

5.0 Results Of Inspections Performed

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

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

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

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B02.011.001	2PZR-1	NC	03/05/2002	REC	86.05%	Y	Y	REFERENCE REQUEST FOR RELIEF 02-002
B02.012.001	2PZR-6	NC	03/05/2002	CLR	---	N	N	
B03.140.007	2SGD-INLET	NC	03/12/2002	CLR	83.28%	N	Y	REFERENCE REQUEST FOR RELIEF 02-002
B03.140.008	2SGD-OUTLET	NC	03/12/2002	CLR	83.28%	N	Y	REFERENCE REQUEST FOR RELIEF 02-002
B05.010.001B	2RPV-W11-SE	NC	02/26/2002	CLR	---	N	N	
B05.010.002B	2RPV-W12-SE	NC	02/26/2002	CLR	---	N	N	
B05.010.003B	2RPV-W13-SE	NC	02/26/2002	CLR	---	N	N	
B05.010.004B	2RPV-W14-SE	NC	02/26/2002	CLR	---	N	N	
B05.070.001	2SGA-INLET-W5SE	NC	03/09/2002	CLR	75.00%	N	Y	REFERENCE REQUEST FOR RELIEF 02-002
B05.070.001A	2SGA-INLET-W5SE	NC	03/09/2002	CLR	---	N	N	
B05.070.002	2SGA-OUTLET-W6SE	NC	03/09/2002	CLR	75.00%	N	Y	REFERENCE REQUEST FOR RELIEF 02-002
B05.070.002A	2SGA-OUTLET-W6SE	NC	03/09/2002	CLR	---	N	N	
B05.070.007	2SGD-INLET-W5SE	NC	03/08/2002	CLR	75.00%	N	Y	REFERENCE REQUEST FOR RELIEF 02-002
B05.070.007A	2SGD-INLET-W5SE	NC	03/07/2002	CLR	---	N	N	
B05.070.008	2SGD-OUTLET-W6SE	NC	03/08/2002	CLR	75.00%	N	Y	REFERENCE REQUEST FOR RELIEF 02-002
B05.070.008A	2SGD-OUTLET-W6SE	NC	03/07/2002	CLR	---	N	N	
B05.130.004B	2NC2F-1-8	NC	02/26/2002	CLR	---	N	N	
B05.130.008B	2NC2F-2-8	NC	02/26/2002	CLR	---	N	N	
B05.130.012B	2NC2F-3-8	NC	02/26/2002	CLR	---	N	N	
B05.130.016B	2NC2F-4-8	NC	02/26/2002	CLR	---	N	N	
B06.010.036	2RPV-664-32-36	NC	03/04/2002	CLR	---	N	N	
B06.010.037	2RPV-664-32-37	NC	03/04/2002	CLR	---	N	N	
B06.010.038	2RPV-664-32-38	NC	03/04/2002	CLR	---	N	N	
B06.010.039	2RPV-664-32-39	NC	03/04/2002	CLR	---	N	N	
B06.010.040	2RPV-664-32-40	NC	03/04/2002	CLR	---	N	N	
B06.010.041	2RPV-664-32-41	NC	03/04/2002	CLR	---	N	N	
B06.010.042	2RPV-664-32-42	NC	03/04/2002	CLR	---	N	N	
B06.010.043	2RPV-664-32-43	NC	03/04/2002	CLR	---	N	N	
B06.010.044	2RPV-664-32-44	NC	03/04/2002	CLR	---	N	N	
B06.010.045	2RPV-664-32-45	NC	03/04/2002	CLR	---	N	N	
B06.010.046	2RPV-664-32-46	NC	03/04/2002	CLR	---	N	N	
B06.010.047	2RPV-664-32-47	NC	03/04/2002	CLR	---	N	N	
B06.010.048	2RPV-664-32-48	NC	03/04/2002	CLR	---	N	N	
B06.010.049	2RPV-664-32-49	NC	03/04/2002	CLR	---	N	N	
B06.010.050	2RPV-664-32-50	NC	03/04/2002	CLR	---	N	N	
B06.010.051	2RPV-664-32-51	NC	03/04/2002	CLR	---	N	N	

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B06.010.052	2RPV-664-32-52	NC	03/04/2002	CLR	---	N	N	
B06.010.053	2RPV-664-32-53	NC	03/04/2002	CLR	---	N	N	
B06.010.054	2RPV-664-32-54	NC	03/04/2002	CLR	---	N	N	
B06.030.036	2RPV-664-31-36	NC	03/04/2002	CLR	---	N	N	
B06.030.036A	2RPV-664-31-36	NC	03/04/2002	CLR	---	N	N	
B06.030.037	2RPV-664-31-37	NC	03/04/2002	CLR	---	N	N	
B06.030.037A	2RPV-664-31-37	NC	03/04/2002	CLR	---	N	N	
B06.030.038	2RPV-664-31-38	NC	03/04/2002	CLR	---	N	N	
B06.030.038A	2RPV-664-31-38	NC	03/04/2002	CLR	---	N	N	
B06.030.039	2RPV-664-31-39	NC	03/04/2002	CLR	---	N	N	
B06.030.039A	2RPV-664-31-39	NC	03/04/2002	CLR	---	N	N	
B06.030.040	2RPV-664-31-40	NC	03/04/2002	CLR	---	N	N	
B06.030.040A	2RPV-664-31-40	NC	03/04/2002	CLR	---	N	N	
B06.030.041	2RPV-664-31-41	NC	03/04/2002	CLR	---	N	N	
B06.030.041A	2RPV-664-31-41	NC	03/04/2002	CLR	---	N	N	
B06.030.042	2RPV-664-31-42	NC	03/04/2002	CLR	---	N	N	
B06.030.042A	2RPV-664-31-42	NC	03/04/2002	CLR	---	N	N	
B06.030.043	2RPV-664-31-43	NC	03/04/2002	CLR	---	N	N	
B06.030.043A	2RPV-664-31-43	NC	03/04/2002	CLR	---	N	N	
B06.030.044	2RPV-664-31-44	NC	03/04/2002	CLR	---	N	N	
B06.030.044A	2RPV-664-31-44	NC	03/04/2002	CLR	---	N	N	
B06.030.045	2RPV-664-31-45	NC	03/04/2002	CLR	---	N	N	
B06.030.045A	2RPV-664-31-45	NC	03/04/2002	CLR	---	N	N	
B06.030.046	2RPV-664-31-46	NC	03/04/2002	CLR	---	N	N	
B06.030.046A	2RPV-664-31-46	NC	03/04/2002	CLR	---	N	N	
B06.030.047	2RPV-664-31-47	NC	03/04/2002	CLR	---	N	N	
B06.030.047A	2RPV-664-31-47	NC	03/04/2002	CLR	---	N	N	
B06.030.048	2RPV-664-31-48	NC	03/04/2002	CLR	---	N	N	
B06.030.048A	2RPV-664-31-48	NC	03/04/2002	CLR	---	N	N	
B06.030.049	2RPV-664-31-49	NC	03/04/2002	CLR	---	N	N	
B06.030.049A	2RPV-664-31-49	NC	03/04/2002	CLR	---	N	N	
B06.030.050	2RPV-664-31-50	NC	03/04/2002	CLR	---	N	N	
B06.030.050A	2RPV-664-31-50	NC	03/04/2002	CLR	---	N	N	
B06.030.051	2RPV-664-31-51	NC	03/04/2002	CLR	---	N	N	
B06.030.051A	2RPV-664-31-51	NC	03/04/2002	CLR	---	N	N	
B06.030.052	2RPV-664-31-52	NC	03/04/2002	CLR	---	N	N	

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B06.030.052A	2RPV-664-31-52	NC	03/04/2002	CLR	---	N	N	
B06.030.053	2RPV-664-31-53	NC	03/04/2002	CLR	---	N	N	
B06.030.053A	2RPV-664-31-53	NC	03/04/2002	CLR	---	N	N	
B06.030.054	2RPV-664-31-54	NC	03/04/2002	CLR	---	N	N	
B06.030.054A	2RPV-664-31-54	NC	03/04/2002	CLR	---	N	N	
B06.050.036	2RPV-664-33-36	NC	03/04/2002	CLR	---	N	N	
B06.050.037	2RPV-664-33-37	NC	03/04/2002	CLR	---	N	N	
B06.050.038	2RPV-664-33-38	NC	03/04/2002	CLR	---	N	N	
B06.050.039	2RPV-664-33-39	NC	03/04/2002	REC	---	N	N	
B06.050.040	2RPV-664-33-40	NC	03/04/2002	REC	---	N	N	
B06.050.041	2RPV-664-33-41	NC	03/04/2002	CLR	---	N	N	
B06.050.042	2RPV-664-33-42	NC	03/04/2002	CLR	---	N	N	
B06.050.043	2RPV-664-33-43	NC	03/04/2002	REC	---	N	N	
B06.050.044	2RPV-664-33-44	NC	03/04/2002	CLR	---	N	N	
B06.050.045	2RPV-664-33-45	NC	03/04/2002	CLR	---	N	N	
B06.050.046	2RPV-664-33-46	NC	03/04/2002	CLR	---	N	N	
B06.050.047	2RPV-664-33-47	NC	03/04/2002	REC	---	N	N	
B06.050.048	2RPV-664-33-48	NC	03/04/2002	CLR	---	N	N	
B06.050.049	2RPV-664-33-49	NC	03/04/2002	CLR	---	N	N	
B06.050.050	2RPV-664-33-50	NC	03/04/2002	CLR	---	N	N	
B06.050.051	2RPV-664-33-51	NC	03/04/2002	CLR	---	N	N	
B06.050.052	2RPV-664-33-52	NC	03/04/2002	CLR	---	N	N	
B06.050.053	2RPV-664-33-53	NC	03/04/2002	CLR	---	N	N	
B06.050.054	2RPV-664-33-54	NC	03/04/2002	CLR	---	N	N	
B06.090.003	2SGB-MW-Y1-X2	NC	03/11/2002	CLR	---	N	N	
B06.090.004	2SGB-MW-X2-Y2	NC	03/11/2002	CLR	---	N	N	
B06.090.005	2SGC-MW-Y1-X1	NC	03/11/2002	CLR	---	N	N	
B06.090.006	2SGC-MW-X1-Y2	NC	03/11/2002	CLR	---	N	N	
B06.100.003	2SGB-MW-Y1-X2	NC	03/13/2002	CLR	---	N	N	
B06.100.004	2SGB-MW-X2-Y2	NC	03/13/2002	CLR	---	N	N	
B06.100.005	2SGC-MW-Y1-X1	NC	03/13/2002	CLR	---	N	N	
B06.100.006	2SGC-MW-X1-Y2	NC	03/13/2002	CLR	---	N	N	
B06.110.003	2SGB-MW-Y1-X2	NC	03/11/2002	CLR	---	N	N	
B06.110.004	2SGB-MW-X2-Y2	NC	03/11/2002	CLR	---	N	N	
B06.110.005	2SGC-MW-Y1-X1	NC	03/11/2002	CLR	---	N	N	
B06.110.006	2SGC-MW-X1-Y2	NC	03/11/2002	CLR	---	N	N	

