88	F*1
75	21	H	2	17	SAN	1BH	-1.42	-1.36	F*1
76	21	H	6	17	SAD	1BH	-0.92		F*1
77	21	H	10	17	SAD	1BH	-1.37		F*1
78	21	H	11	17	SAD	1BH	-1.32		F*1
79	21	H	13	17	SAD	1BH	-1.31		F*1
80	21	H	18	17	SAD	1BH	-1.27		F*1
81	21	H	19	17	SAD	1BH	-1.32		F*1
82	21	H	25	17	SAI	1BH	-1.06	-0.94	F*1
83	21	H	1	18	MAD	1BH	-1.21		F*1
84	21	H	2	18	SAD	1BH	-0.89		F*1
85	21	H	3	18	SAN	1BH	-1.09	-0.96	F*1
86	21	H	4	18	MAN	1BH	-1.29	-1.07	F*1
87	21	H	5	18	MAN	1BH	-1.06	-0.84	F*1
88	21	H	10	18	MAD	1BH	-1.25		F*1
89	21	H	11	18	SAD	1BH	-1.40		F*1
90	21	H	13	18	SAD	1BH	-1.30		F*1
91	21	H	16	18	SAD	1BH	-1.44		F*1
92	21	H	18	18	MAD	1BH	-0.82		F*1
93	21	H	19	18	SAD	1BH	-1.29		F*1
94	21	H	20	18	SAD	1BH	-0.85		F*1
95	21	H	25	18	SAN	1BH	-2.11	-2.07	F*1
96	21	H	27	18	SAD	1BH	-1.19		F*1
97	21	H	33	18	SAN	1BH	-1.34	-1.28	F*1
98	21	H	1	19	MAN	1BH	-1.16	-0.82	F*1
99	21	H	2	19	SAD	1BH	-1.39		F*1
100	21	H	4	19	SAD	1BH	-1.20		F*1
101	21	H	6	19	SAD	1BH	-1.23		F*1
102	21	H	9	19	MAD	1BH	-1.20		F*1
103	21	H	11	19	MAD	1BH	-1.37		F*1
104	21	H	12	19	MAN	1BH	-1.20	-1.09	F*1
105	21	H	14	19	SAD	1BH	-0.85		F*1
106	21	H	16	19	SAD	1BH	-1.20		F*1
107	21	H	17	19	MAD	1BH	-0.86		F*1
108	21	H	19	19	MAN	1BH	-1.13	-1.04	F*1
109	21	H	20	19	SAN	1BH	-1.21	-1.15	F*1
110	21	H	22	19	MAD	1BH	-0.93		F*1
111	21	H	23	19	SAD	1BH	-1.06		F*1
112	21	H	24	19	SAD	1BH	-0.90		F*1
113	21	H	25	19	MAD	1BH	-1.25		F*1
114	21	H	27	19	MAD	1BH	-1.10		F*1

NO.	S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
115	21	H	30	19	SAD	1BH	-1.37		F*1
116	21	H	31	19	MAD	1BH	-1.30		F*1
117	21	H	32	19	SAD	1BH	-1.42		F*1
118	21	H	33	19	SAD	1BH	-1.38		F*1
119	21	H	4	20	SAD	1BH	-0.95		F*1
120	21	H	6	20	SAD	1BH	-0.90		F*1
121	21	H	7	20	MAN	1BH	-1.14	-0.92	F*1
122	21	H	9	20	SAD	1BH	-1.16		F*1
123	21	H	13	20	MAN	1BH	-1.20	-0.85	F*1
124	21	H	16	20	SAD	1BH	-1.20		F*1
125	21	H	17	20	MAN	1BH	-0.99	-0.89	F*1
126	21	H	18	20	SAD	1BH	-1.29		F*1
127	21	H	19	20	SAD	1BH	-1.40		F*1
128	21	H	20	20	SAN	1BH	-1.29	-1.23	F*1
129	21	H	23	20	MAD	1BH	-1.42		F*1
130	21	H	27	20	MAN	1BH	-1.15	-1.02	F*1
131	21	H	29	20	MAN	1BH	-1.19	-1.07	F*1
132	21	H	30	20	SAD	1BH	-1.40		F*1
133	21	H	34	20	SAD	1BH	-1.34		F*1
134	21	H	36	20	MAD	1BH	-1.37		F*1
135	21	H	37	20	MAD	1BH	-1.35		F*1
136	21	H	6	21	MAN	1BH	-1.26	-1.19	F*1
137	21	H	8	21	SAD	1BH	-1.15		F*1
138	21	H	11	21	SAD	1BH	-1.21		F*1
139	21	H	12	21	MAN	1BH	-1.27	-1.21	F*1
140	21	H	14	21	MAI	1BH	-0.56	-0.21	F*1
141	21	H	16	21	MAN	1BH	-1.18	-1.12	F*1
142	21	H	17	21	MAN	1BH	-1.16	-1.07	F*1
143	21	H	20	21	MAD	1BH	-0.88		F*1
144	21	H	23	21	MAD	1BH	-1.41		F*1
145	21	H	24	21	MAN	1BH	-1.21	-1.09	F*1
146	21	H	26	21	SAD	1BH	-1.25		F*1
147	21	H	27	21	SAD	1BH	-1.47		F*1
148	21	H	28	21	SAD	1BH	-0.85		F*1
149	21	H	30	21	SAD	1BH	-1.40		F*1
150	21	H	31	21	SAD	1BH	-1.27		F*1
151	21	H	1	22	MAN	1BH	-1.11	-0.99	F*1
152	21	H	2	22	MAN	1BH	-1.17	-1.05	F*1
153	21	H	4	22	MAN	1BH	-1.17	-1.07	F*1
154	21	H	5	22	SAD	1BH	-0.84		F*1
155	21	H	8	22	MAN	1BH	-1.25	-1.09	F*1
156	21	H	9	22	SAD	1BH	-1.16		F*1
157	21	H	10	22	SAD	1BH	-0.90		F*1
158	21	H	13	22	MAD	1BH	-1.20		F*1
159	21	H	14	22	MAN	1BH	-1.17	-1.08	F*1
160	21	H	16	22	MAN	1BH	-1.20	-1.11	F*1
161	21	H	17	22	MAN	1BH	-1.16	-1.02	F*1
162	21	H	18	22	SAD	1BH	-1.16		F*1

NO.	S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
163	21	H	19	22	MAD	1BH	-1.20		F*1
164	21	H	20	22	SAD	1BH	-0.88		F*1
165	21	H	21	22	MAD	1BH	-1.31		F*1
166	21	H	24	22	MAD	1BH	-0.85		F*1
167	21	H	26	22	MAD	1BH	-0.87		F*1
168	21	H	32	22	SAD	1BH	-1.39		F*1
169	21	H	37	22	MAN	1BH	-1.49	-1.36	F*1
170	21	H	1	23	MAD	1BH	-1.00		F*1
171	21	H	3	23	MAN	1BH	-1.12	-0.87	F*1
172	21	H	5	23	MAN	1BH	-1.45	-1.39	F*1
173	21	H	6	23	MAN	1BH	-1.21	-1.12	F*1
174	21	H	8	23	MAD	1BH	-1.30		F*1
175	21	H	9	23	MAI	1BH	-0.41	-0.19	F*1
176	21	H	10	23	SAD	1BH	-0.87		F*1
177	21	H	12	23	MAD	1BH	-1.21		F*1
178	21	H	14	23	MAN	1BH	-1.20	-1.05	F*1
179	21	H	16	23	MAN	1BH	-1.22	-1.11	F*1
180	21	H	17	23	MAD	1BH	-1.30		F*1
181	21	H	19	23	MAN	1BH	-1.18	-1.07	F*1
182	21	H	23	23	MAD	1BH	-1.22		F*1
183	21	H	24	23	MAD	1BH	-0.83		F*1
184	21	H	25	23	MAD	1BH	-0.78		F*1
185	21	H	27	23	SAD	1BH	-1.17		F*1
186	21	H	30	23	MAD	1BH	-0.97		F*1
187	21	H	31	23	SAD	1BH	-1.23		F*1
188	21	H	34	23	SAD	1BH	-1.17		F*1
189	21	H	37	23	SAD	1BH	-1.38		F*1
190	21	H	38	23	MAD	1BH	-1.29		F*1
191	21	H	39	23	MAD	1BH	-1.38		F*1
192	21	H	4	24	MAD	1BH	-1.23		F*1
193	21	H	5	24	MAN	1BH	-1.17	-0.99	F*1
194	21	H	6	24	MAN	1BH	-1.23	-1.07	F*1
195	21	H	7	24	SAD	1BH	-1.32		F*1
196	21	H	8	24	SAD	1BH	-1.26		F*1
197	21	H	9	24	SAN	1BH	-1.13	-1.03	F*1
198	21	H	11	24	MAD	1BH	-1.16		F*1
199	21	H	12	24	MAN	1BH	-1.24	-1.12	F*1
200	21	H	15	24	SAD	1BH	-0.89		F*1
201	21	H	16	24	MAD	1BH	-1.20		F*1
202	21	H	19	24	MAD	1BH	-0.82		F*1
203	21	H	20	24	MAD	1BH	-1.34		F*1
204	21	H	25	24	SAD	1BH	-1.25		F*1
205	21	H	28	24	SAD	1BH	-0.93		F*1
206	21	H	29	24	SAD	1BH	-1.14		F*1
207	21	H	30	24	MAD	1BH	-1.31		F*1
208	21	H	35	24	SAD	1BH	-0.83		F*1
209	21	H	37	24	SAD	1BH	-1.32		F*1
210	21	H	5	25	SAD	1BH	-1.17		F*1

NO.	S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
211	21	H	6	25	MAD	1BH	-1.20		F*1
212	21	H	7	25	SAD	1BH	-1.30		F*1
213	21	H	8	25	SAD	1BH	-1.49		F*1
214	21	H	9	25	SAD	1BH	-0.82		F*1
215	21	H	10	25	SAD	1BH	-1.29		F*1
216	21	H	14	25	MAD	1BH	-1.29		F*1
217	21	H	16	25	SAN	1BH	-1.22	-1.12	F*1
218	21	H	17	25	SAD	1BH	-1.21		F*1
219	21	H	20	25	MAD	1BH	-1.26		F*1
220	21	H	23	25	SAD	1BH	-1.21		F*1
221	21	H	28	25	SAD	1BH	-1.06		F*1
222	21	H	30	25	MAD	1BH	-1.39		F*1
223	21	H	38	25	MAD	1BH	-0.89		F*1
224	21	H	4	26	SAD	1BH	-1.32		F*1
225	21	H	5	26	SAD	1BH	-1.27		F*1
226	21	H	7	26	MAD	1BH	-1.32		F*1
227	21	H	8	26	SAD	1BH	-1.25		F*1
228	21	H	10	26	MAD	1BH	-0.91		F*1
229	21	H	13	26	MAD	1BH	-1.27		F*1
230	21	H	15	26	MAD	1BH	-0.85		F*1
231	21	H	16	26	SAD	1BH	-1.26		F*1
232	21	H	17	26	SAN	1BH	-1.12	-1.00	F*1
233	21	H	18	26	SAD	1BH	-1.32		F*1
234	21	H	19	26	MAD	1BH	-1.27		F*1
235	21	H	25	26	SAD	1BH	-1.13		F*1
236	21	H	28	26	SAD	1BH	-0.93		F*1
237	21	H	34	26	SAD	1BH	-1.10		F*1
238	21	H	2	27	SAD	1BH	-1.20		F*1
239	21	H	4	27	MAI	1BH	-0.72	-0.29	F*1
240	21	H	6	27	SAD	1BH	-0.87		F*1
241	21	H	8	27	SAN	1BH	-1.20	-1.11	F*1
242	21	H	9	27	SAD	1BH	-1.23		F*1
243	21	H	13	27	SAD	1BH	-1.28		F*1
244	21	H	16	27	SAD	1BH	-1.21		F*1
245	21	H	17	27	MAN	1BH	-1.34	-0.98	F*1
246	21	H	26	27	MAD	1BH	-1.27		F*1
247	21	H	27	27	MAD	1BH	-1.30		F*1
248	21	H	31	27	MAD	1BH	-0.79		F*1
249	21	H	32	27	SAN	1BH	-1.18	-1.06	F*1
250	21	H	35	27	SAD	1BH	-1.06		F*1
251	21	H	36	27	MAD	1BH	-1.18		F*1
252	21	H	37	27	MAD	1BH	-0.90		F*1
253	21	H	1	28	MAN	1BH	-1.17	-0.96	F*1
254	21	H	3	28	MAN	1BH	-1.15	-0.97	F*1
255	21	H	5	28	MAN	1BH	-1.15	-1.03	F*1
256	21	H	6	28	SAD	1BH	-1.30		F*1
257	21	H	8	28	SAD	1BH	-1.20		F*1
258	21	H	11	28	SAD	1BH	-0.77		F*1

NO.	S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
259	21	H	15	28	SAN	1BH	-1.16	-1.07	F*1
260	21	H	16	28	MAN	1BH	-1.28	-1.14	F*1
261	21	H	17	28	MAD	1BH	-1.17		F*1
262	21	H	18	28	MAD	1BH	-1.23		F*1
263	21	H	19	28	MAN	1BH	-1.12	-0.65	F*1
264	21	H	20	28	SAD	1BH	-1.25		F*1
265	21	H	21	28	MAN	1BH	-1.36	-0.97	F*1
266	21	H	23	28	MAN	1BH	-1.31	-0.94	F*1
267	21	H	28	28	SAD	1BH	-1.18		F*1
268	21	H	30	28	SAD	1BH	-1.15		F*1
269	21	H	32	28	SAD	1BH	-0.96		F*1
270	21	H	38	28	MAN	1BH	-1.17	-1.04	F*1
271	21	H	39	28	SAD	1BH	-1.32		F*1
272	21	H	4	29	MAN	1BH	-1.20	-1.10	F*1
273	21	H	5	29	SAD	1BH	-0.89		F*1
274	21	H	7	29	MAN	1BH	-1.05	-1.01	F*1
275	21	H	8	29	MAD	1BH	-1.27		F*1
276	21	H	9	29	SAD	1BH	-0.90		F*1
277	21	H	10	29	MAD	1BH	-1.31		F*1
278	21	H	16	29	MAN	1BH	-1.26	-1.13	F*1
279	21	H	18	29	MAN	1BH	-1.38	-0.95	F*1
280	21	H	19	29	MAD	1BH	-1.30		F*1
281	21	H	22	29	MAD	1BH	-1.09		F*1
282	21	H	23	29	MAD	1BH	-1.26		F*1
283	21	H	26	29	SAD	1BH	-1.22		F*1
284	21	H	27	29	MAD	1BH	-1.27		F*1
285	21	H	28	29	MAD	1BH	-1.16		F*1
286	21	H	31	29	MAD	1BH	-1.29		F*1
287	21	H	35	29	SAD	1BH	-0.86		F*1
288	21	H	1	30	MAD	1BH	-1.42		F*1
289	21	H	3	30	MAD	1BH	-1.26		F*1
290	21	H	4	30	MAN	1BH	-0.48	-0.31	F*1
291	21	H	6	30	MAN	1BH	-1.29	-1.15	F*1
292	21	H	8	30	SAN	1BH	-1.20	-1.13	F*1
293	21	H	10	30	SAD	1BH	-1.12		F*1
294	21	H	21	30	MAD	1BH	-1.25		F*1
295	21	H	22	30	MAD	1BH	-1.20		F*1
296	21	H	26	30	SAD	1BH	-0.79		F*1
297	21	H	29	30	MAD	1BH	-0.88		F*1
298	21	H	31	30	MAD	1BH	-1.20		F*1
299	21	H	38	30	SAD	1BH	-1.13		F*1
300	21	H	1	31	SAD	1BH	-1.21		F*1
301	21	H	2	31	MAD	1BH	-1.00		F*1
302	21	H	3	31	MAN	1BH	-0.91	-0.85	F*1
303	21	H	4	31	MAN	1BH	-1.44	-0.92	F*1
304	21	H	5	31	SAD	1BH	-1.08		F*1
305	21	H	6	31	SAN	1BH	-0.96	-0.80	F*1
306	21	H	10	31	SAD	1BH	-1.26		F*1

NO.	S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
307	21	H	22	31	SAD	1BH	-1.27		F*1
308	21	H	26	31	SAD	1BH	-0.84		F*1
309	21	H	27	31	SAD	1BH	-1.29		F*1
310	21	H	32	31	SAD	1BH	-1.36		F*1
311	21	H	34	31	MAD	1BH	-0.82		F*1
312	21	H	35	31	SAD	1BH	-0.90		F*1
313	21	H	37	31	MAD	1BH	-1.23		F*1
314	21	H	1	32	MAN	1BH	-1.16	-1.02	F*1
315	21	H	3	32	MAD	1BH	-1.50		F*1
316	21	H	5	32	SAD	1BH	-1.45		F*1
317	21	H	6	32	MAN	1BH	-1.42	-0.95	F*1
318	21	H	8	32	SAD	1BH	-0.97		F*1
319	21	H	24	32	MAD	1BH	-1.29		F*1
320	21	H	25	32	SAD	1BH	-1.26		F*1
321	21	H	26	32	SAD	1BH	-1.18		F*1
322	21	H	27	32	SAD	1BH	-1.27		F*1
323	21	H	30	32	SAN	1BH	-1.31	-1.11	F*1
324	21	H	32	32	SAN	1BH	-1.22	-1.13	F*1
325	21	H	36	32	MAD	1BH	-0.90		F*1
326	21	H	3	33	MAN	1BH	-1.18	-1.07	F*1
327	21	H	4	33	SAD	1BH	-1.30		F*1
328	21	H	7	33	MAN	1BH	-1.25	-1.14	F*1
329	21	H	8	33	MAN	1BH	-1.20	-1.09	F*1
330	21	H	11	33	SAD	1BH	-1.24		F*1
331	21	H	21	33	MAN	1BH	-1.35	-1.11	F*1
332	21	H	22	33	SAD	1BH	-1.27		F*1
333	21	H	23	33	SAD	1BH	-0.88		F*1
334	21	H	24	33	SAD	1BH	-1.31		F*1
335	21	H	27	33	MAN	1BH	-1.35	-1.17	F*1
336	21	H	37	33	MAD	1BH	-1.38		F*1
337	21	H	2	34	SAD	1BH	-1.24		F*1
338	21	H	3	34	SAN	1BH	-0.92	-0.82	F*1
339	21	H	4	34	SAN	1BH	-1.17	-1.11	F*1
340	21	H	7	34	SAD	1BH	-1.42		F*1
341	21	H	8	34	MAN	1BH	-1.12	-1.01	F*1
342	21	H	10	34	MAN	1BH	-1.23	-0.87	F*1
343	21	H	27	34	SAD	1BH	-0.87		F*1
344	21	H	28	34	SAD	1BH	-0.88		F*1
345	21	H	29	34	MAD	1BH	-1.22		F*1
346	21	H	34	34	MAN	1BH	-1.23	-1.20	F*1
347	21	H	37	34	MAD	1BH	-1.38		F*1
348	21	H	41	34	MAD	1BH	-1.22		F*1
349	21	H	4	35	MAD	1BH	-0.95		F*1
350	21	H	5	35	MAD	1BH	-1.18		F*1
351	21	H	8	35	MAN	1BH	-1.18	-1.07	F*1
352	21	H	11	35	SAD	1BH	-1.28		F*1
353	21	H	13	35	MAN	1BH	-1.18	-1.08	F*1
354	21	H	21	35	MAD	1BH	-1.21		F*1

NO.	S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
355	21	H	27	35	MAD	1BH	-1.20		F*1
356	21	H	29	35	SAD	1BH	-1.29		F*1
357	21	H	30	35	SAD	1BH	-1.31		F*1
358	21	H	31	35	SAD	1BH	-1.36		F*1
359	21	H	37	35	SAD	1BH	-1.45		F*1
360	21	H	3	36	SAD	1BH	-1.30		F*1
361	21	H	4	36	MAD	1BH	-1.27		F*1
362	21	H	6	36	MAN	1BH	-1.16	-1.05	F*1
363	21	H	7	36	SAD	1BH	-1.27		F*1
364	21	H	8	36	MAN	1BH	-1.15	-1.03	F*1
365	21	H	9	36	SAD	1BH	-1.42		F*1
366	21	H	10	36	SAD	1BH	-1.35		F*1
367	21	H	12	36	SAD	1BH	-1.55		F*1
368	21	H	20	36	MAN	1BH	-1.16	-1.04	F*1
369	21	H	22	36	SAN	1BH	-1.18	-1.09	F*1
370	21	H	23	36	MAD	1BH	-1.30		F*1
371	21	H	29	36	SAD	1BH	-1.31		F*1
372	21	H	35	36	MAD	1BH	-0.86		F*1
373	21	H	36	36	SAD	1BH	-0.90		F*1
374	21	H	38	36	MAD	1BH	-1.22		F*1
375	21	H	4	37	SAD	1BH	-1.33		F*1
376	21	H	6	37	MAN	1BH	-1.17	-1.03	F*1
377	21	H	8	37	MAN	1BH	-0.91	-0.83	F*1
378	21	H	9	37	SAD	1BH	-0.90		F*1
379	21	H	10	37	SAD	1BH	-0.90		F*1
380	21	H	13	37	MAN	1BH	-1.16	-1.03	F*1
381	21	H	21	37	SAN	1BH	-1.12	-1.01	F*1
382	21	H	22	37	SAD	1BH	-0.80		F*1
383	21	H	25	37	SAD	1BH	-1.20		F*1
384	21	H	27	37	MAD	1BH	-1.25		F*1
385	21	H	28	37	MAD	1BH	-0.84		F*1
386	21	H	32	37	SAD	1BH	-1.20		F*1
387	21	H	33	37	SAD	1BH	-0.88		F*1
388	21	H	36	37	MAD	1BH	-1.27		F*1
389	21	H	1	38	MAD	1BH	-1.25		F*1
390	21	H	3	38	MAN	1BH	-1.19	-1.08	F*1
391	21	H	5	38	SAD	1BH	-1.35		F*1
392	21	H	7	38	MAN	1BH	-1.15	-1.07	F*1
393	21	H	8	38	MAD	1BH	-0.93		F*1
394	21	H	9	38	MAN	1BH	-1.21	-1.11	F*1
395	21	H	12	38	SAD	1BH	-1.50		F*1
396	21	H	13	38	SAN	1BH	-1.16	-1.06	F*1
397	21	H	23	38	MAD	1BH	-0.91		F*1
398	21	H	24	38	SAD	1BH	-1.18		F*1
399	21	H	30	38	MAD	1BH	-1.11		F*1
400	21	H	31	38	SAD	1BH	-1.25		F*1
401	21	H	35	38	MAD	1BH	-1.26		F*1
402	21	H	37	38	MAD	1BH	-1.22		F*1

NO.	S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
403	21	H	2	39	SAD	1BH	-1.36		F*1
404	21	H	4	39	MAN	1BH	-1.25	-0.98	F*1
405	21	H	7	39	SAD	1BH	-1.35		F*1
406	21	H	9	39	SAD	1BH	-1.24		F*1
407	21	H	12	39	SAN	1BH	-1.10	-1.01	F*1
408	21	H	15	39	SAD	1BH	-0.91		F*1
409	21	H	19	39	SAD	1BH	-1.29		F*1
410	21	H	20	39	SAN	1BH	-1.27	-1.14	F*1
411	21	H	21	39	SAN	1BH	-1.20	-1.11	F*1
412	21	H	22	39	SAD	1BH	-1.28		F*1
413	21	H	24	39	SAD	1BH	-1.13		F*1
414	21	H	25	39	MAN	1BH	-1.08	-1.02	F*1
415	21	H	26	39	SAD	1BH	-1.22		F*1
416	21	H	30	39	MAD	1BH	-1.17		F*1
417	21	H	32	39	MAD	1BH	-1.23		F*1
418	21	H	35	39	SAD	1BH	-1.13		F*1
419	21	H	36	39	SAD	1BH	-1.43		F*1
420	21	H	2	40	SAN	1BH	-1.40	-1.34	F*1
421	21	H	3	40	MAD	1BH	-1.26		F*1
422	21	H	6	40	MAD	1BH	-1.30		F*1
423	21	H	10	40	MAN	1BH	-1.23	-1.10	F*1
424	21	H	12	40	MAD	1BH	-1.30		F*1
425	21	H	13	40	MAD	1BH	-1.56		F*1
426	21	H	26	40	MAD	1BH	-1.28		F*1
427	21	H	29	40	SAD	1BH	-1.30		F*1
428	21	H	30	40	SAD	1BH	-0.80		F*1
429	21	H	32	40	MAD	1BH	-1.23		F*1
430	21	H	33	40	SAD	1BH	-1.20		F*1
431	21	H	37	40	MAD	1BH	-1.14		F*1
432	21	H	1	41	SAN	1BH	-1.30	-1.24	F*1
433	21	H	2	41	SAD	1BH	-0.93		F*1
434	21	H	3	41	SAD	1BH	-1.31		F*1
435	21	H	4	41	MAN	1BH	-1.44	-0.94	F*1
436	21	H	5	41	MAN	1BH	-0.97	-0.87	F*1
437	21	H	7	41	MAN	1BH	-1.23	-1.12	F*1
438	21	H	8	41	MAD	1BH	-1.27		F*1
439	21	H	11	41	SAD	1BH	-1.37		F*1
440	21	H	12	41	MAN	1BH	-1.19	-1.09	F*1
441	21	H	14	41	MAN	1BH	-0.88	-0.10	F*1
442	21	H	23	41	SAD	1BH	-0.98		F*1
443	21	H	33	41	MAD	1BH	-1.20		F*1
444	21	H	1	42	SAN	1BH	-1.39	-1.33	F*1
445	21	H	3	42	MAD	1BH	-1.22		F*1
446	21	H	5	42	MAD	1BH	-0.92		F*1
447	21	H	7	42	SAN	1BH	-1.17	-1.06	F*1
448	21	H	8	42	MAD	1BH	-1.23		F*1
449	21	H	9	42	SAD	1BH	-1.23		F*1
450	21	H	10	42	SAD	1BH	-1.28		F*1

NO.	S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
451	21	H	12	42	MAN	1BH	-1.17	-1.11	F*1
452	21	H	15	42	MAN	1BH	-1.19	-1.09	F*1
453	21	H	16	42	SAD	1BH	-1.31		F*1
454	21	H	17	42	SAD	1BH	-0.80		F*1
455	21	H	20	42	SAD	1BH	-1.30		F*1
456	21	H	21	42	SAI	1BH	-0.38	-0.25	F*1
457	21	H	24	42	SAD	1BH	-1.25		F*1
458	21	H	25	42	SAD	1BH	-0.85		F*1
459	21	H	28	42	SAD	1BH	-1.05		F*1
460	21	H	36	42	MAD	1BH	-1.37		F*1
461	21	H	5	43	SAN	1BH	-1.22	-1.12	F*1
462	21	H	7	43	MAN	1BH	-1.16	-1.07	F*1
463	21	H	8	43	SAN	1BH	-1.24	-1.09	F*1
464	21	H	9	43	MAN	1BH	-1.19	-1.08	F*1
465	21	H	10	43	MAN	1BH	-1.37	-1.28	F*1
466	21	H	12	43	SAN	1BH	-0.93	-0.89	F*1
467	21	H	21	43	SAD	1BH	-1.23		F*1
468	21	H	23	43	MAN	1BH	-1.34	-1.07	F*1
469	21	H	24	43	MAN	1BH	-1.50	-0.82	F*1
470	21	H	30	43	SAD	1BH	-0.80		F*1
471	21	H	32	43	SAD	1BH	-1.10		F*1
472	21	H	35	43	SAD	1BH	-1.18		F*1
473	21	H	1	44	MAD	1BH	-1.32		F*1
474	21	H	3	44	SAD	1BH	-1.30		F*1
475	21	H	4	44	MAD	1BH	-1.25		F*1
476	21	H	8	44	SAD	1BH	-0.90		F*1
477	21	H	9	44	MAD	1BH	-1.25		F*1
478	21	H	12	44	MAD	1BH	-0.95		F*1
479	21	H	13	44	SAD	1BH	-0.93		F*1
480	21	H	19	44	SAD	1BH	-1.30		F*1
481	21	H	21	44	SAD	1BH	-1.30		F*1
482	21	H	22	44	SAD	1BH	-0.90		F*1
483	21	H	24	44	MAN	1BH	-1.33	-1.08	F*1
484	21	H	1	45	SAD	1BH	-1.36		F*1
485	21	H	3	45	MAN	1BH	-1.38	-0.97	F*1
486	21	H	6	45	SAD	1BH	-1.18		F*1
487	21	H	9	45	SAN	1BH	-1.22	-1.10	F*1
488	21	H	10	45	MAD	1BH	-0.89		F*1
489	21	H	13	45	MAN	1BH	-1.40	-0.85	F*1
490	21	H	14	45	SAN	1BH	-0.88	-0.82	F*1
491	21	H	16	45	SAD	1BH	-1.30		F*1
492	21	H	21	45	MAD	1BH	-1.22		F*1
493	21	H	23	45	SAD	1BH	-1.33		F*1
494	21	H	32	45	MAD	1BH	-1.26		F*1
495	21	H	34	45	SAD	1BH	-1.07		F*1
496	21	H	1	46	SAN	1BH	-1.25	-1.19	F*1
497	21	H	3	46	MAN	1BH	-1.20	-1.00	F*1
498	21	H	4	46	MAN	1BH	-1.24	-1.12	F*1

