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April 9, 2004

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

Subject: Duke Energy Company
Oconee Nuclear Station, Unit 1
Docket No. 50-269
Unit 1 EOC 21 Refueling Outage
Inservice Inspection Report
Third Ten-Year Inservice Inspection Interval

Please find attached a copy of the Inservice Inspection Report for Oconee Unit 1 End of Cycle 21 Refueling Outage. This report is submitted pursuant to Section XI of the ASME Boiler and Pressure Vessel Code, 1989 Edition, with no addenda, Article IWA 6230.

If there are any questions you may contact R. P. Todd at (864) 885-3418.

Very truly yours,

R. A. Jones,
Site Vice-President
Oconee Nuclear Station

Attachment

AD-17

U. S. Nuclear Regulatory Commission
April 9, 2004
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xc wo/attachment: Mr. Luis A. Reyes
Administrator, Region II
U.S. Nuclear Regulatory Commission
61 Forsyth Street, S. W., Suite 23T85
Atlanta, GA 30303

Leonard N Olshan, Projects Manager
Office of Nuclear Reactor Regulation
U. S. Nuclear Regulatory Commission
Washington, D. C. 20555

Mr. M. C. Shannon
NRC Senior Resident Inspector
Oconee Nuclear Station

INSERVICE INSPECTION REPORT

**DUKE POWER COMPANY
OCONEE NUCLEAR STATION
UNIT 1
TWENTY-FIRST REFUELING
OUTAGE**



A Duke Energy Company

**Owner's Report
For
INSERVICE INSPECTIONS**

**OCONEE UNIT 1
2003 REFUELING OUTAGE
EOC21 (OUTAGE 6)**

Plant Location: 7800 Rochester Highway, Seneca, South Carolina 29672

NRC Docket No. 50-269

Commercial Service Date: July 15, 1973

Document Completion Date 3-29-04

Owner: Duke Energy Corporation
526 South Church St.
Charlotte, N. C. 28201-1006

Revision 0

Prepared By:

Larry C. Keith

Date

3-23-04

Reviewed By:

Larry Underwood

Date

3/23/04

Approved By:

L. Kevin Rhyme

Date

3/23/04

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

As required by the Provisions of the ASME Code Rules

1. Owner: Duke Energy Corporation, 526 S. Church St., Charlotte, NC 28201-1006
(Name and Address of Owner)
2. Plant: Oconee Nuclear Station, 7800 Rochester Highway, Seneca, SC 29672
(Name and Address of Plant)
3. Plant Unit: 1 4. Owner Certificate of Authorization (if required) N/A
5. Commercial Service Date: July 15, 1973 6. National Board Number for Unit N/A
7. Components Inspected:

Component or Appurtenance	Manufacturer Installer	Manufacturer Installer Serial No.	State or Province No.	National Board No.
	See Section 1.1 in the Attached Report			

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 data 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.

Total number of pages contained in this report 280.

FORM NIS-1 (Back)

8. Examination Dates April 29, 2002 to January 10, 2004
9. Inspection Period Identification: Third Period
10. Inspection Interval Identification: Third Interval
11. Applicable Edition of Section XI 1989 Addenda None
12. Date/Revision of Inspection Plan: November 20, 2001 / Revision 6
13. Abstract of Examinations and Tests. Include a list of examinations and tests and a statement concerning status of work required for the Inspection Plan. See Sections 2.0, 3.0 and 6.0
14. Abstract of Results of Examination and Tests. See Sections 4.0 and 6.0
15. Abstract of Corrective Measures. See Subsection 4.3

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

Certificate of Authorization No. (if applicable) NA Expiration Date NA

Date 3/23/04 Signed Duke Energy Corp. By R. Kevin Phyne
Owner

CERTIFICATE OF INSERVICE INSPECTION

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 employed by *The HSBI&I Co. of Connecticut have inspected the components described in this Owner's Report during the period 4-29-02 to 1-10-04, and state that to the best of my knowledge and belief, the Owner has performed examinations and tests and taken corrective measures described in the Owner's Report in accordance with the Inspection Plan and as required by the ASME Code, Section XI.

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

[Signature] Commissions NC / 1944 NICAB
Inspector's Signature National Board, State, Province, and Endorsements

Date 3/29/04

* The Hartford Steam Boiler Inspection & Insurance Company of Connecticut.
200 Ashford Center North
Suite 300
Atlanta, GA. 30338-4860
(800) 417-3721
www.hsbc.com

DISTRIBUTION LIST

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4. Hartford Steam Boiler Inspection
and Insurance Company of Connecticut (AIA)
c/o ANII at Oconee
5. Nuclear GO Nuclear Assurance
c/o Bruce Nardoci

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1.0 General Information

This report describes the Inservice Inspection of Duke Energy Corporation's Oconee Nuclear Station, Unit 1, during Outage 6/EOC 21. This is the last outage in the third inspection period of the Third Ten-Year Interval. ASME Section XI, 1989 Edition with no Addenda, was the governing Code for selection and performing of the ISI examinations.

Included in this report are the inspection status for each examination category, the final inservice inspection plan, the inspection results for each item examined, and corrective actions taken when reportable conditions were found. In addition, there is an Owner's Report for Repair/Replacement Section included for completed NIS-2 documentation of repairs and replacements.

1.1 Identification Numbers

Item	Manufacturer or Installer	Manufacturer or Installer Serial No.	State or Province No.	National Board No.
Reactor Vessel	Babcock & Wilcox	620-0003-51-52	N/A	N-101
Reactor Vessel Head (replaced head)	Babcock & Wilcox	068S-01	N/A	202
Steam Generator A	Babcock & Wilcox	006K02	N/A	206
Steam Generator B	Babcock & Wilcox	006K01	N/A	205
Pressurizer	Babcock & Wilcox	620-0003-59	N/A	N-102
Main Steam System	Duke Power	NA	NA	NA
Auxiliary Steam System	Duke Power	NA	NA	NA
Feedwater System	Duke Power	NA	NA	NA
Emergency Feedwater System	Duke Power	NA	NA	NA
Steam Generator Flush System	Duke Power	NA	NA	NA
Condensate System	Duke Power	NA	NA	NA

Item	Manufacturer or Installer	Manufacturer or Installer Serial No.	State or Province No.	National Board No.
Vents and Exhaust System	Duke Power	NA	NA	NA
Condenser Circulating Water	Duke Power	NA	NA	NA
High Pressure Service Water System	Duke Power	NA	NA	NA
Low Pressure Service Water System	Duke Power	NA	NA	NA
Reactor Coolant System	Duke Power	NA	NA	NA
High Pressure Injection System	Duke Power	NA	NA	NA
Low Pressure Injection System	Duke Power	NA	NA	NA
Reactor Building Spray System	Duke Power	NA	NA	NA
Component Cooling System	Duke Power	NA	NA	NA
Spent Fuel Cooling System	Duke Power	NA	NA	NA
Vents - Reactor Building Components	Duke Power	NA	NA	NA
Drains - Reactor Building Components	Duke Power	NA	NA	NA

1.2 Personnel, Equipment and Material Certifications

All personnel who performed or evaluated the results of inservice inspections during the time frame bracketed by the examination dates shown on the NIS-1 Form were certified in accordance with the requirements of 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 and reactor vessel shell welds.

The appropriate certification records for each inspector, calibration records for inspection equipment, and records of materials used (i.e., NDE consumables) are on file at Oconee Nuclear Station or copies can be obtained by contacting the Duke Energy's Corporate Office in Charlotte, North Carolina.

The copies of the certification records for Washington Group inspectors can be obtained by contacting the Duke Energy's Corporate Office in Charlotte, North Carolina.

The certification records for Framatome ANP inspectors and calibration records of Framatome inspection equipment are on file at the Framatome ANP Office 155 Mill Ridge Road, Lynchburg, Va.

1.3 Reference Documents

The following reference documents apply to the inservice inspections performed during this report period. A copy may be obtained by contacting the ISI Plan Manager at Duke Energy's Corporate Office in Charlotte, North Carolina.

Duke Power Company Problem Investigation Process Report # O-03-06684

Duke Power Company Problem Investigation Process Report # O-03-04954

Duke Power Company Problem Investigation Process Report # O-04-1493
This PIP documents NIS-2 forms that are not being submitted with this report

1.4 Augmented and Elective Examinations

Augmented and elective examination information found within this Inservice Inspection Report is not required by the ASME Section XI Code; therefore, it is exempt from ANII review, verification, and/or record certification.

1.5 Responsible Inspection Agency

The Hartford Steam Boiler Inspection and Insurance Company of Connecticut is responsible for the third party inspections required by ASME Section XI.

Authorized Nuclear Inservice Inspector(s)

Name: Clayton T. Smith, Gary Brouette, Nancy Slaughter, Richard Sinsabaugh, Dave Reynolds, Nick Theis and William Huber.

Employer: The Hartford Steam Boiler Inspection & Insurance Company of Connecticut.

Business Address: 200 Ashford Center North
Suite 300
Atlanta, GA 30338-4860
(800) 417-3721
www.hsbct.com

2.0 Third Ten Year Interval Inspection Status

The completion status of inspections required by the 1989 ASME Code Section XI, no Addenda, is summarized in this section. The requirements are listed by the ASME Section XI Examination Category as defined in Table IWB-2500-1 for Class 1 Inspections, and in Table IWC-2500-1 for Class 2 Inspections, and IWF-2500-1 (Code Case N-491 applies) for Class 1 and 2 Component Supports. Augmented inspections are also included.

Class 1 Inspections

Examination Category	Description	Inspections Required	Inspections Completed	Percentage Completed	* Deferral Allowed
B-A	Pressure Retaining Welds in Reactor Vessel	15 Welds	15 Welds	100%	Yes
B-B	Pressure Retaining Welds in Vessels Other than Reactor Vessel	10 Welds	10 Welds	100%	No
B-D	Full Penetration Welds of Nozzles in Vessels Inspection Program B	30 Inspections	30 Inspections	100%	Partial
B-E	Pressure Retaining Partial Penetration Welds in Vessels	REFERENCE SECTION 6.0 OF THIS REPORT			
B-F	Pressure Retaining Dissimilar Metal Welds	32 Welds	32 Welds	100%	No
B-G-1	Pressure Retaining Bolting Greater than 2 Inches in Diameter	126 Items	126 Items	100%	Yes
B-G-2	Pressure Retaining Bolting 2 Inches and Less in Diameter	23 Items	23 Items	100%	No
B-H	Integral Attachments for Vessels	N/A	N/A	N/A	N/A
B-J	Pressure Retaining Welds in Piping	153 Welds	153 Welds	100%	No

* Deferral of inspection to the end of the interval as allowed by ASME Section XI Tables IWB and IWC 2500-1.

Class 1 Inspections (Continued)

Examination Category	Description	Inspections Required	Inspections Completed	Percentage Completed	* Deferral Allowed
B-K-1	Integral Attachments for Piping, Pumps and Valves	N/A	N/A	N/A	N/A
B-L-1	Pressure Retaining Welds in Pump Casings	1 Weld	1 Weld	100%	Yes
B-L-2	Pump Casings	1 Casing	1 Casing	100%	Yes
B-M-1	Pressure Retaining Welds in Valve Bodies	N/A	N/A	N/A	N/A
B-M-2	Valve Body	3 Valves	3 Valves	100%	Yes
B-N-1	Interior of Reactor Vessel	3 Inspections	3 Inspections	100%	No
B-N-2	Integrally Welded Core Support Structures and Interior Attachments to Reactor Vessels	1 Inspection	1 Inspections	100%	Yes
B-N-3	Removable Core Support Structures	1 Inspection	1 Inspections	100%	Yes
B-O	Pressure Retaining Welds in Control Rod Housings	3 Housings	2 Housings	92% ***	Yes
B-P	All Pressure Retaining Components	REFERENCE SECTION 6.0 OF THIS REPORT			
B-Q	Steam Generator Tubing	N/A	N/A	N/A	N/A
F-A F1.10 & F1.040 items.	Class 1 Component Supports (Except Snubbers)	32 Supports	32 Supports	100%	No
F-A F1.050 items	Class 1 Component Supports, Snubbers				**

* Deferral of inspection to the end of the interval as allowed by ASME Section XI Tables IWB and IWC 2500-1.

** Inspected under Selected License Commitment 16.9.18 per Relief Request 02-006

*** The housing body to adapter weld (located on the reactor vessel head) for CRD 59 was scheduled to be examined during EOC-21 but was removed from service when the reactor vessel head was replaced during the outage. There are 3 other welds on CRD 59 that will remain in service and they were examined during EOC-21. The percentage for category B-O is at 92% for the 3rd Interval because of the one weld (Item number B14.010.003) on CRD 59 that was removed from service and not examined.

Class 2 Inspections

Examination Category	Description	Inspections Required	Inspections Completed	Percentage Completed	* Deferral Allowed
C-A	Pressure Retaining Welds in Pressure Vessels	8 Welds	8 Welds	100%	No
C-B	Pressure Retaining Nozzle Welds in Vessels	4 Welds	4 Welds	100%	No
C-C	Integral Attachments for Vessels, Piping, Pumps and Valves	91 Attachments	91 Attachments	100%	No
C-D	Pressure Retaining Bolting Greater Than 2 Inches in Diameter	2 Items	2 Items	100%	No
C-F-1	Pressure Retaining Welds in Austenitic Stainless Steel or High Alloy Piping	155 Welds	155 Welds	100%	No
C-F-2	Pressure Retaining Welds in Carbon or Low Alloy Steel Piping	62 Welds	62 Welds	100%	No
C-G	Pressure Retaining Welds in Pumps and Valves	1	1	100%	No
C-H	All Pressure Retaining Components	REFERENCE SECTION 6.0 OF THIS REPORT			
F-A F1.020 & F1.040 items.	Class 2 Component Supports (Except Snubbers)	120 Supports	120 Supports	100%	No
F-A F1.050 items	Class 2 Component Supports, Snubbers				**

* Deferral of inspection to the end of the interval as allowed by ASME Section XI Tables IWB and IWC 2500-1.

** Inspected under Selected License Commitment 16.9.18 per Relief Request 02-006

Augmented/Elective Inspections

Augmented and elective examination information found within this Inservice Inspection Report is not required by the ASME Section XI Code; therefore, it is exempt from ANII review, verification, and/or record certification.

<i>Item Number</i>	<i>Description</i>	<i>Percentage Complete</i>
G01.001	Reactor Coolant Pump Flywheel	100% of EOC 21 Requirements
G02.001	HPI Nozzle Safe End Examinations	20 G02 items were examined in EOC 21. 4 G02 items were deferred to EOC-22 per Addenda ONS1-215.
G03.001	Pressurizer Surge Line Examinations	100% of EOC 21 Requirements
G04.001	Thermal Stress Piping (NRC Bulletin 88-08)	100% of EOC 21 Requirements
G05.001	Pressurizer Spray Piping Thermal Transient Inspection	No longer used.
G06.001	Auxiliary Feedwater Header Water Hammer Examinations (PSC21-82)	None scheduled for EOC 21
G07.001	Augmented Examination of Longitudinal Piping Welds With A Nominal Wall Thickness $< \frac{3}{8}$ " and $>$ Nominal Pipe Size 4"	No longer applicable. Code Case N-524 is being used for the examination of all longitudinal piping welds.
G08.001	Pressurizer Sensing/ Sampling Nozzle Safe Ends	100% of EOC 21 Requirements
G09.001	Class 2 Piping Welds Nominal Pipe Size > 4 " With Nominal Wall Thickness $< \frac{3}{8}$ "	100% of EOC 21 Requirements
G10.001	Class 1 RTE Mounting Bosses	None scheduled for EOC 21
G11.001	Reactor Coolant Pump 3A2 and 3B1 Flange Joint, Studs, and Adjacent Areas	None scheduled for EOC 21
G12.001	HPI System Upgrade Piping Welds With A Nominal Wall Thickness $\leq \frac{1}{5}$ " on Piping with a Nominal Pipe Size ≥ 2 " and Nominal Pipe Size ≤ 4 ".	100% of EOC 21 Requirements

3.0 **Final Inservice Inspection Plan**

The final Inservice Inspection Plan shown in this section lists all ASME Section XI Class 1, Class 2, Class 3, and Augmented examinations credited for this report period.

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
Sys	=	Component System Identification
Iso / Dwg. Numbers	=	Location and/or Detail Drawings
Proc	=	Examination Procedures
Insp Req.	=	Examination Technique - Magnetic Particle, Dye Penetrant, etc.
Mat / Sch.	=	General Description of Material
Diam. / Thick	=	Diameter/Thickness
Cal Blocks	=	Calibration Block Number
Comments	=	General and/or Detail Description

CATEGORY B-B, Pressure Retaining Welds In Vessels Other Than Reactor Vessels

**DUKE ENERGY CORPORATION
INSERVICE INSPECTION PLAN MANAGEMENT
Inservice Inspection Database Management System**

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Pressurizer

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Inservice Inspection Plan for Interval 3 Outage 6

ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Shell-to-Head; Circumferential ****									
B02.011.002	1-PZR-WP28		ISI OCN1-002	NDE-640	UT	CS	84.000	40394	PZR Lower Head Pc. 6 to Heater Belt Shell Pc. 4 and Lower Heater Belt Forging Pc. 40.
	Circumferential	50	OM-201-1878	NDE-820			4.750		
Class A					PZR Lower Head to PZR Lwr Htr Belt Forging				
B02.011.003	1-PZR-WP4		ISI OCN1-002	See Com	UT	CS	84.000		Lower shell to heater belt shell (Inspect in the third interval during the first, second and third periods per IWB 2420(B). Do not count this weld in the percentages. This is a surveillance item). Procedure PDI-UT-7
	Circumferential	50	OM-201-1878				6.188		
Class A					PZR (03) to 04/41				
Total B02.011 Items:		2							
**** Shell-to-Head; Longitudinal ****									
B02.012.002	1-PZR-WP7-1		ISI OCN1-002	NDE-640	UT	CS	0.000	40338	Pressure Heater Belt Shell Pc. 4 to Lower / Upper Heater Belt Forging Pc. 40/41 Y-Z Quadrant.
	Longitudinal	50	OM-201-1878	NDE-820			6.188		
Class A					PZR Heater Belt Shell to PZR Htr Belt Forging				
Total B02.012 Items:		1							

**CATEGORY B-B, Pressure Retaining Welds In
Vessels Other Than Reactor Vessels**DUKE ENERGY CORPORATION
INSERVICE INSPECTION PLAN MANAGEMENT
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03/19/2004**Heat Exchangers (Primary Side)-Head**

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Inservice Inspection Plan for Interval 3 Outage 6

ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
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****** Head Welds; Circumferential ******

B02.051.001	1-51A-18792-1-V-1		18792-1	NDE-12	RT	SS	8.620		Let Down Cooler-1A Inlet Channel Body Pc. 03 to Chemical Connector Pc 14
	Circumferential	51A	OM-201-3107				0.875		
Class A			OFD-101A-1.1			Channel Body to Chemical Connector			
B02.051.002	1-51A-18792-1-V-4		18792-1	NDE-12	RT	SS	8.620		Let Down Cooler-1A Outlet Channel Body Pc. 03 to Chemical Connector Pc 14
	Circumferential	51A	OM-201-3107				0.875		
Class A			OFD-101A-1.1			Channel Body to Chemical Connector			

Total B02.051 Items: 2**Total B02 Items: 5**

CATEGORY B-D, Full Penetration Welded **Nozzles In Vessels - Inspection Program B**

DUKE ENERGY CORPORATION
INSERVICE INSPECTION PLAN MANAGEMENT
Inservice Inspection Database Management System

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Pressurizer

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Inservice Inspection Plan for Interval 3 Outage 6

ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DI/THK	CAL BLOCKS	COMMENTS
**** Nozzle-to-Vessel Welds ****									
B03.110.011	1-PZR-WP26-3		ISI OCN1-002	NDE-640	UT	CS	5.750	40338	Pressurizer Sensing and Sampling Nozzle Pc. 30 to
	Circumferential	50	OM-201-91	NDE-820			6.187		Shell Pc. 4 47 Degrees off W-Axis.
Class A			OM-201-1878		PZR Nozzle to Shell				
B03.110.012	1-PZR-WP26-7		ISI OCN1-002	NDE-640	UT	CS	5.750	40338	Pressurizer Sensing and Sampling Nozzle Pc. 30 to
	Circumferential	50	OM-201-91	NDE-820			6.187		Shell Pc.4 40 Degrees off W-Axis.
Class A			OM-201-1878		PZR Nozzle to Shell				
Total B03.110 Items:		2							

**CATEGORY B-D, Full Penetration Welded
Nozzles In Vessels - Inspection Program B**

**DUKE ENERGY CORPORATION
INSERVICE INSPECTION PLAN MANAGEMENT
Inservice Inspection Database Management System**

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Inservice Inspection Plan for Interval 3 Outage 6

ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
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****** Nozzle Inside Radius Section ******

B03.120.011	1-PZR-WP26-3		ISI OCN1-002	NDE-680	UT	CS	5.750	40338	Pressurizer Sensing and Sampling Nozzle Pc. 30 to
		50	OM-201-91				2.531	See Com	Shell Pc.4 47 Degrees off W- Axis. (Inside Radius
Class A			OM-201-1878		Pzr Nozzle to				Section).
					Pzr Heater Belt Shell				Cal Block 50237E
									Cal Block 50237F
B03.120.012	1-PZR-WP26-7		ISI OCN1-002	NDE-680	UT	CS	5.750	40338	Pressurizer Sensing and Sampling Nozzle Pc. 30 to
		50	OM-201-91				2.531	See Com	Shell Pc.4 40 Degrees off W- Axis. (Inside Radius
Class A			OM-201-1878		Pzr Nozzle to				Section).
					Pzr Heater Belt Shell				Cal Block 50237E
									Cal Block 50237F

Total B03.120 Items: 2

Total B03 Items: 4

**CATEGORY B-F, Pressure Retaining Dissimilar
Metal Welds**

**DUKE ENERGY CORPORATION
INSERVICE INSPECTION PLAN MANAGEMENT
Inservice Inspection Database Management System**

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Piping

**Oconee 1
Inservice Inspection Plan for Interval 3 Outage 6**

ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** NPS 4 or Larger; Dissimilar Metal Butt Welds ****									
B05.130.006	1-PDB1-2		ISI OCN1-013	See Com	UT	SS-CS	33.500	40350	Examine from the elbow side.
	Circumferential	50	OM-201-1845				2.330		Procedure # PDI-UT-10.
Class A	Stress weld				Safe end to				
	Dissimilar				Elbow				
B05.130.006A	1-PDB1-2		ISI OCN1-013	See Com	UT	SS-CS	33.500	40397	Examine from the safe end side.
	Circumferential	50	OM-201-1845				2.330		Procedure # PDI-UT-10.
Class A	Stress weld				Safe end to				
	Dissimilar				Elbow				
B05.130.006B	1-PDB1-2		ISI OCN1-013	NDE-35	PT	SS-CS	33.500		
	Circumferential	50	OM-201-1845				2.330		
Class A	Stress weld				Safe end to				
	Dissimilar				Elbow				
B05.130.010	1-PHB-17		ISI OCN1-006	See Com	UT	CS-Inconel	12.750	40414	Examine from the nozzle side.
	Circumferential	50	OM-201-603				1.125		Procedure # PDI-UT-10.
Class A	Dissimilar				Buttering to				
					Nozzle Decay Heat Nozzle				
B05.130.010A	1-PHB-17		ISI OCN1-006	See Com	UT	CS-Inconel	12.750	40413	Examine from the pipe side
	Circumferential	50	OM-201-603				1.125		Procedure # PDI-UT-10.
Class A	Dissimilar				Buttering to				
					Nozzle Decay Heat Nozzle				
B05.130.010B	1-PHB-17		ISI OCN1-006	NDE-35	PT	CS-Inconel	12.750		
	Circumferential	50	OM-201-603				1.125		
Class A	Dissimilar				Buttering to				
					Nozzle Decay Heat Nozzle				
B05.130.013	1LP-140-1A		1LP-140	See Com	UT	SS-Inconel	12.000	40414	Examine with B05.130.010 from the nozzle side.
	Circumferential	53A	OFD-102A-1.1				1.125		This weld was listed previously as 1-53A-3-1A until
Class A	Term end				Pipe to				iso 1-53A-3 was redrawn.
	Dissimilar				Nozzle Decay Heat Removal				Procedure # PDI-UT-10.
B05.130.013A	1LP-140-1A		1LP-140	See Com	UT	SS-Inconel	12.000	40413	Examine with B05.130.010A from the pipe side.
	Circumferential	53A	OFD-102A-1.1				1.125		This weld was listed previously as 1-53A-3-1A until
Class A	Term end				Pipe to				iso 1-53A-3 was redrawn.
	Dissimilar				Nozzle Decay Heat Removal				Procedure # PDI-UT-10.

**CATEGORY B-F, Pressure Retaining Dissimilar
Metal Welds****DUKE ENERGY CORPORATION
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ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DI/THK	CAL BLOCKS	COMMENTS
B05.130.013B	1LP-140-1A		1LP-140	NDE-35	PT	SS-Inconel	12.000		Examine with B05.130.010B.
	Circumferential	53A	OFD-102A-1.1				1.125		This weld was listed previously as 1-53A-3-1A until
Class A	Term end				Pipe to				iso 1-53A-3 was redrawn.
	Dissimilar				Nozzle Decay Heat Removal				

Total B05.130 Items: 9

CATEGORY B-F, Pressure Retaining Dissimilar Metal Welds

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ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DI/THK	CAL BLOCKS	COMMENTS
**** Less Than NPS 4; Dissimilar Metal Butt Welds ****									
B05.140.007	1-PDB1-11		ISI OCN1-013 51A OM-201-597	NDE-35	PT	SS-CS	3.500 0.750		
Class A Dissimilar		Nozzle Pressure Injection to Pipe Safe End							
B05.140.008	1-PDB2-11		ISI OCN1-014 51A OM-201-1845	NDE-35	PT	SS-CS	3.500 0.750		
Class A Dissimilar		Nozzle Pressure Injection to Pipe Safe End							
Total B05.140 Items:		2							
Total B05 Items:		11							

**CATEGORY B-G-1, Pressure Retaining Bolting,
Greater Than 2 in. In Diameter**DUKE ENERGY CORPORATION
INSERVICE INSPECTION PLAN MANAGEMENT
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ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
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****** Flange Surface, when connection disassembled ******

B06.190.003	1-RCP-1B1-FLANGE		OM-201D-34 OM-201D-35A	QAL-13	VT-1	SS	77.000 0.000	.	Reactor Coolant Pump 1B1 Main Flange. 1" annular surface of flange surrounding each stud.(Inspect Only If Disassembled.)
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Class A

Total B06.190 Items: 1

Total B06 Items: 1

CATEGORY B-J, Pressure Retaining Welds In Piping**NPS 4 or Larger**

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ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Circumferential Welds ****									
B09.011.003	1-PIA1-6		ISI OCN1-007	NDE-600	UT	CS	33.500	40350	Depending upon the examiners qualifications, procedure PDI-UT-1 may be used in lieu of procedure 600. If PDI-UT-1 is used, calibration block 40350 should be used.
	Circumferential	50	OM-201-1845	SEE COM	Pipe to Pipe		2.330		
	Class A								
B09.011.003A	1-PIA1-6		ISI OCN1-007	NDE-25	MT	CS	33.500		
	Circumferential	50	OM-201-1845		Pipe to Pipe		2.330		
	Class A								
B09.011.019	1-PIA2-6		ISI OCN1-008	NDE-600	UT	CS	33.500	40350	Depending upon the examiners qualifications, procedure PDI-UT-1 may be used in lieu of procedure 600. If PDI-UT-1 is used, calibration block 40350 should be used.
	Circumferential	50	OM-201-1845	SEE COM	Pipe to Pipe		2.330		
	Class A								
B09.011.019A	1-PIA2-6		ISI OCN1-008	NDE-25	MT	CS	33.500		
	Circumferential	50	OM-201-1845		Pipe to Pipe		2.330		
	Class A								
B09.011.111	1LP-140-8A		1LP-140	NDE-600	UT	SS	12.000	SEE COM	This weld was listed previously as 1-53A-3-8A until iso 1-53A-3 was redrawn. Depending upon the examiners qualifications, procedure PDI-UT-2 may be used in lieu of procedure 600. If PDI-UT-2 is used, calibration block PDI-UT-2-O should be used.
	Circumferential	53A	OFD-102A-1.1	SEE COM	Elbow to Valve 1LP-1		1.125		
	Class A								
B09.011.111A	1LP-140-8A		1LP-140	NDE-35	PT	SS	12.000		This weld was listed previously as 1-53A-3-8A until iso 1-53A-3 was redrawn.
	Circumferential	53A	OFD-102A-1.1		Elbow to Valve 1LP-1		1.125		
	Class A								
B09.011.114	1-PSL-2		ISI OCN1-015	NDE-600	UT	SS	10.750	SEE COM	Depending upon the examiners qualifications, procedure PDI-UT-2 may be used in lieu of procedure 600. If PDI-UT-2 is used, calibration block PDI-UT-2-O should be used.
	Circumferential	50		SEE COM	Elbow 90° to Pipe	140	1.000		
	Class A								
B09.011.114A	1-PSL-2		ISI OCN1-015	NDE-35	PT	SS	10.750		
	Circumferential	50			Elbow 90° to Pipe	140	1.000		
	Class A								
	Stress weld								

CATEGORY B-J, Pressure Retaining Welds In Piping

NPS 4 or Larger

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B09.011.115	1-PSL-3		ISI OCN1-015	NDE-600	UT	SS	10.750	SEE COM	Depending upon the examiners qualifications, procedure PDI-UT-2 may be used in lieu of procedure 600. If PDI-UT-2 is used, calibration block PDI-UT-2-O should be used.
Class A	Circumferential Stress weld	50		SEE COM		140	1.000		
					Elbow 90° to Pipe				
B09.011.115A	1-PSL-3		ISI OCN1-015	NDE-35	PT	SS	10.750		
Class A	Circumferential Stress weld	50				140	1.000		
					Elbow 90° to Pipe				
B09.011.116	1-PSL-4		ISI OCN1-015	NDE-600	UT	SS	10.750	SEE COM	Depending upon the examiners qualifications, procedure PDI-UT-2 may be used in lieu of procedure 600. If PDI-UT-2 is used, calibration block PDI-UT-2-O should be used.
Class A	Circumferential Stress weld	50		SEE COM		140	1.000		
					Elbow 90° to Pipe				
B09.011.116A	1-PSL-4		ISI OCN1-015	NDE-35	PT	SS	10.750		
Class A	Circumferential Stress weld	50				140	1.000		
					Elbow 90° to Pipe				
B09.011.117	1-PSL-6		ISI OCN1-015	NDE-600	UT	SS	10.750	SEE COM	Depending upon the examiners qualifications, procedure PDI-UT-2 may be used in lieu of procedure 600. If PDI-UT-2 is used, calibration block PDI-UT-2-O should be used.
Class A	Circumferential Stress weld	50		SEE COM		140	1.000		
					Elbow 90° to Pipe				
B09.011.117A	1-PSL-6		ISI OCN1-015	NDE-35	PT	SS	10.750		
Class A	Circumferential Stress weld	50				140	1.000		
					Elbow 90° to Pipe				
B09.011.118	1-PSL-5		ISI OCN1-015	NDE-600	UT	SS	10.750	SEE COM	Depending upon the examiners qualifications, procedure PDI-UT-2 may be used in lieu of procedure 600. If PDI-UT-2 is used, calibration block PDI-UT-2-O should be used.
Class A	Circumferential Stress weld	50		SEE COM		140	1.000		
					Pipe to Pipe				
B09.011.118A	1-PSL-5		ISI OCN1-015	NDE-35	PT	SS	10.750		
Class A	Circumferential Stress weld	50				140	1.000		
					Pipe to Pipe				

Total B09.011 Items: 16

ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Circumferential Welds ****									
B09.021.060	1RC-200-161		1RC-200	NDE-35	PT	SS	2.500		This weld was listed previously as 1-51A-11-85A until iso 1-51A-11 was redrawn. Revision 2 changed weld number from 1RC-200-7. Inspect at the same time item number G02.001.008B is inspected
	Circumferential	51A					0.375		
Class A	Stress weld				Pipe to Safe end				
B09.021.077	1RC-230-53		1RC-230	NDE-35	PT	SS	1.500		
	Circumferential	50				160	0.281		
Class A	Stress weld				Pipe to Valve 1LP-46				
Total B09.021 Items:		2							

CATEGORY B-J, Pressure Retaining Welds In Piping

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Branch Pipe Connection Welds

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ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** NPS 4 or Larger ****									
B09.031.002	1-PHB-16		ISI OCN1-006	NDE-600	UT	CS	25.000	40350	The NPS of the branch piping is 12 inches.
	Branch	50	B&W 131918E6	SEE COM			2.875		Depending upon the examiners qualifications, procedure PDI-UT-1 may be used in lieu of procedure 600. If PDI-UT-1 is used, calibration block 40350 should be used.
	Class A				Pipe to				
					Nozzle Decay Heat nozzle				
B09.031.002A	1-PHB-16		ISI OCN1-006	NDE-25	MT	CS	25.000		The NPS of the branch piping is 12 inches.
	Branch	50	B&W 131918E6				2.875		
	Class A				Pipe to				
					Nozzle Decay Heat nozzle				
Total B09.031 Items:		2							
**** Less Than NPS 4 ****									
B09.032.008	1-PDB2-10		ISI OCN1-014	NDE-25	MT	CS	12.000		The NPS of the branch piping is 2.5 inches.
	Branch	50	OM-201-597				2.250		
	Class A				Pipe to				
	Stress weld				Nozzle Pressure Injection nozzle				
Total B09.032 Items:		1							
Total B09 Items:		21							

CATEGORY B-O, Pressure Retaining Welds In Control Rod Housings

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Reactor Vessel

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ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Welds in CRD Housing ****									
B14.010.006	1-RPV-CRD-59W60		DPS 7Q6598-1056	NDE-35	PT	SS-CS	5.000	.	CRDM Base to Motor Tube - CRDM # 59.
Class A		50	OFD-100A-1.1		Base to Motor Tube		0.500		
B14.010.009	1-RPV-CRD-59		DPS 706599-1056	NDE-35	PT	SS-CS	4.300		CRDM Motor Tube to Extension - CRDM #59.
Class A		50	OFD-100A-1.1		Motor Tube to Extension		0.400		
B14.010.012	1-RPV-CRD-59W61		DPS 706605-1058	NDE-35	PT	SS	4.190		Peripheral CRDM Extension to Cap - CRDM # 59.
Class A		50	OFD-100A-1.1		Extension to Cap		0.380		
Total B14.010 Items:		3							
Total B14 Items:		3							

CATEGORY C-C, Welded Attachments For Vessels, Piping, Pumps, And Valves

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Piping

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ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Welded Attachments ****									
C03.020.010	1-01A-H7A Spring Hgr Class B		0-481B 01A OFD-122A-1.1	NDE-25	MT	CS	34.000 1.750		Calcuton No. OSC-1296-06; Problem No. 1-01-07; System 01A;PAGE# 6 (2)-24.23A MAIN STEAM FROM PEN 26 TO SG 1A Addenda ONS1-186 was written to schedule an inspection in outage 5 for an additional sample per IWC-2430(a) of the 1989 Section XI Code and does not count in the percentages.
C03.020.015	1-01A-R13 Rigid Restraint Class B		0-550 01A OFD-122A-1.1	NDE-25	MT	CS	34.000 0.750		Calcuton No. OSC-320; Problem No. 1-01-01;SHT.2 OF 3; System 01A;PAGE# 132; MAIN STEAM PIPING Addenda ONS1-186 was written to schedule an inspection in outage 5 for an additional sample per IWC-2430(a) of the 1989 Section XI Code and does not count in the percentages.
C03.020.016	1-01A-R3 Rigid Restraint Class B		0-550 01A OFD-122A-1.1	NDE-25	MT	CS	34.000 1.000		Calcuton No. OSC-320; Problem No. 1-01-01;SHT.2 OF 3; System 01A;PAGE# 132; MAIN STEAM PIPING Addenda ONS1-186 was written to schedule an inspection in outage 5 for an additional sample per IWC-2430(a) of the 1989 Section XI Code and does not count in the percentages.
C03.020.020	1-14B-H1 Rigid Restraint Class B		0-479A 14B OFD-124B-1.2 1-14-16	NDE-25	MT	NA	6.000 0.750		Problem No; 1-14-16 Low Pressure Service Water Emergency Cooler 1C Outlet.
C03.020.027	1-14B-H3 Rigid Restraint Class B		0-479A 14B OFD-124B-1.2 1-14-16	NDE-25	MT	CS	6.000 0.750		Problem No; 1-14-16 Low Pressure Service Water Emergency Cooler 1C Outlet.
C03.020.028	1-14B-H4 Rigid Restraint Class B		0-479A 14B OFD-124B-1.2 1-14-12	NDE-25	MT	CS	6.000 0.750		Problem No; 1-14-12 Low Pressure Service Water Emergency Cooler 1C Outlet.

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
C03.020.045	1-53B-H2	5-0-444	NDE-35	PT	SS	10.000		Calculation Number OS-408 Sheet 1 of 3; Problem No. 1-53-02 . System 53B LPI Injection and Decay Heat Removal
Class B	Spring Hgr	53B OFD-102A-1.2				1.250		
C03.020.064	1-54A-R8	3-0-435B	NDE-35	PT	SS	8.000		Calcutaton No. OSC-1628 Page 60; Problem No. 1-54-01 Sheet 1 of 1. System 54A Auxiliary Building.
Class B		54A OFD-103A-1.1		Sway Strut to		0.875		
C03.020.083	1-51-SR6	0-436D	NDE-35	PT	NA	4.000		Integral Attachment
Class B	Rigid Restraint	51B OFD-101A-1.1				0.750		Inspect with F01.020.049
Total C03.020 Items:		9						
Total C03 Items:		9						

CATEGORY C-F-1, Pressure Retaining Welds In Austenitic SS Or High Alloy Piping

Piping Welds \geq 3/8 in. Nominal Wall Thickness for Piping $>$ NPS 4

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ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Circumferential Weld ****									
C05.011.008	1LP-128-73		1LP-128	NDE-600	UT	SS	10.000	SEE COM	Depending upon the examiners qualifications, procedure PDI-UT-2 may be used in lieu of procedure 600. If PDI-UT-2 is used, calibration block PDI-UT-2-O should be used.
Class B	Circumferential	53B	OFD-102A-1.2	SEE COM	Pipe to Elbow		1.125		
C05.011.008A	1LP-128-73		1LP-128	NDE-35	PT	SS	10.000		
Class B	Circumferential	53B	OFD-102A-1.2		Pipe to Elbow		1.125		
C05.011.009	1LP-128-74		1LP-128	NDE-600	UT	SS	10.000	SEE COM	Depending upon the examiners qualifications, procedure PDI-UT-2 may be used in lieu of procedure 600. If PDI-UT-2 is used, calibration block PDI-UT-2-O should be used.
Class B	Circumferential	53B	OFD-102A-1.2	SEE COM	Elbow to Pipe		1.125		
C05.011.009A	1LP-128-74		1LP-128	NDE-35	PT	SS	10.000		
Class B	Circumferential	53B	OFD-102A-1.2		Elbow to Pipe		1.125		
C05.011.010	1LP-128-75		1LP-128	NDE-600	UT	SS	10.000	SEE COM	Depending upon the examiners qualifications, procedure PDI-UT-2 may be used in lieu of procedure 600. If PDI-UT-2 is used, calibration block PDI-UT-2-O should be used.
Class B	Circumferential	53B	OFD-102A-1.2	SEE COM	Pipe to Elbow		1.125		
C05.011.010A	1LP-128-75		1LP-128	NDE-35	PT	SS	10.000		
Class B	Circumferential	53B	OFD-102A-1.2		Pipe to Elbow		1.125		
C05.011.011	1LP-128-76		1LP-128	NDE-600	UT	SS	10.000	SEE COM	Depending upon the examiners qualifications, procedure PDI-UT-2 may be used in lieu of procedure 600. If PDI-UT-2 is used, calibration block PDI-UT-2-O should be used.
Class B	Circumferential	53B	OFD-102A-1.2	SEE COM	Elbow to Pipe		1.125		
C05.011.011A	1LP-128-76		1LP-128	NDE-35	PT	SS	10.000		
Class B	Circumferential	53B	OFD-102A-1.2		Elbow to Pipe		1.125		

**CATEGORY C-F-1, Pressure Retaining Welds In
Austenitic SS Or High Alloy Piping**

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**Piping Welds \geq 3/8 in. Nominal Wall Thickness
for Piping \geq NPS 4**

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ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
C05.011.012	1LP-128-77		1LP-128	NDE-600	UT	SS	10.000	SEE COM	Depending upon the examiners qualifications, procedure PDI-UT-2 may be used in lieu of procedure 600. If PDI-UT-2 is used, calibration block PDI-UT-2-O should be used.
Class B	Circumferential	53B	OFD-102A-1.2	SEE COM	Pipe to Elbow		1.125		
C05.011.012A	1LP-128-77		1LP-128	NDE-35	PT	SS	10.000		
Class B	Circumferential	53B	OFD-102A-1.2		Pipe to Elbow		1.125		
C05.011.013	1LP-128-78		1LP-128	NDE-600	UT	SS	10.000	SEE COM	Depending upon the examiners qualifications, procedure PDI-UT-2 may be used in lieu of procedure 600. If PDI-UT-2 is used, calibration block PDI-UT-2-O should be used.
Class B	Circumferential	53B	OFD-102A-1.2	SEE COM	Elbow to Pipe		1.125		
C05.011.013A	1LP-128-78		1LP-128	NDE-35	PT	SS	10.000		
Class B	Circumferential	53B	OFD-102A-1.2		Elbow to Pipe		1.125		
C05.011.014	1LP-128-79		1LP-128	NDE-600	UT	SS	10.000	SEE COM	Depending upon the examiners qualifications, procedure PDI-UT-2 may be used in lieu of procedure 600. If PDI-UT-2 is used, calibration block PDI-UT-2-O should be used.
Class B	Circumferential	53B	OFD-102A-1.2	SEE COM	Pipe to Reducer		1.125		
C05.011.014A	1LP-128-79		1LP-128	NDE-35	PT	SS	10.000		
Class B	Circumferential	53B	OFD-102A-1.2		Pipe to Reducer		1.125		
C05.011.015	1LP-124-22		1LP-124	NDE-600	UT	SS	10.000	SEE COM	Depending upon the examiners qualifications, procedure PDI-UT-2 may be used in lieu of procedure 600. If PDI-UT-2 is used, calibration block PDI-UT-2-O should be used.
Class B	Circumferential	53A	OFD-102A-1.2	SEE COM	Pipe to Elbow		1.125		
C05.011.015A	1LP-124-22		1LP-124	NDE-35	PT	SS	10.000		
Class B	Circumferential	53A	OFD-102A-1.2		Pipe to Elbow		1.125		
C05.011.016	1LP-124-23		1LP-124	NDE-600	UT	SS	10.000	SEE COM	Depending upon the examiners qualifications, procedure PDI-UT-2 may be used in lieu of procedure 600. If PDI-UT-2 is used, calibration block PDI-UT-2-O should be used.
Class B	Circumferential	53A	OFD-102A-1.2	SEE COM	Elbow to Pipe		1.125		

CATEGORY C-F-1, Pressure Retaining Welds In Austenitic SS Or High Alloy Piping

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Piping Welds \geq 3/8 In. Nominal Wall Thickness
for Piping $>$ NPS 4

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Inservice Inspection Plan for Interval 3 Outage 6

ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
C05.011.016A	1LP-124-23		1LP-124	NDE-35	PT	SS	10.000		
Class B	Circumferential	53A	OFD-102A-1.2		Elbow to Pipe		1.125		
C05.011.017	1LP-124-24		1LP-124	NDE-600	UT	SS	10.000	SEE COM	Depending upon the examiners qualifications, procedure PDI-UT-2 may be used in lieu of procedure 600. If PDI-UT-2 is used, calibration block PDI-UT-2-O should be used.
Class B	Circumferential	53A	OFD-102A-1.2	SEE COM	Pipe to Elbow		1.125		
C05.011.017A	1LP-124-24		1LP-124	NDE-35	PT	SS	10.000		
Class B	Circumferential	53A	OFD-102A-1.2		Pipe to Elbow		1.125		
C05.011.018	1LP-124-25		1LP-124	NDE-600	UT	SS	10.000	SEE COM	Depending upon the examiners qualifications, procedure PDI-UT-2 may be used in lieu of procedure 600. If PDI-UT-2 is used, calibration block PDI-UT-2-O should be used.
Class B	Circumferential	53A	OFD-102A-1.2	SEE COM	Elbow to Elbow		1.125		
C05.011.018A	1LP-124-25		1LP-124	NDE-35	PT	SS	10.000		
Class B	Circumferential	53A	OFD-102A-1.2		Elbow to Elbow		1.125		
C05.011.019	1LP-124-26		1LP-124	NDE-600	UT	SS	10.000	SEE COM	Depending upon the examiners qualifications, procedure PDI-UT-2 may be used in lieu of procedure 600. If PDI-UT-2 is used, calibration block PDI-UT-2-O should be used.
Class B	Circumferential	53A	OFD-102A-1.2	SEE COM	Elbow to Pipe		1.125		
C05.011.019A	1LP-124-26		1LP-124	NDE-35	PT	SS	10.000		
Class B	Circumferential	53A	OFD-102A-1.2		Elbow to Pipe		1.125		
C05.011.020	1LP-124-44		1LP-124	NDE-600	UT	SS	10.000	SEE COM	Depending upon the examiners qualifications, procedure PDI-UT-2 may be used in lieu of procedure 600. If PDI-UT-2 is used, calibration block PDI-UT-2-O should be used.
Class B	Circumferential	53A	OFD-102A-1.2	SEE COM	Reducer to Pipe		1.125		
C05.011.020A	1LP-124-44		1LP-124	NDE-35	PT	SS	10.000		
Class B	Circumferential	53A	OFD-102A-1.2		Reducer to Pipe		1.125		

CATEGORY C-F-1, Pressure Retaining Welds In Austenitic SS Or High Alloy Piping

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**Piping Welds $\geq 3/8$ In. Nominal Wall Thickness
for Piping $>$ NPS 4**

Oconee 1

Inservice Inspection Plan for Interval 3 Outage 6

ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK	CAL BLOCKS	COMMENTS
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Total C05.011 Items: 26

CATEGORY C-F-1, Pressure Retaining Welds In Austenitic SS Or High Alloy Piping

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Piping Welds > 1/5 in. Nom Wall for Piping >= NPS 2 and <= NPS 4

Oconee 1
Inservice Inspection Plan for Interval 3 Outage 6

ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DI/THK	CAL BLOCKS	COMMENTS
**** Circumferential Weld ****									
C05.021.017	1-51A-01-111A		1-51A-01(4),	NDE-600	UT	SS	2.500	40378	Depending upon the examiners qualifications,
	Circumferential	51A	OFD-101A-1.3	See com			0.375		procedure PDI-UT-2 may be used in lieu of
Class B					Pipe to Elbow				procedure 600.
C05.021.017A	1-51A-01-111A		1-51A-01(4)	NDE-35	PT	SS	2.500		
	Circumferential	51A	OFD-101A-1.3				0.375		
Class B					Pipe to Elbow				
C05.021.023	1-51A-01-112A		1-51A-01(4)	NDE-600	UT	SS	2.500	40378	Depending upon the examiners qualifications,
	Circumferential	51A	OFD-101A-1.3	See Com			0.375		procedure PDI-UT-2 may be used in lieu of
Class B					Elbow to Pipe				procedure 600.
C05.021.023A	1-51A-01-112A		1-51A-01(4)	NDE-35	PT	SS	2.500		
	Circumferential	51A	OFD-101A-1.3				0.375		
Class B					Elbow to Pipe				
C05.021.029	1-51A-01-114AC		1-51A-01(4)	NDE-600	UT	SS	2.500	40378	Depending upon the examiners qualifications,
	Circumferential	51A	OFD-101A-1.2	See Com			0.375		procedure PDI-UT-2 may be used in lieu of
Class B					Pipe to Valve 1HP-63				procedure 600.
C05.021.029A	1-51A-01-114AC		1-51A-01(4)	NDE-35	PT	SS	2.500		
	Circumferential	51A	OFD-101A-1.2				0.375		
Class B					Pipe to Valve 1HP-63				
C05.021.034	1HP-187-114		1HP-187	NDE-600	UT	SS	4.000	SEE COM	Depending upon the examiners qualifications,
	Circumferential	51A	OFD-101A-1.4	SEE COM			0.531		procedure PDI-UT-2 may be used in lieu of
Class B					Elbow to Valve 1HP-138				procedure 600. If PDI-UT-2 is used, calibration block PDI-UT-2-O should be used.
C05.021.034A	1HP-187-114		1HP-187	NDE-35	PT	SS	4.000		
	Circumferential	51A	OFD-101A-1.4				0.531		
Class B					Elbow to Valve 1HP-138				

**CATEGORY C-F-1, Pressure Retaining Welds In
Austenitic SS Or High Alloy Piping**

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Piping Welds > 1/5 in. Nom Wall for Piping >=
NPS 2 and <= NPS 4

Oconee 1
Inservice Inspection Plan for Interval 3 Outage 6

ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK	CAL BLOCKS	COMMENTS
C05.021.037	1HP-192-1		1HP-192	NDE-600	UT	SS	4.000	SEE COM	Depending upon the examiners qualifications, procedure PDI-UT-2 may be used in lieu of procedure 600. If PDI-UT-2 is used, calibration block PDI-UT-2-O should be used.
Class B	Circumferential	51A	OFD-101A-1.4	SEE COM	Elbow to Tee		0.531		
C05.021.037A	1HP-192-1		1HP-192	NDE-35	PT	SS	4.000		
Class B	Circumferential	51A	OFD-101A-1.4		Elbow to Tee		0.531		
C05.021.044	1HP-324-130B		1HP-324	NDE-600	UT	SS	2.500	SEE COM	This weld was previously listed as 1-51A-03-130B and was shown on iso. 1-51A-03(2). Depending upon the examiners qualifications, procedure PDI-UT-2 may be used in lieu of procedure 600. If PDI-UT-2 is used, calibration block PDI-UT-2-O should be used.
Class B	Circumferential	51A	OFD-101A-1.4	SEE COM	Elbow to Pipe		0.375		
C05.021.044A	1HP-324-130B		1HP-324	NDE-35	PT	SS	2.500		This weld was previously listed as 1-51A-03-130B and was shown on iso. 1-51A-03(2).
Class B	Circumferential	51A	OFD-101A-1.4		Elbow to Pipe		0.375		
C05.021.050	1-51A-02-49BA		1-51A-02	NDE-600	UT	SS	4.000	SEE COM	Inspecting this weld in order to meet 7.5% of system 53B. Borrowing from system 51A category C5.21. Depending upon the examiners qualifications, procedure PDI-UT-2 may be used in lieu of procedure 600. If PDI-UT-2 is used, calibration block PDI-UT-2-O should be used.
Class B	Circumferential	51A	OFD-101A-1.3	SEE COM	Valve 1HP-132 to Pipe		0.531		
C05.021.050A	1-51A-02-49BA		1-51A-02	NDE-35	PT	SS	4.000		
Class B	Circumferential	51A	OFD-101A-1.3		Valve 1HP-132 to Pipe		0.531		
C05.021.056	1-51A-02-23BB		1-51A-02	NDE-600	UT	SS	4.000	SEE COM	Inspecting this weld in order to meet 7.5% of system 53B. Borrowing from system 51A category C5.21. Depending upon the examiners qualifications, procedure PDI-UT-2 may be used in lieu of procedure 600. If PDI-UT-2 is used, calibration block PDI-UT-2-O should be used.
Class B	Circumferential	51A	OFD-101A-1.4	SEE COM	Flange to Pipe		0.531		

**CATEGORY C-F-1, Pressure Retaining Welds In
Austenitic SS Or High Alloy Piping**

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**Piping Welds > 1/5 In. Nom Wall for Piping >=
NPS 2 and <= NPS 4**

**Oconee 1
Inservice Inspection Plan for Interval 3 Outage 6**

ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
C05.021.056A	1-51A-02-23BB		1-51A-02	NDE-35	PT	SS	4.000		Inspecting this weld in order to meet 7.5% of system 53B. Borrowing from system 51A category C5.21
	Circumferential	51A	OFD-101A-1.4				0.531		
Class B					Flange to Pipe				
C05.021.060	1-51A-03-79B		1-51A-03(1)	NDE-600	UT	SS	4.000	SEE COM	Inspecting this weld in order to meet 7.5% of system 54A. Borrowing from system 51A category C5.21. Depending upon the examiners qualifications, procedure PDI-UT-2 may be used in lieu of procedure 600. If PDI-UT-2 is used, calibration block PDI-UT-2-O should be used.
	Circumferential	51A	OFD-101A-1.4	SEE COM			0.531		
Class B					Elbow to Pipe				
C05.021.060A	1-51A-03-79B		1-51A-03(1)	NDE-35	PT	SS	4.000		Inspecting this weld in order to meet 7.5% of system 54A. Borrowing from system 51A category C5.21.
	Circumferential	51A	OFD-101A-1.4				0.531		
Class B					Elbow to Pipe				
C05.021.067	1-51A-03-122B		1-51A-03(2)	NDE-600	UT	SS	2.500	SEE COM	Inspecting this weld in order to meet 7.5% of system 54A. Borrowing from system 51A category C5.21. Depending upon the examiners qualifications, procedure PDI-UT-2 may be used in lieu of procedure 600. If PDI-UT-2 is used, calibration block PDI-UT-2-O should be used.
	Circumferential	51A	OFD-101A-1.4	SEE COM			0.552		
Class B					Pipe to Elbow				
C05.021.067A	1-51A-03-122B		1-51A-03(2)	NDE-35	PT	SS	2.500		Inspecting this weld in order to meet 7.5% of system 54A. Borrowing from system 51A category C5.21
	Circumferential	51A	OFD-101A-1.4				0.552		
Class B					Pipe to Elbow				
C05.021.073	1HP-187-116		1HP-187	NDE-600	UT	SS	4.000	SEE COM	Inspecting this weld in order to meet 7.5% of system 56. Borrowing from system 51A category C5.21. Depending upon the examiners qualifications, procedure PDI-UT-2 may be used in lieu of procedure 600. If PDI-UT-2 is used, calibration block PDI-UT-2-O should be used.
	Circumferential	51A	OFD-101A-1.4	SEE COM			0.531		
Class B					Tee to Elbow				
C05.021.073A	1HP-187-116		1HP-187	NDE-35	PT	SS	4.000		Inspecting this weld in order to meet 7.5% of system 56. Borrowing from system 51A category C5.21
	Circumferential	51A	OFD-101A-1.4				0.531		
Class B					Tee to Elbow				

**CATEGORY C-F-1, Pressure Retaining Welds In
Austenitic SS Or High Alloy Piping**

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Piping Welds > 1/5 In. Nom Wall for Piping >=
NPS 2 and <= NPS 4

Oconee 1
Inservice Inspection Plan for Interval 3 Outage 6

ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK	CAL	BLOCKS	COMMENTS
C05.021.081	1HP-282-88A		1HP-282	NDE-600	UT	SS	4.000	SEE COM		Inspecting this weld in order to meet 7.5% of system
	Circumferential	51A	OFD-101A-1.3	SEE COM			0.531			51B. Borrowing from system 51A Category C5.21
Class B					Pipe to Tee					This weld was listed previously as 1-51A-01-88A until iso 1-51A-01 part 3 was redrawn. Depending upon the examiners qualifications, procedure PDI-UT-2 may be used in lieu of procedure 600. If PDI-UT-2 is used, calibration block PDI-UT-2-O should be used.
C05.021.081A	1HP-282-88A		1HP-282	NDE-35	PT	SS	4.000			Inspecting this weld in order to meet 7.5% of system
	Circumferential	51A	OFD-101A-1.3				0.531			51B. Borrowing from system 51A Category C5.21
Class B					Pipe to Tee					This weld was listed previously as 1-51A-01-88A until iso 1-51A-01 part 3 was redrawn.
C05.021.087	1HP-193-24		1HP-193	NDE-600	UT	SS	2.500	SEE COM		Depending upon the examiners qualifications,
	Circumferential	51A	OFD-101A-1.4	SEE COM			0.375			procedure PDI-UT-2 may be used in lieu of
Class B					Pipe to PE Flow Nozzle					procedure 600. If PDI-UT-2 is used, calibration block PDI-UT-2-O should be used.
C05.021.087A	1HP-193-24		1HP-193	NDE-35	PT	SS	2.500			
	Circumferential	51A	OFD-101A-1.4				0.375			
Class B					Pipe to PE Flow Nozzle					
C05.021.093	1HP-324-119B		1HP-324	NDE-600	UT	SS	2.500	SEE COM		This weld was previously listed as 1-51A-03-119B
	Circumferential	51A	OFD-101A-1.4	SEE COM			0.375			and was shown on iso. 1-51A-03(2).
Class B					Pipe to Tee					Depending upon the examiners qualifications, procedure PDI-UT-2 may be used in lieu of procedure 600. If PDI-UT-2 is used, calibration block PDI-UT-2-O should be used.
C05.021.093A	1HP-324-119B		1HP-324	NDE-35	PT	SS	2.500			This weld was previously listed as 1-51A-03-119B
	Circumferential	51A	OFD-101A-1.4				0.375			and was shown on iso. 1-51A-03(2).
Class B					Pipe to Tee					
C05.021.099	1-51A-124-19		1-51A-124	NDE-600	PT	SS	4.000	SEE COM		Depending upon the examiners qualifications,
	Circumferential	51A	OFD-101A-1.3	SEE COM			0.531			procedure PDI-UT-2 may be used in lieu of
Class B					Pipe to Elbow					procedure 600. If PDI-UT-2 is used, calibration block PDI-UT-2-O should be used.

