9. Remarks Work Order **00624836-01**

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

repair or replacement

Type Code Symbol Stamp **Not Applicable**

Certificate of Authorization No. **Not Applicable** Expiration Date **Not Applicable**

Signed RRR Coord Date 2/2 ,20 05

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of **Illinois** and employed by **HSB CT.** of **Hartford, CT** have inspected the components described in this Owner's Report during the period 1/23/04 to 2/3/05, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in the 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 ILL-1254

National Board, State Province, and Endorsements

Date Feb. 3 ,20 05

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

1. Owner **Exelon Nuclear** (Name) — Date 03/19/04
4300 Winfield Rd. Warrenville, Il. 60555 (Address) — Sheet 1 of 1
2. Plant **Byron Nuclear Power Station** (Name) — Unit 01
4450 N. German Church Road, Byron, Il. (Address) — **Work Order No. 676010-01** (Repair Organization, P.O. No., Job No., etc.)
3. Work Performed by **Byron Mechanical Maintenance** (Name) — Type Code Symbol Stamp **Not Applicable**
4450 N. German Church Road, Byron, Il. (Address) — Authorization No. **Not Applicable**
Expiration Date **Not Applicable**
4. Identification of System ESSENTIAL SERVICE WATER [SX]
5. (a) Applicable Construction Code **Section III** 19 74 Edition, S75 Addenda, NONE Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacement Components 19 89
(c) Applicable ASME Section XI Code Cases: N-416-2
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code; Stamped (Yes or No)
STRAINER DRN LINE WELD	HUNTER CORP	AA/BN02	N/A	1WER7AB	1983	REPLACED	NO
STRAINER DRN LINE WELD	EXELON CORP	AA/BN02	N/A	1WER7AB	2003	REPLACEMENT	NO

7. Description of Work CUT PIPE FOR INTERNAL INSPECTION AND RE-WELD SAME PIPE BACK INTO PLACE (PIPE TO COUPLING WELD)

8. Test Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒
Other ☐ Pressure 93 psi Test Temp. 71 °F

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.

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FORM NIS-2 (Back)

9. Remarks Work Order **00676010-01**

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

repair or replacement

Type Code Symbol Stamp **Not Applicable**

Certificate of Authorization No. **Not Applicable** Expiration Date **Not Applicable**

Signed _____ Date 9/7 ,20 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 Province of **Illinois** and employed by **HSB CT.** of **Hartford, CT** have inspected the components described in this Owner's Report during the period 3/16/04 to 9/7/04, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in the Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

_____ Commissions IL-1254

Inspector's Signature National Board, State Province, and Endorsements

Date Sept 7 ,20 04

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

1. Owner **Exelon Nuclear** (Name) — Date 08/13/04
4300 Winfield Rd. Warrenville, Il. 60555 (Address) — Sheet 1 of 1
2. Plant **Byron Nuclear Power Station** (Name) — Unit 01
4450 N. German Church Road, Byron, Il. (Address) — **Work Order No. 00724553-01** (Repair Organization, P.O. No., Job No., etc.)
3. Work Performed by **Byron Mechanical Maintenance** (Name) — Type Code Symbol Stamp **Not Applicable**
4450 N. German Church Road, Byron, Il. (Address) — Authorization No. **Not Applicable**
Expiration Date **Not Applicable**
4. Identification of System Essential Service Water [SX]
5. (a) Applicable Construction Code **Section III** 19 74 Edition, S76* Addenda, 1677 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacement Components 19 89
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code; Stamped (Yes or No)
BACK COVER	HAYWARD-TYLER	75770	147	1SX04P S/N: 822101	1980	REPLACED	No
BACK COVER	HAYWARD-TYLER	75770	148	1SX04P S/N 822102	1980	REPLACEMENT	No
GLAND PLATE	HAYWARD-TYLER	386068	147	1SX04P S/N: 822101	1980	REPLACED	No
GLAND PLATE	HAYWARD-TYLER	386068	148	1SX04P S/N 822102	1980	REPLACEMENT	No
CASING STUD	HAYWARD-TYLER	4252E	147	1SX04P S/N: 822101	1980	REPLACED	No
CASING STUD	HAYWARD-TYLER	4252E	148	1SX04P S/N 822102	1980	REPLACEMENT	No

7. Description of Work REPLACE BACK COVER, GLAND PLATE AND CASING STUD FROM PP 822101 AND INSTALL REPLACEMENTS FROM PP 822102 - 1SX04P

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

Other ☐ Pressure 76 psi Test Temp. 75 °F

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.

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FORM NIS-2 (Back)

9. Remarks WORK ORDER 00724553-01

Applicable Manufacturer's Data Reports to be attached

* Originally installed pump was 1974/S76 Ad. This pump was previously replaced with 1977/W77 pump that was reconciled. Replacement activities under This Work Order 00724553-01 is for the 1977/W77 pump reconciled to original 1974/S76 code.

CERTIFICATE OF COMPLIANCE

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

repair or replacement

Type Code Symbol Stamp **Not Applicable**

Certificate of Authorization No. **Not Applicable** Expiration Date **Not Applicable**

Signed RRR Coord Date 9/10 ,20 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 Province of **Illinois** and employed by **HSB CT.** of **Hartford, CT** have inspected the components described in this Owner's Report during the period 8/10/04 to 9/10/04, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in the 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 ILL-1254

National Board, State Province, and Endorsements

Date Sept. 10 ,20 04

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

1. Owner **Exelon Nuclear** (Name) — Date 11/11/04
4300 Winfield Rd. Warrenville, Il. 60555 (Address) — Sheet 1 of 2
2. Plant **Byron Nuclear Power Station** (Name) — Unit 01
4450 N. German Church Road, Byron, Il. (Address) — **Work Order No. 00724553-04**
3. Work Performed by **Byron Mechanical Maintenance** (Name) Type Code Symbol Stamp **Not Applicable**
Authorization No. **Not Applicable**
4450 N. German Church Road, Byron, Il. (Address) Expiration Date **Not Applicable**
4. Identification of System Essential Service Water [SX]
5. (a) Applicable Construction Code **Section III** 19 77 Edition, W77 Addenda, 1677 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacement Components 19 89
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code; Stamped (Yes or No)
BACK COVER	HAYWARD-TYLER	75770	148	1/2SX04P SPARE S/N: 822102	1980	REPLACED	No
BACK COVER	HAYWARD-TYLER	75770	147	1SX04P S/N 822101	1980	REPLACEMENT	No
GLAND PLATE	HAYWARD-TYLER	386068	148	1/2SX04P SPARE S/N: 822102	1980	REPLACED	No
GLAND PLATE	HAYWARD-TYLER	386068	147	1SX04P S/N 822101	1980	REPLACEMENT	No

7. Description of Work REPLACE BACK COVER, GLAND PLATE FROM PP 822102 AND INSTALL REPLACEMENTS FROM PP 822101 - 1SX04P REPLACE CASING STUD AND NUTS FROM STOCK MATERIAL - SPARE PUMP TO BE RETURNED TO STORE ROOM.