NO.	S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
499	21	H	5	46	SAD	1BH	-1.35		F*1
500	21	H	6	46	MAD	1BH	-1.55		F*1
501	21	H	7	46	SAD	1BH	-1.43		F*1
502	21	H	8	46	MAN	1BH	-1.31	-1.15	F*1
503	21	H	10	46	MAD	1BH	-1.49		F*1
504	21	H	14	46	MAN	1BH	-1.29	-1.07	F*1
505	21	H	15	46	SAD	1BH	-0.93		F*1
506	21	H	16	46	MAD	1BH	-1.36		F*1
507	21	H	17	46	SAD	1BH	-1.25		F*1
508	21	H	19	46	SAD	1BH	-1.18		F*1
509	21	H	21	46	SAD	1BH	-1.25		F*1
510	21	H	22	46	MAI	1BH	-0.33	-0.04	F*1
511	21	H	24	46	MAN	1BH	-0.62	-0.12	F*1
512	21	H	27	46	SAD	1BH	-0.85		F*1
513	21	H	28	46	MAD	1BH	-1.28		F*1
514	21	H	34	46	MAD	1BH	-1.27		F*1
515	21	H	3	47	MAD	1BH	-1.41		F*1
516	21	H	4	47	MAN	1BH	-1.29	-1.07	F*1
517	21	H	8	47	SAN	1BH	-1.12	-1.06	F*1
518	21	H	9	47	SAD	1BH	-0.75		F*1
519	21	H	11	47	MAD	1BH	-1.18		F*1
520	21	H	12	47	SAN	1BH	-0.86	-0.73	F*1
521	21	H	13	47	MAN	1BH	-1.31	-1.01	F*1
522	21	H	19	47	MAD	1BH	-1.28		F*1
523	21	H	22	47	MAD	1BH	-1.27		F*1
524	21	H	23	47	MAD	1BH	-1.19		F*1
525	21	H	24	47	MAD	1BH	-1.32		F*1
526	21	H	27	47	SAD	1BH	-1.47		F*1
527	21	H	31	47	SAD	1BH	-1.31		F*1
528	21	H	34	47	SAD	1BH	-1.20		F*1
529	21	H	36	47	MAD	1BH	-1.10		F*1
530	21	H	37	47	SAD	1BH	-1.60		F*1
531	21	H	1	48	SAD	1BH	-1.29		F*1
532	21	H	3	48	SAD	1BH	-1.34		F*1
533	21	H	4	48	MAN	1BH	-1.27	-0.85	F*1
534	21	H	5	48	SAD	1BH	-1.36		F*1
535	21	H	6	48	SAN	1BH	-1.09	-1.02	F*1
536	21	H	9	48	SAD	1BH	-1.36		F*1
537	21	H	11	48	MAD	1BH	-1.41		F*1
538	21	H	12	48	MAD	1BH	-1.31		F*1
539	21	H	16	48	SAD	1BH	-0.89		F*1
540	21	H	18	48	SAN	1BH	-0.45	-0.24	F*1
541	21	H	20	48	MAN	1BH	-1.31	-1.24	F*1
542	21	H	22	48	MAD	1BH	-1.15		F*1
543	21	H	23	48	MAD	1BH	-1.31		F*1
544	21	H	28	48	SAD	1BH	-0.92		F*1
545	21	H	30	48	MAD	1BH	-1.16		F*1
546	21	H	1	49	MAD	1BH	-0.91		F*1

NO.	S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
547	21	H	3	49	SAD	1BH	-1.36		F*1
548	21	H	4	49	MAD	1BH	-1.39		F*1
549	21	H	7	49	MAD	1BH	-1.39		F*1
550	21	H	11	49	MAD	1BH	-1.36		F*1
551	21	H	12	49	MAI	1BH	-0.25	-0.16	F*1
552	21	H	13	49	MAN	1BH	-1.31	-1.01	F*1
553	21	H	14	49	SAN	1BH	-0.65	-0.49	F*1
554	21	H	23	49	SAD	1BH	-0.88		F*1
555	21	H	24	49	SAD	1BH	-0.87		F*1
556	21	H	25	49	MAD	1BH	-0.88		F*1
557	21	H	28	49	SAD	1BH	-1.33		F*1
558	21	H	29	49	MAD	1BH	-1.26		F*1
559	21	H	31	49	SAD	1BH	-1.26		F*1
560	21	H	36	49	SAD	1BH	-1.26		F*1
561	21	H	2	50	MAN	1BH	-1.41	-0.88	F*1
562	21	H	3	50	SAD	1BH	-0.90		F*1
563	21	H	4	50	MAN	1BH	-1.31	-0.89	F*1
564	21	H	5	50	MAN	1BH	-1.25	-1.05	F*1
565	21	H	7	50	MAN	1BH	-1.09	-0.96	F*1
566	21	H	8	50	MAD	1BH	-0.93		F*1
567	21	H	10	50	MAN	1BH	-1.09	-1.02	F*1
568	21	H	12	50	MAN	1BH	-0.44	-0.23	F*1
569	21	H	18	50	MAD	1BH	-1.21		F*1
570	21	H	19	50	MAD	1BH	-0.90		F*1
571	21	H	21	50	SAD	1BH	-1.30		F*1
572	21	H	24	50	MAN	1BH	-0.62	-0.24	F*1
573	21	H	25	50	SAD	1BH	-1.26		F*1
574	21	H	37	50	SAD	1BH	-0.90		F*1
575	21	H	1	51	SAN	1BH	-1.03	-0.99	F*1
576	21	H	2	51	SAD	1BH	-1.37		F*1
577	21	H	4	51	MAN	1BH	-1.05	-0.98	F*1
578	21	H	5	51	MAN	1BH	-1.15	-1.04	F*1
579	21	H	6	51	MAD	1BH	-1.27		F*1
580	21	H	8	51	MAN	1BH	-1.34	-0.86	F*1
581	21	H	11	51	SAD	1BH	-1.75		F*1
582	21	H	12	51	MAD	1BH	-1.30		F*1
583	21	H	13	51	SAD	1BH	-1.41		F*1
584	21	H	14	51	SAD	1BH	-1.35		F*1
585	21	H	15	51	SAD	1BH	-1.28		F*1
586	21	H	16	51	MAD	1BH	-1.28		F*1
587	21	H	18	51	MAD	1BH	-1.30		F*1
588	21	H	23	51	MAD	1BH	-0.88		F*1
589	21	H	26	51	SAD	1BH	-1.34		F*1
590	21	H	29	51	MAN	1BH	-1.30	-1.26	F*1
591	21	H	34	51	MAD	1BH	-0.84		F*1
592	21	H	35	51	SAD	1BH	-0.86		F*1
593	21	H	37	51	MAD	1BH	-1.31		F*1
594	21	H	1	52	SAN	1BH	-1.00	-0.93	F*1

NO.	S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
595	21	H	2	52	MAN	1BH	-1.47	-0.93	F*1
596	21	H	3	52	MAN	1BH	-1.21	-1.11	F*1
597	21	H	4	52	MAN	1BH	-1.21	-1.12	F*1
598	21	H	5	52	MAD	1BH	-1.38		F*1
599	21	H	7	52	SAD	1BH	-1.31		F*1
600	21	H	9	52	SAD	1BH	-1.34		F*1
601	21	H	10	52	SAD	1BH	-1.36		F*1
602	21	H	11	52	SAD	1BH	-1.34		F*1
603	21	H	14	52	MAN	1BH	-1.26	-0.89	F*1
604	21	H	15	52	MAD	1BH	-1.31		F*1
605	21	H	16	52	SAD	1BH	-0.88		F*1
606	21	H	18	52	SAD	1BH	-0.90		F*1
607	21	H	19	52	MAN	1BH	-1.40	-1.33	F*1
608	21	H	20	52	MAD	1BH	-0.89		F*1
609	21	H	22	52	SAD	1BH	-1.27		F*1
610	21	H	25	52	SAD	1BH	-1.36		F*1
611	21	H	30	52	MAD	1BH	-1.34		F*1
612	21	H	35	52	SAD	1BH	-0.90		F*1
613	21	H	2	53	SAD	1BH	-0.93		F*1
614	21	H	3	53	MAD	1BH	-1.40		F*1
615	21	H	4	53	SAN	1BH	-1.32	-1.21	F*1
616	21	H	7	53	MAN	1BH	-0.71	-0.43	F*1
617	21	H	10	53	SAN	1BH	-1.13	-1.01	F*1
618	21	H	11	53	SAN	1BH	-1.47	-1.42	F*1
619	21	H	12	53	SAN	1BH	-1.23	-1.06	F*1
620	21	H	13	53	MAD	1BH	-1.33		F*1
621	21	H	14	53	MAN	1BH	-1.50	-1.33	F*1
622	21	H	18	53	SAD	1BH	-1.10		F*1
623	21	H	20	53	SAD	1BH	-1.30		F*1
624	21	H	21	53	SAD	1BH	-0.95		F*1
625	21	H	22	53	SAD	1BH	-0.85		F*1
626	21	H	27	53	MAD	1BH	-0.88		F*1
627	21	H	35	53	SAD	1BH	-0.84		F*1
628	21	H	1	54	SAN	1BH	-1.21	-1.14	F*1
629	21	H	2	54	SAD	1BH	-1.48		F*1
630	21	H	7	54	MAN	1BH	-1.19	-1.08	F*1
631	21	H	10	54	SAD	1BH	-0.92		F*1
632	21	H	13	54	MAD	1BH	-1.38		F*1
633	21	H	14	54	SAD	1BH	-1.37		F*1
634	21	H	17	54	MAD	1BH	-1.16		F*1
635	21	H	18	54	SAD	1BH	-1.21		F*1
636	21	H	19	54	MAN	1BH	-1.26	-1.13	F*1
637	21	H	20	54	SAD	1BH	-1.32		F*1
638	21	H	21	54	MAD	1BH	-1.10		F*1
639	21	H	27	54	SAD	1BH	-1.31		F*1
640	21	H	29	54	MAD	1BH	-1.32		F*1
641	21	H	34	54	SAD	1BH	-1.29		F*1
642	21	H	7	55	SAD	1BH	-1.58		F*1

NO.	S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
643	21	H	10	55	MAN	1BH	-1.27	-0.84	F*1
644	21	H	12	55	SAD	1BH	-1.40		F*1
645	21	H	15	55	MAD	1BH	-1.33		F*1
646	21	H	18	55	MAD	1BH	-0.85		F*1
647	21	H	23	55	MAD	1BH	-1.19		F*1
648	21	H	29	55	SAD	1BH	-1.30		F*1
649	21	H	31	55	SAD	1BH	-0.85		F*1
650	21	H	33	55	SAD	1BH	-0.90		F*1
651	21	H	2	56	MAN	1BH	-0.41	-0.24	F*1
652	21	H	4	56	MAD	1BH	-1.54		F*1
653	21	H	6	56	MAN	1BH	-1.16	-1.04	F*1
654	21	H	9	56	MAD	1BH	-1.27		F*1
655	21	H	10	56	MAN	1BH	-1.29	-0.91	F*1
656	21	H	13	56	SAD	1BH	-0.85		F*1
657	21	H	18	56	SAD	1BH	-1.35		F*1
658	21	H	22	56	SAD	1BH	-1.35		F*1
659	21	H	27	56	SAD	1BH	-0.88		F*1
660	21	H	29	56	SAD	1BH	-1.31		F*1
661	21	H	34	56	MAD	1BH	-0.85		F*1
662	21	H	2	57	MAD	1BH	-1.43		F*1
663	21	H	3	57	MAN	1BH	-1.29	-1.22	F*1
664	21	H	4	57	SAD	1BH	-1.28		F*1
665	21	H	5	57	SAD	1BH	-1.50		F*1
666	21	H	6	57	MAN	1BH	-1.20	-1.01	F*1
667	21	H	7	57	MAD	1BH	-1.36		F*1
668	21	H	8	57	MAN	1BH	-0.72	-0.02	F*1
669	21	H	12	57	MAD	1BH	-1.38		F*1
670	21	H	13	57	MAN	1BH	-1.22	-0.76	F*1
671	21	H	14	57	SAD	1BH	-1.30		F*1
672	21	H	15	57	MAD	1BH	-1.37		F*1
673	21	H	17	57	SAD	1BH	-1.30		F*1
674	21	H	18	57	MAD	1BH	-1.30		F*1
675	21	H	19	57	SAD	1BH	-1.28		F*1
676	21	H	21	57	MAD	1BH	-0.87		F*1
677	21	H	23	57	MAN	1BH	-1.17	-0.96	F*1
678	21	H	25	57	SAN	1BH	-1.31	-1.25	F*1
679	21	H	27	57	SAD	1BH	-1.11		F*1
680	21	H	2	58	SAD	1BH	-1.39		F*1
681	21	H	3	58	SAD	1BH	-1.00		F*1
682	21	H	4	58	MAD	1BH	-1.41		F*1
683	21	H	5	58	MAN	1BH	-1.32	-1.08	F*1
684	21	H	11	58	SAD	1BH	-1.20		F*1
685	21	H	14	58	MAN	1BH	-1.17	-1.1	F*1
686	21	H	16	58	MAN	1BH	-1.31	-0.85	F*1
687	21	H	18	58	SAD	1BH	-1.32		F*1
688	21	H	21	58	MAN	1BH	-1.36	-1.02	F*1
689	21	H	23	58	SAD	1BH	-1.32		F*1
690	21	H	1	59	MAD	1BH	-1.37		F*1

NO.	S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
691	21	H	3	59	SAD	1BH	-1.29		F*1
692	21	H	6	59	MAD	1BH	-1.38		F*1
693	21	H	8	59	MAN	1BH	-1.35	-0.96	F*1
694	21	H	9	59	MAD	1BH	-1.39		F*1
695	21	H	10	59	MAN	1BH	-1.13	-1.01	F*1
696	21	H	11	59	MAN	1BH	-1.19	-1.11	F*1
697	21	H	12	59	MAN	1BH	-1.44	-1.38	F*1
698	21	H	13	59	MAN	1BH	-1.28	-0.96	F*1
699	21	H	14	59	MAN	1BH	-1.30	-1.26	F*1
700	21	H	17	59	SAD	1BH	-1.32		F*1
701	21	H	21	59	SAD	1BH	-1.28		F*1
702	21	H	27	59	SAD	1BH	-0.96		F*1
703	21	H	28	59	SAD	1BH	-1.20		F*1
704	21	H	31	59	MAD	1BH	-1.34		F*1
705	21	H	33	59	SAD	1BH	-1.39		F*1
706	21	H	3	60	MAN	1BH	-1.29	-1.18	F*1
707	21	H	5	60	MAN	1BH	-1.33	-1.14	F*1
708	21	H	7	60	SAN	1BH	-1.18	-0.99	F*1
709	21	H	9	60	MAN	1BH	-1.23	-1.11	F*1
710	21	H	11	60	MAN	1BH	-1.27	-0.91	F*1
711	21	H	14	60	MAN	1BH	-1.19	-1.04	F*1
712	21	H	16	60	MAN	1BH	-1.15	-1.00	F*1
713	21	H	17	60	MAD	1BH	-1.34		F*1
714	21	H	23	60	MAD	1BH	-1.29		F*1
715	21	H	24	60	SAD	1BH	-0.93		F*1
716	21	H	25	60	MAD	1BH	-0.98		F*1
717	21	H	29	60	MAD	1BH	-1.27		F*1
718	21	H	2	61	MAN	1BH	-1.32	-1.07	F*1
719	21	H	3	61	MAN	1BH	-1.39	-1.29	F*1
720	21	H	4	61	SAD	1BH	-1.26		F*1
721	21	H	5	61	MAN	1BH	-1.30	-1.24	F*1
722	21	H	6	61	MAN	1BH	-1.95	-1.65	F*1
723	21	H	9	61	MAN	1BH	-1.20	-1.13	F*1
724	21	H	10	61	MAN	1BH	-1.21	-1.09	F*1
725	21	H	13	61	MAI	1BH	-0.55	-0.21	F*1
726	21	H	17	61	MAN	1BH	-1.23	-1.13	F*1
727	21	H	19	61	SAD	1BH	-1.32		F*1
728	21	H	23	61	SAD	1BH	-1.35		F*1
729	21	H	24	61	SAD	1BH	-1.32		F*1
730	21	H	31	61	SVI	1BH	-1.64	-1.39	F*1
731	21	H	33	61	MAD	1BH	-1.42		F*1
732	21	H	37	61	SAD	1BH	-1.33		F*1
733	21	H	1	62	SAN	1BH	-1.46	-1.40	F*1
734	21	H	2	62	MAN	1BH	-1.12	-1.02	F*1
735	21	H	3	62	SAN	1BH	-1.36	-1.29	F*1
736	21	H	5	62	MAN	1BH	-1.22	-1.11	F*1
737	21	H	6	62	SAN	1BH	-1.47	-1.40	F*1
738	21	H	8	62	MAN	1BH	-1.24	-1.16	F*1

NO.	S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
739	21	H	12	62	SAN	1BH	-1.25	-1.15	F*1
740	21	H	13	62	MAD	1BH	-1.34		F*1
741	21	H	14	62	MAN	1BH	-1.28	-1.06	F*1
742	21	H	17	62	MAD	1BH	-1.42		F*1
743	21	H	21	62	SAD	1BH	-1.10		F*1
744	21	H	27	62	MAD	1BH	-0.83		F*1
745	21	H	35	62	MAD	1BH	-1.35		F*1
746	21	H	36	62	SAD	1BH	-1.35		F*1
747	21	H	37	62	SAD	1BH	-0.90		F*1
748	21	H	38	62	SAN	1BH	-1.32	-1.27	F*1
749	21	H	3	63	MAN	1BH	-1.17	-0.97	F*1
750	21	H	5	63	MAN	1BH	-1.22	-1.09	F*1
751	21	H	7	63	SAD	1BH	-1.40		F*1
752	21	H	9	63	SAD	1BH	-1.34		F*1
753	21	H	11	63	SAD	1BH	-1.39		F*1
754	21	H	14	63	MAD	1BH	-1.37		F*1
755	21	H	16	63	SAD	1BH	-1.33		F*1
756	21	H	18	63	SAD	1BH	-0.89		F*1
757	21	H	19	63	MAI	1BH	-0.69	-0.16	F*1
758	21	H	25	63	MAD	1BH	-1.30		F*1
759	21	H	28	63	MAD	1BH	-1.30		F*1
760	21	H	34	63	SAD	1BH	-1.32		F*1
761	21	H	36	63	SAD	1BH	-0.89		F*1
762	21	H	37	63	MAD	1BH	-1.38		F*1
763	21	H	1	64	SAD	1BH	-1.31		F*1
764	21	H	3	64	SAN	1BH	-1.18	-1.11	F*1
765	21	H	4	64	MAN	1BH	-1.19	-1.09	F*1
766	21	H	5	64	MAN	1BH	-1.49	-1.12	F*1
767	21	H	6	64	MAN	1BH	-1.05	-0.97	F*1
768	21	H	7	64	MAN	1BH	-1.20	-1.10	F*1
769	21	H	10	64	MAD	1BH	-1.28		F*1
770	21	H	11	64	MAN	1BH	-1.59	-1.54	F*1
771	21	H	12	64	MAN	1BH	-1.12	-1.00	F*1
772	21	H	14	64	MAN	1BH	-1.21	-1.11	F*1
773	21	H	19	64	MAD	1BH	-1.38		F*1
774	21	H	22	64	SAD	1BH	-1.35		F*1
775	21	H	29	64	SAD	1BH	-0.80		F*1
776	21	H	34	64	MAD	1BH	-1.22		F*1
777	21	H	35	64	SAD	1BH	-1.28		F*1
778	21	H	37	64	SAD	1BH	-1.34		F*1
779	21	H	1	65	MAN	1BH	-1.25	-1.22	F*1
780	21	H	2	65	SAD	1BH	-1.42		F*1
781	21	H	4	65	SAD	1BH	-1.40		F*1
782	21	H	5	65	MAN	1BH	-1.23	-1.13	F*1
783	21	H	8	65	SAN	1BH	-1.24	-1.13	F*1
784	21	H	10	65	MAN	1BH	-1.24	-1.17	F*1
785	21	H	12	65	MAN	1BH	-1.22	-1.07	F*1
786	21	H	13	65	MAD	1BH	-1.27		F*1

NO.	S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
787	21	H	14	65	SAD	1BH	-1.19		F*1
788	21	H	16	65	SAN	1BH	-1.14	-1.06	F*1
789	21	H	17	65	MAD	1BH	-1.33		F*1
790	21	H	18	65	SAD	1BH	-1.36		F*1
791	21	H	20	65	SAD	1BH	-1.00		F*1
792	21	H	25	65	SAD	1BH	-0.79		F*1
793	21	H	40	65	MAD	1BH	-1.32		F*1
794	21	H	3	66	MAN	1BH	-1.32	-1.25	F*1
795	21	H	5	66	MAN	1BH	-1.15	-1.06	F*1
796	21	H	7	66	SAD	1BH	-1.27		F*1
797	21	H	12	66	MAD	1BH	-1.33		F*1
798	21	H	14	66	SAD	1BH	-1.29		F*1
799	21	H	15	66	MAD	1BH	-1.41		F*1
800	21	H	16	66	SAN	1BH	-2.03	-1.95	F*1
801	21	H	17	66	SAD	1BH	-1.40		F*1
802	21	H	18	66	SAD	1BH	-1.36		F*1
803	21	H	19	66	SAD	1BH	-0.82		F*1
804	21	H	21	66	SAD	1BH	-1.24		F*1
805	21	H	35	66	SAD	1BH	-1.35		F*1
806	21	H	1	67	MAD	1BH	-1.31		F*1
807	21	H	2	67	SAD	1BH	-1.42		F*1
808	21	H	3	67	MAD	1BH	-1.36		F*1
809	21	H	5	67	MAD	1BH	-1.35		F*1
810	21	H	6	67	SAD	1BH	-1.33		F*1
811	21	H	8	67	SAD	1BH	-0.86		F*1
812	21	H	11	67	SAD	1BH	-1.34		F*1
813	21	H	12	67	MAD	1BH	-1.36		F*1
814	21	H	16	67	SAN	1BH	-3.51	-3.43	F*1
815	21	H	19	67	SAD	1BH	-0.79		F*1
816	21	H	20	67	SAD	1BH	-0.92		F*1
817	21	H	21	67	MAD	1BH	-1.30		F*1
818	21	H	24	67	MAN	1BH	-1.15	-1.01	F*1
819	21	H	25	67	SAN	1BH	-3.78	-3.66	F*1
820	21	H	34	67	MAD	1BH	-1.41		F*1
821	21	H	4	68	MAN	1BH	-1.35	-0.83	F*1
822	21	H	5	68	MAN	1BH	-1.17	-1.05	F*1
823	21	H	7	68	MAN	1BH	-1.18	-1.06	F*1
824	21	H	12	68	MAN	1BH	-0.46	-0.22	F*1
825	21	H	13	68	MAD	1BH	-1.39		F*1
826	21	H	14	68	MAD	1BH	-1.35		F*1
827	21	H	15	68	MAD	1BH	-1.44		F*1
828	21	H	19	68	SAD	1BH	-0.85		F*1
829	21	H	20	68	SAD	1BH	-0.85		F*1
830	21	H	34	68	MAN	1BH	-1.17	-0.97	F*1
831	21	H	4	69	MAD	1BH	-1.42		F*1
832	21	H	5	69	SAD	1BH	-1.35		F*1
833	21	H	8	69	SAD	1BH	-1.40		F*1
834	21	H	11	69	SAN	1BH	-1.14	-1.05	F*1

NO.	S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
835	21	H	12	69	MAD	1BH	-1.33		F*1
836	21	H	13	69	SAD	1BH	-1.39		F*1
837	21	H	14	69	SAD	1BH	-1.34		F*1
838	21	H	15	69	MAD	1BH	-1.47		F*1
839	21	H	16	69	SAD	1BH	-1.35		F*1
840	21	H	17	69	SAD	1BH	-1.30		F*1
841	21	H	20	69	MAD	1BH	-1.41		F*1
842	21	H	25	69	SAD	1BH	-1.42		F*1
843	21	H	26	69	SAD	1BH	-1.41		F*1
844	21	H	33	69	SAD	1BH	-1.48		F*1
845	21	H	35	69	SAD	1BH	-1.32		F*1
846	21	H	2	70	SAD	1BH	-1.23		F*1
847	21	H	5	70	MAN	1BH	-1.17	-1.07	F*1
848	21	H	6	70	SAD	1BH	-1.41		F*1
849	21	H	7	70	SAD	1BH	-0.86		F*1
850	21	H	9	70	MAD	1BH	-1.20		F*1
851	21	H	11	70	MAD	1BH	-0.87		F*1
852	21	H	13	70	MAD	1BH	-1.40		F*1
853	21	H	16	70	MAD	1BH	-1.40		F*1
854	21	H	17	70	MAI	1BH	-0.52	-0.20	F*1
855	21	H	25	70	SAD	1BH	-1.49		F*1
856	21	H	2	71	MAD	1BH	-0.92		F*1
857	21	H	3	71	MAN	1BH	-1.11	-1.03	F*1
858	21	H	4	71	MAD	1BH	-0.96		F*1
859	21	H	5	71	MAD	1BH	-1.41		F*1
860	21	H	7	71	MAN	1BH	-1.55	-1.49	F*1
861	21	H	8	71	MAD	1BH	-1.36		F*1
862	21	H	9	71	SAD	1BH	-1.46		F*1
863	21	H	10	71	MAN	1BH	-1.15	-1.02	F*1
864	21	H	11	71	MAN	1BH	-1.17	-1.04	F*1
865	21	H	12	71	SAD	1BH	-1.28		F*1
866	21	H	16	71	SAD	1BH	-0.87		F*1
867	21	H	17	71	MAD	1BH	-1.34		F*1
868	21	H	21	71	MAD	1BH	-1.42		F*1
869	21	H	22	71	MAD	1BH	-0.86		F*1
870	21	H	31	71	SAD	1BH	-1.37		F*1
871	21	H	34	71	MAD	1BH	-1.33		F*1
872	21	H	2	72	MAD	1BH	-1.37		F*1
873	21	H	4	72	SAD	1BH	-1.00		F*1
874	21	H	5	72	SAD	1BH	-1.41		F*1
875	21	H	8	72	MAN	1BH	-1.09	-1.02	F*1
876	21	H	11	72	MAN	1BH	-1.16	-1.09	F*1
877	21	H	12	72	SAD	1BH	-1.46		F*1
878	21	H	16	72	SAD	1BH	-1.42		F*1
879	21	H	17	72	SAD	1BH	-1.39		F*1
880	21	H	18	72	MAD	1BH	-1.48		F*1
881	21	H	36	72	MAD	1BH	-1.46		F*1
882	21	H	38	72	SAD	1BH	-1.31		F*1

NO.	S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
883	21	H	2	73	SAD	1BH	-0.95		F*1
884	21	H	3	73	MAN	1BH	-1.29	-1.17	F*1
885	21	H	5	73	MAN	1BH	-1.14	-1.07	F*1
886	21	H	10	73	SAD	1BH	-1.48		F*1
887	21	H	11	73	MAN	1BH	-1.17	-1.09	F*1
888	21	H	12	73	MAD	1BH	-0.89		F*1
889	21	H	16	73	MAD	1BH	-0.86		F*1
890	21	H	17	73	MAD	1BH	-0.88		F*1
891	21	H	18	73	MAN	1BH	-1.45	-1.34	F*1
892	21	H	23	73	SAD	1BH	-0.82		F*1
893	21	H	1	74	SAD	1BH	-1.41		F*1
894	21	H	3	74	SAN	1BH	-1.21	-1.04	F*1
895	21	H	4	74	MAD	1BH	-1.43		F*1
896	21	H	5	74	MAN	1BH	-1.21	-1.12	F*1
897	21	H	6	74	SAD	1BH	-1.32		F*1
898	21	H	7	74	MAD	1BH	-1.34		F*1
899	21	H	9	74	MAN	1BH	-1.14	-1.06	F*1
900	21	H	11	74	MAN	1BH	-1.29	-1.14	F*1
901	21	H	13	74	SAN	1BH	-1.38	-1.32	F*1
902	21	H	15	74	SAD	1BH	-1.37		F*1
903	21	H	19	74	SAN	1BH	-1.41	-1.37	F*1
904	21	H	25	74	SAD	1BH	-0.85		F*1
905	21	H	28	74	SAD	1BH	-0.94		F*1
906	21	H	29	74	SAD	1BH	-1.49		F*1
907	21	H	4	75	SAD	1BH	-1.34		F*1
908	21	H	5	75	MAN	1BH	-1.30	-1.23	F*1
909	21	H	8	75	MAD	1BH	-0.90		F*1
910	21	H	11	75	SAD	1BH	-1.36		F*1
911	21	H	17	75	MAD	1BH	-1.40		F*1
912	21	H	21	75	SAD	1BH	-1.47		F*1
913	21	H	22	75	SAD	1BH	-1.46		F*1
914	21	H	2	76	SAD	1BH	-1.38		F*1
915	21	H	3	76	SAD	1BH	-1.37		F*1
916	21	H	5	76	SAD	1BH	-1.31		F*1
917	21	H	7	76	MAD	1BH	-1.41		F*1
918	21	H	9	76	MAD	1BH	-1.39		F*1
919	21	H	10	76	MAD	1BH	-1.30		F*1
920	21	H	11	76	SAD	1BH	-1.38		F*1
921	21	H	18	76	SAD	1BH	-0.87		F*1
922	21	H	24	76	SAD	1BH	-1.33		F*1
923	21	H	3	77	MAD	1BH	-0.93		F*1
924	21	H	4	77	SAD	1BH	-1.33		F*1
925	21	H	5	77	SAN	1BH	-1.77	-1.64	F*1
926	21	H	6	77	MAD	1BH	-1.40		F*1
927	21	H	7	77	SAN	1BH	-1.17	-1.11	F*1
928	21	H	10	77	MAD	1BH	-1.33		F*1
929	21	H	11	77	SAD	1BH	-1.44		F*1
930	21	H	16	77	SAD	1BH	-0.87		F*1