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B06.180.004	2RCP-2D-F	NC	03/12/2002	CLR	---	N	N	
B07.050.102	2NV275-FL1	NV	03/12/2002	CLR	---	N	N	
B07.050.103	2NV282-FL1	NV	03/12/2002	CLR	---	N	N	
B07.070.001A	2NC-1	NC	02/27/2002	CLR	---	N	N	
B07.070.009A	2NI-65B	NI	03/12/2002	REC	---	N	N	
B07.070.012A	2NV-21A	NV	03/12/2002	CLR	---	N	N	
B08.020.001	2PZR-SKIRT	NC	03/05/2002	CLR	---	N	N	
B08.020.001A	2PZR-SKIRT	NC	03/05/2002	REC	75.16%	Y	Y	REFERENCE REQUEST FOR RELIEF 02-002 AND 00-001
B09.011.009	2NCW-3673-1	NC	02/26/2002	CLR	79.01%	N	Y	REFERENCE REQUEST FOR RELIEF 02-002
B09.011.009A	2NCW-3673-1	NC	02/26/2002	CLR	---	N	N	
B09.011.011	2NC2FW2-1	NC	03/13/2002	CLR	72.73%	N	Y	REFERENCE REQUEST FOR RELIEF 02-002
B09.011.011A	2NC2FW2-1	NC	03/03/2002	CLR	81.82%	N	Y	REFERENCE REQUEST FOR RELIEF 02-002
B09.011.012	2NC2FW22-6	NC	03/14/2002	CLR	61.09%	N	Y	REFERENCE REQUEST FOR RELIEF 02-002
B09.011.012A	2NC2FW22-6	NC	03/14/2002	CLR	---	N	N	
B09.011.013	2NC2FW22-9	NC	03/14/2002	CLR	61.09%	N	Y	REFERENCE REQUEST FOR RELIEF 02-002
B09.011.013A	2NC2FW22-9	NC	03/12/2002	CLR	---	N	N	
B09.011.017	2NC2FW13-8	NC	03/01/2002	CLR	---	N	N	
B09.011.017A	2NC2FW13-8	NC	03/01/2002	CLR	---	N	N	
B09.011.018	2NC2FW16-6	NC	03/14/2002	CLR	59.09%	N	Y	REFERENCE REQUEST FOR RELIEF 02-002
B09.011.018A	2NC2FW16-6	NC	03/08/2002	CLR	---	N	N	
B09.011.025	2NC2FW53-12	NC	03/01/2002	CLR	---	N	N	
B09.011.025A	2NC2FW53-12	NC	03/01/2002	CLR	---	N	N	
B09.011.025B	2NC2FW53-12	NC	03/01/2002	CLR	---	N	N	
B09.011.026	2NC2FW53-13	NC	03/01/2002	REC	---	Y	N	
B09.011.026A	2NC2FW53-13	NC	03/01/2002	CLR	---	N	N	
B09.011.026B	2NC2FW53-13	NC	03/01/2002	CLR	---	N	N	
B09.011.028	2NC2FW53-17	NC	03/01/2002	REC	---	Y	N	
B09.011.028A	2NC2FW53-17	NC	03/01/2002	CLR	---	N	N	
B09.011.040	2NC2FW61-1	NC	03/01/2002	CLR	---	N	N	
B09.011.040A	2NC2FW61-1	NC	03/01/2002	CLR	---	N	N	
B09.011.040B	2NC2FW61-1	NC	03/01/2002	CLR	---	N	N	
B09.011.041	2NC2FW13-19	NC	03/01/2002	CLR	---	N	N	
B09.011.041A	2NC2FW13-19	NC	03/01/2002	CLR	---	N	N	
B09.011.042	2NC2FW13-1	NC	03/01/2002	CLR	---	N	N	
B09.011.042A	2NC2FW13-1	NC	03/01/2002	CLR	---	N	N	
B09.011.042B	2NC2FW13-1	NC	03/01/2002	CLR	---	N	N	

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B09.011.043	2NC2F-1-2	NC	03/09/2002	CLR	---	N	N	
B09.011.043A	2NC2F-1-2	NC	03/09/2002	REC	---	N	N	
B09.011.044	2NC2F-1-3	NC	03/09/2002	REC	---	Y	N	
B09.011.044A	2NC2F-1-3	NC	03/09/2002	CLR	---	N	N	
B09.011.049	2NC2F-4-2	NC	03/09/2002	REC	---	Y	N	
B09.011.049A	2NC2F-4-2	NC	03/07/2002	CLR	---	N	N	
B09.011.050	2NC2F-4-3	NC	03/09/2002	CLR	---	N	N	
B09.011.050A	2NC2F-4-3	NC	03/07/2002	CLR	---	N	N	
B09.011.102	2ND2F-4	ND	03/13/2002	CLR	---	N	N	
B09.011.102A	2ND2F-4	ND	03/12/2002	CLR	---	N	N	
B09.011.103	2ND2F-6	ND	03/13/2002	CLR	---	N	N	
B09.011.103A	2ND2F-6	ND	03/12/2002	CLR	---	N	N	
B09.011.169	2NI2F871	NI	03/14/2002	CLR	59.09%	N	Y	REFERENCE REQUEST FOR RELIEF 02-002
B09.011.169A	2NI2F871	NI	03/14/2002	CLR	---	N	N	
B09.011.170	2NI2FW85-14	NI	03/13/2002	CLR	---	N	N	
B09.011.170A	2NI2FW85-14	NI	03/12/2002	CLR	---	N	N	
B09.011.173	2NI2FW85-1	NI	03/13/2002	CLR	---	N	N	
B09.011.173A	2NI2FW85-1	NI	03/12/2002	CLR	---	N	N	
B09.011.174	2NI2FW85-6	NI	03/13/2002	CLR	---	N	N	
B09.011.174A	2NI2FW85-6	NI	03/12/2002	CLR	---	N	N	
B09.011.175	2NI2FW85-13	NI	03/13/2002	CLR	---	N	N	
B09.011.175A	2NI2FW85-13	NI	03/12/2002	CLR	---	N	N	
B09.021.001	2NC2FW62-19	NC	03/01/2002	CLR	---	N	N	
B09.021.013	2NC2FW62-16	NC	03/01/2002	CLR	---	N	N	
B09.021.014	2NC2FW15-26	NC	03/06/2002	CLR	---	N	N	
B09.021.101	2NV2FW229-2	NV	03/14/2002	CLR	---	N	N	
B09.021.102	2NV2FW229-4	NV	03/03/2002	CLR	---	N	N	
B09.032.050	2NIP102-2	NI	03/02/2002	CLR	---	N	N	
B09.032.051	2NIP119-2	NI	03/02/2002	CLR	---	N	N	
B09.032.052	2NIP132-2	NI	03/02/2002	CLR	---	N	N	
B09.040.001	2NC2FW15-27	NC	03/06/2002	CLR	---	N	N	
B09.040.002	2NC2FW15-28	NC	03/06/2002	CLR	---	N	N	
B09.040.003	2NC2FW15-29	NC	03/06/2002	CLR	---	N	N	
B09.040.004	2NC2FW15-30	NC	03/06/2002	CLR	---	N	N	
B09.040.005	2NC2FW15-31	NC	03/06/2002	CLR	---	N	N	
B09.040.007	2NC2FW47-12	NC	03/08/2002	CLR	---	N	N	

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B09.040.015	2NC2FW79-12	NC	03/12/2002	CLR	---	N	N	
B09.040.064	2NI2FW116-8	NI	03/14/2002	CLR	---	N	N	
B09.040.115	2NV2FW230-5	NV	03/06/2002	CLR	---	N	N	
B09.040.116	2NV2FW230-4	NV	03/06/2002	CLR	---	N	N	
B09.040.117	2NV2FW230-3	NV	03/06/2002	CLR	---	N	N	
B09.040.118	2NV2FW230-2	NV	03/06/2002	CLR	---	N	N	
B09.040.119	2NV2FW230-1	NV	03/06/2002	CLR	---	N	N	
B14.010.022	2RPV-CRDM-76	NC	03/10/2002	CLR	---	N	N	
C01.010.090	2RCPA-8-1	NV	02/20/2002	CLR	---	N	N	
C01.020.074	5141-3-HD1	NV	/ /	---	---	N	Y	REFERENCE REQUEST FOR RELIEF 98-002
C01.020.075	5141-3-HD2	NV	/ /	---	---	N	Y	REFERENCE REQUEST FOR RELIEF 98-002
C01.030.024	5141-3-NB-TS	NV	/ /	---	---	N	Y	REFERENCE REQUEST FOR RELIEF 98-002
C01.030.025	5141-3-TS-SH	NV	/ /	---	---	N	Y	REFERENCE REQUEST FOR RELIEF 98-002
C02.011.003	2BCSHX-A-INLET	NS	02/20/2002	CLR	---	N	N	
C02.011.004	2BCSHX-B-OUTLET	NS	02/20/2002	CLR	---	N	N	
C03.030.001	2CCPUMP-2A-LEG	NV	02/19/2002	CLR	82.65%	N	Y	REFERENCE REQUEST FOR RELIEF 02-002
C05.011.020	2NDP101-2	ND	02/14/2002	CLR	---	N	N	
C05.011.020A	2NDP101-2	ND	02/14/2002	CLR	---	N	N	
C05.011.022	2ND2F-199	ND	02/14/2002	CLR	---	N	N	
C05.011.022A	2ND2F-199	ND	02/14/2002	CLR	---	N	N	
C05.011.023	2ND2F-215	ND	02/14/2002	CLR	---	N	N	
C05.011.023A	2ND2F-215	ND	02/14/2002	CLR	---	N	N	
C05.011.038	2ND2FW16-13	ND	02/20/2002	CLR	---	N	N	
C05.011.038A	2ND2FW16-13	ND	02/20/2002	CLR	---	N	N	
C05.011.045	2NDP101-1	ND	02/14/2002	CLR	---	N	N	
C05.011.045A	2NDP101-1	ND	02/14/2002	CLR	---	N	N	
C05.011.051	2NDP102-1	ND	02/14/2002	CLR	---	N	N	
C05.011.051A	2NDP102-1	ND	02/14/2002	CLR	---	N	N	
C05.011.052	2NDP102-2	ND	02/14/2002	CLR	---	N	N	
C05.011.052A	2NDP102-2	ND	02/14/2002	CLR	---	N	N	
C05.011.106	2NI2F444	NI	03/03/2002	CLR	---	N	N	
C05.011.106A	2NI2F444	NI	03/02/2002	CLR	---	N	N	
C05.011.108	2NIP118-1	NI	03/03/2002	REC	---	Y	N	
C05.011.108A	2NIP118-1	NI	03/02/2002	CLR	---	N	N	
C05.011.115	2NIP130-1	NI	03/03/2002	CLR	---	N	N	
C05.011.115A	2NIP130-1	NI	03/02/2002	CLR	---	N	N	

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C05.011.121	2NIP140-1	NI	03/04/2002	REC	---	Y	N	
C05.011.121A	2NIP140-1	NI	03/03/2002	CLR	---	N	N	
C05.011.123	2NIP142-1	NI	03/04/2002	REC	---	Y	N	
C05.011.123A	2NIP142-1	NI	03/03/2002	CLR	---	N	N	
C05.011.166	2NI2FW28-4	NI	02/13/2002	CLR	---	N	N	
C05.011.166A	2NI2FW28-4	NI	02/13/2002	CLR	---	N	N	
C05.011.167	2NI2FW28-7	NI	02/13/2002	CLR	---	N	N	
C05.011.167A	2NI2FW28-7	NI	02/13/2002	CLR	---	N	N	
C05.021.009	2NIP161-2	NI	03/03/2002	CLR	---	N	N	
C05.021.009A	2NIP161-2	NI	03/02/2002	CLR	---	N	N	
C05.021.015	2NI2FW78-2	NI	02/18/2002	CLR	---	N	N	
C05.021.015A	2NI2FW78-2	NI	02/18/2002	CLR	---	N	N	
C05.021.021	2NI2F-56	NI	02/13/2002	CLR	---	N	N	
C05.021.021A	2NI2F-56	NI	02/13/2002	CLR	---	N	N	
C05.021.054	2NV2FW292-15	NV	02/12/2002	CLR	---	N	N	
C05.021.054A	2NV2FW292-15	NV	02/12/2002	CLR	---	N	N	
C05.021.055	2NV2FW292-14	NV	02/12/2002	CLR	---	N	N	
C05.021.055A	2NV2FW292-14	NV	02/12/2002	CLR	---	N	N	
C05.021.067	2NV2FW179-19	NV	02/12/2002	CLR	---	N	N	
C05.021.067A	2NV2FW179-19	NV	02/12/2002	CLR	---	N	N	
C05.021.073	2NV2FW292-10	NV	02/12/2002	CLR	---	N	N	
C05.021.073A	2NV2FW292-10	NV	02/12/2002	CLR	---	N	N	
C05.021.079	2NV2FW53-18	NV	02/13/2002	CLR	---	N	N	
C05.021.079A	2NV2FW53-18	NV	02/13/2002	CLR	---	N	N	
C05.021.085	2RCPSS-OUT-1	NV	02/14/2002	CLR	---	N	N	
C05.021.085A	2RCPSS-OUT-1	NV	02/14/2002	CLR	---	N	N	
C05.021.091	2NV2FW179-32	NV	02/12/2002	CLR	---	N	N	
C05.021.091A	2NV2FW179-32	NV	02/12/2002	CLR	---	N	N	
C05.021.097	2NV2FW35-14	NV	02/19/2002	CLR	---	N	N	
C05.021.097A	2NV2FW35-14	NV	02/19/2002	CLR	---	N	N	
C05.021.101	2NV2FW99-23	NV	03/04/2002	CLR	---	N	N	
C05.021.101A	2NV2FW99-23	NV	03/02/2002	CLR	---	N	N	
C05.030.003	2NI2FW108-10	NI	03/02/2002	CLR	---	N	N	
C05.030.009	2NI2FW52-10	NI	03/02/2002	CLR	---	N	N	
C05.030.050	2NV2F-13	NV	02/14/2002	CLR	---	N	N	
C05.030.056	2NV2FW112-8	NV	03/02/2002	CLR	---	N	N	