8. Test Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ N/A
Other ☐ Pressure _____ psi Test Temp. _____ °F

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.

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FORM NIS-2 (Back)

9. Remarks WORK ORDER 00724553-04

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

repair or replacement

Type Code Symbol Stamp **Not Applicable**

Certificate of Authorization No. **Not Applicable** Expiration Date **Not Applicable**

Signed RRR Gard Date 12/21 ,20 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 Province of **Illinois** and employed by **HSB CT.** of **Hartford, CT** have inspected the components described in this Owner's Report during the period 11/9/04 to 12/29/04, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in the 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 ILL-1254

National Board, State Province, and Endorsements

Date Dec. 29 , 20 04

FORM NIS-2 SUPPLEMENTAL SHEET

1. Owner: Exelon Nuclear
4300 Winfield Rd.
Warrenville, Il. 60555

Sheet 2 of 2
Date 11/11/04

2. Plant Byron Nuclear Power Station
4450 N. German Church Road
Byron, Illinois 61010

Unit 00

Work Order 00724553-04
P.O. No., WO No., etc.

3. Work Performed by: Byron Mechanical Maintenance
Name
4450 N. German Church Rd., Byron, IL 61010
Address

Type Code Symbol Stamp **Not Applicable**
Authorization No. **Not Applicable**
Expiration Date **Not Applicable**

4. Identification of System SX - ESSENTIAL SERVICE WATER

5a. Applicable Construction Code 19 77 Edition W77 Addenda Code Cases 1677

5.b Applicable Edition of Section XI utilized 19 89 Edition NO Addenda

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

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code; Stamped (Yes or No)
CASING STUD	HAYWARD-TYLER	4252E	N/A	1/2SX04P SPARE S/N: 822102	1980	REPLACED	NO
CASING STUD	NOVA Machine Products	HT #: 7404456 CODE: F469	N/A	1/2SX04P SPARE S/N: 822102	2002	REPLACEMENT	NO
CASING NUTS	HAYWARD TYLER	7104K	N/A	1/2SX04P SPARE S/N: 822102	1980	REPLACED	NO
CASING NUTS	NOVA Machine Products	HEAT#: 8970515 CODE: TBQ	N/A	1/2SX04P SPARE S/N: 822102	2000	REPLACEMENT	NO
CASING NUTS	NOVA Machine Products	HT #: 83038 CODE: FBG	N/A	1/2SX04P SPARE S/N: 822102	1997	REPLACEMENT	NO

(Final)

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

1. Owner **Exelon Nuclear** (Name) — Date 11/18/04
   4300 Winfield Rd. Warrenville, Il. 60555 (Address) — Sheet 1 of 1
2. Plant **Byron Nuclear Power Station** (Name) — Unit 00
   4450 N. German Church Road, Byron, Il. (Address) — **Work Order No. 00729039-01** (Repair Organization, P.O. No., Job No., etc.)
3. Work Performed by **Byron Mechanical Maintenance** (Name) — Type Code Symbol Stamp **Not Applicable**
   4450 N. German Church Road, Byron, Il. (Address) — Authorization No. **Not Applicable**
   Expiration Date **Not Applicable**
4. Identification of System SX-Essential Service Water
5. (a) Applicable Construction Code Piping ASME Section III 1974 Edition, W/74 Addenda,NONE Code Case
   Valve ASME Section III 1986 Edition 1987 Addenda, NONE Code Case
   (b) Applicable Edition of Section XI Utilized for Repairs or Replacement Components 1989
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code; Stamped (Yes or No)
2" Gate Valve	Flowserve	S/N# 73BAF	N/A	Cat ID 1398879 0SX255A	2004	Replacement	YES
2" Seamless Pipe	Consolidated Power Supply	HT# 29628	N/A	Cat ID 26883 0SXM2A-2	2002	Replacement	NO
Sockolet, Pipe, Flat x 2"	Condolidated Power Supply	HT# 3146ANB	N/A	Cat ID 1401166 0SXM2A-2	2004	Replacement	NO

7. Description of Work Install piping and vent valve
8. Test Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒
   Other ☐ Pressure 92% basin level, see remarks Test Temp. 71.2 °F

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.

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FORM NIS-2 (Back)

9. Remarks WO #00729039-01, VT-2 leak test performed with 92% SX basin level with SX in normal lineup.
Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **Not Applicable**

Certificate of Authorization No. **Not Applicable** Expiration Date **Not Applicable**

Signed David G. Siler RRR COORDINATOR Date 12-3 ,20 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 Province of **Illinois** and employed by **HSB CT.** of **Hartford, CT** have inspected the components described in this Owner's Report during the period 10/14/04 to 12/15/04, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in the 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 ILL-1254
National Board, State Province, and Endorsements