**CATEGORY C-F-1, Pressure Retaining Welds In
Austenitic SS Or High Alloy Piping**

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Piping Welds > 1/5 in. Nom Wall for Piping >=
NPS 2 and <= NPS 4

Oconee 1
Inservice Inspection Plan for Interval 3 Outage 6

ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK	CAL BLOCKS	COMMENTS
C05.021.099A	1-51A-124-19		1-51A-124	NDE-35	PT	SS	4.000		
	Circumferential	51A	OFD-101A-1.3				0.531		
Class B					Pipe to Elbow				
C05.021.100	1-51A-127-16		1-51A-127	NDE-600	UT	SS	4.000	SEE COM	Inspecting this weld in order to meet 7.5% of system 51B. Borrowing from system 51A Category C5.21
	Circumferential	51A	OFD-101A-1.3	SEE COM			0.531		Depending upon the examiners qualifications, procedure PDI-UT-2 may be used in lieu of procedure 600. If PDI-UT-2 is used, calibration block PDI-UT-2-O should be used.
Class B					Elbow to Pipe				
C05.021.100A	1-51A-127-16		1-51A-127	NDE-35	PT	SS	4.000		Inspecting this weld in order to meet 7.5% of system 51B. Borrowing from system 51A Category C5.21
	Circumferential	51A	OFD-101A-1.3				0.531		
Class B					Elbow to Pipe				
C05.021.106	1HP-179-119		1HP-179	NDE-600	UT	SS	2.000	SEE COM	Depending upon the examiners qualifications, procedure PDI-UT-2 may be used in lieu of procedure 600. If PDI-UT-2 is used, calibration block PDI-UT-2-O should be used.
	Circumferential	51A	OFD-101A-1.1	SEE COM			0.436		
Class B					Reducer to Pipe				
C05.021.106A	1HP-179-119		1HP-179	NDE-35	PT	SS	2.000		
	Circumferential	51A	OFD-101A-1.1				0.436		
Class B					Reducer to Pipe				
C05.021.111	1HP-194-4		1HP-194	NDE-600	UT	SS	4.000	SEE COM	Depending upon the examiners qualifications, procedure PDI-UT-2 may be used in lieu of procedure 600. If PDI-UT-2 is used, calibration block PDI-UT-2-O should be used.
	Circumferential	51A	OFD-101A-1.4	SEE COM			0.674		
Class B					Pipe to Valve 1HP-27				
C05.021.111A	1HP-194-4		1HP-194	NDE-35	PT	SS	4.000		
	Circumferential	51A	OFD-101A-1.4				0.674		
Class B					Pipe to Valve 1HP-27				

Total C05.021 Items: 36

**CATEGORY C-F-1, Pressure Retaining Welds In
Austenitic SS Or High Alloy Piping**

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Pipe Branch Connections of Branch Piping >=
NPS 2

Oconee 1
Inservice Inspection Plan for Interval 3 Outage 6

ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
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**** Circumferential Weld ****

C05.041.001	1-53B-01-87B Branch Class B	53B	1-53B-01(2), OFD-102A-1.2	NDE-35	PT	SS	8.000 0.250	.	
					Pipe to Pipe				
C05.041.010	1LP-203-55JA Branch Class B	53B	1LP-203 OFD-102A-1.2	NDE-35	PT	SS	8.000 0.250		This weld was listed previously as 1-53B-05-55JA on iso 1-53B-05(3) until it was transferred to iso 1LP-203.
					Pipe to Pipe				
C05.041.023	1-53B-12-127C Branch Class B	53B	1-53B-12 OFD-102A-1.1	NDE-35	PT	SS	8.000 0.148		
					Elbow to Pipe				
C05.041.029	1-51A-01-12A Branch Class B	51A	1-51A-01(1) OFD-101A-1.3	NDE-35	PT	SS	3.000 0.216		
					Pipe to Pipe				

Total C05.041 Items: 4

CATEGORY C-F-2, Pressure Retaining Welds In Carbon Or Low Alloy Steel Piping

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**Piping Welds \geq 3/8 in. Nominal Wall Thickness
for Piping $>$ NPS 4**

Oconee 1

Inservice Inspection Plan for Interval 3 Outage 6

ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DI/THK	CAL BLOCKS	COMMENTS
**** Circumferential Weld ****									
C05.051.003	1MS-074-14B Circumferential		1MS-074, .. 01A OFD-122A-1.1	NDE-600 SEE COM	UT	CS	26.000 0.875	SEE COM	This weld was previously listed as 1-01A-02-14B before the Iso was redrawn. Depending upon the examiners qualifications, procedure PDI-UT-1 may be used in lieu of procedure NDE-600. If PDI-UT-1 is used, calibration block PDI-UT-1-O should be used.
Class B					Elbow to Pipe				
C05.051.003A	1MS-074-14B Circumferential		1MS-074 01A OFD-122A-1.1	NDE-25	MT	CS	26.000 0.875		This weld was previously listed as 1-01A-02-14B before the Iso was redrawn.
Class B					Elbow to Pipe				
C05.051.010	1MS-065-25 Circumferential		1MS-065 01A OFD-122A-1.1	NDE-600 SEE COM	UT	CS	12.000 0.562	SEE COM	Depending upon the examiners qualifications, procedure PDI-UT-1 may be used in lieu of procedure NDE-600. If PDI-UT-1 is used, calibration block PDI-UT-1-O should be used.
Class B					Valve 1MS-79 to Elbow				
C05.051.010A	1MS-065-25 Circumferential		1MS-065 01A OFD-122A-1.1	NDE-25	MT	CS	12.000 0.562		
Class B					Valve 1MS-79 to Elbow				
C05.051.011	1MS-066-2 Circumferential		1MS-066 01A OFD-122B-1.1	NDE-600 SEE COM	UT	CS	24.000 0.969	SEE COM	This weld was previously listed as 1-01A-01-20 before the Iso was redrawn. Depending upon the examiners qualifications, procedure PDI-UT-1 may be used in lieu of procedure NDE-600. If PDI-UT-1 is used, calibration block PDI-UT-1-O should be used.
Class B					Valve 1MS-102 to Pipe				
C05.051.011A	1MS-066-2 Circumferential		1MS-066 01A OFD-122B-1.1	NDE-25	MT	CS	24.000 0.969		This weld was previously listed as 1-01A-01-20 before the Iso was redrawn.
Class B					Valve 1MS-102 to Pipe				
C05.051.019	1MS-001-19 Circumferential		1MS-001 01A OFD-122A-1.1	NDE-600 SEE COM	UT	CS	34.000 1.164	SEE COM	Inspect this with item number C05.052.001. This weld was previously listed as 1-01A-01-19 before the Iso was redrawn. Depending upon the examiners qualifications, procedure PDI-UT-1 may be used in lieu of procedure NDE-600. If PDI-UT-1 is used, calibration block PDI-UT-1-O should be used.
Class B					Elbow to Pipe				

**CATEGORY C-F-2, Pressure Retaining Welds In
Carbon Or Low Alloy Steel Piping**

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**Piping Welds \geq 3/8 in. Nominal Wall Thickness
for Piping $>$ NPS 4**

Oconee 1
Inservice Inspection Plan for Interval 3 Outage 6

ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK	CAL BLOCKS	COMMENTS
C05.051.019A	1MS-001-19		1MS-001	NDE-25	MT	CS	34.000		Inspect this with item number C05.052.001A
	Circumferential		01A OFD-122A-1.1				1.164		This weld was previously listed as 1-01A-01-19 before the Iso was redrawn.
Class B					Elbow to Pipe				
C05.051.020	1-03-3-28B		1-03-3(1)	NDE-600	UT	CS	20.000	SEE COM	Depending upon the examiners qualifications, procedure PDI-UT-1 may be used in lieu of procedure NDE-600. If PDI-UT-1 is used, calibration block PDI-UT-1-O should be used.
	Circumferential		03 OFD-121B-1.3	SEE COM			1.031		
Class B					Pipe to Elbow				
C05.051.020A	1-03-3-28B		1-03-3(1)	NDE-25	MT	CS	20.000		
	Circumferential		03 OFD-121B-1.3				1.031		
Class B					Pipe to Elbow				
C05.051.022	1-03-3-44B		1-03-3(1)	NDE-600	UT	CS	14.000	SEE COM	Depending upon the examiners qualifications, procedure PDI-UT-1 may be used in lieu of procedure NDE-600. If PDI-UT-1 is used, calibration block PDI-UT-1-O should be used.
	Circumferential		03 OFD-121B-1.3	SEE COM			0.750		
Class B					Elbow to Reducer				
C05.051.022A	1-03-3-44B		1-03-3(1)	NDE-25	MT	CS	14.000		
	Circumferential		03 OFD-121B-1.3				0.750		
Class B					Elbow to Reducer				
C05.051.023	1FDW-182-9		1FDW-182	NDE-600	UT	CS	6.000	SEE COM	Depending upon the examiners qualifications, procedure PDI-UT-1 may be used in lieu of procedure NDE-600. If PDI-UT-1 is used, calibration block PDI-UT-1-O should be used.
	Circumferential		03A OFD-121D-1.1	SEE COM			0.432		
Class B					Elbow to Pipe				
C05.051.023A	1FDW-182-9		1FDW-182	NDE-25	MT	CS	6.000		
	Circumferential		03A OFD-121D-1.1				0.432		
Class B					Elbow to Pipe				
C05.051.039	1-LPSW-344-19		1-LPSW-344	NDE-600	UT	CS	8.000	SEE COM	Depending upon the examiners qualifications, procedure PDI-UT-1 may be used in lieu of procedure NDE-600. If PDI-UT-1 is used, calibration block PDI-UT-1-O should be used.
	Circumferential		14B OFD-124B-1.2	SEE COM			0.500		
Class B					Pipe to Elbow				
C05.051.039A	1-LPSW-344-19		1-LPSW-344	NDE-25	MT	CS	8.000		
	Circumferential		14B OFD-124B-1.2				0.500		
Class B					Pipe to Elbow				

CATEGORY C-F-2, Pressure Retaining Welds In Carbon Or Low Alloy Steel Piping

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**Piping Welds $\geq 3/8$ In. Nominal Wall Thickness
for Piping $>$ NPS 4**

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
C05.051.045	1LPSW-345-38	1LPSW-345	NDE-600	UT	CS	6.000	SEE COM	This weld was listed previously as 1-LPSW-345-38 until iso 1-LPSW-345 was redrawn. This weld was listed previously as 1-LPS-345-38 until iso 1-LPS-345 was deleted.
Class B	Circumferential	14B OFD-124B-1.2	SEE COM	Flange to Flange		0.432		Depending upon the examiners qualifications, procedure PDI-UT-1 may be used in lieu of procedure NDE-600. If PDI-UT-1 is used, calibration block PDI-UT-1-O should be used.
C05.051.045A	1LPSW-345-38	1LPSW-345	NDE-25	MT	CS	6.000		This weld was listed previously as 1-LPSW-345-38 until iso 1-LPSW-345 was redrawn. This weld was listed previously as 1-LPS-345-38 until iso 1-LPS-345 was deleted.
Class B	Circumferential	14B OFD-124B-1.2		Flange to Flange		0.432		
Total C05.051 Items:		18						

**CATEGORY C-F-2, Pressure Retaining Welds In
Carbon Or Low Alloy Steel Piping**DUKE ENERGY CORPORATION
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03/19/2004**Pipe Branch Connections of Branch Piping >=**
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Inservice Inspection Plan for Interval 3 Outage 6

ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK	CAL	BLOCKS	COMMENTS
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****** Circumferential Weld ******

C05.081.010	1-MS15B-D-1		1MS-002, ..	NDE-25	MT	CS	8.000			Reference Request for Relief ONS-010.
	Branch	01A					0.906			(For details on weld location see sketch in request for relief ONS-010.)
	Class B				Pipe to Pipe					
C05.081.012	1-MS15B-A-1		1MS-002	NDE-25	MT	CS	8.000			Reference Request for Relief ONS-010.
	Branch	01A					0.906			(For details on weld location see sketch in request for relief ONS-010.)
	Class B				Pipe to Pipe					

Total C05.081 Items: 2**Total C05 Items: 86**

**CATEGORY D-B, Systems In Support Of ECC,
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ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DI/THK	CAL BLOCKS	COMMENTS
**** Component Supports and Restraints ****									
D02.020.003	1-01A-R10		4-1-0-403C ..	QAL-14	VT-3	NA	6.000	.	Calculation Number OSC-325 Sheet 3 of 3; Problem 1-01-06 Page 91. System 01A Steam Supply to Emergency Feedwater Pump Turbine.
	Rigid Restraint	01A	OFD-122A-1.4				0.250		
Class C									
D02.020.007	1-03-R8		0-551	QAL-14	VT-3	NA	24.000		Calculation No. OS-336 Page 45a.1; Problem No. 1-03-01 Sheet 1 of 2. System 03 Auxiliary and Turbine Building.
	Rigid Restraint	03	OFD-121B-1.3				0.312		
Class C									
D02.020.010	1-03A-DE064		1-0-400B	QAL-14	VT-3	NA	6.000		Calculation No. OSC-342
	Rigid Restraint	03A	OFD-121D-1.1				0.500		Page 103; Problem No. 03A-9 . System 03A 6"EMER. F.WTR. BYPASS
Class C									
D02.020.038	1-03A-SR100		1-0-438B	QAL-14	VT-3	NA	6.000		Calculation No. OSC-1224-19
	Rigid Restraint	03A	OFD-121D-1.1				0.500		Page 27; Problem No.1- 03A-13.
Class C									System 03A AUX. SERVICE WATER PIPE
D02.020.053	1-03A-SR65		1-0-400A	QAL-14	VT-3	NA	6.000		Calculation No. OSC-1215
	Rigid Restraint	03A	OFD-121D-1.1				1.000		Page 21; Problem No.1- 03A-12.
Class C									System 03A EMER. FEED.WTR. DISCHARGE
D02.020.054	1-03A-SR83		1-0-400B	QAL-14	VT-3	NA	6.000		Calculation No. OSC-342
	Rigid Restraint	03A	OFD-121D-1.1				0.500		Page 103; Problem No. 03A-9 . System 03A 6"EMER. F.WTR. BYPASS
Class C									
D02.020.060	1-03A-SR95		1-0-437A .	QAL-14	VT-3	NA	6.000		Calculation No. OSC-339
	Rigid Restraint	03A	OFD-121D-1.1				0.500		Page 81; Problem No. 1-03A-5 . System 03A 6"EMER. F.WTR. TO 24"MAIN F.WTR.
Class C									
D02.020.064	1-04A-H20		2-0-439B	QAL-14	VT-3	NA	6.000		Calculation No. OSC-1404
	Rigid Restraint	04A	OFD-121B-1.5				1.000		Page 77; Problem No.1- 04A-06.
Class C									System 04A OTSG SECONDARY SIDE DRAIN TO COND.

**CATEGORY D-B, Systems In Support Of ECC,
CHR, Atmos. Cleanup, And Reactor RHR**

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ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DI/THK	CAL BLOCKS	COMMENTS
D02.020.074	1-08-JH-1801		0-400H	QAL-14	VT-3	NA	10.000		Calculation Number OSC-1902 Sheet 1 of 2;
	Rigid Restraint	08	OFD-122A-1.4				0.250		Problem 1-08-01 Page 38. System 08 Emergency
Class C									Feedwater Pump Turbine Exhaust to Condenser.
D02.020.083	1-14B-H1		1-0-437A	QAL-14	VT-3	NA	16.000		Calculation No. OSC-1541;
	Rigid Restraint	14B	OFD-124B-1.1				0.280		Problem No. 1-14-06 SHT. 1 OF 3. System
Class C									14B;PAGE 100.1; LPSW SUPPLY TO RB
									COMPONENT COOLERS & LP COOLERS 1A & 1B
D02.020.088	1-14B-RMC-0501		0-439B	QAL-14	VT-3	NA	8.000		File OSC-376 pg. 78. Low Pressure Service Water
	Rigid Restraint	14B	OFD-124B-1.2				0.237		Discharge I. E. B. 79-14, System 14B, sheet 1 of 3
Class C			1-14-04						
D02.020.094	1-14B-SR42		1-0-439B	QAL-14	VT-3	NA	18.000		File OSC-376 pg. 78. Low Pressure Service Water
	Rigid Restraint	14B	OFD-124B-1.2				1.000		Discharge I. E. B. 79-14, System 14B.
Class C			1-14-04						
D02.020.105	0-SSW-H7360		0-448K	QAL-14	VT-3	SS	6.000		Calculation No. OSC-6068
	Rigid Restraint		SSWOFD-129A-1.1				0.250		;Problem No. 4-SSW-01
Class C									System Siphon Seal Water piping for CCW Pumps
									Hanger Iso# 0-4RWF-4SSW01-02.
									Inspect with item number F01.030.043
D02.020.106	0-SSW-H7575		0-448K	QAL-14	VT-3	SS	6.000		Calculation No. OSC-6068
	Rigid Restraint		SSWOFD-129A-1.1				0.250		;Problem No. 4-SSW-01
Class C									System Siphon Seal Water piping for CCW Pumps
									Hanger Iso# 0-4RWF-4SSW01-01.
D02.020.107	0-SSW-H7361		0-448K	QAL-14	VT-3	SS	6.000		Calculation No. OSC-6068
	Rigid Restraint		SSWOFD-129A-1.1				0.250		;Problem No. 4-SSW-01
Class C									System Siphon Seal Water piping for CCW Pumps
									Hanger Iso# 0-4RWF-4SSW01-01.

Total D02.020 Items: 15

**CATEGORY D-B, Systems In Support Of ECC,
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ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Spring Type Supports ****									
D02.040.003	1-03-H48		0-551	QAL-14	VT-3	NA	24.000		Calculation No. OS-336 Page 45a.1; Problem No.
	Spring Hgr	03	OFD-121B-1.3				0.312		1-03-01 Sheet 1 of 2. System 03 Auxiliary and
	Class C								Turbine Building.
D02.040.009	1-03A-H101		0-439C	QAL-14	VT-3	NA	6.000		Calculaton No. OSC-1224-19
	Spring Hgr	03A	OFD-121D-1.1				0.500		Page 26;Problem No.1- 03A-13.
	Class C								System 03A
									AUX. SERVICE WATER PIPE
D02.040.016	1-14B-H31		1-0-400B	QAL-14	VT-3	NA	36.000		Calculation No. OS-395 Page 40, problem no.
	Spring Hgr	14B	OFD-124A-1.1				0.187		1-14A-01 page 1 of 2. Low Pressure Service Water
	Class C								
Total D02.040 Items:		3							
Total D02 Items:		18							

CATEGORY D-C, Systems In Support Of RHR
From Spent Fuel Storage Pool

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ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Component Supports and Restraints ****									
D03.020.006	1-56-H4		4-0-437B	QAL-14	VT-3	NA	8.000		Calcalaton No. OS-421
	Rigid Restraint	56	OFD-104A-1.2				0.125		Page 95;Problem No.4-56-02.
Class C									System 56 Spent Fuel Cooling
									Fig.162 Size 8
D03.020.007	1-56-H5		4-0-437B	QAL-14	VT-3	NA	8.000		Calcalaton No. OS-421
	Rigid Restraint	56	OFD-104A-1.2				0.125		Page 95;Problem No.4-56-02.
Class C									System 56 Spent Fuel Cooling
									Fig.162 Size 8
D03.020.010	1-56-H65		4-0-443	QAL-14	VT-3	NA	8.000		Calcalaton No. OSC-421
	Rigid Restraint	56	OFD-104A-1.1				1.000		Page 94; Problem No.4-56-02
Class C									Spent Fuel Cooling
									System 56
D03.020.011	1-56-JTC-2902		0-443	QAL-14	VT-3	NA	8.000		Calcalaton No. OSC-421
	Rigid Restraint	56	OFD-104A-1.1				0.500		Page 94; Problem No.4-56-02
Class C									Spent Fuel Cooling
									System 56
D03.020.016	1-56-SR2		0-437B	QAL-14	VT-3	NA	8.000		Calcalaton No. OSC-1359-02
	Rigid Restraint	56	OFD-104A-1.1				0.750		Page 28 ; Problem No.4-56-07
Class C									Spent Fuel Cooling (Suction Side)
									System 56
D03.020.021	1-56-SR3		0-437B	QAL-14	VT-3	NA	8.000		Calcalaton No. OSC-1359-02
	Rigid Restraint	56	OFD-104A-1.1				0.154		Page 28 ; Problem No.4-56-07
Class C									Spent Fuel Cooling (Suction Side)
									System 56
D03.020.023	1-56-SR20		0-437B	QAL-14	VT-3	NA	8.000		Calcalaton No. OS-421
	Rigid Restraint	56	OFD-104A-1.2				0.750		Page 95;Problem No.4-56-02.
Class C									System 56 Spent Fuel Cooling
Total D03.020 Items: 7									

CATEGORY D-C, Systems In Support Of RHR
From Spent Fuel Storage Pool

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ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Spring Type Supports ****									
D03.040.003	1-56-H61		2-0-438C	QAL-14	VT-3	NA	8.000		Calclaton No. OSC-421
	Spring Hgr	56	OFD-104A-1.1				0.125		Page 93; Problem No.4-56-02
	Class C								Spent Fuel Cooling
									System 56 Fig.161 Size 8
D03.040.004	1-56-H62		2-0-438C	QAL-14	VT-3	NA	8.000		Calclaton No. OSC-421
	Spring Hgr	56	OFD-104A-1.1				1.000		Page 93; Problem No.4-56-02
	Class C								Spent Fuel Cooling
									System 56
Total D03.040 Items:		2							
Total D03 Items:		9							

CATEGORY F-A, Supports

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Class 2 Piping Supports

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ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DI/THK	CAL BLOCKS	COMMENTS
**** Category A, One-Directional ****									
F01.020.005	1-03-H6B		0-480A	QAL-14	VT-3	NA	14.000		Calculation No. OSC-1297-06 ; Problem No.
	Rigid Restraint	03	OFD-121B-1.3				0.500		1-03-05 . System 03 Steam Generator 1B .
Class B									
F01.020.019	1-51A-H29		1-0-439A	QAL-14	VT-3	NA	4.000		Calculation No. OSC-1639, page 30.5; Problem No.
	Rigid Restraint	51A	OFD-101A-1.4				0.000		1-51-04. High Pressure Injection
Class B									
F01.020.021	1-51A-SR59		6-0-435B	QAL-14	VT-3	NA	6.000		Calculation No. OSC-1535 Page 136; Problem No.
	Rigid Restraint	51A	OFD-101A-1.3				0.000		1-51-2 Sheet 2 of 8. System 51
Class B									
F01.020.035	1-53B-H30		4-0-435B	QAL-14	VT-3	NA	14.000		Calculation No. OS-407;
	Rigid Restraint	53B	OFD-102A-1.1				0.000		Problem No. 1-53-1;SHT.1 OF 4 PAGE#104;
Class B									
F01.020.037	1-54A-DE10		0-435B	QAL-14	VT-3	NA	8.000		Calculation No. OS-415 Page 50; Problem No.
	Rigid Restraint	54A	OFD-103A-1.1				0.125		1-54-2 Sheet 1 of 1. System 54A Auxiliary Building.
Class B									
					Sway Strut	Fig162 to			Examine during outage 16 for surveillance item from
									second interval.
F01.020.042	1-55-H32		1-0-439C	QAL-14	VT-3	NA	8.000		Calculation No. OSC-1549
	Rigid Restraint	55	OFD-144A-1.2				0.000		Page 101; Problem No.4-55-1
Class B									
									8" Component Cooling Wtr. Disch.
									System 55-1
F01.020.049	1-51-SR6		0-436D	QAL-14	VT-3	NA	4.000		Calc No.=OSC-1538, Page 94
	Rigid Restraint	51B	OFD-101A-1.1				0.750		Problem No.=1-51-06,Sht. 2 of 3
Class B									
Total F01.020 Items: 7									

****** Category B, Multi-Directional ******

F01.021.002	1-14B-H1		0-479A	QAL-14	VT-3	NA	6.000		Problem No; 1-14-16
	Rigid Restraint	14B	OFD-124B-1.2				0.750		Low Pressure Service Water Emergency Cooler 1C
Class B									
			1-14-16						Outlet.

CATEGORY F-A, Supports

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Class 2 Piping Supports

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ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.021.014	1-51A-SR61		1-0-435C	QAL-14	VT-3	NA	4.000		Calcalton No. OSC-1410
	Rigid Support	51A	OFD-101A-1.3				0.000		Page103; Problem No. 1-51-13 . System 51
Class B									HPI CROSS CONNECT & HEADER
F01.021.016	1-53B-DE012		0-438C	QAL-14	VT-3	NA	12.000		Calcalton No. OS-404;
	Rigid Restraint	53B	OFD-102A-1.1				0.000		Problem No. 1-53-04;SHT.1 OF 1; PAGE#39;
Class B									SYSTEM 53B; DECAY HEAT REMOVAL SYS & LP
									INJECTION
F01.021.023	1-55-DE003		1-0-439B	QAL-14	VT-3	NA	6.000		Calcalton No. OS-419
	Rigid Restraint	55	OFD-144A-1.2				0.000		Page 75; Problem No.1-55-06
Class B									Component Cooling Sys.
									System 55
F01.021.031	1-51B-DE017		436H	QAL-14	VT-3	NA	2.500		Calc No.=OSC-400, Page 51
	Rigid Restraint	51B	OFD-101A-1.2				0.000		Problem No.=1-51-01,Sht. 2 of 3
Class B									

Total F01.021 Items: 5****** Category C, Thermal Movement ******

F01.022.004	1-01A-H43		1-1-0-401A	QAL-14	VT-3	NA	12.000		Calcalton No. OSC-321;
	Hyd Snubber	01A	OFD-122A-1.2				0.000		Problem No. 1-01-2 Sht. 3 of 5. System 01A; Main
Class B									Steam Bypass To Condenser. Inspect with Item No.
									F01.050.088.
F01.022.011	1-51A-DE001		0-435C	QAL-14	VT-3	NA	4.000		Calcalton No. OSC-1410
	Spring Hgr	51A	OFD-101A-1.3				0.000		Page105; Problem No. 1-51-13 . System 51
Class B									HPI INJ.
F01.022.015	1-53B-DE055		0-438C	QAL-14	VT-3	NA	12.000		Calcalton No. OS-404;
	Mech Snubber	53B	OFD-102A-1.1				0.000		Problem No. 1-53-04; Sht.1 of 1; Page #39; System
Class B									53B; Decay Heat Removal System & LP Injection.
									Inspect with Item No. F01.050.065.
F01.022.025	1-51-H58		0-436H	QAL-14	VT-3	NA	4.000		Calc No.=OSC-400, Page 50
	Spring Hgr	51B	OFD-101A-1.2				0.000		Problem No.=1-51-01,Sht. 1 of 3
Class B									

Total F01.022 Items: 4

CATEGORY F-A, Supports

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Class 3 Piping Supports

ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK	CAL	BLOCKS	COMMENTS
**** Category A, One-Directional ****										
F01.030.029	1-14B-H10 Rigid Restraint Class C		1-0-439B, ,, 14B OFD-124B-1.2 1-14-04	QAL-14	VT-3	NA		18.000 0.000		File OSC-376 pg. 78. Low Pressure Service Water Discharge I. E. B. 79-14, System 14B.
					ss to					
F01.030.030	1-14B-MKP-0503 Rigid Restraint Class C		0-436E 14B OFD-121D-1.2 4-14-3	QAL-14	VT-3	NA		8.000 0.000		Calculation No. OSC-394, page 78; Problem No. 4-14-3, sh. 3. Auxiliary Feed water Lines from Auxiliary Service Water Pump
F01.030.031	1-14B-RMC-0501 Rigid Restraint Class C		0-439B 14B OFD-124B-1.2 1-14-04	QAL-14	VT-3	NA		8.000 0.237		File OSC-376 pg. 78. Low Pressure Service Water Discharge I. E. B. 79-14, System 14B, sheet 1 of 3
F01.030.032	1-14B-DE042 Rigid Restraint Class C		0-437A 14B OFD-124B-1.1	QAL-14	VT-3	NA		20.000 0.000		Calculation No. OSC-1541; Problem No. 1-14-06 SHT. 1 OF 3. System 14B;PAGE 100.1; LPSW SUPPLY TO RB COMPONENT COOLERS & LP COOLERS 1A & 1B
F01.030.033	1-14B-WJB-1001 Rigid Restraint Class C		0-436L 14B OFD-121D-1.2 4-14-3	QAL-14	VT-3	NA		8.000 0.000		Calculation No. OSC-394, page 79; Problem No. 4-14-3, sh. 4. Auxiliary Feed water Lines from Auxiliary Service Water Pump
F01.030.040	1-56-SR20 Rigid Restraint Class C		0-437B 56 OFD-104A-1.2	QAL-14	VT-3	NA		8.000 0.750		Calculation No. OS-421 Page 95;Problem No.4-56-02. System 56 Spent Fuel Cooling
F01.030.043	0-SSW-H7360 Rigid Restraint Class C		0-448K SSWOFD-129A-1.1	QAL-14	VT-3	SS		6.000 0.250		Calculation No. OSC-6068 ;Problem No. 4-SSW-01 System Siphon Seal Water piping for CCW Pumps Hanger Iso# 0-4RWF-4SSW01-02.
F01.030.044	0-SSW-H7362 Rigid Restraint Class C		0-448K SSWOFD-129A-1.1	QAL-14	VT-3	SS		6.000 0.000		Calculation No. OSC-6068 ;Problem No. 4-SSW-01 System Siphon Seal Water piping for CCW Pumps Hanger Iso# 0-4RWF-4SSW01-02.

CATEGORY F-A, Supports

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Inservice Inspection Database Management System

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Class 3 Piping Supports

Oconee 1

Inservice Inspection Plan for Interval 3 Outage 6

ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.030.045	0-SSW-H7575		0-448K	QAL-14	VT-3	SS	6.000		Calcalton No. OSC-6068
Class C	Rigid Restraint		SSWOFD-129A-1.1				0.250		;Problem No. 4-SSW-01
									System Siphon Seal Water piping for CCW Pumps
									Hanger Iso# 0-4RWF-4SSW01-01.
F01.030.046	1-14A-H4241		400B	QAL-14	VT-3	NA	6.000		Calc # OSC-395
Class C	Rigid Restraint		14A OFD-133A-1.1				0.000		Problem No.1- 14A-01
					SS to				Hanger Iso# O-1TB-114A01-05
									Low Pressure service water
Total F01.030 Items:		10							
**** Category B, Multi-Directional ****									
F01.031.005	1-03A-SR28		1-0-401B	QAL-14	VT-3	NA	6.000		Calcalton No. OSC-343
Class C	Rigid Restraint		03A OFD-121D-1.1				0.000		Page 50; Problem No. 03A-10 . System 03A
									6*EMER. FEED.WTR.
F01.031.007	1-07A-SR1		0-400A	QAL-14	VT-3	NA	8.000		Calcalton No. OSC-362
Class C	Rigid Restraint		07A OFD-121A-1.8				0.000		Page 57; Problem No.1-07A-2
									L.P.& H.P.Condensate
									System 07A
F01.031.017	0-SSW-H7363		0-448K	QAL-14	VT-3	SS	6.000		Calcalton No. OSC-6068
Class C	Rigid Restraint		SSWOFD-129A-1.1				0.000		;Problem No. 4-SSW-01
									System Siphon Seal Water piping for CCW Pumps
									Hanger Iso# 0-4RWF-4SSW01-02.
F01.031.018	0-SSW-H7361		0-448K	QAL-14	VT-3	SS	6.000		Calcalton No. OSC-6068
Class C	Rigid Restraint		SSWOFD-129A-1.1				0.250		;Problem No. 4-SSW-01
									System Siphon Seal Water piping for CCW Pumps
									Hanger Iso# 0-4RWF-4SSW01-01.
F01.031.019	1-14A-H4242		400B	QAL-14	VT-3	NA	6.000		Calc # OSC-395
Class C	Rigid Restraint		14A OFD-133A-1.1				0.000		Problem No.1- 14A-01
					SS to				Hanger Iso# O-1TB-114A01-05
									Low Pressure service water
Total F01.031 Items:		5							

****** Category C, Thermal Movement ******

CATEGORY F-A, Supports**DUKE ENERGY CORPORATION
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ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL	BLOCKS	COMMENTS
F01.032.003	1-03-H48		0-551	QAL-14	VT-3	NA	24.000			Calculation No. OS-336 Page 45a.1; Problem No.
	Spring Hgr	03	OFD-121B-1.3				0.312			1-03-01 Sheet 1 of 2. System 03 Auxiliary and
Class C										Turbine Building.

Total F01.032 Items: 1

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Reactor Coolant Pump Flywheels

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ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DI/THK	CAL BLOCKS	COMMENTS
G01.001.001 Class A	1-RCP-1A1 Circumferential	50	OM-201D-38	NDE-900	UT	CS	72.000 9.500		The entire volume of the flywheel shall be examined by UT at approximately 3 year intervals. Ref. Section 7 of the ISI Plan Volume 1.
G01.001.002 Class A	1-RCP-1A2 Circumferential	50	OM-201D-38	NDE-900	UT	CS	72.000 9.500		The entire volume of the flywheel shall be examined by UT at approximately 3 year intervals. Ref. Section 7 of the ISI Plan Volume 1.
G01.001.003 Class A	1-RCP-1B1 Circumferential	50	OM-201D-38	NDE-900	UT	CS	72.000 9.500		The entire volume of the flywheel shall be examined by UT at approximately 3 year intervals. Ref. Section 7 of the ISI Plan Volume 1. Procedure 54-ISI-117
G01.001.003A Class A	1-RCP-1B1 Circumferential	50	OM-201D-38	NDE-25	MT	CS	72.000 9.500		Whenever maintenance or repair activities necessitate flywheel removal, a surface examination of exposed surfaces and a complete volumetric examination shall be performed if the interval measured from the previous such inspection is greater than 6 2/3 years. Ref. Section 7 of the ISI Plan Volume 1. Procedure 54-ISI-271 and Procedure 54-PT-6 were used to perform MT and PT examinations on the Flywheel.
G01.001.004 Class A	1-RCP-1B2 Circumferential	50	OM-201D-38	NDE-900	UT	CS	72.000 9.500		The entire volume of the flywheel shall be examined by UT at approximately 3 year intervals. Ref. Section 7 of the ISI Plan Volume 1.
Total G01.001 Items:		5							
Total G01 Items:		5							

CATEGORY AUG, Augmented Inspections

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HPI Nozzle Safe End Examinations

Oconee 1

Inservice Inspection Plan for Interval 3 Outage 6

ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
G02.001.005A	1-PDA1-46		ISI OCN1-011 51A OM-201-597	NDE-690	UT	CS	3.500 2.500	40410 40350	Reference Section 7 of the ISI Plan, Volume 1. 1A1 Make-Up Nozzle PC 46. Perform UT on the nozzle inside radius (knuckle area). Perform UT examination during outages 19 & 21 for the third interval. This schedule cannot be changed. Check with Engineering prior to scheduling the fourth interval.
Class A									
G02.001.005B	1-PDA2-46		ISI OCN1-012 51A OM-201-597	NDE-690	UT	CS	3.500 2.500	40410 40350	Reference Section 7 of the ISI Plan, Volume 1. 1A2 Make-Up Nozzle PC 46. Perform UT on the nozzle inside radius (knuckle area). Perform UT examination during outages 19 & 21 for the third interval. This schedule cannot be changed. Check with Engineering prior to scheduling the fourth interval.
Class A									
G02.001.005C	1-PDB1-46		ISI OCN1-013 51A OM-201-597	NDE-690	UT	CS	3.500 2.500	40410 40350	Reference Section 7 of the ISI Plan, Volume 1. 1B1 HPI Nozzle PC 46. Perform UT on the nozzle inside radius (knuckle area). Perform UT examination during outages 19 & 21 for the third interval. This schedule cannot be changed. Check with Engineering prior to scheduling the fourth interval.
Class A									
G02.001.005D	1-PDB2-46		ISI OCN1-014 51A OM-201-597	NDE-690	UT	CS	3.500 2.500	40410 40350	Reference Section 7 of the ISI Plan, Volume 1. 1B2 HPI Nozzle PC 46. Perform UT on the nozzle inside radius (knuckle area). Perform UT examination during outages 19 & 21 for the third interval. This schedule cannot be changed. Check with Engineering prior to scheduling the fourth interval.
Class A									
G02.001.006A	1-PDA1-11 Circumferential		ISI OCN1-011 51A OM-201-597	See Com	UT	SS-Inconel	3.500 0.750	Component 40416	Reference Section 7 of the ISI Plan, Volume 1. 1A1 Make-Up Nozzle PC 46 to Safe End PC 47. Perform UT on the nozzle to safe end weld. Perform UT examination during outages 19 & 21 for the third interval. This schedule cannot be changed. Check with Engineering prior to scheduling the fourth interval. Procedure # PDI-UT-10.
Class A					Make-Up Nozzle, PC 46 to Safe End				

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ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DI/THK	CAL	BLOCKS	COMMENTS
G02.001.006B	1-PDA2-11		ISI OCN1-012	See Com	UT	SS-Inconel	3.500	Component		Reference Section 7 of the ISI Plan, Volume 1. 1A2 Make-Up Nozzle PC 46 to Safe End PC 47 . Perform UT on the nozzle to safe end weld. Perform UT examination during outages 19 & 21 for the third interval. This schedule cannot be changed. Check with Engineering prior to scheduling the fourth interval. Procedure # PDI-UT-10.
Class A	Circumferential	51A	OM-201-597				0.750	40416		
						Make-Up Nozzle, PC 46 to Safe End , PC 47				
G02.001.006C	1-PDB1-11		ISI OCN1-013	See Com	UT	SS-Inconel	3.500	Component		Reference Section 7 of the ISI Plan, Volume 1. 1B1 HPI Nozzle PC 46 to Safe End PC 47. Perform UT on the nozzle to safe end weld. Perform UT examination during outages 19 & 21 for the third interval. This schedule cannot be changed. Check with Engineering prior to scheduling the fourth interval. Procedure # PDI-UT-10.
Class A	Circumferential	51A	OM-201-597				0.750	40416		
						HPI Nozzle, PC 46 to Safe End Pc 47				
G02.001.006D	1-PDB2-11		ISI OCN1-014	See Com	UT	SS-Inconel	3.500	Component		Reference Section 7 of the ISI Plan, Volume 1. 1B2 HPI Nozzle PC 46 to Safe End PC 47. Perform UT on the nozzle to safe end weld. Perform UT examination during outages 19 & 21 for the third interval. This schedule cannot be changed. Check with Engineering prior to scheduling the fourth interval. Procedure # PDI-UT-10.
Class A	Circumferential	51A	OM-201-597				0.750	40416		
						HPI Nozzle, PC 46 to Safe End PC 47				
G02.001.007A	1-PDA1-47		ISI OCN1-011	NDE-960	UT	SS	3.500	Component		Reference Section 7 of the ISI Plan, Volume 1. Safe End PC 47 adjoining Make-Up nozzle 1A1. Perform UT on the Safe End base metal (between the nozzle to safe end weld and the safe end to pipe weld). Perform UT examination during outages 19 & 21 for the third interval. This schedule cannot be changed. Check with Engineering prior to scheduling the fourth interval.
Class A		51A	OM-201-597				0.750			
G02.001.007B	1-PDA2-47		ISI OCN1-012	NDE-960	UT	SS	3.500	Component		Reference Section 7 of the ISI Plan, Volume 1. Safe End PC 47 adjoining Make-Up nozzle 1A2. Perform UT on the Safe End base metal (between the nozzle to safe end weld and the safe end to pipe weld). Perform UT examination during outages 19 & 21 for the third interval. This schedule cannot be changed. Check with Engineering prior to
Class A		51A	OM-201-597				0.750			

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ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DI/THK	CAL BLOCKS	COMMENTS
									scheduling the fourth interval.
G02.001.007C	1-PDB1-47		ISI OCN1-013 51A OM-201-597	NDE-960	UT	SS	3.500 0.750	Component	Reference Section 7 of the ISI Plan, Volume 1. Safe End PC 47 adjoining HPI nozzle 1B1. Perform UT on the Safe End base metal (between the nozzle to safe end weld and the safe end to pipe weld). Perform UT examination during outages 19 & 21 for the third interval. This schedule cannot be changed. Check with Engineering prior to scheduling the fourth interval.
Class A									
G02.001.007D	1-PDB2-47		ISI OCN1-014 51A OM-201-597	NDE-960	UT	SS	3.500 0.750	Component	Reference Section 7 of the ISI Plan, Volume 1. Safe End PC 47 adjoining HPI nozzle 1B2. Perform UT on the Safe End base metal (between the nozzle to safe end weld and the safe end to pipe weld). Perform UT examination during outages 19 & 21 for the third interval. This schedule cannot be changed. Check with Engineering prior to scheduling the fourth interval.
Class A									
G02.001.008A	1RC-199-154 Circumferential		1RC-199 51A OFD-100A-1.1	NDE-960	UT	SS	2.500 0.375	Component	Reference Section 7 of the ISI Plan, Volume 1. Make-Up nozzle 1A1. Perform UT on weld 1RC-199-154 and adjoining base metal out to weld 1RC-199-149 (at valve 1HP-127). Perform UT examination during outages 19 & 21 for the third interval. This schedule cannot be changed. Check with Engineering prior to scheduling the fourth interval. Revision 2 to iso changed weld number to 1-RC-199-154. Inspect this weld at the same time item number G04.001.029 is inspected. Note: The inspection performed for the G02 item number will be sufficient to meet the requirements for the G04 inspection.
Class A					Safe End, PC 47 to Pipe				
G02.001.008B	1RC-200-161 Circumferential		1RC-200 51A OFD 100A-1.1	NDE-960	UT	SS-CS	2.500 0.375	Component	Reference Section 7 of the ISI Plan, Volume 1. Make-Up nozzle 1A2. Perform UT on weld 1RC-200-161 and adjoining base metal out to weld 1RC-200-160 (at valve 1HP-126). Perform UT examination during outages 19 & 21 for the third
Class A					Safe End PC 47 to Pipe				

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ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK	CAL	BLOCKS	COMMENTS
										Interval. This schedule cannot be changed. Check with Engineering prior to scheduling the fourth interval. Inspect at the same time item number G04.001.031 is inspected. Note: The inspection performed for the G02 item number will be sufficient to meet the requirements for the G04 inspection.
G02.001.008C	1RC-201-101		1RC-201 51A OFD-100A-1.1	NDE-960	UT	SS	2.500	Component	0.375	Reference Section 7 of the ISI Plan, Volume 1. HPI nozzle 1B1. Perform UT on weld 1RC-201-101 and adjoining base metal out to weld 1RC-201-97 (at valve 1HP-153). Perform UT examination during outages 19 & 21 for the third interval. This schedule cannot be changed. Check with Engineering prior to scheduling the fourth interval. Revision 2 to Isometric changed weld number from 1RC-201-3.Weld 1-51A-11-89 was deleted and weld 1RC-201-101 replaced it. Inspect this weld at the same time item number G04.001.003 is inspected. Note: The inspection performed for the G02 item number will be sufficient to meet the requirements for the G04 inspection.
Class A					Safe End PC 47 to Pipe					
G02.001.008D	1RC-201-105		1RC-201 51A OFD-100-1.1	NDE-960	UT	SS	2.500	Component	0.375	Reference Section 7 of the ISI Plan, Volume 1. HPI nozzle 1B2. Perform UT on weld 1RC-201-105 and adjoining base metal out to weld 1RC-201-92 (at valve 1HP-152). Perform UT examination during outages 19 & 21 for the third interval. This schedule cannot be changed. Check with Engineering prior to scheduling the fourth interval. Revision 2 to Isometric changed weld number from 1RC-201-2.Weld 1-51A-11-87 was deleted and weld 1RC-201-102 replaced it. Weld 1RC-201-102 was deleted and weld 1RC-201-105 replaced it. Inspect this weld at the same time item G04.001.001 is inspected. Note: The inspection performed for the G02 item number will be sufficient to meet the requirements for the G04 inspection.
Class A	Circumferential				Safe End PC 47 to Pipe					