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C05.030.062	2NV2FW194-16	NV	03/02/2002	CLR	---	N	N	
C05.030.068	2NV2FW22-10	NV	03/02/2002	CLR	---	N	N	
C05.030.074	2NV2FW277-2	NV	03/14/2002	CLR	---	N	N	
C05.030.080	2NV2FW141-14	NV	02/18/2002	CLR	---	N	N	
C05.030.086	2NV2FW84-5	NV	02/12/2002	CLR	---	N	N	
C05.041.100	2NV2FW27-30	NV	02/19/2002	CLR	---	N	N	
C05.051.007	2CA2FW52-13	CA	03/14/2002	CLR	---	N	N	
C05.051.007A	2CA2FW52-13	CA	03/08/2002	CLR	---	N	N	
C05.051.009	2CA2FW53-23	CA	03/14/2002	CLR	---	N	N	
C05.051.009A	2CA2FW53-23	CA	03/14/2002	CLR	---	N	N	
C05.051.052	2CF2FW16-4	CF	02/27/2002	CLR	---	N	N	
C05.051.052A	2CF2FW16-4	CF	02/27/2002	CLR	---	N	N	
C05.051.057	2CF2FW46-10	CF	02/27/2002	CLR	---	N	N	
C05.051.057A	2CF2FW46-10	CF	02/27/2002	CLR	---	N	N	
C05.051.058	2CF2FW46-16	CF	02/27/2002	CLR	---	N	N	
C05.051.058A	2CF2FW46-16	CF	02/27/2002	CLR	---	N	N	
C05.051.064	2CF2FW61-31	CF	03/14/2002	REC	---	Y	N	
C05.051.064A	2CF2FW61-31	CF	03/14/2002	CLR	---	N	N	
C05.051.065	2SGA-W260	CF	03/14/2002	CLR	---	N	N	
C05.051.065A	2SGA-W260	CF	03/14/2002	CLR	---	N	N	
C05.051.205	2SM5C-H	SM	02/27/2002	CLR	---	N	N	
C05.051.205A	2SM5C-H	SM	02/27/2002	CLR	---	N	N	
C05.051.208	2SM5D-E	SM	02/27/2002	CLR	---	N	N	
C05.051.208A	2SM5D-E	SM	02/27/2002	CLR	---	N	N	
C05.051.219	2SM2FW9-9	SM	02/27/2002	CLR	---	N	N	
C05.051.219A	2SM2FW9-9	SM	02/27/2002	CLR	---	N	N	
C06.020.008A	2SV-13AB-1	SV	02/27/2002	CLR	---	N	N	
C06.020.008B	2SV-13AB-2	SV	02/27/2002	CLR	---	N	N	
D02.020.042	2MCA-RN-3064	RN	11/05/2001	CLR	---	N	N	
D02.030.021	2MCR-KC-4557	KC	02/25/2002	CLR	---	N	N	
F01.010.008C	2MCR-NC-4225	NC	02/27/2002	CLR	---	N	N	
F01.010.009C	2MCR-NC-4224	NC	02/27/2002	CLR	---	N	N	
F01.010.010C	2MCR-NC-4227	NC	02/27/2002	CLR	---	N	N	
F01.010.015C	2MCR-NC-4001	NC	02/28/2002	CLR	---	N	N	
F01.010.018C	2MCR-NC-4163	NC	02/28/2002	CLR	---	N	N	
F01.010.052C	2MCR-ND-4006	ND	02/27/2002	CLR	---	N	N	

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F01.010.082C	2MCR-NI-4617	NI	02/27/2002	CLR	---	N	N	
F01.010.083B	2MCR-NI-4008	NI	02/25/2002	CLR	---	N	N	
F01.010.084C	2MCR-NI-4580	NI	02/27/2002	CLR	---	N	N	
F01.010.085C	2MCR-NI-4549	NI	02/27/2002	CLR	---	N	N	
F01.010.086B	2MCR-NI-4582	NI	02/27/2002	CLR	---	N	N	
F01.010.091C	2MCR-NI-4913	NI	02/28/2002	CLR	---	N	N	
F01.010.104C	2MCR-NV-4401	NV	02/27/2002	CLR	---	N	N	
F01.010.105B	2MCR-NV-4110	NV	02/27/2002	REC	---	N	N	
F01.010.106A	2MCR-NV-4006	NV	02/27/2002	CLR	---	N	N	
F01.010.107B	2MCR-NV-4329	NV	02/28/2002	CLR	---	N	N	
F01.010.108B	2MCR-NV-4323	NV	03/01/2002	CLR	---	N	N	
F01.020.007C	2MCR-CA-H100	CA	02/27/2002	CLR	---	N	N	
F01.020.053C	2MCR-CF-H403	CF	02/27/2002	CLR	---	N	N	
F01.020.055C	2MCR-CF-H397	CF	02/28/2002	CLR	---	N	N	
F01.020.056A	2MCA-CF-H205	CF	10/09/2001	CLR	---	N	N	
F01.020.081B	2MCA-FW-5014	FW	11/07/2001	CLR	---	N	N	
F01.020.082B	2MCA-FW-5015	FW	11/07/2001	CLR	---	N	N	
F01.020.083A	2MCA-FW-5016	FW	11/07/2001	CLR	---	N	N	
F01.020.084A	2MCA-FW-5020	FW	11/05/2001	CLR	---	N	N	
F01.020.085B	2MCA-FW-7007	FW	11/05/2001	CLR	---	N	N	
F01.020.086A	2MCA-FW-5012	FW	11/07/2001	CLR	---	N	N	
F01.020.087A	2MCA-FW-7008	FW	11/05/2001	CLR	---	N	N	
F01.020.156C	2MCR-NI-4556	NI	02/25/2002	CLR	---	N	N	
F01.020.157C	2MCR-NI-4031	NI	02/25/2002	CLR	---	N	N	
F01.020.270C	2MCR-NV-4198	NV	02/25/2002	CLR	---	N	N	
F01.020.271C	2MCR-NV-4304	NV	02/25/2002	CLR	---	N	N	
F01.020.272B	2MCR-NV-4307	NV	02/25/2002	CLR	---	N	N	
F01.020.273C	2MCR-NV-4207	NV	02/25/2002	CLR	---	N	N	
F01.020.274B	2MCA-NV-5045	NV	11/05/2001	CLR	---	N	N	
F01.020.275B	2MCA-NV-5050	NV	11/05/2001	CLR	---	N	N	
F01.020.276A	2MCA-NV-5053	NV	11/07/2001	CLR	---	N	N	
F01.020.277B	2MCA-NV-5054	NV	11/05/2001	CLR	---	N	N	
F01.020.278B	2MCA-NV-5040	NV	11/05/2001	CLR	---	N	N	
F01.020.279B	2MCA-NV-5044	NV	11/05/2001	CLR	---	N	N	
F01.020.280B	2MCA-NV-5017	NV	11/05/2001	CLR	---	N	N	
F01.020.287A	2MCA-NV-5312	NV	11/05/2001	CLR	---	N	N	

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F01.020.288B	2MCA-NV-5406	NV	11/05/2001	CLR	---	N	N	
F01.020.289A	2MCA-NV-5314	NV	11/05/2001	CLR	---	N	N	
F01.020.290A	2MCA-NV-5305	NV	11/05/2001	CLR	---	N	N	
F01.020.291C	2MCA-NV-5316	NV	11/05/2001	REC	---	N	N	
F01.020.292A	2MCA-NV-5601	NV	11/05/2001	CLR	---	N	N	
F01.020.293B	2MCA-NV-5606	NV	11/07/2001	CLR	---	N	N	
F01.020.294A	2MCA-NV-5649	NV	11/05/2001	CLR	---	N	N	
F01.020.295C	2MCA-NV-5660	NV	11/05/2001	CLR	---	N	N	
F01.020.296A	2MCA-NV-5630	NV	11/07/2001	CLR	---	N	N	
F01.020.297B	2MCA-NV-5627	NV	11/07/2001	CLR	---	N	N	
F01.020.298C	2MCA-NV-6527	NV	11/07/2001	CLR	---	N	N	
F01.020.401C	2MCA-SA-5163	SA	10/09/2001	CLR	---	N	N	
F01.020.425B	2MCA-SM-H22	SM	10/09/2001	CLR	---	N	N	
F01.020.426A	2MCR-SM-H164	SM	02/27/2002	CLR	---	N	N	
F01.020.429B	2MCR-SM-H165	SM	02/27/2002	CLR	---	N	N	
F01.030.158A	2MCA-RN-3064	RN	11/05/2001	CLR	---	N	N	
F01.030.159B	2MCA-RN-3101	RN	11/07/2001	CLR	---	N	N	
F01.030.160C	2MCA-RN-3130	RN	11/05/2001	REC	---	N	N	
F01.030.161C	2MCA-RN-3124	RN	11/07/2001	CLR	---	N	N	
F01.030.162B	2MCA-RN-3141	RN	11/05/2001	CLR	---	N	N	
F01.030.163A	2MCA-RN-3144	RN	11/05/2001	CLR	---	N	N	
F01.030.164B	2MCA-RN-3158	RN	11/05/2001	CLR	---	N	N	
F01.030.165B	2MCA-RN-3382	RN	11/05/2001	CLR	---	N	N	
F01.030.166B	2MCA-RN-3140	RN	11/08/2001	CLR	---	N	N	
F01.030.167A	2MCA-RN-3211	RN	11/05/2001	CLR	---	N	N	
F01.030.168A	2MCA-RN-3205	RN	11/06/2001	CLR	---	N	N	
F01.030.169A	2MCA-RN-3364	RN	11/05/2001	CLR	---	N	N	
F01.040.001	2PZR-SKIRT	NC	03/07/2002	CLR	---	N	N	
F01.040.003	2PZR-SUPPORT	NC	02/27/2002	CLR	---	N	N	
F01.040.004	2SGA-COLUMN	NC	02/27/2002	CLR	---	N	N	
F01.040.024	2KDHX-SUP-2B	KD	10/09/2001	CLR	---	N	N	
F01.040.025	2KDC-SUP-2B	KD	10/09/2001	REC	---	N	N	
F01.040.026	2KDP-SUP-2A	KD	10/09/2001	CLR	---	N	N	
F01.040.027	2LDT-SUP-2A	LD	10/09/2001	REC	---	N	N	
F01.040.032	2RV-SUPPORT-C	NC	02/26/2002	CLR	---	N	N	
F01.040.033	2RV-SUPPORT-D	NC	02/26/2002	CLR	---	N	N	

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F01.040.040	2SGA-LATERALS	NC	02/27/2002	CLR	---	N	N	
G03.001.003	2NC2FW22-6	NC	03/14/2002	CLR	---	N	N	
G03.001.003A	2NC2FW22-6	NC	03/14/2002	CLR	---	N	N	
G03.001.005	2NC2FW22-10	NC	03/14/2002	CLR	---	N	N	
G03.001.005A	2NC2FW22-10	NC	03/12/2002	CLR	---	N	N	

5.2 Limited examinations (i.e., 90% or less of the required examination coverage obtained) identified during Outage 6/EOC-14 are shown below. A Request for Relief will be submitted for NRC approval. Reference Section 9 for additional information.