Date Dec. 15 ,20 04

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

1. Owner **Exelon Nuclear** (Name) — Date 3/12/05
   4300 Winfield Rd. Warrenville, Il. 60555 (Address) — Sheet 1 of 2
2. Plant **Byron Nuclear Power Station** (Name) — Unit 01
   4450 N. German Church Road, Byron, Il. (Address) — **Work Order No. 00741160-01** (Repair Organization, P.O. No., Job No., etc.)
3. Work Performed by **Byron Mechanical Maintenance** (Name) Type Code Symbol Stamp **Not Applicable**
   4450 N. German Church Road, Byron, Il. (Address) Authorization No. **Not Applicable**
   Expiration Date **Not Applicable**
4. Identification of System SX – ESSENTIAL SERVICE WATER
5. (a) Applicable Construction Code **Section III** 19 74 Edition, S75 Addenda,N/A Code Case (PIPE)
   a) Applicable Construction Code **Section III** 19 77 Edition, W78 Addenda,N/A Code Case (1SX2102/2103A)
   a) Applicable Construction Code **Section III** 1980 Edition, S80 Addenda,N/A Code Case (1SX101A)
   a) Applicable Construction Code **Section III** 19 86 Edition, 87 Addenda,N/A Code Case (Replacement Valves 1SX2102/2103A)
   (b) Applicable Edition of Section XI Utilized for Repairs or Replacement Components 19 89
   (c) Applicable ASME Section XI Code Cases: N-416-2
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code; Stamped (Yes or No)
1-1/2" GLOBE VALVE	TARGET ROCK	S/N 1	N/A	1SX101A	1982	REPLACED	YES
1-1/2" BALL VALVE	ITT GRINNELL	80-52894-4-19	N/A	1SX2102	1981	REPLACED	YES
1-1/2"" BALL VALVE	ITT GRINNELL	80-52894-4-20	N/A	1SX2103A	1981	REPLACED	YES
1-1/2", SCH. 80 PIPE	HUNTER CORP	S-SX-100-66 HT #AE	N/A	1SX68AA	1984	REPLACED	NO
1-1/2", 3000#, S.W. ELBOW	HUNTER CORP	S-SX-100-66 HT #K976	N/A	1SX68AA	1984	REPLACED	NO
1-1/2", 3000#, S.W. CPLG.	HUNTER CORP	S-SX-100-66 HT #BN27	N/A	1SX68AA	1984	REPLACED	NO
1-1/2", SCH. 80 PIPE	HUNTER CORP	S-SX-100-65 HT #AE	N/A	1SX67AA	1984	REPLACED	NO
1-1/2", 3000#, S.W. ELBOW	HUNTER CORP	S-SX-100-65 HT #K976	N/A	1SX67AA	1984	REPLACED	NO

7. Description of Work ELIMINATE VALVE 1SX101A, REPLACE VALVES 1SX2102 & 1SX2103A AND ASSOCIATED PIPING
8. Test Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒
   Other ☐ Pressure 100 psi Test Temp. 71 °F

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.

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FORM NIS-2 (Back)

9. Remarks **Work Order No. 00741160-01**
Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **Not Applicable**

Certificate of Authorization No. **Not Applicable** Expiration Date **Not Applicable**

Signed David A. Silva RRR COORDINATOR Date 3-31 ,20 05
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of **Illinois** and employed by **HSB CT.** of **Hartford, CT** have inspected the components described in this Owner's Report during the period 1/21/05 to 4/4/05, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in the 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 Hendricks Commissions NB-1254
Inspector's Signature National Board, State Province, and Endorsements

Date April 4 ,20 05

FORM NIS-2 SUPPLEMENTAL SHEET

1. Owner: Exelon Nuclear
4300 Winfield Road
Warrenville, Illinois 60555

Sheet 2 of 2
Date 3/12/05

2. Plant Byron Nuclear Power Station
4450 N. Greman Church Road
Byron, Illinois 61010

Unit 01

Work Order No. 00741160-01
P.O. No., WO No., etc.

3. Work Performed by: Byron Mechanical Maintenance
Name
4450 N. German Church Rd., Byron, IL 61010
Address

Type Code Symbol Stamp **Not Applicable**
Authorization No. **Not Applicable**
Expiration Date **Not Applicable**

4. Identification of System SX – ESSENTIAL SERVICE WATER

5.(a) Applicable Construction Code **Section III** 19 74 Edition, S75 Addenda, N/A Code Case (PIPE)
a) Applicable Construction Code **Section III** 19 77 Edition, W78 Addenda, N/A Code Case (1SX2102/2103A)
a) Applicable Construction Code **Section III** 1980 Edition, S80 Addenda, N/A Code Case (1SX101A)
a) Applicable Construction Code **Section III** 19 86 Edition, 87 Addenda, N/A Code Case (Replacement Valves 1SX2102/2103A)
(b) Applicable Edition of Section XI Utilized for Repairs or Replacement Components 1989
(c) Applicable ASME Section XI Code Cases: N-416-2

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

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code; Stamped (Yes or No)
1-1/2", 3000#, S.W. CPLG.	HUNTER CORP	S-SX-100-65 HT # BN27	N/A	1SX67AA	1984	REPLACED	NO
2" GATE VALVE	FLOWSERVE	UTC-2711963 S/N: 68BBJ	N/A	CAT ID #1398879 1SX2102	2005	REPLACEMENT	YES
2" GATE VALVE	FLOWSERVE	UTC-2709324 S/N: 87BAS	N/A	CAT ID #1398879 1SX2103A	2005	REPLACEMENT	YES
1-1/2", SCH. 80 PIPE	EXELON	S-SX-100-65 & S-SX-100-66 HT #98766	N/A	CAT ID #24415 (1SX68AA & 1SX67AA)	2005	REPLACEMENT	NO
1-1/2", 3000 #, S.W. ELBOW	EXELON	S-SX-100-65 & S-SX-100-66 HT #75722 & 75807	N/A	CAT ID #25010 (1SX68AA & 1SX67AA)	2005	REPLACEMENT	NO
2 X 1-1/2 S.W. RED. INSERT	EXELON	S-SX-100-65 & S-SX-100-66 HT #9410	N/A	CAT ID #27291 (1SX68AA & 1SX67AA)	2005	REPLACEMENT	NO
1-1/2", 3000# S.W. CPLG	EXELON	S-SX-100-66 HT #9410	N/A	CAT ID #25082 (1SX68AA)	2004	REPLACEMENT	NO

DAS 3/1/05

(Final)