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ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL	BLOCKS	COMMENTS
G02.001.010A	1RC-199-149		1RC-199	NDE-960	UT	SS	2.500	Component		Reference Section 7 of the ISI Plan, Volume 1. Make-Up nozzle 1A1. Perform UT on weld 1RC-199-149 (at valve 1HP-127). Perform UT examination during outages 19 & 21 for the third interval. This schedule cannot be changed. Check with Engineering prior to scheduling the fourth interval. Revision 2 to iso changed weld number to 1-RC-199-149. Inspect this weld at the same time item number G04.001.028 is inspected. Note: The inspection performed for the G02 item number will be sufficient to meet the requirements for the G04 inspection.
	Circumferential	51A	OFD-100A-1.1				0.375			
Class A					Pipe to					
					Vlv 1HP-127					
G02.001.010B	1RC-200-160		1RC-200	NDE-960	UT	SS	2.500	Component		Reference Section 7 of the ISI Plan, Volume 1. Make-Up nozzle 1A2. Perform UT on weld 1RC-200-160 (at valve 1HP-126). Perform UT examination during outages 19 & 21 for the third interval. This schedule cannot be changed. Check with Engineering prior to scheduling the fourth interval. Revision 2 changed weld number from 1RC-200-8. Inspect this weld at the same time item number G04.001.030 is inspected. Note: The inspection performed for the G02 item number will be sufficient to meet the requirements for the G04 inspection.
	Circumferential	51A	OFD 100A-1.1				0.375			
Class A					Pipe to					
					Vlv. 1HP-126					
G02.001.010C	1RC-201-97		1RC-201	NDE-960	UT	SS	2.500	Component		Reference Section 7 of the ISI Plan, Volume 1. HPI nozzle 1B1. Perform UT on weld 1RC-201-4 (at valve 1HP-153). Perform UT examination during outages 19 & 21 for the third interval. This schedule cannot be changed. Check with Engineering prior to scheduling the fourth interval. Revision 2 to isometric changed weld number from 1RC-201-4. Weld 1-51A-11-90 was deleted and weld 1RC-201-97 replaced it. Inspect this weld at the same time item number G04.001.004 is inspected. Note: The inspection performed for the G02 item number will be sufficient to meet the requirements for the G04 inspection.
	Circumferential	51A	OFD-100A-1.1				0.375			
Class A					Pipe to					
					Vlv. 1HP-153					

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ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
G02.001.010D	1RC-201-92		1RC-201	NDE-960	UT	SS	2.500	Component	Reference Section 7 of the ISI Plan, Volume 1. HPI nozzle 1B2. Perform UT on weld 1RC-201-1 (at valve 1HP-152). Perform UT examination during outages 19 & 21 for the third interval. This schedule cannot be changed. Check with Engineering prior to scheduling the fourth interval. Revision 2 to Isometric changed weld number from 1RC-201-1. Weld 1-51A-11-88 was deleted and weld 1RC-201-92 replaced it. Inspect this weld at the same time item number G04.001.002 is inspected. Note: The inspection performed for the G02 item number will be sufficient to meet the requirements for the G04 inspection.
	Circumferential	51A	OFD-100A-1.1				0.375		
Class A					Pipe to Vlv. 1HP-152				

Total G02.001 Items: 20**Total G02 Items: 20**

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Pressurizer Surge Line Examinations

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ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
G03.001.002	1-PSL-133		ISI OCN1-015	NDE-600	UT	SS	10.750	SEE COM	Elbow at PC 80 to PC 83
		50		SEE COM		160	1.000		Examine 3" band. Reference Section 7 of the ISI Plan, Volume 1.
Class A	Stress weld				Elbow Base metal to				Depending upon the examiners qualifications, procedure PDI-UT-2 may be used in lieu of procedure 600. If PDI-UT-2 is used, calibration block PDI-UT-2-O should be used.
					Not Applicable				
G03.001.003	1-PSL-142		ISI OCN1-015	NDE-600	UT	SS	10.750	SEE COM	Elbow at PC 80 to PC 82
		50		SEE COM		160	1.000		Examine 3" band. Reference Section 7 of the ISI Plan, Volume 1.
Class A	Stress weld				Elbow Base metal to				Depending upon the examiners qualifications, procedure PDI-UT-2 may be used in lieu of procedure 600. If PDI-UT-2 is used, calibration block PDI-UT-2-O should be used.
					Not Applicable				
Total G03.001 Items:		2							
Total G03 Items:		2							

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ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK	CAL	BLOCKS	COMMENTS
G04.001.001 Class A	1RC-201-105 Circumferential	51A	1RC-201 .. OFD-100A-1.1	NDE-600 SEE COM	UT Pipe to Safe-End	SS	2.500 0.375	SEE COM		Inspect 100% of weld & 1" of base material (axial & circumferential). Reference Section 7 of the ISI Plan, Volume 1. Weld 1-51A-11-87 (iso 1-51A-11(3)) was deleted and weld 1RC-201-102 replaced it. Weld 1RC-201-102 was deleted and weld 1RC-201-105 replaced it. Inspect this weld at the same time G02.001.008D is inspected. Note: The inspection performed for the G02 item number will be sufficient to meet the requirements for the G04 inspection. Depending upon the examiners qualifications, procedure PDI-UT-2 may be used in lieu of procedure 600. If PDI-UT-2 is used, calibration block PDI-UT-2-O should be used.
G04.001.002 Class A	1RC-201-92 Circumferential	51A	1RC-201 OFD-101A-1.4	NDE-600 SEE COM	UT Pipe to Valve 1HP-152	SS	2.500 0.375	SEE COM		Inspect 100% of weld & 1" of base material (axial & circumferential). Reference Section 7 of the ISI Plan, Volume 1. Weld 1-51A-11-88 was deleted and weld 1RC-201-92 replaced it. Inspect this weld at the same time item number G02.001.010D is inspected. Note: The inspection performed for the G02 item number will be sufficient to meet the requirements for the G04 inspection. Depending upon the examiners qualifications, procedure PDI-UT-2 may be used in lieu of procedure 600. If PDI-UT-2 is used, calibration block PDI-UT-2-O should be used.
G04.001.003 Class A	1RC-201-101 Circumferential	51A	1RC-201 OFD-101A-1.4	NDE-600 SEE COM	UT Pipe to Safe-End	SS	2.500 0.375	SEE COM		Inspect 100% of weld & 1" of base material (axial & circumferential). Reference Section 7 of the ISI Plan, Volume 1. This weld was listed previously as 1-51A-11-89 until iso 1-51A-11 was redrawn. Revision 2 to isometric changed weld number from 1RC-201-3.Weld 1-51A-11-89 was deleted and weld 1RC-201-101 replaced it. Inspect this weld at the same time item

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ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK	CAL BLOCKS	COMMENTS	
									number G02.001.008C is inspected. Note: The inspection performed for the G02 item number will be sufficient to meet the requirements for the G04 inspection. Depending upon the examiners qualifications, procedure PDI-UT-2 may be used in lieu of procedure 600. If PDI-UT-2 is used, calibration block PDI-UT-2-O should be used.	
G04.001.004	1RC-201-97		1RC-201	NDE-600	UT	SS		2.500	SEE COM	Inspect 100% of weld & 1" of base material (axial & circumferential). Reference Section 7 of the ISI Plan, Volume 1. This weld was listed previously as 1-51A-11-90 until Iso 1-51A-11 was redrawn. Revision 2 to isometric changed weld number from 1RC-201-4.Weld 1-51A-11-90 was deleted and weld 1RC-201-97 replaced it. Inspect this weld at the same time item number G02.001.010C is inspected. Note: The inspection performed for the G02 item number will be sufficient to meet the requirements for the G04 inspection. Depending upon the examiners qualifications, procedure PDI-UT-2 may be used in lieu of procedure 600. If PDI-UT-2 is used, calibration block PDI-UT-2-O should be used.
Class A	Circumferential	51A	OFD-101A-1.4	SEE COM	Pipe to Valve 1HP-153			0.375		
G04.001.013	1RC-201-91		1RC-201	NDE-600	UT	SS		2.500	SEE COM	Use Procedure NDE-600 to perform a circumferential scan of the weld and half of an inch of base metal on each side of the weld as access permits. Use procedure NDE-12 to perform RT on 100% of the weld and a quarter of an inch of base metal on each side of the weld. See PIP # O-99-02157 and PIP # O-01-04673 for examination methods and area of coverage for this item number. Depending upon the examiners qualifications, procedure PDI-UT-2 may be used in lieu of procedure 600. If PDI-UT-2 is used, calibration block PDI-UT-2-O should be used.
Class A	Term end	51A	OFD-101A-1.4	NDE-12 SEE COM	Valve 1HP-489 to Valve 1HP-152			0.375		

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Oconee 1

Inservice Inspection Plan for Interval 3 Outage 6

ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
G04.001.014	1RC-201-96		1RC-201	NDE-600	UT	SS	2.500	SEE COM	<p>Use Procedure NDE-600 to perform a circumferential scan of the weld and half of an inch of base metal on each side of the weld as access permits.</p> <p>Use procedure NDE-12 to perform RT on 100% of the weld and a quarter of an inch of base metal on each side of the weld.</p> <p>See PIP # O-99-02157 and PIP # O-01-04673 for examination methods and area of coverage for this item number.</p> <p>Depending upon the examiners qualifications, procedure PDI-UT-2 may be used in lieu of procedure 600. If PDI-UT-2 is used, calibration block PDI-UT-2-O should be used.</p>
	Circumferential	51A	OFD-101A-1.4	NDE-12			0.375		
Class A				SEE COM	Valve 1HP-488 to Valve 1HP-153				
G04.001.020	1RC-200-166		1RC-200	NDE-600	UT	SS	2.500	SEE COM	<p>Use Procedure NDE-600 to perform a circumferential scan of the weld and half of an inch of base metal on each side of the weld as access permits.</p> <p>Use procedure NDE-12 to perform RT on 100% of the weld and a quarter of an inch of base metal on each side of the weld.</p> <p>See PIP # O-99-02157 and PIP # O-01-04673 for examination methods and area of coverage for this item number.</p> <p>Depending upon the examiners qualifications, procedure PDI-UT-2 may be used in lieu of procedure 600. If PDI-UT-2 is used, calibration block PDI-UT-2-O should be used.</p>
	Circumferential	51A		NDE-12		160	0.375		
Class A				SEE COM	Valve 1HP-486 to Valve 1HP-126				
G04.001.024	1RC-199-150		1RC-199	NDE-600	UT	SS	2.500	SEE COM	<p>Use Procedure NDE-600 to perform a circumferential scan of the weld and half of an inch of base metal on each side of the weld as access permits.</p> <p>Use procedure NDE-12 to perform RT on 100% of the weld and a quarter of an inch of base metal on each side of the weld.</p> <p>See PIP # O-99-02157 and PIP # O-01-04673 for examination methods and area of coverage for this item number.</p> <p>Depending upon the examiners qualifications, procedure PDI-UT-2 may be used in lieu of procedure 600. If PDI-UT-2 is used, calibration block PDI-UT-2-O should be used.</p>
	Circumferential	51A		NDE-12		160	0.375		
Class A				SEE COM	Valve 1HP-127 to Valve 1HP-487				

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
								procedure 600. If PDI-UT-2 is used, calibration block PDI-UT-2-O should be used.
G04.001.028 Class A	1RC-199-149 Circumferential	1RC-199 51A OFD-100A-1.1	NDE-600 SEE COM	UT Pipe to Vlv 1HP-127	SS	2.500 0.375	Component SEE COM	Inspect 100% of weld & 1" of base material (axial & circumferential). Reference Section 7 of the ISI Plan, Volume 1. Revision 2 to iso changed weld number to 1-RC-199-149. Inspect this weld at the same time item number G02.001.010A is inspected. Note: The inspection performed for the G02 item number will be sufficient to meet the requirements for the G04 inspection. Depending upon the examiners qualifications, procedure PDI-UT-2 may be used in lieu of procedure 600. If PDI-UT-2 is used, calibration block PDI-UT-2-O should be used.
G04.001.029 Class A	1RC-199-154 Circumferential	1RC-199 51A OFD-100A-1.1	NDE-600 SEE COM	UT Safe End, PC 47 to Pipe	SS	2.500 0.375	Component SEE COM	Inspect 100% of weld & 1" of base material (axial & circumferential). Reference Section 7 of the ISI Plan, Volume 1. Revision 2 to iso changed weld number to 1-RC-199-154. Inspect this weld at the same time item number G02.001.008A is inspected. Note: The inspection performed for the G02 item number will be sufficient to meet the requirements for the G04 inspection. Depending upon the examiners qualifications, procedure PDI-UT-2 may be used in lieu of procedure 600. If PDI-UT-2 is used, calibration block PDI-UT-2-O should be used.
G04.001.030 Class A	1RC-200-160 Circumferential	1RC-200 51A OFD 100A-1.1	NDE-600 SEE COM	UT Pipe to Vlv. 1HP-126	SS	2.500 0.375	Component SEE COM	Inspect 100% of weld & 1" of base material (axial & circumferential). Reference Section 7 of the ISI Plan, Volume 1. Revision 2 changed weld number from 1RC-200-8 to 1RC-200-160. Inspect this weld at the same time item number G02.001.010B is inspected. Note: The inspection performed for the G02 item number will be sufficient to meet the requirements for the G04 inspection.

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ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
									Depending upon the examiners qualifications, procedure PDI-UT-2 may be used in lieu of procedure 600. If PDI-UT-2 is used, calibration block PDI-UT-2-O should be used.
G04.001.031	1RC-200-161		1RC-200	NDE-600	UT	SS	2.500	Component	Inspect 100% of weld & 1" of base material (axial & circumferential). Reference Section 7 of the ISI Plan, Volume 1. Revision 2 changed weld number from 1RC-200-7.
	Circumferential		51A OFD 100A-1.1	SEE COM			0.375	SEE COM	Inspect at the same time item number G02.001.008B is inspected.
Class A					Safe End PC 47 to Pipe				Note: The inspection performed for the G02 item number will be sufficient to meet the requirements for the G04 inspection.
									Depending upon the examiners qualifications, procedure PDI-UT-2 may be used in lieu of procedure 600. If PDI-UT-2 is used, calibration block PDI-UT-2-O should be used.
Total G04.001 Items:			12						
Total G04 Items:			12						

CATEGORY AUG, Augmented Inspections

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Pressurizer Sensing/Sampling Nozzle Safe Ends

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ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
G08.001.001	1-PZR-WP63-1		ISI OCN1-002	NDE-35	PT	CS-Inconel	1.000		The surface of the Pressurizer Sensing and Sampling Nozzle-to-Safe End welds shall be examined by the Liquid Penetrant Method.
Class A	Circumferential	50	OM-201-1001				1.187		
	Dissimilar				Nozzle Sensing; W-X Quad to Safe End				
G08.001.002	1-PZR-WP63-2		ISI OCN1-002	NDE-35	PT	CS-Inconel	1.000		The surface of the Pressurizer Sensing and Sampling Nozzle-to-Safe End welds shall be examined by the Liquid Penetrant Method.
Class A	Circumferential	50	OM-201-1001				1.187		
	Dissimilar				Nozzle Sensing; Y-Z Quad to Safe End				
G08.001.003	1-PZR-WP63-3		ISI OCN1-002	NDE-35	PT	CS-Inconel	1.000		The surface of the Pressurizer Sensing and Sampling Nozzle-to-Safe End welds shall be examined by the Liquid Penetrant Method.
Class A	Circumferential	50	OM-201-1001				1.187		
	Dissimilar				Nozzle Sensing; Z-W Quad to Safe End				
G08.001.004	1-PZR-WP63-4		ISI OCN1-002	NDE-35	PT	CS-Inconel	1.000		The surface of the Pressurizer Sensing and Sampling Nozzle-to-Safe End welds shall be examined by the Liquid Penetrant Method.
Class A	Circumferential	50	OM-201-1001				1.187		
	Dissimilar				Nozzle Sensing; W-X Quad to Safe End				
G08.001.005	1-PZR-WP63-5		ISI OCN1-002	NDE-35	PT	CS-Inconel	1.000		The surface of the Pressurizer Sensing and Sampling Nozzle-to-Safe End welds shall be examined by the Liquid Penetrant Method.
Class A	Circumferential	50	OM-201-1001				1.187		
	Dissimilar				Nozzle Sensing; Y-Z Quad to Safe End				
G08.001.006	1-PZR-WP63-6		ISI OCN1-002	NDE-35	PT	CS-Inconel	1.000		The surface of the Pressurizer Sensing and Sampling Nozzle-to-Safe End welds shall be examined by the Liquid Penetrant Method.
Class A	Circumferential	50	OM-201-1001				1.187		
	Dissimilar				Nozzle Sensing; Z-W Quad to Safe End				
G08.001.007	1-PZR-WP63-7		ISI OCN1-002	NDE-35	PT	CS-Inconel	1.000		The surface of the Pressurizer Sensing and Sampling Nozzle-to-Safe End welds shall be examined by the Liquid Penetrant Method.
Class A	Circumferential	50	OM-201-1001				1.187		
	Dissimilar				Nozzle Sampling; Z-W Quad to Safe End				
Total G08.001 Items:		7							
Total G08 Items:		7							

CATEGORY AUG, Augmented Inspections

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HPI System Upgrade

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G12.001.004	1-51B-1-22A		1-51B-1, ..	NDE-35	PT	SS	3.000		
	Circumferential	51B	OFD-101A-1.2				0.120		

Class B

Elbow to
Pipe

G12.001.007	1-51B-2-107A		1-51B-2	NDE-35	PT	SS	2.500		
	Circumferential	51B	OFD-101A-1.2				0.120		

Class B

Valve 1HP18 to
Elbow

G12.001.012	1-51B-3-207A		1-51B-3	NDE-35	PT	SS	2.500		
	Circumferential	51B	OFD-109A-1.1				0.120		

Class B

Pipe to
Elbow

G12.001.018	1-51B-6-144		1-51B-6	NDE-35	PT	SS	2.500		
	Circumferential	51B	OFD-101A-1.2				0.120		

Class B

Pipe to
Flange

Total G12.001 Items:	4
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Total G12 Items:	4
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4.0 Results Of Inspections Performed

The results of each examination shown in the final Inservice Inspection Plan (Section 3 of this report) are included in this section. The completion date and status for each examination are shown. All examinations revealing reportable indications and any corrective action required as a result are described in further detail in Subsections 4.1 and 4.2. Corrective measures performed and limited examinations are described in further detail in Subsections 4.3 and 4.4.

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
Sys	=	Component System Identification
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
RFR (Relief Request)	=	<u>Y</u> Yes <u>N</u> No
Comments	=	General and/or Detail Description

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ITEM NUMBER	ID NUMBER	SYSTEM	INSP DATE	INSP STATUS	INSP LIMITED	GEO REF	RFR	COMMENTS
B02.011.002	1-PZR-WP28	50	09/26/2003	CLR	98.30%	N	N	
B02.011.003	1-PZR-WP4	50	09/27/2003	REC	---	N	N	This was the 3rd and final surveillance inspection. There was no detectable change in the flaw size; Therefore, there are no requirements for surveillance inspections on this item in the 4th interval.
B02.012.002	1-PZR-WP7-1	50	09/26/2003	CLR	---	N	N	
B02.051.001	1-LDCA-IN-V1	51A	10/03/2003	REC	---	N	N	Indications found were fabrications flaws that were acceptable.
B02.051.002	1-LDCA-OUT-V4	51A	10/03/2003	REC	---	N	N	Indications found were fabrications flaws and were acceptable.
B03.110.011	1-PZR-WP26-3	50	09/28/2003	CLR	32.08%	N	Y	Relief Request will be submitted to the NRC for scanning and coverage limitations.
B03.110.012	1-PZR-WP26-7	50	09/28/2003	CLR	32.08%	N	Y	Relief Request will be submitted to the NRC for scanning and coverage limitations.
B03.120.011	1-PZR-WP26-3	50	09/28/2003	CLR	---	N	N	
B03.120.012	1-PZR-WP26-7	50	09/28/2003	CLR	---	N	N	
B05.130.006	1-PDB1-2	50	10/01/2003	CLR	---	Y	N	
B05.130.006A	1-PDB1-2	50	09/29/2003	CLR	---	N	N	
B05.130.006B	1-PDB1-2	50	09/24/2003	CLR	---	N	N	
B05.130.010	1-PHB-17	50	11/25/2003	CLR	---	N	N	
B05.130.010A	1-PHB-17	50	11/25/2003	CLR	---	N	N	
B05.130.010B	1-PHB-17	50	11/25/2003	CLR	---	N	N	
B05.130.013	1LP-140-1A	53A	11/25/2003	CLR	---	Y	N	
B05.130.013A	1LP-140-1A	53A	11/25/2003	CLR	---	Y	N	
B05.130.013B	1LP-140-1A	53A	11/25/2003	CLR	---	N	N	
B05.140.007	1-PDB1-11	51A	09/24/2003	CLR	---	N	N	
B05.140.008	1-PDB2-11	51A	09/24/2003	CLR	---	N	N	
B06.190.003	1-RCP-1B1-FLANGE		11/04/2003	CLR	---	N	N	
B09.011.003	1-PIA1-6	50	09/29/2003	CLR	---	N	N	
B09.011.003A	1-PIA1-6	50	09/27/2003	CLR	---	N	N	
B09.011.019	1-PIA2-6	50	09/29/2003	CLR	---	N	N	
B09.011.019A	1-PIA2-6	50	09/29/2003	CLR	---	N	N	
B09.011.111	1LP-140-8A	53A	10/14/2003	CLR	85.07%	Y	Y	Relief Request will be submitted to the NRC for scanning and coverage limitations.
B09.011.111A	1LP-140-8A	53A	10/14/2003	CLR	---	N	N	
B09.011.114	1-PSL-2	50	10/04/2003	CLR	---	N	N	
B09.011.114A	1-PSL-2	50	10/04/2003	CLR	---	N	N	
B09.011.115	1-PSL-3	50	10/03/2003	CLR	---	N	N	
B09.011.115A	1-PSL-3	50	10/02/2003	CLR	---	N	N	

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B09.011.116	1-PSL-4	50	10/03/2003	CLR	---	N	N	
B09.011.116A	1-PSL-4	50	10/02/2003	CLR	---	N	N	
B09.011.117	1-PSL-6	50	10/03/2003	CLR	---	N	N	
B09.011.117A	1-PSL-6	50	10/02/2003	CLR	---	N	N	
B09.011.118	1-PSL-5	50	10/03/2003	CLR	---	N	N	
B09.011.118A	1-PSL-5	50	10/02/2003	CLR	---	N	N	
B09.021.060	1RC-200-161	51A	09/30/2003	CLR	---	N	N	
B09.021.077	1RC-230-53	50	09/24/2003	CLR	---	N	N	
B09.031.002	1-PHB-16	50	11/25/2003	CLR	92.50%	N	N	
B09.031.002A	1-PHB-16	50	11/25/2003	CLR	---	N	N	
B09.032.008	1-PDB2-10	50	09/24/2003	CLR	---	N	N	
B14.010.006	1-RPV-CRD-59W60	50	10/15/2003	CLR	---	N	N	
B14.010.009	1-RPV-CRD-59	50	10/15/2003	CLR	---	N	N	
B14.010.012	1-RPV-CRD-59W61	50	10/15/2003	CLR	---	N	N	
C03.020.010	1-01A-H7A	01A	10/04/2003	CLR	---	N	N	
C03.020.015	1-01A-R13	01A	10/08/2003	CLR	---	N	N	
C03.020.016	1-01A-R3	01A	10/08/2003	CLR	---	N	N	
C03.020.020	1-14B-H1	14B	10/04/2003	CLR	---	N	N	
C03.020.027	1-14B-H3	14B	10/04/2003	CLR	---	N	N	
C03.020.028	1-14B-H4	14B	10/04/2003	CLR	---	N	N	
C03.020.045	1-53B-H2	53B	08/21/2003	CLR	---	N	N	
C03.020.064	1-54A-R8	54A	08/21/2003	CLR	---	N	N	
C03.020.083	1-51-SR6	51B	08/26/2003	CLR	---	N	N	
C05.011.008	1LP-128-73	53B	08/18/2003	CLR	---	Y	N	
C05.011.008A	1LP-128-73	53B	08/13/2003	CLR	---	N	N	
C05.011.009	1LP-128-74	53B	08/18/2003	CLR	---	Y	N	
C05.011.009A	1LP-128-74	53B	08/13/2003	CLR	---	N	N	
C05.011.010	1LP-128-75	53B	08/18/2003	CLR	---	Y	N	
C05.011.010A	1LP-128-75	53B	08/13/2003	CLR	---	N	N	
C05.011.011	1LP-128-76	53B	08/18/2003	CLR	---	Y	N	
C05.011.011A	1LP-128-76	53B	08/13/2003	CLR	---	N	N	
C05.011.012	1LP-128-77	53B	08/18/2003	CLR	---	Y	N	
C05.011.012A	1LP-128-77	53B	08/13/2003	CLR	---	N	N	
C05.011.013	1LP-128-78	53B	08/18/2003	CLR	---	Y	N	
C05.011.013A	1LP-128-78	53B	08/13/2003	CLR	---	N	N	
C05.011.014	1LP-128-79	53B	08/18/2003	CLR	---	Y	N	

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C05.011.014A	1LP-128-79	53B	08/13/2003	CLR	---	N	N	
C05.011.015	1LP-124-22	53A	08/12/2003	CLR	---	Y	N	
C05.011.015A	1LP-124-22	53A	08/11/2003	CLR	---	N	N	
C05.011.016	1LP-124-23	53A	08/12/2003	CLR	---	Y	N	
C05.011.016A	1LP-124-23	53A	08/11/2003	CLR	---	N	N	
C05.011.017	1LP-124-24	53A	08/12/2003	CLR	---	N	N	
C05.011.017A	1LP-124-24	53A	08/11/2003	CLR	---	N	N	
C05.011.018	1LP-124-25	53A	08/12/2003	CLR	---	Y	N	
C05.011.018A	1LP-124-25	53A	08/11/2003	CLR	---	N	N	
C05.011.019	1LP-124-26	53A	08/12/2003	CLR	---	N	N	
C05.011.019A	1LP-124-26	53A	08/11/2003	CLR	---	N	N	
C05.011.020	1LP-124-44	53A	08/12/2003	CLR	---	Y	N	
C05.011.020A	1LP-124-44	53A	08/11/2003	CLR	---	N	N	
C05.021.017	1-51A-01-111A	51A	10/09/2003	CLR	---	N	N	
C05.021.017A	1-51A-01-111A	51A	10/09/2003	CLR	---	N	N	
C05.021.023	1-51A-01-112A	51A	10/09/2003	CLR	---	N	N	
C05.021.023A	1-51A-01-112A	51A	10/09/2003	CLR	---	N	N	
C05.021.029	1-51A-01-114AC	51A	10/14/2003	CLR	55.55%	N	Y	Relief Request will be submitted to the NRC for scanning and coverage limitations.
C05.021.029A	1-51A-01-114AC	51A	10/14/2003	CLR	---	N	N	
C05.021.034	1HP-187-114	51A	08/20/2003	CLR	62.50%	N	Y	Relief Request will be submitted to the NRC for scanning and coverage limitations.
C05.021.034A	1HP-187-114	51A	08/20/2003	CLR	---	N	N	
C05.021.037	1HP-192-1	51A	08/12/2003	CLR	---	N	N	
C05.021.037A	1HP-192-1	51A	08/11/2003	CLR	---	N	N	
C05.021.044	1HP-324-130B	51A	08/11/2003	CLR	---	N	N	
C05.021.044A	1HP-324-130B	51A	08/11/2003	CLR	---	N	N	
C05.021.050	1-51A-02-49BA	51A	10/05/2003	CLR	62.50%	Y	Y	Relief Request will be submitted to the NRC for scanning and coverage limitations.
C05.021.050A	1-51A-02-49BA	51A	10/04/2003	CLR	---	N	N	
C05.021.056	1-51A-02-23BB	51A	10/05/2003	CLR	62.50%	N	Y	Relief Request will be submitted to the NRC for scanning and coverage limitations.
C05.021.056A	1-51A-02-23BB	51A	10/04/2003	CLR	---	N	N	
C05.021.060	1-51A-03-79B	51A	08/25/2003	CLR	---	N	N	
C05.021.060A	1-51A-03-79B	51A	08/25/2003	CLR	---	N	N	
C05.021.067	1-51A-03-122B	51A	08/11/2003	CLR	---	N	N	

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C05.021.073	1HP-187-116	51A	08/20/2003	CLR	62.50%	N	Y	Relief Request will be submitted to the NRC for scanning and coverage limitations.
C05.021.073A	1HP-187-116	51A	08/20/2003	CLR	---	N	N	
C05.021.081	1HP-282-88A	51A	08/27/2003	CLR	---	N	N	
C05.021.081A	1HP-282-88A	51A	08/27/2003	CLR	---	N	N	
C05.021.087	1HP-193-24	51A	08/11/2003	CLR	---	N	N	
C05.021.087A	1HP-193-24	51A	08/11/2003	CLR	---	N	N	
C05.021.093	1HP-324-119B	51A	08/11/2003	CLR	---	N	N	
C05.021.093A	1HP-324-119B	51A	08/11/2003	CLR	---	N	N	
C05.021.099	1-51A-124-19	51A	08/26/2003	CLR	---	N	N	
C05.021.099A	1-51A-124-19	51A	08/26/2003	CLR	---	N	N	
C05.021.100	1-51A-127-16	51A	08/27/2003	CLR	---	N	N	
C05.021.100A	1-51A-127-16	51A	08/21/2003	CLR	---	N	N	
C05.021.106	1HP-179-119	51A	10/13/2003	CLR	---	N	N	
C05.021.106A	1HP-179-119	51A	10/13/2003	CLR	---	N	N	
C05.021.111	1HP-194-4	51A	08/20/2003	CLR	65.18%	N	Y	Relief Request will be submitted to the NRC for scanning and coverage limitations.
C05.021.111A	1HP-194-4	51A	08/13/2003	CLR	---	N	N	
C05.041.001	1-53B-01-87B	53B	08/14/2003	CLR	---	N	N	
C05.041.010	1LP-203-55JA	53B	08/21/2003	CLR	---	N	N	
C05.041.023	1-53B-12-127C	53B	08/27/2003	CLR	---	N	N	
C05.041.029	1-51A-01-12A	51A	08/27/2003	CLR	---	N	N	
C05.051.003	1MS-074-14B	01A	09/30/2003	CLR	---	Y	N	
C05.051.003A	1MS-074-14B	01A	09/29/2003	CLR	---	N	N	
C05.051.010	1MS-065-25	01A	10/05/2003	CLR	---	Y	N	
C05.051.010A	1MS-065-25	01A	10/08/2003	CLR	---	N	N	
C05.051.011	1MS-066-2	01A	10/11/2003	CLR	---	N	N	
C05.051.011A	1MS-066-2	01A	10/11/2003	CLR	---	N	N	
C05.051.019	1MS-001-19	01A	11/22/2003	CLR	---	Y	N	
C05.051.019A	1MS-001-19	01A	11/22/2003	CLR	---	N	N	
C05.051.020	1-03-3-28B	03	09/30/2003	CLR	---	Y	N	
C05.051.020A	1-03-3-28B	03	09/27/2003	CLR	---	N	N	
C05.051.022	1-03-3-44B	03	10/03/2003	CLR	---	N	N	
C05.051.022A	1-03-3-44B	03	10/03/2003	CLR	---	N	N	
C05.051.023	1FDW-182-9	03A	10/02/2003	CLR	---	Y	N	
C05.051.023A	1FDW-182-9	03A	10/02/2003	CLR	---	N	N	
C05.051.023B	1FDW-182-9	03A	09/12/2003	CLR	---	N	N	

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C05.051.039A	1-LPSW-344-19	14B	08/12/2003	CLR	---	N	N	
C05.051.045	1LPSW-345-38	14B	08/13/2003	CLR	---	N	N	
C05.051.045A	1LPSW-345-38	14B	08/12/2003	CLR	---	N	N	
C05.081.010	1-MS15B-D-1	01A	10/10/2003	CLR	---	N	N	
C05.081.012	1-MS15B-A-1	01A	10/10/2003	CLR	---	N	N	
D02.020.003	1-01A-R10	01A	09/28/2003	REP	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be inoperable. PIP O-03-06684 was written to document the problems. The discrepancies found were not service induced; therefore, additional inspections per subparagraph -2430 of Code Case N-491 are not required. Work Order 98623116 was written to correct problems.
D02.020.007	1-03-R8	03	10/07/2003	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order 98627217 was written to correct problems.
D02.020.010	1-03A-DE064	03A	07/01/2003	CLR	---	N	N	
D02.020.038	1-03A-SR100	03A	11/20/2003	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
D02.020.053	1-03A-SR65	03A	07/01/2003	CLR	---	N	N	
D02.020.054	1-03A-SR83	03A	07/01/2003	CLR	---	N	N	
D02.020.060	1-03A-SR95	03A	08/28/2003	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order 98632881 was written to correct problems.
D02.020.064	1-04A-H20	04A	11/18/2003	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order 98633204 was written to correct problems.
D02.020.074	1-08-JH-1801	08	07/01/2003	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order 98611026 was written to correct problems.
D02.020.083	1-14B-H1	14B	08/25/2003	CLR	---	N	N	
D02.020.088	1-14B-RMC-0501	14B	11/19/2003	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order 98635887 was written to correct problems.
D02.020.094	1-14B-SR42	14B	11/19/2003	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
D02.020.105	0-SSW-H7360	SSW	07/01/2003	CLR	---	N	N	
D02.020.106	0-SSW-H7575	SSW	07/01/2003	CLR	---	N	N	
D02.020.107	0-SSW-H7361	SSW	07/01/2003	CLR	---	N	N	

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D02.040.003	1-03-H48	03	09/21/2003	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order 98623325 was written to correct problems.
D02.040.009	1-03A-H101	03A	11/18/2003	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order 98631967 was written to correct problems.
D02.040.016	1-14B-H31	14B	07/01/2003	CLR	---	N	N	
D03.020.006	1-56-H4	56	08/22/2003	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
D03.020.007	1-56-H5	56	08/22/2003	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
D03.020.010	1-56-H65	56	11/19/2003	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order 98634132 was written to correct problems.
D03.020.011	1-56-JTC-2902	56	09/22/2003	CLR	---	N	N	
D03.020.016	1-56-SR2	56	08/22/2003	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order 98620861 was written to correct problems.
D03.020.021	1-56-SR3	56	08/22/2003	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order 98621040 was written to correct problems.
D03.020.023	1-56-SR20	56	08/22/2003	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order 98620356 was written to correct problems.
D03.040.003	1-56-H61	56	06/18/2003	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order 98612298 was written to correct problems.
D03.040.004	1-56-H62	56	06/18/2003	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.020.005	1-03-H6B	03	11/24/2003	CLR	---	N	N	
F01.020.019	1-51A-H29	51A	11/19/2003	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.020.021	1-51A-SR59	51A	08/25/2003	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.020.035	1-53B-H30	53B	11/20/2003	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.020.037	1-54A-DE10	54A	08/25/2003	CLR	---	N	N	

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F01.020.049	1-51-SR6	51B	08/25/2003	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.021.002	1-14B-H1	14B	09/28/2003	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order 98624201 was written to correct problems.
F01.021.014	1-51A-SR61	51A	08/25/2003	CLR	---	N	N	
F01.021.016	1-53B-DE012	53B	06/18/2003	CLR	---	N	N	
F01.021.023	1-55-DE003	55	11/19/2003	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order 98635881 was written to correct problems.
F01.021.031	1-51B-DE017	51B	09/28/2003	CLR	---	N	N	
F01.022.004	1-01A-H43	01A	10/06/2003	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order 98635430 was written to correct problems.
F01.022.011	1-51A-DE001	51A	08/25/2003	CLR	---	N	N	
F01.022.015	1-53B-DE055	53B	11/18/2003	CLR	---	N	N	
F01.022.025	1-51-H58	51B	09/28/2003	CLR	---	N	N	
F01.030.029	1-14B-H10	14B	08/05/2003	CLR	---	N	N	
F01.030.030	1-14B-MKP-0503	14B	08/25/2003	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order 98620922 was written to correct problems.
F01.030.031	1-14B-RMC-0501	14B	11/19/2003	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order 98635887 was written to correct problems.
F01.030.032	1-14B-DE042	14B	11/19/2003	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.030.033	1-14B-WJB-1001	14B	08/25/2003	CLR	---	N	N	
F01.030.040	1-56-SR20	56	08/22/2003	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order 98620356 was written to correct problems.
F01.030.043	0-SSW-H7360	SSW	07/01/2003	CLR	---	N	N	
F01.030.044	0-SSW-H7362	SSW	07/01/2003	CLR	---	N	N	
F01.030.045	0-SSW-H7575	SSW	07/01/2003	CLR	---	N	N	
F01.030.046	1-14A-H4241	14A	07/01/2003	CLR	---	N	N	
F01.031.005	1-03A-SR28	03A	07/08/2003	CLR	---	N	N	
F01.031.007	1-07A-SR1	07A	07/01/2003	CLR	---	N	N	
F01.031.017	0-SSW-H7363	SSW	07/01/2003	CLR	---	N	N	

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F01.031.018	0-SSW-H7361	SSW	07/01/2003	CLR	---	N	N	
F01.031.019	1-14A-H4242	14A	07/01/2003	CLR	---	N	N	
F01.032.003	1-03-H48	03	09/21/2003	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order 98623325 was written to correct problems.
F01.040.018	1-RBS-PU-B	54A	08/25/2003	CLR	---	N	N	
F01.040.019	1-SF-COOLER-A	56	02/24/2003	CLR	---	N	N	
F01.040.020	1-SF-PUMP-C	56	08/22/2003	CLR	---	N	N	
F01.040.026	1-SF-DEMIN-TANK		09/12/2002	CLR	---	N	N	
F01.040.027	1-SF-FILTER-1A		09/12/2002	CLR	---	N	N	
F01.040.033	1-RCP-SEAL-FILTER		08/25/2003	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.040.034	1-ESVP-1A		06/18/2003	CLR	---	N	N	
F01.040.035	1-LDFTR-1A		10/15/2003	REC	0.00%	N	Y	Discrepancies that were found were viewed with a remote camera by QC and Civil Engineering. 100% of the support could not be viewed due to insulation covering some of the areas of the support. The areas of the base plates, support legs, and anchor bolts that were visible for inspection did not appear to have any degradation or damage that could raise concern about the supports structural integrity. Relief Request will be submitted to the NRC for coverage limitations.
G01.001.001	1-RCP-1A1	50	09/29/2003	CLR	---	N	N	
G01.001.002	1-RCP-1A2	50	09/29/2003	CLR	---	N	N	
G01.001.003	1-RCP-1B1	50	01/09/2003	CLR	---	N	N	The Reactor Coolant Pump Motor was pulled and disassembled by Framatome. The top and bottom surfaces of the flywheel were examined by UT and found to be acceptable. Jim McArdle (Duke Level III) approved the procedure and inspection for this item number.
G01.001.003A	1-RCP-1B1	50	01/09/2003	CLR	---	N	N	The Reactor Coolant Pump Motor was pulled and disassembled by Framatome. The top and bottom surfaces and the bore/keyway areas of the flywheel were examined by MT and PT and found to be acceptable. Jim McArdle (Duke Level III) approved the procedures and inspections for this item number.
G01.001.004	1-RCP-1B2	50	09/28/2003	CLR	---	N	N	
G02.001.005A	1-PDA1-46	51A	10/01/2003	CLR	---	N	N	
G02.001.005B	1-PDA2-46	51A	10/01/2003	CLR	---	N	N	

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G02.001.005C	1-PDB1-46	51A	09/30/2003	CLR	---	N	N	
G02.001.005D	1-PDB2-46	51A	09/30/2003	CLR	---	N	N	
G02.001.006A	1-PDA1-11	51A	09/28/2003	CLR	---	Y	N	
G02.001.006B	1-PDA2-11	51A	09/28/2003	CLR	---	N	N	
G02.001.006C	1-PDB1-11	51A	09/26/2003	CLR	---	Y	N	
G02.001.006D	1-PDB2-11	51A	09/26/2003	CLR	---	Y	N	
G02.001.007A	1-PDA1-47	51A	10/04/2003	CLR	---	N	N	
G02.001.007B	1-PDA2-47	51A	10/04/2003	CLR	---	N	N	
G02.001.007C	1-PDB1-47	51A	10/01/2003	CLR	---	N	N	
G02.001.007D	1-PDB2-47	51A	10/03/2003	CLR	---	N	N	
G02.001.008A	1RC-199-154	51A	10/04/2003	CLR	---	N	N	
G02.001.008B	1RC-200-161	51A	10/04/2003	CLR	---	Y	N	
G02.001.008C	1RC-201-101	51A	10/01/2003	CLR	---	N	N	
G02.001.008D	1RC-201-105	51A	10/03/2003	CLR	---	N	N	
G02.001.010A	1RC-199-149	51A	10/04/2003	CLR	---	N	N	
G02.001.010B	1RC-200-160	51A	10/04/2003	CLR	---	Y	N	
G02.001.010C	1RC-201-97	51A	10/01/2003	CLR	---	N	N	
G02.001.010D	1RC-201-92	51A	10/03/2003	CLR	---	N	N	
G03.001.002	1-PSL-133	50	10/04/2003	CLR	---	N	N	
G03.001.003	1-PSL-142	50	10/04/2003	CLR	---	N	N	
G04.001.001	1RC-201-105	51A	10/03/2003	CLR	---	N	N	
G04.001.002	1RC-201-92	51A	10/03/2003	CLR	---	N	N	
G04.001.003	1RC-201-101	51A	10/01/2003	CLR	---	N	N	
G04.001.004	1RC-201-97	51A	10/01/2003	CLR	---	N	N	
G04.001.013	1RC-201-91	51A	11/19/2003	CLR	97.24%	N	N	Ut was performed by David Zimmerman on 10-03-2003 and was acceptable.
G04.001.014	1RC-201-96	51A	11/19/2003	CLR	97.24%	N	N	Ut was performed by David Zimmerman on 10-01-2003 and was acceptable.
G04.001.020	1RC-200-166	51A	11/09/2003	CLR	97.24%	N	N	Ut was performed by David Zimmerman on 10-04-2003 and was acceptable.
G04.001.024	1RC-199-150	51A	11/09/2003	CLR	98.00%	N	N	Ut was performed by David Zimmerman on 10-04-2003 and was acceptable.
G04.001.028	1RC-199-149	51A	10/04/2003	CLR	---	N	N	
G04.001.029	1RC-199-154	51A	10/04/2003	CLR	---	N	N	
G04.001.030	1RC-200-160	51A	10/04/2003	CLR	---	Y	N	
G04.001.031	1RC-200-161	51A	10/04/2003	CLR	---	Y	N	
G04.001.032	1RC-200-162	50	09/04/2003	CLR	---	N	N	

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G08.001.002	1-PZR-WP63-2	50	09/24/2003	CLR	---	N	N	
G08.001.003	1-PZR-WP63-3	50	09/24/2003	CLR	---	N	N	
G08.001.004	1-PZR-WP63-4	50	09/25/2003	CLR	---	N	N	
G08.001.005	1-PZR-WP63-5	50	09/25/2003	CLR	---	N	N	
G08.001.006	1-PZR-WP63-6	50	09/25/2003	CLR	---	N	N	
G08.001.007	1-PZR-WP63-7	50	09/24/2003	CLR	---	N	N	
G09.001.006	1-53B-01-B16	53B	08/19/2003	CLR	---	N	N	
G09.001.012	1-53B-03-18F	53B	08/14/2003	REP	---	N	N	This weld had an indication with through-wall leakage and was not able to hold dye penetrant. PIP O-03-04954 was written to document the evaluation and corrective action for the problems with this weld. This was an elective inspection; therefore, additional exams and surveillance inspections are not required. The corrective action will be determined by engineering.
G09.001.018	1-53B-06-26KM	53B	08/21/2003	CLR	---	N	N	
G09.001.024	1-53B-12-135C	53B	08/25/2003	CLR	---	N	N	
G09.001.030	1LP-104-33	54A	08/19/2003	CLR	---	N	N	
G09.001.036	1-54A-03-12B	54A	08/19/2003	CLR	---	N	N	
G09.001.042	1-54A-04-46C	54A	08/11/2003	CLR	---	N	N	
G09.001.045	1-51B-1-14A	51B	10/08/2003	CLR	---	N	N	
G12.001.004	1-51B-1-22A	51B	10/08/2003	CLR	---	N	N	
G12.001.007	1-51B-2-107A	51B	10/15/2003	CLR	---	N	N	
G12.001.012	1-51B-3-207A	51B	08/19/2003	CLR	---	N	N	
G12.001.018	1-51B-6-144	51B	10/08/2003	CLR	---	N	N	

4.1 Reportable Indications

EOC 21 (Outage 6) had one reportable item

PIP O-03-06684 was written to document a problem found on an attachment for hanger 1-01A-R10 (Item Number D02.020.003). The indications found during the VT-3 examination were reviewed by civil engineering and the support was found to be inoperable. The indications were not service induced; therefore, there are no additional sample examinations required and there will not be any surveillance inspections required. The support was restored to an operable status by repairing the discrepancies under Work Order # 98623116.

4.2 Corrective Action

Corrective action is action taken to resolve flaws and relevant conditions, including supplemental examinations, analytical evaluations, repair / replacement activities, and corrective measures. There was one corrective action for the examinations associated with this report period.

PIP O-03-04954 was written to document a problem found during PT inspection of weld 1-53B-03-18F (Item Number G09.001.012). This inspection is not code required (elective exam); therefore, there are no additional sample examinations required and there will not be any surveillance inspections required. Corrective action was determined by Oconee engineering. Problems were corrected under Work Order # 98623455.

4.3 Corrective Measures

Corrective measures are actions (such as maintenance) taken to resolve relevant conditions, but not including supplemental examinations, analytical evaluations, and repair / replacement activities. Any corrective measures performed for examinations associated with this report period will be shown on the examination data sheets which are on file at the Duke Energy Corporate Office in Charlotte, North Carolina.

4.4 Limited Examinations

Limited examinations (i.e., less than or equal to 90% of the required examination coverage obtained) identified during EOC 21 (Outage 6) are shown in the table below.

A Request for Relief will be submitted to seek NRC acceptance of the limited coverage for the items listed in the table below.

<i><u>Item Number</u></i>	<i><u>Description of Limitation</u></i>
B03.110.011	Coverage limitation (32.08%)
B03.110.012	Coverage limitation (32.08%)
B09.011.111	Coverage limitation (85.07%)
C05.021.029	Coverage limitation (55.55%)
C05.021.034	Coverage limitation (62.50%)
C05.021.050	Coverage limitation (62.50%)
C05.021.056	Coverage limitation (62.50%)
C05.021.073	Coverage limitation (62.50%)
C05.021.111	Coverage limitation (65.18%)
F01.040.035	Coverage limitation

5.0 Owner's Report for Repair and Replacement Activities

As required by the applicable code, records of Class 1 and Class 2 Repair and Replacement work is included on NIS-2 forms in this section.

Due to station processing and approval time frames, three categories of repair and replacement documentation exist for: 1) work performed during a prior refueling cycle; 2) work performed during the current refueling cycle; and 3) work completed but documentation not yet reviewed and approved.

There were 11 work orders for category 1 repair and replacement documentation for this reporting period. Work Orders 98432524-25, 98432524-16, 98432524-24, 98432524, 98432524, 98432524, 98485490, 98487570, 98487572, 98487569, and 98238683 had work completed prior to 4-29-2002 and copies of the NIS-2 forms are included in this report.

Category 2 had 112 NIS-2 forms for work orders completed during this reporting period. Copies of the NIS-2 forms are included in this section of the report.

Category 3 items will be submitted in a future report. PIP # O-04-1493 was written to document the work orders that are category 3 items.

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

5.1 Class 1 and 2 Preservice Examinations

As required by the applicable code, Preservice Inspection (PSI) Examinations were performed on ISI Class 1 and ISI Class 2 items during this report period. PSI Examination data for items listed below is on file in the Oconee Nuclear Station QA Vault.