<u>Item Number</u>	<u>Request for Relief Serial Numbers</u>
B02.011.001	02-002
B03.140.007	02-002
B03.140.008	02-002
B05.070.001	02-002
B05.070.002	02-002
B05.070.007	02-002
B05.070.008	02-002
B08.020.001A	02-002 and 00-001
B09.011.009	02-002
B09.011.011	02-002
B09.011.011A	02-002
B09.011.012	02-002
B09.011.013	02-002
B09.011.018	02-002
B09.011.169	02-002
C01.020.074	98-002
C01.020.075	98-002
C01.030.024	98-002
C01.030.025	98-002
C03.030.001	02-002

6.0 Reportable Indications

Outage 6/EOC-14 had no reportable indications.

7.0 Personnel, Equipment and Material Certifications

All personnel who performed or evaluated the results of inservice inspections from to October 14, 2000 to March 27, 2002 at McGuire Nuclear Station, Unit 2, were certified in accordance with the requirements of the 1989 Edition of ASME Section XI with no addenda including Appendix VII for ultrasonic inspections. In addition, ultrasonic examiners were qualified in accordance with ASME Section XI, Appendix VIII, and 1995 Edition with the 1996 Addenda through the Performance Demonstration Initiative (PDI) for similar metal piping welds. The appropriate certification records for each inspector are on file at McGuire Nuclear Station or copies can be obtained by contacting the Duke Energy's Corporate Office in Charlotte, North Carolina.

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

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

8.0 Corrective Action

No corrective action was required as a result of examinations performed during Outage 6/EOC-14.

Corrective action was required on five items which failed to receive suitability evaluations during previous outages. Listed below are the corrective actions which address these issues.

M-01-2152

M-01-4379

9.0 Reference Documents

The following reference documents apply to the inservice inspection performed during Outage 6/EOC-14 at McGuire Unit 2. A copy of these can be obtained by contacting the ISI Plan Manager at Duke Energy's Corporate Office in Charlotte, North Carolina:

1. Request for Relief 98-002 (Regenerative Heat Exchanger exemption)
2. Request for Relief 02-002 (Limited welds found during EOC-14)
3. Request for Alternative 00-001 (Pressurizer Support Skirt Alternative Exam)
4. PIP M-01-2152 (Covers Work Orders 94049352, 95087932, 97034555 and 98044166. NIS-2 signed off after previous outages were completed.)
5. PIP M-01-4379 (Covers Work Order 97097283. NIS-2 signed off after previous outage completed.)

10.0 Class 1 and 2 Repairs and Replacements

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

Five items were determined to have work performed in outages other than EOC-14. Listed below is the information to address these issues.

Work Order Number	Signoff Date/EOC	PIP Number
94049352	04/26/01/EOC-13	M-01-2152
95087932	04/26/01/EOC-13	M-01-2152
97034555	04/26/01/EOC-13	M-01-2152
97097283	11/19/97/EOC-11	M-01-4379
98044166	03/31/99/EOC-12	M-01-2152

The NIS-2 forms, included in this section were completed for work performed during EOC-14, examination dates October 14, 2000 to March 27, 2002.

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

10.1 Class 1 and 2 Preservice Examinations

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

Work Order Number	Identification Number	ISI Class	Type of Inspection
98225471	Welds SA2FW9-30, 9-18, 9-19	B	UT, MT
98410310	Snubber Control Valve on S/G 2B	A	VT-3
98424833	2MCA-KF-3056	B	VT-3
98435641	2MCR-NC-4285	A	VT-3
98435641	2MCR-NC-4274	A	VT-3
98435641	2MCR-NC-4287	A	VT-3
98435641	2MCR-NC-4275	A	VT-3
98435641	2MCR-NC-4297	A	VT-3

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

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

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

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

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

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

3a. Work Order #: 94049352
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Lisega Snubber	Duke Power	00004	N/A	Rx SG-2A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced valves in lisega snubber

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

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

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] FL Grass Jr., QA Tech Specialist Date 4/26/2001
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 4-27-01 to 5-1-01; 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 ASME Code, Section XI.

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

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

Date 5-1-2001

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

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

1a. Date April 26, 2001

Sheet 1 of 1

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

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

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

3a. Work Order #: 95087932

Repair Organization Job #

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

3b. NSM or MM #: N/A

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Lisega Snubber	Duke Power	00003	N/A	Rx SG-2D	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced valves in isega snubber

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

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

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed *FL Grass Jr.* FL Grass Jr., QA Tech Specialist Date 4/26/2001
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 4-27-01 to 5-1-01; 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 ASME Code, Section XI.

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

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

Date 5-1-2001

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

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

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

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

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

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

3a. Work Order #: 97034555
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Lisega Snubber	Duke Power	00002	N/A	Rx SG-2B	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

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

1a. Date April 26, 2001

Sheet 1 of 1

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

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

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

3a. Work Order #: 98044166
Repair Organization Job #

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

3b. NSM or MM #: N/A

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Liseqa Snubber	Duke Power	00006	N/A	Rx SG-2C	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

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

1a. Date 3/14/02
Sheet 1 of

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

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

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

3a. Work Order #: 98389058/01
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

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

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

Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8	
Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)	
A	2NV-21A	FISHER	5896365	1525	N/A	1976	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced plug and stem assembly.

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

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

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed F.R. Sorrow F.R. Sorrow, QA Tech Support
Owner or Owner's Designee, Title

Date 3/14, 2002

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 3-5-02 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 ASME Code, Section XI.

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

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

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

Date 3-15, 2002

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

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

1a. Date 3/11/02

Sheet 1 of 1

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

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

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

3a. Work Order #: 98410004
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	2NC-1	Crosby	N56925-00-0004	28	N/A	1974	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	2NC-1	Crosby	N56925-00-0008	525	N/A	1978	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced Valve

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

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

9. Remarks

Leak test will be performed on Class A walkdown W/O 98410502

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Expiration Date N/A

Signed F.R. Sorrow F.R. Sorrow, QA Tech Support
 Owner or Owner's Designee, Title

Date 3/11, 02

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 3-8-02 to 3-14-02; 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 ASME Code, Section XI.

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

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

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

Date 3-14, 2002

QUALITY ASSURANCE DEPARTMENT
 SUPPLIER QUALITY ASSURANCE CERTIFICATION

Name of Supplier Crosby Valve & Gage Company Date March 14, 1978
 Address of Supplier Plant 43 Kendrick Street Mill Power Order No. A-33957
Wrentham, Mass., 02093 Duke Item or Req. No. Item 1
 Spec. No. MCS-1205.09-1 Rev. 1
 Supplier ID Nos. N56925-00-0007, N56925-00-0008, N56925-00-0009

Description of Component(s) or Material(s) Steel Safety Valves

Attached Documentation covers all Components/Materials on Mill Power Order.
 Attached Documentation covers partial shipment of Components/Materials on Mill Power Order.

The following listed tests, inspections and reports have been completed as required by the specification:

<input checked="" type="checkbox"/> Physical & Chemical Analysis	<input checked="" type="checkbox"/> Major Repair Records & Charts
<input checked="" type="checkbox"/> Hydro (Test Pressure - PSIG <u>2485</u>)	<input checked="" type="checkbox"/> Personnel Qualifications on Record
<i>*Crosby No. EC-158 & EC-427</i>	
<input checked="" type="checkbox"/> Design Report	<input type="checkbox"/> Stress Report
<input checked="" type="checkbox"/> Radiographic Test	<input checked="" type="checkbox"/> Ultrasonic Test
<input checked="" type="checkbox"/> Penetrant Test	<input checked="" type="checkbox"/> Repair NDE
<input checked="" type="checkbox"/> Operating Test	<input type="checkbox"/> Performance Curve
<input checked="" type="checkbox"/> Dimensional Check	<input type="checkbox"/> Deviation Record #
	<input checked="" type="checkbox"/> Heat Treatment
	<input checked="" type="checkbox"/> Magnetic Particle
	<input checked="" type="checkbox"/> Cleanliness
	<input checked="" type="checkbox"/> ASME Data Report

- 1) Tested in accordance with Crosby Procedure T-16063 Rev. 0
- 2) _____
- 3) _____

This certifies that the listed Component(s) or Material(s) conform to the requirements of the above referenced Duke Power documents including all codes, standards, test requirements and Quality Assurance requirements invoked therein.

W. F. Lavigne
 Supplier Representative Authorized Signature
 Title Q. A. Supervisor Date March 14, 1978

(See Instructions)



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

Q.C.-44C

DATA REPORT
Safety and Safety Relief Valves

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

Model No. HB-86-BP Order No. N300580J Contract Date 3/25/76 National Board No. 524

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

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

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

5. Valve Identification SPARE - 2 Serial No. N56925-00-0008 Drawing No. DS-C-56925, Rev. C
Type Safety Orifice Size M Pipe Size - Inlet 6 Outlet 6
Safety, Safety Relief, Pilot, Power Actuated Inch Inch Inch Inch

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

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

Hydrostatic Test (PSIG) Inlet 4575 Complete Valve 750 psig

7. The material, design, construction and workmanship comply with ASME Code, Section III.
Class 1 Edition 1971, Addenda Date Winter 1972, Case No. _____

Pressure Containing or Pressure Retaining Components

a. Castings	Serial No. Identification	Material Specification Including Type or Grade
Body	<u>N90397-33-0008</u>	<u>ASME SA351 Gr. CF8M</u>
Bonnet	<u>N90353-44-0125</u>	<u>ASME SA105</u>
b. Bar Stock and Forgings		
Bellows K56383-40-0035	<u>N90356-42-0035</u>	<u>Inconel Alloy 718</u>
Nozzle	<u>N90399-35-0010</u>	<u>ASME SA182 Gr. F316</u>
Disc Insert	<u>N90426-36-0023</u>	<u>Haynes Stellite Alloy No. 6B</u>
Spring Washers K56380-42-0090	<u>N90350-37-0180</u> <u>N90350-37-0181</u>	<u>ASME SA105</u>
Adjusting Bolt	<u>N90351-44-0140</u>	<u>ASTM A193-70 Gr. B6</u> <u>ASME SA193 Gr. B6</u>
Spindle K56381-45-0141	<u>N90354-51-0145</u>	<u>ASTM A193-73 Gr. B6</u> <u>ASME SA193 Gr. B6</u>

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

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

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

Certificate of Authorization No. 1878 expires September 30, 1980

CERTIFICATE OF SHOP INSPECTION

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

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

Date 3/13/78 19 78
[Signature]
 (Inspector) Commissions NB 7325
MA 1109
 National Board, State, Province and No.

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

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

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

1a. Date 3/8/02

Sheet 1 of 1

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

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

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

3a. Work Order #: 98410310

Repair Organization Job #

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

3b. NSM or MM #: NA

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, None Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

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

Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8	
Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)	
A	Control Valve for S/G Snubber 2B	Lisega USA Inc	NA	NA	Part 4, Rear Compartment	NA	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	Control Valve for S/G 2B	Lisega USA Inc	NA	NA	Part 5, Front Compartment	NA	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	Control Valve for S/G 2B	Lisega USA Inc	NA	NA	Part 4, Rear Compartment	NA	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D	Control Valve for S/G 2B	Lisega USA Inc	NA	NA	Part 5, Front Compartment	NA	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replace snubber control valves.

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks Bench tested snubber control valves.

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed W. Black TECHNICAL SPECIALIST
Owner or Owner's Designee, Title

Date 3/8, 2002

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 3-4-02 to 3-14-02; 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 ASME Code, Section XI.