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

1. Owner **Exelon Nuclear** (Name) Date 3-12-05
4300 Winfield Rd. Warrenville, Il. 60555 (Address) Sheet 1 of 1
2. Plant **Byron Nuclear Power Station** (Name) Unit 01
4450 N. German Church Road, Byron, Il. (Address) **Work Order No. 00741160-01** (Repair Organization, P.O. No., Job No., etc.)
3. Work Performed by **Byron Mechanical Maintenance** (Name) Type Code Symbol Stamp **Not Applicable**
4450 N. German Church Road, Byron, Il. (Address) Authorization No. **Not Applicable** Expiration Date **Not Applicable**
4. Identification of System SX – ESSENTIAL SERVICE WATER
5. (a) Applicable Construction Code **Section III** 19 74 Edition, S75 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacement Components 19 89
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code; Stamped (Yes or No)
U-BOLT	HUNTER CORP	N/A	N/A	1SX92010R	1984	REPLACED	NO
U-BOLT	HUNTER CORP	N/A	N/A	1SX93009R	1984	REPLACED	NO
U-BOLT	HUNTER CORP	N/A	N/A	1SX93010R	1984	REPLACED	NO
U-BOLT	HUNTER CORP	N/A	N/A	1SX93014R	1984	REPLACED	NO
U-BOLT	EXELON	N/A	N/A	CAT ID #32395 1SX92010R	2005	REPLACEMENT	NO
U-BOLT	EXELON	N/A	N/A	CAT ID #32395 1SX93009R	2005	REPLACEMENT	NO
U-BOLT	EXELON	N/A	N/A	CAT ID #32395 1SX93010R	2005	REPLACEMENT	NO
U-BOLT	EXELON	N/A	N/A	CAT ID #32395 1SX93014R	2005	REPLACEMENT	NO

7. Description of Work REPLACE U-BOLTS
8. Test Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
VT-3 Other ☒ Pressure _____ psi Test Temp. _____ °F

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.

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FORM NIS-2 (Back)

9. Remarks **Work Order No. 00741160-01**
Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **Not Applicable**

Certificate of Authorization No. **Not Applicable** Expiration Date **Not Applicable**

Signed David A. [illegible] RRR COORDINATOR Date 3-31, 2005
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of **Illinois** and employed by **HSB CT.** of **Hartford, CT** have inspected the components described in this Owner's Report during the period 1/21/05 to 4/7/05, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in the 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.

[illegible]
Inspector's Signature

Commissions ILL-1254
National Board, State Province, and Endorsements

Date April 7, 2005

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

1. Owner **Exelon Nuclear** (Name) — Date 12-9-04
   4300 Winfield Rd. Warrenville, Il. 60555 (Address) — Sheet 1 of 1
2. Plant **Byron Nuclear Power Station** (Name) — Unit 00
   4450 N. German Church Road, Byron, Il. (Address) — **Work Order No. 00762354-01** (Repair Organization, P.O. No., Job No., etc.)
3. Work Performed by **Byron Mechanical Maintenance** (Name) Type Code Symbol Stamp **Not Applicable**
   Authorization No. **Not Applicable**
   4450 N. German Church Road, Byron, Il. (Address) Expiration Date **Not Applicable**
4. Identification of System SX ESSENTIAL SERVICE WATER
5. (a) Applicable Construction Code **Section III** 19 74 Edition, S/75 Addenda, None Code Case

   (b) Applicable Edition of Section XI Utilized for Repairs or Replacement Components 19 89

   (c) Applicable ASME Section XI Code Cases: None
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code; Stamped (Yes or No)
VALVE	JAMESBURY CORP.	ND-48858-34B	N/A	0SX174	1978	REPLACED	YES
VALVE	JAMESBURY CORP.	11334	N/A	0SX174	2004	REPLACEMENT	YES

7. Description of Work VALVE REPLACEMENT.
8. Test Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒

   VT-2 Other ☐ Pressure _____ psi Test Temp. _____ °F

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.

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FORM NIS-2 (Back)

9. Remarks WO# 00762354-01

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

repair or replacement

Type Code Symbol Stamp **Not Applicable**

Certificate of Authorization No. **Not Applicable** Expiration Date **Not Applicable**

Signed [signature] RRR Coord. Date 1/24 ,20 05

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of **Illinois** and employed by **HSB CT.** of **Hartford, CT** have inspected the components described in this Owner's Report during the period 12/9/04 to 1/25/05, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in the 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 IL-1254

Inspector's Signature National Board, State Province, and Endorsements

Date JAN. 25, 20 05

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

1. Owner **Exelon Nuclear** (Name) — Date 05/04/04
   4300 Winfield Rd, Warrenville, IL 60555 (Address) — Sheet 1 of 1
2. Plant **Byron Nuclear Power Station** (Name) — Unit 01
   4450 N. German Church Road, Byron, Il. (Address) — **Work Request No. 97046300-01** (Repair Organization, P.O. No., Job No., etc.)
3. Work Performed by **Byron Mechanical Maintenance** (Name) — Type Code Symbol Stamp **Not Applicable**
   4450 N. German Church Road, Byron, Il. (Address) — Authorization No. **Not Applicable**
   Expiration Date **Not Applicable**
4. Identification of System ESSENTIAL SERVICE WATER [SX]
5. (a) Applicable Construction Code **Section III** 1974 Edition, W75 Addenda, NONE Code Case
   (b) Applicable Edition of Section XI Utilized for Repairs or Replacement Components 19 **89**
   (c) Applicable ASME Section XI Code Cases: NONE
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code; Stamped (Yes or No)
CHECK VALVE	ANDERSON GREENWOOD	S/N N26910	N/A	1SX116B	1992	REPLACED	YES
CHECK VALVE	ANDERSON GREENWOOD	S/N N26911	N/A	1SX116B	1992	REPLACEMENT	YES
HINGE PIN BUSHING SEAL WELDS	ANDERSON GREENWOOD	S/N N26911	N/A	1SX116B	1992	REPLACEMENT	NO
VALVE DISC	ANDERSON GREENWOOD	B069-4	N/A	1SX116B S/N N26911	1992	REPLACEMENT	NO
HEX HEAD BOLT	ANDERSON GREENWOOD	N/A	N/A	1SX116B S/N N26911	1992	REPLACEMENT	NO
SLOTTED HEX NUT	ANDERSON GREENWOOD	N/A	N/A	1SX116B S/N N26911	1992	REPLACEMENT	NO

7. Description of Work: REPLACE CHECK VALVE AND REMOVE CHECK VALVE INTERNALS. SEAL WELD HINGE PIN BUSHINGS TO VALVE BODY
8. Test Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒
   Other ☐ Pressure 99 psi Test Temp. 74 °F

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.