NO.	S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
931	21	H	17	77	SAD	1BH	-1.36		F*1
932	21	H	22	77	SAD	1BH	-1.16		F*1
933	21	H	3	78	MAD	1BH	-1.53		F*1
934	21	H	4	78	MAD	1BH	-1.08		F*1
935	21	H	5	78	MAD	1BH	-1.44		F*1
936	21	H	7	78	MAN	1BH	-1.28	-1.15	F*1
937	21	H	9	78	MAD	1BH	-1.39		F*1
938	21	H	11	78	MAN	1BH	-1.14	-1.05	F*1
939	21	H	2	79	MAN	1BH	-1.44	-1.38	F*1
940	21	H	4	79	SAD	1BH	-1.37		F*1
941	21	H	5	79	MAD	1BH	-1.37		F*1
942	21	H	7	79	MAN	1BH	-1.28	-1.21	F*1
943	21	H	8	79	SAD	1BH	-0.93		F*1
944	21	H	10	79	SAN	1BH	-1.39	-1.35	F*1
945	21	H	11	79	SAD	1BH	-1.47		F*1
946	21	H	17	79	MAD	1BH	-1.42		F*1
947	21	H	19	79	MAD	1BH	-1.52		F*1
948	21	H	21	79	SAN	1BH	-1.29	-1.22	F*1
949	21	H	3	80	SAD	1BH	-1.31		F*1
950	21	H	5	80	SAD	1BH	-1.56		F*1
951	21	H	9	80	SAD	1BH	-1.38		F*1
952	21	H	11	80	MAD	1BH	-1.37		F*1
953	21	H	12	80	SAD	1BH	-1.26		F*1
954	21	H	28	80	SAN	1BH	-1.30	-1.24	F*1
955	21	H	1	81	MAD	1BH	-0.90		F*1
956	21	H	11	81	SAD	1BH	-1.45		F*1
957	21	H	19	81	SAD	1BH	-1.32		F*1
958	21	H	21	81	SAD	1BH	-1.30		F*1
959	21	H	1	82	SAD	1BH	-1.40		F*1
960	21	H	7	82	SAD	1BH	-1.52		F*1
961	21	H	9	82	MAD	1BH	-0.88		F*1
962	21	H	11	82	SAD	1BH	-1.36		F*1
963	21	H	12	82	SAD	1BH	-1.44		F*1
964	21	H	2	83	SAD	1BH	-0.94		F*1
965	21	H	4	83	SAN	1BH	-1.30	-1.27	F*1
966	21	H	9	83	MAD	1BH	-1.52		F*1
967	21	H	4	84	SAN	1BH	-1.43	-1.37	F*1
968	21	H	5	84	MAD	1BH	-1.00		F*1
969	21	H	9	84	SAN	1BH	-1.48	-1.42	F*1
970	21	H	11	84	MAD	1BH	-1.45		F*1
971	21	H	12	84	MAD	1BH	-0.90		F*1
972	21	H	7	85	SAN	1BH	-1.49	-1.40	F*1
973	21	H	9	85	MAN	1BH	-1.35	-1.27	F*1
974	21	H	13	85	MAN	1BH	-1.39	-1.33	F*1
975	21	H	18	86	SAN	1BH	-1.12	-1.06	F*1
976	21	H	3	87	SAN	1BH	-1.34	-1.31	F*1
1	22	H	15	7	SAD	1BH	-1.05		F*1
2	22	H	1	10	SAN	1BH	-2.40	-2.29	F*1

NO.	S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
3	22	H	24	13	SAN	1BH	-1.58	-1.38	F*1
4	22	H	4	14	SAN	1BH	-2.41	-2.33	F*1
5	22	H	17	14	MAD	1BH	-1.32		F*1
6	22	H	18	14	SAN	1BH	-1.47	-1.43	F*1
7	22	H	25	14	SAN	1BH	-1.65	-1.57	F*1
8	22	H	2	15	SAN	1BH	-2.32	-2.22	F*1
9	22	H	4	15	SAD	1BH	-1.25		F*1
10	22	H	9	15	SAD	1BH	-1.16		F*1
11	22	H	14	15	SAD	1BH	-1.06		F*1
12	22	H	24	15	MAN	1BH	-1.55	-1.27	F*1
13	22	H	25	15	SAD	1BH	-1.49		F*1
14	22	H	13	16	SAD	1BH	-1.32		F*1
15	22	H	18	16	SAD	1BH	-1.34		F*1
16	22	H	25	16	SAD	1BH	-1.07		F*1
17	22	H	1	17	MAN	1BH	-2.22	-2.01	F*1
18	22	H	4	17	MAD	1BH	-1.30		F*1
19	22	H	14	17	SAN	1BH	-1.32	-1.25	F*1
20	22	H	25	17	SAD	1BH	-1.40		F*1
21	22	H	1	18	MAN	1BH	-2.16	-2.05	F*1
22	22	H	2	18	MAN	1BH	-2.19	-2.10	F*1
23	22	H	4	18	MAD	1BH	-1.19		F*1
24	22	H	14	18	MAD	1BH	-1.37		F*1
25	22	H	4	19	SAN	1BH	-2.18	-2.09	F*1
26	22	H	15	19	MAD	1BH	-1.08		F*1
27	22	H	21	19	SVI	1BH	-2.50	-2.29	F*1
28	22	H	1	20	MAN	1BH	-2.21	-2.05	F*1
29	22	H	3	20	SAN	1BH	-2.30	-2.22	F*1
30	22	H	12	20	SAN	1BH	-1.44	-1.37	F*1
31	22	H	14	20	SAD	1BH	-0.91		F*1
32	22	H	18	20	SAN	1BH	-1.63	-1.55	F*1
33	22	H	20	20	MAD	1BH	-1.40		F*1
34	22	H	24	20	SAD	1BH	-1.32		F*1
35	22	H	29	20	SAN	1BH	-1.57	-1.47	F*1
36	22	H	1	21	MAN	1BH	-2.20	-2.07	F*1
37	22	H	4	21	MAN	1BH	-2.40	-2.3	F*1
38	22	H	10	21	SAN	1BH	-1.34	-1.24	F*1
39	22	H	31	21	SAD	1BH	-1.40		F*1
40	22	H	18	22	SAN	1BH	-1.37	-1.28	F*1
41	22	H	23	22	SAD	1BH	-1.31		F*1
42	22	H	25	22	MAD	1BH	-1.30		F*1
43	22	H	28	22	SAD	1BH	-1.47		F*1
44	22	H	32	22	SAD	1BH	-1.22		F*1
45	22	H	33	22	SAD	1BH	-1.28		F*1
46	22	H	22	23	SAN	1BH	-1.55	-1.40	F*1
47	22	H	32	23	SAD	1BH	-1.24		F*1
48	22	H	1	24	SAN	1BH	-1.42	-1.36	F*1
49	22	H	15	24	MAD	1BH	-0.90		F*1
50	22	H	21	24	MAD	1BH	-1.31		F*1

NO.	S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
51	22	H	25	24	MAD	1BH	-1.37		F*1
52	22	H	27	24	MAD	1BH	-1.57		F*1
53	22	H	28	24	SAN	1BH	-1.38	-1.22	F*1
54	22	H	34	24	SAD	1BH	-1.02		F*1
55	22	H	35	24	SAN	1BH	-1.35	-1.31	F*1
56	22	H	16	25	SAD	1BH	-1.27		F*1
57	22	H	19	25	SAD	1BH	-1.24		F*1
58	22	H	20	25	MAD	1BH	-0.96		F*1
59	22	H	21	25	SAD	1BH	-1.51		F*1
60	22	H	23	25	MAN	1BH	-1.53	-1.37	F*1
61	22	H	26	25	SAN	1BH	-1.12	-1.06	F*1
62	22	H	28	25	SAD	1BH	-1.27		F*1
63	22	H	31	25	SAD	1BH	-1.00		F*1
64	22	H	32	25	SAD	1BH	-1.40		F*1
65	22	H	33	25	SAD	1BH	-1.00		F*1
66	22	H	35	25	SAD	1BH	-1.56		F*1
67	22	H	1	26	SAN	1BH	-0.53	-0.34	F*1
68	22	H	18	26	SAD	1BH	-1.27		F*1
69	22	H	19	26	MAD	1BH	-1.67		F*1
70	22	H	21	26	SAD	1BH	-1.36		F*1
71	22	H	22	26	SAD	1BH	-1.56		F*1
72	22	H	24	26	MAN	1BH	-1.45	-1.39	F*1
73	22	H	25	26	SAD	1BH	-1.31		F*1
74	22	H	27	26	SAN	1BH	-1.52	-1.48	F*1
75	22	H	28	26	SAN	1BH	-0.98	-0.91	F*1
76	22	H	33	26	SAD	1BH	-1.33		F*1
77	22	H	13	27	MAD	1BH	-1.29		F*1
78	22	H	14	27	SAD	1BH	-0.95		F*1
79	22	H	15	27	SAD	1BH	-1.59		F*1
80	22	H	20	27	SAD	1BH	-1.52		F*1
81	22	H	24	27	SAD	1BH	-1.35		F*1
82	22	H	25	27	SAD	1BH	-1.22		F*1
83	22	H	28	27	MAD	1BH	-1.24		F*1
84	22	H	31	27	MAD	1BH	-1.29		F*1
85	22	H	7	28	MAN	1BH	-1.51	-1.40	F*1
86	22	H	20	28	SAD	1BH	-1.21		F*1
87	22	H	23	28	SAD	1BH	-1.34		F*1
88	22	H	31	28	SAD	1BH	-1.34		F*1
89	22	H	1	29	MAD	1BH	-1.35		F*1
90	22	H	7	29	SAD	1BH	-1.18		F*1
91	22	H	19	29	SAD	1BH	-1.72		F*1
92	22	H	24	29	SAD	1BH	-1.57		F*1
93	22	H	26	29	MAN	1BH	-1.46	-1.40	F*1
94	22	H	27	29	MAD	1BH	-1.23		F*1
95	22	H	29	29	MAN	1BH	-0.78	-0.02	F*1
96	22	H	32	29	SAD	1BH	-1.52		F*1
97	22	H	5	30	SAN	1BH	-0.35	-0.17	F*1
98	22	H	9	30	SAD	1BH	-1.61		F*1

NO.	S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
99	22	H	21	30	SAD	1BH	-1.29		F*1
100	22	H	32	30	MAD	1BH	-1.40		F*1
101	22	H	35	30	SAD	1BH	-1.40		F*1
102	22	H	3	31	MAN	1BH	-1.56	-1.17	F*1
103	22	H	27	31	SAD	1BH	-1.25		F*1
104	22	H	28	31	SAN	1BH	-1.49	-1.46	F*1
105	22	H	32	31	SAD	1BH	-1.40		F*1
106	22	H	33	31	SAD	1BH	-1.32		F*1
107	22	H	35	31	SAN	1BH	-1.55	-1.52	F*1
108	22	H	1	32	MAN	1BH	-1.38	-1.31	F*1
109	22	H	9	32	MAD	1BH	-1.18		F*1
110	22	H	20	32	MAN	1BH	-1.35	-1.22	F*1
111	22	H	21	32	SAD	1BH	-1.36		F*1
112	22	H	28	32	SAD	1BH	-1.17		F*1
113	22	H	31	32	SAN	1BH	-1.48	-1.28	F*1
114	22	H	32	32	SAD	1BH	-1.44		F*1
115	22	H	33	32	MAD	1BH	-1.46		F*1
116	22	H	18	33	SAD	1BH	-1.41		F*1
117	22	H	23	33	SAN	1BH	-1.57	-1.51	F*1
118	22	H	25	33	SAD	1BH	-0.90		F*1
119	22	H	32	33	MAD	1BH	-1.49		F*1
120	22	H	33	33	SAD	1BH	-1.00		F*1
121	22	H	7	34	SAN	1BH	-1.25	-1.19	F*1
122	22	H	22	34	MAN	1BH	-1.47	-1.37	F*1
123	22	H	28	34	MAN	1BH	-1.52	-1.42	F*1
124	22	H	30	34	MAN	1BH	-1.62	-1.59	F*1
125	22	H	33	34	SAD	1BH	-0.97		F*1
126	22	H	12	35	MAD	1BH	-1.21		F*1
127	22	H	13	35	MAN	1BH	-1.49	-1.26	F*1
128	22	H	22	35	SAD	1BH	-0.90		F*1
129	22	H	28	35	MAN	1BH	-1.63	-1.45	F*1
130	22	H	29	35	SAD	1BH	-1.27		F*1
131	22	H	1	36	SAD	1BH	-1.30		F*1
132	22	H	7	36	SAD	1BH	-1.35		F*1
133	22	H	20	36	MAD	1BH	-1.47		F*1
134	22	H	23	36	MAN	1BH	-1.47	-1.24	F*1
135	22	H	27	36	SAD	1BH	-1.48		F*1
136	22	H	29	36	SAD	1BH	-1.22		F*1
137	22	H	32	36	SAN	1BH	-0.99	-0.81	F*1
138	22	H	33	36	SAD	1BH	-1.23		F*1
139	22	H	35	36	SAN	1BH	-1.51	-1.48	F*1
140	22	H	2	37	SAD	1BH	-1.25		F*1
141	22	H	20	37	SAD	1BH	-1.48		F*1
142	22	H	23	37	SAD	1BH	-1.51		F*1
143	22	H	24	37	SAN	1BH	-1.55	-1.48	F*1
144	22	H	30	37	SAD	1BH	-1.29		F*1
145	22	H	33	37	MAI	1BH	-0.51	-0.03	F*1
146	22	H	37	37	SAD	1BH	-1.40		F*1

NO.	S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
147	22	H	19	38	MAN	1BH	-1.37	-1.21	F*1
148	22	H	33	38	MAN	1BH	-1.53	-1.45	F*1
149	22	H	37	38	SAD	1BH	-1.37		F*1
150	22	H	1	39	MAN	1BH	-1.55	-1.52	F*1
151	22	H	23	39	SAN	1BH	-1.50	-1.47	F*1
152	22	H	33	39	SAD	1BH	-1.31		F*1
153	22	H	37	39	SAD	1BH	-1.33		F*1
154	22	H	1	40	MAD	1BH	-1.34		F*1
155	22	H	12	40	SAD	1BH	-1.03		F*1
156	22	H	20	40	SAD	1BH	-1.41		F*1
157	22	H	21	40	SAD	1BH	-1.36		F*1
158	22	H	22	40	MAD	1BH	-0.95		F*1
159	22	H	23	40	SAD	1BH	-1.00		F*1
160	22	H	32	40	SAN	1BH	-1.52	-1.49	F*1
161	22	H	33	40	SAD	1BH	-1.00		F*1
162	22	H	1	41	MAD	1BH	-1.63		F*1
163	22	H	5	41	SAD	1BH	-1.16		F*1
164	22	H	19	41	SAD	1BH	-1.54		F*1
165	22	H	21	41	SAD	1BH	-1.58		F*1
166	22	H	22	41	SAD	1BH	-1.47		F*1
167	22	H	27	41	MAN	1BH	-1.53	-1.40	F*1
168	22	H	28	41	SAD	1BH	-0.92		F*1
169	22	H	29	41	SAD	1BH	-1.28		F*1
170	22	H	33	41	MAD	1BH	-1.41		F*1
171	22	H	37	41	MAD	1BH	-1.45		F*1
172	22	H	1	42	SAD	1BH	-1.35		F*1
173	22	H	2	42	SAD	1BH	-1.32		F*1
174	22	H	13	42	SAD	1BH	-1.28		F*1
175	22	H	21	42	MAD	1BH	-0.95		F*1
176	22	H	22	42	SAD	1BH	-1.49		F*1
177	22	H	24	42	SAD	1BH	-1.71		F*1
178	22	H	29	42	SAD	1BH	-1.50		F*1
179	22	H	33	42	MAN	1BH	-1.49	-1.38	F*1
180	22	H	1	43	SAD	1BH	-1.63		F*1
181	22	H	3	43	SAD	1BH	-1.22		F*1
182	22	H	12	43	MAD	1BH	-1.17		F*1
183	22	H	13	43	SAD	1BH	-1.18		F*1
184	22	H	22	43	MAD	1BH	-1.44		F*1
185	22	H	33	43	MAN	1BH	-1.40	-1.27	F*1
186	22	H	37	43	SAN	1BH	-0.42	-0.26	F*1
187	22	H	13	44	MAN	1BH	-1.30	-1.17	F*1
188	22	H	14	44	SAD	1BH	-1.58		F*1
189	22	H	17	44	SAN	1BH	-1.20	-1.13	F*1
190	22	H	18	44	SAD	1BH	-0.93		F*1
191	22	H	23	44	MAN	1BH	-1.52	-1.42	F*1
192	22	H	27	44	SAD	1BH	-1.55		F*1
193	22	H	30	44	SAD	1BH	-1.50		F*1
194	22	H	33	44	SAD	1BH	-1.36		F*1

NO.	S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
195	22	H	1	45	MAD	1BH	-0.75		F*1
196	22	H	6	45	SAD	1BH	-1.34		F*1
197	22	H	13	45	SAN	1BH	-1.36	-1.20	F*1
198	22	H	15	45	MAD	1BH	-1.52		F*1
199	22	H	19	45	MAD	1BH	-0.90		F*1
200	22	H	28	45	MAD	1BH	-1.57		F*1
201	22	H	10	46	SAD	1BH	-1.18		F*1
202	22	H	12	46	SAD	1BH	-1.38		F*1
203	22	H	14	46	SAD	1BH	-1.20		F*1
204	22	H	16	46	MAN	1BH	-1.35	-1.29	F*1
205	22	H	17	46	SAN	1BH	-1.02	-0.87	F*1
206	22	H	19	46	SAD	1BH	-1.47		F*1
207	22	H	26	46	MAN	1BH	-1.49	-1.29	F*1
208	22	H	6	47	SAD	1BH	-1.29		F*1
209	22	H	12	47	SAD	1BH	-1.43		F*1
210	22	H	20	47	SAD	1BH	-0.93		F*1
211	22	H	28	47	SAD	1BH	-0.99		F*1
212	22	H	2	48	MAN	1BH	-1.14	-1.04	F*1
213	22	H	3	48	MAD	1BH	-1.17		F*1
214	22	H	21	48	SAD	1BH	-1.00		F*1
215	22	H	22	48	SAD	1BH	-1.52		F*1
216	22	H	23	48	MAN	1BH	-1.47	-1.19	F*1
217	22	H	28	48	MAN	1BH	-1.58	-1.23	F*1
218	22	H	29	48	SAD	1BH	-1.59		F*1
219	22	H	37	48	SAD	1BH	-1.43		F*1
220	22	H	1	49	SAN	1BH	-0.87	-0.81	F*1
221	22	H	4	49	SAD	1BH	-1.28		F*1
222	22	H	9	49	SAN	1BH	-1.32	-1.29	F*1
223	22	H	10	49	SAD	1BH	-1.35		F*1
224	22	H	11	49	MAD	1BH	-1.36		F*1
225	22	H	12	49	SAN	1BH	-0.19	-0.01	F*1
226	22	H	13	49	SAD	1BH	-1.53		F*1
227	22	H	14	49	MAN	1BH	-1.27	-0.88	F*1
228	22	H	18	49	MAN	1BH	-1.38	-1.05	F*1
229	22	H	21	49	SAD	1BH	-0.86		F*1
230	22	H	23	49	MAN	1BH	-1.52	-1.17	F*1
231	22	H	28	49	SAN	1BH	-1.48	-1.35	F*1
232	22	H	32	49	MAN	1BH	-1.65	-1.26	F*1
233	22	H	41	49	SAN	1BH	-1.29	-1.18	F*1
234	22	H	1	50	SAD	1BH	-1.44		F*1
235	22	H	9	50	MAN	1BH	-1.01	-0.99	F*1
236	22	H	11	50	SAD	1BH	-1.18		F*1
237	22	H	15	50	SAD	1BH	-1.20		F*1
238	22	H	18	50	MAD	1BH	-0.94		F*1
239	22	H	22	50	SAD	1BH	-0.99		F*1
240	22	H	23	50	MAD	1BH	-0.97		F*1
241	22	H	24	50	MAN	1BH	-1.52	-1.29	F*1
242	22	H	25	50	SAN	1BH	-2.35	-2.28	F*1

NO.	S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
243	22	H	27	50	MAD	1BH	-1.51		F*1
244	22	H	28	50	SAN	1BH	-1.45	-1.38	F*1
245	22	H	29	50	SAD	1BH	-1.60		F*1
246	22	H	30	50	SAD	1BH	-1.22		F*1
247	22	H	32	50	MAN	1BH	-1.53	-1.19	F*1
248	22	H	33	50	SAN	1BH	-1.50	-1.34	F*1
249	22	H	34	50	SAD	1BH	-1.55		F*1
250	22	H	35	50	SAD	1BH	-1.56		F*1
251	22	H	9	51	MAN	1BH	-1.27	-1.22	F*1
252	22	H	10	51	SAD	1BH	-1.19		F*1
253	22	H	12	51	SAD	1BH	-1.17		F*1
254	22	H	13	51	MAN	1BH	-1.29	-1.21	F*1
255	22	H	18	51	MAD	1BH	-1.37		F*1
256	22	H	21	51	SAD	1BH	-1.33		F*1
257	22	H	28	51	SAD	1BH	-1.47		F*1
258	22	H	32	51	SAN	1BH	-1.40	-1.30	F*1
259	22	H	37	51	SAN	1BH	-1.59	-1.55	F*1
260	22	H	3	52	SAD	1BH	-1.35		F*1
261	22	H	7	52	SAD	1BH	-1.03		F*1
262	22	H	9	52	SAD	1BH	-1.15		F*1
263	22	H	28	52	SAN	1BH	-1.57	-1.34	F*1
264	22	H	29	52	SAN	1BH	-1.54	-1.47	F*1
265	22	H	33	52	SAN	1BH	-1.54	-1.41	F*1
266	22	H	13	53	MAN	1BH	-1.30	-0.73	F*1
267	22	H	18	53	SAD	1BH	-1.33		F*1
268	22	H	24	53	SAD	1BH	-1.46		F*1
269	22	H	25	53	SAN	1BH	-1.42	-1.36	F*1
270	22	H	29	53	MAN	1BH	-1.53	-1.46	F*1
271	22	H	30	53	SAN	1BH	-1.65	-1.58	F*1
272	22	H	32	53	SAD	1BH	-1.35		F*1
273	22	H	33	53	SAD	1BH	-1.34		F*1
274	22	H	40	53	SAN	1BH	-1.41	-1.30	F*1
275	22	H	1	54	MAN	1BH	-1.17	-0.90	F*1
276	22	H	15	54	SAD	1BH	-1.07		F*1
277	22	H	16	54	MAN	1BH	-0.65	-0.13	F*1
278	22	H	18	54	MAD	1BH	-1.41		F*1
279	22	H	23	54	SAN	1BH	-1.38	-1.29	F*1
280	22	H	24	54	SAD	1BH	-1.46		F*1
281	22	H	25	54	SAD	1BH	-1.33		F*1
282	22	H	27	54	SAD	1BH	-1.45		F*1
283	22	H	28	54	SAN	1BH	-1.44	-1.37	F*1
284	22	H	34	54	SAD	1BH	-0.93		F*1
285	22	H	10	55	MAN	1BH	-1.22	-1.02	F*1
286	22	H	13	55	MAN	1BH	-1.16	-0.73	F*1
287	22	H	19	55	MAD	1BH	-1.25		F*1
288	22	H	20	55	SAD	1BH	-1.23		F*1
289	22	H	21	55	MAD	1BH	-1.41		F*1
290	22	H	22	55	SAN	1BH	-1.39	-1.30	F*1

NO.	S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
291	22	H	23	55	SAN	1BH	-1.38	-1.32	F*1
292	22	H	24	55	SAN	1BH	-1.58	-1.52	F*1
293	22	H	28	55	SVI	1BH	-1.38	-1.24	F*1
294	22	H	29	55	SAD	1BH	-1.39		F*1
295	22	H	32	55	SAD	1BH	-1.30		F*1
296	22	H	33	55	SAN	1BH	-1.55	-1.30	F*1
297	22	H	37	55	MAN	1BH	-1.49	-1.44	F*1
298	22	H	4	56	MAN	1BH	-1.34	-0.91	F*1
299	22	H	6	56	SAD	1BH	-1.26		F*1
300	22	H	7	56	SAD	1BH	-1.36		F*1
301	22	H	10	56	MAD	1BH	-1.20		F*1
302	22	H	11	56	MAD	1BH	-1.19		F*1
303	22	H	12	56	MAD	1BH	-1.24		F*1
304	22	H	13	56	SAD	1BH	-1.41		F*1
305	22	H	16	56	SAD	1BH	-1.25		F*1
306	22	H	27	56	SAD	1BH	-1.60		F*1
307	22	H	28	56	SAD	1BH	-1.55		F*1
308	22	H	29	56	SAD	1BH	-1.50		F*1
309	22	H	5	57	SAN	1BH	-1.43	-1.34	F*1
310	22	H	7	57	SAN	1BH	-1.23	-1.13	F*1
311	22	H	10	57	SAD	1BH	-1.24		F*1
312	22	H	13	57	MAD	1BH	-1.31		F*1
313	22	H	15	57	SAD	1BH	-1.06		F*1
314	22	H	18	57	MAD	1BH	-0.92		F*1
315	22	H	21	57	MAN	1BH	-1.15	-1.03	F*1
316	22	H	23	57	SAN	1BH	-1.56	-1.43	F*1
317	22	H	25	57	SAD	1BH	-1.44		F*1
318	22	H	27	57	SAD	1BH	-1.37		F*1
319	22	H	28	57	MAD	1BH	-1.41		F*1
320	22	H	34	57	SAD	1BH	-1.45		F*1
321	22	H	1	58	SAD	1BH	-1.30		F*1
322	22	H	3	58	SAD	1BH	-1.27		F*1
323	22	H	14	58	SAD	1BH	-1.31		F*1
324	22	H	18	58	MAD	1BH	-1.31		F*1
325	22	H	20	58	SAD	1BH	-1.40		F*1
326	22	H	23	58	SAN	1BH	-1.42	-1.32	F*1
327	22	H	24	58	SAN	1BH	-1.58	-1.51	F*1
328	22	H	37	58	SAN	1BH	-1.46	-1.30	F*1
329	22	H	4	59	SAD	1BH	-1.26		F*1
330	22	H	5	59	SAD	1BH	-1.42		F*1
331	22	H	9	59	SAD	1BH	-1.30		F*1
332	22	H	15	59	MAD	1BH	-1.34		F*1
333	22	H	16	59	MAD	1BH	-1.16		F*1
334	22	H	20	59	SAD	1BH	-1.43		F*1
335	22	H	23	59	SAN	1BH	-1.55	-1.48	F*1
336	22	H	24	59	SAN	1BH	-1.54	-1.51	F*1
337	22	H	25	59	SAD	1BH	-1.40		F*1
338	22	H	27	59	SAD	1BH	-1.41		F*1

NO.	S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
339	22	H	28	59	MAN	1BH	-1.42	-1.26	F*1
340	22	H	29	59	SAN	1BH	-1.53	-1.50	F*1
341	22	H	30	59	MAN	1BH	-1.35	-1.25	F*1
342	22	H	34	59	SAD	1BH	-1.39		F*1
343	22	H	5	60	SAD	1BH	-1.35		F*1
344	22	H	6	60	SAD	1BH	-1.34		F*1
345	22	H	7	60	SAD	1BH	-1.35		F*1
346	22	H	13	60	SAN	1BH	-1.47	-1.43	F*1
347	22	H	15	60	SAN	1BH	-1.38	-1.26	F*1
348	22	H	18	60	SAD	1BH	-1.42		F*1
349	22	H	19	60	MAD	1BH	-1.41		F*1
350	22	H	23	60	SAN	1BH	-1.54	-1.48	F*1
351	22	H	32	60	SAN	1BH	-1.41	-1.31	F*1
352	22	H	37	60	SAD	1BH	-1.45		F*1
353	22	H	7	61	MAD	1BH	-1.26		F*1
354	22	H	12	61	SAD	1BH	-1.29		F*1
355	22	H	18	61	MAD	1BH	-1.43		F*1
356	22	H	20	61	SAD	1BH	-1.35		F*1
357	22	H	22	61	MAN	1BH	-1.43	-1.27	F*1
358	22	H	23	61	SAN	1BH	-1.42	-1.30	F*1
359	22	H	25	61	SAN	1BH	-1.53	-1.48	F*1
360	22	H	27	61	MAN	1BH	-0.54	-0.27	F*1
361	22	H	32	61	SAD	1BH	-1.47		F*1
362	22	H	5	62	MAD	1BH	-1.62		F*1
363	22	H	7	62	SAD	1BH	-1.23		F*1
364	22	H	10	62	SAD	1BH	-1.38		F*1
365	22	H	12	62	SAN	1BH	-1.48	-1.42	F*1
366	22	H	13	62	MAD	1BH	-1.26		F*1
367	22	H	16	62	MAN	1BH	-1.23	-1.17	F*1
368	22	H	18	62	SAD	1BH	-1.34		F*1
369	22	H	19	62	MAN	1BH	-1.21	-0.99	F*1
370	22	H	23	62	MAD	1BH	-1.55		F*1
371	22	H	24	62	SAN	1BH	-1.39	-1.36	F*1
372	22	H	25	62	SAI	1BH	-0.61	-0.45	F*1
373	22	H	34	62	SAD	1BH	-1.46		F*1
374	22	H	37	62	SAN	1BH	-1.44	-1.34	F*1
375	22	H	42	62	SAD	1BH	-1.26		F*1
376	22	H	1	63	SAD	1BH	-1.24		F*1
377	22	H	11	63	SAD	1BH	-1.30		F*1
378	22	H	12	63	SAN	1BH	-1.49	-1.38	F*1
379	22	H	23	63	SAD	1BH	-1.16		F*1
380	22	H	24	63	SAD	1BH	-1.38		F*1
381	22	H	33	63	SAN	1BH	-1.53	-1.50	F*1
382	22	H	37	63	SAN	1BH	-1.31	-1.22	F*1
383	22	H	1	64	SAD	1BH	-1.21		F*1
384	22	H	2	64	SAD	1BH	-1.26		F*1
385	22	H	7	64	SAN	1BH	-1.62	-1.52	F*1
386	22	H	9	64	SAN	1BH	-1.23	-1.10	F*1