Work Orders	Weld Numbers	ISI Class	Type of Inspection	Comments
98432524	1MS-0001-35	2	MT/UT	
98432524	1MS-0001-36	2	MT/UT	
98432524	1MS-0062-8	2	MT/UT	
98432524	1MS-0063-28	2	MT/UT	
98432524	1MS-0063-29	2	MT/UT	
98432524	1MS-0063-30	2	MT/UT	
98432524	1MS-0063-39V	2	PT	
98432524	1MS-0064-17	2	MT/UT	
98432524	1MS-0065-29V	2	PT	
98432524	1MS-0065-25	2	MT/UT	

Work Orders	Weld Numbers	ISI Class	Type of Inspection	Comments
98432524	1MS-0065-26	2	MT/UT	
98432524	1MS-0065-27	2	MT/UT	
98432524	1MS-0077-24	2	MT/UT	
98432524	1MS-0077-25	2	MT/UT	
98432524	1MS-0077-26	2	MT/UT	
98432524	1MS-0077-27	2	MT/UT	
98594163	1LPS-0702-50	2	PT/RT	
98538193	1LP-0207-1	2	PT/UT	
98538193	1LP-0207-2	2	PT/UT	
98538193	1LP-0207-3	2	PT/UT	
98538193	1LP-0207-7	2	PT/UT	
98538193	1LP-0207-8	2	PT/UT	
98538193	1LP-0207-18	2	PT/UT	
98538193	1LP-0208-1	2	PT/UT	
98538193	1LP-0208-2	2	PT/UT	
98538193	1LP-0208-3	2	PT/UT	
98538193	1LP-0208-4	2	PT/UT	
98538193	1LP-0208-5	2	PT/UT	
98538193	1LP-0208-6	2	PT/UT	
98538193	1LP-0208-7	2	PT/UT	
98538193	1LP-0208-8	2	PT/UT	
98538193	1LP-0208-12	2	PT/UT	
98538193	1LP-0208-13	2	PT/UT	
98538193	1LP-0208-14	2	PT/UT	
98538193	1LP-0208-15	2	PT/UT	
98538193	1LP-0208-19	2	PT/UT	
98538193	1LP-0208-20	2	PT/UT	
98538193	1LP-0209-1	2	PT/UT	
98538193	1LP-0209-2	2	PT/UT	
98538193	1LP-0209-3	2	PT/UT	
98538193	1LP-0209-4	2	PT/UT	
98538193	1LP-0209-8	2	PT/UT	
98538193	1LP-0209-9	2	PT/UT	
98538193	1LP-0209-10	2	PT/UT	
98538193	1LP-0209-11	2	PT/UT	
98538193	1LP-0209-17	2	PT/UT	
98538193	1LP-0209-18	2	PT/UT	
98538193	1LP-0209-24	2	PT/UT	
98538193	1LP-0209-25	2	PT/UT	
98538193	1LP-0209-31	2	PT/UT	
98538193	1LP-0209-32	2	PT/UT	

Work Orders	Weld Numbers	ISI Class	Type of Inspection	Comments
98538193	1LP-0210-60	2	PT/UT	
98538193	1LP-0210-61	2	PT/UT	
98538193	1LP-0210-62	2	PT/UT	
98538193	1LP-0210-63	2	PT/UT	
98538193	1LP-0210-72	2	PT/UT	
98538193	1LP-0210-73	2	PT/UT	
98538193	1LP-0210-82	2	PT/UT	
98538193	1LP-0210-83	2	PT/UT	
98538193	1LP-0210-84	2	PT/UT	
98538193	1LP-0210-85	2	PT/UT	
98538193	1LP-0210-86	2	PT/UT	
98538193	1LP-0210-87	2	PT/UT	

The following are PSI Exams associated with the Steam Generator Replacement

Work Package	Weld Numbers	ISI Class	Type of Inspection	Comments
13065A	1RC-289-7V	1	MT/UT	
13065A	1RC-289-8V	1	MT/UT	
13065A	1RC-289-5V	1	MT/UT	
13065A	1RC-289-6V	1	MT/UT	
13065A	1A2-LS2	1	MT/UT	Long Seam
13065A	1A2-LS1	1	MT/UT	Long Seam
13065A	1A1-LS2	1	MT/UT	Long Seam
13065A	1A1-LS1	1	MT/UT	Long Seam
13065A	1B1-LS2	1	MT/UT	Long Seam
13065A	1B1-LS1	1	MT/UT	Long Seam
13065A	1B4-LS3	1	MT/UT	Long Seam
13065A	1AG1	1	UT	Weld Repair NCR 1143
13065B	1RC-289-4V	1	MT/UT	
13065B	1RC-289-3V	1	MT/UT	
13065B	1RC-289-1V	1	MT/UT	
13065B	1RC-289-2V	1	MT/UT	
13065B	1B3-LS2	1	MT/UT	Long Seam
13065B	1B3-LS1	1	MT/UT	Long Seam
13065B	1B2-LS2	1	MT/UT	Long Seam
13065B	1B2-LS1	1	MT/UT	Long Seam
13065B	1A3-LS2	1	MT/UT	Long Seam
13065B	1A3-LS1	1	MT/UT	Long Seam

Work Package	Weld Numbers	ISI Class	Type of Inspection	Comments
13065B	1A4-LS3	1	MT/UT	Long Seam
13075A	1FDW-0207-88V	2	MT/RT	
13075B	1FDW-0182-23V	2	MT/UT	
13075B	1FDW-0182-24V	2	MT/UT	
13080A	1MS-0076-12V	2	MT/UT	
13080A	1MS-0074-15V	2	MT/UT	
13080A	1MS-0076-13V	2	MT/UT	
13080A	1MS-0074-16V	2	MT/UT	
13080B	1MS-0068-35V	2	MT/UT	
13080B	1MS-0069-35V	2	MT/UT	
13080B	1MS-0068-36V	2	MT/UT	
13080B	1MS-0069-36V	2	MT/UT	
13085A	1FDW-0250-72V	2	MT/UT	
13085A	1FDW-0250-74V	2	MT/UT	
13085A	1FDW-0250-67V	2	MT/UT	
13085A	1FDW-0250-69V	2	MT/UT	
13085B	1FDW-0249-73V	2	MT/UT	
13085B	1FDW-0249-75V	2	MT/UT	
13085B	1FDW-0249-70V	2	MT/UT	
13085B	1FDW-0249-68V	2	MT/UT	
	W-15	1	UT	steam generator support stool to lower head weld
	W-2	1	MT/UT	steam generator primary outlet nozzle to extension weld
	W-3	1	MT/UT	steam generator primary outlet nozzle to extension weld
	W-22	1	UT	steam generator lower head to tubesheet weld
	W-23	1	UT	steam generator upper head to tubesheet weld
	B7.30 Bolting	1	VT-1	steam generator upper primary manway bolting

Work Package	Weld Numbers	ISI Class	Type of Inspection	Comments
	B7.30 Bolting	1	VT-1	steam generator lower primary manway bolting
	B7.30 Bolting	1	VT-1	steam generator upper primary handhole bolting
	B03.140 Inner Radii	1	VT-1	steam generator primary outlet nozzle inner radii X-1 axis
	B03.140 Inner Radii	1	VT-1	steam generator primary outlet nozzle inner radii X-2 axis
	B03.140 Inner Radii	1	VT-1	steam generator primary inlet nozzle inner radii
	W-65	2	UT	steam generator lower tubesheet to shell weld
	W-69	2	UT	steam generator upper tubesheet to shell weld
	W-127	2	MT/PT UT	main steam nozzle to shell X-1 axis
	W-128	2	MT/PT UT	main steam nozzle to shell X-2 axis
	W-242	2	MT/PT UT	main feedwater header pipe to cap weld
	W-243	2	MT/PT UT	main feedwater header pipe to cap weld
	W-244	2	MT/PT UT	main feedwater header pipe to cap weld
	W-245	2	MT/PT UT	main feedwater header pipe to cap weld

Work Package	Weld Numbers	ISI Class	Type of Inspection	Comments
	W-236	2	MT/PT UT	main feedwater header pipe to tee weld
	W-237	2	MT/PT UT	main feedwater header pipe to tee weld
	W-238	2	MT/PT UT	main feedwater header pipe to tee weld
	W-239	2	MT/PT UT	main feedwater header pipe to tee weld
	W-240	2	MT/PT UT	main feedwater header pipe to tee weld
	W-241	2	MT/PT UT	main feedwater header pipe to tee weld
	W-261	2	MT/PT UT	aux feedwater header pipe to tee weld
	W-262	2	MT/PT UT	aux feedwater header pipe to tee weld
	W-263	2	MT/PT UT	aux feedwater header pipe to tee weld
	W-276	2	MT/PT UT	aux feedwater header pipe to cap weld
	W-277	2	MT/PT UT	aux feedwater header pipe to cap weld

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

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

1.a Date 11/20/03

Sheet 1 of 8

2. Plant **Oconee Nuclear Station**
Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98590157(Removal) 98590184(Replacement)
Repair Organization Job # _____

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**

3b. NSM or MM # ON-13112 AM2 WP 11535H (Removal)
WP 13535H (Replacement)

4. Identification of System Reactor Coolant System Class 1

5. (a) Applicable Construction Code ASME III 1989 Edition N/A Addenda, No Addenda /Code Cases N/A

(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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Reactor Vessel Head	Babcock & Wilcox Co. Mt. Vernon, Indiana	620-0003-51-52	N-101	N/A	1969	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	Reactor Vessel Head	Babcock & Wilcox Canada	068S-01	202	N/A	2003	<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)

Sheet 2 of 8

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 Unit 1 Reactor Vessel Head

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

Pressure 2155 psig

Test Temp >500 °F

Pressure _____ psig

Test Temp _____ °F

Pressure _____ psig

Test Temp _____ °F

9. Remark: Old reactor vessel head and the reactor vessel were certified under one N-1A form (National Board N-101). Only the reactor vessel head was replaced during ONS outage 1EOC21. CRDMs were removed from the new reactor vessel head and installed on the new reactor vessel head in same core locations.
(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. J. B. [Signature]

Date 3/12/04

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of NORTH CAROLINA and employed by HSB CT have inspected the components described in this Owner's Report during the period 7/26/03 to 3/2/04; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions NC 1444 NIABC
National Board, State, Providence and Endorsements

Date 3/12/04

FORM N-1A MANUFACTURERS' DATA REPORT FOR NUCLEAR VESSELS
Alternate Form for Single Chamber Completely Shop-Fabricated Vessels Only
620-0003-51-52 As required by the Provisions of the ASME Code Rules
Page 3 of 8
WP11535H

1. Manufactured by The Babcock & Wilcox Company Barberton, Ohio
(Name and address of Manufacturer)
2. Manufactured for Duke Power Company, Oconee Nuclear Power Station, South Carolina
(Name and address of Purchaser)
3. Type Reactor Vessel No. (N-101) (Natl. Bd. No. N-101) Year Built 1969
(Vessel) (Serial) (State & State No.)
4. Shell: Material SA508CL-2 T.S. 80000 Thk. 12" & 8.438 In. Diam. 14 Ft. 0 3/8" ID 38 Ft. 3 7/16"
(Kind & Spec. No.) (Min. of range specified)
5. Seams: Long Butt H.T. Yes X.R. Yes Efficiency (If Class B) %
Girth Butt H.T. Yes X.R. Yes No. of Courses 5
6. Heads: (a) Material SA508-2-1332 T.S. 80000 (b) Material SA508-2-1332 T.S. 80000
Location SA533B-1339 Crown Knuckle Elliptical Conical Hemispherical Flat Side to Pressure
(Top, bottom, ends) Thickness Radius Radius Ratio Apex Angle Radius Diameter (Convex or Concave)
(a) Bottom 5" 87 1/4" IR Concave
(b) Top 6 5/8" & 7" 87 1/4" IR Concave
(If removable, bolts used SA540-23, 60, 145,000 Other fastening (Describe or Attach Sketch)
(Top Head) (Material, Spec. No., T.S. Size, Number) (Describe or Attach Sketch)
Hd. Flg. 200" OD x 152 3/8" ID x SA508-2-1332 Shell Flg. 200" OD x 167 7/8" ID x SA508-2-1332
7. Constructed for operating press 2500 psi at max. temp. 650 °F. at temp. of 40 °F. Hydrostatic Test 3125 psi.
8. Safety or Relief Valve Outlets: Number 1 Size 1/2" Location Top
9. Nozzles: Vessel Cladd Internally .125" Min. Thk. Austenetic Stainless Steel
Purpose (Inlet, Outlet, Drain) Number Diam. or Size Type Material Thickness Reinforcement Material How Attached
Core Flood 2 12 5/8" ID Weld SA508-2-1332 2 5/16" Integral Welded
Safe End 2 11.430" ID Weld 336-65AF8M 1.535" Integral Welded
10. Inspection Manholes, No. 1 Size 18" Location Top
Openings: Handholes, No. 1 Size 18" Location Top
Threaded, No. 1 Size 18" Location Top
11. Supports: Skirt Yes With Flange Yes Lugs (Number) Legs (Number) Other (Describe) Attached Welded
(Yes or No) (Where & How)
12. Inlet 4 28 5/8" ID Weld SA508-2-1332 2 9/16" Integral Welded
Outlet 2 36 5/8" ID Weld SA508-2-1332 3 3/16" Integral Welded
Inst. Noz. 52 .611" ID Weld SB-167 .208" Integral Welded
C.Rod Adapter 69 .2.765" ID Weld SB-167 .618" Integral Welded
C.Rod Body 69 .2.765" ID Weld SB-167 .630" Integral Welded
Class A Reactor Vessel

(Brief description of purpose of the vessel—State Contents.)
If Postweld Heat-Treated:
List other internal or external pressure with coincident temperature when applicable.

We certify that the statements made in this report are correct and that all details of material design, construction, and workmanship of this vessel conform to the ASME Code for Nuclear Vessels.

Date December 2, 1969 Signed The Babcock & Wilcox Company By R. E. L...
(Manufacturer)

Certificate of Authorization Expires December 31, 1970

CERTIFICATION OF DESIGN

Design Information on file at The Babcock & Wilcox Company Barberton, Ohio
Stress analysis report on file at The Babcock & Wilcox Company Barberton, Ohio
Design specifications certified by Glenn J. Snyder Prof. Eng. State Va Reg. No. 2235
Stress analysis report certified by James P. Butti Prof. Eng. State Ohio Reg. No. E-29610

CERTIFICATE OF SHOP INSPECTION

VESSEL MADE BY The Babcock & Wilcox Company Mount Vernon, Indiana
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors, and employed by The Hartford S. B. I. & I. Co. Hartford, Connecticut

have inspected the pressure vessel described in this manufacturer's data report on 11-27-69, and state that to the best of my knowledge and belief, the manufacturer has constructed this pressure vessel in accordance with the ASME Code for Nuclear Vessels.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the pressure vessel described in this manufacturer's data report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any persons injury or property damage or a loss of any kind arising from or connected with this inspection.

Date 12-4-69 Inspector's Signature R. E. L... Commission NB # 3864
National Board of State and No.

Page 473
WP 13535H

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

Pg. 1 of 3

1. Manufactured and certified by Babcock & Wilcox Canada, 581 Coronation Boulevard, Cambridge, Ontario N1R 5V3

2. Manufactured for Duke Energy Corporation, 13225 Hagers Ferry Road, Huntersville, NC, 28078-8985

3. Location of installation Oconee Nuclear Power Plant Unit 3, South Carolina

4. Type; 068SE001 See List #1 See List #1 -- 2003
(drawing no.) (Mat'l spec. no.) (tensile strength) (CRH) (year built)

5. ASME Code, Section III, Division 1: 1989 No Addenda 1 --
(edition) (addenda date) (class) (Code Case no.)

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

7. Remarks: JSW N-2 form for head forging is attached.

8. Nom. Thickness (in.) See List #2 Min. design thickness (in.) See List #2 Dia. ID (ft & in.) 12'-8 7/16" Length overall (ft & in.) 8'-5"

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)	068S-01	202	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
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(45)			
(46)			
(47)			
(48)			
(49)			
(50)			

sign pressure 2500 Psig. Temp. 600 °F Hydro. test pressure 3125 psig At temp. Min.

Supplemental information in the form of lists, sketches, or drawings may be 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 on the top of this form.

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WP13535H

FORM N-2(back Pg. 2 of 3)

Certificate Holder's Serial Nos. 068S-01 through

CERTIFICATION OF DESIGN

Design specification certified by M. C. Keck P.E. State NC Reg. No. 18367
(when applicable)
Design report* certified by L. Vizi Province Ont. P.E. State Ont. Reg. No. 48244206
(when applicable)

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and that this (these) Reactor Vessel Head
Conforms to the rules of construction of the ASME Code, Section III, Division 1.
NPT Certificate of Authorization No. N-2791 Expires January 23, 2004
Date 6-27-03 Name Babcock & Wilcox Canada Signed Paul Scott
(NPT 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
Ontario and employed by Technical Standards & Safety Authority
of Ontario have inspected these items described in this Data Report on June 27/03, 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 June 27/03 Signed M. K. Commissions NB10869 ABN 450NT
(Authorized Inspector) (Nat. Bd. (incl. endorsement) and state or prov. and no.)

**Attachment to 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

Pg. 3 of 1

Certificate Holder's Serial Nos 068S-01 through ---
National Board Nos 202 through ---

1. Manufactured and certified by Babcock & Wilcox Canada, 581 Coronation Boulevard, Cambridge, Ontario N1R 5V3
2. Manufactured for Duke Energy Corporation, 13225 Hagers Ferry Road, Huntersville, NC, 28078-8985
3. Location of installation Oconee Nuclear Power Plant Unit 3, South Carolina
4. Type; 068SE001 See List #1 See List #1 -- 2003
(drawing no.) (Mat'l spec. no.) (tensile strength) (CRN) (year built)
5. ASME Code, Section III, Division 1: 1989 No Addenda 1 --
(edition) (addenda size) (class) (Code Case no.)

List #1:

	Material Specification	Tensile Strength (Min.)
Closure Head	SA-508 Cl. 3	80 ksi
Lifting Lugs	SA-508 Cl. 3	80 ksi
CRDM Flange	SA-182 Gr. F316LN	70 ksi
CRDM Tube	SB-167 UNS N06690	69.9 ksi

List #2:

	Nominal Thickness	Minimum Design Thickness
Closure Head	7.00"	4.41"
Lifting Lugs	5.625"	5.50"
CRDM Flange	2.75"	2.48"
CRDM Tube	0.625"	0.204"

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WP1353SH

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

Pg. 1 of 1

1. Manufactured and certified by The Japan Steel Works, Ltd., Muroran Plant/4 Chatsunomachi, Muroran, Hokkaido, 051-8505 Japan
(Name and address of NPT Certificate Holder)
2. Manufactured for Babcock & Wilcox, 581 Coronation Blvd., Cambridge, Ontario, N1R 5V3, Canada
(Name and address of purchaser)
3. Location of installation Oconee Nuclear Power Plant Unit 1, 2 & 3 Oconee, South Carolina
(Name and address)
4. Type N148494W, Rev. 6 SA-508, Cl. 3 Min. 80ksi - 2002
(Drawing no.) (Matl. spec. no.) (Tensile strength) (CRN) (Year built)
5. ASME Code, Section III, Division 1: 1989 No addenda 1 -
(Edition) (Addenda date) (Class) (Code Case no.)
6. Fabricated in accordance with Const. Spec. (Div. 2 only) - Revision - Date -
(No.)
7. Remarks: * Hydrostatic test is not performed in The Japan Steel Works, Ltd.
Cladding thickness is min. 0.20" from base metal
Cladding materials are SFA-5.4, AWS Cl. E309L-16 + E308L-16
8. Nom. thickness (in.) 7.00" Min. design thickness (in.) 7.00" Dia. ID (ft & in.) 12'-8 7/16 Length overall (ft & in.) 6'-3 3/4"
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) 1061	440
(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)	

BWC
INCOMING INSPECTION
APR 24 2002
Q.C. 16
APPROVED

10. Design pressure N/A psi. Temp. N/A °F. Hydro. test pressure N/A at temp. -
(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.

(7/58) This form (E00040) may be obtained from the Order Dept., ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300.

* P.O. No. : CM333278

TECH. JQA No. : 001-1000



Page 8 of 8
WP13535H
QA-02-01-15

FORM N-2 (Back — Pg 2 of 2)

Certificate Holder's Serial Nos. 1061 through

CERTIFICATION OF DESIGN

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

CERTIFICATE OF COMPLIANCE

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

NPT Certificate of Authorization No. N-2725 Expires June 29, 2004

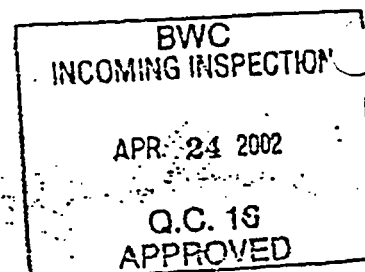
The Japan Steel Works, Ltd.
Date Jan. 31, 2002 Name Muroran Plant Signed J. Taira
(NPT Certificate Holder) (authorized representative)

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 ILLINOIS and employed by H.S.B.I. & I. Co.
of HARTFORD, CT. have inspected these items described in this Data Report on Jan. 31, 2002, 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 Jan. 31, 2002 Signed [Signature] Commissions NB10104; N, B, A
(Authorized Nuclear Inspector) (Nat'l. Bd. (incl. endorsements) and state or prov. and nc)

Removed for further
Manufacturing
04/20/02
Sherry Donker



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

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

1.a Date 1/13/04

Sheet 1 of 2

2. Plant **Oconee Nuclear Station**
Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98590184
Repair Organization Job # _____

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**

3b. NSM or MM # ON-13112 AM2 WP13535H

4. Identification of System Reactor Coolant Class 1

5. (a) Applicable Construction Code ASME III NF 1989 Edition N/A Addenda, No Addenda /Code Cases N/A
(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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	RVH Service Structure Siesmic Shear Bars	Duke Power Company	N/A	N/A	N/A	2003	<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 (Back)

Sheet 2 of 2

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 seismic shear bars on service structure platform.

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

Pressure _____ psig Test Temp _____ °F

Pressure _____ psig Test Temp _____ °F

Pressure _____ psig Test Temp _____ °F

9. Remarks: With replacement of the RVH and service structure new seismic shear bars were required.
These are reported on NIS-2 form due to these welds to the service structure are NF welds.

(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 _____

Date 3/12/04

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of NORTH CAROLINA and employed by HSR CT have inspected the components described in this Owner's Report during the period 7/26/03 to 3/12/04; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Inspector's Signature _____

Commissions NC 1444 NIABC

National Board, State, Providence and Endorsements

Date 3/12/04

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

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

1.a Date 11/22/03

Sheet 1 of 2

2. Plant **Oconee Nuclear Station**
Address **7800 Rochester Hwy, Seneca, S.C. 29672**

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

3a. Work Order # 98590184
Repair Organization Job # _____

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**

3b. NSM or MM # ON-13112 Part AM2 WP13535H

4. Identification of System Reactor Coolant System Class 1

5. (a) Applicable Construction Code ASME 1989 Edition N/A Addenda, No Addenda /Code Cases N/A
(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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Segment Flange	Framatome ANP	GN68	N/R	Installed In Core Location B6	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	Hold Down Bolts	Framatome ANP	6225, 6173, 5993, 6431, 5858, 5896, 6084, 6490.	N/R	Installed In Core Location B6	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	Segment Flange	Framatome ANP	GN15	N/R	Installed In Core Location B8	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D	Hold Down Bolts	Framatome ANP	5903, 5930, 6466, 6375, 5923, 6127, 6487, 6052.	N/R	Installed In Core Location B8	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
E	Segment Flange	Framatome ANP	GN71	N/R	Installed In Core Location B10	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
F	Hold Down Bolts	Framatome ANP	6643, 6362, 6424, 6702, 6331, 6452, 6618, 6402.	N/R	Installed In Core Location B10	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

Page 2 of 2

NOTE: Supplemental sheets in form of lists, sketches, or drawings maybe 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 New segment flange and 8 hold down bolts installed on each core location.8. Test Conducted: ☐ Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐ Other ☐ ExemptPressure 2155 psigTest Temp >500 °F

Pressure _____ psig

Test Temp _____ °F

Pressure _____ psig

Test Temp _____ °F

9. Remarks Installed old CRDMs with new segment flange (split nut ring) and 8 - 1 1/8" hold down bolts on the CRDM Core Locations Listed.

(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/ACertificate of Authorization No. N/AExpiration Date N/A

Signed _____

Date 3/12/04

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 7/26/03 to 3/2/04; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions NC 1444 NIABC

National Board, State, Providence and Endorsements

Date 3/12/04

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

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

1.a Date 11/22/03

Sheet 1 of 2

2. Plant Oconee Nuclear Station
Address 7800 Rochester Hwy. Seneca, S.C. 29672

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

3a. Work Order # 98590184
Repair Organization Job # _____

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

3b. NSM or MM # ON-13112 Part AM2 WP 13535H

4. Identification of System Reactor Coolant System Class 1

5. (a) Applicable Construction Code ASME 1989 Edition N/A Addenda No Addenda /Code Cases N/A
(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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Segment Flange	Framatome ANP	GN6	N/R	Installed in Core Location C5	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	Hold Down Bolts	Framatome ANP	6081, 6520, 6417, 6550, 6522, 6530, 6700, 6485	N/R	Installed in Core Location C5	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	Segment Flange	Framatome ANP	GN70	N/R	Installed in Core Location C7	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D	Hold Down Bolts	Framatome ANP	6647, 6164, 6476, 6442, 6058, 6367, 6222, 6486	N/R	Installed in Core Location C7	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
E	Segment Flange	Framatome ANP	GN73	N/R	Installed in Core Location C9	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
F	Hold Down Bolts	Framatome ANP	6057, 6077, 6224, 6395, 6606, 6066, 6444, 6397	N/R	Installed in Core Location C9	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

Page 2 of 2

NOTE: Supplemental sheets in form of lists, sketches, or drawings maybe 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 New segment flange and 8 hold down bolts installed on each core location.

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

Pressure 2155 psig

Test Temp >500 °F

Pressure _____ psig

Test Temp _____ °F

Pressure _____ psig

Test Temp _____ °F

9. Remarks Installed old CRDMs with new segment flange (split nut ring) and 8 - 1 1/8" hold down bolts on the CRDM Core Locations Listed.

(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 _____

Date 3/12/04

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 7/26/03 to 3/2/04; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions NC 1444 NIABC

National Board, State, Providence and Endorsements

Date 3/12/04

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

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

1.a Date 11/22/03

Sheet 1 of 2

2. Plant Oconee Nuclear Station
Address 7800 Rochester Hwy. Seneca, S.C. 29672

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

3a. Work Order # 98590184
Repair Organization Job # _____

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

3b. NSM or MM # ON-13112 Part AM2 WP 13535H

4. Identification of System Reactor Coolant System Class 1

5. (a) Applicable Construction Code ASME 1989 Edition N/A Addenda, No Addenda /Code Cases N/A
(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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Segment Flange	Framatome ANP	GN28	N/R	Installed in Core Location C11	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	Hold Down Bolts	Framatome ANP	6050, 6109, 5900, 6166, 5876, 6240, 6253, 5884	N/R	Installed in Core Location C11	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	Segment Flange	Framatome ANP	GN72	N/R	Installed in Core Location D4	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D	Hold Down Bolts	Framatome ANP	6160, 6699, 5878, 5899, 6161, 6686, 6168, 5849	N/R	Installed in Core Location D4	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
E	Segment Flange	Framatome ANP	GN34	N/R	Installed in Core Location D6	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
F	Hold Down Bolts	Framatome ANP	5979, 6129, 5925, 5910, 6136, 5907, 6682, 5939	N/R	Installed in Core Location D6	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

Page 2 of 2

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 New segment flange and 8 hold down bolts installed on each core location.

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

Pressure 2155 psig

Test Temp >500 °F

Pressure _____ psig

Test Temp _____ °F

Pressure _____ psig

Test Temp _____ °F

9. Remarks Installed old CRDMs with new segment flange (split nut ring) and 8 - 1 1/8" hold down bolts on the CRDM Core Locations Listed.

(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 _____

Date 3/12/04

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 7/26/03 to 3/2/04; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Inspector's Signature _____

Commissions NC 1444 NIABC

National Board, State, Providence and Endorsements _____

Date 3/12/04

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

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

1.a Date 11/22/03

Sheet 1 of 2

2. Plant **Oconee Nuclear Station**
Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98590184
Repair Organization Job # _____

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**

3b. NSM or MM # ON-13112 Part AM2 WP13535H

4. Identification of System Reactor Coolant System Class 1

5. (a) Applicable Construction Code ASME 1989 Edition N/A Addenda, No Addenda /Code Cases N/A
(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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Segment Flange	Framatome ANP	GN57	N/R	Installed in Core Location D8	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	Hold Down Bolts	Framatome ANP	6372, 6623, 6437, 6518, 6662, 6650, 6573, 6667.	N/R	Installed in Core Location D8	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	Segment Flange	Framatome ANP	GN29	N/R	Installed in Core Location D10	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D	Hold Down Bolts	Framatome ANP	6062, 5946, 6133, 6609, 5928, 6381, 5861, 5957.	N/R	Installed in Core Location D10	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
E	Segment Flange	Framatome ANP	GN31	N/R	Installed in Core Location D12	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
F	Hold Down Bolts	Framatome ANP	6701, 6593, 6376, 6419, 6690, 6656, 6391, 6403.	N/R	Installed in Core Location D12	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

Page 2 of 2

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7. Description of Work New segment flange and 8 hold down bolts installed on each core location.

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

Pressure 2155 psig

Test Temp >500 °F

Pressure _____ psig

Test Temp _____ °F

Pressure _____ psig

Test Temp _____ °F

9. Remarks Installed old CRDMs with new segment flange (split nut ring) and 8 - 1 1/8" hold down bolts on the CRDM Core Locations Listed.

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

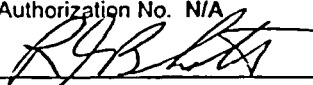
We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed



Date 3/12/04

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 7/26/03 to 3/2/04; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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


Inspector's Signature

Commissions NC 1444 NIABC

National Board, State, Providence and Endorsements

Date 3/12/04

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

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

1.a Date 11/22/03

Sheet 1 of 2

2. Plant **Oconee Nuclear Station**
Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98590184
Repair Organization Job # _____

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**

3b. NSM or MM # ON-13112 Part AM2 WP 13535H

4. Identification of System Reactor Coolant System Class 1

5. (a) Applicable Construction Code ASME 1989 Edition N/A Addenda, No Addenda /Code Cases N/A
(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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Segment Flange	Framatome ANP	GN10	N/R	Installed in Core Location E3	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	Hold Down Bolts	Framatome ANP	6436, 6462, 6559, 5911, 6196, 6449, 6078, 5874.	N/R	Installed in Core Location E3	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	Segment Flange	Framatome ANP	GN27	N/R	Installed in Core Location E5	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D	Hold Down Bolts	Framatome ANP	5889, 6145, 6483, 6380, 6031, 6523, 6330, 6473.	N/R	Installed in Core Location E5	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
E	Segment Flange	Framatome ANP	GN58	N/R	Installed in Core Location E7	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
F	Hold Down Bolts	Framatome ANP	6271, 6365, 6508, 5947, 6044, 6072, 6434, 6060.	N/R	Installed in Core Location E7	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

Page 2 of 2

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7. Description of Work New segment flange and 8 hold down bolts installed on each core location.

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

Pressure 2155 psig

Test Temp >500 °F

Pressure _____ psig

Test Temp _____ °F

Pressure _____ psig

Test Temp _____ °F

9. Remarks Installed old CRDMs with new segment flange (split nut ring) and 8 - 1 1/8" hold down bolts on the CRDM Core Locations Listed.

(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 _____

Date 3/12/04

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 7/26/03 to 3/2/04; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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[Signature]
Inspector's Signature

Commissions NC 1444 NIABC

National Board, State, Providence and Endorsements

Date 3/12/04

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

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

1.a Date 11/22/03

Sheet 1 of 2

2. Plant Oconee Nuclear Station
Address 7800 Rochester Hwy. Seneca, S.C. 29672

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

3a. Work Order # 98590184
Repair Organization Job # _____

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

3b. NSM or MM # ON-13112 Part AM2 WP 13535H

4. Identification of System Reactor Coolant System Class 1

5. (a) Applicable Construction Code ASME 1989 Edition N/A Addenda, No Addenda /Code Cases N/A
(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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Segment Flange	Framatome ANP	GN43	N/R	Installed In Core Location E9	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	Hold Down Bolts	Framatome ANP	6587, 5897, 5872, 6405, 6658, 6087, 6108, 6661.	N/R	Installed In Core Location E9	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	Segment Flange	Framatome ANP	GN23	N/R	Installed In Core Location E11	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D	Hold Down Bolts	Framatome ANP	6188, 6455, 5866, 5944, 6378, 6516, 6711, 6460.	N/R	Installed In Core Location E11	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
E	Segment Flange	Framatome ANP	GN12	N/R	Installed In Core Location E13	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
F	Hold Down Bolts	Framatome ANP	6036, 5997, 6496, 6074, 6634, 5894, 6599, 5853.	N/R	Installed In Core Location E13	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

Page 2 of 2

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7. Description of Work New segment flange and 8 hold down bolts installed on each core location.

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

Pressure 2155 psig

Test Temp >500 °F

Pressure _____ psig

Test Temp _____ °F

Pressure _____ psig

Test Temp _____ °F

9. Remarks Installed old CRDMs with new segment flange (split nut ring) and 8 - 1 1/8" hold down bolts on the CRDM Core Locations Listed.

(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 _____

Date 3/12/04

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 7/26/03 to 3/2/04; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions NC 1444 NIABC

National Board, State, Providence and Endorsements

Date 3/12/04

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

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

1.a Date 11/22/03

Sheet 1 of 2

2. Plant **Oconee Nuclear Station**
Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98590184
Repair Organization Job # _____

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**

3b. NSM or MM # ON-13112 Part AM2 WP 13535H

4. Identification of System Reactor Coolant System Class 1

5. (a) Applicable Construction Code ASME 1989 Edition N/A Addenda No Addenda /Code Cases N/A
(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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Segment Flange	Framatome ANP	GN64	N/R	Installed in Core Location F2	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	Hold Down Bolts	Framatome ANP	6622, 6526, 6521, 6183, 5864, 6322, 6048, 6228.	N/R	Installed in Core Location F2	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	Segment Flange	Framatome ANP	GN9	N/R	Installed in Core Location F4	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D	Hold Down Bolts	Framatome ANP	6154, 6182, 6677, 6654, 6504, 6091, 6447, 6140.	N/R	Installed in Core Location F4	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
E	Segment Flange	Framatome ANP	GN7	N/R	Installed in Core Location F6	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
F	Hold Down Bolts	Framatome ANP	6704, 6679, 6177, 6094, 6167, 6305, 6438, 6527.	N/R	Installed in Core Location F6	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

Page 2 of 2

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7. Description of Work New segment flange and 8 hold down bolts installed on each core location.

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

Pressure 2155 psig

Test Temp >500 °F

Pressure _____ psig

Test Temp _____ °F

Pressure _____ psig

Test Temp _____ °F

9. Remarks Installed old CRDMs with new segment flange (split nut ring) and 8 - 1 1/8" hold down bolts on the CRDM Core Locations Listed.

(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 _____

Date 3/12/04

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 7/26/03 to 3/2/04; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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Inspector's Signature

Commissions NC 1444 NIABC

National Board, State, Providence and Endorsements

Date 3/12/04

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

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

1.a Date 11/22/03

Sheet 1 of 2

2. Plant **Oconee Nuclear Station**
Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98590184
Repair Organization Job # _____

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**

3b. NSM or MM # ON-13112 Part AM2 WP 13535H

4. Identification of System Reactor Coolant System Class 1

5. (a) Applicable Construction Code ASME 1989 Edition N/A Addenda No Addenda /Code Cases N/A
(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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Segment Flange	Framatome ANP	GN59	N/R	Installed In Core Location F8	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	Hold Down Bolts	Framatome ANP	6497, 6446, 6628, 6469, 6012, 6482, 6687, 6653.	N/R	Installed In Core Location F8	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	Segment Flange	Framatome ANP	GN33	N/R	Installed In Core Location F10	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D	Hold Down Bolts	Framatome ANP	6549, 6426, 6663, 6219, 5895, 6233, 6137, 6134.	N/R	Installed In Core Location F10	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
E	Segment Flange	Framatome ANP	GN48	N/R	Installed In Core Location F12	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
F	Hold Down Bolts	Framatome ANP	6336, 6572, 6568, 6664, 6463, 6235, 5975, 6484.	N/R	Installed In Core Location F12	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

Page 2 of 2

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7. Description of Work New segment flange and 8 hold down bolts installed on each core location.8. Test Conducted: ☐ Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐ Other ☐ ExemptPressure 2155 psigTest Temp >500 °F

Pressure _____ psig

Test Temp _____ °F

Pressure _____ psig

Test Temp _____ °F

9. Remarks Installed old CRDMs with new segment flange (split nut ring) and 8 - 1 1/8" hold down bolts on the CRDM Core Locations Listed.

(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 _____

Date 3/12/04

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of North Carolina and employed by HSB CT

_____ have inspected the components described in this Owner's Report during the period 7/26/03 to 3/2/04; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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Inspector's Signature

Commissions NC 1444 NIABC

National Board, State, Providence and Endorsements

Date 3/12/04

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

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

1.a Date 11/22/03

Sheet 1 of 2

2. Plant **Oconee Nuclear Station**
Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98590184
Repair Organization Job # _____

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**

3b. NSM or MM # ON-13112 Part AM2 WP 13535H

4. Identification of System Reactor Coolant System Class 1

5. (a) Applicable Construction Code ASME 1989 Edition N/A Addenda No Addenda /Code Cases N/A
(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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Segment Flange	Framatome ANP	GN45	N/R	Installed In Core Location F14	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	Hold Down Bolts	Framatome ANP	6645, 6666, 6668, 6384, 5914, 6693, 5905, 6611.	N/R	Installed In Core Location F14	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	Segment Flange	Framatome ANP	GN16	N/R	Installed In Core Location G3	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D	Hold Down Bolts	Framatome ANP	6064, 6055, 6502, 6124, 6121, 6142, 5916, 6107.	N/R	Installed In Core Location G3	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
E	Segment Flange	Framatome ANP	GN63	N/R	Installed In Core Location G5	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
F	Hold Down Bolts	Framatome ANP	5933, 6223, 6440, 6471, 6144, 6005, 6172, 6155.	N/R	Installed In Core Location G5	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

Page 2 of 2

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7. Description of Work New segment flange and 8 hold down bolts installed on each core location.

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

Pressure 2155 psig

Test Temp >500 °F

Pressure _____ psig

Test Temp _____ °F

Pressure _____ psig

Test Temp _____ °F

9. Remarks Installed old CRDMs with new segment flange (split nut ring) and 8 - 1 1/8" hold down bolts on the CRDM Core Locations Listed.

(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 _____

Date 3/12/04

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 7/26/03 to 3/2/04; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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


Inspector's Signature

Commissions NC 1444 NIABC

National Board, State, Providence and Endorsements

Date 3/12/04

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

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

1.a Date 11/22/03

Sheet 1 of 2

2. Plant **Oconee Nuclear Station**
Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98590184
Repair Organization Job # _____

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**

3b. NSM or MM # ON-13112 Part AM2 WP 13535H

4. Identification of System Reactor Coolant System Class 1

5. (a) Applicable Construction Code ASME 1989 Edition N/A Addenda, No Addenda /Code Cases N/A
(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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Segment Flange	Framatome ANP	GN22	N/R	Installed in Core Location G7	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	Hold Down Bolts	Framatome ANP	5877, 6030, 6492, 6045, 5935, 6147, 6042, 6294.	N/R	Installed in Core Location G7	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	Segment Flange	Framatome ANP	GN30	N/R	Installed in Core Location G9	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D	Hold Down Bolts	Framatome ANP	5919, 6117, 5994, 6176, 6477, 6138, 6689, 6063.	N/R	Installed in Core Location G9	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
E	Segment Flange	Framatome ANP	GN60	N/R	Installed in Core Location G11	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
F	Hold Down Bolts	Framatome ANP	6156, 5851, 5904, 6406, 6028, 5915, 5893, 5901.	N/R	Installed in Core Location G11	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

Page 2 of 2

NOTE: Supplemental sheets in form of lists, sketches, or drawings maybe 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 New segment flange and 8 hold down bolts installed on each core location.8. Test Conducted: ☐ Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐ Other ☐ ExemptPressure 2155 psigTest Temp >500 °F

Pressure _____ psig

Test Temp _____ °F

Pressure _____ psig

Test Temp _____ °F

9. Remarks Installed old CRDMs with new segment flange (split nut ring) and 8 - 1 1/8" hold down bolts on the CRDM Core Locations Listed.

(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/ACertificate of Authorization No. N/AExpiration Date N/A

Signed _____

Date 3/12/04

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 7/26/03 to 3/2/04; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions NC 1444 NIABC

National Board, State, Providence and Endorsements

Date 3/12/04

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

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

1.a Date 11/25/03

Sheet 1 of 2

2. Plant **Oconee Nuclear Station**
Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98590184
Repair Organization Job # _____

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**

3b. NSM or MM # ON-13112 Part AM2 WP 13535H

4. Identification of System Reactor Coolant System Class 1

5. (a) Applicable Construction Code ASME 1989 Edition N/A Addenda, No Addenda /Code Cases N/A
(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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Segment Flange	Framatome ANP	GN41	N/R	Installed in Core Location G13	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	Hold Down Bolts	Framatome ANP	6217, 6646, 5909, 5881, 6180, 6525, 6602, 6567.	N/R	Installed in Core Location G13	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	Segment Flange	Framatome ANP	GN5	N/R	Installed in Core Location H2	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D	Hold Down Bolts	Framatome ANP	6105, 6104, 6605, 6393, 6135, 5880, 5852, 5912.	N/R	Installed in Core Location H2	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
E	Segment Flange	Framatome ANP	GN52	N/R	Installed in Core Location H4	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
F	Hold Down Bolts	Framatome ANP	6363, 6428, 6619, 6128, 6287, 6494, 6067, 6190.	N/R	Installed in Core Location H4	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

Page 2 of 2

NOTE: Supplemental sheets in form of lists, sketches, or drawings maybe 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 New segment flange and 8 hold down bolts installed on each core location.

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

Pressure 2155 psig

Test Temp >500 °F

Pressure _____ psig

Test Temp _____ °F

Pressure _____ psig

Test Temp _____ °F

9. Remarks Installed old CRDMs with new segment flange (split nut ring) and 8 - 1 1/8" hold down bolts on the CRDM Core Locations Listed.

(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 _____

Date 3/12/04

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 7/26/03 to 3/2/04; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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


Inspector's Signature

Commissions NC 1444 NIABC

National Board, State, Providence and Endorsements

Date 3/12/04

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

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

1.a Date 11/25/03

Sheet 1 of 2

2. Plant Oconee Nuclear Station
Address 7800 Rochester Hwy. Seneca, S.C. 29672

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

3a. Work Order # 98590184
Repair Organization Job # _____

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

3b. NSM or MM # ON-13112 Part AM2 WP 13535H

4. Identification of System Reactor Coolant System Class 1

5. (a) Applicable Construction Code ASME 1989 Edition N/A Addenda No Addenda /Code Cases N/A
(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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Segment Flange	Framatome ANP	GN35	N/R	Installed in Core Location H6	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	Hold Down Bolts	Framatome ANP	6451, 6678, 6629, 6212, 6106, 6073, 6698, 6551.	N/R	Installed in Core Location H6	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	Segment Flange	Framatome ANP	GN13	N/R	Installed in Core Location H8	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D	Hold Down Bolts	Framatome ANP	6684, 6674, 6624, 6608, 6503, 6495, 5938, 6408.	N/R	Installed in Core Location H8	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
E	Segment Flange	Framatome ANP	GN75	N/R	Installed in Core Location H10	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
F	Hold Down Bolts	Framatome ANP	6093, 6146, 5883, 6652, 6493, 6394, 6457, 6205.	N/R	Installed in Core Location H10	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

Page 2 of 2

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7. Description of Work New segment flange and 8 hold down bolts installed on each core location.

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

Pressure 2155 psig

Test Temp >500 °F

Pressure _____ psig

Test Temp _____ °F

Pressure _____ psig

Test Temp _____ °F

9. Remarks Installed old CRDMs with new segment flange (split nut ring) and 8 - 1 1/8" hold down bolts on the CRDM Core Locations Listed.

(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 _____

Date 3/12/04

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 7/26/03 to 3/2/04; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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Inspector's Signature _____

Commissions NC 1444 NIABC

National Board, State, Providence and Endorsements

Date 3/12/04

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

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

1.a Date 11/25/03

Sheet 1 of 2

2. Plant **Oconee Nuclear Station**
Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98590184
Repair Organization Job # _____

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**

3b. NSM or MM # ON-13112 Part AM2 WP 13535H

4. Identification of System Reactor Coolant System Class 1

5. (a) Applicable Construction Code ASME 1989 Edition N/A Addenda, No Addenda /Code Cases N/A
(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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Segment Flange	Framatome ANP	GN19	N/R	Installed in Core Location H12	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	Hold Down Bolts	Framatome ANP	6505, 6086, 5926, 6267, 6489, 6089, 6021, 6148.	N/R	Installed in Core Location H12	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	Segment Flange	Framatome ANP	GN3	N/R	Installed in Core Location H14	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D	Hold Down Bolts	Framatome ANP	6464, 6153, 6641, 6498, 6009, 5859, 6097, 6388.	N/R	Installed in Core Location H14	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
E	Segment Flange	Framatome ANP	GN40	N/R	Installed in Core Location K3	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
F	Hold Down Bolts	Framatome ANP	6636, 6102, 6390, 6703, 6640, 6478, 6458, 6000.	N/R	Installed in Core Location K3	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

Page 2 of 2

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7. Description of Work New segment flange and 8 hold down bolts installed on each core location.

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

Pressure 2155 psig

Test Temp >500 °F

Pressure _____ psig

Test Temp _____ °F

Pressure _____ psig

Test Temp _____ °F

9. Remarks Installed old CRDMs with new segment flange (split nut ring) and 8 - 1 1/8" hold down bolts on the CRDM Core Locations Listed.

(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 _____

Date 3/12/04

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of North Carolina and employed by HSB CT

_____ have inspected the components described in this Owner's Report during the period 7/26/03 to 3/2/04; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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Inspector's Signature

Commissions NC 1444 NIABC

National Board, State, Providence and Endorsements

Date 3/12/04

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

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

1.a Date 11/25/03

Sheet 1 of 2

2. Plant Oconee Nuclear Station
Address 7800 Rochester Hwy. Seneca, S.C. 29672

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

3a. Work Order # 98590184

Repair Organization Job # _____

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

3b. NSM or MM # ON-13112 Part AM2 WP 13535H

4. Identification of System Reactor Coolant System Class 1

5. (a) Applicable Construction Code ASME 1989 Edition N/A Addenda, No Addenda /Code Cases N/A

(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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Segment Flange	Framatome ANP	GN54	N/R	Installed In Core Location K5	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	Hold Down Bolts	Framatome ANP	6043, 6082, 6534, 6642, 6123, 6648, 6488, 6673.	N/R	Installed In Core Location K5	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	Segment Flange	Framatome ANP	GN20	N/R	Installed In Core Location K7	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D	Hold Down Bolts	Framatome ANP	5985, 6053, 6665, 6470, 6610, 5885, 6071, 6185.	N/R	Installed In Core Location K7	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
E	Segment Flange	Framatome ANP	GN55	N/R	Installed In Core Location K9	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
F	Hold Down Bolts	Framatome ANP	6441, 5996, 6604, 5890, 6051, 6122, 6125, 6100.	N/R	Installed In Core Location K9	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

Page 2 of 2

NOTE: Supplemental sheets in form of lists, sketches, or drawings maybe 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.

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Pressure _____ psig

Test Temp _____ °F

Pressure _____ psig

Test Temp _____ °F

9. Remarks Installed old CRDMs with new segment flange (split nut ring) and 8 - 1 1/8" hold down bolts on the CRDM Core Locations Listed.

(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/ACertificate of Authorization No. N/AExpiration Date N/A

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Date 3/12/04

CERTIFICATE OF INSERVICE INSPECTION

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Inspector's Signature _____

Commissions NC 1444 NIABC

National Board, State, Providence and Endorsements _____

Date 3/12/04

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

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

1.a Date 11/25/03

Sheet 1 of 2

2. Plant **Oconee Nuclear Station**
Address **7800 Rochester Hwy, Seneca, S.C. 29672**

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

3a. Work Order # 98590184
Repair Organization Job # _____

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**

3b. NSM or MM # ON-13112 Part AM2 WP 13535H

4. Identification of System Reactor Coolant System Class 1

5. (a) Applicable Construction Code ASME 1989 Edition N/A Addenda No Addenda /Code Cases N/A

(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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Segment Flange	Framatome ANP	GN1	N/R	Installed In Core Location K11	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	Hold Down Bolts	Framatome ANP	6181, 6076, 6120, 6174, 6003, 5961, 6141, 5956.	N/R	Installed In Core Location K11	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	Segment Flange	Framatome ANP	GN50	N/R	Installed In Core Location K13	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D	Hold Down Bolts	Framatome ANP	6371, 6061, 6324, 6453, 6694, 6149, 6454, 6420.	N/R	Installed In Core Location K13	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
E	Segment Flange	Framatome ANP	GN2	N/R	Installed In Core Location L2	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
F	Hold Down Bolts	Framatome ANP	5921, 5924, 6695, 6377, 6529, 6625, 6649, 6536.	N/R	Installed In Core Location L2	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

Page 2 of 2

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7. Description of Work New segment flange and 8 hold down bolts installed on each core location.

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

Pressure 2155 psig

Test Temp >500 °F

Pressure _____ psig

Test Temp _____ °F

Pressure _____ psig

Test Temp _____ °F

9. Remarks Installed old CRDMs with new segment flange (split nut ring) and 8 - 1 1/8" hold down bolts on the CRDM Core Locations Listed.

(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 

Date 3/12/04

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 7/26/03 to 3/2/04; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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


Inspector's Signature

Commissions NC 1444 NIABC
National Board, State, Providence and Endorsements

Date 3/12/04

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

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

1.a Date 11/25/03

Sheet 1 of 2

2. Plant **Oconee Nuclear Station**
Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98590184
Repair Organization Job # _____

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**

3b. NSM or MM # ON-13112 Part AM2 WP 13535H

4. Identification of System Reactor Coolant System Class 1

5. (a) Applicable Construction Code ASME 1989 Edition N/A Addenda No Addenda /Code Cases N/A
(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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Segment Flange	Framatome ANP	GN39	N/R	Installed in Core Location L4	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	Hold Down Bolts	Framatome ANP	6607, 6432, 6150, 6509, 5927, 6547, 6612, 6037.	N/R	Installed in Core Location L4	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	Segment Flange	Framatome ANP	GN69	N/R	Installed in Core Location L6	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D	Hold Down Bolts	Framatome ANP	6510, 6422, 5906, 6630, 6101, 6407, 6083, 6099.	N/R	Installed in Core Location L6	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
E	Segment Flange	Framatome ANP	GN47	N/R	Installed in Core Location L8	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
F	Hold Down Bolts	Framatome ANP	6178, 6366, 6065, 6171, 6040, 6038, 6096, 6151.	N/R	Installed in Core Location L8	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

Page 2 of 2

NOTE: Supplemental sheets in form of lists, sketches, or drawings maybe 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 New segment flange and 8 hold down bolts installed on each core location.

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

Pressure 2155 psig Test Temp >500 °F

Pressure _____ psig Test Temp _____ °F

Pressure _____ psig Test Temp _____ °F

9. Remarks Installed old CRDMs with new segment flange (split nut ring) and 8 - 1 1/8" hold down bolts on the CRDM Core Locations Listed.

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature]

Date 3/12/04

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 7/26/03 to 3/2/04; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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[Signature]
Inspector's Signature

Commissions NC 1444 NIABC
National Board, State, Providence and Endorsements

Date 3/12/04

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

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

1.a Date 11/25/03

Sheet 1 of 2

2. Plant **Oconee Nuclear Station**
Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98590184

Repair Organization Job # _____

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**

3b. NSM or MM # ON-13112 Part AM2 WP 13535H

4. Identification of System Reactor Coolant System Class 1

5. (a) Applicable Construction Code ASME 1989 Edition N/A Addenda, No Addenda /Code Cases N/A

(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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Segment Flange	Framatome ANP	GN77	N/R	Installed In Core Location L10	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	Hold Down Bolts	Framatome ANP	6158, 6303, 6119, 6090, 6688, 6681, 6709, 6706.	N/R	Installed In Core Location L10	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	Segment Flange	Framatome ANP	GN74	N/R	Installed In Core Location L12	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D	Hold Down Bolts	Framatome ANP	6126, 5898, 6524, 6118, 6049, 6095, 6113, 5891.	N/R	Installed In Core Location L12	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
E	Segment Flange	Framatome ANP	GN26	N/R	Installed In Core Location L14	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
F	Hold Down Bolts	Framatome ANP	6651, 6472, 6481, 6507, 6435, 5860, 6424, 5875.	N/R	Installed In Core Location L14	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

Page 2 of 2

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7. Description of Work New segment flange and 8 hold down bolts installed on each core location.

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

Pressure 2155 psig

Test Temp >500 °F

Pressure _____ psig

Test Temp _____ °F

Pressure _____ psig

Test Temp _____ °F

9. Remarks Installed old CRDMs with new segment flange (split nut ring) and 8 - 1 1/8" hold down bolts on the CRDM Core Locations Listed.