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

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

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

Date 3-14, 2002

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

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

1a. Date 3/15/02
Sheet 1 of 1

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

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

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

3a. Work Order #: 98435641
Repair Organization Job #

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

3b. NSM or MM #: MM-12577

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, None Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	HANGER 2-MCR-NC-4285	Duke Power Company	NA	NA	LIMIT STOP	NA	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	HANGER 2-MCR-NC-4285	Duke Power Company	NA	NA	SNUBBER S/N 35368	NA	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	HANGER 2-MCR-NC-4285	Duke Power Company	NA	NA	LIMIT STOP	NA	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D	HANGER 2-MCR-NC-4285	Duke Power Company	NA	NA	SNUBBER S/N 35369	NA	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced limit stops with hydraulic snubber.

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

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

9. Remarks None

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE	
We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u>W. Black, TECHNICAL SPECIALIST</u> Owner or Owner's Designee, Title	Date <u>3/15, 2002</u>

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>2-28-02 to 3-16-02</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
<u>R.D. Klein</u> Inspector's Signature	Commissions <u>NB7728, NC853, N-1</u> National Board, State, Province and Endorsements
Date <u>3-16, 2002</u>	

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

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

1a. Date 3/15/02

Sheet 1 of 1

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

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

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

3a. Work Order #: 98435641

Repair Organization Job #

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

3b. NSM or MM #: MM-12577

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, None Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	HANGER 2-MCR-NC-4274	Duke Power Company	NA	NA	LIMIT STOP	NA	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	HANGER 2-MCR-NC-4274	Duke Power Company	NA	NA	SNUBBER S/N 35424	NA	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	HANGER 2-MCR-NC-4274	Duke Power Company	NA	NA	PIVOT MOUNT ASSEMBLY	NA	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

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

1a. Date 3/15/02
Sheet 1 of 1

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

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

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

3a. Work Order #: 98435641
Repair Organization Job # _____

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

3b. NSM or MM #: MM-12577

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, None Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

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

Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A HANGER 2-MCR-NC-4275	Duke Power Company	NA	NA	LIMIT STOP	NA	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B HANGER 2-MCR-NC-4275	Duke Power Company	NA	NA	SNUBBER S/N 35425	NA	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C HANGER 2-MCR-NC-4275	Duke Power Company	NA	NA	PIVOT MOUNT ASSEMBLY	NA	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D HANGER 2-MCR-NC-4275	Duke Power Company	NA	NA	LIMIT STOP	NA	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
E HANGER 2-MCR-NC-4275	Duke Power Company	NA	NA	SNUBBER S/N 35366	NA	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
F						<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced limit stops with hydraulic snubber, added pivot mount.

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks None

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed W. Black TECHNICAL SPECIALIST
Owner or Owner's Designee, Title

Date 3/15, 2002

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 2-18-02 to 3-18-02; 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 ASME Code, Section XI.

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

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

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

Date 3-18, 2002

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

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

1a. Date 3/15/02

Sheet 1 of 1

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

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

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

3a. Work Order #: 98435641

Repair Organization Job #

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

3b. NSM or MM #: MM-12577

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, None Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

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

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	HANGER 2-MCR-NC-4287	Duke Power Company	NA	NA	LIMIT STOP	NA	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	HANGER 2-MCR-NC-4287	Duke Power Company	NA	NA	SNUBBER S/N 35423	NA	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced limit stop with hydraulic snubber.

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks None

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed R.E. Black, TECHNICAL SPECIALIST Date 3/15, 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 North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 2-28-02 to 3-18-02; 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 ASME Code, Section XI.

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

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

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

Date 3-18, 2002

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

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

1a. Date 3/15/02
Sheet 1 of 1

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

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

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

3a. Work Order #: 98435641
Repair Organization Job #

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

3b. NSM or MM #: MM-12577

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, None Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

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

Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8	
Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)	
A	HANGER 2-MCR-NC-4297	Duke Power Company	NA	NA	LIMIT STOP	NA	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	HANGER 2-MCR-NC-4297	Duke Power Company	NA	NA	SNUBBER S/N 35367	NA	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced limit stop with hydraulic snubber.

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

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

9. Remarks None

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed W. Black, TECHNICAL SPECIALIST Date 3/15, 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 North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 2-28-02 to 3-18-02; 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 ASME Code, Section XI.

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

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

Date 3/8, 2002

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

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

1a. Date 3/21/02
Sheet 1 of 1

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

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

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

3a. Work Order #: 98480119/01
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

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

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

Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	2-MCR-NV-4110	DUKE ENERGY	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B						<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C						<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D						<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E						<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F						<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

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

1a. Date October 10, 2001
Sheet 1 of 1

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

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

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

3a. Work Order #: 97097283
Repair Organization Job #

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

3b. NSM or MM #: N/A

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	2-VI-VA-0124	Kerotest	C20-9	N/A	N/A	1973	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

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

1a. Date 2/26/2002
Sheet 1 of 1

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

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

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

3a. Work Order #: 98044568
Repair Organization Job #

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NM - Nuclear Sampling 4. (b) Class of System: B

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

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

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	NM Piping	Duke Power	N/A	75	N/A	1982	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced flange nuts at valve 2NM-VA-0092 (Inlet)

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] FL Grass Jr., QA Tech Specialist Date 2/26/2002
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 North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 9-17-00 to 2-28-02; 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 ASME Code, Section XI.

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

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

Date 2-28-2002

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

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

1a. Date 3/11/02

Sheet 1 of 1

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

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

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

3a. Work Order #: 98153414/01

Repair Organization Job #

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

3b. NSM or MM #: N/A

4. (a) Identification of System: N/V 4. (b) Class of System: B

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	2NV-241	Fisher	5921351	792	N/A	1975	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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 form.

7. Description of Work Replaced Plug and Stem Assembly

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

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

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed F.R. Sorrow F.R. Sorrow, QA Tech Support 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 North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 3-5-02 to 3-14-02; 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 ASME Code, Section XI.

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

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

Date 3-14, 2002

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 10-16-00
 Sheet 1 of 1

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

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

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

3a. Work Order # 98159956-09
Repair Organization Job #

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

3b. NSM or MM # N/A

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

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VALVE 2SM 83	KEROTEST	2580	12304	2SM	1976	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	VALVE 2SM 83	KEROTEST	311367	N/A	2SM	1995	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : CUT & REPLACE VALVE BODY 2SM 83

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

Pressure 1000 psig Test Temp 500 °F
 Pressure _____ psig Test Temp _____ °F
 Pressure _____ psig Test Temp _____ °F

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed E. P. Robinson Exec. Supp. E.P. Robinson Date 10-16 20 00
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-26-00 to 10-17-00 ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

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

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

Date 10-17, 2000

**FORM N-2 CERTIFICATE HOLDERS' DATA REPORT FOR IDENTICAL
NUCLEAR PARTS AND APPURTENANCES***

As Required by the Provisions of the ASME Code, Section III
Not to Exceed One Day's Production

Manufactured and certified by BB/IP INTERNATIONAL INC PUMP DIV LOS ANGELES OPERATION 2300 VERNON AVE, VERNON CA 90058
(name and address of NPT Certificate Holder)

2. Manufactured for DUKE POWER CO MCGUIRE NUCLEAR STA HAGERS FERRY RD. HWY 73 HUNTERVILLE, N. C. 28078-8985
(name and address of Purchaser)

3. Location of installation DUKE POWER CO MCGUIRE NUCLEAR STA HAGERS FERRY RD. HWY 73 HUNTERVILLE, N. C. 28078-8985
(name and address)

4. Type: 10204-MO-1-(1) REV. C SAL05 GR II 70,000 PSI N/A 1995
(drawing no.) (mat'l. spec. no.) (tensile strength) (CRN) (year built)

5. ASME Code, Section III, Division 1: 1971 WINTER 1971 2 N/A
(edition) (addenda date) (class) (Code Case no.)

6. Fabricated in accordance with Const. Spec. (Div. 2 only) N/A Revision N/A Date N/A
(no.)

7. Remarks: BB/IP JOB NO. 94EP9100 PARTNAME: BODY

HYDROSTATIC TESTING NOT PERFORMED

NAMEPLATE ATTACHED BY WIRE

PRESSURE CLASS: 1500#

8. Nom. thickness (in.) N/A Min. design thickness (in.) N/A Dia. ID (ft & in.) N/A Length overall (ft & in.) N/A

9. When applicable, Certificate Holders' Data Reports are attached for each item of this report:

Part or Appurtenance Serial Number	National Board No. in Numerical Order
(1) 311367	N/A
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
(12)	
(13)	
(14)	
(15)	
(16)	
(17)	
(18)	
(19)	
(20)	
(21)	
(22)	
(23)	
(24)	
(25)	

Part or Appurtenance Serial Number	National Board No. in Numerical Order
(26)	
(27)	
(28)	
(29)	
(30)	
(31)	
(32)	
(33)	
(34)	
(35)	
(36)	
(37)	
(38)	
(39)	
(40)	
(41)	
(42)	
(43)	
(44)	
(45)	
(46)	
(47)	
(48)	
(49)	
(50)	

Design pressure 3600/1185 psi. Temp. 100/600 °F. Hydro. test pressure N/A at temp. °F
(when applicable)

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

Certificate Holder's Serial Nos. 311367 through N/A

CERTIFICATION OF DESIGN

Design specifications certified by N/A (when applicable) P.E. State N/A Reg. no. N/A

Design report* certified by N/A (when applicable) P.E. State N/A Reg. no. N/A

CERTIFICATE OF COMPLIANCE

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

NPT Certificate of Authorization No. N-1131 Expires JUNE 18, 1996

Date 2/17/95 Name BR/IP INTERNATIONAL INC (NPT Certificate Holder) Signed [Signature] (authorized representative)

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of CALIFORNIA and employed by ARKRIGHT MUTUAL INS CO FACTORY MUTUAL ENGINEERING ASSOCIATIONS of NORWOOD, MASS. have inspected these items described in this Data Report on February 17, 1995, and state that to the best of my knowledge and belief, the Certificate Holder has fabricated these parts or appurtenances in accordance with the ASME Code, Section III, Division 1. Each part listed has been authorized for stamping on the date shown above. By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the equipment described in this Data Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or loss of any kind arising from or connected with this inspection.

Date 2/17/95 Signed [Signature] (Authorized Inspector) Commissions Calif. - 1408 (Nat'l. Bd. (incl. endorsements) and state or prov. and no.)

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

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

1a. Date 2/26/2002

Sheet 1 of 1

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

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

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

3a. Work Order #: 98206327
Repair Organization Job #

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

3b. NSM or MM #: N/A

4. (a) Identification of System: FW – Refueling Water 4. (b) Class of System: B

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

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

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	FW Piping	Duke Power	N/A	54	N/A	1982	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

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

1a. Date 3/18/02
Sheet 1 of 1

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

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

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

3a. Work Order #: 98214085/04
Repair Organization Job # _____

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

3b. NSM or MM #: MGMM-11245

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	2VI-40	KEROTEST	S20-12	N/A	N/A	1973	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	2VI-40	FLOWSERVE	E371A-48-1	2507	N/A	2000	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced welded valve with a flanged in valve

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

Pressure 100 psig Test Temp. **** °F
 Pressure _____ psig Test Temp. _____ °F
 Pressure _____ psig Test Temp. _____ °F

9. Remarks **Code Case N-416-1

****Ambient Temperature

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed F.R. Sorrow F.R. Sorrow, QA Tech Support
 Owner or Owner's Designee, Title

Date 3/18, 2002

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 8-24-00 to 3-18-02; 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 ASME Code, Section XI.

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

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

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

Date 3-18, 2002

Certificate Holder's Serial No. E371A-48-1

8. Design conditions 1440 psi 100 °F or valve pressure class 600 (1)
(pressure) (temperature)
9. Cold working pressure 1440 psi at 100°F
10. Hydrostatic test 2175 psi. Disk differential test pressure 1584 psi
11. Remarks: Material: Seat Ring: SA479-316L: HT# 512122: SN: 2

CERTIFICATION OF DESIGN

Design Specification certified by F. A. Bensinger P.E. State PA Reg. no. PE-31002-E
 Design Report certified by Theron C. Bartlett II P.E. State PA Reg. no. _____
PE-039036-E

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and that this pump or valve conforms to the rules for construction of the ASME Code, Section III, Division 1.