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FORM NIS-2 (Back)

9. Remarks **Work Request No. 97046300-01**

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

repair or replacement

Type Code Symbol Stamp **Not Applicable**

Certificate of Authorization No. **Not Applicable** Expiration Date **Not Applicable**

Signed [signature] RRR Coord Date 9/6 ,20 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 Province of **Illinois** and employed by **HSB CT** of **Hartford, Ct.** have inspected the components described in this Owner's Report during the period 4/24/00 to 9/7/04, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in the 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 IL-1254

Inspector's Signature National Board, State Province, and Endorsements

Date Sept. 7 ,20 04

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

1. Owner **Exelon Nuclear** (Name) — Date 4/5/04
   4300 Winfield Rd. Warrenville, Il. 60555 (Address) — Sheet 1 of 1
2. Plant **Byron Nuclear Power Station** (Name) — Unit 01
   4450 N. German Church Road, Byron, Il. (Address) — **Work Order No. 99223884-01** (Repair Organization, P.O. No., Job No., etc.)
3. Work Performed by **Byron Mechanical Maintenance** (Name) — Type Code Symbol Stamp **Not Applicable**
   4450 N. German Church Road, Byron, Il. (Address) — Authorization No. **Not Applicable**
   Expiration Date **Not Applicable**
4. Identification of System ESSENTIAL SERVICE WATER [SX]
5. (a) Applicable Construction Code **Section III** 19 74 Edition, W75 Addenda, NONE Code Case
   (b) Applicable Edition of Section XI Utilized for Repairs or Replacement Components 19 89
   (c) Applicable ASME Section XI Code Cases: None
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code; Stamped (Yes or No)
CHECK VALVE	ANDERSON GREENWOOD	A-130	N/A	1SX002B	1978	REPLACED	YES
CHECK VALVE	ANDERSON GREENWOOD	A-1091 N95150-01-0004	N/A	CAT ID# 1034815 1SX002B	1978	REPLACEMENT	YES

7. Description of Work REPLACE VALVE PER "PM" SCHEDULE
8. Test Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒
   Other ☐ Pressure 100 psi Test Temp. 68 °F

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.

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FORM NIS-2 (Back)

9. Remarks **Work Order No. 99223884-01**
Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **NOT APPLICABLE**

Certificate of Authorization No. **NOT APPLICABLE** Expiration Date **NOT APPLICABLE**

Signed [signature] RRR Coord Date 2/2 ,20 05
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of **ILLINOIS** and employed by **H.S.B. CT.** of **Hartford, CT.** have inspected the components described in this Owner's Report during the period 1/9/04 to 2/4/05, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in the 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 ILL-1254
Inspector's Signature National Board, State Province, and Endorsements

Date Feb. 4 ,20 05

ANDERSON GREENWOOD CROSBY

98298

ANDERSON GREENWOOD CROSBY
WRENTHAM, MASS.

Replacement

*REVISED TO ADD HYDROSTATIC PRESSURE - L. Mercado 6 JAN.04 QC-435, Rev. A

WO 99223884-01

ASME NR-1 REPORT OF REPAIR X, MODIFICATION ___, OR INSTALLATION OF REPLACEMENT ___
TO NUCLEAR COMPONENTS AND SYSTEMS IN NUCLEAR POWER PLANTS

1. Work performed by ANDERSON GREENWOOD CROSBY
(name)
U1689 WOOD CUSTOMER PURCHASE ORDER 00057735 REV.001
(repair organization, p.o. no., job no., etc.)
43 KENDRICK STREET
(address)

2. Owner EXELON GENERATION
(name)
BRAIDWOOD, IL.
(address)

3. Name, address and identification of nuclear power plant BRAIDWOOD NUCLEAR POWER STATION
BRAIDWOOD, IL.

4. Identification of system: --

5. a. Identification of component repaired, modified or replaced: 36" CVIB VALVE
b. Name of manufacturer: ANDERSON GREENWOOD
c. Identifying nos: N95150-01-0004 (mfr's. serial no.) N/A (Nat'l. Bd. no.) -- (Jurisdictional no.)
ORIGINAL SERIAL NO. A1091 (other) 1978 (year built)

6. Applicable section(s) SECTION XI of ASME Code, 1989 edition NO addenda -- Code Case --

7. Design responsibilities ANDERSON GREENWOOD

8. Tests conducted: hydrostatic |X| pneumatic |__| design pressure |__| pressure * 425 psi L. Mercado 6 JAN.04

9. Description of work: SEE REPAIR REPORT - ATTACHED
(use of additional sheet(s) or sketch(es) is acceptable if properly identified)

10. Remarks:

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and that all design material and workmanship on the 36" CVIB VALVE (repair, modification or replacement) conforms to the applicable section of the ASME Code. Certificate of Authorization no. 68 to use the "NR" stamp expires DEC. 11 2003.

Signed ANDERSON GREENWOOD CROSBY (repair organization) — *DAVID E. TUTTLE 6-JAN-04 RALPH B. SATH (authorized representative)

Sr. QA ENGINEER (title) — 15 JULY, 2003 (date)

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by The National Board of Boiler and Pressure Vessel Inspectors and certificate of competency issued by the state ~~or province~~ of MASS and employed by * ABS Group, Inc. of Houston, Texas have inspected the repair, modification or replacement described in this report on 7-14, 2003 and state that to the best of my knowledge and belief, this repair, modification or replacement has been made or constructed in accordance with Section XI and Section III of the ASME Code and the National Board rules as defined in the publications NB-65 and NB-102 current editions. By signing this certificate, neither the inspector nor his employer makes any warranty expressed or implied concerning the repair, modification or replacement described in this report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

July 15, 2003 Signed [signature] (Authorized Inspector)

Commission MA. 1420 N.B.S. 15
(Nat'l. Bd. no. (including endorsements) state or province and number)

* ABS Group, Inc.

* [signature] 6 JAN, 04

78736

DOCUMENT NO.: 11.0	REV. NO.: 0

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

1. Owner **Exelon Nuclear** (Name) — Date 3/14/05
   4300 Winfield Road, Warrenville, IL (Address) — Sheet 1 of 1
2. Plant **Byron Nuclear Power Station** (Name) — Unit 01
   4450 N. German Church Road, Byron, IL (Address) — **Work Order No. 99261176-01** (Repair Organization, P.O. No., Job No., etc.)
3. Work Performed by **N P S & W VENTURE** (Name) — Type Code Symbol Stamp **Not Applicable**
   555 S. Joliet Rd, Bolingbrook, IL 60440 (Address) — Authorization No. **Not Applicable**
   Expiration Date **Not Applicable**
4. Identification of System **SX-ESSENTIAL SERVICE WATER**
5. (a) Applicable Construction Code
   Valve ASME Section III 19 74 Edition, W75 Addenda, 1567/1682 Code Case
   Piping ASME Section III 19 74 Edition S75 Addenda
   (b) Applicable Edition of Section XI Utilized for Repairs or Replacement Components 19 89
   (c) Section XI Code Cases used, N-416-2
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
4"-150# Gate Valve	ANCHOR DARLING	E-6220-2-34	N/A	1SX177	1978	Replaced	YES
4"-150# Gate Valve	FLOWSERVE	AV644	N/A	1SX177	2003	Replacement	YES