NO.	S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
387	22	H	18	64	SAN	1BH	-1.37	-1.30	F*1
388	22	H	32	64	MAD	1BH	-1.50		F*1
389	22	H	34	64	MAN	1BH	-1.41	-1.29	F*1
390	22	H	37	64	SAD	1BH	-1.18		F*1
391	22	H	6	65	MAD	1BH	-1.27		F*1
392	22	H	8	65	SAD	1BH	-1.18		F*1
393	22	H	10	65	MAN	1BH	-1.21	-1.15	F*1
394	22	H	11	65	SAD	1BH	-1.33		F*1
395	22	H	12	65	MAN	1BH	-1.21	-1.13	F*1
396	22	H	15	65	MAN	1BH	-1.13	-1.06	F*1
397	22	H	19	65	SAD	1BH	-1.29		F*1
398	22	H	24	65	MAN	1BH	-1.43	-1.31	F*1
399	22	H	27	65	SAN	1BH	-1.40	-1.27	F*1
400	22	H	33	65	SAN	1BH	-1.55	-1.48	F*1
401	22	H	34	65	SAD	1BH	-1.23		F*1
402	22	H	36	65	SAN	1BH	-1.56	-1.46	F*1
403	22	H	37	65	SAD	1BH	-1.28		F*1
404	22	H	9	66	SAD	1BH	-1.15		F*1
405	22	H	11	66	MAN	1BH	-1.29	-1.03	F*1
406	22	H	12	66	MAD	1BH	-1.50		F*1
407	22	H	13	66	SAD	1BH	-1.28		F*1
408	22	H	21	66	MAD	1BH	-1.03		F*1
409	22	H	24	66	SAN	1BH	-1.43	-1.33	F*1
410	22	H	31	66	SAN	1BH	-1.52	-1.46	F*1
411	22	H	37	66	SAN	1BH	-1.37	-1.24	F*1
412	22	H	7	67	SAD	1BH	-1.31		F*1
413	22	H	9	67	MAN	1BH	-1.28	-1.03	F*1
414	22	H	16	67	SAN	1BH	-1.08	-1.03	F*1
415	22	H	17	67	SAD	1BH	-1.39		F*1
416	22	H	24	67	MAN	1BH	-1.35	-1.23	F*1
417	22	H	27	67	MAN	1BH	-1.54	-1.33	F*1
418	22	H	31	67	SAD	1BH	-1.00		F*1
419	22	H	32	67	SAD	1BH	-1.22		F*1
420	22	H	34	67	SAD	1BH	-1.48		F*1
421	22	H	37	67	SAN	1BH	-1.56	-1.47	F*1
422	22	H	9	68	SAN	1BH	-1.59	-1.52	F*1
423	22	H	10	68	SAD	1BH	-1.24		F*1
424	22	H	13	68	SAD	1BH	-1.17		F*1
425	22	H	21	68	MAD	1BH	-1.33		F*1
426	22	H	24	68	MAN	1BH	-1.36	-1.25	F*1
427	22	H	27	68	SAN	1BH	-1.48	-1.38	F*1
428	22	H	31	68	SAD	1BH	-0.90		F*1
429	22	H	32	68	SAD	1BH	-1.32		F*1
430	22	H	33	68	SAD	1BH	-1.27		F*1
431	22	H	37	68	MAN	1BH	-1.50	-1.37	F*1
432	22	H	9	69	SAD	1BH	-1.34		F*1
433	22	H	15	69	MAD	1BH	-0.94		F*1
434	22	H	16	69	MAD	1BH	-1.30		F*1

NO.	S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
435	22	H	25	69	MAN	1BH	-1.34	-1.21	F*1
436	22	H	27	69	SAD	1BH	-1.51		F*1
437	22	H	31	69	SAD	1BH	-1.46		F*1
438	22	H	37	69	SAD	1BH	-1.43		F*1
439	22	H	11	70	SAD	1BH	-0.95		F*1
440	22	H	21	70	SAD	1BH	-1.47		F*1
441	22	H	22	70	SAD	1BH	-1.19		F*1
442	22	H	23	70	SAD	1BH	-1.14		F*1
443	22	H	24	70	SAN	1BH	-1.57	-1.45	F*1
444	22	H	27	70	SAN	1BH	-1.38	-1.29	F*1
445	22	H	31	70	MAI	1BH	-0.47	-0.34	F*1
446	22	H	32	70	MAN	1BH	-1.52	-1.47	F*1
447	22	H	12	71	MAD	1BH	-1.11		F*1
448	22	H	14	71	SAD	1BH	-1.36		F*1
449	22	H	17	71	MAD	1BH	-1.35		F*1
450	22	H	18	71	SAD	1BH	-1.28		F*1
451	22	H	20	71	SAD	1BH	-1.29		F*1
452	22	H	22	71	MAD	1BH	-1.24		F*1
453	22	H	23	71	MAD	1BH	-1.42		F*1
454	22	H	26	71	SAN	1BH	-1.51	-1.43	F*1
455	22	H	27	71	SAD	1BH	-0.90		F*1
456	22	H	8	72	SAD	1BH	-1.28		F*1
457	22	H	9	72	MAD	1BH	-1.20		F*1
458	22	H	11	72	MAN	1BH	-1.41	-1.28	F*1
459	22	H	12	72	MAN	1BH	-1.22	-1.12	F*1
460	22	H	13	72	SAD	1BH	-1.37		F*1
461	22	H	16	72	SAD	1BH	-1.40		F*1
462	22	H	24	72	SAN	1BH	-0.47	-0.15	F*1
463	22	H	27	72	MAD	1BH	-1.32		F*1
464	22	H	9	73	SAD	1BH	-1.27		F*1
465	22	H	12	73	MAN	1BH	-1.14	-1.08	F*1
466	22	H	14	73	MAD	1BH	-1.13		F*1
467	22	H	15	73	MAN	1BH	-1.06	-0.99	F*1
468	22	H	16	73	MAD	1BH	-1.43		F*1
469	22	H	17	73	MAD	1BH	-1.30		F*1
470	22	H	18	73	SAD	1BH	-1.30		F*1
471	22	H	19	73	SAD	1BH	-1.22		F*1
472	22	H	25	73	SAD	1BH	-1.49		F*1
473	22	H	12	74	MAI	1BH	-0.56	-0.38	F*1
474	22	H	14	74	MAD	1BH	-1.34		F*1
475	22	H	15	74	MAD	1BH	-1.29		F*1
476	22	H	17	74	MAN	1BH	-0.78	-0.34	F*1
477	22	H	18	74	SAD	1BH	-0.94		F*1
478	22	H	24	74	SAD	1BH	-1.54		F*1
479	22	H	10	75	MAD	1BH	-1.24		F*1
480	22	H	12	75	MAD	1BH	-1.22		F*1
481	22	H	13	75	SAN	1BH	-1.12	-1.04	F*1
482	22	H	14	75	MAD	1BH	-1.33		F*1

NO.	S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
483	22	H	15	75	MAD	1BH	-1.30		F*1
484	22	H	22	75	SAN	1BH	-1.63	-1.59	F*1
485	22	H	27	75	MAD	1BH	-0.90		F*1
486	22	H	8	76	SAD	1BH	-1.29		F*1
487	22	H	11	76	MAN	1BH	-1.09	-0.96	F*1
488	22	H	13	76	SAD	1BH	-1.48		F*1
489	22	H	17	76	MAD	1BH	-1.13		F*1
490	22	H	18	76	SAD	1BH	-1.42		F*1
491	22	H	20	76	SAD	1BH	-1.38		F*1
492	22	H	22	76	SAN	1BH	-0.71	-0.12	F*1
493	22	H	26	76	MAD	1BH	-1.50		F*1
494	22	H	8	77	SAD	1BH	-1.26		F*1
495	22	H	11	77	SAD	1BH	-1.39		F*1
496	22	H	12	77	MAD	1BH	-1.49		F*1
497	22	H	13	77	SAN	1BH	-1.06	-0.99	F*1
498	22	H	14	77	SAD	1BH	-1.30		F*1
499	22	H	15	77	SAD	1BH	-1.33		F*1
500	22	H	16	77	MAD	1BH	-1.27		F*1
501	22	H	17	77	MAD	1BH	-1.10		F*1
502	22	H	18	77	MAD	1BH	-1.43		F*1
503	22	H	22	77	SAN	1BH	-1.34	-1.16	F*1
504	22	H	25	77	SAD	1BH	-0.94		F*1
505	22	H	11	78	SAD	1BH	-1.36		F*1
506	22	H	12	78	SAD	1BH	-0.95		F*1
507	22	H	17	78	SAD	1BH	-1.40		F*1
508	22	H	18	78	SAD	1BH	-1.38		F*1
509	22	H	22	78	SAD	1BH	-1.53		F*1
510	22	H	23	78	SAN	1BH	-1.44	-1.41	F*1
511	22	H	26	78	MAN	1BH	-1.13	-1.03	F*1
512	22	H	12	79	SAN	1BH	-0.59	-0.28	F*1
513	22	H	13	79	MAN	1BH	-1.19	-1.14	F*1
514	22	H	14	79	MAN	1BH	-1.17	-0.99	F*1
515	22	H	15	79	MAD	1BH	-1.29		F*1
516	22	H	19	79	SAD	1BH	-1.20		F*1
517	22	H	22	79	SAD	1BH	-1.31		F*1
518	22	H	25	79	SAD	1BH	-1.36		F*1
519	22	H	26	79	SAD	1BH	-1.49		F*1
520	22	H	9	80	MAN	1BH	-1.26	-1.12	F*1
521	22	H	10	80	MAD	1BH	-1.36		F*1
522	22	H	12	80	MAD	1BH	-1.36		F*1
523	22	H	13	80	MAN	1BH	-1.22	-1.13	F*1
524	22	H	15	80	SAD	1BH	-1.32		F*1
525	22	H	17	80	MAD	1BH	-1.27		F*1
526	22	H	9	81	MAD	1BH	-1.30		F*1
527	22	H	12	81	SAD	1BH	-0.88		F*1
528	22	H	13	81	SAD	1BH	-1.38		F*1
529	22	H	15	81	MAD	1BH	-0.94		F*1
530	22	H	18	81	SAD	1BH	-1.26		F*1

NO.	S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
531	22	H	22	81	SAN	1BH	-1.44	-1.34	F*1
532	22	H	26	81	MAN	1BH	-1.53	-1.47	F*1
533	22	H	12	82	SAD	1BH	-1.30		F*1
534	22	H	13	82	MAD	1BH	-1.00		F*1
535	22	H	17	82	MAD	1BH	-1.30		F*1
536	22	H	15	83	SAD	1BH	-0.90		F*1
537	22	H	17	83	SAD	1BH	-0.86		F*1
538	22	H	22	83	SAD	1BH	-1.44		F*1
539	22	H	10	84	SAD	1BH	-1.48		F*1
540	22	H	15	84	SAD	1BH	-1.48		F*1
541	22	H	18	84	MAD	1BH	-0.92		F*1
542	22	H	12	85	SAD	1BH	-1.45		F*1
543	22	H	15	85	SAD	1BH	-1.25		F*1
544	22	H	13	86	SAD	1BH	-1.32		F*1
545	22	H	15	86	MAD	1BH	-1.49		F*1
546	22	H	14	88	SAD	1BH	-1.27		F*1

TABLE VI  
F\*2 Tubes

NO.	S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
1	21	H	4	11	SAN	2BH	-1.12	-1.01	F*2
2	21	H	4	17	SAD	2BH	-3.11		F*2
3	21	H	14	17	SAN	2BH	-1.14	-1.08	F*2
4	21	H	2	21	SAN	2BH	-1.18	-1.09	F*2
5	21	H	9	21	SAN	2BH	-1.05	-0.77	F*2
6	21	H	3	22	SAN	2BH	-0.55	-0.48	F*2
7	21	H	3	24	SAN	2BH	-1.06	-0.95	F*2
8	21	H	19	25	MAD	2BH	-3.03		F*2
9	21	H	12	27	MAN	2BH	-0.73	-0.64	F*2
10	21	H	28	27	SAN	2BH	-1.28	-0.88	F*2
11	21	H	30	27	SAN	2BH	-0.71	-0.59	F*2
12	21	H	9	28	MAN	2BH	-2.29	-1.97	F*2
13	21	H	13	29	SAN	2BH	-3.3	-3.24	F*2
14	21	H	9	30	SAN	2BH	-0.83	-0.53	F*2
15	21	H	18	30	SAN	2BH	-1.33	-1.22	F*2
16	21	H	23	34	SAN	2BH	-0.95	-0.81	F*2
17	21	H	5	36	MAN	2BH	-2.49	-1.86	F*2
18	21	H	14	36	MAD	2BH	-3.00		F*2
19	21	H	4	38	SAN	2BH	-1.00	-0.93	F*2
20	21	H	14	40	MAN	2BH	-2.88	-1.35	F*2
21	21	H	2	42	SAN	2BH	-1.12	-1.08	F*2
22	21	H	10	44	SAD	2BH	-2.90		F*2
23	21	H	30	45	SAN	2BH	-1.05	-0.99	F*2
24	21	H	9	46	SAN	2BH	-2.23	-1.46	F*2
25	21	H	12	46	MAN	2BH	-2.67	-1.83	F*2
26	21	H	20	46	SAD	2BH	-1.50		F*2

NO.	S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
27	21	H	6	47	SAN	2BH	-2.88	-1.89	F*2
28	21	H	7	47	SAN	2BH	-0.72	-0.55	F*2
29	21	H	14	47	SAN	2BH	-2.86	-1.48	F*2
30	21	H	18	47	MAD	2BH	-3.12		F*2
31	21	H	10	48	MAN	2BH	-2.81	-2.74	F*2
32	21	H	8	49	MAN	2BH	-2.57	-1.64	F*2
33	21	H	15	49	MAD	2BH	-3.35		F*2
34	21	H	14	50	SAN	2BH	-2.17	-1.80	F*2
35	21	H	17	50	SAN	2BH	-3.58	-3.52	F*2
36	21	H	12	52	SAD	2BH	-1.81		F*2
37	21	H	4	55	SAN	2BH	-0.67	-0.54	F*2
38	21	H	11	55	MAN	2BH	-0.68	-0.58	F*2
39	21	H	7	56	SAN	2BH	-0.59	-0.52	F*2
40	21	H	11	56	SAN	2BH	-0.75	-0.64	F*2
41	21	H	1	57	SAN	2BH	-1.12	-0.93	F*2
42	21	H	11	57	SAN	2BH	-1.18	-1.09	F*2
43	21	H	2	60	MAN	2BH	-0.68	-0.36	F*2
44	21	H	4	60	SAN	2BH	-0.61	-0.50	F*2
45	21	H	6	60	SAD	2BH	-1.11		F*2
46	21	H	4	62	SAN	2BH	-0.86	-0.71	F*2
47	21	H	10	62	SAN	2BH	-1.02	-0.93	F*2
48	21	H	25	62	SAN	2BH	-1.20	-1.08	F*2
49	21	H	8	63	MAN	2BH	-1.10	-0.88	F*2
50	21	H	8	64	SAN	2BH	-0.62	-0.50	F*2
51	21	H	17	64	MAN	2BH	-1.14	-1.03	F*2
52	21	H	10	66	SAN	2BH	-0.75	-0.63	F*2
53	21	H	14	67	SAD	2BH	-3.02		F*2
1	22	H	21	22	SAD	2BH	-3.51		F*2
2	22	H	16	23	MAN	2BH	-2.64	-1.94	F*2
3	22	H	17	28	SAD	2BH	-2.12		F*2
4	22	H	20	29	SAD	2BH	-3.16		F*2
5	22	H	27	30	SAN	2BH	-1.99	-1.80	F*2
6	22	H	15	31	SAD	2BH	-0.31		F*2
7	22	H	14	35	SAN	2BH	-3.21	-3.10	F*2
8	22	H	19	35	SAD	2BH	-3.18		F*2
9	22	H	37	35	SAD	2BH	-0.88		F*2
10	22	H	19	36	SAD	2BH	-3.32		F*2
11	22	H	18	39	SAD	2BH	-3.16		F*2
12	22	H	14	40	SAI	2BH	-1.51	-1.37	F*2
13	22	H	13	41	MAN	2BH	-3.56	-3.52	F*2
14	22	H	12	42	SAN	2BH	-0.75	-0.64	F*2
15	22	H	15	43	SAN	2BH	-2.04	-1.96	F*2
16	22	H	1	44	MAD	2BH	-3.24		F*2
17	22	H	16	44	SAD	2BH	-3.40		F*2
18	22	H	17	45	MAN	2BH	-3.27	-2.85	F*2
19	22	H	15	46	MAD	2BH	-3.28		F*2
20	22	H	23	46	SAD	2BH	-3.38		F*2
21	22	H	18	47	MAD	2BH	-3.37		F*2

NO.	S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
22	22	H	21	47	SAD	2BH	-3.20		F*2
23	22	H	18	48	SAD	2BH	-2.96		F*2
24	22	H	20	48	SAD	2BH	-3.20		F*2
25	22	H	27	48	SAD	2BH	-3.08		F*2
26	22	H	3	49	SAN	2BH	-0.73	-0.61	F*2
27	22	H	26	50	MAD	2BH	-3.14		F*2
28	22	H	11	51	SAD	2BH	-3.16		F*2
29	22	H	18	52	SAD	2BH	-3.10		F*2
30	22	H	24	52	MAN	2BH	-3.54	-3.21	F*2
31	22	H	10	53	MAD	2BH	-3.29		F*2
32	22	H	12	53	SAN	2BH	-2.97	-2.85	F*2
33	22	H	16	53	SAD	2BH	-3.48		F*2
34	22	H	17	53	MAN	2BH	-1.85	-1.73	F*2
35	22	H	20	53	MAD	2BH	-3.16		F*2
36	22	H	15	56	SAN	2BH	-0.80	-0.75	F*2
37	22	H	37	56	SAD	2BH	-3.00		F*2
38	22	H	13	58	SAN	2BH	-0.44	-0.40	F*2
39	22	H	9	60	SAN	2BH	-1.52	-1.34	F*2
40	22	H	20	60	SAD	2BH	-3.25		F*2
41	22	H	16	65	MAD	2BH	-3.04		F*2
42	22	H	24	69	SAN	2BH	-0.69	-0.60	F*2
43	22	H	19	74	SAN	2BH	-2.02	-1.85	F*2

TABLE VII  
EF\* Tubes

NO.	S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
1	21	H	3	17	SAD	EBH	-13.35		EF*
2	21	H	9	18	SAD	EBH	-13.43		EF*
3	21	H	13	30	SAD	EBH	-13.71		EF*
4	21	H	16	56	SAN	EBH	-9.30	-9.27	EF*
5	21	H	7	61	SAN	EBH	-9.16	-9.05	EF*
6	21	H	7	67	SAN	EBH	-9.30	-9.08	EF*

TABLE VIII  
Tubes plugged / plugs replaced 02/02 outage

NO.	S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
1	21	H	38	21	MAI	TRH	0.10	0.19	PLG←
2	21	H	4	25	SAN	EBH	-9.31	-9.17	PLG↑
3	21	H	14	28	SAI	1BH	16.67	16.86	PLG→
4	21	H	29	28	SVI	TSH	0.21	0.38	PLG↓
5	21	H	23	31	MAI	1BH	16.79	17.29	PLG→
6	21	H	18	40	MAD	EBH	-14.58		PLG↑
7	21	H	40	45	MAI	TRH	18.81	19.07	PLG↓
8	21	C	40	50	TBP				PLG°

NO.	S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
9	21	C	42	50	TBP				PLG°
10	21	C	34	55	TBP				PLG°
11	21	C	38	66	43	01C	-0.29		PLG±
12	21	H	29	75	TBP				PLG°
1	22	C	28	12	58	01C	0.00		PLG±
2	22	C	22	19	TBP				PLG°
3	22	H	13	29	SAI	TSH	0.25	0.75	PLG→
4	22	H	2	31	SAI	TRH	5.86	6.24	PLG→
5	22	C	36	33	41	NV2	0.00		PLG±
6	22	H	11	34	SVI	TRH	19.02	19.29	PLG↓
7	22	H	33	35	SAI	2BH	-0.29	1.22	PLG↑
8	22	H	14	38	MAN	2BH	-0.96	-0.85	PLG↑
9	22	C	20	38	TBP				PLG°
10	22	H	14	41	MAI	1BH	17.29	17.75	PLG→
11	22	H	14	42	SAI	TRH	18.58	18.83	PLG↓
12	22	C	20	45	TBP				PLG°
13	22	H	19	47	MAI	TRH	17.82	18.38	PLG→
14	22	H	22	51	TBP				PLG°
15	22	H	22	56	TBP				PLG°
16	22	H	21	62	TBP				PLG°
17	22	C	1	71	TBP				PLG"
18	22	C	1	73	TBP				PLG"
19	22	C	1	75	TBP				PLG"
20	22	C	1	81	TBP				PLG"
21	22	C	1	84	TBP				PLG"
22	22	C	1	85	TBP				PLG"
23	22	C	1	86	TBP				PLG"

- ← Reroll equipment to channel head restriction
- ↑ Failed reroll flaw or profilometry criteria
- In-situ pressure tested
- ↓ No qualified sizing technique or ARC available
- ° Data quality problem (permeability variation)
- ± Greater than Technical Specification repair limit
- " U-bend data quality problem (exceeds noise criteria)

TABLE IX  
Total tubes plugged to date (03/02)

S/G NO.	PLUGGED	% PLUGGED
21	223	6.58
22	240	7.08

LEGEND OF FIELDS AND CODES

<u>FIELD</u>	<u>EXPLANATION</u>
NO.	Cumulative number of tubes per table per S/G
S/G NO.	Steam Generator Number (21 or 22)
LEG	Channel head tested from (H = inlet & C = outlet)
ROW	Row number of tube location
COL	Column number of tube location
PERCENT	Measured percent or three digit code - see below
LOCATION	Physical Location of Indication - see below
ELEV FROM	Measurement in inches from the LOCATION to the lower edge of the indication
ELEV TO	Measurement in inches from the LOCATION to the upper edge of the indication
STATUS	Repair status – see below

<u>FIELD</u>	<u>CODE</u>	<u>EXPLANATION</u>
PERCENT	MAD	Multiple Axial Indication Not Detectable
	MAI	Multiple Axial Indication
	MAN	Multiple Axial Indication - No Change
	MCI	Multiple Circumferential Indication
	MVI	Multiple Volumetric Indication
	SAD	Single Axial Indication Not Detectable
	SAI	Single Axial Indication
	SAN	Single Axial Indication - No Change
	SCI	Single Circumferential Indication
	SVI	Single Volumetric Indication
	TBP	To Be Plugged
	0-100	As measured percent through wall
LOCATION	TEH	Tube end hot (primary face)
	TRH	Top of roll expansion hot leg
	1BH	Bottom of Additional roll expansion #1 hot leg
	2BH	Bottom of Additional roll expansion #2 hot leg
	EBH	Bottom of Elevated roll expansion hot leg
	TSH	Tube sheet hot (secondary face)
	WCH	Weld Centerline hot leg
	0?H	? = First through Seventh tube support plate on hot leg side
	NV?	? = First through Fourth new antivibration bar
	0?C	? = First through Seventh tube support plate on cold leg side
	TSC	Tube sheet cold (secondary face)
	TRC	Top of roll expansion cold leg
	TEC	Tube end cold (primary face)
STATUS	<TS	Less Than the Technical Specification repair limit
	F*0	Tube meets F* criteria with no additional roll expansion
	F*1	Tube meets F* criteria with one additional roll expansion
	F*2	Tube meets F* criteria with two additional roll expansions
	EF*	Tube meets EF* criteria with a elevated additional roll expansion
	PLG	Tube Plugged

Section 7. Repair/ Replacement Activities

82 NIS-2 forms are attached which identify Prairie Island Unit 2 Repair/ Replacement Activities during fuel cycle 2R21.

SYSTEM	COMPONENT	DESCRIPTION	ASME XI CODE CLASS	ITEM #
Containment	Maintenance Airlock	Replaced shaft seal housings.	MC	2R21-1
Repairable Spares	Snubber PI-318	Replaced valve block.		2R21-2
Repairable Spares	Snubber PI-367	Replaced piston.		2R21-3
Repairable Spares	Snubber PI-563	Replaced cylinder.		2R21-4
Repairable Spares	Snubber PI-308	Replaced rod, cylinder, piston & bushing.		2R21-5
Repairable Spares	Snubber PI-340	Replaced cylinder, piston, & bushing.		2R21-6
Repairable Spares	Snubber PI-155	Replaced cylinder, piston, & bushing.		2R21-7
Repairable Spares	Snubber PI-406	Replaced piston.		2R21-8
Repairable Spares	Snubber PI-392	Replaced rod, piston, & bushing.		2R21-9
Repairable Spares	Snubber PI-35	Replaced cylinder, piston, & bushing.		2R21-10
Repairable Spares	Snubber PI-257	Replaced rod, cylinder, piston & bushing.		2R21-11
Repairable Spares	Snubber PI-271	Replaced cylinder, piston, & bushing.		2R21-12
Repairable Spares	Snubber PI-398	Replaced valve block.		2R21-13
Repairable Spares	Snubber PI-401	Replaced valve block.		2R21-14
Repairable Spares	Snubber PI-194	Replaced piston.		2R21-15
Repairable Spares	Snubber PI-491	Replaced cylinder.		2R21-16
Repairable Spares	Snubber PI-541	Replaced cylinder.		2R21-17
Repairable Spares	Snubber PI-84	Replaced cylinder and rod bushing.		2R21-18
Repairable Spares	Snubber PI-570	Replaced cylinder.		2R21-19
Repairable Spares	Snubber PI-42	Replaced cylinder, piston, & bushing.		2R21-20
Repairable Spares	Snubber PI-85	Replaced piston and cylinder.		2R21-21
Repairable Spares	Snubber PI-557	Replaced cylinder, piston, & bushing.		2R21-22
Repairable Spares	Snubber PI-475	Replaced cylinder, piston, & bushing.		2R21-23
Repairable Spares	Snubber PI-481	Replaced piston and cylinder.		2R21-24
Service Water	121 SW Pump	Replaced pump.	3	2R21-25
Repairable Spares	Snubber PI-218	Replaced piston and cylinder.		2R21-26
Volume Control	21 Charging Pump	Replaced block, packing studs and manifold studs.	2	2R21-27
Repairable Spares	Snubber PI-20	Replaced piston and rod.		2R21-28
Repairable Spares	Snubber PI-580	Replaced cylinder and bushing.		2R21-29
Repairable Spares	Snubber PI-552	Replaced cylinder, piston, & bushing.		2R21-30
Repairable Spares	Snubber PI-324	Replaced valve block.		2R21-31
Repairable Spares	Charging Pump Packing Assembly #s 1, 2, 3	Replaced plungers.	2	2R21-32
Repairable Spares	Snubber PI-57	Replaced piston, cylinder, valve block & bushing.		2R21-33

SYSTEM	COMPONENT	DESCRIPTION	ASME XI CODE CLASS	ITEM #
Repairable Spares	Snubber PI-237	Replaced piston, cylinder, valve block & bushing.		2R21-34
Repairable Spares	Snubber PI-291	Replaced cylinder, piston, & bushing.		2R21-35
Repairable Spares	Snubber PI-533	Replaced piston.		2R21-36
Repairable Spares	Snubber PI-141	Replaced valve block and piston.		2R21-37
Reactor Coolant	21 Pressurizer	Blended surface indications.	1	2R21-38
Reactor Coolant	21 Pressurizer	Replaced manway fasteners.	1	2R21-39
Reactor Coolant	21 Steam Generator	Replaced manway fasteners.	1	2R21-40
Repairable Spares	Chg. Pump Packing Assembly #s 19, 20, 21	Replaced plungers.	2	2R21-41
Repairable Spares	Chg. Pump Packing Assembly #s 16, 17, 18	Replaced plungers.	2	2R21-42
Repairable Spares	Snubber PI-70	Replaced piston.		2R21-43
Volume Control	Pipe Restraint	Added shim.	2	2R21-44
Volume Control	23 Charging Pump	Replaced block, suction manifold studs & nuts, discharge manifold studs & nuts, packing studs and packing assemblies.	2	2R21-45
Repairable Spares	Snubber PI-415	Replaced piston.		2R21-46
Repairable Spares	Snubber PI-314	Replaced piston.		2R21-47
Repairable Spares	Chg. Pump Packing Assembly #s 10, 11, 12	Replaced plungers.	2	2R21-48
Repairable Spares	Snubber PI-378	Replaced piston.		2R21-49
Volume Control	21 Boric Acid Transfer Pump	Machined backplate and replaced gland studs.	2	2R21-50
Component Cooling	22 CC Heat Exchanger	Replaced end bell and flange.	3	2R21-51
Component Cooling	22 RCP Bearing Cooling Relief Valve	Replaced valve for testing purposes.	3	2R21-52
Repairable Spares	Chg. Pump Packing Assembly #s 1, 2, 3	Replaced plungers.	2	2R21-53
Service Water	22 DDCLP Jacket Water Hx	Replaced channel heads.	3	2R21-54
Repairable Spares	Snubber PI-390	Replaced piston.		2R21-55
Main Steam	22 MS Isolation Valve	Replaced #7 bonnet fasteners.	2	2R21-56
Reactor Coolant	Pressurizer Spray Valves	Replaced valves.	1	2R21-57
Main Steam	21 SG Secondary Handhole	Replaced secondary handhole fasteners.	2	2R21-58
Main Steam	22 SG Secondary Handhole	Replaced secondary handhole fasteners.	2	2R21-59
Main Steam	21 SG Secondary Manway	Replaced secondary manway fasteners.	2	2R21-60
Main Steam	22 SG Secondary Manway	Replaced secondary manway fasteners.	2	2R21-61
Service Water	22 DDCLP Discharge Check Valve	Replaced valve.	3	2R21-62
Main Steam	Snubber	Replaced snubber.		2R21-63