(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 _____

Date 3/12/04

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 7/26/03 to 3/2/04; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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Inspector's Signature

Commissions NC 1444 NIABC

National Board, State, Providence and Endorsements

Date 3/12/04

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

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

1.a Date 11/25/03

Sheet 1 of 2

2. Plant Oconee Nuclear Station
Address 7800 Rochester Hwy. Seneca, S.C. 29672

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

3a. Work Order # 98590184
Repair Organization Job # _____

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

3b. NSM or MM # ON-13112 Part AM2 WP 13535H

4. Identification of System Reactor Coolant System Class 1

5. (a) Applicable Construction Code ASME 1989 Edition N/A Addenda No Addenda /Code Cases N/A
(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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Segment Flange	Framatome ANP	GN18	N/R	Installed in Core Location M3	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	Hold Down Bolts	Framatome ANP	6075, 5868, 6088, 6111, 6130, 5981, 6116, 6184.	N/R	Installed in Core Location M3	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	Segment Flange	Framatome ANP	GN66	N/R	Installed in Core Location M5	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D	Hold Down Bolts	Framatome ANP	6680, 6669, 6296, 5955, 6159, 6429, 6360, 5873.	N/R	Installed in Core Location M5	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
E	Segment Flange	Framatome ANP	GN17	N/R	Installed in Core Location M7	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
F	Hold Down Bolts	Framatome ANP	6421, 6399, 6708, 6132, 6011, 6115, 6373, 6400.	N/R	Installed in Core Location M7	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

Page 2 of 2

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7. Description of Work New segment flange and 8 hold down bolts installed on each core location.

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

Pressure 2155 psig

Test Temp >500 °F

Pressure _____ psig

Test Temp _____ °F

Pressure _____ psig

Test Temp _____ °F

9. Remarks Installed old CRDMs with new segment flange (split nut ring) and 8 - 1 1/8" hold down bolts on the CRDM Core Locations Listed.

(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 _____

Date 3/12/04

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 7/26/03 to 3/12/04; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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Inspector's Signature _____

Commissions NC 1444 NIABC

National Board, State, Providence and Endorsements

Date 3/12/04

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

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

1.a Date 11/25/03

Sheet 1 of 2

2. Plant **Oconee Nuclear Station**
Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98590184
Repair Organization Job # _____

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**

3b. NSM or MM # ON-13112 Part AM2 WP 13535H

4. Identification of System Reactor Coolant System Class 1

5. (a) Applicable Construction Code ASME 1989 Edition N/A Addenda, No Addenda /Code Cases N/A
(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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Segment Flange	Framatome ANP	GN46	N/R	Installed In Core Location M9	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	Hold Down Bolts	Framatome ANP	6644, 6710, 5863, 6041, 6385, 5857, 6705, 5920.	N/R	Installed In Core Location M9	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	Segment Flange	Framatome ANP	GN21	N/R	Installed In Core Location M11	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D	Hold Down Bolts	Framatome ANP	6480, 6306, 5990, 5941, 6114, 5973, 6512, 6392.	N/R	Installed in Core Location M11	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
E	Segment Flange	Framatome ANP	GN8	N/R	Installed in Core Location M13	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
F	Hold Down Bolts	Framatome ANP	6157, 5870, 6169, 6046, 6548, 5992, 6655, 6659.	N/R	Installed in Core Location M13	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

Page 2 of 2

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7. Description of Work New segment flange and 8 hold down bolts installed on each core location.

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

Pressure 2155 psig

Test Temp >500 °F

Pressure _____ psig

Test Temp _____ °F

Pressure _____ psig

Test Temp _____ °F

9. Remarks Installed old CRDMs with new segment flange (split nut ring) and 8 - 1 1/8" hold down bolts on the CRDM Core Locations Listed.

(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 _____

Date 3/12/04

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 7/26/03 to 3/2/04; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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Inspector's Signature _____

Commissions NC 1444 NIABC

National Board, State, Providence and Endorsements

Date 3/12/04

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

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

1.a Date 11/25/03

Sheet 1 of 2

2. Plant Oconee Nuclear Station
Address 7800 Rochester Hwy. Seneca, S.C. 29672

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

3a. Work Order # 98590184
Repair Organization Job # _____

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

3b. NSM or MM # ON-13112 Part AM2 WP 13535H

4. Identification of System Reactor Coolant System Class 1

5. (a) Applicable Construction Code ASME 1989 Edition N/A Addenda, No Addenda /Code Cases N/A

(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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Segment Flange	Framatome ANP	GN38	N/R	Installed in Core Location N4	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	Hold Down Bolts	Framatome ANP	6059, 6416, 6056, 6112, 6620, 6414, 6676, 6732.	N/R	Installed in Core Location N4	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	Segment Flange	Framatome ANP	GN67	N/R	Installed in Core Location N6	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D	Hold Down Bolts	Framatome ANP	6582, 6152, 6194, 6139, 6411, 6696, 6396, 5892.	N/R	Installed in Core Location N6	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
E	Segment Flange	Framatome ANP	GN37	N/R	Installed in Core Location N8	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
F	Hold Down Bolts	Framatome ANP	6404, 6423, 6389, 5850, 6467, 6262, 6387, 6179.	N/R	Installed in Core Location N8	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

Page 2 of 2

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 New segment flange and 8 hold down bolts installed on each core location.

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

Pressure 2155 psig

Test Temp >500 °F

Pressure _____ psig

Test Temp _____ °F

Pressure _____ psig

Test Temp _____ °F

9. Remarks Installed old CRDMs with new segment flange (split nut ring) and 8 - 1 1/8" hold down bolts on the CRDM Core Locations Listed.

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

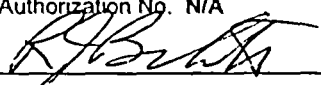
We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed



Date 3/12/04

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 7/26/03 to 3/2/04; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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


Inspector's Signature

Commissions NC 1444 NIABC

National Board, State, Providence and Endorsements

Date 3/12/04

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

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

1.a Date 11/25/03

Sheet 1 of 2

2. Plant Oconee Nuclear Station
Address 7800 Rochester Hwy. Seneca, S.C. 29672

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

3a. Work Order # 98590184
Repair Organization Job # _____

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

3b. NSM or MM # ON-13112 Part AM2 WP 13535H

4. Identification of System Reactor Coolant System Class 1

5. (a) Applicable Construction Code ASME 1989 Edition N/A Addenda, No Addenda /Code Cases N/A

(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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Segment Flange	Framatome ANP	GN24	N/R	Installed in Core Location N10	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	Hold Down Bolts	Framatome ANP	6068, 5865, 6511, 6170, 6685, 6515, 6672, 6054.	N/R	Installed in Core Location N10	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	Segment Flange	Framatome ANP	GN4	N/R	Installed in Core Location N12	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D	Hold Down Bolts	Framatome ANP	6500, 6430, 6412, 5999, 6571, 6211, 6232, 6461.	N/R	Installed in Core Location N12	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
E	Segment Flange	Framatome ANP	GN36	N/R	Installed in Core Location O5	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
F	Hold Down Bolts	Framatome ANP	6415, 6639, 6443, 6398, 6465, 6284, 6448, 6528.	N/R	Installed in Core Location O5	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

Page 2 of 2

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 New segment flange and 8 hold down bolts installed on each core location.

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

Pressure 2155 psig

Test Temp >500 °F

Pressure _____ psig

Test Temp _____ °F

Pressure _____ psig

Test Temp _____ °F

9. Remarks Installed old CRDMs with new segment flange (split nut ring) and 8 - 1 1/8" hold down bolts on the CRDM Core Locations Listed.

(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 _____

Date 3/12/04

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 7/26/03 to 3/2/04; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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


Inspector's Signature

Commissions NC 1444 NIABC

National Board, State, Providence and Endorsements

Date 3/12/04

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

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

1.a Date 11/25/03

Sheet 1 of 2

2. Plant **Oconee Nuclear Station**
Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98590184
Repair Organization Job # _____

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

3b. NSM or MM # ON-13112 Part AM2 WP 13535H

4. Identification of System Reactor Coolant System Class 1

5. (a) Applicable Construction Code ASME 1989 Edition N/A Addenda No Addenda /Code Cases N/A
(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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Segment Flange	Framatome ANP	GN76	N/R	Installed in Core Location O7	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	Hold Down Bolts	Framatome ANP	6627, 6433, 5929, 5879, 6200, 6039, 6450, 6621.	N/R	Installed in Core Location O7	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	Segment Flange	Framatome ANP	GN61	N/R	Installed in Core Location O9	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D	Hold Down Bolts	Framatome ANP	6218, 6670, 6531, 6110, 6401, 6533, 5882, 6131.	N/R	Installed in Core Location O9	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
E	Segment Flange	Framatome ANP	GN11	N/R	Installed in Core Location O11	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
F	Hold Down Bolts	Framatome ANP	6079, 6691, 6532, 6683, 6069, 6234, 6186, 6080.	N/R	Installed in Core Location O11	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

Page 2 of 2

NOTE: Supplemental sheets in form of lists, sketches, or drawings maybe 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 New segment flange and 8 hold down bolts installed on each core location.

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

Pressure 2155 psig

Test Temp >500 °F

Pressure _____ psig

Test Temp _____ °F

Pressure _____ psig

Test Temp _____ °F

9. Remarks Installed old CRDMs with new segment flange (split nut ring) and 8 - 1 1/8" hold down bolts on the CRDM Core Locations Listed.

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

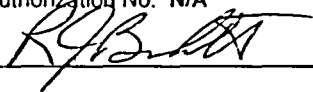
We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed



Date 3/12/04

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of North Carolina and employed by HSB CT

_____ have inspected the components described in this Owner's Report during the period 7/26/03 to 3/2/04; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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



Inspector's Signature

Commissions NC 1444 NIABC

National Board, State, Providence and Endorsements

Date 3/12/04

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

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

1.a Date 11/25/03

Sheet 1 of 2

2. Plant **Oconee Nuclear Station**
Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98590184
Repair Organization Job # _____

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**

3b. NSM or MM # ON-13112 Part AM2 WP 13535H

4. Identification of System Reactor Coolant System Class 1

5. (a) Applicable Construction Code ASME 1989 Edition N/A Addenda No Addenda /Code Cases N/A

(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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Segment Flange	Framatome ANP	GN62	N/R	Installed in Core Location P6	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	Hold Down Bolts	Framatome ANP	6707, 6143, 6334, 6175, 6475, 5867, 6427, 6368.	N/R	Installed in Core Location P6	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	Segment Flange	Framatome ANP	GN32	N/R	Installed in Core Location P8	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D	Hold Down Bolts	Framatome ANP	6047, 6092, 5932, 6163, 5856, 6098, 6165, 6085.	N/R	Installed in Core Location P8	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
E	Segment Flange	Framatome ANP	GN14	N/R	Installed in Core Location P10	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
F	Hold Down Bolts	Framatome ANP	5958, 6236, 5913, 5959, 6162, 5976, 6070, 5995.	N/R	Installed in Core Location P10	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

Page 2 of 2

NOTE: Supplemental sheets in form of lists, sketches, or drawings maybe 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 New segment flange and 8 hold down bolts installed on each core location.

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

Pressure 2155 psig

Test Temp >500 °F

Pressure _____ psig

Test Temp _____ °F

Pressure _____ psig

Test Temp _____ °F

9. Remarks Installed old CRDMs with new segment flange (split nut ring) and 8 - 1 1/8" hold down bolts on the CRDM Core Locations Listed.

(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 _____

Date 3/12/04

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 7/26/03 to 3/2/04; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Inspector's Signature _____

Commissions NC 1444 NIABC

National Board, State, Providence and Endorsements

Date 3/12/04

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

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

1.a Date 1/13/04

2. Plant **Oconee Nuclear Station**
Address **7800 Rochester Hwy. Seneca, S.C. 29672**

Sheet 1 of 2

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

3a. Work Order # 98590628
Repair Organization Job # _____

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**

3b. NSM or MM # ON-13112 AM3 WP13536H

4. Identification of System Reactor Coolant Class 1

5. (a) Applicable Construction Code ASME III NF 1989 Edition N/A Addenda No Addenda /Code Class N/A
(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 Manufacturer	Manufacturer - Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Hanger/Support 1-57-422-H6340	Duke Power Company	N/A	N/A	N/A	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	Hanger/Support 1-57-422-H6342	Duke Power Company	N/A	N/A	N/A	2003	<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)

Sheet 2 of 2

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 Hangers 1-57-422-H6340 and H6342 for RVLIS line.

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

Pressure _____ psig Test Temp _____ °F

Pressure _____ psig Test Temp _____ °F

Pressure _____ psig Test Temp _____ °F

9. Remark: With replacement of the RVH and service structure new hangers were required to be made. These are reported on NIS-2 form due to the welds to the service structure flange are NF welds.

(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

Date

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of NORTH CAROLINA and employed by HSB CT have inspected the components described in this Owner's Report during the period 6/19/03 to 3/12/04; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Inspector's Signature

Commissions

National Board, State, Providence and Endorsements

Date

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

Owner Duke Power Company
Name
POBox1006, Charlotte, NC 28201-1006
Address

Date August 21, 2003
Sheet 1 of 1

2. Plant Oconee 1
Name
Seneca, South Carolina
Address

Unit 006K01
205
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by Babcock & Wilcox Canada
Name
581 Coronation Blvd Cambridge, Ontario
Address
N1R 5V3
205

Type Code Symbol Stamp N
Authorization No. N-2789
Expiration Date Jan 23/04

4. Identification of System

5. (a) Applicable Construction Code ASME Sec III 1989 Edition, No Addenda, -- Code Case
Year
(b) Applicable Edition of Section XI Utilized for Repair/Replacement Activity 1998 - 2000 Addenda
Year
(c) Applicable Section XI Code Cases --

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
Heat Exchanger	B&W Canada	006K01	205	N/A	2003	see below	Yes

7. Description of Work One prim. inlet nozzle, two prim. outlet nozzles weld cladded and final machine PWHT not performed. Two steam outlet nozzles, final machined.

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

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



FORM NIS-2 (Back)

Remarks

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp

N

Certificate of Authorization No.

N-2789

Expiration Date

Jan. 23/04

Signed

H. J. Jenson
Owner or Owner's Designee, Title

Date

August 21

2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of ONTARIO and employed by TECHNICAL STANDARDS & SAFETY AUTHORITY of ONTARIO

have inspected the components described in this Owner's Report during the period JULY 17, 03 to AUG. 21, 03, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

A. J. O'Leary
Inspector's Signature

Commissions

NB ABINNS, ONT. 62

National Board, State, Province, and Endorsements

Date

AUG. 21, 03

FORM N-1 CERTIFICATE HOLDERS' DATA REPORT FOR NUCLEAR VESSELS*
As Required by the Provisions of the ASME Code, Section III, Division 1

Pg. 1 of 6

1. Manufactured and certified by Babcock & Wilcox Canada, 581 Coronation Boulevard, Cambridge, Ontario N1R 5V3
 (name and address of N Certificate Holder)

2. Manufactured for Duke Power Company, P.O. Box 1005, Charlotte, North Carolina, 28201-1005
 (name and address of Purchaser)

Location of installation Oconee 1, Seneca, South Carolina
 (name and address)

4. Type: Vert. Heat Ex. G06K01 — G06KE001 Rev. 3 & E002 Rev. 01 205 2003
 (horiz. or vert.) (tank, jacketed, heat ex.) (Cert. Holder's serial no.) (CRH) (drawing no.) (Nat'l Ed. No.) (year built)

5. ASME Code, Section III, Division 1: 1989 None 1 List #1 Alt.
 (edition) (addenda date) (class) (Code Case no.)

Items 6 - 10 Inclusive to be completed for single wall vessels, jackets of jacketed vessels, or shells of heat exchangers.

6. Shell: SA-508 Cl. 3a 90 ksi List #2 Alt. List #2 Alt. List #2 Alt. List #2 Alt.
 (mat'l spec. no.) (tensile strength) (nom. Thickness (in.)) (min. design thickness (in.)) (dia. ID (ft. & in.)) (length (overall) (ft. & in.))

7. Seams: List #3 Alt. List #3 Alt. List #3 Alt. List #3 Alt. List #3 Alt. List #3 Alt. List #3 Alt. 4
 (long.) (HT¹) (RT) (eff. %) (girth) (HT¹) (RT) (no. of courses)

8. Heads: — — — —
 ((a) mat'l spec. no.) (tensile strength) ((b) mat'l spec. no.) (tensile strength)

	Location (top bottom, ends)	Thickness	Corrosion Allowance	Crown Radius	Knuckle Radius	Elliptical Radius	Conical Apex Angle	Hemispherical Radius	Flat Diameter	Side to Pressure (convex or concave)
(a)	—	—	—	—	—	—	—	—	—	—
(b)	—	—	—	—	—	—	—	—	—	—

If removable bolts used: — Other fastening —
 (mat'l spec. no., size, quantity) (describe or attach sketch)

9. Jacket Closure: —
 (Describe as pipe & weld, bar, etc. If bar, give dimensions, describe, or sketch)

10. Design pressure² 1150 At max. temp. 600 Min. pressure test temp 70 Pneu., hydro., or combined test 1500
 (psi) (°F) (°F) (psi)

Items 11 and 12 to be completed for tube sections.

11. Tubesheets: SA-508 Cl. 3a 137% 22-3/16 welded
 (stationary, mat'l. spec. no.) (dia. in. (subject to pressure)) (thickness (in.)) (attachment (welded, bolted))
— — — —
 (floating, mat'l. spec.) (dia. (in.)) (thickness (in.)) (attachment)

12. Tubes SB-163 UNS N06690 3/4 0.038 15631 straight
 (mat'l. spec. no.) (OD (in.)) Thickness (inches or gauge) (no.) (type (straight or U))

Items 13 to 16 Inclusive to be completed for inner chambers of jacketed vessels or channels of heat exchangers.

13. Shell: — — — — — —
 (mat'l. spec. no.) (tensile strength) (nom. Thickness (in.)) (min. design thickness (in.)) (dia. (ft. & in.)) (length (overall) (ft. & in.))

14. Seams — — — — Single Yes Fu² 1
 (long (welded, dbl., single)) (HT¹ (yes or no)) (RT) (eff. %) (girth) (HT¹) (RT) (no. of courses)

15. Heads — — SA-508 Cl. 3a 90 ksi — —
 ((a) mat'l spec.) (tensile strength) ((b) mat'l spec. no.) (tensile strength) ((c) mat'l. spec. no.) (tensile strength)

Location	Thickness	Crown Radius	Knuckle Radius	Elliptical Ratio	Conical Apex Angle	Hemispherical Radius	Flat Diameter	Side to Pressure (convex or concave)
(a) Top, bottom, ends	—	—	—	—	—	—	—	—
(b) Channel - top	6 3/4"	—	—	1:1	—	59-17/32"	—	concave
Channel - bottom	6 3/4"	—	—	1:1	—	59-17/32"	—	concave
(c) Flanging	—	—	—	—	—	—	—	—

removable bolts used — Other fastening —
 (mat'l. spec. no., size, quantity) (describe or attach sheet)

16. Design pressure² 2500 at 650 Min. pressure test temp. 70 Pneu., hydro., or comb. Test pressure 3125
 (psi) (°F) (°F) (psi)

¹ If post weld heat treated. ² List other internal or external pressure with coincident temperature 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 1 through 4 on this Data Report is included on each sheet, (3) each sheet is numbered and the number of sheets is recorded on the top of this form.

Certificate Holder's Serial No. 005001

17. Nozzles, inspection and safety valve openings.

Purpose (inlet, outlet, drain, etc.)	Quantity	Dia. or size	Type	How attached	Mat'l.	Thickness	Reinforcement Material	Location
See List #4								

18. Supports: Skirt See List #5 Lugs See List #5 Legs — Other — Attached See List #5
 (yes or no) (quantity) (quantity) (describe) (where and how)

19. Remarks:

CERTIFICATION OF DESIGN

Design specification certified by See List #6 P.E. State See List #6 Reg. No. See List #6
 Province
 Design report* certified by J. T. Boyd P.E. State Ont. Reg. No. 04801502

CERTIFICATE OF SHOP COMPLIANCE

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

N Certificate of Authorization No. N-2789 Expires January 23, 2004
 Date August 21, 2003 Name Babcock & Wilcox Canada Signed [Signature]
 (N Certificate Holder) (authorized representative)

CERTIFICATE OF SHOP INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Ontario and employed by Technical Standards and Safety Authority
Ontario have inspected the component described in this Data Report on July 24/03, and state that to the best of my knowledge and belief, the Certificate Holder has constructed this component 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 loss of any kind arising from or connected with this inspection.

Date Aug. 21/03 Signed [Signature] Commissions NB# 8112-B-N.
 (Authorized Inspector) (Natl. Bd. (incl. endorsements) and state or prov. and no.)

CERTIFICATE OF FIELD ASSEMBLY COMPLIANCE

We certify that the statements on this report are correct and that the field assembly construction of all parts of this nuclear vessel conforms to the rules of construction of the ASME Code, Section III, Division 1.

N Certificate of Authorization No. — Expires —
 Date — Name — Signed —
 (N Certificate Holder) (authorized representative)

CERTIFICATE OF FIELD ASSEMBLY INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of — and employed by —
— have compared the statements in this Data Report with the described component and state that parts referred to as data items —, not included in the certificate of shop inspection, have been inspected by me on — and that to the best of my knowledge and belief the Certificate Holder has constructed and assembled this component 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 loss of any kind arising from or connected with this inspection.

Date — Signed — Commissions —
 (Authorized Inspector) (Natl. Bd. (incl. endorsements) and state or prov. and no.)

REVIEWER
 AUG 27 2003
[Signature]

Attachment to FORM N-1 CERTIFICATE HOLDERS' DATA REPORT FOR NUCLEAR VESSELS
As Required by the Provisions of the ASME Code, Section III, Division 1

Pg. 3 of 5

1. Manufactured and certified by Babcock & Wilcox Canada, 581 Coronation Boulevard, Cambridge, Ontario N1R 5V3
(name and address of N Certificate Holder)

Manufactured for Duke Power Company, P.O. Box 1006, North Carolina, 28201-1006
(name and address of Purchaser)

Location of installation Oconee 1, Seneca, South Carolina
(name and address)

4. Type: Vertical Heat Exchanger 006K01 — 006KE001 Rev. 3 & 006KE002 Rev. 1 205 2003
(horiz. or vert.) (tank, jacketed, heat ex.) (Cert. Holder's serial no.) (CRN) (drawing no.) (Nal Bt. No.) (year built)

List #1

N-20-4
N-474-2
2142-1
2143-1

List #2

	Nominal Thickness	Min. Design Thickness	Inner Diameter	Length (per section thickness)	Length Overall
Shell can below upper T/S (thick shell, adjacent to T/S, taper to thin shell)	5 1/4" 3 1/4"	5" 3"	137 1/4" 137 1/4"	52 1/4" 79 1/16"	131 13/16"
Thin Shell to Thick to Thin	3 1/4" 5 1/4" 3 1/4"	3" 5" 3"	137 1/4" 137 1/4" 137 1/4"	19 1/4" 112 3/4" 27 1/2"	159 1/4"
Thin Shell	3 1/4"	3"	137 1/4"	---	173 1/4"
Shell Can Above Lower T/S (thin shell taper to thick shell, adjacent to T/S)	3 1/4" 5 1/4"	3" 5"	137 1/4" 137 1/4"	106 7/16" 52 1/2"	159 3/16"

Attachment to FORM N-1 CERTIFICATE HOLDERS' DATA REPORT FOR NUCLEAR VESSELS
As Required by the Provisions of the ASME Code, Section III, Division 1

Pg. 4 of 6

1. Manufactured and certified by Babcock & Wilcox Canada, 581 Coronation Boulevard, Cambridge, Ontario N1R 5V3
(name and address of Certificate Holder)

2. Manufactured for Duke Power Company, P.O. Box 1006, North Carolina, 28201-1006
(name and address of Purchaser)

3. Location of installation Oconee 1, Seneca, South Carolina
(name and address)

4. Type: Vertical Heat Exchanger 006K01 — 006KE001 Rev. 3 & 006KE002 Rev. 1 205 2003
(horiz. or vert.) (tank, jacketed, heat ex.) (Cert. Holder's serial no.) (CRN) (drawing no.) (Net. I & C. No.) (year built)

List #3

Seam	Longitudinal Joint Type	HT	RT	eff (%)	Girth Joint Type	HT	RT
Tubesheet (Forging)	N/A	N/A	N/A	N/A	Double Double Double Double Double	Yes	Full
Shell Can #1	None	Yes	Full	100		Yes	Full
Shell Can #2	None	Yes	Full	100		Yes	Full
Shell Can #3	None	Yes	Full	100		Yes	Full
Shell Can #4	None	Yes	Full	100		Yes	Full
Tubesheet (Forging)	N/A	N/A	N/A	N/A		Yes	Full

Attachment to FORM N-1 CERTIFICATE HOLDERS' DATA REPORT FOR NUCLEAR VESSELS
As Required by the Provisions of the ASME Code, Section III, Division 1

Fig. 5 of 6

1. Manufactured and certified by Babcock & Wilcox Canada, 581 Coronation Boulevard, Cambridge, Ontario N1R 5V3
(name and address of N Certificate Holder)

2. Manufactured for Duke Power Company, P.O. Box 1006, North Carolina, 28201-1006
(name and address of Purchaser)

3. Location of installation Oconee 1, Seneca, South Carolina
(name and address)

4. Type: Vertical Heat Exchanger 006K01 — 006KE001 Rev. 3 & 006KE002 Rev. 1 205 2003
(horiz. or vert.) (tank, jacketed, heat ex.) (Cert. Holder's serial no.) (CRN) (drawing no.) (Natl Std. No.) (year built)

List #4

Purpose (inlet, outlet, drain, etc.)	Qty.	(ID) Dia. or Size	Type	How Attached	Material	(min.) Thickness	Reinforcement Material	Location
Primary Nozzles Inlet	1	35"	I	Integral	SA-508 CL 3a	3"	N/A	Upper Chan. Head
Primary Nozzles Outlet	2	28"	F	Welded	SA-508 CL 3a	3 1/2"	N/A	Lower Chan. Head
Primary Manway	2	16"	I	Integral	SA-508 CL 3a	8"	SA-508 CL 3a	Chan. Heads
Primary Manway Cover	2	28 1/2"	—	Bolted	SA-533 Typ. B CL 1	5 1/2"	N/A	Chan. Heads
Primary Handhole	1	6"	I	Integral	SA-508 CL 3a	3 1/2"	N/A	Upper Chan. Head
Primary Handhole Cover	1	12 1/4"	—	Bolted	SA-533 Typ. B CL 1	2 1/2"	N/A	Upper Chan. Head
Secondary Handholes	5	6"	I	Integral	SA-508 CL 3a	"	N/A	Shell
Handhole Covers	5	12 1/4"	—	Bolted	SA-533 Typ. B CL 1	2 1/2"	N/A	Shell
Inspection Ports	30	3"	I	Integral	SA-508 CL 3a	"	N/A	Shell
Inspection Port Covers	30	8 1/2"	—	Bolted	SA-533 Typ. B CL 1	1.46"	N/A	Shell
Feedwater Nozzles fed by external header	32	4"	—	Welded/ Bolted	SA-182 Gr. F22	0.602"	N/A	Shell
Auxiliary Feedwater Nozzles fed by external header	6	4"	—	Welded/ Bolted	SA-182 Gr. F22	0.602"	N/A	Shell
Secondary Manway	2	16"	I	Integral	SA-508 CL 3a	"	N/A	Shell
Secondary Manway Cover	2	25 1/2"	—	Bolted	SA-533 Typ. B CL 1	3"	N/A	Shell
Steam Nozzle	2	22-265"	F	Welded	SA-508 CL 3a	3 1/2"	SA-508 CL 3a	Shell
Instrument Nozzles	7	1 1/2"	F	Welded	SFA 5.5 E7018 A1	0.41"	N/A	Shell
Instrument Nozzles	12	1"	F	Welded	SFA 5.5 E7018 A1	0.45"	N/A	Shell
MFW Inspection Plugs	8	3/4"	F	Welded	SA-105	0.30"	SA-105	Shell
Downcomer Temp Sensor	3	1/2" NPT fitting	P	Welded	SA-479 Type 316L	0.555"	N/A	Shell

* n/a — no protruding shell penetration

F = full penetration weld

I = integrally forged

P = partial penetration weld

Attachment to FORM N-1 CERTIFICATE HOLDERS' DATA REPORT FOR NUCLEAR VESSELS
As Required by the Provisions of the ASME Code, Section III, Division 1

Pg. 6 of 6

1. Manufactured and certified by Babcock & Wilcox Canada, 581 Coronation Boulevard, Cambridge, Ontario N1R 5V3
(name and address of N Certificate Holder)

2. Manufactured for Duke Power Company, P.O. Box 1006, North Carolina, 28201-1006
(name and address of Purchaser)

3. Location of installation Oconee 1, Seneca, South Carolina
(name and address)

4. Type: Vertical Heat Exchanger 006K01 — 006KE001 Rev. 3 & 006KE002 Rev. 1 205 2003
(horiz. or vert.) (tank, jacketed, heat ex.) (Cert. Holder's serial no.) (CRN) (drawing no.) (NRC ID No.) (year built)

List #5

Description	Skirt (yes or no)	Lugs (qty.)	Legs (qty.)	Attached (where & how)
Lower Shroud Lugs	No	12	—	shell/welded
Upper Shroud Lug	Yes	—	—	shell/integral
Orifice Ring Lug	Yes	—	—	shell/integral
Lower Primary Head Base Support	Yes	—	—	channel head/integral

List #6

<u>Name</u>	<u>State</u>	<u>Reg. No.</u>
M. C. Keck	N.C.	18367
J. C. Herin	N.C.	14504

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

Pg. 1 of 2

1. Manufactured and certified by The Japan Steel Works, Ltd., Muroran Plant/4-chatsu-machi, Muroran, Hokkaido, 051-8505 Japa
(name and address of NPT Certificate Holder)
2. Manufactured for Babcock & Wilcox, 581 Coronation Blvd., Cambridge, Ontario, N1R 5V3, Canada
(name and address of purchaser)
3. Location of installation Oconee Nuclear Power Plant Unit 1, 2 & 3 Oconee, South Carolina
(name and address)
4. Type N148344W, Rev. 1 SA-508, Cl. 3a Min. 90ksi - 2001
(drawing no.) (mat'l. spec. no.) (tensile strength) (CRN) (year built)
5. ASME Code, Section III, Division 1: 1989 No addenda 1 -
(edition) (addenda date) (class) (Code Case no.)
6. Fabricated in accordance with Const. Spec. (Div. 2 only) - Revision - Date -
(no.)
7. Remarks: * Hydrostatic test is not performed in The Japan Steel Works, Ltd.
Cladding thickness is min. 0.20" from base metal.
Cladding materials are SFA-5.4, AWS Cl. E309L-16 + E308L-16 and SFA-5.9 ER309L + ER308L.
8. Nom. thickness (in.) 6-3/8" Min. design thickness (in.) 6-1/4" Dia. ID (ft & in.) 9'-11.75" Length overall (ft & in.) 5'-2.59"
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) 1053	431
(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)	

BWC
INCOMING INSPECTOR
AUG 27 2001
Q.C. 16
APPROVED

10. Design pressure N/A psi. Temp. N/A °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.

(7/99)

This form (E00040) may be obtained from the Order Dept., ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300.

* P.O. No. : CM3313634 JSW Job No. : FN9-4304
Heat No. : OOD246-1-1 JSW PC. No. : 2



E00040

Certificate Holder's Serial Nos. 1053 through -

CERTIFICATION OF DESIGN

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

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

CERTIFICATE OF COMPLIANCE

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

NPT Certificate of Authorization No. N-2725 Expires July 21, 2001

Date June 27, 2001 Name The Japan Steel Works, Ltd.
Muroran Plant Signed [Signature]
(NPT Certificate Holder) (authorized representative)
J. Taira

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 ILLINOIS and employed by H.S.B.I. & I. Co.
 of HARTFORD, CT. have inspected these items described in this Data Report on June 27, 2001, 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.

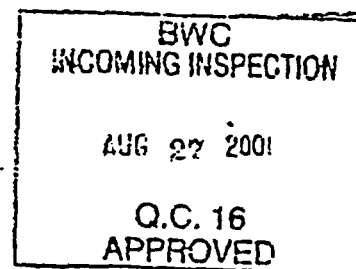
Date June 27, 2001 Signed [Signature] Commissions NB10104, N, B, A
(Authorized Nuclear Inspector) (Natl. Bd. (incl. endorsements) and state or prov. and no.)

Removed for further
 manufacturing 08/28/01

SB Onbhus

To be sent to the
 customer with the
 data package.

[Signature]
 08/21/03.



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

Pg. 1 of 2

1. Manufactured and certified by The Japan Steel Works, Ltd., Muroran Plant/4-Chatsu-machi, Muroran, Hokkaido, 051-8505 Japan
(name and address of NPT Certificate Holder)
2. Manufactured for Babcock & Wilcox, 581 Coronation Blvd., Cambridge, Ontario, N1R 5V3, Canada
(name and address of purchaser)
3. Location of installation Oconee Nuclear Power Plant Unit 1, 2 & 3 Oconee, South Carolina
(name and address)
4. Type N148361W, Rev. 2 SA-508, Cl. 3a Min. 90ksi - 2001
(drawing no.) (mat'l spec. no.) (tensile strength) (CRN) (year built)
5. ASME Code, Section III, Division 1: 1989 No addenda 1 -
(edition) (addenda date) (class) (Code Case no.)
6. Fabricated in accordance with Const. Spec. (Div. 2 only) - Revision - Date -
(no.)
7. Remarks: * Hydrostatic test is not performed in The Japan Steel Works, Ltd.
Cladding thickness is min. 0.20" from base metal.
Cladding materials are SFA-5.4, AWS Cl. E309L-16 + E308L-16 and SFA-5.9 ER309L + ER308L.
8. Nom. thickness (in.) 6-3/8" Min. design thickness (in.) 6-1/4" Dia. ID (ft & in.) 9'-11.75" Length overall (ft & in.) 7'-0.87"
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) <u>1051</u>	<u>425</u>
(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)	

BWC
INCOMING INSPECTION

APR 19 2001

O.C. 16
APPROVED

10. Design pressure N/A psi. Temp. N/A °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.

7/99) This form (E00040) may be obtained from the Order Dept., ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300.

* P.O. No. : CM3313634 JSW Job No. : FN9-4305
Heat No. : 00D330-1-1 JSW PC. No. : 1



E00040

Certificate Holder's Serial Nos. 1051 through -

CERTIFICATION OF DESIGN

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

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

CERTIFICATE OF COMPLIANCE

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

NPT Certificate of Authorization No. N-2725 Expires July 21, 2001

Date Mar. 7, 2001 Name The Japan Steel Works, Ltd.
Muroran Plant Signed J. Taira
(NPT 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 ILLINOIS and employed by H.S.B.I. & I. Co.
 of HARTFORD, CT. have inspected these items described in this Data Report on March 7, 2001, 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.

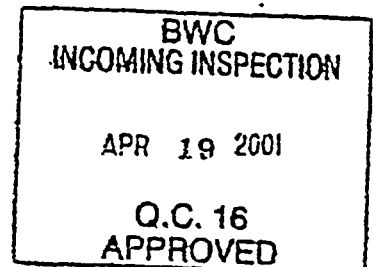
Date Mar. 7, 2001 Signed [Signature] Commissions NB10104, N, B, A
(Authorized Nuclear Inspector) (Natl. Bd. (incl. endorsements) and state or prov. and no.)

Removed for further
 manufacturing 05/24/01

S. Chen

To be sent to the
 customer with the
 data package

[Signature] ANZ.
 08/24/03.



CERTIFIED BY
BABCOCK & WILCOX
CANADA
SERIAL No 006K-

FOR

DUKE POWER COMPANY
OCONEE NUCLEAR STATION UNIT 1
REPLACEMENT STEAM GENERATOR
ASME CODE SECTION III, CLASS 1, 1989, NO ADDENDA

HYDROTEST STEAM GENERATOR
006 KNG 1 999
ITEM # 5208596
W/O # 835299
OP # 0740

AUG 21/2003



[Signature]
08/21/03

Mal C. Hubben "OPC"
8/21/03

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

1. Owner Duke Power Company Date August 18, 2003
Name
PO Box 1006, Charlotte, NC 28201-1006
Address

2. Plant Oconee 1 Sheet 1 of 1
Name
Seneca, South Carolina Unit 006K02
Address
206
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by Babcock & Wilcox Canada Type Code Symbol Stamp N
Name
581 Coronation Blvd., Cambridge, Ontario Authorization No. N-2789
Address
N1R 5V3 Expiration Date Jan. 23/04
206

4. Identification of System _____

5. (a) Applicable Construction Code ASME Sec III 1989 Edition, No Addenda, -- Code Case _____
Year
 (b) Applicable Edition of Section XI Utilized for Repair/Replacement Activity 1998 - 2000 Addenda
Year
 (c) Applicable Section XI Code Cases --

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
Heat Exchanger	B&W Canada	006K02	206	N/A	2003	see below	Yes

7. Description of Work One prim. inlet nozzle, two prim. outlet nozzles weld cladded and final machined PWHT not performed. Two steam outlet nozzles, final machined.

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

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



FORM NIS-2 (Back)

9. Remarks

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N

Certificate of Authorization No. N-2789

Expiration Date Jan. 23/04

Signed [Signature] S. Joshi
Owner or Owner's Designee, Title

Date August 18 2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of ONTARIO and employed by TECHNICAL STANDARDS & SAFETY AUTHORITY of ONTARIO

have inspected the components described in this Owner's Report during the period JULY 17, 03 to AUG. 18, 03, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions NB. ABIN NS, ONT. 02
National Board, State, Province, and Endorsements

Date AUG. 18, 03

FORM N-1 CERTIFICATE HOLDERS' DATA REPORT FOR NUCLEAR VESSELS*
As Required by the Provisions of the ASME Code, Section III, Division 1

Pg. 1 of 6

1. Manufactured and certified by Babcock & Wilcox Canada, 551 Coronation Boulevard, Cambridge, Ontario N1R 5V3
(name and address of N Certificate Holder)

2. Manufactured for Duke Power Company, P.O. Box 1006, Charlotte, North Carolina, 28201-1006
(name and address of Purchaser)

3. Location of installation Oconee 1, Seneca, South Carolina

4. Type: Vert. Heat Ex. 005-02 005KE001 Rev. 3 & E002 Rev. 01 205 2003
(horiz. or vert.) (tank, jacketed, heat ex.) (Cert. Holder's serial no.) (CRN) (drawing no.) (Nat'l Bd. No.) (year built)

5. ASME Code, Section III, Division 1: 1989 None 1 List #1 Alt.
(edition) (addenda date) (class) (Code Case no.)

Items 6 - 10 Inclusive to be completed for single wall vessels, jackets of jacketed vessels, or shells of heat exchangers.

6. Shell SA-508 Cl. 3a 90 ksi List #2 Alt. List #2 Alt. List #2 Alt. List #2 Alt.
(mat'l spec. no.) (tensile strength) [nom. Thickness (in.)] [min. design thickness (in.)] [dia. ID (ft. & in.)] [length (overall) (ft. & in.)]

7. Seams: List #3 Alt. List #3 Alt. List #3 Alt. List #3 Alt. List #3 Alt. List #3 Alt. List #3 Alt. 4
(long.) (HT¹) (RT) (eff. %) (girth) (HT¹) (RT) (no. of courses)

8. Heads: — — — —
(a) mat'l spec. no.] (tensile strength) [(b) mat'l spec. no.] (tensile strength)

	Location (top bottom, ends)	Thickness	Corrosion Allowance	Crown Radius	Knuckle Radius	Elliptical Radius	Conical Apex Angle	Hemispherical Radius	Flat Diameter	Side to Pressure (convex or concave)
(a)	—	—	—	—	—	—	—	—	—	—
(b)	—	—	—	—	—	—	—	—	—	—

If removable bolts used: — Other fastening —
(mat'l spec. no., size, quantity) (describe or attach sketch)

9. Jacket Closure: —
(Describe as open & weld, bar, etc. If bar, give dimensions, describe, or sketch)

10. Design pressure² 1150 At max. temp. 600 Min. pressure test temp 70 Pneu., hydra., or combined test 1500
(psi) (°F) (°F) (psi)

Items 11 and 12 to be completed for tube sections.

11. Tubesheets: SA-508 Cl. 3a 137 7/8 22-3/16 welded
(stationary, mat'l spec. no.) [dia. in. (subject to pressure)] [thickness (in.)] [attachment (welded, bolted)]
(floating, mat'l spec.) [dia. (in.)] [thickness (in.)] (attachment)

12. Tubes SB-163 UNS N06690 3/4 0.038 15631 straight
(mat'l spec. no.) [OD(in)] Thickness (inches or gauge) (no.) (type (straight or U))

Items 13 to 16 Inclusive to be completed for inner chambers of jacketed vessels or channels of heat exchangers.

13. Shell: — — — — — —
(mat'l spec. no.) (tensile strength) [nom. Thickness (in.)] [min. design thickness (in.)] [dia. (ft. & in.)] [length (overall) (ft. & in.)]

14. Seams — — — — Single Yes Full 1
(long (welded, dbl., single)) (HT¹ (yes or no)) (RT) (eff. %) (girth) (HT¹) (RT) (no. of courses)

15. Heads — — SA-508 Cl. 3a 90 ksi — —
(a) mat'l spec.] (tensile strength) [(b) mat'l spec. no.] (tensile strength) [(c) mat'l spec. no.] (tensile strength)

Location	Thickness	Crown Radius	Knuckle Radius	Elliptical Ratio	Conical Apex Angle	Hemispherical Radius	Flat Diameter	Side to Pressure (convex or concave)
(a) Top, bottom, ends	—	—	—	—	—	—	—	—
(b) Channel - top	6 3/4"	—	—	1:1	—	59-17/32"	—	concave
Channel - bottom	6 3/4"	—	—	1:1	—	59-17/32"	—	concave
(c) Floating	—	—	—	—	—	—	—	—

If removable, bolts used — Other fastening —
(mat'l spec. no., size, quantity) (describe or attach sheet)

16. Design pressure² 2500 at 650 Min. pressure test temp. 70 Pneu., hydra., or comb. Test pressure 3125
(psi) (°F) (°F) (psi)

¹ If post weld heat treated. ² List other internal or external pressure with coincident temperature 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 1 through 4 on this Data Report is included on each sheet, (3) each sheet is numbered and the number of sheets is recorded on the top of this form.

Certificate Holder's Serial No. CCSK02

17. Nozzles, inspection and safety valve openings.

Purpose (inlet outlet, drain, etc.)	Quantity	Dia. or size	Type	How attached	Mat'l.	Thickness	Reinforcement Material	Location
See List #4								

18. Supports: Skirt See List #5 Lugs See List #5 Legs — Other — Attached See List #5
 (yes or no) (quantity) (quantity) (quantity) (describe) (where and how)

19. Remarks:

CERTIFICATION OF DESIGN

Design specification certified by See List #5 P.E. State See List #5 Reg. No. See List #5
 Province
 Design report* certified by J. T. Boyd P.E. State Ont. Reg. No. 04801502

CERTIFICATE OF SHOP COMPLIANCE

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

N Certificate of Authorization No. N-2789 Expires January 23, 2004
 Date August 18, 2003 Name Babcock & Wilcox Canada Signed [Signature]
 (N Certificate Holder) (authorized representative)

CERTIFICATE OF SHOP INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Ontario and employed by T.S.S.A. Technical Standards and Safety Authority
 of Ontario have inspected the component described in this Data Report on JULY 10/03, and state that to the best of my knowledge and belief, the Certificate Holder has constructed this component 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 loss of any kind arising from or connected with this inspection.

Date July 10/03 Signed [Signature] Commissions NB# 8112-N-B.
 (Authorized Inspector) (Natl. Bd. (incl. endorsements) and state or prov. and no.)

CERTIFICATE OF FIELD ASSEMBLY COMPLIANCE

We certify that the statements on this report are correct and that the field assembly construction of all parts of this nuclear vessel conforms to the rules of construction of the ASME Code, Section III, Division 1.

N Certificate of Authorization No. — Expires —
 Date — Name — Signed —
 (N Certificate Holder) (authorized representative)

CERTIFICATE OF FIELD ASSEMBLY INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of — and employed by —
 of — have compared the statements in this Data Report with the described component and state that parts referred to as data items —, not included in the certificate of shop inspection, have been inspected by me on — and that to the best of my knowledge and belief the Certificate Holder has constructed and assembled this component

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 loss of any kind arising from or connected with this inspection.

Date — Signed — Commissions —
 (Authorized Inspector) (Natl. Bd. (incl. endorsements) and state or prov. and no.)

REVIEWED
 AUG 26 2003
[Signature]

Attachment to FORM N-1 CERTIFICATE HOLDERS' DATA REPORT FOR NUCLEAR VESSELS
As Required by the Provisions of the ASME Code, Section III, Division 1

Pg. 3 of 6

1. Manufactured and certified by Babcock & Wilcox Canada, 581 Coronation Boulevard, Cambridge, Ontario N1R 5V3
(name and address of N Certificate Holder)

2. Manufactured for Duke Power Company, P.O. Box 1006, North Carolina, 28201-1006
(name and address of Purchaser)

3. Location of installation Oconee 1, Seneca, South Carolina
(name and address)

4. Type: Vertical Heat Exchanger 006K02 — 006KE001 Rev. 3 & 006KE002 Rev. 1 206 2003
(horiz. or vert.) (bar, jacketed, heat ex.) (Cert. Holder's serial no.) (CRN) (drawing no.) (Nal Bd. No.) (year built)

List #1

N-20-4
N-474-2
2142-1
2143-1

List #2

	Nominal Thickness	Min. Design Thickness	Inner Diameter	Length (per section thickness)	Length Overall
Shell can below upper T/S (thick shell, adjacent to T/S, taper to thin shell)	5 1/2" 3 1/2"	5" 3"	137 1/4" 137 1/4"	52 3/4" 79 1/16"	131 13/16"
Thin Shell to Thick to Thin	3 1/4" 5 1/2" 3 1/4"	3" 5" 3"	137 1/4" 137 1/4" 137 1/4"	19 1/4" 112 3/4" 27 1/2"	159 1/4"
Thin Shell	3 1/4"	3"	137 1/4"	—	173 3/4"
Shell Can Above Lower T/S (thin shell taper to thick shell, adjacent to T/S)	3 1/4" 5 1/2"	3" 5"	137 1/4" 137 1/4"	106 7/16" 52 1/2"	159 3/16"

Attachment to FORM N-1 CERTIFICATE HOLDERS' DATA REPORT FOR NUCLEAR VESSELS
As Required by the Provisions of the ASME Code, Section III, Division 1

Pg. 4 of 6

1. Manufactured and certified by Babcock & Wilcox Canada, 581 Coronation Boulevard, Cambridge, Ontario N1R 5V3
(name and address of N Certificate Holder)

2. Manufactured for Duke Power Company, P.O. Box 1006, North Carolina, 28201-1006
(name and address of Purchaser)

3. Location of installation Oconee 1, Seneca, South Carolina
(name and address)

4. Type: Vertical Heat Exchanger 006K02 — 006KE001 Rev. 3 & 006KE002 Rev. 1 206 2003
(horiz. or vert.) (bars, jacketed, heat ex.) (Cert. Holder's serial no.) (CRN) (drawing no.) (Ref Bd. No.) (year sub.)