N Certificate of Authorization No. N1712 Expires 4/15/01
Flowserve Corp.
 Date 11-17-00 Name _____ Signed PR Allker
(N Certificate Holder) (authorized representative)

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or ~~Province~~ of Pennsylvania and employed by Commercial Union Ins. Co. of Boston, Mass. have inspected the pump, or valve, described in this Data Report on 626th 11-22-00, and state that to the best of my knowledge and belief, the Certificate Holder has constructed this pump, or valve, in accordance with the ASME Code, Section III, Division 1.

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

Date 11-22-00 Signed Charles Young Commissions UP9544N
Charles Young (Authorized Inspector) Pennsylvania 2392 256
(Nat'l. Bd. (incl. endorsements) and state or prov. and no.)

(1) For manually operated valves only.

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

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

1a. Date April 1, 2002
Sheet 1 of 1

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

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

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

3a. Work Order #: 98225471
Repair Organization Job # _____

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

3b. NSM or MM #: MGMM-13209

4. (a) Identification of System: SA - Main Steam Supply to Aux Equip 4. (b) Class of System: B

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

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

Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	2SA-49	Attwood Morrill	1-15448-20	346	N/A	1986	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	2SA-49	Atwood Morrill	1-15448-01	345	N/A	1986	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C	2-MCA-SA-5163	Duke Power	N/A	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D	Piping	Duke Power	N/A	62	N/A	1982	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement <input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement <input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced valve body and two piece disc. Deleted hanger 2-MCA-SA-5163, and added SA2FW9-30 and pipe.

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

Pressure 1079 psig Test Temp. 560 °F
 Pressure _____ psig Test Temp. _____ °F
 Pressure _____ psig Test Temp. _____ °F

9. Remarks Code case N 416-1

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] FL Grass Jr., QA Tech Specialist Date 2/11, 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 North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 2-28-02 to 4-9-02; 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 ASME Code, Section XI.

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

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

Date 4-9, 2002

MANUFACTURER'S REPORT OF WELDED REPAIRS OR ALTERATIONS

1	REPAIRED BY (Name and address of Manufacturer or Repair Concern) Atwood & Morrill Co., Inc. 285 Canal Street, Salem, MA 01970	
2	REPAIRED FOR (Name and plant address of owner) Duke Power Co. McGuire Nuclear Station, Cowans Ford, NC 28216	
3	OBJECT AND TYPE (Boiler, pressure vessel, P.T., W.T., stack, etc.) Valve Body from 6" 900# Gate Valve (Valve S/N 1-15448-01)	
4	IDENTIFICATION NUMBERS (Owner's, Stock, other) Ht No. 228486-C2 (Material: SA216-WCC)	YEAR BUILT 1986
5	DESCRIPTION OF REPAIR (Use separate sheet or sheets if necessary) 1. Removed original body seat rings - PT/RT seat pockets 2. Mfg'r new seat rings, hardface w/stell. #6, PT Hardfacing 3. Seal Weld new rings into body, PT seal welds 4. Regenerate weld end preps to A&M Ass'y dwg. 15448-01 (Rev. 4) 5. PT new weld end preps after machining 6. Dimensional inspect body to A&M Dwg.s 22569-D (Rev. 1) & 15448-01 (Rev. 4)	
6	REPAIRS MADE IN ACCORDANCE WITH <input type="checkbox"/> Owner's Instructions <input type="checkbox"/> Nat'l Board Rules <input checked="" type="checkbox"/> Repair Concern's Plans (A&M RGA# 069/SO # 37753)	
7	REPAIR PLANS APPROVED BY (Name of Owner representative) Duke Power Co. (P.O.#C19289-M6-001)	DATE OF APPROVAL 3-4-93
8	WELDING PROCEDURE QUALIFICATION AND WELDER QUALIFICATION IN ACCORDANCE WITH ASME CODE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	PROCEDURE DESIGNATION See Below	DATE OF QUALIFICATION See Below
	WELDER'S NAME W. Greener	DATE LAST QUALIFIED 4-7-88
	WELDER'S NAME R. Trecartin	DATE LAST QUALIFIED 1-21-93
	WELDER'S NAME ---	DATE LAST QUALIFIED ---
9	REPAIRS COMPLETED (Date) 11-10-93	HYDROSTATIC TEST (Pressure) N/A

We certify the above statements to be correct and that the repairs when completed satisfactorily withstood the hydrostatic test without evidence of leakage or other signs of distress.

Date 12/3 1993 Signed Atwood & Morrill Co. Inc By Brian D. Sullivan
(Manufacturer or Repair Concern) (Representative)

CERTIFICATE OF WELDED REPAIR INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and/or the State of New York have inspected during repair the object described above and state that to the best of my knowledge and belief the statements made and certified to above by the representative of Atwood & Morrill Co., Inc. are correct.
(Manufacturer or Repair Concern)

By signing this certificate neither the Inspector nor The Hartford Steam Boiler Inspection and Insurance Company makes any warranty, expressed or implied, concerning the object described in this report. Furthermore neither the Inspector nor The Hartford Steam Boiler Inspection and Insurance Company shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection, except such liability as may be provided in a policy of insurance which The Hartford Steam Boiler Inspection and Insurance Company may issue upon said object and then only in accordance with the terms of said policy.

Date December 3 1993 Signed J. W. Burke Commissions NB1188 (N.A.) NY5061
(Inspector) (State or Nat'l Board No.)

2011

8. (continued)

Procedure Designation	Qualification Date
90-61-004 (Rev. 4)	12-8-87
90-64-105 (Rev. 2)	2-19-81
90-64-126 (Rev. 2)	9-29-86



Atwood and Morrill Co., Inc.

DESIGNERS AND MANUFACTURERS SINCE 1900

285 CANAL STREET - SALEM, MA 01970-4544

TELEPHONE (508) 744-5690

TELEX 94-0299

FAX (508) 741-3626

CERTIFICATE OF COMPLIANCE

DATE: 12-3-93

CUSTOMER: DUKE POWER COMPANY

CUSTOMER P.O. NO.: C19289-M6-001 (C/O DATED 3-4-93)

A&M S.O. NO.: 37753

DESCRIPTION: REPAIR OF (1) 6" 900# GATE VALVE BODY
ORIGINAL VALVE S/N 1-15448-01

MCS 39415

<u>CUSTOMER ITEM NO.</u>	<u>A&M ITEM NO.</u>	<u>QTY.</u>	<u>PRODUCT</u>
01	01	1	VALVE BODY*(SA216-WCC) HT NO. 228486 (S/N C2) A&M P/N 41434-502-2101-000 DUKE POWER I.D.# 2548359029N
(01)	02	2	SEAT RING (A515-70) HT. NO. 802V39220 (S/N 1 & 2) A&M P/N 32331-706-2788-101

*ASME Section III, Class 2, 1983 Edition, Winter 1984 Addenda. All work performed in accordance with the A&M Quality Assurance Manual, Fourth Edition, Rev. 2, dated 4-1-92.

The above materials and repairs performed meet the requirements of your specification MCS 1205.37-00-0001 (Rev. 2).

We hereby certify that the product described above, shipped against the subject order, conforms to all specifications and instructions in the contract.

Michael D. Lyons 12/3/93
Michael D. Lyons
Sr. Q.A. Engineer

DUKE POWER COMPANY
QA RECORDS APPROVED
<i>M.R. Garrett</i>
QA REPRESENTATIVE
DATE <u>12-15-93</u>

FORM NIS-2 OWNER'S REPORT **REPAIRS OR REPLACEMENTS**
 As Required By The Provision The ASME Code Section XI

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

1a. Date 09/26/00
 Sheet 1 of 1

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

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

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

3a. Work Order # 98233054
 Repair Organization Job # _____

3b. NSM or MM # N/A

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

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Valve	Walworth	A0165	81	2CF-163	1974	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : Replaced Disc Assembly

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

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

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed F. R. Sorrow Exec. Supp. Date 09/26 20 00
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-1-00 to 10-26-00 ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

R. D. Klein R. D. Klein Commissions NB7728, NC853, N-I
 Inspector's Signature National Board, State, Province and Endorsements
 Date 10-26, 20 00

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

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

1a. Date October 16, 2000
Sheet 1 of 1

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

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

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

3a. Work Order #: 98243714
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: KC - Component Cooling 4. (b) Class of System: B

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	2B Heat Exchanger	Delta Southern Co.	23801-73-4	3388	MC 2 KC HX0006	1973	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced stud

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

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

Date 10/16/2000

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-7-00 to 10-17-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

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

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

Date 10-17-2000

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

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

1a. Date 3/15/02
Sheet 1 of 1

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

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

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

3a. Work Order #: 98243855
Repair Organization Job # _____

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

3b. NSM or MM #: NA

4. (a) Identification of System: BB Steam Generator Blowdown System 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, None Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

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

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	HANGER 2-MCA-BB-5024	Duke Power Company	NA	NA	SNUBBER S/N 10133	NA	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	HANGER 2-MCA-BB-5024	Duke Power Company	NA	NA	SNUBBER S/N 61257/044	NA	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

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

1a. Date October 18, 2000

Sheet 1 of 1

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

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

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

3a. Work Order #: 98267347

Repair Organization Job #

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

3b. NSM or MM #: N/A

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	2SM-VA-95	Kerotest	TM5-6	12303	N/A	1976	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced bonnet and disc

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

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

Date 12/18/2000

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-22-00 to 10-18-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

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

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

Date 10-18-2000

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 10-16-00
 Sheet 1 of 1

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

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

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

3a. Work Order # 98271575-03
Repair Organization Job #

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

3b. NSM or MM # MGMM11347

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

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	SM PIPING	DUKE POWER	N/A	70	2SM	1982	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : ADD RESTRICTED BORE COUPLING BELOW

VALVE 2SM-83

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

Pressure 1000 psig Test Temp 500 °F
Pressure _____ psig Test Temp _____ °F
Pressure _____ psig Test Temp _____ °F

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed E. P. Robinson Exec. Supp.
Owner or Owner's Designee, Title

Date 10-16 20 00

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-15-00 to 10-17-00 ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

R. D. Klein
Inspector's Signature

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

Date 10-17, 2000

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 10-16-00
 Sheet 1 of 1

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

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

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

3a. Work Order # 98271711-03
Repair Organization Job #

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

3b. NSM or MM # MGMM11347

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

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	SM PIPING	DUKE POWER	N/A	70	2SM	1982	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : ADD RESTRICTED BORE COUPLING BELOW

VALVE 2SM-89

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

Pressure	<u>1000</u>	psig	Test Temp	<u>500</u>	°F
Pressure	<u> </u>	psig	Test Temp	<u> </u>	°F
Pressure	<u> </u>	psig	Test Temp	<u> </u>	°F

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed E. P. Robinson Exec. Supp. *E.P. Robinson* Date 10-16 20 00
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-15-00 to 10-17-00 ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

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

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

Date 10-17, 2000

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 09-27-00
 Sheet 1 of 1

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

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

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

3a. Work Order # 98271713-03
Repair Organization Job #

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

3b. NSM or MM # MGMM11347

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

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	SM PIPING	DUKE POWER	N/A	70	2SM	1982	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : ADD RESTRICTED BORE COUPLING BELOW

VALVE 2SM-95

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

Pressure	<u>1000</u>	psig	Test Temp	<u>500</u>	°F
Pressure	<u> </u>	psig	Test Temp	<u> </u>	°F
Pressure	<u> </u>	psig	Test Temp	<u> </u>	°F

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE			
We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.			
Type Code Symbol Stamp	<u>N/A</u>		
Certificate of Authorization No.	<u>N/A</u>		
Signed	<u>E. P. Robinson Exec. Supp.</u> <small>Owner or Owner's Designee, Title</small>		Expiration Date <u>N/A</u>
		Date	<u>10-16</u> 20 <u>00</u>

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSBI and I Company of Hartford Connecticut</u> have inspected the components described in this Owner's Report during the period <u>9-15-00</u> to <u>10-17-00</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
R. D. Klein Inspector's Signature	Commissions <u>NB7728, NC853, N-I</u> National Board, State, Province and Endorsements
Date <u>10-17</u> , 20 <u>00</u>	

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 10-16-00
 Sheet 1 of 1

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

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

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

3a. Work Order # 98271715-03
Repair Organization Job #

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

3b. NSM or MM # MGMM11347

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

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	SM PIPING	DUKE POWER	N/A	70	2SM	1982	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : ADD RESTRICTED BORE COUPLING BELOW

VALVE 2SM-101

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

Pressure	<u>1000</u>	psig	Test Temp	<u>500</u>	°F
Pressure	<u> </u>	psig	Test Temp	<u> </u>	°F
Pressure	<u> </u>	psig	Test Temp	<u> </u>	°F

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed E. P. Robinson Exec. Supp. *EP Robinson* Date 10-16 20 00
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSEI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-15-00 to 10-17-00 ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

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

Date 10-17, 20 00

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

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

1a. Date October 18, 2000

Sheet 1 of 1

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

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

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

3a. Work Order #: 98316557
Repair Organization Job #

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

3b. NSM or MM #: N/A

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

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

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

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	2-MCA-SM-HG-17	Duke Power	7238	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced pivot pin

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

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

Date 10/18/2000

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-30-00 to 10-18-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

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

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

Date 10-18-2000

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

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

1a. Date 3/11/02
Sheet 1 of 1

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

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

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

3a. Work Order #: 98325586/01
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	2NV-150B	Kerotest	AFH1-5	36235	N/A	1983	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced valve disc

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

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

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed F.R. Sorrow F.R. Sorrow, QA Tech Support
Owner or Owner's Designee, Title

Date 3/11, 2002

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 3-5-02 to 3-14-02; 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 ASME Code, Section XI.