SYSTEM	COMPONENT	DESCRIPTION	ASME XI CODE CLASS	ITEM #
Component Cooling	22 CC Heat Exchanger	Repair shell welds.	3	2R21-64
Containment	Personnel Airlock	Replaced shaft seal housings.	MC	2R21-65
Volume Control	Letdown Isolation Valves	Replaced bonnet fasteners.	2	2R21-66
Feedwater	SG Inlet Check Valve	Weld repaired.	2	2R21-67
Containment	Fuel Transfer Tube Penetration	Replaced fastener.	MC	2R21-68
Reactor Coolant	Reactor Vessel	Replaced marmon clamp fasteners.	1	2R21-69
Volume Control	Line of Pipe	Weld repair.	2	2R21-70
Component Cooling	22 CC Heat Exchanger	Replaced end bell cover fasteners.	3	2R21-71
Volume Control	RCP Seal Injection Check Valve	Replaced and relocated valve.	1	2R21-72
Volume Control	RCP Seal Injection Check Valve	Replaced and relocated valve.	1	2R21-73
Volume Control	RCP Seal Injection Check Valve	Replaced and relocated valve.	1	2R21-74
Volume Control	RCP Seal Injection Check Valve	Replaced and relocated valve.	1	2R21-75
Service Water	Line of Pipe	Replaced pipe.	3	2R21-76
Reactor Coolant	22 Steam Generator	Installed welded tubesheet plugs.	1	2R21-77
Repairable Spares	Chg. Pump Packing Assembly #s 16, 17, 18	Replaced plungers and gland plates.	2	2R21-78
Reactor Coolant	Pipe Support	Modified baseplate.	1	2R21-79
Volume Control	21 Charging Pump	Replaced gland nuts and packing assemblies.	2	2R21-80
Main Steam	21 MS Isolation Valve	Replaced bonnet studs and nuts.	2	2R21-81
Main Steam	Safety Valves	Replaced the discs in two valves.	2	2R21-82

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

2R21-1

1. Owner Nuclear Management Company, LLC Date 12-15-2000  
Name  
1717 Wakonade Drive East, Welch, MN 55089  
Address
2. Plant Prairie Island Unit 2  
Name  
same Address work order 0013373, design change 99ZC01  
Repair/Replacement Organization P.O. No., Job No., etc.
3. Work Performed by owner Type Code Symbol Stamp na  
Name Authorization No. na  
Address Expiration Date na
4. Identification of System ZC (code class MC)
5. (a) Applicable Construction Code ASME III - NB, 1965 Edition, 1967 Addenda, 1392 Code Case  
Year  
 (b) Applicable Edition of Section XI Utilized for Repair/Replacement Activity 1992  
Year  
 (c) Applicable Section XI Code Cases none

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
Maint. Airlock	CB&I	68-2071/2		2PENC-MAL	1969	corrected	yes

7. Description of Work Replaced all handwheel shaft penetration housings.
8. Tests Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Exempt   
 Other  Pressure 46.5 psi Test Temp. ambient °F

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

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



FORM NIS-2 (Back)

9. Remarks CODE RECONCILIATION WAS PERFORMED BY AUTOMATED ENGINEERING SERVICES CORP. PER CALCULATION P1-P-065.  
Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R. B. Willard, ASME PROGRAM ENGR. Date 5-4, 2001  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB I+I Co. of Hartford, CT

have inspected the components described in this Owner's Report during the period 12/8/00 to 5/9/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

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

Date 5/9/01

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

2R21-2

1. Owner Nuclear Management Company, LLC  
Name  
1717 Wakonade Dr. E, Welch, MN 55089  
Address

Date 3-23-01  
 Sheet 1 of 2

2. Plant Prairie Island  
Name  
Same  
Address

Unit N/A  
WO. 9812436  
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by Owner  
Name  
Same  
Address

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

4. Identification of System SN

5. (a) Applicable Construction Code Tech Manual NX-52173-1, — Edition, — Addenda, — Code Case  
Year

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

(c) Applicable Section XI Code Cases —

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
SNUBBER	BASIC ENGINEER	SNVB PI-318	—	—	—	CORRECTED	NO

7. Description of Work REPLACED VALVE BLOCK IN SNUBBER

8. Tests Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Exempt

Other  Pressure — psi Test Temp. — °F  
SEE REMARKS

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



FORM NIS-2 (Back)

2R21-2

9. Remarks RECEIPT INSPECTED PER PINGP 649. WILL BE FUNCTIONALLY TESTED TO  
Applicable Manufacturer's Data Reports to be attached  
LOCATION SPECIFIC ACCEPTANCE CRITERIA IN ACCORDANCE WITH ASME-OM-4  
PRIOR TO REINSTALLATION, ANII NOT NOTIFIED PRIOR TO PERFORMING WORK,  
SEE CR 20013195.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed P.B. Williams, ASME PROGRAM ENGR. Date 6-5, 2001  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB I & E Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 6/6/01 to 6/6/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ABNI, MW 039600-00  
Inspector's Signature National Board, State, Province, and Endorsements  
 Date 6/6/01

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

2R21-3

1. Owner Nuclear Management Company, LLC  
Name  
1717 Wakonade Dr. E, Welch, MN 55089  
Address

Date 3-23-01

Sheet 1 of 2

2. Plant Prairie Island  
Name  
Same  
Address

Unit N/A

WO. 9812850  
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by Owner  
Name  
Same  
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System SN

5. (a) Applicable Construction Code NX-52173-1, <sup>Tech Manual</sup> — Edition, — Addenda, — Code Case

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

(c) Applicable Section XI Code Cases —

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
SNUBBER	BASIC ENGINEER	SNVB PI-367	—	—	—	CORRECTED	NO

7. Description of Work REPLACED PISTON IN SNUBBER

8. Tests Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Exempt

Other  Pressure — psi Test Temp. — °F  
SEE REMARKS

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



FORM NIS-2 (Back)

9. Remarks RECEIPT INSPECTED PER PING P 649. WILL BE FUNCTIONALLY TESTED TO  
Applicable Manufacturer's Data Reports to be attached  
LOCATION SPECIFIC ACCEPTANCE CRITERIA IN ACCORDANCE WITH ASME-OM-4  
PRIOR TO REINSTALLATION, ANII NOT NOTIFIED PRIOR TO PERFORMING WORK,  
SEE CR 20013195.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R.B. Williams, ASME PROGRAM ENGR. Date 6-5, 2001  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB I & I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 6/6/01 to 6/6/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

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

Date 6/6/01

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

2R21-4

1. Owner Nuclear Management Company, LLC  
Name  
1717 Wakonade Dr. E, Welch, MN 55089  
Address

Date 3-23-01  
 Sheet 1 of 2

2. Plant Prairie Island  
Name  
Same  
Address

Unit N/A  
WO. 9901477  
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by Owner  
Name  
Same  
Address

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

4. Identification of System SN

5. (a) Applicable Construction Code NX-52173-1, <sup>Tech Manual</sup> — Edition, — Addenda, — Code Case  
Year

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

(c) Applicable Section XI Code Cases —

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
SNUBBER	BASIC ENGINEER	SNVB PI-563	—	—	—	CORRECTED	NO

7. Description of Work REPLACED CYLINDER IN SNUBBER

8. Tests Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Exempt

Other  Pressure — psi Test Temp. — °F  
SEE REMARKS

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



9. Remarks RECEIPT INSPECTED PER PINGP 649. WILL BE FUNCTIONALLY TESTED TO  
Applicable Manufacturer's Data Reports to be attached  
LOCATION SPECIFIC ACCEPTANCE CRITERIA IN ACCORDANCE WITH ASME-OM-4  
PRIOR TO REINSTALLATION, ANII NOT NOTIFIED PRIOR TO PERFORMING WORK,  
SEE CR 20013195.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R.B. Williams ASME PROGRAM ENGR. Date 6-5 2001  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 6/6/01 to 6/6/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 AB NI, MN 039600-CO  
Inspector's Signature National Board, State, Province, and Endorsements  
Date 6/6/01

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

2R21-5

1. Owner Nuclear Management Company, LLC  
Name  
1717 Wakonade Dr. E, Welch, MN 55089  
Address

Date 3-23-01  
 Sheet 1 of 2

2. Plant Prairie Island  
Name  
Same  
Address

Unit N/A  
WO. 9712278  
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by Owner  
Name  
Same  
Address

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

4. Identification of System SN

5. (a) Applicable Construction Code Tech Manual NX-52173-1, — Edition, — Addenda, — Code Case  
Year

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

(c) Applicable Section XI Code Cases —

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
SNUBBER	BASIC ENGINEER	SNVB PI-308	—	—	—	CORRECTED	NO

7. Description of Work REPLACED ROD, CYLINDER, PISTON, AND ROD BUSHING IN SNUBBER

8. Tests Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Exempt

Other  Pressure — psi Test Temp. — °F  
SEE REMARKS

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



9. Remarks RECEIPT INSPECTED PER PING-P 649. WILL BE FUNCTIONALLY TESTED TO  
Applicable Manufacturer's Data Reports to be attached  
LOCATION SPECIFIC ACCEPTANCE CRITERIA IN ACCORDANCE WITH ASME-OM-4  
PRIOR TO REINSTALLATION, ANII NOT NOTIFIED PRIOR TO PERFORMING WORK,  
SEE CR 20013195.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R.B. Willett ASME PROGRAM ENGR. Date 6-5, 2001  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSBI+IE of Hartford, CT have inspected the components described in this Owner's Report during the period 6/6/01 to 6/6/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

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

Date 6/6/01

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

2R21-6

1. Owner Nuclear Management Company, LLC  
Name  
1717 Wakonade Dr. E, Welch, MN 55089  
Address

Date 3-23-01  
 Sheet 1 of 2

2. Plant Prairie Island  
Name  
Same  
Address

Unit N/A  
WO. 9712276  
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by Owner  
Name  
Same  
Address

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

4. Identification of System SN

5. (a) Applicable Construction Code Tech Manual NX-52173-1,      Edition,      Addenda,      Code Case  
Year

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

(c) Applicable Section XI Code Cases     

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
SNUBBER	BASIC ENGINEER	SNVB PI-340	—	—	—	CORRECTED	NO

7. Description of Work REPLACED CYLINDER, PISTON, AND ROD BUSHING IN SNUBBER

8. Tests Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Exempt

Other  Pressure      psi Test Temp.      °F  
SEE REMARKS

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



9. Remarks RECEIPT INSPECTED PER PINGP 649. WILL BE FUNCTIONALLY TESTED TO  
Applicable Manufacturer's Data Reports to be attached  
LOCATION SPECIFIC ACCEPTANCE CRITERIA IN ACCORDANCE WITH ASME-OM-4  
PRIOR TO REINSTALLATION, ANII NOT NOTIFIED PRIOR TO PERFORMING WORK,  
SEE CR 20013195.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed P.B. Williams, ASME PROGRAM ENGR. Date 6-5, 2001  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB I + I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 6/6/01 to 6/6/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ABNI, MN 039600-CO  
Inspector's Signature National Board, State, Province, and Endorsements  
Date 6/6/01

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

2R21-7

1. Owner Nuclear Management Company, LLC  
Name  
1717 Wakonade Dr. E, Welch, MN 55089  
Address

Date 3-23-01  
 Sheet 1 of 2

2. Plant Prairie Island  
Name  
Same  
Address

Unit N/A  
WO. 9712277  
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by Owner  
Name  
Same  
Address

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

4. Identification of System SN

5. (a) Applicable Construction Code Tech Manual NX-52173-1, — Edition, — Addenda, — Code Case  
Year

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

(c) Applicable Section XI Code Cases —

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
SNUBBER	BASIC ENGINEER	SNVB PI-155	—	—	—	CORRECTED	NO

7. Description of Work REPLACED PISTON, CYLINDER, AND ROD BUSHING IN SNUBBER

8. Tests Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Exempt

Other  Pressure — psi Test Temp. — °F  
SEE REMARKS

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



9. Remarks RECEIPT INSPECTED PER PINGP 649. WILL BE FUNCTIONALLY TESTED TO  
Applicable Manufacturer's Data Reports to be attached  
LOCATION SPECIFIC ACCEPTANCE CRITERIA IN ACCORDANCE WITH ASME-OM-4  
PRIOR TO REINSTALLATION, ANII NOT NOTIFIED PRIOR TO PERFORMING WORK,  
SEE CR 20013195.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed P.B. Williams ASME PROGRAM ENGR. Date 6-5, 2001  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB I+I Co. of Hartford, CT

have inspected the components described in this Owner's Report during the period 6/6/01 to 6/6/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Inspector's Signature

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

Date 6/6/01

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

2R21-8

1. Owner Nuclear Management Company, LLC  
Name  
1717 Wakonade Dr. E, Welch, MN 55089  
Address

Date 3-23-01  
 Sheet 1 of 2

2. Plant Prairie Island  
Name  
Same  
Address

Unit N/A  
WO. 9712347  
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by Owner  
Name  
Same  
Address

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

4. Identification of System SN

5. (a) Applicable Construction Code NX-52173-1, <sup>Tech Manual</sup> — Edition, — Addenda, — Code Case  
Year

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

(c) Applicable Section XI Code Cases —

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
SNUBBER	BASIC ENGINEER	SNVB PI-406	—	—	—	CORRECTED	NO

7. Description of Work REPLACED PISTON IN SNUBBER

8. Tests Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Exempt

Other  Pressure — psi Test Temp. — °F  
SEE REMARKS

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



9. Remarks RECEIPT INSPECTED PER PINGP 649. WILL BE FUNCTIONALLY TESTED TO  
Applicable Manufacturer's Data Reports to be attached  
LOCATION SPECIFIC ACCEPTANCE CRITERIA IN ACCORDANCE WITH ASME-OM-4  
PRIOR TO REINSTALLATION, ANII NOT NOTIFIED PRIOR TO PERFORMING WORK,  
SEE CR 20013195.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R.B. Williams, ASME PROGRAM ENGR. Date 6-5, 2001  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB I & I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 6/6/01 to 6/6/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

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

Date 6/6/01

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

2R21-9

1. Owner Nuclear Management Company, LLC  
Name  
1717 Wakonade Dr. E, Welch, MN 55089  
Address

Date 3-23-01  
 Sheet 1 of 2

2. Plant Prairie Island  
Name  
Same  
Address

Unit N/A  
WO. 9800935  
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by Owner  
Name  
Same  
Address

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

4. Identification of System SN

5. (a) Applicable Construction Code NX-52173-1, <sup>Tech Manual</sup> — Edition, — Addenda, — Code Case

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

(c) Applicable Section XI Code Cases —

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
SNUBBER	BASIC ENGINEER	SNVB PI-392	—	—	—	CORRECTED	NO

7. Description of Work REPLACED PISTON, ROD, AND ROD BUSHING IN SNUBBER

8. Tests Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Exempt

Other  Pressure — psi Test Temp. — °F  
SEE REMARKS

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



9. Remarks RECEIPT INSPECTED PER PINGP 649. WILL BE FUNCTIONALLY TESTED TO  
Applicable Manufacturer's Data Reports to be attached  
LOCATION SPECIFIC ACCEPTANCE CRITERIA IN ACCORDANCE WITH ASME-OM-4  
PRIOR TO REINSTALLATION, ANI NOT NOTIFIED PRIOR TO PERFORMING WORK,  
SEE CR 20013195.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R.B. Williams ASME PROGRAM ENGR. Date 6-5, 2001  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB I & I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 6/6/01 to 6/6/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ABNF, MNO 39600-CO  
Inspector's Signature National Board, State, Province, and Endorsements

Date 6/6/01

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

2R21-10

1. Owner Nuclear Management Company, LLC  
Name  
1717 Wakonade Dr. E, Welch, MN 55089  
Address

Date 3-23-01

Sheet 1 of 2

2. Plant Prairie Island  
Name  
Same  
Address

Unit N/A

WO. 9800838  
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by Owner  
Name  
Same  
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System SN

5. (a) Applicable Construction Code NX-52173-1, <sup>Tech Manual</sup> — Edition, — Addenda, — Code Case

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

(c) Applicable Section XI Code Cases —

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
SNUBBER	BASIC ENGINEER	SNVB PI-35	—	—	—	CORRECTED	NO

7. Description of Work REPLACED PISTON, CYLINDER, AND ROD BUSHING IN SNUBBER

8. Tests Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Exempt

Other  Pressure — psi Test Temp. — °F  
SEE REMARKS

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



9. Remarks RECEIPT INSPECTED PER PING-P 649. WILL BE FUNCTIONALLY TESTED TO  
Applicable Manufacturer's Data Reports to be attached  
LOCATION SPECIFIC ACCEPTANCE CRITERIA IN ACCORDANCE WITH ASME-OM-4  
PRIOR TO REINSTALLATION, ANII NOT NOTIFIED PRIOR TO PERFORMING WORK,  
SEE CR 20013195.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R.B. Williams ASME PROGRAM ENGR. Date 6-5, 2001  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 6/6/01 to 6/6/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

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

Date 6/6/01

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

2R21-11

1. Owner Nuclear Management Company, LLC  
Name  
1717 Wakonade Dr. E, Welch, MN 55089  
Address

Date 3-23-01  
 Sheet 1 of 2

2. Plant Prairie Island  
Name  
Same  
Address

Unit N/A  
WO. 9800840  
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by Owner  
Name  
Same  
Address

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

4. Identification of System SN

5. (a) Applicable Construction Code Tech Manual NX-52173-1, — Edition, — Addenda, — Code Case  
Year

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

(c) Applicable Section XI Code Cases —

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
SNUBBER	BASIC ENGINEER	SNVB PI-257	—	—	—	CORRECTED	NO

7. Description of Work REPLACED PISTON, ROD, CYLINDER, AND ROD BUSHING IN SNUBBER

8. Tests Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Exempt

Other  Pressure — psi Test Temp. — °F  
SEE REMARKS

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



9. Remarks RECEIPT INSPECTED PER PINGP 649. WILL BE FUNCTIONALLY TESTED TO  
Applicable Manufacturer's Data Reports to be attached  
LOCATION SPECIFIC ACCEPTANCE CRITERIA IN ACCORDANCE WITH ASME-OM-4  
PRIOR TO REINSTALLATION, ANII NOT NOTIFIED PRIOR TO PERFORMING WORK,  
SEE CR 20013195.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R.B. Williams, ASME PROGRAM ENGR. Date 6-5, 2001  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 6/6/01 to 6/6/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

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

Date 6/6/01

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

2R21-12

1. Owner Nuclear Management Company, LLC Date 3-23-01  
Name  
1717 Wakonade Dr. E, Welch, MN 55089  
Address

2. Plant Prairie Island Sheet 1 of 2  
Name  
Same Unit N/A  
Address WO. 9905602  
Repair/Replacement Organization P.O. No., Job No., etc.

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

4. Identification of System SN

5. (a) Applicable Construction Code NX-52173-1, <sup>Tech Manual</sup> — Edition, — Addenda, — Code Case  
Year  
 (b) Applicable Edition of Section XI Utilized for Repair/Replacement Activity 89  
Year  
 (c) Applicable Section XI Code Cases —

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
SNUBBER	BASIC ENGINEER	SNVB PI-271	—	—	—	CORRECTED	NO

7. Description of Work REPLACED PISTON, CYLINDER, AND ROD BUSHING IN SNUBBER

8. Tests Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Exempt

Other  Pressure — psi Test Temp. — °F  
SEE REMARKS

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



9. Remarks RECEIPT INSPECTED PER PING P 649. WILL BE FUNCTIONALLY TESTED TO  
Applicable Manufacturer's Data Reports to be attached  
LOCATION SPECIFIC ACCEPTANCE CRITERIA IN ACCORDANCE WITH ASME-OM-4  
PRIOR TO REINSTALLATION, ANII NOT NOTIFIED PRIOR TO PERFORMING WORK,  
SEE CR 20013195. SNUBBER FAILED ITS AS-FOUND TEST, SEE CR 19991651.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R.B. Williams, ASME PROGRAM ENGR. Date 6-5, 2001  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB I+I Co of Hartford, CT have inspected the components described in this Owner's Report during the period 6/6/01 to 6/6/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

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

Date 6/6/01

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

2R21-13

1. Owner Nuclear Management Company, LLC  
Name  
1717 Wakonade Dr. E, Welch, MN 55089  
Address

Date 3-23-01  
 Sheet 1 of 2

2. Plant Prairie Island  
Name  
Same  
Address

Unit N/A  
WO. 9812281  
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by Owner  
Name  
Same  
Address

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

4. Identification of System SN

5. (a) Applicable Construction Code NX-52173-1, <sup>Tech Manual</sup> — Edition, — Addenda, — Code Case  
Year

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

(c) Applicable Section XI Code Cases —

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
SNUBBER	BASIC ENGINEER	SNVB PI-398	—	—	—	CORRECTED	NO

7. Description of Work REPLACED VALVE BLOCK IN SNUBBER

8. Tests Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Exempt

Other  Pressure — psi Test Temp. — °F  
SEE REMARKS

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



9. Remarks RECEIPT INSPECTED PER PINGP 649. WILL BE FUNCTIONALLY TESTED TO  
Applicable Manufacturer's Data Reports to be attached  
LOCATION SPECIFIC ACCEPTANCE CRITERIA IN ACCORDANCE WITH ASME-OM-4  
PRIOR TO REINSTALLATION, ANII NOT NOTIFIED PRIOR TO PERFORMING WORK,  
SEE CR 20013195.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R.B. Williams, ASME PROGRAM ENGR. Date 6-5, 2001  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB I&E Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 6/6/01 to 6/6/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 AB NI, MN 039600-CO  
Inspector's Signature National Board, State, Province, and Endorsements  
Date 6/6/01

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

2R21-14

1. Owner Nuclear Management Company, LLC  
Name  
1717 Wakonade Dr. E, Welch, MN 55089  
Address

Date 3-23-01  
 Sheet 1 of 2

2. Plant Prairie Island  
Name  
Same  
Address

Unit N/A  
WO. 9812282  
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by Owner  
Name  
Same  
Address

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

4. Identification of System SN

5. (a) Applicable Construction Code NX-52173-1, <sup>Tech Manual</sup> — Edition, — Addenda, — Code Case  
Year

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

(c) Applicable Section XI Code Cases —

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
SNUBBER	BASIC ENGINEER	SNVB PI-401	—	—	—	CORRECTED	NO

7. Description of Work REPLACED VALVE BLOCK IN SNUBBER

8. Tests Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Exempt

Other  Pressure — psi Test Temp. — °F  
SEE REMARKS

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



9. Remarks RECEIPT INSPECTED PER PINGP 649. WILL BE FUNCTIONALLY TESTED TO  
Applicable Manufacturer's Data Reports to be attached  
LOCATION SPECIFIC ACCEPTANCE CRITERIA IN ACCORDANCE WITH ASME-OM-4  
PRIOR TO REINSTALLATION, ANII NOT NOTIFIED PRIOR TO PERFORMING WORK,  
SEE CR 20013195.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R.B. Williams, ASME PROGRAM ENGR. Date 6-5, 2001  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB I+I CO. of Hartford, CT have inspected the components described in this Owner's Report during the period 6/6/01 to 6/6/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

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

Date 6/6/01

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

2R21-15

1. Owner Nuclear Management Company, LLC  
Name  
1717 Wakonade Dr. E, Welch, MN 55089  
Address

Date 3-23-01  
 Sheet 1 of 2

2. Plant Prairie Island  
Name  
Same  
Address

Unit N/A  
WO. 9812400  
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by Owner  
Name  
Same  
Address

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

4. Identification of System SN

5. (a) Applicable Construction Code Tech Manual NX-52173-1, — Edition, — Addenda, — Code Case  
Year

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

(c) Applicable Section XI Code Cases —

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
SNUBBER	BASIC ENGINEER	SNVB PI-194	—	—	—	CORRECTED	NO

7. Description of Work REPLACED PISTON IN SNUBBER

8. Tests Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Exempt

Other  Pressure — psi Test Temp. — °F  
SEE REMARKS

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



9. Remarks RECEIPT INSPECTED PER PINGD 649. WILL BE FUNCTIONALLY TESTED TO  
Applicable Manufacturer's Data Reports to be attached  
LOCATION SPECIFIC ACCEPTANCE CRITERIA IN ACCORDANCE WITH ASME-OM-4  
PRIOR TO REINSTALLATION, ANII NOT NOTIFIED PRIOR TO PERFORMING WORK,  
SEE CR 20013195.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R.B. Williams, ASME PROGRAM ENGR. Date 6-5, 2001  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB I&I Co of Hartford, CT have inspected the components described in this Owner's Report during the period 6/6/01 to 6/6/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ABNI, MN 039600-CO  
Inspector's Signature National Board, State, Province, and Endorsements  
Date 6/6/01

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

2R21-16

1. Owner Nuclear Management Company, LLC  
Name  
1717 Wakonade Dr. E, Welch, MN 55089  
Address

Date 3-23-01

Sheet 1 of 2

2. Plant Prairie Island  
Name  
Same  
Address

Unit N/A

WO. 9901490  
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by Owner  
Name  
Same  
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System SN

5. (a) Applicable Construction Code NX-52173-1, <sup>Tech Manual</sup> — Edition, — Addenda, — Code Case  
Year

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

(c) Applicable Section XI Code Cases —

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
SNUBBER	BASIC ENGINEER	SNVB PI-491	—	—	—	CORRECTED	NO

7. Description of Work REPLACED CYLINDER IN SNUBBER

8. Tests Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Exempt

Other  Pressure — psi Test Temp. — °F  
SEE REMARKS

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



9. Remarks RECEIPT INSPECTED PER PINGP 649. WILL BE FUNCTIONALLY TESTED TO  
Applicable Manufacturer's Data Reports to be attached  
LOCATION SPECIFIC ACCEPTANCE CRITERIA IN ACCORDANCE WITH ASME-OM-4  
PRIOR TO REINSTALLATION, ANII NOT NOTIFIED PRIOR TO PERFORMING WORK,  
SEE CR 20013195.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R.B. Williams, ASME PROGRAM ENGR. Date 6-5, 2001  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB I + E Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 6/6/01 to 6/6/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

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

Date 6/6/01

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

2R21-17

1. Owner Nuclear Management Company, LLC  
Name  
1717 Wakonade Dr. E, Welch, MN 55089  
Address

Date 3-23-01  
 Sheet 1 of 2

2. Plant Prairie Island  
Name  
Same  
Address

Unit N/A  
WO. 9908351  
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by Owner  
Name  
Same  
Address

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

4. Identification of System SN

5. (a) Applicable Construction Code Tech Manual NX-52173-1, — Edition, — Addenda, — Code Case  
Year

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

(c) Applicable Section XI Code Cases —

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
SNUBBER	BASIC ENGINEER	SNVB PI-541	—	—	—	CORRECTED	NO

7. Description of Work REPLACED CYLINDER IN SNUBBER

8. Tests Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Exempt

Other  Pressure — psi Test Temp. — °F  
SEE REMARKS

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



9. Remarks RECEIPT INSPECTED PER PINGD 649. WILL BE FUNCTIONALLY TESTED TO  
Applicable Manufacturer's Data Reports to be attached  
LOCATION SPECIFIC ACCEPTANCE CRITERIA IN ACCORDANCE WITH ASME-OM-4  
PRIOR TO REINSTALLATION. ANII NOT NOTIFIED PRIOR TO PERFORMING WORK,  
SEE CR 20013195.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R.B. Williams ASME PROGRAM ENGR. Date 6-5, 2001  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Maine and employed by HSB I + I Co.

of Hartford, CT have inspected the components described in this Owner's Report during the period 6/7/01 to 6/7/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

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

Date 6/7/01

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

2R21-18

1. Owner Nuclear Management Company, LLC  
Name  
1717 Wakonade Dr. E, Welch, MN 55089  
Address

Date 3-23-01  
 Sheet 1 of 2

2. Plant Prairie Island  
Name  
Same  
Address

Unit N/A  
WO. 9905603  
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by Owner  
Name  
Same  
Address

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

4. Identification of System SN

5. (a) Applicable Construction Code Tech Manual NX-52173-1, — Edition, — Addenda, — Code Case  
Year

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

(c) Applicable Section XI Code Cases —

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
SNUBBER	BASIC ENGINEER	SNVB PE-84	—	—	—	CORRECTED	NO

7. Description of Work REPLACED CYLINDER AND ROD BUSHING

8. Tests Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Exempt

Other  Pressure — psi Test Temp. — °F  
SEE REMARKS

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



9. Remarks RECEIPT INSPECTED PER PING-P 649. WILL BE FUNCTIONALLY TESTED TO  
Applicable Manufacturer's Data Reports to be attached  
LOCATION SPECIFIC ACCEPTANCE CRITERIA IN ACCORDANCE WITH ASME-OM-4  
PRIOR TO REINSTALLATION, ANII NOT NOTIFIED PRIOR TO PERFORMING WORK,  
SEE CR 20013195.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R.B. Wilcox, ASME PROGRAM ENGR. Date 6-5, 2001  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB I & I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 6/7/01 to 6/7/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ABNE, MN039600-C0  
Inspector's Signature National Board, State, Province, and Endorsements

Date 6/7/01

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

2R21-19

1. Owner Nuclear Management Company, LLC Date 3-23-01  
Name  
1717 Wakonade Dr. E, Welch, MN 55089 Sheet 1 of 2  
Address

2. Plant Prairie Island Unit N/A  
Name  
Same WO. 0004268  
Address Repair/Replacement Organization P.O. No., Job No., etc.