List #3

Seam	Longitudinal Joint Type	HT	RT	eff (%)	Girth Joint Type	HT	RT
Tubesheet (Forging)	N/A	N/A	N/A	N/A	Double Double Double Double Double	Yes	Full
Shell Can #1	None	Yes	Full	100		Yes	Full
Shell Can #2	None	Yes	Full	100		Yes	Full
Shell Can #3	None	Yes	Full	100		Yes	Full
Shell Can #4	None	Yes	Full	100		Yes	Full
Tubesheet (Forging)	N/A	N/A	N/A	N/A	Double	Yes	Full

Attachment to FORM N-1 CERTIFICATE HOLDERS' DATA REPORT FOR NUCLEAR VESSELS
As Required by the Provisions of the ASME Code, Section III, Division 1

Pg. 5 of 6

1. Manufactured and certified by Babcock & Wilcox Canada, 581 Coronation Boulevard, Cambridge, Ontario N1R 5V3
(name and address of N Certificate Holder)

2. Manufactured for Duke Power Company, P.O. Box 1006, North Carolina, 28201-1006
(name and address of Purchaser)

3. Location of installation Oconee 1, Seneca, South Carolina
(name and address)

4. Type: Vertical Heat Exchanger 006K02 — 006KE001 Rev. 3 & 006KE002 Rev. 1 206 2003
(horiz. or vert.) (tank, jacketed, heat ex.) (Cert. Holder's serial no.) (CRN) (drawing no.) (Nat'l Bd. No.) (year built)

List #4

Purpose (inlet, outlet, drain, etc.)	Qty.	(ID) Dia. or Size	Type	How Attached	Material	(min.) Thickness	Reinforcement Material	Location
Primary Nozzles Inlet	1	36"	I	Integral	SA-508 CL 3a	3"	N/A	Upper Chan. Head
Primary Nozzles Outlet	2	28"	F	Welded	SA-508 CL 3a	3/4"	N/A	Lower Chan. Head
Primary Manway	2	16"	I	Integral	SA-508 CL 3a	8"	SA-508 CL 3a	Chan. Heads
Primary Manway Cover	2	28 1/2"	—	Bolted	SA-533 Typ. B CL 1	5/8"	N/A	Chan. Heads
Primary Handhole	1	6"	I	Integral	SA-508 CL 3a	3/4"	N/A	Upper Chan. Head
Primary Handhole Cover	1	12 1/4"	—	Bolted	SA-533 Typ. B CL 1	2 1/2"	N/A	Upper Chan. Head
Secondary Handholes	5	6"	I	Integral	SA-508 CL 3a	"	N/A	Shell
Handhole Covers	5	12 1/4"	—	Bolted	SA-533 Typ. B CL 1	2 1/2"	N/A	Shell
Inspection Ports	30	3"	I	Integral	SA-508 CL 3a	"	N/A	Shell
Inspection Port Covers	30	8 1/4"	—	Bolted	SA-533 Typ. B CL 1	1.48"	N/A	Shell
Feedwater Nozzles fed by external header	32	4"	—	Welded/ Bolted	SA-182 Gr. F22	0.602"	N/A	Shell
Auxiliary Feedwater Nozzles fed by external header	6	4"	—	Welded/ Bolted	SA-182 Gr. F22	0.602"	N/A	Shell
Secondary Manway	2	16"	I	Integral	SA-508 CL 3a	"	N/A	Shell
Secondary Manway Cover	2	25 1/2"	—	Bolted	SA-533 Typ. B CL 1	3"	N/A	Shell
Steam Nozzle	2	22.265"	F	Welded	SA-508 CL 3a	3/4"	SA-508 CL 3a	Shell
Instrument Nozzles	7	1 1/2"	F	Welded	SFA 5.5 E7018 A1	0.41"	N/A	Shell
Instrument Nozzles	12	1"	F	Welded	SFA 5.5 E7018 A1	0.45"	N/A	Shell
MFW Inspection Plugs	8	3/4"	F	Welded	SA-105	0.30"	SA-105	Shell
Downcomer Temp Sensor	3	1/2" NPT fitting	P	Welded	SA-479 Type 316L	0.565"	N/A	Shell

* n/a — no protruding shell penetration
 F = full penetration weld
 I = integrally forged
 P = partial penetration weld

Attachment to FORM N-1 CERTIFICATE HOLDERS' DATA REPORT FOR NUCLEAR VESSELS
As Required by the Provisions of the ASME Code, Section III, Division 1

Pg. 6 of 6

1. Manufactured and certified by Babcock & Wilcox Canada, 581 Coronation Boulevard, Cambridge, Ontario N1R 5V3
(name and address of N Certificate Holder)

2. Manufactured for Duke Power Company, P.O. Box 1006, North Carolina, 28201-1006
(name and address of Purchaser)

3. Location of installation Oconee 1, Seneca, South Carolina
(name and address)

4. Type: Vertical Heat Exchanger 006K02 — 006KE001 Rev. 3 & 006KE002 Rev. 1 206 2003
(horiz. or vert.) (bar, jacketed, heat ex.) (Cert. Holder's serial no.) (CRN) (drawing no.) (NATBd. No.) (year built)

List #5

Description	Skirt (yes or no)	Lugs (qty.)	Legs (qty.)	Attached (where & how)
Lower Shroud Lugs	No	12	—	shell/welded
Upper Shroud Lug	Yes	—	—	shell/integral
Orifice Ring Lug	Yes	—	—	shell/integral
Lower Primary Head Base Support	Yes	—	—	channel head/integral

List #6

<u>Name</u>	<u>State</u>	<u>Reg. No.</u>
M. C. Keck	N.C.	18367
J. C. Herrin	N.C.	14504

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

Pg. 1 of 2

1. Manufactured and certified by The Japan Steel Works, Ltd., Muroran Plant / 4-Chatsu-nachi, Muroran, Hokkaido 051-8505, Japan
(name and address of NPT Certificate Holder)
2. Manufactured for Babcock & Wilcox, 581 Coronation Blvd., Cambridge, Ontario, N1R 5V3, Canada
(name and address of purchaser)
3. Location of installation Oconee Nuclear Power Plant Unit 1, 2 & 3 Oconee, South Carolina
(name and address)
4. Type N148344R, Rev. 1 SA-508, Cl. 3a Min. 90ksi - 2001
(drawing no.) (mat'l. spec. no.) (tensile strength) (CRN) (year built)
5. ASME Code, Section III, Division 1: 1989 No addenda 1 -
(edition) (addenda data) (class) (Code Case no.)
6. Fabricated in accordance with Const. Spec. (Div. 2 only) - Revision - Date -
(no.)
7. Remarks: * Hydrostatic test is not performed in The Japan Steel Works, Ltd.
Cladding thickness is min. 0.20" from base metal
Cladding materials are SFA-5.4, AWS Cl. E309L-16 + E308L-16 and SFA-5.9 ER309L + ER308L.
8. Nom. thickness (in.) 6-3/8" Min. design thickness (in.) 6-3/8" Dia. ID (ft & in.) 339.75" Length overall (ft & in.) 62.59"
9. When applicable, Certificate Holders' Data Reports are attached for each item of this report: 8'-11.75" 5'-2.59"
7/2/01 7/2/01 7/2/01

Part or Appurtenance Serial Number	National Board No. In Numerical Order
(1) 1050	421
(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)	

10. Design pressure N/A psi. Temp. N/A °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.

(7/98) This form (E00040) may be obtained from the Order Dept., ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300.

* P.O. No. : CM3313634 JSW Job No. : FN9-4304
Heat No. : OOD245-1-1 JSW PC. No. : 1



E00040

FORM N-2 (Back — Pg 2 of 2)Certificate Holder's Serial Nos. 1050 through -

CERTIFICATION OF DESIGN

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

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

CERTIFICATE OF COMPLIANCE

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

NPT Certificate of Authorization No. N-2725 Expires July 21, 2001
The Japan Steel Works, Ltd.
D. Feb. 22, 2001 Name Muroran Plant Signed J. TAIRA
(NPT 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 ILLINOIS and employed by H.S.B.I. & I. Co.
of HARTFORD, CT. have inspected these items described in this Data Report on February 22, 2001 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 Feb 22, 2001 Signed [Signature] Commissions NB10104, N, B, A
(Authorized Nuclear Inspector) (Nat'l Bd. (incl. endorsements) and state or prov. and no.)

Removed for further
manufacturing -01-04-02
Sheng Donkus
To be sent to the
customer with the data pkg.
Alvin Mon 08/13/03 (ANI)

**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

Pg. 1 of 2

1. Manufactured and certified by The Japan Steel Works, Ltd., Muroran Plant/4-Chatsu-machi, Muroran, Hokkaido, 051-8505 Japan
(name and address of NPT Certificate Holder)
2. Manufactured for Babcock & Wilcox, 581 Coronation Blvd., Cambridge, Ontario, N1R 5V2, Canada
(name and address of purchaser)
3. Location of installation Oconee Nuclear Power Plant Unit 1, 2 & 3 Oconee, South Carolina
(name and address)
4. Type N148361W, Rev. 2 SA-508, Cl. 3a Min. 90ksi - 2001
(drawing no.) (mat'l spec. no.) (tensile strength) (CRN) (year built)
5. ASME Code, Section III, Division 1: 1989 No addenda 1 -
(edition) (addenda date) (class) (Code Case no.)
6. Fabricated in accordance with Const. Spec. (Div. 2 only) - Revision - Date -
(no.)
7. Remarks: * Hydrostatic test is not performed in The Japan Steel Works, Ltd.
Cladding thickness is min. 0.20" from base metal
Cladding materials are SFA-5.4, AWS Cl. E309L-16 + E308L-16 and SFA-5.9 ER309L + ER308L
8. Nom. thickness (in.) 6-3/8" Min. design thickness (in.) 6-1/4" Dia. ID (ft & in.) 9'-11.75" Length overall (ft & in.) 7'-0.87"
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) 1052	429
(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)	

10. Design pressure N/A psi. Temp. N/A °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.

(7/98) This form (E00040) may be obtained from the Order Dept., ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300.

* P.O. No. : CM3313634 JSW Job No. : FN9-4305
Heat No. : OOD331-1-1 JSW PC. No. : 2



E00040

Certificate Holder's Serial Nos. 1052 through -

CERTIFICATION OF DESIGN

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

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

CERTIFICATE OF COMPLIANCE

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

NPT Certificate of Authorization No. N-2725 Expires July 21, 2001
 Date Apr. 19, 2001 Name The Japan Steel Works, Ltd.
Muroran Plant Signed J. Taira
(NPT 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 ILLINOIS and employed by H.S.B.I. & I.Co.
 of HARTFORD, CT. have inspected these items described in this Data Report on Apr. 19, 2001, 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 Apr. 19, 2001 Signed [Signature] Commissions NB10104, N, B, A
(Authorized Nuclear Inspector) (Part Bd. Incl. endorsement and state or prov. and no.)

Removed for further
 manufacturing 07/11/01
 Sherry Oakes

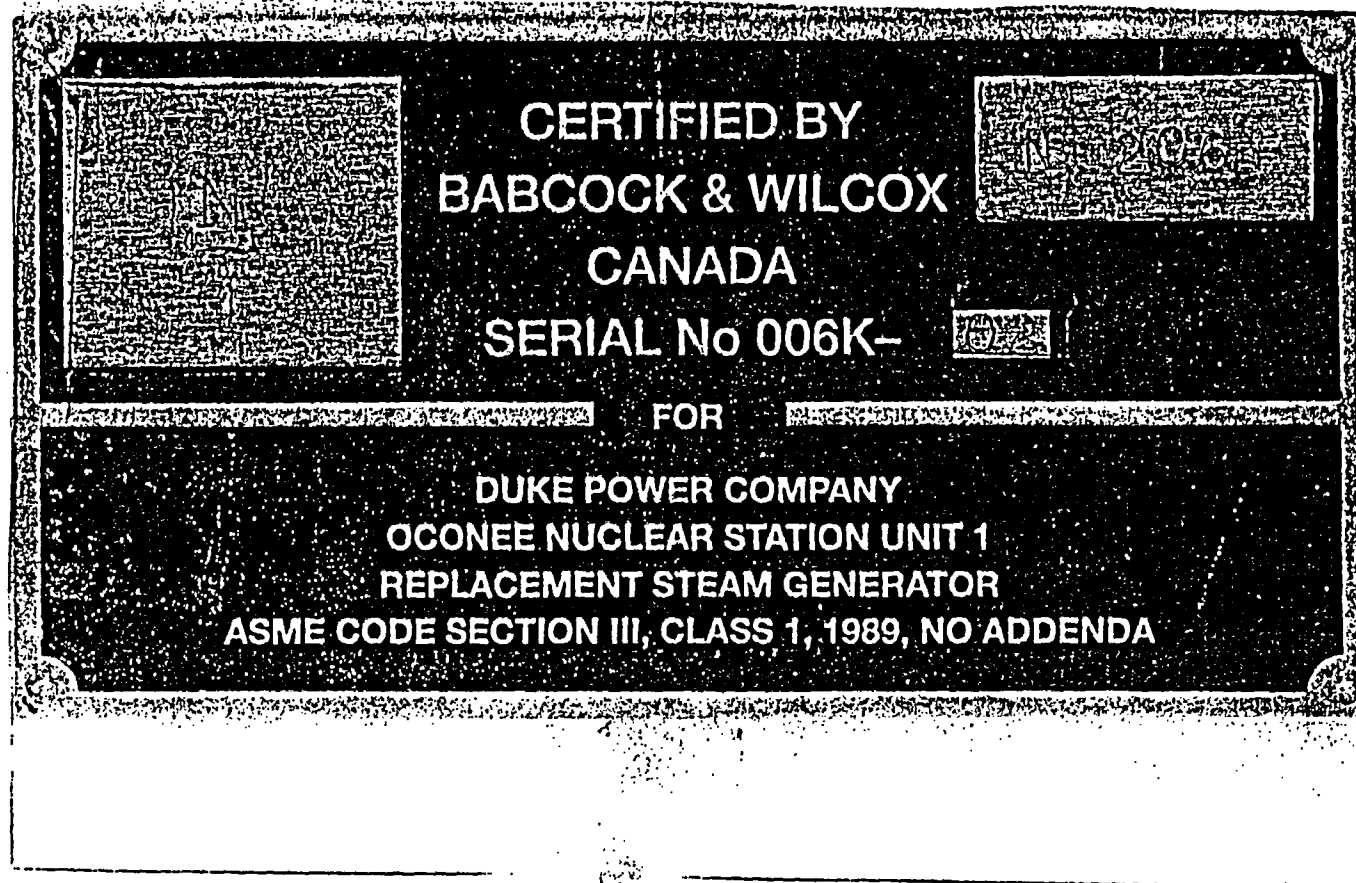
To be sent to the customer
 with the data package

[Signature]
 01/07/11 (ANI)

BWC
 INCOMING INSPECTION

JUN 25 2001

Q.C. 16
 APPROVED



COG KNG 2 999
W/O # 835716
ITEM # 5208596
HYDROTEST BY STEAM GENERATOR

OP# 0740 AUG 13/2003

[Signature]
08/13/03



REVIEWER
AUG 12 2003

[Signature]

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

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

1a. Date 12/3/03

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98561348-08
 Repair Organization Job # _____

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**

3b. NSM or MM # 13105 Am1

4. Identification of System Building Spray Class 2

5. (a) Applicable Construction Code B31.7 1968 Edition, 6/68 Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports.)

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Bolting	N/A	N/A	N/A	N/A	1973	<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 (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 (12) 1" studs + (24) 1" nuts on 1BSFE0002 8" Flange

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks

N/A

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

Date 12/15/03

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 10/4/03 to 12/15/03; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Demetrius Ritchie Slaughter Commissions NC1169 ABoI
Inspector's Signature National Board, State, Providence and Endorsements

Date 12/15/03

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

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

1a. Date 12/4/03

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98495874-01
 Repair Organization Job # _____

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**

3b. NSM or MM # _____

4. Identification of System High Pressure Injection Class 2

5. (a) Applicable Construction Code B31.7 1968 Edition, 6/68 Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports.)

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Bolting	N/A	N/A	N/A	N/A	1973	<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 (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 (12) 7/8" studs + nuts on body / bonnet of valve
1HP-135 (4")

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks

N/A

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed

PH 10062 / QC Specialist
 Owner or Owner's Designee, Title

Date 12/4/03

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of North Carolina and employed by HSBCT have inspected the components described in this Owner's Report during the period 12/5/03 to 12/5/03; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Nancy C. Butcher-Slaughter
 Inspector's Signature

Commissions

NC1169ABNI

National Board, State, Providence and Endorsements

Date 12/5/03

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

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

1a. Date 12/4/03

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98601379-01
 Repair Organization Job # _____

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**

3b. NSM or MM # _____

4. Identification of System High Pressure Injection Class 2

5. (a) Applicable Construction Code B31.7 1968 Edition, 6/68 Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports.)

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Bolting	N/A	N/A	N/A	N/A	1973	<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 (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 72" of 7/8" Threaded rod + (2) 7/8" nuts on body/bonnet of 4" valve IHP-118.

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks N/A

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed M. Toom / QC Specialist
Owner or Owner's Designee, Title

Date 12/4/03

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of NORTH CAROLINA and employed by HSB CT have inspected the components described in this Owner's Report during the period 12/4/03 to 12/5/03; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions NC / AAA NIBBL

National Board, State, Providence and Endorsements

Date 12/5/03

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

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

1a. Date 11/26/03

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98489456-01
 Repair Organization Job # _____

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**

3b. NSM or MM # _____

4. Identification of System Low Pressure Injection Class 2

5. (a) Applicable Construction Code B31.7 1968 Edition, 6/68 Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports.)

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>Bolting</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>1973</u>	<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 (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 (16) 3/4" studs + (32) 3/4" nuts on 8" body / bonnet ILP-18 ⁶⁸ _{PH}

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks N/A

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed PH / QC Specialist
Owner or Owner's Designee, Title

Date 11/26/03

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 10/21/03 to 11/27/03; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Donna P. Peterson-Slaughter
Inspector's Signature

Commissions

NC-1169ABNI
National Board, State, Providence and Endorsements

Date 11/27/03

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

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

1a. Date 10-22-03

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98561949-01
 Repair Organization Job # _____

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**

3b. NSM or MM # _____

4. Identification of System High Pressure Injection Class 2

5. (a) Applicable Construction Code B31.7 1968 Edition, 1968 Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports.)

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>Bolting</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>1973</u>	<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 (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 (6) 1/2" studs + (12) 1/2" nuts on IHP-13 (2 1/2" valve)
Body / Bonnet.

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks N/A PID 10/22/03

(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 P. J. Smith / QC Specialist
Owner or Owner's Designee, Title

Date 10/22/03

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 10/6/03 to 10/23/03; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Nancy C. Ritchie-Slaughter Commissions
Inspector's Signature

NC 1169 AB VI
National Board, State, Providence and Endorsements

Date 10/23/03

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

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

1a. Date 10-8-03

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98622359-01
Repair Organization Job # _____

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**

3b. NSM or MM # _____

4. Identification of System Breathing Air Class 2

5. (a) Applicable Construction Code B31.1 1967 Edition, _____ Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports.)

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Valve 1BA-172	ITT	91-595-95-1-1	N/A	N/A	1992	<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 (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 in 2" valve 2 BA-172

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks N/A

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed Altohn / QC Specialist
Owner or Owner's Designee, Title

Date 10-8-03

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of NORTH CAROLINA and employed by HSBCT have inspected the components described in this Owner's Report during the period 9/21/03 to 10/9/03; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions NC 1494 NIABCL
National Board, State, Providence and Endorsements

Date 10/9/03

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

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

1a. Date 12/9/03

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98359457-01
 Repair Organization Job # _____

3b. NSM or MM # _____

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**

4. Identification of System Feedwater Class 2

5. (a) Applicable Construction Code B31.1 1967 Edition, _____ Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports.)

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Bolting	N/A	N/A	N/A	N/A	1973	<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 (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 (12) 7/8" studs + (24) 7/8" nuts on 4" body/bonnet of IFDW-335

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks N/A

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed A. Hoots / QC Specialist
Owner or Owner's Designee, Title

Date 12/9/03

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of North Carolina and employed by HSBCT have inspected the components described in this Owner's Report during the period 12/10/03 to 12/10/03; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Nancy C. Ritchie-Slaughter
Inspector's Signature

Commissions NC 1169 AB NE
National Board, State, Providence and Endorsements

Date 12/10/03

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

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

1a. Date 2-10-04

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 97099632-02
 Repair Organization Job # _____

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**

3b. NSM or MM # NA

4. Identification of System REACTOR COOLANT Class A

5. (a) Applicable Construction Code ASME III 1967 Edition, SUMMER 1967 Addenda, NA Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports.)

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	R.C. PUMP 1B1 ROTATING ASSY.	WESTINGHOUSE	1B1-618J981 602	NA		1970	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	R.C. PUMP 1B1 ROTATING ASSY.	WESTINGHOUSE	618J981603 SN-W-2	NA	UTC No. 1061402	2003	<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 ROTATING ASSEMBLY ON 181 R.C. Pump.

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

Pressure 288 psig

Test Temp. N.O.T. °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks TEST No. 12 FRN-676

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] QA SPEC.

Date FEB 16, 2004

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 Providence of NORTH CAROLINA and employed by HSB CT have inspected the components described in this Owner's Report during the period 12/15/03 to 2/16/04; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions NC 1944 NIAB

National Board, State, Providence and Endorsements

Date 2/16/04 2/16/04

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

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

1a. Date 8-11-03

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98369109-11
 Repair Organization Job # _____

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**

3b. NSM or MM # N/A

4. Identification of System HIGH PRESSURE INJECTION Class 2+3

5. (a) Applicable Construction Code ASME II 1989 Edition, N/A 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	PIPING	D.P.Co.	N/A	N/A	N/A	7/73	<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 (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 WELDED PIPE CAPS TO LABYRINTH SEAL DP LINE ON SPARE REACTOR COOLANT PUMP S/N 4-6185981.

8. Test Conducted: ☐ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐ Exempt

Pressure <u>1558</u> psig	Test Temp. <u>N.O.T.</u> °F
Pressure _____ psig	Test Temp. _____ °F
Pressure _____ psig	Test Temp. _____ °F

9. Remarks TEST # 11 LRN - 646

(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 Quint M. Manovich QA SPEC. Date FEB. 16, 2004

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 Providence of NORTH CAROLINA and employed by USACE have inspected the components described in this Owner's Report during the period 5/16/02 to 2/17/04; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions NC 1444 NIABC
National Board, State, Providence and Endorsements

Date 2/17/04

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

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

1a. Date 2-16-04

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98575820-06
 Repair Organization Job # _____

3b. NSM or MM # _____

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**

4. Identification of System Low Pressure Service Water Class 2

5. (a) Applicable Construction Code B31.1 1967 Edition, _____ Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports.)

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Bolting	N/A	N/A	N/A	UTC 1057654 UTC 1058625 UTC 1062845	1973	<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 (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 (16) 3/4" studs + (32) 3/4" nuts on 6" Blind flanges below ILPSW-879 inlet + Blind Flange below ILPSW-878 outlet

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks N/A

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed PI John / OC Specialist
Owner or Owner's Designee, Title

Date 2/16/04

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of NORTH CAROLINA and employed by HSBCT have inspected the components described in this Owner's Report during the period 2/16/04 to 2/17/04; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions NC 1444 DTAB

National Board, State, Providence and Endorsements

Date 2/17/04

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

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

1a. Date 11-13-03

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98623455
 Repair Organization Job # _____

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**

3b. NSM or MM # 18043

4. Identification of System LOW PRESSURE INJECTION Class 2

5. (a) Applicable Construction Code ASME B31.7 1968 Edition, 6/1968 Addenda, NA Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports.)

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	PIPING	D.P.Co.	NA	NA		7/73	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input 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 (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 MADE WELD REPAIR TO WELD 1-53B-3-18F BY INSTALLING HALF COUPLING & PLUG OVER PIN HOLE LEAK IN 10" TEE.
8. Test Conducted: ☐ Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐ Other ☐ Exempt WELD
- Pressure 440 psig Test Temp. N.O.T. °F
- Pressure _____ psig Test Temp. _____ °F
- Pressure _____ psig Test Temp. _____ °F
9. Remarks PERFORMED SYS. LEAK TEST & NDE PER ASME CODE CASE N-416-1.
TEST # 12 FRN-676

(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 Larry C. Mangill

Owner or Owner's Designee, Title QA SPEC.

Date FEB. 16, 2004

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of NORTH CAROLINA and employed by HSB CT have inspected the components described in this Owner's Report during the period 10/30/03 to 2/17/04; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions NC 1744 NIBRC

National Board, State, Providence and Endorsements

Date 2/17/04

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

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

1a. Date 11-12-03

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98394163-13
 Repair Organization Job # _____

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**

3b. NSM or MM # 15412

4. Identification of System LOW PRESSURE INJECTION Class 2

5. (a) Applicable Construction Code ANSI B.31.7 2/18 Edition 6/16/01 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>3R1-53B-436D-H5701</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>2003</u>	<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 (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 INSTALL 5/R 1-53B-436D-H5701

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks

N/A

(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

Lumpkin Mammill WA SPEC.

Date NOV. 12, 2003

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 Providence of North Carolina and employed by HSBCT have inspected the components described in this Owner's Report during the period 7/10/03 to 1/26/04; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Nancy R. Slaughter
Inspector's Signature

Commissions

NC1169 NEAB

National Board, State, Providence and Endorsements

Date

1/26/04

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

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

1a. Date 11-21-03

Sheet 1 of 1

2. Plant: **Oconee Nuclear Station**
 Address: **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98476397-01
 Repair Organization Job # _____

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**

3b. NSM or MM # N/A

4. Identification of System HIGH PRESSURE INJECTION Class 2

5. (a) Applicable Construction Code ANSI B31.7 1968 Edition, N/A 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>51R 1-57-0-436D-5R8</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>2003</u>	<input checked="" 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 (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 REPAIR S/R 1-51-0-436D-5R8

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks N/A

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature]

Date NOV. 21, 2003

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 Providence of NEW YORK and employed by HSBCT

have inspected the components described in this Owner's Report during the period 4/4/02 to 11/26/03; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions

NY 5094 N, I, A

National Board, State, Providence and Endorsements

Date 11-26-03

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

1. Owner **Duke Power Company**
 Address **528 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 12-16-03

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98635031-01
 Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
 Address **528 S. Church Street, Charlotte, NC 28201-1006**
 Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # N/A

4. Identification of System MAIN STEAM Class 2

5. (a) Applicable Construction Code ANSI B31.1 1967 Edition, N/A 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	SNUBBER ON SR 1-DIA-0-550-R2	GRINNELL	16292	N/A	N/A	N/A	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	SNUBBER ON SR 1-DIA-0-550-R2	GRINNELL	35480	N/A	N/A	2003	<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 REPAIR SWABBER ON 5/R 1-0/A-0-550-R2

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks

N/A

(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

James Mamajil QA Spec.
Owner or Owner's Designee, Title

Date

DEC. 16, 2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of NORTH CAROLINA and employed by HSBC have inspected the components described in this Owner's Report during the period 12-16-03 to 12-16-03; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Inspector's Signature

Commissions NC/ASME NBIC

National Board, State, Providence and Endorsements

Date

12-16-03

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

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

1a. Date 05-20-02

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98428418 07
 Repair Organization Job # _____

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**

3b. NSM or MM # N/A

4. Identification of System STEAM DRAIN Class 2

5. (a) Applicable Construction Code ANSI B31.7 1969 Edition, N/A 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	SNUBBER ON SR 1-01A-0-550-R12	GRINNELL	18819	N/A	N/A	N/A	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	SNUBBER ON SR 1-01A-0-550-R12	GRINNELL	35386	N/A	N/A	2002	<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)

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7. Description of Work REINSTALL SNUBBER ON J/R 1-01A-0550-R12

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature]

Date 10/20/2002

Owner or Owner's Designee, Title QA Spec.

OCT. 7, 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 Providence of GEORGIA and employed by HSBCT have inspected the components described in this Owner's Report during the period 4-6-02 to 10-7-02; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions 6th 360 NLC

National Board, State, Providence and Endorsements

Date 10-7-02

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

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

1a. Date 06-06-02

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98479801 01
 Repair Organization Job # _____

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**

3b. NSM or MM # N/A

4. Identification of System HIGH PRESSURE INJECTION Class 2

5. (a) Applicable Construction Code AWS D1.1 1998 Edition, N/A 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>SR 1-518-2-0-444-441</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>2002</u>	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input 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 (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 WELD SHIM TO EXISTING ON SR 1-518-20-444-H41

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature]

Owner or Owner's Designee, Title

Date JUNE 6, 2002

OCT 7, 2002

LCM

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of Georgia and employed by HSB-CT have inspected the components described in this Owner's Report during the period 4-24-02 to 10-7-02; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions GA-360 MC

National Board, State, Providence and Endorsements

Date 10-7-02

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

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

1a. Date 11-19-03
 Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98592917-64
 Repair Organization Job # _____

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**

3b. NSM or MM # 13093

4. Identification of System LOW PRESSURE INJECTION Class 1

5. (a) Applicable Construction Code ASME B31.7 1968 Edition, N/A 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>6/R 1-53A-0-479A-H1B</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>2003</u>	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input 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 (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 WELD BUILDUP FOR S/R 1-53A-0-479A-H1B

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks N/A

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature]

QA SPEC.

Date NOV. 19, 2003

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 Providence of North Carolina and employed by HSBCT have inspected the components described in this Owner's Report during the period 10/4/03 to 12/9/03; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Nancy Critcher Slaughter
Inspector's Signature

Commissions NC 1169 AB NE

National Board, State, Providence and Endorsements

Date 12/9/03

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

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

1a. Date 11-18-03

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98538193-32
 Repair Organization Job # _____

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**

3b. NSM or MM # 13093

4. Identification of System LOW PRESSURE INJECTION Class 2

5. (a) Applicable Construction Code ANSI B31.7 1968 Edition, N/A 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>3/R 1-53A-478A-H6643</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>2003</u>	<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 (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 INSTALL SR 1-53A-478A-H6643

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks N/A

(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 Sumi Mamill

QA Spec.

Date NOV 18, 2003

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 Providence of NORTH CAROLINA and employed by HSB CT have inspected the components described in this Owner's Report during the period 5-11-03 to 12-10-03; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions NC 1444 NIABCL

National Board, State, Providence and Endorsements

Date 12-11-03

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

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

1a. Date 11-18-03

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98491539-01
 Repair Organization Job # _____

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**

3b. NSM or MM # N/A

4. Identification of System HIGH PRESSURE INJECTION Class 1

5. (a) Applicable Construction Code ANSI B31.7 1968 Edition, N/A 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>5/R 51A-0-478A-HBC</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>2003</u>	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input 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 (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 ADD SHIM TO S/R 51A-0-478A-HSC

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks N/A

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] QA SPEC.
Owner or Owner's Designee, Title

Date NOV. 18, 2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of NORTH CAROLINA and employed by HSB CT have inspected the components described in this Owner's Report during the period 6/25/03 to 11/21/03; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions NC 1444 NIBOL

National Board, State, Providence and Endorsements

Date 11/21/03

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

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

1a. Date 10-15-03

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98487243-01
 Repair Organization Job # _____

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**

3b. NSM or MM # _____

4. Identification of System MAIN STEAM ^{2 inch} _{31.1 10-16-03} Class 2

5. (a) Applicable Construction Code ANSI B31.7 1968 Edition, N/A 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>S/R 1-01A-1-1-0-401A-H44</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>2003</u>	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input 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 (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 REPAIR 5/R 1-01A-1-1-0-401A-H44

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks

N/A

(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

Sam Mammill QA SPEC
Owner or Owner's Designee, Title

Date OCT. 15, 2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of NORTH CAROLINA and employed by HSB CT have inspected the components described in this Owner's Report during the period 8/5/03 to 10/16/03; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions NCL 1444 NIAB

National Board, State, Providence and Endorsements

Date 10/16/03

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

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

1a. Date 10-15-03

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98583830-01
 Repair Organization Job # _____

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**

3b. NSM or MM # N/A

4. Identification of System MAIN STEAM Class 2

5. (a) Applicable Construction Code ANSI B31.7 1968 Edition, N/A 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>SNUBBER ON JH</u> <u>1-CIA-0-403C-</u> <u>JH-1519</u>	<u>GRINNELL</u>	<u>35756</u>	<u>N/A</u>	<u>N/A</u>	<u>2003</u>	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input 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 (Back)

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7. Description of Work REPAIR SNUBBER ON FR 1-01A-0-403C-JH-1519

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks N/A

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] QA SPEC.
Owner or Owner's Designee, Title

Date OCT. 15, 2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of NORTH CAROLINA and employed by HSB CT have inspected the components described in this Owner's Report during the period 10/15/03 to 10/16/03; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions NC/IAA/NIAB

National Board, State, Providence and Endorsements

Date 10/16/03

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

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

1a. Date 07-03-02
 Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98467046 01
 Repair Organization Job # _____

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**

3b. NSM or MM # N/A

4. Identification of System CORE FLOOD Class 2

5. (a) Applicable Construction Code AWS D1.1 1998 Edition, N/A 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	3/R-53B-5-0-436 D-14-16	DPC	N/A	N/A	N/A	2002	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B						2002	<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 MAKE WELD 1 TO EXIST. ON J/R 1-53B-5-0-436D-1716

8. Test Conducted: ☐ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ 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 Tom C. Mammol

Owner or Owner's Designee, Title

Date JULY 3, 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 Providence of Georgia and employed by ITSBCT have inspected the components described in this Owner's Report during the period 6/18/02 to 7/15/02; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Tom C. Mammol
Inspector's Signature

Commissions GA 360 NLC

National Board, State, Providence and Endorsements

Date 7-15-02

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

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

1a. Date 4-18-02
 Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98432524 25
 Repair Organization Job # _____

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**

3b. NSM or MM # 13067

4. Identification of System MAIN STEAM Class 2

5. (a) Applicable Construction Code AWSD1.1 1998 Edition, N/A 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>SR 1-01A-1-1-0</u> <u>-401A-H2</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>2002</u> <u>N/A</u> <u>2/14/01</u> <u>041502</u>	<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 (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 MODIFY SR 1-01A-1-1-0-401A-H2

8. Test Conducted: ☐ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ 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 Sam M. Mancill QA Spec. Date APRIL 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 Providence of VIRGINIA and employed by HSB CT have inspected the components described in this Owner's Report during the period 1-29-02 to 4-20-02; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

W. Allen E. Hill
Inspector's Signature

Commissions VA 558
National Board, State, Providence and Endorsements

Date 4-20-02

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

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

1a. Date 05-20-02
 Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98492952 01
 Repair Organization Job # _____

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**

3b. NSM or MM # N/A

4. Identification of System REACTOR COOLANT Class 1

5. (a) Applicable Construction Code ASME B31.7 1968 Edition, N/A 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	SNUBBER ON 3R 1-50-0-479A-H2A	GRINNELL	18735	N/A	N/A	N/A	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	SNUBBER ON 3R 1-50-0-479A-H2A	GRINNELL	35022	N/A	N/A	2002	<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 REPLACE SNUBBER ON SR 1-500-479A-142A

8. Test Conducted: ☐ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ 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] QA SPEC.
Owner or Owner's Designee, Title

Date MAY 20, 2002
OCT. 7, 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 Providence of Georgia and employed by HSBCT have inspected the components described in this Owner's Report during the period 4-17-02 to 10-7-02; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

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

Date 10-7-02

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

1. Owner **Duke Power Company**
 Address **528 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 11-24-03

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98565741-16
 Repair Organization Job # _____

3. Work Performed By Duke Power Company
 Address **528 S. Church Street, Charlotte, NC 28201-1006**
 Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # 13107

4. Identification of System LOW PRESSURE SERVICE WATER Class 2

5. (a) Applicable Construction Code ANSI B31.7 ^{83.1.1 PM 67} 1948 Edition, N/A 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>SRI-14B-439A-H5763</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>2003</u>	<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 (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 INSTALL 5/1-148-439A-H5763

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks N/A

(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

Sam Mammall QA Spec.
Owner or Owner's Designee, Title

Date NOV. 24, 2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of North Carolina and employed by HSBCT have inspected the components described in this Owner's Report during the period 5/26/03 to _____; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Donny C. Ricketts Slaughter
Inspector's Signature

Commissions NC1169AB NE

National Board, State, Providence and Endorsements

Date 12/10/03

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

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

1a. Date 12-15-03

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98487746-01
 Repair Organization Job # _____

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**

3b. NSM or MM # N/A

4. Identification of System FEEDWATER EMERGENCY FEEDWATER Class 2

5. (a) Applicable Construction Code ANSI B31.1 1967 Edition, N/A 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>SR 1-03A-480A-H3B</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>2003</u>	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input 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 (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 MODIFY S/R 1-03A-480A-H3B

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks N/A

(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 Sam Mammill

QA SPEC.

Date DEC 15, 2003

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 Providence of NORTH CAROLINA and employed by N5B GT have inspected the components described in this Owner's Report during the period 1-28-03 to 12-15-03; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions NC1444 NIBAC

National Board, State, Providence and Endorsements

Date 12-15-03

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

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

1a. Date: 11-18-03

Sheet 1 of 1

2. Plant: **Oconee Nuclear Station**
 Address: **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98538193-36
 Repair Organization Job # _____

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**

3b. NSM or MM # 13093

4. Identification of System LOW PRESSURE INJECTION Class 2 LIM

5. (a) Applicable Construction Code ANSI B31.7 1968 Edition, N/A 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>5R1-53A-478A-66047</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>2003</u>	<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 (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 INSTALL S/R 1-53A-478A-6647

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks

N/A

(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 Sam M. Mamorel QA SPEC.
Owner or Owner's Designee, Title

Date NOV. 18, 2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of NORTH CAROLINA and employed by BSB CT have inspected the components described in this Owner's Report during the period 7-15-03 to 12-10-03; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions NC / AA 4 NIABC
National Board, State, Providence and Endorsements

Date 12-10-03

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

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

1a. Date 11-10-03

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

Sheet 1 of 1

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

3a. Work Order # 98538193-39
 Repair Organization Job # _____

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**

3b. ☒ NSM or MM # 13093

4. Identification of System LOW PRESSURE INJECTION Class 1

5. (a) Applicable Construction Code ANSI B 31.7 1968 Edition, N/A 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>S/R 1-53A-479A-PR1002</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>2003</u>	<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 (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 INSTALL S/R 1-53A-479A-PR1002

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks N/A

(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 Sam Mangill QA SPEC.

Date NOV. 10, 2003

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 of Providence of NORTH CAROLINA and employed by HSB CT have inspected the components described in this Owner's Report during the period 10-3-03 to 12-10-03; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions NC 1044 & NBAB

National Board, State, Providence and Endorsements

Date 12-10-03

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

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

1a. Date 11-10-03

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98538193-34
 Repair Organization Job # _____

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**

3b. NSM or MM # 13093

4. Identification of System LOW PRESSURE INJECTION Class 2

5. (a) Applicable Construction Code ANSI-B31.7 1968 Edition, N/A 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>SR 1-53A-478A-6645</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>2003</u>	<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 (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 INSTALL S/R 1-53A-478A-6645

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks N/A

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] QA SPEC.
Owner or Owner's Designee, Title

Date NOV. 10, 2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State of Providence of NORTH CAROLINA and employed by HSB CT have inspected the components described in this Owner's Report during the period 5-11-03 to 12-10-03; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions NC/AAA NIBAC

National Board, State, Providence and Endorsements

Date 12-10-03

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

1. Owner **Duke Power Company**
 Address **528 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 11-18-03

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98609522-14
 Repair Organization Job # _____

3. Work Performed By Duke Power Company
 Address **528 S. Church Street, Charlotte, NC 28201-1006**
 Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # 13093

4. Identification of System HIGH PRESSURE INJECTION Class 2 LM

5. (a) Applicable Construction Code ANSI B31.7 1968 Edition, N/A 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>SR 1-57-476A-H6147</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>2003</u>	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input 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 (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 MODIFY 5/R 1-51-478A-H6147

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks

N/A

(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

Sam Mammall QA SPEC.
Owner or Owner's Designee, Title

Date NOV. 18, 2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 11/6/03 to 12/10/03; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Nancy C. Ritchie-Slaughter
Inspector's Signature

Commissions

NC1169 AB NI

National Board, State, Providence and Endorsements

Date 12/10/03

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

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

1a. Date 11-19-03
 Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98609522-16
 Repair Organization Job # _____

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**

3b. NSM or MM # 13093

4. Identification of System LOW PRESSURE INJECTION Class 2

5. (a) Applicable Construction Code ASME B31.7 1968 Edition, N/A 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>51R 53A-0-478A-H6A</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>2003</u>	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input 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 (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 MODIFY S/R 53A-0-478A - H6A

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks N/A

(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 Sam M. Mammal

Date NOV. 19, 2003

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 Providence of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 10/27/03 to 12/10/03; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Nancy C. Ritchie Slaughter
Inspector's Signature

Commissions

NC 1169 AB NI

National Board, State, Providence and Endorsements

Date 12/10/03

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

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

1a. Date 11-10-03

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98538193-47

Repair Organization Job # _____

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**

3b. NSM or MM # 13093

4. Identification of System LIQUID WASTE DISPOSAL Class 2

5. (a) Applicable Construction Code ANSI B 31.7 1968 Edition, N/A 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>3/R 59-0-478A-H22</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>2003</u>	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input 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 (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 MODIFY 5/R 59-0-478A-H22

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks N/A

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] QA Spec.
Owner or Owner's Designee, Title

Date NOV. 11, 2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 5/11/03 to 12/10/03; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions
Inspector's Signature

NC 1169 AB NE
National Board, State, Providence and Endorsements

Date 12/10/03

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

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

1a. Date 11-19-03

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98592917-67
 Repair Organization Job # _____

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**

3b. NSM or MM # 13093

4. Identification of System LOW PRESSURE INJECTION Class 2

5. (a) Applicable Construction Code ASME B31.7 1968 Edition, N/A 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>3/R 53A-0-478A-H3B</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>2003</u>	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input 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 (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 MODIFY 3/R 53A-0-478A-H3B

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks N/A

(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 Lumpkin Mammill QA SPEC.
Owner or Owner's Designee, Title

Date NOV. 19, 2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 11/4/03 to 12/10/03; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Nancy C. Butcher-Slaughter Commissions
Inspector's Signature

NC1169AB NI
National Board, State, Providence and Endorsements

Date 12/10/03

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

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

1a. Date 11-1-03

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

Sheet 1 of 1

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

3a. Work Order # 98538193-35
 Repair Organization Job # _____

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**

3b. NSM or MM # 13093

4. Identification of System LOW PRESSURE INJECTION Class 2

5. (a) Applicable Construction Code ANSI B31.7 1968 Edition, N/A 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>SR1-53A-478A-6646</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>2003</u>	<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 (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 INSTALL SR 1-53A-48A-6646

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks N/A

(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

Larry C. Mangill QA SPEC.

Date

NOV. 11, 2003

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 Providence of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 5/11/03 to 12/9/03; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Nancy C. Ritchie-Slaughter
Inspector's Signature

Commissions

NC1169ABAF

National Board, State, Providence and Endorsements

Date 12/9/03

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

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

1a. Date 11-11-03

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98538193-58
 Repair Organization Job # _____

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**

3b. NSM or MM # 13093

4. Identification of System LOW PRESSURE INJECTION Class 2

5. (a) Applicable Construction Code ANSI B.31.7 1968 Edition, N/A 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>3/R 1-53A-0-478A-H6B</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>2003</u>	<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 (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 INSTALL 5/R 1-53A-0-478A-HUB

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks N/A

(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 Sam M. Mangill QA Spec.

Date NOV. 11, 2003

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 Providence of NEW YORK and employed by H50CT have inspected the components described in this Owner's Report during the period 5/11/03 to 12/9/03; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Robert J. [Signature]
Inspector's Signature

Commissions NY 5094 A, N, I

National Board, State, Providence and Endorsements

Date 12/9/03

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

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

1a. Date 11-11-03

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98538193-53
 Repair Organization Job # _____

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**

3b. NSM or MM # 13093

4. Identification of System LOW PRESSURE INJECTION Class 1

5. (a) Applicable Construction Code ANSI B 31.7 1968 Edition, N/A 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>51R 1-53A-0-478A-H2A</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>2003</u>	<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 (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 INSTALL SR 1-53A-0-478A-H2A

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks N/A

(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 Sam Mammal

QA SPEC.

Date NOV. 11, 2003

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 Providence of NEW YORK and employed by H58CT

have inspected the components described in this Owner's Report during the period 5/11/03 to 12/9/03; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Inspector's Signature [Signature]

Commissions NY 5094

A, N, I

National Board, State, Providence and Endorsements

Date 12/9/03

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

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

1a. Date 11-10-03
 Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98538193-37
 Repair Organization Job # _____

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**

3b. NSM or MM # 13093

4. Identification of System LOW PRESSURE INJECTION Class 1

5. (a) Applicable Construction Code ANSI B31.7 1968 Edition, N/A 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>3/R 1-53A-479A-PR1000</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>2003</u>	<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 (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 INSTALL S/R 1-53A-479A-PR1000

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks N/A

(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

Ram Mangill QA SPEC.
Owner or Owner's Designee, Title

Date NOV. 10, 2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of NEW YORK and employed by HSBC

have inspected the components described in this Owner's Report during the period 10/5/03 to 12/9/03; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Ram Mangill
Inspector's Signature

Commissions

NY 5094

A, N, I

National Board, State, Providence and Endorsements

Date 12/9/03

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

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

1a. Date 11-10-03

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98538193-59
 Repair Organization Job # _____

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**

3b. NSM or MM # 13093

4. Identification of System LOW PRESSURE INJECTION Class 1

5. (a) Applicable Construction Code ASME B31.7 19 68 Edition, N/A 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>3/R 53A-0-478A-GPD-2701</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>2003</u>	<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 (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 INSTALL SR 53A-O-478A-GPD-2701

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks

N/A

(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

Sam Mungill RA SPEC.
Owner or Owner's Designee, Title

Date

NOV. 11, 2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of NEW YORK and employed by HSBC have inspected the components described in this Owner's Report during the period 5/11/03 to 12/9/03; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Inspector's Signature

Commissions

NY 5094

A, N, I

National Board, State, Providence and Endorsements

Date 12/9/03

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

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

1a. Date 11-10-03
 Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98592917-97
98538193-42
 Repair Organization Job #

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**

3b. NSM or MM # 13093

4. Identification of System LOW PRESSURE INJECTION Class 1 LCM

5. (a) Applicable Construction Code ANSI B31.7 1968 Edition, N/A 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>3/R 1-53A-479A-PK1005</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>2003</u>	<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 (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 INSTALL 5/R 1-53A-477A-PR1005

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks N/A

(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

Sam Mammal QA SPEC.
Owner or Owner's Designee, Title

Date NOV. 10, 2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State of Providence of North Carolina and employed by HSBCT have inspected the components described in this Owner's Report during the period 5/11/03 to 12/9/03; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Nancy Ritchie Slaughter
Inspector's Signature

Commissions

NC 1169 AB NF
National Board, State, Providence and Endorsements

Date 12/9/03

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

1. Owner **Duke Power Company**
 Address **528 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 12-02-03

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98538193-41
 Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
 Address **528 S. Church Street, Charlotte, NC 28201-1006**
 Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # 13093

4. Identification of System LOW PRESSURE INJECTION Class 1 68 LCM N/A

5. (a) Applicable Construction Code ANSI B31.7 19 68 Edition, N/A Addenda, 68 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>SK 1-53A</u> <u>477A-PK1004</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>2003</u>	<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 (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 INSTALL SR 1-53A-479A-PR1004

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks N/A

(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 Sam F. Mangill

Owner or Owner's Designee, Title QA Spec.

Date DEC. 2, 2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of North Carolina and employed by HSCPT have inspected the components described in this Owner's Report during the period 5/11/03 to _____; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Dorothy C. Ritchie-Slaughter
Inspector's Signature

Commissions

NC HBGAS VI

National Board, State, Providence and Endorsements

Date 12/9/03

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

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

1a. Date 12-02-03

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98538193-40
 Repair Organization Job # _____

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**

3b. NSM or MM # 13093

4. Identification of System LOW PRESSURE INJECTION Class 1

5. (a) Applicable Construction Code ANSI B31.7 1968 Edition, N/A Addenda, 68 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>5/R 1-53A</u> <u>479A-PR1003</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>2003</u>	<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 (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 INSTALL S/R 1-53A-479A-PR1003

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks

N/A

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed

[Signature] QA SPEC.

Date DEC 2, 2003

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 Providence of North Carolina and employed by HSBCT have inspected the components described in this Owner's Report during the period 10/2/03 to 12/9/03; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions

NC 1169 A/B/D/E

National Board, State, Providence and Endorsements

Date 12/9/03

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

1. Owner **Duke Power Company**
 Address **528 S. Church Street, Charlotte, NC 28201-1008**

1a. Date 11-24-03

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98505741-17
 Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
 Address **528 S. Church Street, Charlotte, NC 28201-1008**
 Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # 13107

4. Identification of System LOW PRESSURE SERVICE WATER Class 2

5. (a) Applicable Construction Code ASME B31.1 1968 Edition, N/A 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>S/R 1-145-439A-H5704</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>2003</u>	<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 (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 INSTALL 5/R 1-14B-439A-H5744

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks N/A

(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 Sam M. Mangill

Owner or Owner's Designee, Title QA SPEC.

Date NOV. 24, 2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 5/26/03 to 12/10/03; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Donag C. Butcher-Slaughter
Inspector's Signature

Commissions

NC 1169 A/B N/D

National Board, State, Providence and Endorsements

Date 12/10/03

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

1. Owner **Duke Power Company**
 Address **528 S. Church Street, Charlotte, NC 28201-1006**

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

1a. Date 11-16-03
 Sheet 1 of 1

3. Work Performed By **Duke Power Company**
 Address **528 S. Church Street, Charlotte, NC 28201-1006**
 Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3a. Work Order # 98538193-31
 Repair Organization Job # _____

3b. NSM or MM # 13093

4. Identification of System LOW PRESSURE INJECTION Class 2 68 ATM

5. (a) Applicable Construction Code ANSI B31.7 1968 Edition, N/A 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>5/R 1-53A-478A-6642</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>2003</u>	<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 (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 INSTALL SR 1-53A-478A-16642

8. Test Conducted: ☐ Hydostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☒ Exempt

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks N/A

(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 Liam C. Mangill QA Spec.
Owner or Owner's Designee, Title

Date NOV. 18, 2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of NORTH CAROLINA and employed by HSB ET have inspected the components described in this Owner's Report during the period 5-8-03 to 12-10-03; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions NC1444

National Board, State, Providence and Endorsements

Date 12-11-03

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

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

1a. Date 11-18-03

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98538193-38
 Repair Organization Job # _____

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**

3b. NSM or MM # 13093

4. Identification of System LOW PRESSURE INJECTION Class 2

5. (a) Applicable Construction Code ANSI B31.7 1968 Edition, N/A 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>3R1-534-478A-6644</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>2003</u>	<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 (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 INSTALL S/R 1-53A-478A-6644

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks

N/A

(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

Louis M. Mancini QA Spec.
Owner or Owner's Designee, Title

Date

NOV. 18 2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of NORTH CAROLINA and employed by NSBC

have inspected the components described in this Owner's Report during the period 5-15-03 to 12-10-03; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Inspector's Signature

Commissions

NC / NAB / NBIC

National Board, State, Providence and Endorsements

Date 12-11-03

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

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

1a. Date 11-10-03

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98538193-38

Repair Organization Job # _____

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**

3b. NSM or MM # 13093

4. Identification of System CORE FLOOD Class 1

5. (a) Applicable Construction Code ANSI B31.7 1968 Edition, N/A 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>3/R1-53A-479A-PR1001</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>2003</u>	<input checked="" 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 (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 INSTALL S/R 1-53A-479A-PR1001

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks

N/A

(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

Louie M. Mangill QA Spec.

Date

NOV. 10, 2003

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 Providence of NORTH CAROLINA and employed by HSB CT have inspected the components described in this Owner's Report during the period 5-11-03 to 12-10-03; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Inspector's Signature

Commissions NC/IAA-NIABCL

National Board, State, Providence and Endorsements

Date 12-11-03

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

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

1a. Date 12-08-03

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98583602-55
 Repair Organization Job # _____

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**

3b. NSM or MM # N/A

4. Identification of System REACTOR COOLANT Class 1

5. (a) Applicable Construction Code ANSI B31.7 1968 Edition, N/A Addenda, 68 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>SIR 1-50-0-660A-RCPM-57</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>2003</u>	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input 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 (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 SIP MODIFY SR 1-50-O-66A-RCPM-57

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks N/A

(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 Sam C. Mamgill

Owner or Owner's Designee, Title QA SPEC.

Date DEC. 8, 2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of NORTH CAROLINA and employed by HSB CT

have inspected the components described in this Owner's Report during the period 8/25/03 to 12/8/03; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions NC 1444 NIAB

National Board, State, Providence and Endorsements

Date 12/9/03

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

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

1a. Date 12-08-03

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 9858382401
 Repair Organization Job # _____

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**

3b. NSM or MM # N/A

4. Identification of System REACTOR COOLANT Class 1

5. (a) Applicable Construction Code ANSI B31.7 1968 Edition, N/A Addenda, 68 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>5/R1-50-0-481A-H3</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>2003</u>	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input 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 (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: MODIFY S/R 1-50-0-481A-H3

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks: N/A

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed: [Signature] QA SPEC.