7. Description of Work REPLACE VALVE 1SX177

8. Test Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒
   Other ☐ Pressure 52 psi Test Temp. 71 °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 the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks **Work Order No. 99261176-01**
Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **Not Applicable**

Certificate of Authorization No. **Not Applicable**

Signed David A. Silva RRR COORDINATOR (Owner or Owner's Designee, Title) Date 4-22, 20 ~~02~~ 5

DAS 4/22/05

CERTIFICATE OF 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 **Illinois** and employed by **HSB CT** of **Hartford, CT** have inspected the components described in this Owner's Report during the period 8/31/04 to 4/22/05, and state that to the best of my 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 ILL-1254
National Board, State Province, and Endorsements

Date: April 22, 20 ~~02~~ 05

JM 4/22/05

(Final)

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

1. Owner **Exelon Nuclear** (Name) — Date 3/22/05
4300 Winfield Rd. Warrenville, Il. 60555 (Address) — Sheet 1 of 1
2. Plant **Byron Nuclear Power Station** (Name) — Unit 01
4450 N. German Church Road, Byron, Il. (Address) — **Work Order No. 792665-01** (Repair Organization, P.O. No., Job No., etc.)
3. Work Performed by **Byron Mechanical Maintenance** (Name) — Type Code Symbol Stamp **Not Applicable**
4450 N. German Church Road, Byron, Il. (Address) — Authorization No. **Not Applicable** — Expiration Date **Not Applicable**
4. Identification of System VQ
5. (a) Applicable Construction Code **Section III** 19 71 Edition, W73 Addenda, 1682 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacement Components 19 89
(c) Applicable ASME Section XI Code Cases: N-522
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code; Stamped (Yes or No)
EQUALIZATION VALVE	JAMESBURY CORP.	NC17016-02S	N/A	1VQ5001A	1975	REPLACED	YES
EQUALIZATION VALVE	JAMESBURY CORP	NC17016-02T	N/A	CAT ID #23800	1975	REPLACEMENT	YES

7. Description of Work REPLACE OUTSIDE EQUALIZATION VALVE
8. Test Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
☒ Appendix J Leak Rate Test
Other ☐ Pressure _____ psi Test Temp. _____ °F

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.

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FORM NIS-2 (Back)

9. Remarks **Work Order No. 792665-01**
Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **Not Applicable**

Certificate of Authorization No. **Not Applicable** Expiration Date **Not Applicable**

Signed David A. Sibel RRR COORDINATOR Date 3-29 ,20 05
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of **Illinois** and employed by **HSB CT.** of **Hartford, CT** have inspected the components described in this Owner's Report during the period 3/21/05 to 3/29/05, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in the 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 IL-1254
National Board, State Province, and Endorsements

Date March 29 ,20 05

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

1. Owner **Exelon Nuclear** (Name) — Date 3-22-05
   4300 Winfield Rd. Warrenville, Il. 60555 (Address) — Sheet 1 of 1
2. Plant **Byron Nuclear Power Station** (Name) — Unit 01
   4450 N. German Church Road, Byron, Il. (Address) — **Work Order No. 792668-01** (Repair Organization, P.O. No., Job No., etc.)
3. Work Performed by **Byron Mechanical Maintenance** (Name) — Type Code Symbol Stamp **Not Applicable**
   4450 N. German Church Road, Byron, Il. (Address) — Authorization No. **Not Applicable** — Expiration Date **Not Applicable**
4. Identification of System VQ
5. (a) Applicable Construction Code **Section III** 19 71 Edition, W73 Addenda, 1682 Code Case
   (b) Applicable Edition of Section XI Utilized for Repairs or Replacement Components 19 89
   (c) Applicable ASME Section XI Code Cases: N-522
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code; Stamped (Yes or No)
EQUALIZATION VALVE	JAMESBURY CORP.	NC17016-02P	N/A	1VQ5001B	1975	REPLACED	YES
EQUALIZATION VALVE	JAMESBURY CORP	NC17016-02R	N/A	CAT ID #23800	1975	REPLACEMENT	YES

7. Description of Work REPLACE OUTSIDE EQUALIZATION VALVE
8. Test Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
   ☒ Appendix J Leak Rate Test
   Other ☐ Pressure _____ psi Test Temp. _____ °F

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.

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FORM NIS-2 (Back)

9. Remarks **Work Order No. 792668-01**
Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **Not Applicable**

Certificate of Authorization No. **Not Applicable** Expiration Date **Not Applicable**

Signed David A. Siler RRA COORDINATOR Date 3-30, 2005
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of **Illinois** and employed by **HSB CT.** of **Hartford, CT** have inspected the components described in this Owner's Report during the period 3/21/05 to 3/31/05, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in the 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 IL-1254
National Board, State Province, and Endorsements

Date March 31, 20 05

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

1. Owner **Exelon Nuclear** (Name) — Date 2-22-05
4300 Winfield Rd. Warrenville, Il. 60555 (Address) — Sheet 1 of 1
2. Plant **Byron Nuclear Power Station** (Name) — Unit 01
4450 N. German Church Road, Byron, Il. (Address) — **Work Order No. 00729040-01** (Repair Organization, P.O. No., Job No., etc.)
3. Work Performed by **Byron Mechanical Maintenance** (Name) Type Code Symbol Stamp **Not Applicable**
Authorization No. **Not Applicable**
4450 N. German Church Road, Byron, Il. (Address) Expiration Date **Not Applicable**
4. Identification of System [WE] Aux Bldg Equipment Drains.