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

4. Identification of System SN

5. (a) Applicable Construction Code NX-52173-1, <sup>Tech Manual</sup> — Edition, — Addenda, — Code Case  
Year  
 (b) Applicable Edition of Section XI Utilized for Repair/Replacement Activity 89  
Year  
 (c) Applicable Section XI Code Cases —

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
SNUBBER	BASIC ENGINEER	SNVB PI-570	—	—	—	CORRECTED	NO

7. Description of Work REPLACED CYLINDER IN SNUBBER

8. Tests Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Exempt

Other  Pressure — psi Test Temp. — °F  
SEE REMARKS

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



9. Remarks RECEIPT INSPECTED PER PING-P 649. WILL BE FUNCTIONALLY TESTED TO  
Applicable Manufacturer's Data Reports to be attached  
LOCATION SPECIFIC ACCEPTANCE CRITERIA IN ACCORDANCE WITH ASME-OM-4  
PRIOR TO REINSTALLATION, ANII NOT NOTIFIED PRIOR TO PERFORMING WORK,  
SEE CR 20013195.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R.B. Willard, ASME PROGRAM ENGR. Date 6-5, 2001  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 6/7/01 to 6/7/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

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

Date 6/7/01

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

2R21-20

1. Owner Nuclear Management Company, LLC Date 3-23-01  
Name  
1717 Wakonade Dr. E, Welch, MN 55089 Sheet 1 of 2  
Address
2. Plant Prairie Island Unit N/A  
Name  
Same WO. 0004269  
Address Repair/Replacement Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp N/A  
Name Authorization No. N/A  
Same Expiration Date N/A  
Address
4. Identification of System SN
5. (a) Applicable Construction Code Tech Manual NX-52173-1, — Edition, — Addenda, — Code Case  
Year  
 (b) Applicable Edition of Section XI Utilized for Repair/Replacement Activity 89  
Year  
 (c) Applicable Section XI Code Cases —

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
SNUBBER	BASIC ENGINEER	SNVB PI-42	—	—	—	CORRECTED	NO

7. Description of Work REPLACED PISTON, CYLINDER, AND ROD BUSHING IN SNUBBER
8. Tests Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Exempt

Other  Pressure \_\_\_\_\_ psi Test Temp. \_\_\_\_\_ °F  
SEE REMARKS

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



9. Remarks RECEIPT INSPECTED PER PING-P 649. WILL BE FUNCTIONALLY TESTED TO  
Applicable Manufacturer's Data Reports to be attached  
LOCATION SPECIFIC ACCEPTANCE CRITERIA IN ACCORDANCE WITH ASME-OM-4  
PRIOR TO REINSTALLATION, ANII NOT NOTIFIED PRIOR TO PERFORMING WORK,  
SEE CR 20013195.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R.B. Williams, ASME PROGRAM ENGR. Date 6-5, 2001  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB I & I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 6/7/01 to 6/7/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

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

Date 6/7/01

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

2R21-21

1. Owner Nuclear Management Company, LLC  
Name  
1717 Wakonade Dr. E, Welch, MN 55089  
Address

Date 3-23-01  
 Sheet 1 of 2

2. Plant Prairie Island  
Name  
Same  
Address

Unit N/A  
WO. 0004275  
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by Owner  
Name  
Same  
Address

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

4. Identification of System SN

5. (a) Applicable Construction Code Tech Manual NX-52173-1, — Edition, — Addenda, — Code Case  
Year

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

(c) Applicable Section XI Code Cases —

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
SNUBBER	BASIC ENGINEER	SNVB PI-85	—	—	—	CORRECTED	NO

7. Description of Work REPLACED PISTON AND CYLINDER IN SNUBBER

8. Tests Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Exempt

Other  Pressure — psi Test Temp. — °F  
SEE REMARKS

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



9. Remarks RECEIPT INSPECTED PER PINGP 649. WILL BE FUNCTIONALLY TESTED TO  
Applicable Manufacturer's Data Reports to be attached  
LOCATION SPECIFIC ACCEPTANCE CRITERIA IN ACCORDANCE WITH ASME-OM-4  
PRIOR TO REINSTALLATION, ANII NOT NOTIFIED PRIOR TO PERFORMING WORK,  
SEE CR 20013195.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R.B. Williams, ASME PROGRAM ENGR. Date 6-5, 2001  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB F & I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 6/7/01 to 6/7/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

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

Date 6/7/01

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

2R21-22

1. Owner Nuclear Management Company, LLC  
Name  
1717 Wakonade Dr. E, Welch, MN 55089  
Address

Date 3-23-01

Sheet 1 of 2

2. Plant Prairie Island  
Name  
Same  
Address

Unit N/A

WO. 0004276  
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by Owner  
Name  
Same  
Address

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

4. Identification of System SN

5. (a) Applicable Construction Code Tech Manual NX-52173-1, — Edition, — Addenda, — Code Case  
Year

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

(c) Applicable Section XI Code Cases —

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
SNUBBER	BASIC ENGINEER	SNVB PI-557	—	—	—	CORRECTED	NO

7. Description of Work REPLACED PISTON, CYLINDER, AND ROD BUSHING IN SNUBBER

8. Tests Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Exempt

Other  Pressure — psi Test Temp. — °F  
SEE REMARKS

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



9. Remarks RECEIPT INSPECTED PER PING-P 649. WILL BE FUNCTIONALLY TESTED TO  
Applicable Manufacturer's Data Reports to be attached  
LOCATION SPECIFIC ACCEPTANCE CRITERIA IN ACCORDANCE WITH ASME-OM-4  
PRIOR TO REINSTALLATION, ANII NOT NOTIFIED PRIOR TO PERFORMING WORK,  
SEE CR 20013195.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R.B. Williams ASME PROGRAM ENGR. Date 6-5, 2001  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB E & I CO. of Hartford, CT have inspected the components described in this Owner's Report during the period 6/7/01 to 6/7/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ABNI, MN 039600-CO  
Inspector's Signature National Board, State, Province, and Endorsements  
Date 6/7/01

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

2R21-23

1. Owner Nuclear Management Company, LLC  
Name  
1717 Wakonade Dr. E, Welch, MN 55089  
Address

Date 3-23-01

Sheet 1 of 2

2. Plant Prairie Island  
Name  
Same  
Address

Unit N/A

WO. 9901482  
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by Owner  
Name  
Same  
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System SN

5. (a) Applicable Construction Code Tech Manual NX-52173-1, — Edition, — Addenda, — Code Case  
Year

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

(c) Applicable Section XI Code Cases —

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
SNUBBER	BASIC ENGINEER	SNVB PI-475	—	—	—	CORRECTED	NO

7. Description of Work REPLACED PISTON, CYLINDER, AND ROD BUSHING IN SNUBBER

8. Tests Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Exempt

Other  Pressure — psi Test Temp. — °F  
SEE REMARKS

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



9. Remarks RECEIPT INSPECTED PER PINGP 649. WILL BE FUNCTIONALLY TESTED TO  
Applicable Manufacturer's Data Reports to be attached  
LOCATION SPECIFIC ACCEPTANCE CRITERIA IN ACCORDANCE WITH ASME-OM-4  
PRIOR TO REINSTALLATION, ANII NOT NOTIFIED PRIOR TO PERFORMING WORK,  
SEE CR 20013195.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R.B. Williams, ASME PROGRAM ENGR. Date 6-5, 2001  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB I+I Co. of Hartford, CT

have inspected the components described in this Owner's Report during the period 6/6/01 to 6/6/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ABNI, MN 039600-C0  
Inspector's Signature National Board, State, Province, and Endorsements  
Date 6/6/01

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

2R21-24

1. Owner Nuclear Management Company, LLC  
Name  
1717 Wakonade Dr. E, Welch, MN 55089  
Address

Date 3-23-01  
 Sheet 1 of 2

2. Plant Prairie Island  
Name  
Same  
Address

Unit N/A  
WO. 9812525  
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by Owner  
Name  
Same  
Address

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

4. Identification of System SN

5. (a) Applicable Construction Code Tech Manual NX-52173-1, — Edition, — Addenda, — Code Case  
Year

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

(c) Applicable Section XI Code Cases —

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
SNUBBER	BASIC ENGINEER	SNVB PI-481	—	—	—	CORRECTED	NO

7. Description of Work REPLACED PISTON AND CYLINDER IN SNUBBER

8. Tests Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Exempt

Other  Pressure — psi Test Temp. — °F  
SEE REMARKS

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



9. Remarks RECEIPT INSPECTED PER PINGP 649. WILL BE FUNCTIONALLY TESTED TO  
Applicable Manufacturer's Data Reports to be attached  
LOCATION SPECIFIC ACCEPTANCE CRITERIA IN ACCORDANCE WITH ASME-OM-4  
PRIOR TO REINSTALLATION, ANII NOT NOTIFIED PRIOR TO PERFORMING WORK,  
SEE CR 20013195.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A  
 Certificate of Authorization No. N/A Expiration Date N/A  
 Signed R.B. Willard, ASME PROGRAM ENGR. Date 6-5, 2001  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB I + I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 6/6/01 to 6/6/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ABNI, MN <sup>RC664</sup> 039600-CO  
Inspector's Signature National Board, State, Province, and Endorsements  
 Date 6/6/01

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

2R21-25

Owner NORTHERN STATES POWER / XCEL Date APRIL 4, 2001  
Name  
414 NICOLETT MALL, MINNEAPOLIS, MN Sheet 1 of 2  
Address  
 2. Plant PRAIRIE ISLAND Unit 1  
Name  
1717 WAKONADE DR. E., WELCH, MN WORK ORDER 0104183  
Address Repair/Replacement Organization P.O. No., Job No., etc.  
 3. Work Performed by OWNER Type Code Symbol Stamp N/A  
Name Authorization No. N/A  
Address Expiration Date N/A  
 4. Identification of System COOLING WATER  
 5. (a) Applicable Construction Code N/A Spec# M48041 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ Code Case  
Year  
 (b) Applicable Edition of Section XI Utilized for Repair/Replacement Activity 1989  
Year  
 (c) Applicable Section XI Code Cases NONE

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
121 COOLING WATER PUMP	WORTHINGTON		—	045-091		REMOVED	NO
121 COOLING WATER PUMP	WORTHINGTON		—	045-091		INSTALLED	NO

7. Description of Work PUMP REPLACEMENT

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

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

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



E00030

9. Remarks REPLACEMENT PUMP WAS OVERHALLED IN 1991  
Applicable Manufacturer's Data Reports to be attached  
UNDER ALTERATION 88A021.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R. B. Williams ASME PROGRAM ENGR. Date 5-24, 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 Minnesota and employed by HSB I+I Co of Hartford, CT have inspected the components described in this Owner's Report during the period 4/4/01 to 5/3/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

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

Date 5/31/01

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

1. Owner Northern States Power/Xcel Energy Date 4-24-01  
Name  
1717 Wakonade Dr. E, Welch, MN 55089 Sheet 1 of 2  
Address
2. Plant Prairie Island Unit N/A  
Name  
Same WO. 0101492  
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp N/A  
Name Authorization No. N/A  
SAME Expiration Date N/A  
Address
4. Identification of System SN
5. (a) Applicable Construction Code B31.1 rev 7/6/49 67 Edition,      Addenda,      Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SPARE SNUBBER	BASIC ENGINEER	SNUB PI-218	—	—	—	REPAIRED	NO

7. Description of Work REFURBISHED SNUBBER, REPLACED PISTON + CYLINDER
8. Tests Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure   
 Other  Pressure      psi Test Temp.      °F  
SEE REMARKS

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

FORM NIS-2 (Back)

9. Remarks RECEIPT INSPECTED PER PINGP 649, WILL BE FUNCTIONALLY  
Applicable Manufacturer's Data Reports to be attached  
TESTED PRIOR TO REINSTALLATION PER ASME OM-4.

**CERTIFICATE OF COMPLIANCE** *RC 79011*

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

Type Code Symbol Stamp N/A

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

Signed R. B. Williams ASME PROGRAM ENGR. Date 7-27-01, 1901  
Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 7/24/01 to 7/30/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

R. B. Williams Commissions NB 11872 AB NE, AN 039600-CO  
Inspector's Signature National Board, State, Province, and Endorsements

Date 7/30/01

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

2R21-27

1. Owner Nuclear Management Company, LLC Date 4-27-01  
Name  
1717 Wakonade Dr. E, Welch, MN 55089 Sheet 1 of 2  
Address

2. Plant Prairie Island Unit 2  
Name  
Same Address WO. 0104419  
Address Repair/Replacement Organization P.O. No., Job No., etc.

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

4. Identification of System VC (Code Class 2)

5. (a) Applicable Construction Code 2M4B053 (SEE REMARKS), — Edition, — Addenda, — Code Case  
Year

(b) Applicable Edition of Section XI Utilized for Repair/Replacement Activity 09  
Year

(c) Applicable Section XI Code Cases —

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
ZI CHARGING PUMP	AJAX (COOPER INDUS)	T-150	—	245-041	—	CORRECTED	NO
PACKING	AJAX	#19	—	—	—	REMOVED	NO
PACKING	AJAX	#20	—	—	—	REMOVED	NO
PACKING	AJAX	#21	—	—	—	REMOVED	NO
PACKING	AJAX	#22	—	—	—	INSTALLED	NO
PACKING	AJAX	#23	—	—	—	INSTALLED	NO
PACKING	AJAX	#24	—	—	—	INSTALLED	NO

7. Description of Work REPLACED PUMP BLOCK, PACKING STUDS, AND MANIFOLD STUDS

8. Tests Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Exempt

Other  Pressure — psi Test Temp. — °F  
SEE REMARKS

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



9. Remarks ORIGINAL DESIGN SPEC (2m48053) REFERENCES ASTM, ASME SEC. III, SEC. VIII,  
Applicable Manufacturer's Data Reports to be attached  
AND SER. IX. ALTHOUGH THERE ARE NO CODE REQUIRED TESTS, LEAKAGE  
INSPECTIONS ARE PERFORMED AS PMT PER THIS WO.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R.B. Willett, ASME PROGRAM ENGR. Date 6-4, 2001  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province  
of Minnesota and employed by HSB I & I Co.  
of Hartford, CT have inspected the components described  
in this Owner's Report during the period 4/27/01 to 6/17/01, 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 the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ABNI, MN 039600-CO  
Inspector's Signature National Board, State, Province, and Endorsements  
Date 6/17/01

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

2R21-28

1. Owner Nuclear Management Company, LLC Date 5-4-01  
Name  
1717 Wakonade Dr. E, Welch, MN 55089 Sheet 1 of 2  
Address

2. Plant Prairie Island Unit N/A  
Name  
Same NO. 9812693  
Address Repair/Replacement Organization P.O. No., Job No., etc.

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

4. Identification of System SN

5. (a) Applicable Construction Code B31.1 <sup>Tech Manual NX-52173-1</sup> 2006 Edition, 67 Addenda, --- Code Case  
Year  
 (b) Applicable Edition of Section XI Utilized for Repair/Replacement Activity 89  
Year  
 (c) Applicable Section XI Code Cases ---

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
SNUBBER	BASIC ENGINEER	SNVBS PI-20	---	---	---	CORRECTED	NO.

7. Description of Work REPLACE PISTON AND ROD IN SNUBBER

8. Tests Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Exempt

Other  Pressure \_\_\_\_\_ psi Test Temp. \_\_\_\_\_ °F  
SEE REMARKS

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



FORM NIS-2 (Back)

9. Remarks RECEIPT INSPECTED PER PING-P 649. WILL BE FUNCTIONALLY TESTED TO  
Applicable Manufacturer's Data Reports to be attached  
LOCATION SPECIFIC ACCEPTANCE CRITERIA PER ASME OM-4 PRIOR TO <sup>712</sup> REINSTALLATION  
AND NOT NOTIFIED PRIOR TO PERFORMING WORK, SEE CR 20013195.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R.B. Willett, ASME PROGRAM ENGR. Date 6-5, 2001  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB E&I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 6/1/01 to 6/1/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

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

Date 6/1/01

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

2R21-29

1. Owner Nuclear Management Company, LLC Date 5-7-01  
Name  
1717 Wakonade Dr. E, Welch, MN 55089 Sheet 1 of 2  
Address

2. Plant Prairie Island Unit N/A  
Name  
Same WO. 0004277  
Address Repair/Replacement Organization P.O. No., Job No., etc.

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

4. Identification of System SN  
Tech Manual NX-52173-1

5. (a) Applicable Construction Code B31.1 710 6-4-01 07 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ Code Case  
Year  
 (b) Applicable Edition of Section XI Utilized for Repair/Replacement Activity 89  
Year  
 (c) Applicable Section XI Code Cases \_\_\_\_\_

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
SNUBBER	BASIC ENGINEER	SNUB PI-580	—	—	—	CORRECTED	NO

7. Description of Work REPLACED CYLINDER AND ROD BUSHING IN SNUBBER

8. Tests Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Exempt

Other  Pressure \_\_\_\_\_ psi Test Temp. \_\_\_\_\_ °F  
SEE REMARKS

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



FORM NIS-2 (Back)

9. Remarks RECEIPT INSPECTED PER PINGP 649. WILL BE FUNCTIONALLY TESTED TO LOCATION  
Applicable Manufacturer's Data Reports to be attached  
SPECIFIC ACCEPTANCE CRITERIA PER ASME GM-4 PRIOR TO REINSTALLATION.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R.B. Wilcox, ASME PROGRAM ENGR. Date 6-5, 2001  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 6/1/01 to 6/1/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

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

Date 6/1/01

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

2R21-30

1. Owner Nuclear Management Company, LLC Date 5-8-01  
Name  
1717 Wakonade Dr. E, Welch, MN 55089 Sheet 1 of 2  
Address

2. Plant Prairie Island Unit N/A  
Name  
Same WO. 0100760  
Address Repair/Replacement Organization P.O. No., Job No., etc.

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

4. Identification of System SN

5. (a) Applicable Construction Code 831.1, 703.4.9 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ Code Case  
Year  
 (b) Applicable Edition of Section XI Utilized for Repair/Replacement Activity 89  
Year  
 (c) Applicable Section XI Code Cases \_\_\_\_\_

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
SNUBBER	BASIC ENGINEER	SNUB PI-552	—	—	—	CORRECTED	NO

7. Description of Work REPLACED PISTON, ROD BUSHING, AND CYLINDER IN SNUBBER

8. Tests Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Exempt

Other  Pressure \_\_\_\_\_ psi Test Temp. \_\_\_\_\_ °F  
SEE REMARKS

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



9. Remarks RECEIPT INSPECTED PER PINGP 649. WILL BE FUNCTIONALLY TESTED TO  
Applicable Manufacturer's Data Reports to be attached  
LOCATION SPECIFIC ACCEPTANCE CRITERIA IN ACCORDANCE WITH ASME OM-4  
PRIOR TO REINSTALLATION.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R. B. Williams, ASME PROGRAM ENGR. Date 6-5, 2001  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB E&I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 6/11/01 to 6/11/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

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

Date 6/11/01

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

1. Owner Northern States Power/Xcel Energy Date 5-12-01  
Name  
1717 Wakonade Dr. E, Welch, MN 55089 Sheet 1 of 2  
Address
2. Plant Prairie Island Unit N/A  
Name NO. 0101503  
Address Same Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp N/A  
Name Same Address Authorization No. N/A  
 Expiration Date N/A
4. Identification of System SN
5. (a) Applicable Construction Code B31.1 <sup>NX-52173-1</sup> 1967 Edition, — Addenda, — Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989 <sup>Reloc 7/84/1</sup>

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
VALVE BLOCK	BASIC ENGINEER	SNUB PE-324	—	259719	—	REPLACED	No

7. Description of Work REFURBISHED SNUBBER

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

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

FORM NIS-2 (Back)

9. Remarks RECEIPT INSPECTED PER PINGP 649, WILL BE FUNCTIONALLY TESTED  
Applicable Manufacturer's Data Reports to be attached  
IN ACCORDANCE WITH ASME OM-4 PRIOR TO INSTALLATION

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this Repair conforms to the rules of the ASME Code, Section XI. <sup>R. C. W. 7/30/01</sup>  
~~repair or replacement.~~

Type Code Symbol Stamp N/A

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

Signed R. B. Williams ASME PROGRAM ENGR. Date 7-27-01  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 5/16/01 to 7/30/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]  
Inspector's Signature

Commissions NB 11872 ABNI, MA039600-CO  
National Board, State, Province, and Endorsements

Date 7/30/01

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

2R21-32

1. Owner Nuclear Management Company, LLC Date 5-18-01  
Name  
1717 Wakonade Dr. E, Welch, MN 55089 Sheet 1 of 2  
Address
2. Plant Prairie Island Unit N/A  
Name  
Same WO. 0101171  
Address Repair/Replacement Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp N/A  
Name Authorization No. N/A  
Same Expiration Date N/A  
Address
4. Identification of System VC (CODE CLASS 2)
5. (a) Applicable Construction Code B31.1, Spec file 2M48053 Rev 5-25-01 Edition, 67 Addenda, — Code Case  
Year  
 (b) Applicable Edition of Section XI Utilized for Repair/Replacement Activity 89  
Year  
 (c) Applicable Section XI Code Cases —

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
PACKING	AJAX	#1	—	—	—	CORRECTED	NO
PACKING	AJAX	#2	—	—	—	CORRECTED	NO
PACKING	AJAX	#3	—	—	—	CORRECTED	NO

7. Description of Work REPLACED PLUNGERS IN CHARGING PUMP PACKING

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

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



FORM NIS-2 (Back)

9. Remarks ANI NOT NOTIFIED PRIOR TO PERFORMING WORK, SEE CR 20013195  
Applicable Manufacturer's Data Reports to be attached

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

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R. B. Williams, ASME PROGRAM ENGR. Date 5-25, 2001  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by MSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 5/25/01 to 5/25/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 AB NE, MN 039600-CO  
Inspector's Signature National Board, State, Province, and Endorsements  
Date 5/25/01

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

2R21-33

1. Owner Nuclear Management Company, LLC Date 5-18-01  
Name  
1717 Wakonade Drive East, Welch, MN 55089 Sheet 1 of 2  
Address

2. Plant Prairie Island Nuclear Generating Plant Unit n/a  
Name  
same 0101488  
Address Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by owner Type Code Symbol Stamp n/a  
Name Authorization No. n/a  
Address Expiration Date n/a

4. Identification of System SN

5. (a) Applicable Construction Code NX-52173-1, Year Edition, 1989 Addenda, none Code Case  
Year  
 (b) Applicable Edition of Section XI Utilized for Repair/Replacement Activity 1989  
Year  
 (c) Applicable Section XI Code Cases none

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
snubber	Basic Engineer			PI-57		corrected	no

7. Description of Work Replaced piston, cylinder, valve block and rod bushing.

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

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

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



to location specific acceptance criteria

9. Remarks Receipt Inspected per PINGP 649. Snubber will be functionally tested per ASME OM-4 prior to reinstallation.

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R.B. Williams ASME PROGRAM ENGR. Date 9-17, 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 Minnesota and employed by HSB E+I Co. of Hartford, CT

have inspected the components described in this Owner's Report during the period 5/18/01 to 9/18/01, 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 the ASME Code, Section XI.

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

Inspector's Signature Commissions NB 11872 AB NI, MN 039600-00
National Board, State, Province, and Endorsements

Date 9/18/01

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

2R21-34

1. Owner Nuclear Management Company, LLC Date 5-23-01  
Name  
1717 Wakonade Dr. E, Welch, MN 55089 Sheet 1 of 2  
Address
2. Plant Prairie Island Unit N/A  
Name  
Same WO. 0101491  
Address Repair/Replacement Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp N/A  
Name Authorization No. N/A  
Same Expiration Date N/A  
Address
4. Identification of System SN
5. (a) Applicable Construction Code B31.1, 67 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ Code Case  
Year  
 (b) Applicable Edition of Section XI Utilized for Repair/Replacement Activity 89  
Year  
 (c) Applicable Section XI Code Cases \_\_\_\_\_

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
SNUBBER	BASIC ENGINEER	SNVB PI-237	—	—	—	CORRECTED	NO

7. Description of Work REFURBISHED SNUBBER
8. Tests Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Exempt
- Other  Pressure \_\_\_\_\_ psi Test Temp. \_\_\_\_\_ °F  
SEE REMARKS

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



FORM NIS-2 (Back)

9. Remarks RECEIPT INSPECTED PER PINGP 649. WILL BE FUNCTIONALLY TESTED TO  
Applicable Manufacturer's Data Reports to be attached  
LOCATION SPECIFIC ACCEPTANCE CRITERIA IN ACCORDANCE WITH ASME OM-4  
PRIOR TO REINSTALLATION.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R.B. Williams ASME PROGRAM ENGR. Date 5-25, 2001  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB I+I Co of Hartford, CT have inspected the components described in this Owner's Report during the period 4/12/01 to 5/25/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

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

Date 5/25/01

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

2R21-35

1. Owner Nuclear Management Company, LLC Date 5-23-01  
Name  
1717 Wakonade Dr. E, Welch, MN 55089 Sheet 1 of 2  
Address

2. Plant Prairie Island Unit N/A  
Name  
Same WO. 0101493  
Address Repair/Replacement Organization P.O. No., Job No., etc.

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

4. Identification of System SN

5. (a) Applicable Construction Code B31.1 <sup>NK-52/73-1</sup>, 67 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ Code Case  
Year  
 (b) Applicable Edition of Section XI Utilized for Repair/Replacement Activity 89  
Year  
 (c) Applicable Section XI Code Cases \_\_\_\_\_

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
SNUBBER	BASIC ENGINEER	SNVB PI-291	_____	✓	_____	CORRECTED	NO

7. Description of Work REFURBISHED SNUBBER - REPLACED CYLINDER, ROD BUSHING, & PISTON.

8. Tests Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Exempt

Other  Pressure \_\_\_\_\_ psi Test Temp. \_\_\_\_\_ °F  
SEE REMARKS

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



FORM NIS-2 (Back)

9. Remarks RECEIPT INSPECTED PER PINGP 649. WILL BE FUNCTIONALLY TESTED TO LOCATION  
Applicable Manufacturer's Data Reports to be attached  
SPECIFIC ACCEPTANCE CRITERIA IN ACCORDANCE WITH ASME OM-4 PRIOR TO  
REINSTALLATION).

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R.B. Willard ASME PROGRAM ENGR. Date 9-18, 2001  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB I & I Co. of Hartford, CT

have inspected the components described in this Owner's Report during the period 5/23/01 to 9/19/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

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

Date 9/19/01

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

2R21-36

1. Owner Nuclear Management Company, LLC Date 5-23-01  
Name  
1717 Wakonade Dr. E, Welch, MN 55089 Sheet 1 of 2  
Address
2. Plant Prairie Island Unit N/A  
Name  
Same Address WD. 0101466  
Address Repair/Replacement Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp N/A  
Name Authorization No. N/A  
Same Address Expiration Date N/A  
Address
4. Identification of System SN
5. (a) Applicable Construction Code B31.1, 67 Edition,      Addenda,      Code Case  
Year  
 (b) Applicable Edition of Section XI Utilized for Repair/Replacement Activity 89  
Year  
 (c) Applicable Section XI Code Cases

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
SNUBBER	BASIC ENGINEER	SNUB PI-533	—	—	—	CORRECTED	NO

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

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



9. Remarks RECEIPT INSPECTED PER PINGP 649. WILL BE FUNCTIONALLY TESTED TO  
Applicable Manufacturer's Data Reports to be attached  
LOCATION SPECIFIC ACCEPTANCE CRITERIA IN ACCORDANCE WITH ASME om-4 PRIOR TO  
REINSTALLATION.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R.B. Williams ASME PROGRAM ENGR. Date 8-27, 01  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB I + E Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 5/23/01 to 8/28/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

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

Date 8/28/01

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

2R21-37

1. Owner Nuclear Management Company, LLC  
Name  
1717 Wakonade Dr. E, Welch, MN 55089  
Address

Date 5-23-01  
 Sheet 1 of 2

2. Plant Prairie Island  
Name  
Same  
Address

Unit N/A  
WO. 0101487  
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by Owner  
Name  
Same  
Address

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

4. Identification of System SN

5. (a) Applicable Construction Code B31.1 & TECH. MANUAL NX-50173-1, 67 Edition, Addenda, Code Case  
Year

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

(c) Applicable Section XI Code Cases \_\_\_\_\_

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
SNUBBER	BASIC ENGINEER	SNVB PI-141	—	—	—	CORRECTED	NO

7. Description of Work REFURBISHED SNUBBER (VALVE BLOCK & PISTON)

8. Tests Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Exempt

Other  Pressure \_\_\_\_\_ psi Test Temp. \_\_\_\_\_ °F  
SEE REMARKS

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



9. Remarks RECEIPT INSPECTED PER PING-P 649. WILL BE FUNCTIONALLY TESTED TO LOCATION  
Applicable Manufacturer's Data Reports to be attached  
SPECIFIC ACCEPTANCE CRITERIA IN ACCORDANCE WITH ASME OM-4 PRIOR TO REINSTALLATION.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R. B. Wilkins, ASME PROGRAM ENGR. Date 9-17, 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 Minnesota and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 5/23/01 to 9/18/01, 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 the ASME Code, Section XI.