Date DEC. 08, 2003

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 Providence of NORTH CAROLINA and employed by HSBCT have inspected the components described in this Owner's Report during the period 4/22/03 to 12/8/03; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions NC 1944 NIBOL

National Board, State, Providence and Endorsements

Date 12/19/03

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

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

1a. Date 12-08-03

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98583602-55
 Repair Organization Job # _____

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**

3b. NSM or MM # N/A

4. Identification of System REACTOR COOLANT Class 1

5. (a) Applicable Construction Code ANSI B31.7 1968 Edition, N/A Addenda, 68 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>3K1-50-0-166A-RCPM-59</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>2003</u>	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input 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 (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 MODIFY S/R 1-50-0-66A-RCPM-59

8. Test Conducted: ☐ Hydostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☒ Exempt

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks N/A

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature]

Owner or Owner's Designee, Title QA 30K

Date DEC 8, 2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of NORTH CAROLINA and employed by HSB CT have inspected the components described in this Owner's Report during the period 8/25/03 to 12/8/03; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions NC 1447 NIAB

National Board, State, Providence and Endorsements

Date 12/19/03

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

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

1a. Date 12-08-03

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98583602-55
 Repair Organization Job # _____

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**

3b. NSM or MM # N/A

4. Identification of System REACTOR COOLANT Class 1

5. (a) Applicable Construction Code ANSI B31.7 19 68 Edition, N/A Addenda, 68 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>SR1-50-0-106A-RCPM-58</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>2003</u>	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input 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 (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 MODIFY 5/R 1-50-0-66A-RCPM-58

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks N/A

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature]

Owner or Owner's Designee, Title QA SPEC.

Date DEC 8, 2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of NORTH CAROLINA and employed by HSB CT have inspected the components described in this Owner's Report during the period 8/25/03 to 12/8/03; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions NC/PA/NEASC

National Board, State, Providence and Endorsements

Date 12/19/03

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

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

1a. Date 12-08-03

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98491527-01
 Repair Organization Job # _____

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**

3b. NSM or MM # N/A

4. Identification of System HIGH PRESSURE INJECTION Class 2

5. (a) Applicable Construction Code ANSI B31.7 1968 Edition, N/A Addenda, 68 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>3/R51A-0</u> <u>-478A-H16C</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>2003</u>	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input 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 (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 MODIFY S/R 51A-O-478A-H16C

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks N/A

(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

Sam McMillan RA 5DEC.

Date DEC 08, 2003

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 Providence of NORTH CAROLINA and employed by HSBCT have inspected the components described in this Owner's Report during the period 4/15/03 to 12/8/03; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Inspector's Signature

Commissions NC 1444 NEABC

National Board, State, Providence and Endorsements

Date 12/9/03

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

1. Owner **Duke Power Company**
 Address **526 S. Church Street, Charlotte, NC 28201-1008**

1a. Date 11-24-03

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98242448-01
 Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
 Address **526 S. Church Street, Charlotte, NC 28201-1008**
 Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # 14555

4. Identification of System LIQUID SAMPLING Class 2

5. (a) Applicable Construction Code ANSI B31.7 1968 Edition, N/A 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>5/R1-64-435K-H5622</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>2003</u>	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input 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 (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 MODIFY S/R 1-64-435K-H5622

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks

N/A

(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

Sam Mangan QA SPEC.
Owner or Owner's Designee, Title

Date 11-24-2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of NORTH CAROLINA and employed by HSBCT have inspected the components described in this Owner's Report during the period 8-27-03 to 11-25-03; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]

Inspector's Signature

Commissions NC 1444 NIABL

National Board, State, Providence and Endorsements

Date 11/25/03

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

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

1a. Date 11/21/03

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98495265-01
 Repair Organization Job # _____

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**

3b. NSM or MM # N/A

4. Identification of System HIGH PRESSURE INJECTION Class 1

5. (a) Applicable Construction Code ANSI B31.7 1968 Edition, N/A 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>51R 51A-0-479A-H6A</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>2003</u>	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input 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 (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 MODIFY SR 57A-0-479A-HGA

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks N/A

(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 Sam C. Mammola QA SPEC.
Owner or Owner's Designee, Title

Date NOV. 21, 2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of North Carolina and employed by HSBCT have inspected the components described in this Owner's Report during the period 6/18/03 to 11/24/03; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Nancy C. Ritchie-Slaughter Commissions
Inspector's Signature

NC 1169 AB NI
National Board, State, Providence and Endorsements

Date 11/24/03

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

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

1a. Date 11-21-03

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98378403-06
 Repair Organization Job # _____

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**

3b. NSM or MM # N/A

4. Identification of System LOW PRESSURE INJECTION Class 2

5. (a) Applicable Construction Code ANSI B31.7 1968 Edition, N/A 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>SK 1-53B-430E-EMO-H59</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>2003</u>	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input 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 (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 MODIFY S/R 1-53B-436E-EMO-H59

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks N/A

(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 James M. Mammill QA SPEC.
Owner or Owner's Designee, Title

Date NOV. 21, 2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of North Carolina and employed by HSBCT have inspected the components described in this Owner's Report during the period 3/25/03 to 11/25/03; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Nancy C. B. Slaughter
Inspector's Signature

Commissions NC 1169 ABNI

National Board, State, Providence and Endorsements

Date 11/25/03

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

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

1a. Date 10-09-03

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98493762-02
 Repair Organization Job # _____

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**

3b. NSM or MM # N/A

4. Identification of System HIGH PRESSURE INJECTION Class 2

5. (a) Applicable Construction Code ANSI B31.7 1968 Edition, N/A 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	3/R 1-51-478E-HG111	DPC	N/A	N/A	N/A	2003	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input 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 (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 REPAIR 5/R 1-51-478E-H6111

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks

N/A

(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

James M. Mammill JR. SOEL
Owner or Owner's Designee, Title

Date OCT. 09, 2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of NORTH CAROLINA and employed by HSB CT have inspected the components described in this Owner's Report during the period 11/28/03 to 10/10/03; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Inspector's Signature

Commissions NC/AAA NIBSL

National Board, State, Providence and Endorsements

Date 10/10/03

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

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

1a. Date 07-07-03

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98543825-01
 Repair Organization Job # _____

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**

3b. NSM or MM # N/A

4. Identification of System STEAM DRAIN Class 2

5. (a) Applicable Construction Code ANSI B31.7 1968 Edition, N/A 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	SNUBBER ON 3R 1-01A-401A-141347	LISEGA	61290-48	N/A	N/A	N/A	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	SNUBBER ON 3R 1-01A-401A-141347	LISEGA	61314-63	N/A	N/A	2003	<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 REPLACE SNUBBER ON 5/R 1-01A-401A-H4347

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks

N/A

(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

Sam M. Mangill QA Spec.
Owner or Owner's Designee, Title

Date

JULY 7, 2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of North Carolina and employed by ASBCT have inspected the components described in this Owner's Report during the period 7-7-03 to 7-14-03; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Honey Chetler Slaughter
Inspector's Signature

Commissions

NC 1169 AB NI

National Board, State, Providence and Endorsements

Date 7-14-03

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

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

1a. Date 4-18-02

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98432524 16
 Repair Organization Job # _____

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**

3b. NSM or MM # 13067

4. Identification of System MAIN STEAM Class 2

5. (a) Applicable Construction Code AWSD1.1 1998 Edition, N/A 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>SR1-01A-1-1-0</u> <u>401A-1143</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>2002</u> <u>N/A</u>	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B						<u>2002</u> <u>07-502</u>	<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 MODIFY SIR 1-01A-1-1-0-401A-H43

8. Test Conducted: ☐ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ 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 Lynn C. McMillan

Owner or Owner's Designee, Title QA Spec.

Date APRIL 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 Providence of VIRGINIA and employed by H&B CT have inspected the components described in this Owner's Report during the period 4-1-02 to 4-20-02; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

W. J. H. H.
Inspector's Signature

Commissions VA 558

National Board, State, Providence and Endorsements

Date 4-20-02

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

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

1a. Date 4-18-02

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98432524 24
 Repair Organization Job # _____

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**

3b. NSM or MM # 13067

4. Identification of System MAIN STEAM Class 2

5. (a) Applicable Construction Code AWS D1.1 1998 Edition, N/A 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>31R 1-01A-1-I-0</u> <u>401A-1-I-1</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u> <u>07-1502</u>	<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 (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 MODIFY 5/R 1-01A-1-1-0-401A-H1

8. Test Conducted: ☐ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ 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 Laurel M. Mangill

Date APRIL 18, 2002

Owner or Owner's Designee, Title QA SPEC.

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of VIRGINIA and employed by HSB CT have inspected the components described in this Owner's Report during the period 1-29-02 to 4-20-02; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

William E. Miller
Inspector's Signature

Commissions VA 558

National Board, State, Providence and Endorsements

Date 4-20-02

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

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

1a. Date 1/12-03

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98394161-33
 Repair Organization Job # _____

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**

3b. NSM or MM # 15410

4. Identification of System HIGH PRESSURE INJECTION Class 2 6-08 LCM

5. (a) Applicable Construction Code ANSI B31.7 1968 Edition, N/A 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>SR1-51-0-444-SR55</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>2003</u>	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input 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 (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 MODIFY S/R 1-57-0-444-SR55

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks

N/A

(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

Lauri Mamgill QA SPEC.
Owner or Owner's Designee, Title

Date NOV. 12, 2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of North Carolina and employed by ASB CT have inspected the components described in this Owner's Report during the period 10/1/03 to 2/4/04; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Norayc Ritchie-Sheridan
Inspector's Signature

Commissions

NC 1169A BNT

National Board, State, Providence and Endorsements

Date

2/4/04

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

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

1a. Date 11-20-03

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98394161-35
 Repair Organization Job # _____

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**

3b. NSM or MM # 15410

4. Identification of System LOW PRESSURE INJECTION Class 2 1/4/04

5. (a) Applicable Construction Code ASME B31.7 1918 Edition, 6/68 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>5/R 1-GH-RS</u> <u>-7172-03</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>2003</u>	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input 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 (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 MODIFY S/R L-GH-RS-7172-03

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks N/A

(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 Lance Mangill QA SPEC

Date NOV. 12, 2003

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 Providence of Rhode Island and employed by RSB CT have inspected the components described in this Owner's Report during the period 10/1/03 to 2/4/04; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Dorey C. Ritchie-Smythe
Inspector's Signature

Commissions NC1169 ABNI

National Board, State, Providence and Endorsements

Date 2/4/04

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

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

1a. Date 11-2-03

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98394161-13
 Repair Organization Job # _____

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**

3b. NSM or MM # 15410

4. Identification of System LOW PRESSURE INJECTION Class 2 G-L & LCM

5. (a) Applicable Construction Code ANSI B31.7 1968 Edition, N/A 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>3/R 1-53B-436D-H5699</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>2003</u>	<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 (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 INSTALL 5/8 1-53B-436D-H5699

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks

N/A

(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

Sam M. Mammill QA SPEC.

Date NOV. 12, 2003

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 Providence of North Carolina and employed by HSBCT have inspected the components described in this Owner's Report during the period 10/18/03 to 2/4/04; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Nancy C. Rutter-Soyka
Inspector's Signature

Commissions

NC 1169 AB NI

National Board, State, Providence and Endorsements

Date 2/4/04

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

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

1a. Date 11-12-03
 Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98394161-13
 Repair Organization Job # _____

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**

3b. NSM of MM # 15410

4. Identification of System LOW PRESSURE INJECTION Class 2 6.68 LPM

5. (a) Applicable Construction Code ANSI B31.7 1968 Edition, N/A 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>SR 1-53B-436D-H5700</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>2003</u>	<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 (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 INSTALL S/R 1-53B-436D-45700

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks

N/A

(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

Larry Mangill QA Spec.
Owner or Owner's Designee, Title

Date

NOV. 21, 2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of North Carolina and employed by HSBCT have inspected the components described in this Owner's Report during the period 7/10/03 to 2/4/04; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Nancy C. Rutledge-Slight Commissions
Inspector's Signature

NC1169 ABNTI

National Board, State, Providence and Endorsements

Date

2/4/04

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

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

1a. Date 11-12-03

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

Sheet 1 of 1

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

3a. Work Order # 98394161-37
 Repair Organization Job # _____

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**

3b. NSM or MM # 15410

4. Identification of System LOW PRESSURE INJECTION Class 2 Q-68 RCM

5. (a) Applicable Construction Code ANSI B31.7 1968 Edition, N/A 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>5/R1-GH-R5</u> <u>-7071-04</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>2003</u>	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input 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 (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 MODIFY SR 1-GH-RS-7071-04

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks

N/A

(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

Laurie Mamgrill QA Spec.
Owner or Owner's Designee, Title

Date NOV. 12, 2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 10/1/03 to 2/4/04; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Nancy C. Ritchie-Slaughter
Inspector's Signature

Commissions

NC 1169 AB NI

National Board, State, Providence and Endorsements

Date

2/4/04

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

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

1a. Date 11-12-03

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98374161-36
 Repair Organization Job # _____

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**

3b. NSM or MM # 15410

4. Identification of System LOW PRESSURE INJECTION Class 2 6-65 Lim

5. (a) Applicable Construction Code ANSI B31.7 1968 Edition, N/A 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	3/R1-53B-435C-DE016	DPC	N/A	N/A	N/A	2003	<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 (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 INSTALL S/R 1-53B-435C-DE016

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks N/A

(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 Sam M. Mammal QA SPEC. Date NOV. 12, 2003

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 Providence of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 10/1/03 to 2/4/04; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Woney C. Ritchie-Snyder
Inspector's Signature

Commissions

NC 1169 AB VI
National Board, State, Providence and Endorsements

Date 2/4/04

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

1. Owner **Duke Power Company**
 Address **528 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 11-12-03

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98394161-34
 Repair Organization Job # _____

3. Work Performed By Duke Power Company
 Address **528 S. Church Street, Charlotte, NC 28201-1006**
 Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # 15410

4. Identification of System LOW PRESSURE INJECTION Class 2

5. (a) Applicable Construction Code ASME B31.7 1968 Edition, N/A 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>SR1-GH-RS</u> <u>-6970-02</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>2003</u>	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input 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 (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 MODIFY S/R 1-GH-RS-6970-02

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks

N/A

(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

Sam M. Mangill RA Spec.

Date 11-12-03

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 Providence of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 10/1/03 to 2/4/04; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Nancy C. Ritchie Slighter
Inspector's Signature

Commissions

NC1169AB NI

National Board, State, Providence and Endorsements

Date 2/4/04

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

1. Owner **Duke Power Company**
 Address **528 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 11-12-03

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98394161-32
 Repair Organization Job # _____

3. Work Performed By Duke Power Company
 Address **528 S. Church Street, Charlotte, NC 28201-1006**
 Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # 15410

4. Identification of System LOW PRESSURE INJECTION Class 2 ^{LCM}

5. (a) Applicable Construction Code ANSI B31.7 1968 Edition, N/A ⁶⁻⁶⁸ Addenda, N/A ^{LCM} 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>S/R 1-53B-5-</u> <u>0-430D-H12</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>2003</u>	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input 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 (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 MODIFY S/R 1-538-5-0-436D-1412

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks N/A

(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 Sam M. Mangill RA SPEC.

Date Nov. 12, 2003

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 Providence of North Carolina and employed by HSBCT have inspected the components described in this Owner's Report during the period 10/1/03 to 2/4/04; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Nancy C. Ritchie-Slaughter Commissions
Inspector's Signature

NC1169 ABNI

National Board, State, Providence and Endorsements

Date 2/4/04

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

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

1a. Date 4-2-02

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

Sheet 1 of 1

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

3a. Work Order # 98432524
 Repair Organization Job # _____

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**

3b. NSM or MM # 13067

4. Identification of System MAIN STEAM Class 2

5. (a) Applicable Construction Code ASME III * 19 89 Edition, 1990 Addenda, NA Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports.)

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VLV. 1MS-8Z	CRANE	NA	NA	NA	NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	VLV. 1MS-8Z *	VELAN	022039	NA	NA	2002	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work REPLACED VLV. 1MS-82

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

Pressure 880 psig

Test Temp. NOT °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks PERFORMED SYS. LEAK TESTING & NDE PER REQUEST
FOR RELIER NO. 2001-013 REV. 1 & ASME CODE CASE
N-416-1. ASME CODE CASE N-416-1 APPLIES TO
WELD 1MS-0065-28 ONLY.

TEST No. 12FR-615 (Applicable Manufacturer's Data Records to be Attached)
W.O. 98432584-65

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] QA SPEC.
 Owner or Owner's Designee, Title

Date MAY 2, 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 Providence of Georgia and employed by HSBC have inspected the components described in this Owner's Report during the period 1-29-02 to 7-17-02; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
 Inspector's Signature

Commissions GA 360 NLC

National Board, State, Providence and Endorsements

Date 7-17-02

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

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

1a. Date 10-19-03

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98594163
 Repair Organization Job # _____

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**

3b. NSM or MM # _____

4. Identification of System LOW PRESSURE INJECTION Class 2

5. (a) Applicable Construction Code *ASME II 1989 Edition, 1990 Addenda, NA Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports.)

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
* A	VLV. 1-LP-16	CRANE	C9881	NA	UTC No. 1054948	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	VLV. 1-LP-16	POWELL	58150	NA	NA	NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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 VLV. 1-LP-16.

8. Test Conducted:

☒ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐ Exempt

Pressure 115 psig

Test Temp. N.O.T. °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks

PERFORMED SYS. LEAK TEST & NDE PER ASME III
CODE CASE N-446-1
TEST # 12 HR-679

(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

Sam Mangill QA Spec.
Owner or Owner's Designee, Title

Date

NOV. 12, 2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of NORTH CAROLINA and employed by HSB CT

have inspected the components described in this Owner's Report during the period 7-2-03 to 11/13/03; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions

NCAAA NIBOL

National Board, State, Providence and Endorsements

Date

11/13/03

Pg. 1 of 2

FORM NPV-1 (Back) — Pg. 2 of 2

Certificate Holder's Serial No. C9881, C9883, C9884

- 8 Design conditions 560 psi 300 °F or valve pressure class _____ (1)
(pressure) (temperature)
- 9 Cold working pressure 720 psi at 120°F
- 10 Hydrostatic test 1100 psi. Disk differential test pressure 795 psi
- 11 Remarks: PO NO. ON 41905 003, SO No. 11911-01, 4" Gate Valve with Limitorque SMB-00-15 Operator
Duke Item No. DMV-1296
Bonnet Leak-Off Pipe Nipple: Ht. # 445811, Bonnet Leak-Off Pipe Nipple Cap: Ht. # JDZ
Low Pressure Injection System
Reworked per PO NO. NM 9350, SO No. 14708-03

CERTIFICATION OF DESIGN

Design Specifications certified by Royce L. Williams P.E. State NC Reg. no. 8010
 Design Report certified by N/A 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 pump or valve conforms to the rules for construction of the ASME Code, Section III, Division 1.

N Certificate of Authorization No. N-2899 Expires September 24, 2005

Date January 24, 2003 Name CRANE Nuclear, Inc. Signed Jerome A. Kurcowsky, P.E., Senior QA Engineer
 (N Certificate Holder)

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 Illinois and employed by HSBCT of Hartford, CT have inspected the pump, or valve, described in this Data Report on January 24, 2003 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 loss of any kind arising from or connected with this inspection.

Date 01/24/03 Signed Lodd Ward Commissions Illinois 1903
 (Authorized Nuclear Inspector) (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 **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 4-2-02
Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98432524
Repair Organization Job # _____

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**

3b. NSM or ~~NSM~~ # 13067

4. Identification of System MAIN STEAM Class Z

**** ANSI B31.1 7/1967 * ASME III** 19 89 Edition, 1990 Addenda, NA Code Cases
(a) Applicable Construction Code ASME III
(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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VLV. IMS-17	CRANE	NA	NA	NA	NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	VLV. IMS-17 *	VELAN	012198	NA	NA	2002	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	VLV. IMS-36	CRANE	NA	NA	NA	NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D	VLV. IMS-36 *	VELAN	012196	NA	NA	2002	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
E	PIPING **	D.P.CO.	NA	NA	NA	7/67	<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 VLV'S 1MS-17 + 36 + PIPING.

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

Pressure 880 psig Test Temp. N.O.T. °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks PERFORMED SYS. LEAK TEST + ADE PER REQUEST
FOR RELIEF No. 2001-013 REV. 1.

TEST No. 12FR-615

(Applicable Manufacturer's Data Records to be Attached)

W.O. 98432524-68

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

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

Date MAY 2, 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 Providence of Georgia and employed by ITSBCT have inspected the components described in this Owner's Report during the period _____ to _____; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
 Inspector's Signature

Commissions 6A-360 NIC
 National Board, State, Providence and Endorsements

Date 7-17-02

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

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

1a. Date 4-11-02

Sheet 1 of 3

2. Plant **Oconee Nuclear Station**
Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98432524
Repair Organization Job # _____

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**

3b. ~~NSM~~ or MM # 13067

4. Identification of System MAIN STEAM Class 2

5. (a) Applicable Construction Code ASME III * 1989 Edition, 1990 Addenda, NA Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports.)

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VLV. 1MS-26	CRANE	NA	NA	NA	NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	VLV. 1MS-26 *	VELAN	022036	NA	NA	2002	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	VLV. 1MS-33 *	VELAN	022042	NA	NA	2002	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D	VLV. 1MS-33	CRANE	NA	NA	NA	NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
E	VLV. 1MS-76	CRANE	NA	NA	NA	NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
F	VLV. 1MS-76 *	VELAN	022030	NA	NA	2002	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" 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 VLV'S 1MS-26, 33 & 96

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

Pressure 885 psig

Test Temp. N.O.T. °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks PERFORMED SYS. LEAK TEST & NDE PER REQUEST
FOR RELIEF NO. 2001-013 REV. 1.

TEST No. 12 FR-615

(Applicable Manufacturer's Data Records to be Attached)

W.O. 98132524-68

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] QA SPEC.

Date MAY 2, 2002

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of Georgia and employed by HSBCT have inspected the components described in this Owner's Report during the period 1-29-02 to 7-17-02; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions GA 360 NIC

National Board, State, Providence and Endorsements

Date 7-17-02

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

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

1a. Date 4-11-02

Sheet 2 of 3

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98432524
 Repair Organization Job # _____

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**

3b. ~~NSM~~ or MM # 13067

4. Identification of System MAIN STEAM Class 2

5. (a) Applicable Construction Code ASME III * 1989 Edition, 1990 Addenda, NA Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports.)

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VLV. 1MS-84	CRANE	NA	NA	NA	NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	VLV. 1MS-84*	VELAN	022040	NA	NA	2002	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	VLV. 1MS-24	CRANE	6466	NA	NA	NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D	VLV. 1MS-24*	VELAN	022041	NA	NA	2002	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
E	VLV. 1MS-35	CRANE	49083	NA	NA	NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
F	VLV. 1MS-35*	VELAN	012188	NA	NA	2002	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" 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 VLV'S 1MS-24, 35 + 84

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

Pressure 880 psig

Test Temp. N.O.T. °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks PERFORMED SYS. LEAK TESTING & NDE PER
REQUEST FOR RELIEF NO. 2001-013 REV. 1 & ASME CODE
CASE N-416-1. ASME CODE CASE N416-1 NDE
APPLIES TO WELD # 1MS-0062-9 ONLY.

TEST NO. 12FR-615 (Applicable Manufacturer's Data Records to be Attached)
WD 984325 24-68

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature]

Owner or Owner's Designee, Title QA SPEC.

Date MAY 3, 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 Providence of Georgia and employed by HSBCT have inspected the components described in this Owner's Report during the period 1-29-02 to 7-17-02; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions GA 360 N1C

National Board, State, Providence and Endorsements

Date 7-17-02

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

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

1a. Date 4-11-02

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

Sheet 3 of 3

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

3a. Work Order # 98432524
 Repair Organization Job # _____

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**

3b. ~~NSM~~ or MM # 15067

4. Identification of System MAIN STEAM Class 2

5. (a) Applicable Construction Code ANSI B31.1-7/1967 19 89 Edition, 1990 Addenda, NA Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda (1992 through 1992 Addenda for Class MC and CG 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VLV. IMS-79	CRANE	0A22064-01	NA	NA	NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	VLV. IMS-79*	VELAN	022031	NA	NA	2002	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	PIPING**	D.P. Co.	NA	NA	NA	7/73	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work REPLACED VLV. 1MS-99 & PIPING.

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

Pressure 880 psig

Test Temp. N.O.T. °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks PERFORMED SYS. LEAK TEST & NDE PER REQUEST FOR RELIEF No. 2001-013 REV. 1.

TEST No. 12FR-615

W.O. 98432525-68 (Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed

[Signature] QA SPEC
Owner or Owner's Designee, Title

Date

MAY 2, 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 Providence of Georgia and employed by HS&CT have inspected the components described in this Owner's Report during the period 1-29-02 to 7-17-02; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions 68360 NLC

National Board, State, Providence and Endorsements

Date 7-17-02

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

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

1a. Date 11-19-03

Sheet 1 of 2

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98538193
 Repair Organization Job # _____

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**

3b. NSM or MM # 13093

4. Identification of System LOW PRESSURE INJECTION class 1 & 2 * ASME III 1986 EDITION + 1988 Addenda.

5. (a) Applicable Construction Code ASME III 1983 Edition, WINTER 1984 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
** A	VLV. ILP-179	VELAN	032051	NA	UTC # 1060542	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
** B	VLV. ILP-178	VELAN	032052	NA	UTC # 1060543	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
** C	VLV. ILP-176	VELAN	032049	NA	UTC # 1060727	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
** D	VLV. ILP-177	VELAN	032048	NA	UTC # 1060726	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
* E	VLV. ILPI-FE0006	DRA9 VALVE	101137-010-1	61	UTC # 1060559	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
* F	VLV. ILPI-FE0007	DRA9 VALVE	101137-010-2	62	UTC # 1060560	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" 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 VLV's 1LP 176, 177, 178, 179 & Flow Restrictors
12PI-REC006 & 7 & PIPING.

8. Test Conducted:

☐ Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐ Other ☐ Exempt

Pressure 440 psig

Test Temp. N.O.T °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks

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

TEST No. 12 FRN-676

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed

[Signature] QA SPEC.

Date

DEC 15, 2003

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 Providence of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 5/15/03 to 12/15/03; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions

NC1169 ABNI

National Board, State, Providence and Endorsements

Date 12/15/03

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

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

1a. Date 11-19-03

Sheet 2 of 2

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98538193
 Repair Organization Job # _____

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**

3b. ~~NSM~~ or MM # 13095

4. Identification of System LOW PRESSURE INJECTION Class 142

5. (a) Applicable Construction Code ANSI B31.1 1976 Edition, 6/1968 Addenda, NA Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports.)

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	PIPING	D.P.CO.	NA	NA	NA	7/73	<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 (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 SEE PAGE 1 OF 2

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

Pressure 440 psig Test Temp. N.O.T. °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

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

TEST NO. 12 FRN-676

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed

[Signature] QA SPEC.

Date

DEC. 15, 2003

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 Providence of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 5/15/03 to 12/15/03; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Nancy C. Ritchie-Slaughter
Inspector's Signature

Commissions

1169
NCA BVI

National Board, State, Providence and Endorsements

Date

12/15/03

UTC # 1060542

Nm12427

Page - 3

#032051✓

FORM NPV-1 CERTIFICATE HOLDERS' DATA REPORT FOR NUCLEAR PUMPS OR VALVES *
As Required by the Provisions of the ASME Code, Section III, Division 1

Pg. 1 of 2

1. Manufactured and certified by VELAN INC., 550 McArthur St., Montreal Quebec H4T 1X8 CANADA
(name and address of N Certificate Holder)
2. Manufactured for DUKE ENERGY CORP., OCONEE NUCLEAR STA 7800 ROCHESTER WAY SENECA USA
(name and address of purchaser)
3. Location of installation OCONEE NUCLEAR STATION, 155 PICKENS HWY SENECA SC 29672 USA
(name and address)
4. Model No., Series No., or Type: B16-3054B-13PS Drawing P012-282830-N01 Rev D CRN N/A
5. ASME Code, Section III, Division 1: 1983 (edition) WINTER-1984 (addenda date) 2 (class) N/A (Code Case no.)
6. Pump or valve: GATE VLV: G/O Nominal inlet size 10" (in.) Outlet size 10" (in.)
7. Mat'l.: Body SA182 F316 Bonnet SA182 F316 Wedge SA182 F316 Bolting SA564 GR-630
(H1100) & SA-194 GR-8M

(a)
Cert.
Holder's
Serial No.(b)
Mat'l
Board
No.(c)
Body
Serial
No.(d)
Bonnet
Serial
No.(e)
Wedge
Serial
No.

#032051

N/A

2500

16297

6619

HEAT / TEST LOT:

(P-17002)

(73896) / 59287

(74075) / 59287

(f) EQUAL PIPE
Mat'l.: SA-312
S/S 316LPipe Code: 2DFJ
HEAT No. 438052

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

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FORM NPV-1 (Back - Pg. 2 of 2)

Certificate Holder's Serial No.

#032051

8. Design conditions 2500 psi 300 °F or valve pressure class 1500# (1)
 (pressure) (temperature)
9. Cold working pressure 3600 psi at 100°F
10. Hydrostatic test Shell: 5400 psig. Wedge differential test pressure N/A psi
11. Remarks: MATERIALS TO ASME SEC. II PART-A CODE EDITION 1995 ADDENDA: 1996

CERTIFICATE OF DESIGN

Design Specification certified by Braxton Leroy Peele Jr. P.E. State S.C. USA Reg. no. #7076
 Design report certified by S. ISBITSKY P.E. State QUE CANADA Reg. no. #22115

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. N2797-2 (N) Expires APRIL 20, 2014

Date 26 AUG 2003 Name VELAN INC Signed [Signature]
 (N Certificate Holder) (authorized representative)

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of QUEBEC and employed by REGIE DU BATIMENT of QUEBEC have inspected the pump, or valve, described in this Data Report on August 28/2003, 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 Aug 28/2003 signed [Signature] Commissions J.P. FACHINETTI QC#13813
 (Authorized Inspector) (Nat'l. Bd. of Boiler and Pressure Vessel Inspectors) and state or prov. and no.)

(1) For manually operated valves only.

14 004

UTC# 1060543

Nm12427

Page - 3

#032052

FORM NPV-1 CERTIFICATE HOLDERS' DATA REPORT FOR NUCLEAR PUMPS OR VALVES *
As Required by the Provisions of the ASME Code, Section III, Division 1

Pg. 1 of 2

1. Manufactured and certified by VELAN INC. 550 McArthur St. Montreal, Quebec H4T 1X8 CANADA
(name and address of N Certificate Holder)
2. Manufactured for DUKE ENERGY CORP. OCONEE NUCLEAR STA 7800 ROCHESTER WAY SENECA USA
(name and address of purchaser)
3. Location of installation OCONEE NUCLEAR STATION 155 PICKENS HWY SENECA SC 29672 USA
(name and address)
4. Model No., Series No., or Type: B16-3054B-13PS Drawing P012-282830-N01 Rev D CRN N/A
5. ASME Code, Section III, Division 1: 1983 WINTER-1984 2 N/A
(edition) (addenda date) (class) (Code Case no.)
6. Pump or valve: GATE VLV. G/O Nominal inlet size 10" Outlet size 10"
(in) (in)
7. Mat'l.: Body SA182 F316 Bonnet SA182 F316 Wedge SA182 F316 Bolting SA564 GR-630
(H1100) & SA-194 GR-8M

(a) Cert. Holder's SerialNo.	(b) Nat'l Board No.	(c) Body Serial No.	(d) Bonnet Serial No.	(e) Wedge Serial No.
#032052	N/A	2503	16298	6622
	HEAT / TEST LOT:	P-17002	73896 59287	74075 59287
	(F) EQUAL. PIPE	PIPE CODE: 2DFJ		
	Mat'l.: SA-312	HEAT No.: 438052		
	S/S 316L			

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

(1288)

This form (E00037) may be obtained from the Order Dept., ASME, 22 LAW DRIVE-BOX 2300 Fairfield, NJ 07007-2300.

FORM NPV-1 (Back - Pg. 2 of 2)

#032052

Certificate Holder's Serial No.

8. Design conditions 2500 psi — 300 °F or valve pressure class — 1500# — (1)
(pressure) (temperature)

9. Cold working pressure 3600 psi at 100°F

10. Hydrostatic test Shell: 5400 psig. Wedge differential test pressure N/A psi

11. Remarks: MATERIALS TO ASME SEC. II PART-A CODE EDITION 1995 ADDENDA: 1996

CERTIFICATE OF DESIGN

Design Specification certified by Braxton Leroy Peele Jr., P.E. State S.C., USA Reg.no. #7076
Design report certified by S. ISBITSKY, P.E. State QUEBEC CANADA Reg. no. #22115

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. N2797-2 (N) Expires APRIL 20, 2004

Date 26 AUG 2003 Name VELAN INC Signed [Signature]
(N Certificate Holder) (authorized representative)

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of QUEBEC and employed by REGIE DU BATIMENT of QUEBEC have inspected the pump, or valve, described in this Data Report on August 28, 2003, 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 Aug 28/2003 signed [Signature] Commissions J.P. FACHINETTI QC # 13813
(Authorized Inspector) (Nat'l. Bd. of Reg. Examiners for Engineers and Technicians)

(1) For manually operated valves only.

UTC # 1060726

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#032048

FORM NPV-1 CERTIFICATE HOLDERS' DATA REPORT FOR NUCLEAR PUMPS OR VALVES *
As Required by the Provisions of the ASME Code, Section III, Division 1

Pg. 1 of 2

1. Manufactured and certified by VELAN INC. 550 McArthur St. Montreal / Quebec H4T 1XR CANADA
(name and address of N Certificate Holder)
2. Manufactured for DUKE ENERGY CORP OCONEE NUCLEAR STA 7800 ROCHESTER WAY SENECA USA
(name and address of purchaser)
3. Location of installation OCONEE NUCLEAR STATION 155 PICKENS HWY SENECA SC 29672 USA
(name and address)
4. Model No., Series No., or Type: B16-3114B-13PS / Drawing P012-275730-N02 Rev D CRN N/A
5. ASME Code, Section III, Division 1: 1983 / WINTER-1984 / 1 / N/A
(edition) (addenda date) (class) (Code Case no.)
6. Pump or valve: SWING CHECK VLV Nominal inlet size 10" outlet size 10"
(in.) (in.)
7. Mat'l.: Body SA182 F316 / Cover SA182 F316 / Disk SA182 F316 / Bolting SA564 GR-520 /
(H1100) & SA-194 GR-8M /

(a)
Cert.
Holder's
SerialNo.

(b)
Nat'l
Board
No.

(c)
Body
Serial
No.

(d)
Cover
Serial
No.

(e)
Disk
Serial
No.

#032048

N/A

2502

6573

✓ 7724

HEAT / TEST LOT:

P-17002✓

73886 / 59287

✓74075 /59287/

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

(12/88)

This form (E00037) may be obtained from the Order Dept., ASME, 22 LAW DRIVE • BOX 2300 Fairfield, NJ 07007-2300.

FORM NPV-1 (Back - Pg. 2 of 2)

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Certificate Holder's Serial No.

#032048✓

8. Design conditions ✓2500 psi ✓300 °F or valve pressure class 1500# ✓ (1)
 (pressure) (temperature)
9. Cold working pressure 3600 psi at 100°F
10. Hydrostatic test Shell: 5400 ✓ psig. Disk differential test pressure N/A psi
11. Remarks: MATERIALS TO ASME SEC. II PART-A CODE EDITION 1995 ADDENDA: 1996

CERTIFICATE OF DESIGN

Design Specification certified by Braxton Leroy Peele, Jr. P.E. State S.C. USA Reg. no. #7076
 Design report certified by S. ISBITSKY P.E. State QUE. CANADA Reg. no. #22115

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. N2797-2 (N) ✓ Expires APRIL 20, 2004 ✓
 Date 26 AUG 2003 Name VELAN INC. Signed [Signature] ✓
 (N Certificate Holder) (authorized representative)

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of QUEBEC and employed by REGIE DU BATIMENT of QUEBEC have inspected the pump, or valve, described in this Data Report on AUG 29/2003, 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 AUG 29/2003 Signed [Signature] ✓ Commissions J.P. FACHINETT CC 315513 (Y)
 (Authorized Inspector) (Nat'l. Bd. (incl. Endorsements) and state or prov. and no.)

(1) For manually operated valves only.

FORM NPV-1 (Back - Pg. 2 of 2)

Certificate Holder's Serial No. 101137-010-1 & -2

8. Design conditions 2500 psi 300 Deg. F or Valve pressure class N/A (1)
(pressure) (temperature)

9. Cold working pressure 3600 psi at 100 Deg. F

10. Hydrostatic test 5400 psi Disk differential pressure N/A psi

11. Remarks

STUDS: HEAT NUMBER L746 (870008)

NUTS: HEAT NUMBER L747 (73384-0051)

BONNET FLANGE: HEAT NUMBER A02192

CERTIFICATE OF DESIGN

Design Specification certified by JOHNNY F. NORRIS P.E. State SOUTH CAROLINA Reg. no. 11577

Design Report certified by JAMSHID FARAMARZI P.E. State CALIFORNIA Reg. no. M28272

CERTIFICATE OF COMPLIANCE

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

N Certificate of Authorization No. N-2695 Expires AUGUST 14, 2006

Date 22 Aug 03 Name Control Components Inc. (CCI)
(N Certificate Holder)

Signed Sharon K. Korman
(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 HSB CT of HARTFORD, CONNECTICUT have inspected the pump, or valve, described in this Data Report on

8-23-03, and state that to the best of my knowledge and belief, the Certificate Holder has constructed this pump or valve, in accordance with ASME Section III, Division 1.

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

Date 8-23-03 Signed William M. [Signature] Commissions CA 1494
(Authorized Inspector) (Nat'l Bd. (including endorsement) and state or prov., and no.)

(1) For manually operated valves only.

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

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

1a. Date 11-27-03

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

Sheet 1 of 1

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

3a. Work Order # 78017904
 Repair Organization Job # _____

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**

3b. NSM or MM # NA

4. Identification of System FEEDWATER + EMERGENCY FEEDWATER
 Class 2

5. (a) Applicable Construction Code ASME B31.1 1967 Edition, NA Addenda, NA Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports.)

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VLV. 1 FDW-206	BONT KEROTEST	NA	NA	UTC No. 857617	1993	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	VLV. 1 FDW-206	BONT KEROTEST	NA	NA	NA	NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	PIPING	D.P. Co.	NA	NA	NA	7/73	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work REPLACED VLV. 1FDW-206 & ASSOCIATED PIPING.

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

Pressure 2250 psig

Test Temp. N.O.T. °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks

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

TEST NO. 11 LRN-646

(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

Quinn McManis QA SPC.
Owner or Owner's Designee, Title

Date FEB. 04, 2004

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of NORTH CAROLINA and employed by HSB CT have inspected the components described in this Owner's Report during the period 4-5-00 to 2/12/04; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Inspector's Signature

Commissions NC HSB NTSB

National Board, State, Providence and Endorsements

Date 2/12/04



**KEROTEST
MANUFACTURING
CORP.**

2525 Liberty Avenue Pittsburgh, PA 15222-4680 • General Offices 412/392-4200 TLX 4423065 FAX #412/392-4281
Corporate Sales 412/392-4300 TLX 4423022 FAX #412/392-4251

CERTIFICATE OF CONFORMANCE

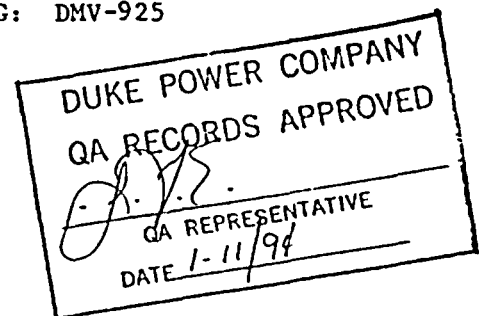
We hereby certify that the following valves or parts are in compliance with the applicable drawings, specifications and purchase order.

CUSTOMER Duke Power Company

CUSTOMER P.O. 0054476

KEROTEST P.O. <C199310

<u>ITEM NUMBER</u>	<u>PART NUMBER</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
1	88366397 8204-71 CLASS F	VALVE, BONT, CS, 1/2", SW, SS, 600 STAINLESS STEEL TAG: DMV-921	10
2	88366398 8206-71 CLASS F	VALVE, BONT, CS, 3/4", SW, SS, 600 STAINLESS STEEL TAG: DMV-922	10
3	88366399 8208-71-71 CLASS F	VALVE, BONT, CS, 1", SW, SS, 600 STAINLESS STEEL TAG: DMV-923	24
4	88366400 8212-71 CLASS F	VALVE, BONT, CS, 1-1/2", SW, SS, 600 STAINLESS STEEL TAG: DMV-924	50
5	88366401 8216-72 CLASS F	VALVE, BONT, CS, 2", SW, SS, 600 STAINLESS STEEL TAG: DMV-925	4



SIGNATURE Julian Berarducci
TITLE Quality Assurance Manager
DATE 12/22/93

An Employee Owned Company

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

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

1a. Date 11-27-03

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 97111530
 Repair Organization Job # _____

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**

3b. NSM or MM # NA

4. Identification of System FEEDWATER & EMERGENCY Class 2

5. (a) Applicable Construction Code ANSI B31.1 1976 Edition, NA Addenda, NA Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports.)

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VLV. 1 FDW-207	BONT KEROTEST	NA	NA	NA	NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	VLV. 1 FDW-207	BONT KEROTEST	NA	NA	UTC NG. 857617	1993	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	PIPING	D.P. Co.	NA	NA	NA	7/73	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work

REPLACED IPDN-207 & ASSOCIATED PIPING.

8. Test Conducted:

☐ Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐ Other ☐ Exempt

PER SDS
SCREEN

* Pressure 890 psig

Test Temp. N.O.T. °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks

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

TEST No. 11LRN-646

(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

Robert M. Mancini QA SPEC.
Owner or Owner's Designee, Title

Date

FEB 12, 2004

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of NORTH CAROLINA and employed by HSB CT have inspected the components described in this Owner's Report during the period 4/5/00 to 2/13/04; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions

NC 444 NEABL

National Board, State, Providence and Endorsements

Date

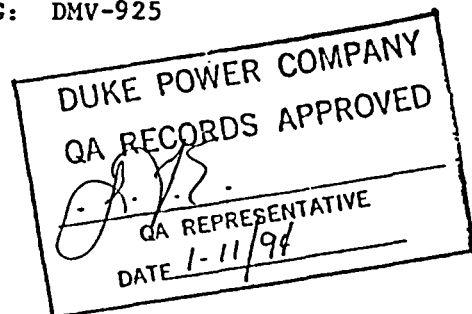
2/13/04

**KEROTEST
MANUFACTURING
CORP.**2525 Liberty Avenue Pittsburgh, PA 15222-4680 • General Offices 412/392-4200 TLX 4423065 FAX #412/392-4281
Corporate Sales 412/392-4300 TLX 4423022 FAX #412/392-4251**CERTIFICATE OF CONFORMANCE**

We hereby certify that the following valves or parts are in compliance with the applicable drawings, specifications and purchase order.

CUSTOMER Duke Power CompanyCUSTOMER P.O. 0054476KEROTEST P.O. <C199310

<u>ITEM NUMBER</u>	<u>PART NUMBER</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
1	88366397 8204-71 CLASS F	VALVE, BONT, CS, 1/2", SW, SS, 600 STAINLESS STEEL TAG: DMV-921	10
2	88366398 8206-71 CLASS F	VALVE, BONT, CS, 3/4", SW, SS, 600 STAINLESS STEEL TAG: DMV-922	10
3	88366399 8208-71-71 CLASS F	VALVE, BONT, CS, 1", SW, SS, 600 STAINLESS STEEL TAG: DMV-923	24
4	88366400 8212-71 CLASS F	VALVE, BONT, CS, 1-1/2", SW, SS, 600 STAINLESS STEEL TAG: DMV-924	50
5	88366401 8216-72 CLASS F	VALVE, BONT, CS, 2", SW, SS, 600 STAINLESS STEEL TAG: DMV-925	4

SIGNATURE Julian BerarducciTITLE Quality Assurance ManagerDATE 12/22/93*An Employee Owned Company*

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

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

1a. Date 8-13-02

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98128893-10
 Repair Organization Job # _____

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**

3b. NSM or MM # NA

4. Identification of System LOW PRESSURE INJECTION Class 2 * SEE ATTACHED MEMO.

5. (a) Applicable Construction Code * 19 * Edition, * Addenda, * Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports.)

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1C LPI PUMP CASING BOLTING	NA	NA	NA	NA	1967/15/03 2000 NA	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	1C LPI PUMP ROTATING ASSY.	INGERSOLL RAND	0169-45	NA	NA	1969	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	1C LPI PUMP ROTATING ASSY.	INGERSOLL RAND	0369140	NA	NA	2000	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

• REPLACED ROTATING ASSY.

7. Description of Work

• REPLACED 20 - 1" NUTS & STUDS IN IC-LPI PUMP CASING.

8. Test Conducted:

☐ Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐ Other ☐ Exempt

LPI A) Pressure 450 psig
LPI B) Pressure 310 psig
RCS A) Pressure 381 psig
RCS B) Pressure 301 psig

Test Temp. NAT. °F

Test Temp. NAT. °F

Test Temp. _____ °F

9. Remarks

TEST NO. 12FRN-438 W.O. # 98105271-01

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed

[Signature] QA SPEC.
Owner or Owner's Designee, Title

Date

July 15, 2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 7-15-03 to 7-15-03; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions

NC1164 ABNE

National Board, State, Providence and Endorsements

Date 7-15-03



Gerald Ottman

07/02/2003 01:37 PM

To: Gilbert L Blubaugh/Gen/DukePower@DukePower
cc:
Subject: Re: LPI Pump Code of Construction

The attached E-mail from Flowserve documents the code of construction.

----- Forwarded by Gerald Ottman/Gen/DukePower on 07/02/2003 01:37 PM -----



lholliday@flowserve.co
m

08/23/2002 11:46 AM

To: Gerald Ottman <giottman@duke-energy.com>
cc:
Subject: Re: LPI Pump Code of Construction

Gerry

The below pumps were also delivered under the same criteria.

Best regards

Lee Holliday
Nuclear Account Manager
Office 864-814-0582
Fax 864-814-6749
Mobile 864-621-6142

Holliday/mfg/idp/ingerrand@Flowserve
Gerald Ottman
<giottman@duke-en
ergy.com>

Construction

08/21/2002 03:04
PM

To: Lee
cc:
Subject: LPI Pump Code of

Questions on the code of construction are coming up during pump rebuilds on the LPI (8x21AL) and RBS (4x11A) pumps (both Safety Related).

Please confirm that your response below for HPI pump code of construction is also applicable to these pumps.

Gerry Ottman
ONS Engineering

lholliday@flow
serve.com
<giottman@duke-energy.com>

08/01/2002

To: "Gerry Ottman"
cc:
Subject: HPI Questions and

Answers

03:43 PM

Gerry

As requested I looked into the codes or construction of the HPI pumps and have the following information to offer.

Ingersoll-Rand Manufacturing codes and or procedures, Hydraulic standards of that time, and API standards 5th addition, the HPI pumps were built to no other codes.

I hope this answers your question, not exactly what you were looking for I'm sure, but the facts.

Best regards -

Lee Holliday

Nuclear Account Manager

Office 864-814-0582

Fax 864-814-6749

Mobile 864-621-6142

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

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

1a. Date 5-14-02

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98409648
 Repair Organization Job # _____

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**

3b. NSM or MM # NA

4. Identification of System HIGH PRESSURE INJECTION Class 2

5. (a) Applicable Construction Code SEE ATTACHED LTR. Edition, NA Addenda, NA Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports.)

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	HPI PUMP 1C	INGERSOLL RAND	28187	NA	NA	1968	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	HPI PUMP 1C	INGERSOLL RAND	41031	NA	NA	1968	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	BOLTING 1 1/4" X 9"	NA	NA	NA	FOR DISCHARGE FLANGE	NA	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D	BOLTING 7/8" X 6"	NA	NA	NA	FOR SUCTION FLANGE	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 REPLACED HPI PUMP IC WITH SPARE PUMP.
REPLACED BOLTING ON SUCTION FLANGE 16 NUTS 7/8
+ 8 STUDS - 7/8". REPLACED 8-1 1/4" STUDS ON THE
DISCHARGE FLANGES.

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

Pressure _____ psig

Test Temp. N.O.T. °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks TEST NO. 12 FR-621 W.O.# 98409648-03

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed A. Z. Blumhagen QA TECH. SPEC. Date 8-17-02
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of North Carolina and employed by N3B-C7 have inspected the components described in this Owner's Report during the period 3-27-02 to 8-15-02; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

James L. Lingenfelter
 Inspector's Signature

Commissions N.C. 1483

AWIT

National Board, State, Providence and Endorsements

Date 8-15-02

Gerald Ottman

08/01/2002 04:10 PM

To: Gilbert L Blubaugh/Gen/DukePower@DukePower

cc:

bcc:

Subject: HPI Questions and Answers

Attached is the response to my request for code of record for the HPI pumps. Please advise if you need additional information.

----- Forwarded by Gerald Ottman/Gen/DukePower on 08/01/2002 04:10 PM -----



lholliday@flowserve.c
om

08/01/2002 03:43 PM

To: "Gerry Ottman" <giottman@duke-energy.com>

cc:

bcc:

Subject: HPI Questions and Answers

Gerry

As requested I looked into the codes or construction of the HPI pumps and have the following information to offer.

Ingersoll-Rand Manufacturing codes and or procedures, Hydraulic standards of that time, and API standards 5th addition, the HPI pumps were built to no other codes.

I hope this answers your question, not exactly what you were looking for I'm sure, but the facts.

Best regards

Lee Holliday
Nuclear Account Manager
Office 864-814-0582
Fax 864-814-6749
Mobile 864-621-6142

1257.01
8-15/02

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

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

1a. Date 5-8-02

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

Sheet 1 of 1

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

3a. Work Order # 98485415-03
 Repair Organization Job # _____

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**

3b. NSM or MM # N/A

4. Identification of System REACTOR COOLANT Class 1

5. (a) Applicable Construction Code ASME III 19 89 Edition, N/A 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	BOLTING FOR CRDM #01	FRAMATOME	N/A	N/A	N/A	2001	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input 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 (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.

(8-1 1/8 BOLTS & 1 SET OF SPLIT RINGS.)

7. Description of Work REPLACED BOLTING & SPLIT RINGS ON CRDM #01 @

CORE LOCATION H-08

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

Pressure _____ psig

Test Temp. N.O.T. °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks REFERENCE - INTERPRETATION XI-1-89-08

(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 Ram M. Manich

RA SPEC.

Date AUG. 1, 2002

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of NORTH CAROLINA and employed by HSB-CI have inspected the components described in this Owner's Report during the period 3-28-02 to 8-8-02; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

J. S. Sweeney
Inspector's Signature

Commissions N.C. 1483

ANIT

National Board, State, Providence and Endorsements

Date 8-8-02

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

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

1a. Date 4-16-02

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98785490
 Repair Organization Job # _____

3b. NSM or MM # NA

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**

4. Identification of System REACTOR COOLANT Class 1

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

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>BOLTING FOR CROM # 07</u>	<u>FRAMATOME TECH.</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>2001</u>	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input 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 (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 8-1 1/8 BOLTS + 1 SET OF SPLIT RINGS ON CRDM
8. Test Conducted: ☐ Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐ Other ☒ Exempt # 07.
- Pressure _____ psig Test Temp. N.O.T. °F
- Pressure _____ psig Test Temp. _____ °F
- Pressure _____ psig Test Temp. _____ °F
9. Remarks REFERENCE - INTERPRETATION XI-1-89-08

(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

James M. Mammall QA SPEC.