5. (a) Applicable Construction Code **Section III** 19 74 Edition, S/75 Addenda none Code Case N/A;[Fitting/Pipe]
Applicable Construction Code **Section III** 19 74 Edition, W/75Addenda none Code Case N/A ;[Old Valve]
Applicable Construction Code **Section III** 19 86 Edition, 1987Addenda none Code Case N/A ; [New Valve]

(b) Applicable Edition of Section XI Utilized for Repairs or Replacement Components 1989

(c) Applicable ASME Section XI Code Cases: N-416-2

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code; Stamped (Yes or No)
2" Globe Valve	Anderson Greenwood	A1615	N/A	ETN:1WE010A	1979	REPLACED	YES
2" Gate Valve	Flowserve	S/N; 85BAS	N/A	CAT ID; 1398879	2005	REPLACEMENT	YES
Swage reducer 3"X2"	Consolidated Power	HT751ZNF2	N/A	ETN:1WER7AA-3"	2002	REPLACED	NO
3" SCH. 40 PIPE CARBON STEEL	Consolidated Power	HT B25985	N/A	CAT ID; 1402565	2002	REPLACED	NO
2" S.W. ELBOW	Consolidated Power	HT 75187	N/A	ETN: 1WE82AA	2002	REPLACED	NO
2" SCH. 80 PIPE	Consolidated Power	HT 720254	N/A	ETN: 1WE82AA	2002	REPLACED	NO
Swage reducer 3"X2"	Consolidated Power	HT# MCBL-1	N/A	CAT ID; 1402565 ETN: 1WE82AA	2004	REPLACEMENT	No
3" SCH. 40 PIPE CARBON STEEL	Consolidated Power	HT# A21439	N/A	CAT ID. 24878 ETN: 1WE82AA	2002	REPLACEMENT	No

7. Description of Work Replace Drain Line Pipe, Fitting and Isolation Valve Per Ec# 350058

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

Other ☐ Pressure 100 psi Test Temp. 75 °F

Note: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8-1/2 in. x 11 in.,
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FORM NIS-2 (Back)

9. Remarks w/o# 00729040-01

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **Not Applicable**

Certificate of Authorization No. **Not Applicable** Expiration Date **Not Applicable**

Signed David A. Silver RRR COORDINATOR (Owner or Owner's Designee, Title) Date 3-21 ,20 05

CERTIFICATE OF 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 **Illinois** and employed by **HSB CT.** of **Hartford, CT** have inspected the components described in this Owner's Report during the period 1/7/05 to 3/21/05, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in the 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 ILL-1254 (National Board, State Province, and Endorsements)

Date March 21, 20 05

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

1. Owner **Exelon Nuclear** (Name) — Date 4-22-05
   4300 Winfield Rd. Warrenville, Il. 60555 (Address) — Sheet 1 of 1
2. Plant **Byron Nuclear Power Station** (Name) — Unit 00
   4450 N. German Church Road, Byron, Il. (Address) — **Work Order No. 00657945-01** (Repair Organization, P.O. No., Job No., etc.)
3. Work Performed by **Byron Mechanical Maintenance** (Name) — Type Code Symbol Stamp **Not Applicable**
   4450 N. German Church Road, Byron, Il. (Address) — Authorization No. **Not Applicable**
   Expiration Date **Not Applicable**
4. Identification of System WO CHILLED WATER
5. (a) Applicable Construction Code **Section III** 19 74 Edition, S/76 Addenda, None Code Case
   (b) Applicable Edition of Section XI Utilized for Repairs or Replacement Components 19 89
   (c) Applicable ASME Section XI Code Cases: N-416-2
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code; Stamped (Yes or No)
VALVE	ANDERSON GREENWOOD CO.	A3249	N/A	0WO111A	1978	REPLACED	YES
VALVE	ANDERSON GREENWOOD CO.	B5032	N/A	0WO111A CAT ID 40410-1	1980	REPLACEMENT	YES

7. Description of Work REPLACE VALVE - 0WO111A
8. Test Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒
   Other ☐ Pressure 42 psi Test Temp. 75°F °F

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.

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9. Remarks WO# 00657945-01

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

repair or replacement

Type Code Symbol Stamp **Not Applicable**

Certificate of Authorization No. **Not Applicable** Expiration Date **Not Applicable**

Signed Scott Esposito Scott Esposito Date 5-13 ,2005

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of **Illinois** and employed by **HSB CT.** of **Hartford, CT** have inspected the components described in this Owner's Report during the period 3/21/05 to 5/13/05, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in the 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 ILL-1254

National Board, State Province, and Endorsements

Date May 13 , 20 05

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

1. Owner **Exelon Nuclear** (Name) — Date 04/21/05
4300 Winfield Rd. Warrenville, Il. 60555 (Address) — Sheet 1 of 1
2. Plant **Byron Nuclear Power Station** (Name) — Unit 00
4450 N. German Church Road, Byron, Il. (Address) — **Work Order No. 00718124-01** (Repair Organization, P.O. No., Job No., etc.)
3. Work Performed by **Byron Mechanical Maintenance** (Name) — Type Code Symbol Stamp **Not Applicable**
Authorization No. **Not Applicable**
4450 N. German Church Road, Byron, Il. (Address) — Expiration Date **Not Applicable**
4. Identification of System WO CHILLED WATER
5. (a) Applicable Construction Code **Section III** 19 80 Edition, S/80 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacement Components 19 89
(c) Applicable ASME Section XI Code Cases: None
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code; Stamped (Yes or No)
VALVE, RELIEF	TARGET ROCK	S/N: 1	N/A	0WO028A	1982	REPLACED	YES
VALVE, RELIEF	TARGET ROCK	S/N 5	N/A	0WO028A	2004	REPLACEMENT	YES

7. Description of Work REPLACE RELIEF VALVE
8. Test Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒
Other ☐ Pressure 42 psi Test Temp. 75 °F

Note: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8-1/2 in. x 11 in.,
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FORM NIS-2 (Back)

9. Remarks WO# 00718124-01

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **Not Applicable**

Certificate of Authorization No. **Not Applicable** Expiration Date **Not Applicable**

Signed RRR Good Date 5/5 ,20 05
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of **Illinois** and employed by **HSB CT.** of **Hartford, CT** have inspected the components described in this Owner's Report during the period 2/2/05 to 5/9/05, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in the 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 ILL-1254
National Board, State Province, and Endorsements