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

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

Date 9/18/01

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

2R21-38

1. Owner XCEL ENERGY Date 5/25/01  
Name  
1717 WAKONADE DR. E., WELCH, MN  
Address
2. Plant DRAIRIE ISLAND NUCLEAR PLANT Unit 2  
Name  
1717 WAKONADE DRIVE, WELCH MN 0107485  
Address Repair/Replacement Organization P.O. No., Job No., etc.
3. Work Performed by OWNER (NMC) Type Code Symbol Stamp N/A  
Name Authorization No. N/A  
Address Expiration Date N/A
4. Identification of System Z1 PRESSURIZED (ID # 263-011)
5. (a) Applicable Construction Code ASME III, 1965 Edition, Addenda, W-66 Code Case 1401  
Year  
 (b) Applicable Edition of Section XI Utilized for Repair/Replacement Activity 1989  
Year  
 (c) Applicable Section XI Code Cases NONE

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
PRZ	WESTINGHOUSE	1191	68-57	ID# 263-011	1971	CORRECTED	YES

7. Description of Work REMOVE BY BLENDING SURFACE INDICATIONS.
8. Tests Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Exempt   
 Other  Pressure 2235 psi Test Temp. 547 °F W.O. 0107444

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



FORM NIS-2 (Back)

9. Remarks

Applicable Manufacturer's Data Reports to be attached

---



---



---



---



---



---



---

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

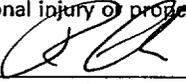
Certificate of Authorization No. N/A Expiration Date N/A

Signed R.B. Williams, ASME PROGRAM ENGR. Date 6-5, 2001  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB I&I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 5/25/01 to 7/13/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

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

Date 7/13/01

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

2R21-39

1. Owner NUCLEAR MANAGEMENT CO. Date 5-25-01  
Name  
1717 WAKONAOE DR. E., WELCH, MN Sheet 1 of 2  
Address
2. Plant PRAIRIE ISLAND N.G.P. Unit 2  
Name  
SAME Address 0107335<sup>46</sup> RD  
Address 5-25-01  
Repair/Replacement Organization P.O. No., Job No., etc.
3. Work Performed by OWNER Type Code Symbol Stamp N/A  
Name Authorization No. N/A  
Address Expiration Date N/A
4. Identification of System REACTOR COOLANT (CODE CLASS 1)
5. (a) Applicable Construction Code ASME III, 1965 Edition, W-66 Addenda, 1401 Code Case  
Year  
 (b) Applicable Edition of Section XI Utilized for Repair/Replacement Activity 1989  
Year  
 (c) Applicable Section XI Code Cases —

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
<u>21 PRESSURIZER</u>	<u>WESTINGHOUSE</u>	<u>1191</u>	<u>68-57</u>	<u>263-011</u>	<u>1971</u>	<u>CORRECTED</u>	<u>YES</u>

7. Description of Work REPLACED (2) STUD ASSEMBLIES ON MANWAY
8. Tests Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Exempt   
 Other  Pressure 2235 psi Test Temp. 547 °F W.O. 0107444

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



FORM NIS-2 (Back)

9. Remarks

Applicable Manufacturer's Data Reports to be attached

---



---



---



---



---



---



---



---

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R.B. Williams, ASME PROGRAM ENGR. Date 6-5, 2001  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB F+I Co of Hartford, CT have inspected the components described in this Owner's Report during the period 5/21/01 to 6/11/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

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

Date 6/11/01

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

2R21-40

1. Owner Nuclear Management Company, LLC Date 5-27-01  
Name  
1717 Wakonade Drive East, Welch, MN 55089  
Address

2. Plant Prairie Island Unit 2  
Name  
same Address work orders 0107343 & 0107444  
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by owner Type Code Symbol Stamp na  
Name Authorization No. na  
Address Expiration Date na

4. Identification of System Reactor Coolant (code class 1)

5. (a) Applicable Construction Code ASME III, 1965 Edition, W66 Addenda, none Code Case  
Year  
 (b) Applicable Edition of Section XI Utilized for Repair/Replacement Activity 1989  
Year  
 (c) Applicable Section XI Code Cases none

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
21 Steam Generator	Westinghouse	1181	68-39	234-011	1970	corrected	yes

7. Description of Work Replaced primary manway fasteners.

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

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

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



E00030

9. Remarks \_\_\_\_\_  
 Applicable Manufacturer's Data Reports to be attached \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp n/a

Certificate of Authorization No. n/a Expiration Date n/a

Signed R. B. Williams ASME PROGRAM ENGR. Date 6-5, 2001  
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB F & I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 5/21/01 to 6/12/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ABNE, MN039600-CO  
 Inspector's Signature National Board, State, Province, and Endorsements  
 Date 6/12/01

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

2R21-41

1. Owner Nuclear Management Company, LLC  
Name  
1717 Wakonade Dr. E., Welch, MN 55089  
Address

Date 6/15/01

Sheet 1 of 2

2. Plant Prairie Island  
Name  
Same  
Address

Unit N/A

WO 0107484  
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by Owner  
Name  
Same  
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System VC (Code Class 2)

5. (a) Applicable Construction Code Spec File 2M4805, XH-1-306 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ Code Case  
Year

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

(c) Applicable Section XI Code Cases \_\_\_\_\_

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
Packing	Ajax	#19				Corrected	No
Packing	Ajax	#20				Corrected	No
Packing	Ajax	#21				Corrected	No

7. Description of Work Replaced Plungers in charging pump packing

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

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



9. Remarks \_\_\_\_\_  
 Applicable Manufacturer's Data Reports to be attached

---



---



---



---



---



---



---

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R.B. Willard ASME PROGRAM ENGR. Date 7-9, 2001  
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB F + F Co. of Hartford, CT

\_\_\_\_\_ have inspected the components described in this Owner's Report during the period 6/18/01 to 7/19/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

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

Date 7/10/01

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

2R21-42

1. Owner Nuclear Management Company  
Name  
1717 Wakonade Dr. E., Welch, MN 55089  
Address

Date 6/22/01  
 Sheet 1 of 2

2. Plant Prairie Island  
Name  
Same  
Address

Unit N/A  
WO. 0101974  
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by Owner  
Name  
Same  
Address

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

4. Identification of System VC (Code Class 2)

5. (a) Applicable Construction Code Spec File 2M4805, Year          Edition,          Addenda,          Code Case  
 (b) Applicable Edition of Section XI Utilized for Repair/Replacement Activity 1989  
Year  
 (c) Applicable Section XI Code Cases         

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
Packing	Ajax	#16				Corrected	No
Packing	Ajax	#17				Corrected	No
Packing	Ajax	#18				Corrected	No

7. Description of Work Replaced Plungers in Charging Pump Packing

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

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

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



FORM NIS-2 (Back)

9. Remarks *re stabler*  
*Rebuilt for Spare*

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R.B. Willard *ASME PROGRAM ENGR.* Date 8-21-01  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB I & E Co. of Hartford, CT

have inspected the components described in this Owner's Report during the period 7/2/01 to 8/21/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB11872 ABNI, MN 039600-CO  
Inspector's Signature National Board, State, Province, and Endorsements

Date 8/21/01

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

2R21-43

1. Owner Nuclear Management Company  
Name  
1717 Wakonade Dr. E., Welch, MN 55089  
Address

Date 7/3/01  
 Sheet 1 of 2

2. Plant Prairie Island  
Name  
Same  
Address

Unit N/A  
 WO. 9901457  
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by Owner  
Name  
Same  
Address

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

4. Identification of System SN

5. (a) Applicable Construction Code NX-52173-1 Tech Manual Revis,        Edition,        Addenda,        Code Case  
Year

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

(c) Applicable Section XI Code Cases       

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
Snubber	Basic Engineer	Snub PI-70				Corrected	No

7. Description of Work Replaced piston in snubber

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

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



9. Remarks Receipt inspected per PINGP 649.

Applicable Manufacturer's Data Reports to be attached

Snubber will be functionally tested to location specific acceptance criteria in accordance with ASME OM-4 prior to reinstallation.

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

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

Signed R.B. Williams ASME PROGRAM ENGR. Date 7-31-01  
Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB I+I Co. of Hartford, CT

\_\_\_\_\_ have inspected the components described in this Owner's Report during the period 7/03/01 to 8/2/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

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

Date 8/2/01

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

2R21-44

1. Owner Nuclear Management Company  
Name  
1717 Wakonade Dr. E., Welch, MN 55089  
Address

Date 7/5/01

Sheet 1 of 2

2. Plant Prairie Island  
Name  
Same  
Address

Unit 2

WO. 0107591, CR 20019701  
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by Owner  
Name  
Same  
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System VC (Code Class 2)

5. (a) Applicable Construction Code B31.1, 1967 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ Code Case  
Year

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

(c) Applicable Section XI Code Cases \_\_\_\_\_

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
Pipe Restraint	Basic Engineer			2-RCVCH-1729		Corrected	No

7. Description of Work Added shim to restraint to support lateral load.

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

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

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



E00030

9. Remarks

Applicable Manufacturer's Data Reports to be attached

---



---



---



---



---



---



---



---

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R.B. Willett, ASME PROGRAM ENGR. Date 7-10, 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 Minnesota and employed by HSB E + F Co of Hartford, CT have inspected the components described in this Owner's Report during the period 5/30/01 to 7/10/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

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

Date 7/10/01

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

2R21-45

1. Owner Nuclear Management Company Date 7/10/01  
Name  
1717 Wakonade Dr. E., Welch, MN 55089  
Address
2. Plant Prairie Island Unit 2  
Name  
Same WO. 0101758  
Address Repair/Replacement Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp N/A  
Name Authorization No. N/A  
Same Expiration Date N/A  
Address
4. Identification of System VC (Code Class 2)
5. (a) Applicable Construction Code Spec 2M48053, Year Edition, Addenda, Code Case  
 (b) Applicable Edition of Section XI Utilized for Repair/Replacement Activity 1989  
Year  
 (c) Applicable Section XI Code Cases

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
23 Charging Pump	Ajax	T-150		245-043		Corrected	No
Packing	Ajax	#10				Removed	No
Packing	Ajax	#11				Removed	No
Packing	Ajax	#12				Removed	No
Packing	Ajax	#19				Installed	No
Packing	Ajax	#20				Installed	No
Packing	Ajax	#21				Installed	No

7. Description of Work See Remarks
8. Tests Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Exempt   
 Other  Pressure \_\_\_\_\_ psi Test Temp. \_\_\_\_\_ °F

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

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



E00030

FORM NIS-2 (Back)

9. Remarks Replaced the following pressure retaining components: block, suction manifold studs, suction manifold nuts, discharge manifold studs,  
Applicable Manufacturer's Data Reports to be attached  
discharge manifold nuts, and packing studs. Welded hood pan to block. Replaced packing per Section 6 of this form.

Original Design Spec (2M48053) references ASTM, ASME Sec. III, Sec. VIII, and Sec. IX. Although there are no code required tests, leakage inspections  
are performed as post maintenance testing per this work order.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R.B. Williams ASME PROGRAM ENGR. Date 8-3-2001  
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB I&IC of Hartford, CT have inspected the components described in this Owner's Report during the period 6/15/01 to 8/7/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

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

Date 8/7/01

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

2R21-46

1. Owner Nuclear Management Company, LLC  
Name

Date 7/18/01

1717 Wakonade Dr. E Welch, MN 55089  
Address

Sheet 1 of 2

2. Plant Prairie Island  
Name

Unit N/A

Same  
Address

WO 9901465  
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by Owner  
Name

Type Code Symbol Stamp N/A

Same  
Address

Authorization No. N/A

Expiration Date N/A

4. Identification of System SN

5. (a) Applicable Construction Code NX-52173-1, Year 89 Edition, Re 9/18/01 Addenda, None Code Case

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

(c) Applicable Section XI Code Cases None

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
Snubber	Basic Engineer	<del>PE-415</del> PE-415				Corrected	No

7. Description of Work Replace piston in snubber.

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

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

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



E00030

9. Remarks Recit inspected per PINGP 649. Will be functionally tested to location specific acceptance criteria in accordance with ASME OM-4

Applicable Manufacturer's Data Reports to be attached

prior to reinstallation.

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

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

Signed R.B. Willard, ASME PROGRAM ENGR. Date 9-17, 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 Minnesota and employed by HSB I+I Co. of Hartford, CT

have inspected the components described in this Owner's Report during the period 7/23/01 to 9/18/01, 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 the ASME Code, Section XI.

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

[Signature]  
Inspector's Signature

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

Date 9/18/01

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

2R21-47

1. Owner Nuclear Management Company, LLC Date 7/23/01  
Name  
1717 Wakonade Dr. E Welch, MN 55089  
Address

Sheet 1 of 2

2. Plant Prairie Island  
Name  
Same  
Address

Unit N/A

WO 9901461  
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by Owner  
Name  
Same  
Address

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

4. Identification of System SN

5. (a) Applicable Construction Code Tech Manual 2c9/n/a NX-52173-1 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ Code Case  
Year

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

(c) Applicable Section XI Code Cases \_\_\_\_\_

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
Snubber	Basic Engineer	PI-314				CORRECTED	NO

7. Description of Work Replace piston in snubber.

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

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

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



E00030

FORM NIS-2 (Back)

9. Remarks Recit inspection per PINGP 649. Will be functionally tested to location specific acceptance criteria in accordance with ASME OM-4  
Applicable Manufacturer's Data Reports to be attached  
prior to reinstallation.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R.B. Willett ASME PROGRAM ENGR. Date 9-17, 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 Minnesota and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 7/20/01 to 9/18/01, 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 the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ABNE, MN 035600-00  
Inspector's Signature National Board, State, Province, and Endorsements

Date 9/18/01

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

2R21-48

1. Owner Nuclear Management Company  
Name  
1717 Wakonade Dr. E., Welch, MN 55089  
Address

Date 07/25/01  
 Sheet 1 of 2

2. Plant Prairie Island  
Name  
Same  
Address

Unit N/A  
 WO. 0108726  
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by Owner  
Name  
Same  
Address

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

4. Identification of System VC (Code Class 2)

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

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

(c) Applicable Section XI Code Cases \_\_\_\_\_

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
Packing	Ajax	#10				Corrected	No
Packing	Ajax	#11				Corrected	No
Packing	Ajax	#12				Corrected	No

7. Description of Work Replaced plungers in charging pump packing

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

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



FORM NIS-2 (Back)

2R21-48

9. Remarks \_\_\_\_\_  
 Applicable Manufacturer's Data Reports to be attached

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed P.B. Williams, ASME PROGRAM ENGR. Date 9-17, 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 Minnesota and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 7/27/01 to 9/18/01, 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 the ASME Code, Section XI.

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

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

Date 9/18/01

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

1. Owner Nuclear Management Company, LLC  
Name  
1717 Wokonade Dr. E, MN 55089  
Address

Date 7/26/01  
 Sheet 1 of 2

2. Plant Prairie Island  
Name  
Same  
Address

Unit N/A  
 WO ~~9901461~~ 9901460 731-01  
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by Same  
Name  
Same  
Address

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

4. Identification of System SN

5. (a) Applicable Construction Code Tech Manual 22.914/1 NX-52173-1, Year Edition, Year Addenda, Year Code Case

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

(c) Applicable Section XI Code Cases \_\_\_\_\_

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
Snubber	Basic Engineer	PI-378				Corrected	NO

7. Description of Work Replace piston in snubber

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

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



FORM NIS-2 (Back)

9. Remarks Recit inspection per PINGP 649. Will be fuctionally tested to location specific acceptance criteria in accordance with ASME OM-4  
Applicable Manufacturer's Data Reports to be attached

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

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R.B. Wilford, ASME PROGRAM ENGR. Date 9-17, 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 Minnesota and employed by HSB I+I Co. of Hartford, CT

have inspected the components described in this Owner's Report during the period 7/27/01 to 9/18/01, 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 the ASME Code, Section XI.

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

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

Date 9/18/01

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

2R21-50

1. Owner Nuclear Management Company Date 8/28/01  
Name  
1717 Wakonade Dr. E., Welch, MN 55089  
Address

2. Plant Prairie Island Unit 2  
Name  
Same WO. 0109688  
Address Repair/Replacement Organization P.O. No., Job No., etc.

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

4. Identification of System VC (Code Class 2)

5. (a) Applicable Construction Code T.M. XH-1001-599, Year Edition, Addenda, Code Case  
 (b) Applicable Edition of Section XI Utilized for Repair/Replacement Activity 1989 Year  
 (c) Applicable Section XI Code Cases \_\_\_\_\_

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
21 Boric Acid Transfer Pump	Gould	3196		245-031		Corrected	No

7. Description of Work Machined backplate and replaced gland studs on pump (DESIGN CHANGE ME-0453)

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

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



9. Remarks

Applicable Manufacturer's Data Reports to be attached

---



---



---



---



---



---



---

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R.B. Williams, ASME PROGRAM ENGR. Date 9-19, 2001  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB I & I Co. of Hartford, CT

have inspected the components described in this Owner's Report during the period 8/29/01 to 9/20/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 AS NI, MN 035600-CO  
Inspector's Signature National Board, State, Province, and Endorsements

Date 9/20/01

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

2R21-51

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

Date 9/27/01

Sheet 1 of 2

2. Plant Prairie Island  
Name  
Same  
Address

Unit 2

WO 0103706 WO 0103742 W00103716  
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by Owner  
Name  
Same  
Address

Type Code Symbol Stamp NA

Authorization No. NA

Expiration Date NA

4. Identification of System CC

5. (a) Applicable Construction Code Section III CLASS C, 1968 Edition, NA Addenda, NA Code Case  
Year

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

(c) Applicable Section XI Code Cases NA

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
22 CC HX	Yuba	69G229-1D	1893	235-032	1970	Corrected	Yes

7. Description of Work Replace endbell and endflange including welding of lifting lugs to endbell.

8. Tests Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Exempt   
 Other  Pressure 165 psi Test Temp. 60 °F

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

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



E00030

9. Remarks

Applicable Manufacturer's Data Reports to be attached

---



---



---



---



---



---



---

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R.B. Willard ASME PROGRAM ENGR. Date 3-2, 2002  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB CT of Hartford, CT have inspected the components described in this Owner's Report during the period 12/3/01 to 3/5/02, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

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

Date 3/5/02

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

2R21-52

1. Owner XCEL ENERGY Date Oct 2, 2001  
Name  
1717 WOODMADE DR E, WELCH, MN 55089 Sheet 1 of 2  
Address

2. Plant PRARIE ISLAND Unit 2  
Name  
SAME SELF W.O. 0101129  
Address Repair/Replacement Organization P.O. No., Job No., etc.

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

4. Identification of System CC <sup>red</sup> 3.29.02

5. (a) Applicable Construction Code B31.1, 1967 Edition, N/A Addenda, N/A Code Case  
Year  
 (b) Applicable Edition of Section XI Utilized for Repair/Replacement Activity 1989  
Year  
 (c) Applicable Section XI Code Cases N/A

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
22 RCP Bldg CL SUPPLY LN	DRESSER	TC-81667		ZCC-60-2		REMOVED	Y
SPARE	DRESSER	LM-50-337		ZCC-60-2		INSTALLED	Y

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

8. Tests Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Exempt  (NON CODE)  
 Other  Pressure \_\_\_\_\_ psi Test Temp. \_\_\_\_\_ °F  
 PER SP 2596

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



FORM NIS-2 (Back)

2R21-52

9. Remarks

Applicable Manufacturer's Data Reports to be attached

Multiple horizontal lines for entering remarks.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R.B. Williams, ASME PROGRAM ENGR. Date 2-24, 2002  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB CT of Hartford, CT have inspected the components described in this Owner's Report during the period 10/12/01 to 2/26/02, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

RLL Commissions NB 11872 ABNI, MN039600-CO  
Inspector's Signature National Board, State, Province, and Endorsements

Date: 2/26/02

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

1. Owner Nuclear Management Company Date 10/8/01  
Name  
1717 Wakonade Dr. E. Sheet 1 of 2  
Address

2. Plant Prairie Island Unit N/A  
Name  
Same WO. 0113827  
Address Repair/Replacement Organization P.O. No., Job No., etc.

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

4. Identification of System VC (Code Class 2)

5. (a) Applicable Construction Code Spec 2M48053, Year Edition, Addenda, Code Case  
 (b) Applicable Edition of Section XI Utilized for Repair/Replacement Activity 1989  
Year  
 (c) Applicable Section XI Code Cases \_\_\_\_\_

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
Packing	Ajax	#1				Corrected	No
Packing	Ajax	#2				Corrected	No
Packing	Ajax	#3				Corrected	No

7. Description of Work Replaced plungers in charging pump packing

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

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



9. Remarks

Applicable Manufacturer's Data Reports to be attached

---



---



---



---



---



---



---

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R.B. Wilcox ASME PROGRAM ENGR. Date 11-13, 2001  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB F+F Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 10/12/01 to 11/15/01, 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 the ASME Code, Section XI.

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

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

Date 11/15/01

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

2R21-54

1. Owner Nuclear Management Company, LLC  
Name  
1717 Wakonade Drive East, Welch, MN 55089  
Address

Date 10-29-01  
 Sheet 1 of 2

2. Plant Prairie Island Nuclear Generating Plant  
Name  
same  
Address

Unit 2  
0104909  
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by owner  
Name  
Address

Type Code Symbol Stamp n/a  
 Authorization No. n/a  
 Expiration Date n/a

4. Identification of System Cooling Water (ASME code class 3)

5. (a) Applicable Construction Code VIII div. 1, 1968 Edition, Addenda, Code Case  
Year

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

(c) Applicable Section XI Code Cases ---

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
22 DDCLP Jacket water hx	ITT			235-081		corrected	yes

7. Description of Work Replaced channel heads (SPCE-ME-0091).

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

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

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



E00030

9. Remarks \_\_\_\_\_  
 Applicable Manufacturer's Data Reports to be attached \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

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

Signed R. B. Wilkins ASME PROGRAM ENGR. Date 11-8, 2001  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB CT of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9/27/01 to 1/21/02, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 AB NE  
 Inspector's Signature National Board, State, Province, and Endorsements  
 Date 1/21/02

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

2R21-55

1. Owner Nuclear Management Company, LLC  
Name  
1717 Wakonade Dr. E, Welch MN 55089  
Address

Date 11/12/01

Sheet 1 of 2

2. Plant Prairie Island  
Name  
Same  
Address

Unit N/A

WO 9901467  
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by Owner  
Name  
Same  
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System \_\_\_\_\_

5. (a) Applicable Construction Code N/A 631.1, 1967 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ Code Case  
Year

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

(c) Applicable Section XI Code Cases \_\_\_\_\_

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
Snubber	Basic Engineer	PI-390				Corrected	No

7. Description of Work Replaced piston in snubber.

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

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

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



E00030

9. Remarks Snubber is functionally tested on completion of the replacement of the part. Receipt inspected per PINGP 649. Snubber

Applicable Manufacturer's Data Reports to be attached

is functionally tested to location specific acceptance with ASME OM-4 prior to installation.

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

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

Signed R.B. Willard ASME PROGRAM ENGR. Date 2-23, 2002  
Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB CT of Hartford, CT

\_\_\_\_\_ have inspected the components described in this Owner's Report during the period 10/8/01 to 2/25/02, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

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

Date 2/25/02

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

2R21-56

1. Owner Nuclear Management Company, LLC  
Name  
1717 Wakonade Drive East, Welch, MN 55089  
Address

Date 11/21/01  
 Sheet 1 of 2

2. Plant Prairie Island NGP  
Name  
same  
Address

Unit 2  
 0004141  
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by owner  
Name  
Address

Type Code Symbol Stamp n/a  
 Authorization No. n/a  
 Expiration Date n/a

4. Identification of System Main Steam (code class 2)

5. (a) Applicable Construction Code dwg. XH-1112-12, Year            Edition,            Addenda,            Code Case

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

(c) Applicable Section XI Code Cases           

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
22 SG MSIV	Schutte & Koerting			CV-31117	1970	corrected	no

7. Description of Work REPLACED #7 STUD & NUT IN BONNET.

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

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

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



E00030

9. Remarks \_\_\_\_\_

Applicable Manufacturer's Data Reports to be attached

---



---



---



---



---



---



---



---

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

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

Signed R.B. Williams, ASME PROGRAM ENGR. Date 3-11, 2002  
Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB CT of Hartford, CT

\_\_\_\_\_ have inspected the components described in this Owner's Report during the period 11/29/01 to 3/2/02<sup>re</sup> 3/13/02, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

RBL  
Inspector's Signature

Commissions NB 11872 ABNI, MN 039600-00  
National Board, State, Province, and Endorsements

Date 3/13/02

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

2R21-57

1. Owner Nuclear Management Company, LLC  
Name  
1717 Wakonade Drive East, Welch, MN 55089  
Address

Date 11/26/01  
 Sheet 1 of 2

2. Plant Prairie Island N.G.P.  
Name  
same  
Address

Unit 2  
0103664, 0008645, 0103665, 0103663, 0101285, ~~SPCE ME-0725~~ SPEED PN-1024  
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by owner  
Name  
Address

Type Code Symbol Stamp n/a  
 Authorization No. n/a  
 Expiration Date n/a

4. Identification of System Reactor Coolant (Code Class 1)

5. (a) Applicable Construction Code B31.1, 1967 Edition, --- Addenda, --- Code Case  
Year

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

(c) Applicable Section XI Code Cases n/a

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
A Przr Spray Valve	Masoneilan	H20694-1-5		CV-31228	1970	removed	no
A Przr Spray Valve	Masoneilan	P401597-1-2		CV-31228	2001	installed	no
B Przr Spray Valve	Masoneilan	H20694-1-6		CV-31229	1970	removed	no
B Przr Spray Valve	Masoneilan	P401597-1-1		CV-31229	2001	installed	no

7. Description of Work Replaced pressurizer spray valves.

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

Hydrostatic test conducted under SP2070, work order 0101285.

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

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



E00030

9. Remarks 3" PIPING ADJACENT TO BOTH VALVES WAS ALSO REPLACED  
 Applicable Manufacturer's Data Reports to be attached  
IN ORDER TO FACILITATE THE NEW VALVE INSTALLATION.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R.B. Willard, ASME PROGRAM ENGR. Date 3-2, 2002  
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB CT of Hertford CT have inspected the components described in this Owner's Report during the period 12/10/02 to 3/8/02, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

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

Date 3/8/02

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

2R21-58

1. Owner Nuclear Management Company, LLC  
Name  
1717 Wakonade Drive E., Welch, MN 55089  
Address

Date 11/27/01  
 Sheet 1 of 2

2. Plant Prairie Island  
Name  
same  
Address

Unit 2  
0103818, SPCE-ME-0550  
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by owner  
Name  
Address

Type Code Symbol Stamp n/a  
 Authorization No. n/a  
 Expiration Date n/a

4. Identification of System RC, MS (code class 2)

5. (a) Applicable Construction Code ASME III, 1965 Edition, W66 Addenda, none Code Case

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

(c) Applicable Section XI Code Cases none

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
21 Steam Generator	Westinghouse	1181	68-39	234-011	1970	corrected	yes

7. Description of Work Replaced secondary handhole bolts with studs and nuts.

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

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

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



E00030

FORM NIS-2 (Back)

9. Remarks \_\_\_\_\_  
 Applicable Manufacturer's Data Reports to be attached \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R.B. Williams, ASME PROGRAM ENGR Date 3-25, 2002  
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by NSB CT of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11/30/01 to 3/26/02, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ABNT, MN039600-CO  
 Inspector's Signature National Board, State, Province, and Endorsements  
 Date 3/26/02

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

1. Owner Nuclear Management Company, LLC  
Name

Date 11/27/01

1717 Wakonade Drive E., Welch, MN 55089  
Address

Sheet 1 of 2

2. Plant Prairie Island  
Name

Unit 2

same  
Address

0103819, SPCE-ME-0550  
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by owner  
Name

Type Code Symbol Stamp n/a

Address

Authorization No. n/a

Expiration Date n/a

4. Identification of System RC, MS (code class 2)

5. (a) Applicable Construction Code ASME III, 1965 Edition, W66 Addenda, none Code Case  
Year

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

(c) Applicable Section XI Code Cases none

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
22 Steam Generator	Westinghouse	1182	68-40	234-012	1970	corrected	yes

7. Description of Work Replaced secondary handhole bolts with studs and nuts.

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

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



9. Remarks

Applicable Manufacturer's Data Reports to be attached

---



---



---



---



---



---



---



---

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

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

Signed R.B. Williams, ASME PROGRAM ENGR. Date 2-27, 2002  
Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB CT of Hartford, CT

have inspected the components described in this Owner's Report during the period 11/30/01 to 2/26/02, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

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

Date 2/26/02

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

2R21-60

1. Owner Nuclear Management Company, LLC Date 11/27/01  
Name  
1717 Wakonade Drive E., Welch, MN 55089  
Address
2. Plant Prairie Island Unit 2  
Name  
same 0103816, SPCE-ME-0653  
Address Repair/Replacement Organization P.O. No., Job No., etc.
3. Work Performed by owner Type Code Symbol Stamp n/a  
Name Authorization No. n/a  
Address Expiration Date n/a
4. Identification of System RC, MS (code class 2)
5. (a) Applicable Construction Code ASME III, 1965 Edition, W66 Addenda, none Code Case  
Year  
 (b) Applicable Edition of Section XI Utilized for Repair/Replacement Activity 1989  
Year  
 (c) Applicable Section XI Code Cases none

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
21 Steam Generator	Westinghouse	1181	68-39	234-011	1970	corrected	yes

7. Description of Work Replaced secondary manway bolts with studs and nuts.
8. Tests Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Exempt   
 Other  Pressure \_\_\_\_\_ psi Test Temp. \_\_\_\_\_ °F

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

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



E00030

9. Remarks \_\_\_\_\_  
 Applicable Manufacturer's Data Reports to be attached \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R.B. Williams, ASME PROGRAM ENGR. Date 3-25, 2002  
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB CT of Hartford, CT

\_\_\_\_\_ have inspected the components described in this Owner's Report during the period 12/10/01 to 3/26/02, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ABNE, MN 039600-CO  
 Inspector's Signature National Board, State, Province, and Endorsements  
 Date 3/26/02

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

2R21-61

1. Owner Nuclear Management Company, LLC  
Name  
1717 Wakonade Drive E., Welch, MN 55089  
Address

Date 11/27/01

Sheet 1 of 2

2. Plant Prairie Island  
Name  
same  
Address

Unit 2

0103817, SPCE-ME-0653  
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by owner  
Name  
Address

Type Code Symbol Stamp n/a

Authorization No. n/a

Expiration Date n/a

4. Identification of System RC, MS (code class 2)

5. (a) Applicable Construction Code ASME III, 1965 Edition, W66 Addenda, none Code Case

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

(c) Applicable Section XI Code Cases none

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
22 Steam Generator	Westinghouse	1182	68-40	234-012	1970	corrected	yes

7. Description of Work Replaced secondary manway bolts with studs and nuts.

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

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

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



E00030

9. Remarks

Applicable Manufacturer's Data Reports to be attached

---



---



---



---



---



---



---

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

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

Signed R.B. Williams ASME PROGRAM ENGR. Date 3-25, 2002  
Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB CT of Hartford, CT have inspected the components described in this Owner's Report during the period 12/10/01 to 3/26/02, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

RLL Commissions NB 11872 ABNI, MN 039600-CO  
Inspector's Signature National Board, State, Province, and Endorsements

Date 3/26/02

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

2R21-62

1. Owner Nuclear Management Company, LLC  
Name  
1717 Wakonade Drive East, Welch, MN 55089  
Address

Date 1/2/02

Sheet 1 of 2

2. Plant Prairie Island  
Name  
same  
Address

Unit 2

0014368, SPCE-ME-0690, CR 200186048  
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by owner  
Name  
Address

Type Code Symbol Stamp n/a

Authorization No. n/a

Expiration Date n/a

4. Identification of System Cooling Water (code class 3)

5. (a) Applicable Construction Code B31.1, 1989 Edition, -- Addenda, -- Code Case  
Year

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

(c) Applicable Section XI Code Cases --

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
22 CLP Disc Check Vlv	Mission			2CL-43-2		removed	no
22 CLP Disc Check Vlv	Crane Nuclear	C025142		2CL-43-2	2000	installed	no

7. Description of Work Replaced valve.

8. Tests Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Exempt

Other  Pressure \_\_\_\_\_ psi Test Temp. \_\_\_\_\_ °F

Inservice tests were performed per H10.1

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

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



E00030

9. Remarks

Applicable Manufacturer's Data Reports to be attached

---



---



---



---



---



---



---

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R.B. Williams, ASME PROGRAM ENGR. Date 1-2, 2002  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB CT of Hartford, CT

have inspected the components described in this Owner's Report during the period 9/27/01 to 1/02/02, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

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

Date 1/02/02

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

2R21-63

1. Owner Nuclear Management Company  
Name  
1717 Wakonade Dr. E, Welch MN 55089  
Address

Date 2/6/2002  
 Sheet 1 of 2

2. Plant Prairie Island  
Name  
Same  
Address

Unit 2  
WO0201498  
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by Owner  
Name  
Same  
Address

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

4. Identification of System SN/MS

5. (a) Applicable Construction Code B31.1, 1967 Edition, N/A Addenda, N/A Code Case

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

(c) Applicable Section XI Code Cases N/A

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
Snubber	Basic Engineer	PI-121				Removed	No
<i>SNUBBER</i>	<i>BASIC ENGINEER</i>	<i>PI-102</i>				<i>INSTALLED</i>	<i>NO</i>

7. Description of Work Replace snubber

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

REPLACED SNUBBER THAT WAS FOUND WITH NO VISIBLE FLUID IN RESERVOIR.