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

R.D. Klein
Inspector's Signature

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

Date 3-14-2002

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

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

1a. Date 3/15/02

Sheet 1 of 1

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

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

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

3a. Work Order #: 98331892

Repair Organization Job #

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

3b. NSM or MM #: MM-12175, VN-12175A

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, None Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	HANGER 2-MCA-S-NC-506-01-A	Duke Power Company	NA	NA	REAR BRACKET	NA	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	HANGER 2-MCA-S-NC-506-01-A	Duke Power Company	NA	NA	REAR BRACKET	NA	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work: Rotated rear bracket.

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks: Rear bracket was cut off hanger, located 90° from original position and welded back in place.

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed H. Blash Technical Specialist Date 3/15, 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 North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 3-14-02 to 3-18-02; 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 ASME Code, Section XI.

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

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

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

Date 3-18, 2002

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

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

1a. Date 3/22/02
Sheet 1 of 1

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

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

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

3a. Work Order #: 98331892/18
Repair Organization Job # _____

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

3b. NSM or MM #: MGMM-12175

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	2NC-56B	ITT GRINNELL	78-51024-04-6	WR4139	N/A	1979	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	2NC-56B	ITT GRINNELL	78-51024-3-3	WR3933	N/A	1978	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C	PIPING	DUKE ENERGY	N/A	82	N/A	1982	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced valve, and pipe, .

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

Pressure 100 psig Test Temp. 80 °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks **Code Case N-416-1

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed F.R. Sorrow F.R. Sorrow, QA Tech Support Date 3/22, 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 North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 16-15-01 to 3-22-02; 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 ASME Code, Section XI.

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

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

Date 3-22, 2002

Mark No.	Material Spec. No.	Manufacturer	Remarks
(c) Bolting			
78-51024 -3-1 thru -6 Studs	ASME SA453	Victor Prods.	Gr. 660
78-51024 -3-1 thru -6 Nuts	ASME SA194	Victor Prods.	Gr. 8
(d) Other Parts			
Diaph. Grade M	---	Acushnet	EPT Nordel

8. Hydrostatic test 425 psi.

CERTIFICATION OF DESIGN

Design information on file at ITT Grinnell Valve Co., Inc., Lancaster, PA
 Stress analysis report on file at " " " " " " " "
 Design specifications certified by Thomas F. Wyke (1) Prof. Eng. State NC Reg. No. 4870
 Stress analysis report certified by NA (1) Prof. Eng. State _____ Reg. No. _____
 (1) Signature not required. List name only.

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

Date July 19, 1978 Signed ITT Grinnell Valve Co., Inc. By C. R. Hill
(Manufacturer) Q.C. Engineer
 Certificate of Authorization No. N-2092-1 expires 4/7/81

CERTIFICATE OF SHOP INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and/or the State of Province of PA and employed by H.S.B. I. & I. Co. of Hartford, CT have inspected the equipment described in this Data Report on 7-19 1978, and state that to the best of my knowledge and belief, the Manufacturer has constructed this equipment in accordance with the applicable Subsections of ASME Code, Section III.

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

Date 7-19 1978

R. A. Wardrop (Inspector) Commissions NB 5586 (National Board, State, Province and No.)

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

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

1a. Date 3/12/02

Sheet 1 of 1

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

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

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

3a. Work Order # : 98352858/01
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

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

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

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	Piping	Duke Energy	N/A	73	N/A	1982	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

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

1a. Date 3/19/02

Sheet 1 of 1

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

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

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

3a. Work Order #: 98389064/01
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	2VE-11	Mission-Duo	NI5028	10	N/A	1979	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 03/07/02

Sheet 1 of 1

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

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

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

3a. Work Order # : 98394081/05
 Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: N/C 4. (b) Class of System: B

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

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

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

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

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

1a. Date 3/11/02

Sheet 1 of 1

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

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

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

3a. Work Order #: 98394086/05
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: N/C 4. (b) Class of System: B

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

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

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

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

7. Description of Work Replaced (1) Stud and (1) Nut in Handhold #4 and (1) Stud in Handhole #6 on S/G 2B

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

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

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed F.R. Sorrow F.R. Sorrow, QA Tech Support 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 North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 3-7-02 to 3-14-02; 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 ASME Code, Section XI.

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

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

Date 3-14, 2002

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

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

1a. Date 3/18/02
Sheet 1 of 1

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

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

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

3a. Work Order # : 98410990/06
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	2SM-5AB	Atwood/Morrill	7-623	N/A	N/A	1976	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced Pilot Poppet Guide Studs

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

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

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed F.R. Sorrow F.R. Sorrow, QA Tech Support Date 3/18, 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 North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 3-2-02 to 3-19-02; 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 ASME Code, Section XI.

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

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

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

Date 3-19, 2002

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

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

1a. Date March 27, 2002
Sheet 1 of 1

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

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

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

3a. Work Order #: 98411030
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	2SM-89	Kerotest	TM5-4	12301	N/A	1976	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced valve bonnet and disc

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

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

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] FL Grass Jr., QA Tech Specialist Date 3/27/2002
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 North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 3-8-02 to 3-27-02; 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 ASME Code, Section XI.

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

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

Date 3-27-2002

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

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

1a. Date 3/25/02
Sheet 1 of 1

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

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

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

3a. Work Order #: 98417274/10
Repair Organization Job # _____

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

3b. NSM or MM #: MGMM-12130

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

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

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

Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	PIPING	DUKE ENERGY	N/A	70	N/A	1982	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement <input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement <input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement <input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement <input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement <input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Added blank coupling at SM2FW8-53

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

Pressure 1090 psig Test Temp. 560 °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks **Code Case N-416-1

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed F.R. Sorrow F.R. Sorrow, QA Tech Support
Owner or Owner's Designee, Title

Date 3/25, 2002

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 2-18-02 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 ASME Code, Section XI.

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

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

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

Date 3-25, 2002

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

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

1a. Date 3/25/02
Sheet 1 of 1

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

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

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

3a. Work Order #: 98417344/09
Repair Organization Job # _____

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

3b. NSM or MM #: MGMM-12130

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

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

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

Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	PIPING	DUKE ENERGY	N/A	70	N/A	1982	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement <input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement <input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement <input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement <input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement <input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Added blank coupling at SM2FW29-15

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

Pressure 1090 psig Test Temp. 560 °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks **Code Case N-416-1

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed F.R. Sorrow F.R. Sorrow, QA Tech Support
Owner or Owner's Designee, Title

Date 3/25, 2002

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 2-18-02 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 ASME Code, Section XI.

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

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

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

Date 3-25, 2002

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

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

1a. Date 3/25/02
Sheet 1 of 1

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

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

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

3a. Work Order #: 98418626/10
Repair Organization Job # _____

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

3b. NSM or MM #: MGMM-12130

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

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

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

Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	PIPING	DUKE ENERGY	N/A	70	N/A	1982	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement <input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement <input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement <input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement <input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement <input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Added 2" blank coupling at SM2FW31-15

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

Pressure 1090 psig Test Temp. 560 °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks **Code Case N-416-1

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed F.R. Sorrow F.R. Sorrow, QA Tech Support 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 North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 218-02 to 325-02; 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 ASME Code, Section XI.

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

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

Date 3-25, 2002

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

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

1a. Date 3/25/02
Sheet 1 of 1

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

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

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

3a. Work Order #: 98418628/09
Repair Organization Job # _____

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

3b. NSM or MM #: MGMM-12130

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

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

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

Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	PIPING	DUKE ENERGY	N/A	70	N/A	1982	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement <input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement <input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement <input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement <input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement <input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Added blank coupling at SM2FW30-15

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

Pressure 1090 psig Test Temp. 560 °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks **Code Case N-416-1

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed F.R. Sorrow F.R. Sorrow, QA Tech Support
Owner or Owner's Designee, Title

Date 3/25, 2002

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 2-18-02 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 ASME Code, Section XI.

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

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

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

Date 3-25, 2002

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

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

1a. Date 3/11/02
Sheet 1 of 1

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

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

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

3a. Work Order # : 98424802/01
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: N/V 4. (b) Class of System: B

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	2NV-227	Kerotest	CK2-25	3968	N/A	1974	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced Disc

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

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

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed F.R. Sorrow F.R. Sorrow, QA Tech Support 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 North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 3-5-02 to 3-14-02; 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 ASME Code, Section XI.

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

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

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

Date 3-14-2002

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

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

1a. Date 1/10/2002
Sheet 1 of 1

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

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

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

3a. Work Order #: 98424833
Repair Organization Job #

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

3b. NSM or MM #: MGMM11799

4. (a) Identification of System: KF - Spent Fuel Cooling 4. (b) Class of System: B

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	2-MCA-KF-3056	Duke Power	N/A	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

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

1a. Date 3/16/02
Sheet 1 of 1

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

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

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

3a. Work Order #: 98433383/04
Repair Organization Job # _____

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

3b. NSM or MM #: MGMM-12174

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	2RV-0032A	POSI-SEAL	49789-2A	222	N/A	1990	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	2RV-0032A	FISHER	8308B-01A	371	N/A	1999	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced valve and studs and nuts in 2RV30-FL3

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

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

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed F.R. Sorrow F.R. Sorrow, QA Tech Support
Owner or Owner's Designee, Title

Date 3/16, 2002

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 3-7-02 to 3-16-02; 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 ASME Code, Section XI.

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

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

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

Date 3-16, 2002

Certificate Holder's Serial No. 8308B-01A

8. Design conditions 135 psi 250 For or valve pressure class N/A (1)
 (pressure) (temperature)
9. Cold working pressure 150 psi at 100°F
10. Hydrostatic test 425 psi. Disk differential test pressure 165 psi
11. Remarks: _____

CERTIFICATION OF DESIGN

Design Specification certified by Daniel Grady Gardner P.E. State SC Reg. no. 8234
 Design Report certified by _____ P.E. State _____

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and that this pump or valve conforms to the rules for construction of the ASME code, Section III, Division 1.

N Certificate of Authorization No. N - 1846 Expires SEPTEMBER 2, 2001

Date 4/23/99 Name FISHER CONTROLS INTERNATIONAL INC. Signed Robert D. Gray
 (N Certificate Holder) (authorized representative)

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of CONNECTICUT and employed by COMMERCIAL UNION INSURANCE COMPANY of BOSTON, MA have inspected the pump, or valve, described in this Data Report on 4-23-99 and state that to the best of my knowledge and belief, the Certificate Holder has constructed this pump, or valve, in accordance with the ASME Code, Section III, Division 1.