Date May 09 , 20 05

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

1. Owner **Exelon Nuclear** (Name) — Date 11-3-04
   4300 Winfield Rd. Warrenville, Il. 60555 (Address) — Sheet 1 of 1
2. Plant **Byron Nuclear Power Station** (Name) — Unit 00
   4450 N. German Church Road, Byron, Il. (Address) — **Work Order No. 00732378-01** (Repair Organization, P.O. No., Job No., etc.)
3. Work Performed by **Byron Mechanical Maintenance** (Name) Type Code Symbol Stamp **Not Applicable**
   4450 N. German Church Road, Byron, Il. (Address) Authorization No. **Not Applicable**
   Expiration Date **Not Applicable**
4. Identification of System WO CHILLED WATER
5. (a) Applicable Construction Code **Section III** 19 77 Edition, W/78 Addenda, N/A Code Case
   (b) Applicable Edition of Section XI Utilized for Repairs or Replacement Components 19 89
   (c) Applicable ASME Section XI Code Cases None
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code; Stamped (Yes or No)
BALL, VALVE	SEM TEC INC & ENERGY PROD.	80-52894-5-61	N/A	0WO2142B	1981	REPLACED	NO
BALL, VALVE	ITT GRINNELL	S/N 728227-1-1	N/A	0WO2142B HT# 718053	2003	REPLACEMENT	NO

7. Description of Work REBUILD VALVE - REPLACE BALL IN VALVE 0WO2142B
8. Test Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
   N/A
   Other ☐ Pressure _____ psi Test Temp. _____ °F

Note: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8-1/2 in. x 11 in.,
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FORM NIS-2 (Back)

9. Remarks WO# 00732378-01

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

repair or replacement

Type Code Symbol Stamp **Not Applicable**

Certificate of Authorization No. **Not Applicable** Expiration Date **Not Applicable**

Signed David A. Sibley RRR COORDINATOR Date 11-30 ,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 Province of **Illinois** and employed by **HSB CT.** of **Hartford, CT** have inspected the components described in this Owner's Report during the period 9/27/04 to 12/1/04, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in the 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 IL-1254

National Board, State Province, and Endorsements

Date Dec. 2 ,20 04

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

1. Owner **Exelon Nuclear** (Name) — Date 3/14/05
4300 Winfield Rd. Warrenville, Il. 60555 (Address) — Sheet 1 of 1
2. Plant **Byron Nuclear Power Station** (Name) — Unit 01
4450 N. German Church Road, Byron, Il. (Address) — **Work Order No. 538310-01** (Repair Organization, P.O. No., Job No., etc.)
3. Work Performed by **Byron Mechanical Maintenance** (Name) — Type Code Symbol Stamp **Not Applicable**
4450 N. German Church Road, Byron, Il. (Address) — Authorization No. **Not Applicable**
Expiration Date **Not Applicable**
4. Identification of System XX (spare plug/stem assembly)
5. (a) Applicable Construction Code **Section III** 19 74 Edition, W75 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacement Components 19 89
(c) Applicable ASME Section XI Code Cases: None
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code; Stamped (Yes or No)
Plug/Stem assembly	MASONEILAN DRESSER	S/N S37946-8	N/A	CAT ID #30848 (plug) CAT ID #1405248 (plug/stem assembly)	2004	REPLACEMENT	Yes

7. Description of Work: Welded plug and stem together to make spare assembly CAT ID 1405248
8. Test Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
N/A
Other ☐ Pressure _____ psi Test Temp. _____ °F

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.

FORM NIS-2 (Back)

9. Remarks WO 00538310-01
Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **Not Applicable**

Certificate of Authorization No. **Not Applicable** Expiration Date **Not Applicable**

Signed David A. Silva RRR COORDINATOR Date 4-1 ,20 05
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of **Illinois** and employed by **HSB CT.** of **Hartford, CT** have inspected the components described in this Owner's Report during the period 4/28/04 to 4/1/05, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in the 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 ILL-1254
National Board, State Province, and Endorsements

Date April 1 , 20 05

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

1. Owner **Exelon Nuclear** (Name) — Date 4-6-05
   4300 Winfield Rd. Warrenville, Il. 60555 (Address) — Sheet 1 of 1
2. Plant **Byron Nuclear Power Station** (Name) — Unit N/A
   4450 N. German Church Road, Byron, Il. (Address) — P.O. 76085
3. Work Performed by Enertech (Name) — Repair Organization, P.O. No., Job No., etc.
   2950 Birch Street, Brea, CA 92821 (Address) — Type Code Symbol Stamp **NPT**
   Authorization No. **N-2827**
   Expiration Date **10/11/05**
4. Identification of System N/A
5. (a) Applicable Construction Code Section III 19 74 Edition, S75 Addenda 1702-1773 Code Case
   (b) Applicable Edition of Section XI Utilized for Repairs or Replacement Components 19 89
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code; Stamped (Yes or No)
Valve Body	Jamesbury	ND-48858-11B	N/A	N/A	1978	Replaced	Yes
Valve Body	Enertech	KKI-003 DS29643-002A	N/A	N/A	2002	Replacement	Yes
Valve Disc / Wafer	Jamesbury	CKN-1	N/A	N/A	1978	Replaced	Yes
Valve Disc / Wafer	Jamesbury	PHH-1	N/A	N/A	1986	Replacement	Yes
Valve Body	Jamesbury	ND-48858-22B	N/A	N/A	1978	Replaced	Yes
Valve Body	Enertech	KKI-004 DS29643-002B	N/A	N/A	2002	Replacement	Yes
Valve Disc / Wafer	Jamesbury	CSZ-1	N/A	N/A	1978	Replaced	Yes
Valve Disc / Wafer	Jamesbury	PSN-1	N/A	N/A	1987	Replacement	Yes

7. Description of Work Refurbished Valves
8. Test Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
   Seat Leakage Other ☒ Pressure 275 psi Test Temp. N/A °F
   Preferred Direction
   Note: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8-1/2 in. x 11 in.,
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FORM NIS-2 (Back)

9. Remarks P.O. 76085
Applicable Manufacturer's Data Reports to be attached

Parts supplied to Enertech (valve body and disc / wafer) for machining and complete valve assembly.

1.) KKI-003 body, PHH-1 disc / wafer, new s/n DS29643-002A

2.) KKI-004 body, PSN-1 dics / wafer, new s/n DS29643-002B

These valves will be sent to Braidwood Station.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **Not Applicable**

Certificate of Authorization No. **Not Applicable** Expiration Date **Not Applicable**

Signed Scott Esposito Scott Esposito Date 4-6-05 ,20 05
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of **Illinois** and employed by **HSB CT.** of **Hartford, CT** have inspected the components described in this Owner's Report during the period 1/3/05 to 4/6/05, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in the 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 NL-1254
National Board, State Province, and Endorsements

Date April 6 ,20 05