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



9. Remarks Replacement snubber is functionally tested prior to installation. The removed snubber <sup>WAS</sup> will be as found functionally tested to determine if the Applicable Manufacturer's Data Reports to be attached snubber is acceptable or unacceptable. THE EXISTING SNUBBER TESTED SATISFACTORY. 2-28-02

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed J.P. Williams ASME PROGRAM ENGR. Date 2-28, 2002  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB CT of Hartford, CT have inspected the components described in this Owner's Report during the period 2/10/02 to 3/4/02, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

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

Date 3/4/02

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

2R21-64

1. Owner Northern States Power / Xcel Energy Date 2/10/02  
Name  
1717 Wakonade Dr. E. Welch, MN 55089  
Address
2. Plant Prairie Island Unit 2  
Name  
Same  
Address WO 0201583, 0103716  
Repair/Replacement Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp NA  
Name Authorization No. NA  
Same Expiration Date NA  
Address
4. Identification of System CC
5. (a) Applicable Construction Code Section III Class 1C, 1968 Edition, NA Addenda, NA Code Case  
Year
- (b) Applicable Edition of Section XI Utilized for Repair/Replacement Activity 1989  
Year
- (c) Applicable Section XI Code Cases NA

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
22 CC HX	Yuba	69G229-1D	1893	235-032	1970	Corrected	Yes

7. Description of Work Repair welds to shell wall thinning.
8. Tests Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Exempt   
 Other  Pressure 165 psi Test Temp. 60 °F  
HYDRO TEST PER W.O. 0103716.

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



9. Remarks

Applicable Manufacturer's Data Reports to be attached

---



---



---



---



---



---



---



---

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R.B. Willard, ASME PROGRAM ENGR. Date 3-2, 2002  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB CT of Hartford, CT have inspected the components described in this Owner's Report during the period 2/10/02 to 3/15/02, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]  
Inspector's Signature

Commissions NB 11872 AGNE, MN039600-CO  
National Board, State, Province, and Endorsements

Date 3/15/02

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

2R21-65

1. Owner Nuclear Management Company, LLC Date 2/25/02  
Name  
1717 Wakonade Drive East Sheet 1 of 2  
Address  
 2. Plant Prairie Island Unit 2  
Name  
same Mod 99ZC01, Work Orders 0101954, 0100638 & 0110069  
Address Repair/Replacement Organization P.O. No., Job No., etc.  
 3. Work Performed by owner Type Code Symbol Stamp na  
Name Authorization No. na  
Address Expiration Date na

4. Identification of System Containment (code class MC)  
 5. (a) Applicable Construction Code ASME III-NB, 1965 Edition, 1967 Addenda, 1392 Code Case  
Year  
 (b) Applicable Edition of Section XI Utilized for Repair/Replacement Activity 1989  
Year  
 (c) Applicable Section XI Code Cases na

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
personnel airlock	CB & I		n/a	2PENC-PAL	1969	corrected	no

7. Description of Work Replaced all four handwheel shaft housings.  
 8. Tests Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Exempt   
 Other  Pressure 46 psi Test Temp. 75 °F

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

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



E00030

9. Remarks

Applicable Manufacturer's Data Reports to be attached

---



---



---



---



---



---



---

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R.B. Willard ASME PROGRAM ENGR. Date 2-25, 2002  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB CT of Hartford, CT

\_\_\_\_\_ have inspected the components described in this Owner's Report during the period 11/29/01 to 3/1/02, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

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

Date 3/1/02

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

2R21-66

1. Owner Nuclear Management Company, LLC  
Name  
1717 Wakonade Drive East  
Address

Date 2/25/02  
 Sheet 1 of 2

2. Plant Prairie Island  
Name  
same  
Address

Unit 2  
 work order 0201520, EEC 1030  
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by owner  
Name  
Address

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

4. Identification of System CVCS (code class 2)

5. (a) Applicable Construction Code B31.1, 1967 Edition, na Addenda, na Code Case  
Year

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

(c) Applicable Section XI Code Cases na

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
letdown isolation valve	Copes-Vulcan		na	CV-31348		corrected	no
letdown isolation valve	Copes-Vulcan		na	CV-31349		corrected	no

7. Description of Work Replaced bonnet to body fasteners.

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

Valves will be inspected for leakage during the class 1 pressure test.

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



9. Remarks

Applicable Manufacturer's Data Reports to be attached

---



---



---



---



---



---



---

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R.B. Williams ASME PROGRAM ENGR. Date 2-25, 2002  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB CT of Hartford, CT

have inspected the components described in this Owner's Report during the period 2/10/02 to 3/1/02, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

RLL Commissions NB 11872 ABNI, MN039600-C0  
Inspector's Signature National Board, State, Province, and Endorsements

Date 3/1/02

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

2R21-67

1. Owner Nuclear Management Company, LLC  
Name  
1717 Wakonade Drive East  
Address

Date 02/25/02  
 Sheet 1 of 2

2. Plant Prairie Island  
Name  
same  
Address

Unit 2  
wo 0201757  
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by owner  
Name  
Address

Type Code Symbol Stamp n/a  
 Authorization No. n/a  
 Expiration Date n/a

4. Identification of System Feedwater (code class 2)

5. (a) Applicable Construction Code B31.1, 1989 Edition, -- Addenda, -- Code Case  
Year

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

(c) Applicable Section XI Code Cases --

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
feedwater check valve	Rockwell	PB-420103SH1	n/a	2FW-8-1		corrected	no

7. Description of Work Weld repair; defect caused during disassembly of the valve.

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

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

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



E00030

9. Remarks

Applicable Manufacturer's Data Reports to be attached

---



---



---



---



---



---



---



---

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R.B. Woods ASME PROGRAM ENGR. Date 2-25, 2002  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB CT of Hartford, CT have inspected the components described in this Owner's Report during the period 2/20/02 to 2/26/02, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

R.B. Commissions NB 11872 ABNI, MN039600-C0  
Inspector's Signature National Board, State, Province, and Endorsements

Date 2/26/02

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

2R21-68

1. Owner Nuclear Management Company, LLC  
Name

Date 2/25/02

1717 Wakonade Drive East  
Address

Sheet 1 of 2

2. Plant Prairie Island  
Name

Unit 2

same  
Address

work order 0104428  
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by owner  
Name

Type Code Symbol Stamp na

Address

Authorization No. na

Expiration Date na

4. Identification of System Containment (code class MC)

5. (a) Applicable Construction Code ASME III, cl. B, 1965 Year Edition, 1967 Addenda, 1392 Code Case

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

(c) Applicable Section XI Code Cases na

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
Containment	CB & I			fuel transfer tube penetration	1970	corrected	yes

7. Description of Work Replaced fuel transfer tube blind flange bolt.

8. Tests Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Exempt   
 Other  Pressure 46 psi Test Temp. 75 °F

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

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



E00030

FORM NIS-2 (Back)

2R21-68

9. Remarks

Applicable Manufacturer's Data Reports to be attached

Multiple horizontal lines for handwritten remarks.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R.B. Williams ASME PROGRAM ENGR. Date 2-25-02  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB CT of Hartford, CT have inspected the components described in this Owner's Report during the period 2/21/02 to 2/27/02, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

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

Date 2/27/02

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

2R21-69

1. Owner Nuclear Management Company, LLC  
Name  
1717 Wakonade Drive East  
Address

Date 2/25/02  
 Sheet 1 of 2

2. Plant Prairie Island  
Name  
same  
Address

Unit 2  
 work order 0104428  
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by owner  
Name  
Address

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

4. Identification of System Reactor Coolant (code class 1)

5. (a) Applicable Construction Code ASME III, cl. A, 1968 Edition, no Addenda, na Code Case  
Year  
 (b) Applicable Edition of Section XI Utilized for Repair/Replacement Activity 1989  
Year  
 (c) Applicable Section XI Code Cases na

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
Reactor Vessel	Creusot-Loire			257-051	1970	corrected	yes

7. Description of Work Replaced marmon clamp stud and nuts.

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

Marmon clamp will be inspected for leakage during the class 1 pressure test.

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



9. Remarks

Applicable Manufacturer's Data Reports to be attached

---



---



---



---



---



---



---

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

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

Signed R. B. Williams, ASME PROGRAM ENGR. Date 2-25, 2002  
Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB CT of Hartford, CT. have inspected the components described in this Owner's Report during the period 2/14/02 to 2/27/02, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ABNI, MN 035601-CO  
Inspector's Signature National Board, State, Province, and Endorsements  
Date 2/27/02

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

2R21-70

1. Owner Nuclear Management Company, LLC  
Name  
1717 Wakonade Drive East  
Address

Date 3/1/02  
 Sheet 1 of 2

2. Plant Prairie Island  
Name  
same  
Address

Unit 2  
 work order 0107971 & CR 200201590  
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by owner  
Name  
Address

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

4. Identification of System CVCS (code class 2)

5. (a) Applicable Construction Code B31.1, 1989 Edition, no Addenda, no Code Case  
Year
- (b) Applicable Edition of Section XI Utilized for Repair/Replacement Activity 1989  
Year
- (c) Applicable Section XI Code Cases none

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
charging line				2-2VC-27	1970	corrected	no

7. Description of Work Weld buildup on outside of pipe where it was rubbing on support.

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

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



9. Remarks THE REPAIR EXCAVATION PT WAS NOT PERFORMED I.A.W.  
Applicable Manufacturer's Data Reports to be attached  
ISI-PT-1 REV. 14, CONDITION REPORT 200201590 WAS WRITTEN  
TO DISPOSITION THE EXCAVATION PT AS "IN COMPLIANCE."

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R. B. Williams ASME PROGRAM ENGR. Date 3-1, 2002  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB CT of Hartford, CT have inspected the components described in this Owner's Report during the period 12/10/02 to 3/12/02, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

R. B. Williams Commissions NB 11872 ABNE, MN039600-CO  
Inspector's Signature National Board, State, Province, and Endorsements

Date 3/12/02

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

2R21-71

1. Owner Nuclear Management Company, LLC  
Name  
1717 Wakonade Drive East  
Address

Date 3-2-02  
 Sheet 1 of 2

2. Plant Prairie Island  
Name  
same  
Address

Unit 2  
 work order 0104534  
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by owner  
Name  
Address

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

4. Identification of System component cooling (code class 3)

5. (a) Applicable Construction Code ASME III, class C, 1968 Edition, no Addenda, no Code Case  
Year  
 (b) Applicable Edition of Section XI Utilized for Repair/Replacement Activity 1989  
Year  
 (c) Applicable Section XI Code Cases none

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
22 CC Hx	Yuba	69G229-1D	1893	235-032	1969	corrected	yes

7. Description of Work Replaced endbell cover fasteners.

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

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



9. Remarks \_\_\_\_\_  
 Applicable Manufacturer's Data Reports to be attached

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R.B. Williams ASME PROGRAM ENGR. Date 3-2, 2002  
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB CT of Hartford, CT have inspected the components described in this Owner's Report during the period 12/13/02 to 3/5/02, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

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

Date 3/5/02

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

2R21-72

1. Owner: Nuclear Management Company, LLC Date 3-4-2002  
Name  
1717 Wakonade Drive East Sheet 1 of 2  
Address

2. Plant Prairie Island Unit 2  
Name  
same 0111775, 0111778, 0111808, EEC-1023  
Address Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by owner Type Code Symbol Stamp na  
Name Authorization No. na  
Address Expiration Date na

4. Identification of System VC (code class 1)

5. (a) Applicable Construction Code B31.1, 1989 Edition, no Addenda, no Code Case  
Year

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

(c) Applicable Section XI Code Cases none

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
RCP Seal Injection Check	Rockwell Edwards	1600439		2VC-8-4	1969	removed	no
RCP Seal Injection Check	Edwards	026071781948301		2VC-8-4	2001	installed	no

7. Description of Work Replaced and relocated valve.

8. Tests Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Exempt   
 Other  Pressure 2735 psi Test Temp. 70 °F

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



9. Remarks RELOCATION OF THE VALVE RESULTED IN MOVEMENT OF THE CODE  
 Applicable Manufacturer's Data Reports to be attached  
CLASS 1 BOUNDARY AND INSTALLATION OF NEW PIPE IN THE OLD  
LOCATION OF THE VALVE.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R.B. Williams ASME PROGRAM ENGR. Date 3-4, 2002  
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB CT of Hartford, CT have inspected the components described in this Owner's Report during the period 1/7/02 to 3/13/02, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

RCL Commissions NB 11872 ABNI, MN039600-CO  
 Inspector's Signature National Board, State, Province, and Endorsements

Date 3/13/02

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

2R21-73

1. Owner Nuclear Management Company, LLC Date 3-4-2002  
Name  
1717 Wakonade Drive East Sheet 1 of 2  
Address

2. Plant Prairie Island Unit 2  
Name  
same 0111777, 0111778, 0111810, EEC-1023  
Address Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by owner Type Code Symbol Stamp na  
Name Authorization No. na  
Address Expiration Date na

4. Identification of System VC (code class 1)

5. (a) Applicable Construction Code B31.1, 1989 Edition, no Addenda, no Code Case  
Year

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

(c) Applicable Section XI Code Cases none

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
RCP Seal Injection Check	Rockwell Edwards	1600439		2VC-8-5	1969	removed	no
RCP Seal Injection Check	Edwards	026071781948301		2VC-8-5	2001	installed	no

7. Description of Work Replaced and relocated valve.

8. Tests Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Exempt   
 Other  Pressure 2735 psi Test Temp. 70 °F

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



FORM NIS-2 (Back)

9. Remarks RELOCATION OF THE VALVE RESULTED IN MOVEMENT OF THE CODE  
Applicable Manufacturer's Data Reports to be attached  
CLASS 1 BOUNDARY AND INSTALLATION OF NEW PIPE INTO THE OLD  
LOCATION OF THE VALVE.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R.B. WILLIAMS, ASME PROGRAM ENGR. Date 3-4, 2002  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB CT

of Hartford, CT have inspected the components described in this Owner's Report during the period 1/7/02 to 3/13/02, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Inspector's Signature

Commissions NB 11872 ABNI, MN 039600-C0  
National Board, State, Province, and Endorsements

Date 3/13/02

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

2R21-74

1. Owner Nuclear Management Company, LLC Date 3-4-2002  
Name  
1717 Wakonade Drive East Sheet 1 of 2  
Address

2. Plant Prairie Island Unit 2  
Name  
same 0111778, EEC-1023  
Address Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by owner Type Code Symbol Stamp na  
Name Authorization No. na  
Address Expiration Date na

4. Identification of System VC (code class 1)

5. (a) Applicable Construction Code B31.1, 1989 Edition, no Addenda, no Code Case  
Year

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

(c) Applicable Section XI Code Cases none

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
RCP Seal Injection Check	Rockwell Edwards	459417		2VC-8-6	1969	removed	no
RCP Seal Injection Check	Edwards	026071781948301		2VC-8-6	2001	installed	no

7. Description of Work Replaced and relocated valve.

8. Tests Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Exempt   
 Other  Pressure 2735 psi Test Temp. 70 °F

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



9. Remarks

Applicable Manufacturer's Data Reports to be attached

---



---



---



---



---



---



---



---

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R.B. Williams, ASME PROGRAM ENGR. Date 3-7, 2002  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Maine and employed by HSB CT of Heard, CT have inspected the components described in this Owner's Report during the period 12/26/01 to 3/5/02, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

R.B. Inspector's Signature Commissions NB 11872 ABNI, MN039600-C0  
National Board, State, Province, and Endorsements  
Date 3/5/02

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

2R21-75

1. Owner Nuclear Management Company, LLC Date 3-4-2002  
Name  
1717 Wakonade Drive East Sheet 1 of 2  
Address
2. Plant Prairie Island Unit 2  
Name  
same 0111779, EEC-1023  
Address Repair/Replacement Organization P.O. No., Job No., etc.
3. Work Performed by owner Type Code Symbol Stamp na  
Name Authorization No. na  
Address Expiration Date na
4. Identification of System VC (code class 1)
5. (a) Applicable Construction Code B31.1, 1989 Edition, no Addenda, no Code Case  
Year  
 (b) Applicable Edition of Section XI Utilized for Repair/Replacement Activity 1989  
Year  
 (c) Applicable Section XI Code Cases none

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
RCP Seal Injection Check	Rockwell Edwards	459417		2VC-8-7	1969	removed	no
RCP Seal Injection Check	Edwards	026071781948301		2VC-8-7	2001	installed	no

7. Description of Work Replaced and relocated valve.
8. Tests Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Exempt   
 Other  Pressure 2735 psi Test Temp. 70 °F

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



9. Remarks \_\_\_\_\_  
 Applicable Manufacturer's Data Reports to be attached

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

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

Signed R.B. Williams ASME PROGRAM ENGR. Date 3-4, 2002  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB CT of Hartford, CT have inspected the components described in this Owner's Report during the period 12/18/01 to 3/5/02, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

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

Date 3/5/02

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

1. Owner Nuclear Management Company, LLC Date 3/6/02  
Name  
1717 Wakonade Drive East Sheet 1 of 2  
Address  
 2. Plant Prairie Island Unit 2  
Name  
same work order 0201030  
Address Repair/Replacement Organization P.O. No., Job No., etc.  
 3. Work Performed by owner Type Code Symbol Stamp na  
Name Authorization No. na  
Address Expiration Date na

4. Identification of System CL (code class 3)

5. (a) Applicable Construction Code B31.1, 1989 Edition, no Addenda, no Code Case  
Year  
 (b) Applicable Edition of Section XI Utilized for Repair/Replacement Activity 1989  
Year  
 (c) Applicable Section XI Code Cases none

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
22 CL Strainer Backwash Line				2-CL-22	1970	corrected	no

7. Description of Work Replaced section of 2-CL-22 that had a pinhole leak.

8. Tests Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Exempt   
 Other  Pressure 200 psi Test Temp. 70 °F

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

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



E00030

FORM NIS-2 (Back)

9. Remarks

Applicable Manufacturer's Data Reports to be attached

---



---



---



---



---



---



---



---

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R.B. Williams ASME PROGRAM ENGR. Date 3-6, 2002  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB CT of Hartford, CT have inspected the components described in this Owner's Report during the period 1/29/02 to 3/11/02, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

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

Date 3/11/02

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

2R21-77

1. Owner Nuclear Management Company, LLC  
Name  
1717 Wakonade Drive East  
Address

Date 3/11/2002  
 Sheet 1 of 2

2. Plant Prairie Island  
Name  
same  
Address

Unit 2  
 work order 0103790 & 0101285  
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by Westinghouse  
Name  
PO Box 355, Pittsburg, PA 15230  
Address

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

4. Identification of System reactor coolant (code class 1)

5. (a) Applicable Construction Code ASME III, 1965 Edition, W66 Addenda, no Code Case  
Year

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

(c) Applicable Section XI Code Cases none

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
22 Steam Generator	Westinghouse	1182	68-40	234-012	1970	corrected	yes

7. Description of Work Installed tubesheet plugs per work order 0103790.

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

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

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



E00030

9. Remarks

Applicable Manufacturer's Data Reports to be attached

---



---



---



---



---



---



---



---

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

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

Signed R.B. Willard ASME PROGRAM ENGR. Date 3-11, 2002  
Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB CT of Hartford, CT have inspected the components described in this Owner's Report during the period 12/4/01 to 3/20/02, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Rll Commissions NB 11872 ABNF, MN 039600-C0  
Inspector's Signature National Board, State, Province, and Endorsements

Date 3/20/02

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

2R21-78

1. Owner Nuclear Management Company, LLC  
Name

Date 3/20/02

1717 Wakonade Drive East  
Address

Sheet 1 of 2

2. Plant Prairie Island  
Name

Unit 2

same  
Address

work order 0110038  
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by owner  
Name

Type Code Symbol Stamp na

Address

Authorization No. na

Expiration Date na

4. Identification of System VC (code class 2)

5. (a) Applicable Construction Code spec 2M48053 & TECH. MANUAL XX-1-306.,  Year Edition,  Addenda,  Code Case

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

(c) Applicable Section XI Code Cases none

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
charging pump packing assy.	Ajax	16				corrected	no
charging pump packing assy.	Ajax	17				corrected	no
charging pump packing assy.	Ajax	18				corrected	no

7. Description of Work Rebuilt packing assemblies. Replaced all plungers and replaced gland plates on #'s 16 and 18.

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

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



9. Remarks \_\_\_\_\_

Applicable Manufacturer's Data Reports to be attached

---



---



---



---



---



---



---



---

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

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

Signed R.B. Williams ASME PROGRAM ENGR. Date 3-20, 2002  
Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB CT of Hartford, CT

\_\_\_\_\_ have inspected the components described in this Owner's Report during the period 8/21/02 to 4/1/02, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

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

Date 4/1/02

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

2R21-79

1. Owner Nuclear Management Company, LLC Date 3/21/02  
Name  
1717 Wakonade Drive East  
Address  
 2. Plant Prairie Island Unit 2  
Name  
same work order 0201681, design change 02RC02  
Address Repair/Replacement Organization P.O. No., Job No., etc.  
 3. Work Performed by owner Type Code Symbol Stamp na  
Name Authorization No. na  
Address Expiration Date na

4. Identification of System Reactor Coolant (code class 1)  
 5. (a) Applicable Construction Code AWS D1.1, 1989 Edition, no Addenda, no Code Case  
Year  
 (b) Applicable Edition of Section XI Utilized for Repair/Replacement Activity 1989  
Year  
 (c) Applicable Section XI Code Cases none

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
RC Sys Hanger	PS&E			111-2RC-4	1970	corrected	no

7. Description of Work Modified the baseplate to accept new anchors.  
 8. Tests Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Exempt   
 Other  Pressure \_\_\_\_\_ psi Test Temp. \_\_\_\_\_ °F  
 Restraint was VT-3 inspected prior to return to service.

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



9. Remarks

Applicable Manufacturer's Data Reports to be attached

Multiple horizontal lines for handwritten remarks.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed P. B. [Signature] ASME PROGRAM ENGR. Date 3-21, 2002  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB CT of Hartford, CT have inspected the components described in this Owner's Report during the period 2/20/02 to 3/25/02, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ABNI, MA 035600-CO  
Inspector's Signature National Board, State, Province, and Endorsements

Date 3/25/02

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

2R21-80

1. Owner Nuclear Management Company, LLC  
Name  
1717 Wakonade Drive East  
Address

Date 3/25/02

Sheet 1 of 2

2. Plant Prairie Island  
Name  
same  
Address

Unit 2

work order 0200002, SPCE-ME-0644  
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by owner  
Name  
Address

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

4. Identification of System VC (code class 2)

5. (a) Applicable Construction Code Manual XH-1-306, Year      Edition,      Addenda,      Code Case

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

(c) Applicable Section XI Code Cases none

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
21 Charging Pump	Ajax	T-150		245-041	1970	corrected	no
Packing Assembly	Ajax	22				removed	no
Packing Assembly	Ajax	23				removed	no
Packing Assembly	Ajax	24				removed	no
Packing Assembly	Ajax	16				installed	no
Packing Assembly	Ajax	17				installed	no
Packing Assembly	Ajax	18				installed	no

7. Description of Work Replaced gland nuts and packing assemblies.

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

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

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



E00030

9. Remarks

Applicable Manufacturer's Data Reports to be attached

---



---



---



---



---



---



---



---

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

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

Signed R.B. Wilson, ASME PROGRAM ENGR. Date 3-25, 2002  
Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB I+I 3/25/02 CT of Hartford, CT

have inspected the components described in this Owner's Report during the period 1/9/02 to 3/25/02, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

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

Date 3/25/02

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

2R21-81

1. Owner Nuclear Management Company, LLC  
Name  
1717 Wakonade Drive East, Welch, MN 55089  
Address

Date 4/19/02

Sheet 1 of 2

2. Plant Prairie Island  
Name  
same  
Address

Unit 2

work order 0104552  
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by owner  
Name  
Address

Type Code Symbol Stamp na

Authorization No. na

Expiration Date na

4. Identification of System main steam (code class 2)

5. (a) Applicable Construction Code B31.1, 1967 Edition, no Addenda, no Code Case  
Year

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

(c) Applicable Section XI Code Cases none

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
21 MSIV	Schutte & Koerting			CV-31116	1970	corrected	no

7. Description of Work Replaced 2 cover studs and 24 cover nuts.

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

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

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



E00030

9. Remarks

Applicable Manufacturer's Data Reports to be attached

---



---



---



---



---



---



---



---

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R.B. Willett ASME PROGRAM ENGR Date 4-19, 2002  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB CT of Hartford, CT

have inspected the components described in this Owner's Report during the period 2/5/02 to 4/22/02, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ABNE, MN 039600-CO  
Inspector's Signature National Board, State, Province, and Endorsements  
Date 4/22/02

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

2R21-82

1. Owner Nuclear Management Company, LLC  
Name  
1717 Wakonade Drive East, Welch, MN 55089  
Address

Date 4/24/02  
 Sheet 1 of 2

2. Plant Prairie Island  
Name  
same  
Address

Unit 2  
 Dresser PO: PR9280SQR3, Wyle Labs PO PR7957SQR5  
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by Dresser, Wyle Labs  
Name  
7800 Highway 20 West, Huntsville, AL 35807  
Address

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

4. Identification of System Main Steam (code class 2)

5. (a) Applicable Construction Code ASME III, cl 2, 1968 Edition, summer Addenda, no Code Case

(b) Applicable Edition of Section XI Utilized for Repair/Replacement Activity 1898  
Year

(c) Applicable Section XI Code Cases none

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
MS Safety Valve	Dresser	BM 9488				corrected	Y
MS Safety Valve	Dresser	BM 9530				corrected	Y

7. Description of Work Dresser replaced the disc in each valve.

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

Valves were performance tested per OM-1 by Wyle Labs. Both valves were installed in the plant during 2R21.

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

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



E00030

FORM NIS-2 (Back)

9. Remarks CAP 023253 GENERATED TO ADDRESS THE MISSED AN 11  
Applicable Manufacturer's Data Reports to be attached  
REVIEW OF THE REPAIR/REPLACEMENT PLAN PRIOR TO PERFORMING  
THE REPAIR/REPLACEMENT ACTIVITY.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed R.B. Willett ASME PROGRAM ENGR. Date 4-24, 2002  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB CT of Hartford, CT have inspected the components described in this Owner's Report during the period 4/29/02 to 4/29/02, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

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

Date 4/29/02