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

Date 4/23/99 Signed R. Grant Commissions NB. 8504 A VI CT 1414
 (Authorized Inspector) (Nat'l. Bd. (include Endorsements) and state or prov. and no.)

(1) For manually operated valves only.

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

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

1a. Date 3/14/02
Sheet 1 of 1

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

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

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

3a. Work Order #: 98452800/01
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

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

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

Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8	
Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)	
A	2CF-120	PACIFIC	0243-6	78	N/A	1977	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced body to bonnet studs and nuts.

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

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

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed F.R. Sorrow F.R. Sorrow, QA Tech Support
Owner or Owner's Designee, Title

Date 3/14, 2002

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 3-7-02 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 ASME Code, Section XI.

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

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

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

Date 3-15, 2002

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

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

1a. Date 3/12/02

Sheet 1 of 1

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

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

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

3a. Work Order # : 98476285/10
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NC

4. (b) Class of System: B

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	2NC-0029C	Fisher	5722818	921	N/A	1977	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced Vee-Ball Assembly and Body to Bonnet Studs and Nuts

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

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

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed F.R. Sorrow F.R. Sorrow, QA Tech Support Date 3/12, 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 North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 3-3-02 to 3-14-02; 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 ASME Code, Section XI.

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

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

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

Date 3-14-2002

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

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

1a. Date 3/14/02

Sheet 1 of 1

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

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

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

3a. Work Order #: 98478027/01
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	2KC-0479	KEROTEST	DA7-25	6182	N/A	1975	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced valve disc

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

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

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed F.R. Sorrow F.R. Sorrow, QA Tech Support Date 3/14, 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 North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 3/2/02 to 3/14/02; 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 ASME Code, Section XI.

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

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

Date 3/14, 2002

11.0 Pressure Testing

This is a two-part summary showing a compilation of pressure tests conducted from refueling outage EOC-13 through refueling outage EOC-14.

Second Period Summary

The first section shows the Second Period completion status of pressure tests conducted from refueling outage EOC-13 until March 1, 2001 (the end of the second inspection period).

Examination Category	Test Requirement	Total Examinations Credited Since Refueling Outage 13
C-H	System Inservice/Functional Test (IWC-5221)	7
C-H	System Hydrostatic Test (IWC-5222)	2

Period Completion Status

Examination Category	Test Requirement	Total Examinations Required For This Period	Total Examinations Credited For This Period	(%) Examinations Complete For This Period
B-E	System Hydrostatic Test (IWB-5222)	0	0	0%
B-P	System Leakage Test (IWB-5221)	3	3	100%
B-P	System Hydrostatic Test (IWB-5222)	0	0	0%
C-H	System Inservice/Functional Test (IWC-5221)	35	35	100%
C-H	System Hydrostatic Test (IWC-5222)	15 ¹	15	100%

¹ This number was documented as sixteen in the last summary report. As a result of an outage schedule revision (per plan addendum 2MNS-089), this number has been changed to fifteen. The ten pending items listed in Refueling Outage Summary Report EOC13 now becomes nine pending items.

The following is a detailed description of the ten pressure tests listed as "pending" for the Second Period in the last summary report:

Item Number	ISI Drawing	Required Test	Test Status	Test Result	VT-2 Date	Comments
C07.030.012	MCL-2563-1.0	Inservice	Complete	Clear	02/21/01	This test includes VT-2 Examination for C02.033.005 and C02.033.006.
C07.030.020	MCL-2572-3.0	Functional	Complete	Clear	10/10/00	
C07.030.027	MCL-2584-1.0	Inservice	Complete	Recordable	02/14/01	
C07.030.028	MCL-2591-1.1	Inservice	Complete	Recordable	02/14/01	
C07.030.031	MCL-2592-1.0	Inservice	Complete	Recordable	02/14/01	
C07.030.032	MCL-2593-1.2	Inservice	Complete	Clear	02/21/01	
C07.030.034	MCL-2617-1.0	Inservice	Complete	Recordable	02/27/01	
C07.040.018	MCH-2562-3.0	Hydro	Complete	Clear	01/23/01	
C07.040.019	MCH-2562-3.1	Hydro	Complete	Clear	01/23/01	
C07.040.021	MCH-2563-1.0	Hydro	N/A	N/A	N/A	To be performed in 3 rd Period

Third Period Summary

This section shows a compilation of pressure tests conducted from March 1, 2001 (the end of the second inspection period) through refueling outage EOC-14.

Outage Summary

Examination Category	Test Requirement	Total Examinations Credited For This Outage
B-E	System Hydrostatic Test (IWB-5222)	0
B-P	System Leakage Test (IWB-5221)	1
B-P	System Hydrostatic Test (IWB-5222)	0
C-H	System Inservice/Functional Test (IWC-5221)	0
C-H	System Hydrostatic Test (IWC-5222)	2

A detailed description of each Examination Category listed above is located in subsection 11.1 of this report. Results of each Examination Category are located in subsection 11.2 of this report.

This section shows a complete status of pressure tests conducted during the third period.

Period Summary

Examination Category	Test Requirement	Total Examinations Required For This Period	Total Examinations Credited For This Period	(%) Examinations Complete For This Period
B-E	System Hydrostatic Test (IWB-5222)	0	0	0%
B-P	System Leakage Test (IWB-5221)	1	1	100%
B-P	System Hydrostatic Test (IWB-5222)	1	0	0%
C-H	System Inservice/Functional Test (IWC-5221)	14	0	0%
C-H	System Hydrostatic Test (IWC-5222)	45	2	4.44%

11.1 Required Examinations This Outage:

A listing of each VT-2 Visual Examination that is required for EOC-14 is included in this section.

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

Item No.	=	ASME Section XI Tables IWB-2500-1 (Class 1) and IWC-2500-1 (Class 2)
ISI Drawing	=	Detail Drawing of Inspection Boundary
Required Test	=	Type of Pressure Test
System Name	=	Name of Pressure Retaining Component System
Required Inspection	=	Type of Visual Examination Required
Required Procedure	=	Required Inspection Procedure
Comments	=	General and/or Detail Description

Duke Power Company - McGuire Unit 2
Pressure Testing Item Number Listing

Outage 14

<u>Item Number</u>	<u>ISI Drawing</u>	<u>Required Test</u>	<u>System Name</u>	<u>Required Inspection</u>	<u>Required Procedure</u>	<u>Comments</u>
B15.050.001	SEE COMMENTS	LEAKAGE	NC SYSTEM	VT-2	QAL-15	Class A Leakage Boundary Dwgs: MCL-2553-1.0, MCL-2553-2.0, MCL-2554-1.0, MCL-2554-1.1, MCL-2554-1.2, MCL-2561-1.0, MCL-2562-1.0, MCL-2562-2.0, MCL-2562-2.1, MCL-2562-3.0, MCL-2562-3.1

**Duke Power Company - McGuire Unit 2
Pressure Testing Item Number Listing**

Outage 14

<u>Item Number</u>	<u>ISI Drawing</u>	<u>Required Test</u>	<u>System Name</u>	<u>Required Inspection</u>	<u>Required Procedure</u>	<u>Comments</u>
C07.030.008	MCL-2562-2.1	INS/FUN	NI SYSTEM	VT-2	QAL-15	This test is required for periods 1,2 and 3 - Penetration M-321 - Reference PIP#2-M95-0043
C07.040.016	MCH-2562-2.0	HYDRO	NI SYSTEM	VT-2	QAL-15	Penetration M-330
C07.040.017	MCH-2562-2.1	HYDRO	NI SYSTEM	VT-2	QAL-15	This test is required for periods 2 and 3 - Penetration M-321
C07.040.019	MCH-2562-3.1	HYDRO	NI SYSTEM	VT-2	QAL-15	This test is required for periods 2 and 3. This system is complete for the 2nd period.
C07.040.024	MCH-2571-1.0	HYDRO	FW SYSTEM	VT-2	QAL-15	This test requires period 2 examination for pen 2M-377 and period 3 examination for pen 2M-358. Code Case N-522 was used for 2nd period.
C07.040.025	MCH-2572-1.0	HYDRO	NM SYSTEM	VT-2	QAL-15	Penetrations M-235 and M-309
C07.040.026	MCH-2572-1.1	HYDRO	NM SYSTEM	VT-2	QAL-15	Penetration M-280
C07.040.031	MCH-2573-3.1	HYDRO	KC SYSTEM	VT-2	QAL-15	Penetrations M-217, M-218, M-320, M-327, M-355 and M-376
C07.040.033	MCH-2574-4.0	HYDRO	RN SYSTEM	VT-2	QAL-15	Penetrations M-307 and M-315
C07.040.044	MCH-2604-3.0	HYDRO	RV SYSTEM	VT-2	QAL-15	Penetrations M-240, M-279, M-385 and M-390

Duke Power Company - McGuire Unit 2
Pressure Testing VT-2 Results For Outage 14

<u>Item Number</u>	<u>ISI Drawing</u>	<u>Required Test</u>	<u>Test Status</u>	<u>Test Result</u>	<u>VT-2 Date</u>	<u>Comments</u>
B15.050.001	SEE COMMENTS	LEAKAGE	COMPLETE	CLEAR	03/25/2002	Class A Leakage Boundary Dwgs: MCL-2553-1.0, MCL-2553-2.0, MCL-2554-1.0, MCL-2554-1.1, MCL-2554-1.2, MCL-2561-1.0, MCL-2562-1.0, MCL-2562-2.0, MCL-2562-2.1, MCL-2562-3.0, MCL-2562-3.1

11.2 Examination Results For This Outage:

The results of each VT-2 Visual Examination that is required for EOC-14 are included in this section.

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

Item Number	=	ASME Section XI Tables IWB-2500-1 (Class 1) and IWC-2500-1 (Class 2)
ISI Drawing	=	Detail Drawing of Inspection Boundary
Required Test	=	Type of Pressure Test
Test Status	=	Complete, Partial, Not Tested, or Not Required
Test Result	=	Clear, Recordable, or Reportable
VT-2 Date	=	Date VT-2 Visual Examination Was Performed
Comments	=	General and/or Detail Description

**Duke Power Company - McGuire Unit 2
Pressure Testing VT-2 Results For Outage 14**

<u>Item Number</u>	<u>ISI Drawing</u>	<u>Required Test</u>	<u>Test Status</u>	<u>Test Result</u>	<u>VT-2 Date</u>	<u>Comments</u>
C07.030.008	MCL-2562-2.1	INS/FUN	PARTIAL	CLEAR	03/13/2002	This test is required for periods 1,2 and 3 - Penetration M-321 - Reference PIP#2-M95-0043
C07.040.016	MCH-2562-2.0	HYDRO	COMPLETE	CLEAR	03/16/2002	Penetration M-330
C07.040.017	MCH-2562-2.1	HYDRO	COMPLETE	CLEAR	03/16/2002	This test is required for periods 2 and 3 - Penetration M-321
C07.040.019	MCH-2562-3.1	HYDRO	PARTIAL	CLEAR	02/26/2002	This test is required for periods 2 and 3. This system is complete for the 2nd period.
C07.040.024	MCH-2571-1.0	HYDRO	PARTIAL	CLEAR	02/28/2002	This test requires period 2 examination for pen 2M-377 and period 3 examination for pen 2M-358. Code Case N-522 was used for 2nd period.
C07.040.025	MCH-2572-1.0	HYDRO	PARTIAL	CLEAR	03/25/2002	Penetrations M-235 and M-309
C07.040.026	MCH-2572-1.1	HYDRO	PARTIAL	CLEAR	03/16/2002	Penetration M-280
C07.040.031	MCH-2573-3.1	HYDRO	PARTIAL	CLEAR	03/18/2002	Penetrations M-217, M-218, M-320, M-327, M-355 and M-376
C07.040.033	MCH-2574-4.0	HYDRO	PARTIAL	CLEAR	03/17/2002	Penetrations M-307 and M-315
C07.040.044	MCH-2604-3.0	HYDRO	PARTIAL	CLEAR	02/26/2002	Penetrations M-240, M-279, M-385 and M-390

11.3 Reportable Indications:

None