Date

AUG 1, 2002

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of North Carolina and employed by ASB-CT have inspected the components described in this Owner's Report during the period 3-29-02 to 8-8-02; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

J. Longmeyer
Inspector's Signature

Commissions N.C. 1483

ASB-CT

National Board, State, Providence and Endorsements

Date 8-8-02

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

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

1a. Date 5-1-02

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98427065-03
 Repair Organization Job # _____

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**

3b. NSM or MM # NA
T332-2, 3, 4 / 1339-1 / 1336
1359-1 / 1359-1 / 1338-3 ALT. 1

4. Identification of System MAIN STEAM & REACTOR COOLANT Class 1

5. (a) Applicable Construction Code ASME III 19 65 Edition, SUMMER 1967 Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports.)

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	BOLTING ON OTSG 1A	BAW	620-0003-55-1	N-103	NA	1969	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	LOWER PRIMARY MANWAY						<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)

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7. Description of Work REPLACED 1-2" STUD & 1-2" NUT ON 1A-OTSG LOWER PRIMARY MANWAY.

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

Pressure _____ psig Test Temp. N.O.T. °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks REFERENCE - INTERPRETATION XL X1-1-89-08
2nd
08-01-02

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature]

Owner or Owner's Designee, Title

Date AUG 1, 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 Providence of North Carolina and employed by HSB-CT have inspected the components described in this Owner's Report during the period 8-20-02 to 8-8-02, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions N.C. 1483

ANITE

National Board, State, Providence and Endorsements

Date 8-8-02

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

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

1a. Date 4-16-02
 Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98487570
 Repair Organization Job # _____

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**

3b. NSM or MM # NA

4. Identification of System REACTOR COOLANT Class 1

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

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	BOLTING FOR CRDM # 08	FRAMATOME TECH.	NA	NA	NA	2001	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input 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 (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 8-1 1/8" BOLTS & 1 SET OF SPLIT RINGS ON CRDM-08.

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

Pressure _____ psig

Test Temp. N.O.T. °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks REFERENCE - INTERPRETATION XI-1-89-08

(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 John M. Mammola QA SPEC.
Owner or Owner's Designee, Title

Date AUG 1, 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 Providence of NORTH CAROLINA and employed by HSB-CF have inspected the components described in this Owner's Report during the period 3-29-02 to 8-8-02; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

J. Longmire
Inspector's Signature

Commissions N.C. 1483

National Board, State, Providence and Endorsements

Date 8-8-02

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

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

1a. Date 4-16-02

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

Sheet 1 of 1

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

3a. Work Order # 98487572

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**

Repair Organization Job # _____

3b. NSM or MM # NX

4. Identification of System: REACTOR COOLANT Class 1

5. (a) Applicable Construction Code ASME III 1989 Edition, NX Addenda, NX 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	BOLTING FOR CRDM #09	FRAMATOME TECH.	NX	NX	NX	2001	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input 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 (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 8-1/8" BOLTS + 1 SET OF SPLIT RINGS FOR CRDM

8. Test Conducted: ☐ Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐ Other ☒ Exempt # 69.

Pressure _____ psig

Test Temp. N.O.T. °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks REFERENCE - INTERPRETATION XI-1-89-08

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] QA Spec.

Date 4/6/2002

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of North Carolina and employed by HSB-CT have inspected the components described in this Owner's Report during the period 3-29-02 to 8-8-02; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions N.C. 1483

ANIT

National Board, State, Providence and Endorsements

Date 8-8-02

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

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

1a. Date 4-16-02
 Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98487569
 Repair Organization Job # _____

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**

3b. NSM or MM # NA

4. Identification of System REACTOR COOLANT Class 1

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

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	BOLTING FOR CRDM #05	FRAMATOME TECH.	NA	NA	NA	2001	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input 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 (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 8 1 1/8" BOLTS + 1 SET OF SPLIT RINGS ON CRDM

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

Pressure _____ psig

Test Temp. N.O.T. °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks REFERENCE - INTERPRETATION XI-1-89-08

(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 Sam M. Mangill QA Spec.

Date AUG. 1, 2002

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of NORTH CAROLINA and employed by HSB-CT have inspected the components described in this Owner's Report during the period 3-29-02 to 8-8-02; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

J. Longhena
Inspector's Signature

Commissions N.C. 1483

ANTI

National Board, State, Providence and Endorsements

Date 8-8-02

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

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

1a. Date 4-30-02

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

Sheet 1 of 1

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

3a. Work Order # 98485514
 Repair Organization Job # _____

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**

3b. NSM or MM # NA

4. Identification of System REACTOR COOLANT Class 1

5. (a) Applicable Construction Code ASME III 19 86 Edition, NA Addenda, NA Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports.)

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	BOLTING FOR CRDM #04	FRAMATOME TECH.	NA	NA	NA	2001	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input 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 (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 8-1 1/8" BOLTS & 1 SET OF SPLIT RINGS ON CRDM #04.

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

Pressure _____ psig Test Temp. N.O.T. °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks REFERENCE- INTERPRETATION XI-1-89-08

(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

Sam M. Mangill RA SPEC.
Owner or Owner's Designee, Title

Date

AUG 1, 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 Providence of NORTH CAROLINA and employed by HSB-C-T have inspected the components described in this Owner's Report during the period 3-29-02 to 8-8-02; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

J. Longmiller
Inspector's Signature

Commissions

N.C. 1483

A 1111

National Board, State, Providence and Endorsements

Date

8-8-02

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

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

1a. Date 10-9-03

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98565741-02
Repair Organization Job # _____

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**

3b. NSM or MM # 13107

4. Identification of System R.B. #1 CONTAINMENT LINER Class MC

5. (a) Applicable Construction Code ASME VIII 1965 Edition, NA Addenda, NA Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports.)

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	R.B. PENETRATION	ENERGY STEEL & SUPPLY CO.	NPT30020101-2	NA	UTC No. 1060205	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	No. 1 RXPN-1M063						<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C	R.B. PENETRATION	ENERGY STEEL & SUPPLY CO.	NPT30020101-1	NA	UTC No. 1060205	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
D	No. 1 RXPN-1M064						<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 MODIFIED PENETRATIONS 1RX PN1M063 + 64.

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks LEAK RATE TEST PT 11/A/0150/03A

(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

Paul Marshall QA SPEC.
Owner or Owner's Designee, Title

Date DEC 10, 2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of North Carolina and employed by HSBCT have inspected the components described in this Owner's Report during the period 10/13/03 to _____; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Nancy C. Fitch-Slaughter
Inspector's Signature

Commissions

NC1169 AB N/I

National Board, State, Providence and Endorsements

Date 12/10/03

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

Pg. 1 of 2

Manufactured and certified by Energy Steel & Supply Co. 2715 Paldan Drive, Auburn Hills, MI 48326

(Name and address of NPT Certificate Holder)

Manufactured for Duke Energy Corporation, 13225 Hagers Ferry Road, Huntersville, NC 28078-8985

(Name and address of purchaser)

Location of installation Duke Energy Corporation - Oconee Nuclear Station, Seneca, SC 29672

(Name and address)

Type 1347 Rev. 2 See Remarks 70 ksi N/A 2003

(drawing no.)

(mat'l spec. no.)

(tensile strength)

(CRN)

(year built)

ASME Code, Section III, Division 1: 1992 1992 NC 2 and NE MC N/A

(edition)

(addenda date)

(class)

(Code Case no.)

Fabricated in accordance with Const. Spec. (Div. 2 only) Revision Date

(no.)

Remarks: Duke Power PO NM13182 and Specification No. OSS-243.00-00-0016 Rev. 00; Hydro of Process Pipe only.Data Report Line 4 Material Spec and Tensile Strength as follows: Pipe - SA106 Gr C 70ksi Code Class MC; Ellipsoidal Head -
SA 516-Gr 70 70ksi Code Class MC; Pipe - SA312 TP316L 70ksi Code Class 2; Cap - SA403 WP316L 70ksi Code Class 2Nom. thickness (in.) .562 Min. design thickness (in.) .492 Dia. ID (ft & in.) 1ft 4in Length overall (ft & in.) 6ft 9.5in

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	Part or Appurtenance Serial Number	National Board No. in Numerical Order
(1) <u>NPT30020I01-1</u>		(26)	
(2) <u>NPT30020I01-2</u>		(27)	
(3)		(28)	
(4)		(29)	
(5)		(30)	
(6)		(31)	
(7)		(32)	
(8)		(33)	
(9)		(34)	
(10)		(35)	
(11)		(36)	
(12)		(37)	
(13)		(38)	
(14)		(39)	
(15)		(40)	
(16)		(41)	
(17)		(42)	
(18)		(43)	
(19)		(44)	
(20)		(45)	
(21)		(46)	
(22)		(47)	
(23)		(48)	
(24)		(49)	
(25)		(50)	

Design pressure 170 psi. Temp. 150 °F. Hydro. test pressure 255 at 72F 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
on each sheet, (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

This form (E00040) may be obtained from the Order Dept., ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300.

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

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

1a. Date **10-28-03**

Sheet **1** of **1**

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # **98242851**
 Repair Organization Job # _____

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**

3b. NSM or MM # **14554**

4. Identification of System **LIQUID WASTE DISPOSAL** Class **2** **SYS. ANSI B31.7 2/1968 W/6/1968 ADDENDA.**

5. (a) Applicable Construction Code **ASME III** 19 **77** Edition, **WINTER 1978** Addenda, **NA** Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports.)

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
* A	VLV. 1-LWD-2	ITT	645680-1-3	8269	UTC# 1016464	2000	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	VLV. 1-LWD-2	ITT	NA	NA	NA	NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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 VLV. 1LWD-002.

8. Test Conducted: ☐ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐ Exempt

Pressure 60 psig

Test Temp. N.O.T °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks

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

TEST NO. 12FRN-683

(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

James J. Mancini QA Spec.

Date

DEC 10, 2003

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 Providence of NEW YORK and employed by H5BCT have inspected the components described in this Owner's Report during the period 9/17/03 to 12/10/03; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Inspector's Signature

Commissions

NY 5094 A, N, I

National Board, State, Providence and Endorsements

Date 12/10/03

FORM NPV-1 CERTIFICATE HOLDERS' DATA REPORT FOR NUCLEAR PUMPS OR VALVES
As Required by the Provisions of the ASME Code, Section III, Div. 1

1. Manufactured by ITT Engineered Valves, 33 Centerville Road, Lancaster, PA 17603
 (Name and Address of N Certificate Holder)
2. Manufactured for Duke Power Company, Charlotte, NC 28201
 (Name and Address of Purchaser or Owner)
3. Location of Installation Oconee Nuclear Station, 155 Pickens Hwy. (SC HWY 183) Seneca, SC
 (Name and Address)

4. Pump or Valve Valves Nominal inlet size 2" ✓ (in) Outlet Size 2" (in)

(a) Model No., Series No. or Type	(b) N Certificate Holder's Serial No.	(c) Canadian Registration No.	(d) Drawing No.	(e) Class	(f) Nat'l Bd. No.	(g) Year Built
(1) Diaphragm Valve	645680-1-1	NA	SD-D-118112 Rev B	2	8267	2000
(2) Diaphragm Valve	645680-1-2	NA	SD-D-118112 Rev B	2	8268	2000
(3) Diaphragm Valve	645680-1-3	NA	SD-D-118112 Rev B	2	8269	2000
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

5. Nuclear Power Plant
 (Brief description of service for which equipment was designed)

6. Design Conditions 100 (Pressure) psi 300 (Temperature) °F or Valve Pressure Class 150

7. Cold Working Pressure 205 psi at 100°F.

8. Pressure Retaining Pieces

Mark No.	Material Spec. No.	Manufacturer	Remarks
(a) Castings			
Bodies	ASME SA351 Grade CF8 ✓	Post Precision Castings, Inc.	Heat #s FMTC-1, -4, -5
Bonnets	ASME SA351 Grade CF8 ✓	Post Precision Castings, Inc.	Heat # FSTR-W12, -W13, -W14
(b) Forgings			

Mark No.	Material Spec. No.	Manufacturer	Remarks
(c) Bolting			
Studs	ASME SA453, Grade 660 B	Nova Machine Corp.	Heat # 523042
Nuts	ASME SA194, Grade 8	Allied Nut & Bolt	Heat # 1G8827
(d) Other Parts			
Vent Plug	ASME SA479 Type 410	Nova Machine Products	Heat # 527348

1. Hydrostatic test 450 psi Disk differential pressure 80 psi

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and that this pump, or valve, conforms to the rules of constructions of the ASME Code for Nuclear Power Plant Components. Section III, Div. I., Edition 1977, Addenda Winter 1978, Code Case No, NA. Date 2/16/00

Signed ITT Engineered Valves by R. L. Edwards

Our ASME Certificate of Authorization No. N2649 to use the N symbol expires 7/6/99
(N) (Date)

CERTIFICATION OF DESIGN

Design information on file at Engineered Valves, 33 Centerville Rd, Lancaster, PA 17603

Stress Analysis Report (Class 1 only) on file at NA

Design Specifications certified by (1) Terry L. Edwards

PE State NC Reg. No. 11149

Stress Analysis Certified by (1) NA

PE State NA Reg. No. NA

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 Pennsylvania and employed by H.S.B.I. & I. Company of Hartford, Connecticut have inspected the pump, or valve, described in this Data Report on 2-16-19-2000, and state that to the best of my knowledge and belief, the N Certificate Holder has constructed this pump, or valve, in accordance with the ASME Code, Section III.

By signing this certificate, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the 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 2-16-19-2000

[Signature]
(Inspector)

Commissions NB B155(N) PA 2219
(Nat'l Bd., (including endorsements) State, 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 **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date **10-29-03**

Sheet **1** of **1**

2. Plant **Oconee Nuclear Station**
Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # **98242448**
Repair Organization Job # _____

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**

3b. NSM or MM # **14555**

4. Identification of System **LIQUID WASTE DISPOSAL** Class **2** **XX ANSI B31.7 2/68 EDITION W/6/68 ADDENDA**
5. (a) Applicable Construction Code **ASME III** 19 **77** Edition, **1978** Addenda, **NA** Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports.)

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
* A	VLV. 1LWD-1	ITT	648075-3-2	8271	UTC # 1018752	2000	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	VLV. 1LWD-1	ITT	(NO INFORMATION AVAILABLE) NA	NA	NA	NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
** C	PIPING	D.P.Co.	NA	NA	NA	7/73	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work REPAIRED VLV. 1 WLD-1 & ASSOCIATED PIPING.
8. Test Conducted: ☐ Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐ Other ☐ Exempt
- Pressure 100 psig Test Temp. N.O.T. °F
- Pressure _____ psig Test Temp. _____ °F
- Pressure _____ psig Test Temp. _____ °F
9. Remarks PERFORMED SYS. LEAK TEST & NDE PER ASME CODE
CASE N-416-1.
TEST # 12 FRN-683

(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

Lauri M. Mancill RA SPEC.
 Owner or Owner's Designee, Title

Date

NOV 24 2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of NORTH CAROLINA and employed by HSB CT have inspected the components described in this Owner's Report during the period 8/27/03 to 11/24/03; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Inspector's Signature

Commissions

NC 1444 NIBSC

National Board, State, Providence and Endorsements

Date

11/26/03

FORM NPV-1 CERTIFICATE HOLDERS' DATA REPORT FOR NUCLEAR PUMPS OR VALVES
As Required by the Provisions of the ASME Code, Section III, Div. 1

1. Manufactured by ITT Engineered Valves, 33 Centerville Road, Lancaster, PA 17603
 (Name and Address of N Certificate Holder)
2. Manufactured for Duke Power Company, Charlotte, NC 28201
 (Name and Address of Purchaser or Owner)
3. Location of Installation Oconee Nuclear Station, 155 Pickens Hwy. (SC HWY 183) Seneca, SC
 (Name and Address)

4. Pump or Valve Valves Nominal inlet size 2" ☒ Outlet Size 2" ☒
 (in) (in)

(a) Model No., Series No. or Type (b) N Certificate Holder's Serial No. (c) Canadian Registration No. (d) Drawing No. (e) Class (f) Nat'l Bd. No. (g) Year Built

(1)	Diaphragm Valve	648075-3-1	NA	SD-D-118135 Rev A	2	8270	2000
(2)	Diaphragm Valve	648075-3-2	NA	SD-D-118135 Rev A	2	8271	2000
(3)	Diaphragm Valve	648075-3-3	NA	SD-D-118135 Rev A	2	8272	2000
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							

5. Nuclear Power Plant
 (Brief description of service for which equipment was designed)

6. Design Conditions 100 psi 300 °F or Valve Pressure Class 150
 (Pressure) (Temperature)

7. Cold Working Pressure 205 psi at 100°F.

8. Pressure Retaining Pieces

Mark No.	Material Spec. No.	Manufacturer	Remarks
(a) Castings			
Bodies	ASME SA351 Grade CF8	Post Precision Castings, Inc.	Heat #s FVRB-2, -4, & -5
Bonnets	ASME SA351 Grade CF8	Stainless Foundry & Engineering	Heat # 53795-2 -5, & -6
(b) Forgings			

Mark No.	Material Spec. No.	Manufacturer	Remarks
(c) Bolting			
Studs	ASME SA453, Grade 660 B	Nova Machine Corp.	Heat # 525435
Nuts	ASME SA194, Grade 8	Allied Nut & Bolt	Heat # 1G8827
(d) Other Parts			
Vent Plug	ASME SA479 Type 410	Nova Machine Products	Heat # 527348

1. Hydrostatic test 450 psi Disk differential pressure 80 psi

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and that this pump, or valve, conforms to the rules of constructions of the ASME Code for Nuclear Power Plant Components. Section III, Div. I., Edition 1977 ✓, Addenda Winter 1978 ✓, Code Case No, NA. Date 4-12-00

Signed ITT Engineered Valves by RL CB

Our ASME Certificate of Authorization No. N2649 to use the N symbol expires 7/6/2002
(N) (Date)

CERTIFICATION OF DESIGN

Design information on file at Engineered Valves, 33 Centerville Rd, Lancaster, PA 17603

Stress Analysis Report (Class 1 only) on file at NA

Design Specifications certified by (1) Terry L. Edwards

PE State NC Reg. No. 11149

Stress Analysis Certified by (1) NA

PE State NA Reg. No. NA

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 Pennsylvania and employed by H.S.B.I. & I. Company of Hartford, Connecticut have inspected the pump, or valve, described in this Data Report on 4-12-00 PS 2000, and state that to the best of my knowledge and belief, the N Certificate Holder has constructed this pump, or valve, in accordance with the ASME Code, Section III.

By signing this certificate, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the 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 4-12-00 PS 2000

[Signature]
(Inspector)

Commissions NBB155(N) PA2219
(Nat'l Bd., (including endorsements) State, 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 **Duke Power Company**
 Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 10-9-03

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98603808-01
 Repair Organization Job # _____

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**

3b. NSM or MM # _____

4. Identification of System REACTOR COOLANT Class 1

5. (a) Applicable Construction Code ASME III 19 89 Edition, N/A 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 Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	BODY TO BONNET SEAL WELD ON	D.P. Co.	N/A	N/A		N/A	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	IRC-4 VLV.						<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 MADE BODY TO BONNET SEAL WELD ON VLV.-IRC-4.

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks NA

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed D. J. Blum

QA TECH. SPEC.

Date 10-9-03

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 Providence of North Carolina, and employed by HSBCT have inspected the components described in this Owner's Report during the period 7/2/03 to 10/9/03; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Nancy C. Ritchie-Slaughter
Inspector's Signature

Commissions

NC1169 AB NF

National Board, State, Providence and Endorsements

Date 10/9/03

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

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

1a. Date 4-11-02

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98238683
Repair Organization Job # _____

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**

3b. NSM or MML # 14486

4. Identification of System DEMINERALIZED WATER Class 2

5. (a) Applicable Construction Code ANSI B31.1 7/1967 ASME III 19 83 Edition, WINTER 1984 Addenda, NA Code Cases

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

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VLV. ** 1 DW-60	VELAN	992115-8	NA	NA	1999	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	VLV. * 1 DW-60	GRINNELL	NA	NA	NA	NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	VLV. ** 1 DW-59	VELAN	992115-3	NA	NA	1999	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
D	VLV. * 1 DW-59	GRINNELL	NA	NA	NA	NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
E	PIPING *	D.P.Co.	NA	NA	NA	7/73	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input 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

* NO INFORMATION AVAILABLE, TAGS MISSING FROM VLV'S.

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 PIPING + VLV'S. 1DW59+60.

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

Pressure 325 psig

Test Temp. >50 °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks PERFORMED HYDRO.

W.O. # 98238685-06 TEST No. 12HR-622

(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 Sam M. Mancini

Owner or Owner's Designee, Title

Date APRIL 20, 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 Providence of VIRGINIA and employed by HSB CS have inspected the components described in this Owner's Report during the period 11-19-01 to 4-21-02; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

William E. White
Inspector's Signature

Commissions VA538

National Board, State, Providence and Endorsements

Date 4/21/02

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

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

1a. Date 1-21-04
 Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98464588-04
 Repair Organization Job # _____

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**

3b. NSM or MM # N/A

4. Identification of System LOW PRESSURE SERVICE WATER Class 2

5. (a) Applicable Construction Code ASME B31.1 1976 Edition, NA Addenda, NA Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports.)

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	BOLTING ON 1A RBCU COILS	NA	NA	NA	NA	7/93	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	# 3 & 4						<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 BYTING ON SUPPLY & DISCHARGE LPSW
HEADER FLANGES ON 1A RBLU. USED 8 STUDS &
16 NUTS ON EACH SET OF FLANGES TOTAL USED 32 STUDS
& 64 NUTS. SIZE'S 5/8" NUTS & 5/8 X 3/4" STUDS.*

8. Test Conducted:

☐ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☒ Exempt

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks

N/A

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp *N/A*

Certificate of Authorization No. *N/A*

Expiration Date *N/A*

Signed

William S. Blodgett
Owner or Owner's Designee, Title

Date

1-22-04

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of *North Carolina* and employed by *HSBCT* have inspected the components described in this Owner's Report during the period *1/22/04* to *1/22/04*; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Woney Britton Slaughter
Inspector's Signature

Commissions

NC1169 ABNT

National Board, State, Providence and Endorsements

Date

1/22/04

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

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

1a. Date 10-23-03

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98394163-01,26
 Repair Organization Job # _____

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**

3b. NSM or MM # 15412

4. Identification of System LOW PRESSURE INJECTION Class 2

5. (a) Applicable Construction Code ANSI B31.7 1968 Edition, 6/68 Addenda, NA Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports.)

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VLV. 1LPSW-16	WALWORTH	NA	NA	NA	NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	VLV. 1LPSW-16	CRANE	C9881	NA	UTC 1054948	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C	FLIPING	D.P. Co.	NA	NA	NA	7/93	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work REPLACED VLV. 1LP-16 + ASSOCIATED PIPING.

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

Pressure 440 psig

Test Temp. N.O.T. °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks

TEST # 12FRN-582
PERFORMED SYS. LEAK TEST + NDE PER ASME
CODE CASE N416-1.

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed

William H. Blumhugh SA. SPCL.
Owner or Owner's Designee, Title

Date 1-26-04

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of North Carolina and employed by HSBCT have inspected the components described in this Owner's Report during the period 7/10/03 to 7/26/04; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Nancy C. Ritchie-Slaughter
Inspector's Signature

Commissions

NC-1169 ABNT

National Board, State, Providence and Endorsements

Date 1/26/04

Pg. 1 of 2

This form (E00037) may be obtained from the Order Dept. ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300.

FORM NPV-1 (Back) — Pg. 2 of 2

Certificate Holder's Serial No. C9881, C9883, C9884

8. Design conditions 560 psi 300 °F or valve pressure class _____ (1)
(pressure) (temperature)
9. Cold working pressure 720 psi at 120°F
10. Hydrostatic test 1100 psi. Disk differential test pressure 795 psi
11. Remarks: PO NO. ON 41905 003, SO No. 11911-01, 4" Gate Valve with Limitorque SMB-00-15 Operator
Duke Item No. DMV-1296
Bonnet Leak-Off Pipe Nipple: Ht. # 445811, Bonnet Leak-Off Pipe Nipple Cap: Ht. # JDZ
Low Pressure Injection System
Reworked per PO NO. NM 9350, SO No. 14708-03

CERTIFICATION OF DESIGN

Design Specifications certified by Royce L. Williams P.E. State NC Reg. no. 8010
Design Report certified by N/A 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 pump or valve conforms to the rules for construction of the ASME Code, Section III, Division 1.

N Certificate of Authorization No. N-2899 Expires September 24, 2005

Date January 24, 2003 Name CRANE Nuclear, Inc. Signed Jerome A. Kurkowski
(N Certificate Holder) (Senior QA Engineer)

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 Illinois and employed by HSBCT of Hartford, CT have inspected the pump, or valve, described in this Data Report on January 24, 2003 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 loss of any kind arising from or connected with this inspection.

Date 01/24/03 Signed Lodd Ward Commissions Illinois 1903
(Authorized Nuclear Inspector) (Natl. 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 **Duke Power Company**
 Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date **10-7-03**

Sheet **1** of **1**

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # **98394161**
 Repair Organization Job # _____

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**

3b. NSM or MM # **15410**

4. Identification of System **LOW PRESSURE INJECTION** Class **2** ****PIPING: ANSI B31.7 2/1968 w/6/1968**
 Addenda **NA** Code Cases **ADDENDA**

5. (a) Applicable Construction Code ***ASME III** 19**89** Edition, **1990** Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports.)

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VLV. ILP-15	W.M. POWELL	58150	NA	NA	NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
*B	VLV. ILP-15	CRANE	29880	NA	UTC No. 1054947	2003	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
**C	PIPING	D.P. Co.	NA	NA	NA	7/73	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work REPLACED VLV. 1-LP-15 & ASSOCIATED PIPING.

8. Test Conducted: ☐ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐ Exempt

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks PERFORMED SYS. LEAK TEST & NDE PER ASME CODE CASE
N 416-1. TEST No. 12FRN583 - VLV 1LP-15 THRU 1LP-54 TO
HPI SUCTION HEADER, 1HP-97 TO HPI SUCTION HEADER. TEST No
12FRN-676 - VLV 1LP-1 TO 1LP-2 & 1LP-176 TO 1LP-177 & INLET

(Applicable Manufacturer's Data Records to be Attached)

- WELDS FOR 1LP-15 & 1LP-16.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed A. L. [Signature] QA TECH. SPEC. Date 2-5-04
 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 Providence of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 7/9/03 to _____; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Nancy C. Ritchie Slaughter Commissions NC1169ABNI
 Inspector's Signature National Board, State, Providence and Endorsements

Date 2/5/04

Pg. 1 of 2

- (a)
Cert.
Holder's
Serial No.

C9880

(b)
Nat'l
Board
No.

N/A

(c)
Body/Casing
Serial
No.

C9911

(d)
Bonnet/Cover
Serial
No.

C9897

(e)
Disk
Serial
No.

C9904

This form (E00037) may be obtained from the Order Dept. ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300.

FORM NPV-1 (Back) — Pg. 2 of 2

Certificate Holder's Serial No. C9880

- 8 Design conditions 560 psi 300 °F or valve pressure class _____ (1)
(pressure) (temperature)
9. Cold working pressure 720 psi at 120°F
10. Hydrostatic test 1100 psi. Disk differential test pressure 795 psi
11. Remarks: PO NO. ON 41905 003, SO No. 11911-01, 4" Gate Valve with Limatorque SMB-00-15 Operator
Duke Item No. DMV-1296
Bonnet Leak-Off Pipe Nipple: Ht. # 445811, Bonnet Leak-Off Pipe Nipple Cap: Ht. # JDZ
Low Pressure Injection System
Reworked per PO NO. NM 9350, SO No. 14708-02

CERTIFICATION OF DESIGN

Design Specifications certified by Royce L. Williams P.E. State NC Reg. no. 8010
 Design Report certified by N/A 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 pump or valve conforms to the rules for construction of the ASME Code, Section III, Division 1.

N Certificate of Authorization No. N-2899 Expires September 24, 2005
 Date January 24, 2003 Name CRANE Nuclear, Inc. Signed Jerome A. Kurowski
 (N Certificate Holder) (P.E., Senior QA Engineer)

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 Illinois and employed by HSBCT of Hartford, CT have inspected the pump, or valve, described in this Data Report on January 24, 2003 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 loss of any kind arising from or connected with this inspection.

Date 01/24/03 Signed Todd Ward Commissions Illinois 1903
 (Authorized Nuclear Inspector) (Natl. 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 **Duke Power Company**
 Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 12/3/03

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98616785-02
 Repair Organization Job # _____

3b. NSM of MM # 17722

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**

4. Identification of System Main Steam Class 2

5. (a) Applicable Construction Code B31.1 1967 Edition, _____ Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports.)

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>Bolting</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>1973</u>	<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 (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 (18) 1 1/4" nuts on valve IMS-153

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks

N/A

(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 Platoon/OC Specialist

Date 12/3/03

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 Providence of NORTH CAROLINA and employed by HSB CT have inspected the components described in this Owner's Report during the period 2/12/04 to 2/14/04; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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


Inspector's Signature

Commissions NC 1444 NITAC

National Board, State, Providence and Endorsements

Date 2/14/04

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

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

1a. Date 12/3/03

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98616788-02
 Repair Organization Job # _____

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**

3b. NSM of MM # 17723

4. Identification of System Main Steam Class 2

5. (a) Applicable Construction Code B31.1 1967 Edition, _____ Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports.)

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Bolting	N/A	N/A	N/A	N/A	1973	<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 (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 (18) 1 1/8 studs + (18) 1 1/8 nuts on IMS-155

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks N/A

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

Date 12/03/03

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of NORTH CAROLINA and employed by HSB CT have inspected the components described in this Owner's Report during the period 2/12/04 to 2/14/04; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions NC 1444 DTAB
National Board, State, Providence and Endorsements

Date 2/14/04

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

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

1a. Date 12/3/03

Sheet 1 of 4

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98477776-01
 Repair Organization Job # _____

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**

3b. NSM or MM # _____

4. Identification of System Low Pressure Injection Class 1

5. (a) Applicable Construction Code B31.7 1968 Edition, 6/68 Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports.)

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Valve ILP-1	Walworth	C43768	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 (Back)

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

7. Description of Work Replaced wedge in 12" LLP-1 valve.

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks N/A

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed A. Hooks / QC Specialist Date 12/3/03
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 Providence of NORTH CAROLINA and employed by HSB CT have inspected the components described in this Owner's Report during the period 12/3/03 to 12/3/03; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions NC NBB NBSC
National Board, State, Providence and Endorsements

Date 12/3/03

Authorized Signature Manager, Quality Assurance

April 22, 1977

For: Babcock & Wilcox Company
Power Generation Group
Barberton, Ohio 44203
PO 698219KC

Walworth Co. order PP38667

We certify that the following valve parts are furnished in accordance with the requirements and specifications as called for on Purchase order 698219-KC. This certification is in accordance with ANSI N45.2.10.

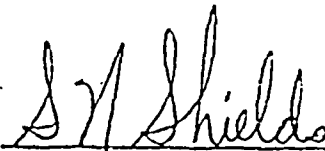
#	Qty.	DPCO Item	Description	QA#	Fin. P/N	Heat #	Specification
1	.05		Wedge for 10" 1500#	18106	A641310	705E P2	ASTM A351, CF8
2	.40		Disc for 8" Globe	18107	0638766	F507 F509	ASTM A216, WCB
2	.41		Seat Ring for 8" Globe	18108	0600553	N/A	Monel Metal
2	.42		Disc. Locknut for 8" Globe	18109	0600436	N/A	ASTM A182, F6 n
2	.46		Seat Rings for 10" Gate	18110	0600294	N/A	Monel Metal
2	.49		Wedge for 16" Gate	18111	0638786	C512 C605	ASTM A216, WCB.
2	.51		Stem for 16" Gate	18112	0638787	71WH3	ASTM A182, F6 n
2	.140		Seat Ring for 4" Gate	18113	0600287	N/A	Monel Metal
2	.285		Disc for 2" Globe		0638789	F568 P1 & P2	ASTM A216, WCB.
2	.286		Seat Ring for 2" Globe	18114	0600546	N/A	Monel Metal
2	.290		Wedge for 8" Gate	18115	A638788	172N 371X	ASTM A216, WCB.
1	.294		Wedge for 8" Gate	18116	0600127	299S	ASTM A216, WCB
3	.304		Wedge for 8" Gate	18117	A638788	741X ✓ 531S ✓ 870S ✓	ASTM A216, WCB

PH 12/3/03

#	Qty.	Description	Fin. P/N	Heat #	Specification
	3	306 Stem for 8" Gate 18118'	0638760	71WJ3	ASTM A182, F6 mod
	3	313 Stem Nut for 14" 1500# Gate	0631101	N/A	Bronze QA 18119
	2	423 Wedge for 12" 1500# Gate 18120	A642626	732E P2 867E	ASTM A351, CF8M

All parts herein certified have been cleaned in accordance with ANSI N45.2.2, Level C, in accordance with Walworth procedure WC2.

All parts are interchangeable (in form, fit and function) with those parts originally supplied on Babcock and Wilcox's purchase order 80772Z, and can be used for Babcock and Wilcox's valve mark numbers as specified by your order.



S. N. Shields, Manager of Quality Assurance

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

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

1a. Date 12-9-03

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98359462-01
 Repair Organization Job # _____

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**

3b. NSM or MM # _____

4. Identification of System Feedwater Class 2

5. (a) Applicable Construction Code B31.1 1967 Edition, _____ Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports.)

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>Bolting</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>1973</u>	<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 (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 (12) 7/8" studs + (24) 7/8" nuts on 4" IFDW-334
Body / Bonnet.

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks N/A

(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 P. J. Hooker / or Specialist
Owner or Owner's Designee, Title

Date 12/9/03

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of NEW YORK and employed by HSBC have inspected the components described in this Owner's Report during the period 10/3/03 to 12/9/03; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions NY 5094 A, N, I
National Board, State, Providence and Endorsements

Date 12/9/03

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

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

1a. Date 1/6/04

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98502142-37
 Repair Organization Job # _____

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**

3b. NSM or MM # _____

4. Identification of System Hydrogen Class 2

5. (a) Applicable Construction Code B31.7 1968 Edition, 6/68 Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports.)

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Bolting	N/A	N/A	N/A	N/A	1973	<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 (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 (16) 5/8" nuts on inlet/outlet flanges (2") on Hydrogen Recombiner

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks N/A

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed Altohn / OC Specialist
Owner or Owner's Designee, Title

Date 1/6/04

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of NORTH CAROLINA and employed by HSB CT have inspected the components described in this Owner's Report during the period 1/6/04 to 1/6/04; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions NC1444 NBAB

National Board, State, Providence and Endorsements

Date 1/6/04

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

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

1a. Date 12/3/03

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **7800 Rochester Hwy. Seneca, S.C. 29672**

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

3a. Work Order # 98561348-03
 Repair Organization Job # _____

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**

3b. NSM or MM # 13105 Am1

4. Identification of System Building Spray Class 2

5. (a) Applicable Construction Code B31.7 1968 Edition, 6/68 Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports.)

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Bolting	N/A	N/A	N/A	N/A	1973	<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 (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 (12) 1" studs + (24) 1" nuts on 1B5FE0003 8" Flange

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks N/A

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed PI Book / QC Specialist
Owner or Owner's Designee, Title

Date 12/15/03

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 10/4/03 to 12/15/03; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Nancy C. Ritchie Slaughter Commissions
Inspector's Signature

NC1169 ABNT
National Board, State, Providence and Endorsements

Date 12/15/03

6.0 Pressure Testing

This summary is a pressure test completion status for the third period of the third ten-year interval. Table 6-1 shows the pressure tests completed from refueling outage EOC-20 through refueling outage EOC-21. There were no relevant conditions observed during these pressure tests.

Table 6-1		
<i>Examination Category</i>	<i>Test Requirement</i>	<i>Total Examinations Credited For This Outage</i>
B-E	System Hydrostatic Test (IWB-5222)	0
B-P	System Leakage Test (IWB-5221)	1 ¹
B-P	System Hydrostatic Test (IWB-5222)	3
C-H	System Inservice/Functional Test (IWC-5221)	3
C-H	System Hydrostatic Test (IWC-5222)	11

A detailed description of each Examination Category listed above is located in subsection 6.1 of this report. Results of each Examination Category listed above are located in subsection 6.2 of this report.

¹ A Category B-P leakage test was performed on Class A components where no Category B-P hydro test was performed.

Table 6-2 shows a completion status of pressure tests conducted during the third period of the third ten-year interval

Table 6-2				
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)	1	1	100%
B-P	System Leakage Test (IWB-5221)	1	1	100%
B-P	System Hydrostatic Test (IWB-5222)	6	4 ²	66.67%
C-H	System Inservice/Functional Test (IWC-5221)	10	10	100%
C-H	System Hydrostatic Test (IWC-5222)	79	79	100%

² 2 of the 6 required Category B-P hydrostatic tests were not completed by the end of the 10-year interval. Reference Problem Investigation Process (PIP) serial number O-04-01094.

6.1 Required Examinations This Outage:

A listing of each pressure test and associated VT-2 Visual Examination conducted from EOC-20 through EOC-21 is included in this section.

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

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

This Report Was Generated On:
03/03/2004

Duke Power Company - Oconee Unit 1 Pressure Testing Zone Number Listing

Outage 21

Int = 3
Period = 3

Zone Number	Boundary Drawing	Required Test L / I / F / H				System Name	Required Inspection	Required Procedure	Plan Addenda	ASME Item Number(s)	Comments
OZ1H-1X	O-ISIH-102A-1.1				X	Reactor Coolant	VT-2	QAL-15	None	B15.51 B15.71	None
OZ1H-98	O-ISIH-102A-1.3				X	Reactor Coolant	VT-2	QAL-15	None	B15.51 B15.71	None
	O-ISIH-102A-1.2				X	Reactor Coolant	VT-2	QAL-15	None	B15.51 B15.71	None
OZ1H-99	O-ISIH-102A-1.2				X	Reactor Coolant	VT-2	QAL-15	None	B15.51 B15.71	None
	O-ISIH-102A-1.3				X	Reactor Coolant	VT-2	QAL-15	None	B15.51 B15.71	None
OZ1L-1	O-ISIL-100A-1.1	X				Reactor Coolant	VT-2	QAL-15	None	B15.10 B15.30 B15.50 B15.60 B15.70 C7.30 C7.70	Class B portion of this zone is to compensate for the required double isolation valve Class A exam.
	O-ISIL-100A-1.2	X				Reactor Coolant	VT-2	QAL-15	None	B15.20 B15.50 B15.70 C7.30 C7.70	Class B portion of this zone is to compensate for the required double isolation valve Class A exam.
	O-ISIL-100A-1.3	X				Reactor Coolant	VT-2	QAL-15	None	B15.50 B15.60	None
	O-ISIL-101A-1.1	X				Reactor Coolant	VT-2	QAL-15	None	B15.50	Class B portion of this

**Duke Power Company - Oconee Unit 1
Pressure Testing Zone Number Listing**

Outage 21

**Int = 3
Period = 3**

Zone Number	Boundary Drawing	Required Test L / I / F / H				System Name	Required Inspection	Required Procedure	Plan Addenda	ASME Item Number(s)	Comments
OZ1L-1										B15.70	zone is to compensate for the required double isolation valve Class A exam.
	O-ISIL-101A-1.4	X				Reactor Coolant	VT-2	QAL-15	None	B15.50 B15.70	None
	O-ISIL-101A-1.5	X				Reactor Coolant	VT-2	QAL-15	None	B15.50 B15.70	None
	O-ISIL-102A-1.1	X				Reactor Coolant	VT-2	QAL-15	None	B15.50 B15.70	None
	O-ISIL-102A-1.2	X				Reactor Coolant	VT-2	QAL-15	None	B15.50 B15.70	None
	O-ISIL-102A-1.3	X				Reactor Coolant	VT-2	QAL-15	None	B15.50 B15.70	None
	O-ISIL-110A-1.1	X				Chemical Addition	VT-2	QAL-15	None	B15.50 B15.70	None
	O-ISIL-110A-1.4	X				Chemical Addition	VT-2	QAL-15	None	B15.50 B15.70	None
	O-ISIL-127B-1.2	X				High Pressure Service Water	VT-2	QAL-15	None	B15.50 B15.70	None

Duke Power Company - Oconee Unit 1
Pressure Testing Zone Number Listing

Outage 21

Int = 3
Period = 3

Zone Number	Boundary Drawing	Required Test L / I / F / H				System Name	Required Inspection	Required Procedure	Plan Addenda	ASME Item Number(s)	Comments
IZ1H-14A	O-ISIH-101A-1.3				X	High Pressure Injection	VT-2	QAL-15	None	C7.40 C7.60 C7.80	None
IZ1H-14B	O-ISIH-101A-1.3				X	High Pressure Injection	VT-2	QAL-15	None	C7.40 C7.80	None
OZ1H-14B	O-ISIH-101A-1.4				X	High Pressure Injection	VT-2	QAL-15	None	C7.40 C7.80	None
OZ1H-17B	O-ISIH-101A-1.2				X	High Pressure Injection	VT-2	QAL-15	O1-PT-004	C7.40	None
OZ1H-19A	O-ISIH-101A-1.5				X	High Pressure Injection	VT-2	QAL-15	None	C7.40 C7.80	None
OZ1H-27A	O-ISIH-102A-1.2				X	Low Pressure Injection	VT-2	QAL-15	None	C7.40 C7.60 C7.80	None
OZ1H-39	O-ISIH-104A-1.1				X	Spent Fuel Cooling	VT-2	QAL-15	None	C7.40 C7.80	None
OZ1H-44	O-ISIH-110A-1.1				X	Chemical Addition	VT-2	QAL-15	None	C7.40 C7.80	None
	O-ISIH-121B-1.3				X	Feedwater	VT-2	QAL-15	None	C7.20 C7.40 C7.80 D2.12	None
	O-ISIH-121B-1.5				X	Feedwater	VT-2	QAL-15	None	C7.20 C7.40 C7.80	None

This Report Was Generated On:
03/03/2004

Duke Power Company - Oconee Unit 1 Pressure Testing Zone Number Listing

Outage 21

Int = 3
Period = 3

Zone Number	Boundary Drawing	Required Test L / I / F / H				System Name	Required Inspection	Required Procedure	Plan Addenda	ASME Item Number(s)	Comments
OZ1H-44										D2.12	
	O-ISIH-121D-1.1				X	Emergency Feedwater	VT-2	QAL-15	None	C7.40 C7.80 D2.12	None
	O-ISIH-121D-1.2				X	Emergency Feedwater	VT-2	QAL-15	None	C7.40 C7.80	None
	O-ISIH-122A-1.1				X	Main Steam	VT-2	QAL-15	None	C7.40 C7.80	None
OZ1H-7B	O-ISIH-101A-1.3				X	High Pressure Injection	VT-2	QAL-15	None	C7.40 C7.80	None
	O-ISIH-102A-1.2				X	Low Pressure Injection	VT-2	QAL-15	None	C7.40 C7.80	None
OZ1H-9	O-ISIH-101A-1.3				X	High Pressure Injection	VT-2	QAL-15	None	C7.40 C7.80	None
	O-ISIH-102A-1.2				X	Low Pressure Injection	VT-2	QAL-15	None	C7.40 C7.80	None
OZ1L-1	O-ISIL-100A-1.1	X				Reactor Coolant	VT-2	QAL-15	None	B15.10 B15.30 B15.50 B15.60 B15.70 C7.30 C7.70	Class B portion of this zone is to compensate for the required double isolation valve Class A exam.
	O-ISIL-100A-1.2	X				Reactor Coolant	VT-2	QAL-15	None	B15.20	Class B portion of this

This Report Was Generated On:
03/03/2004

Duke Power Company - Oconee Unit 1 Pressure Testing Zone Number Listing

Outage 21

Int = 3
Period = 3

Zone Number	Boundary Drawing	Required Test L / I / F / H				System Name	Required Inspection	Required Procedure	Plan Addenda	ASME Item Number(s)	Comments
OZ1L-1										B15.50 B15.70 C7.30 C7.70	zone is to compensate for the required double isolation valve Class A exam.
OZ1L-27A	O-ISIL-102A-1.2		X			Low Pressure Injection	VT-2	QAL-15	None	C7.30 C7.50 C7.70	None
OZ1L-7	O-ISIL-101A-1.2		X			High Pressure Injection	VT-2	QAL-15	None	C7.30 C7.70	None
	O-ISIL-101A-1.3		X			High Pressure Injection	VT-2	QAL-15	None	C7.30 C7.70	None

6.2 Examination Results For This Outage:

The results of each pressure test and associated VT-2 Visual Examination conducted from EOC-20 through EOC-21 are included in this section.

The information shown below is a field description for the Class 1 and Class 2 listing format included in this section of the report:

Zone Number	=	The unique number assigned to track certain extremity valves that make up a test
Boundary Drawing	=	Detail drawing of pressure test boundary
Outage	=	The number for the refueling outage cycle of this report
Test Status	=	Complete or Partial
Test Result	=	Clear (No Evidence Of Leakage), Reportable (Evidence Of Leakage - Not Through Wall such as packing leak), Reportable (Evidence Of Through Wall Leakage)
Test Pkg. No.		Work order number for the test
VT-2 Examiner	=	The name of the Level II Visual examiner
VT-2 Date	=	Date VT-2 visual examination was performed

Current Interval = 3
 Current Period = 3
 Class = A

Duke Power Company - Oconee Unit 1
Pressure Testing VT-2 Examination Results

Zone Number	Boundary Drawing	Outage	Test Status	Test Result	Test Pkg. No.	VT-2 Examiner	VT-2 Date
OZ1H-1X	O-ISIH-102A-1.1	21	Complete	Clear	12frn-676	N/A	12/11/2003
OZ1H-98	O-ISIH-102A-1.2	21	Complete	Clear	11lrn-646	N/A	12/14/2003
	O-ISIH-102A-1.3	21	Complete	Clear	11lrn-646	N/A	12/14/2003
OZ1H-99	O-ISIH-102A-1.2	21	Complete	Clear	11lrn-646	N/A	12/14/2003
	O-ISIH-102A-1.3	21	Complete	Clear	11lrn-646	N/A	12/14/2003
OZ1L-1	O-ISIL-100A-1.1	21	Complete	Clear	11lrn-646	N/A	12/14/2003
	O-ISIL-100A-1.2	21	Complete	Clear	11lrn-646	N/A	12/14/2003
	O-ISIL-100A-1.3	21	Complete	Clear	11lrn-646	N/A	12/14/2003
	O-ISIL-101A-1.1	21	Complete	Clear	11lrn-646	N/A	12/14/2003
	O-ISIL-101A-1.4	21	Complete	Clear	11lrn-646	N/A	12/14/2003
	O-ISIL-101A-1.5	21	Complete	Clear	11lrn-646	N/A	12/14/2003
	O-ISIL-102A-1.1	21	Complete	Clear	11lrn-646	N/A	12/14/2003
	O-ISIL-102A-1.2	21	Complete	Clear	11lrn-646	N/A	12/14/2003
	O-ISIL-102A-1.3	21	Complete	Clear	11lrn-646	N/A	12/14/2003
	O-ISIL-110A-1.1	21	Complete	Clear	11lrn-646	N/A	12/14/2003
	O-ISIL-110A-1.4	21	Complete	Clear	11lrn-646	N/A	12/14/2003
	O-ISIL-127B-1.2	21	Complete	Clear	11lrn-646	N/A	12/14/2003

Current Interval = 3
 Current Period = 3
 Class = B

Duke Power Company - Oconee Unit 1
Pressure Testing VT-2 Examination Results

Zone Number	Boundary Drawing	Outage	Test Status	Test Result	Test Pkg. No.	VT-2 Examiner	VT-2 Date
IZ1H-14A	O-ISIH-101A-1.3	21	Complete	Clear	12fin-585a	N/A	11/26/2003
IZ1H-14B	O-ISIH-101A-1.3	21	Complete	Clear	12fin-585b	N/A	09/19/2003
OZ1H-14B	O-ISIH-101A-1.4	21	Complete	Clear	12fin585b, also did 12fin-585A on 11/26/2003	N/A	09/19/2003
OZ1H-17B	O-ISIH-101A-1.2	21	Complete	Clear	12frn-583	N/A	11/26/2003
OZ1H-19A	O-ISIH-101A-1.5	21	Complete	Clear	12fn-652 did zone oz1h-19b on ofd-101a-1.5	N/A	12/02/2003
OZ1H-27A	O-ISIH-102A-1.2	21	Complete	Clear	12fn-653	N/A	12/08/2003
OZ1H-39	O-ISIH-104A-1.1	21	Complete	Clear	12fn-607	N/A	11/22/2003
OZ1H-44	O-ISIH-110A-1.1	21	Complete	Clear	12frn-651	N/A	12/14/2003
	O-ISIH-121B-1.3	21	Complete	Clear	12frn-651	N/A	12/14/2003
	O-ISIH-121B-1.5	21	Complete	Clear	12frn-651	N/A	12/14/2003
	O-ISIH-121D-1.1	21	Complete	Clear	12frn-651	N/A	12/14/2003
	O-ISIH-121D-1.2	21	Complete	Clear	12frn-651	N/A	12/14/2003
	O-ISIH-122A-1.1	21	Complete	Clear	12frn-651	N/A	12/14/2003
OZ1H-7B	O-ISIH-101A-1.3	21	Complete	Clear	12frn-583	N/A	11/26/2003
	O-ISIH-102A-1.2	21	Complete	Clear	12frn-583	N/A	11/26/2003
OZ1H-9	O-ISIH-101A-1.3	21	Complete	Clear	12frn-582	N/A	12/11/2003
	O-ISIH-102A-1.2	21	Complete	Clear	12frn-582	N/A	12/14/2003
OZ1L-1	O-ISIL-100A-1.1	21	Complete	Clear	11lrn-646	N/A	12/14/2003
	O-ISIL-100A-1.2	21	Complete	Clear	11lrn-646	N/A	12/14/2003
OZ1L-27A	O-ISIL-102A-1.2	21	Complete	Clear	12fn-653	N/A	12/08/2003
OZ1L-7	O-ISIL-101A-1.2	21	Complete	Clear	12frn-583	N/A	11/26/2003
	O-ISIL-101A-1.3	21	Complete	Clear	12frn-583	N/A	11/26/2003

6.3 Reportable Indications:

None

Section 6 Prepared By:	Date:
<i>Jim Baughman</i>	<i>3/2/04</i>

Section 6 Reviewed By:	Date:
<i>Paul W. Waltman</i>	<i>3-8-04</i>