

August 23, 2007

U.S. Nuclear Regulatory Commission
Attention: Document Control Desk
Washington, D.C. 20555

Subject: Duke Power Company LLC d/b/a Duke Energy Carolinas, LLC (Duke)
McGuire Nuclear Station, Unit 1
Docket Number 50-369
Inservice Inspection Report
End of Cycle 18 Refueling Outage

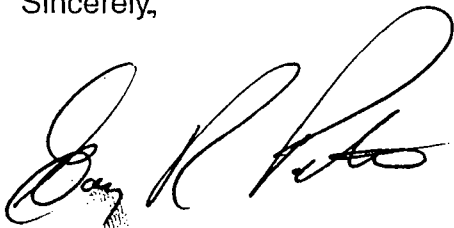
Attached is the Inservice Inspection Report for the end of cycle 18 (EOC-18) refueling outage for McGuire Nuclear Station (MNS), Unit 1. Attachment No. 1 is the Inspection Report performed in accordance with the Second outage of the Second Inspection Period of the Third 10-Year Inservice Inspection Interval.

No reportable indications were identified during this report period. Section 4.4 of the attached report lists the limited examination item numbers. A relief request will be submitted to the NRC for review and approval to address weld limitations found during this outage.

This letter and attachments do not contain any new NRC commitments.

Inquiries on this matter should be directed to K.L. Ashe at (704) 875-4535.

Sincerely,



Gary R. Peterson

U.S. Nuclear Regulatory Commission
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Attachment:

Inservice Inspections McGuire Unit 1 Refueling Outage 4/EOC 18 (Third Interval)

xc (with attachment):

W.D. Travers
U.S. Nuclear Regulatory Commission
Regional Administrator, Region II
Atlanta Federal Center
61 Forsyth St., SW, Suite 23T85
Atlanta, GA 30303

J.B. Brady
Senior Resident Inspector (MNS)
U.S. Nuclear Regulatory Commission
McGuire Nuclear Station

J.F. Stang, Jr. (addressee only)
NRC Project Manager (CNS and MNS)
U.S. Nuclear Regulatory Commission
Mail Stop 8 H4A
Washington, D.C. 20555-0001

Attachment 1
Inservice Inspections McGuire Unit 1
Refueling Outage 4 / EOC 18 (Third Interval)

INSERVICE INSPECTION REPORT

**Duke Energy Carolinas
McGuire Nuclear Station
Unit 1
Eighteenth Refueling Outage**



FORM NIS-1 OWNER'S DATA REPORT FOR INSERVICE INSPECTIONS
As required by the Provisions of the ASME Code Rules

1. Owner: Duke Energy Carolinas, 526 S. Church St., Charlotte, NC 28201-1006
 (Name and Address of Owner)
2. Plant: McGuire Nuclear Station, 12700 Hagers Ferry Road Huntersville, N.C. 28078-9340
 (Name and Address of Plant)
3. Plant Unit: 1 4. Owner Certificate of Authorization (if required) N/A
5. Commercial Service Date: December 1, 1981 6. National Board Number for Unit 44
7. Components Inspected:

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

Note: Supplemental sheets in the 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.

Total number of pages contained in this report 164.

**OWNER'S REPORT
FOR
INSERVICE INSPECTIONS**

MCGUIRE UNIT 1

**2007 REFUELING OUTAGE
EOC 18 (OUTAGE 4)**

Location: McGuire Nuclear Station
12700 Hagers Ferry Road
Huntersville, North Carolina 28078-9340

NRC Docket No. 50-369

National Board No. 44

Commercial Service Date: December 1, 1981

Document Completion Date: August 17, 2007

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

Revision 0

Prepared By:

Gary Underwood

Date

8-13-2007

Reviewed By:

James E. Cherry Jr

Date

8/13/2007

Approved By:

Michael B

Date

8/17/07

FORM NIS-1 (Back)

8. Examination Dates October 19, 2005 to May 28, 2007
9. Inspection Period Identification: Second Period
10. Inspection Interval Identification: Third Interval
11. Applicable Edition of Section XI 1998 Addenda 2000
12. Date/Revision of Inspection Plan: June 20, 2006 / Revision 2
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 Examinations and Tests. See Section 4.0, and 6.0
15. Abstract of Corrective Measures. See Section 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) N/A Expiration Date N/A

Date 8/17 20 07 Signed Duke Energy Carolinas By [Signature]
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 of Province of North Carolina employed by Hartford Steam Boiler of Connecticut (HSBCT) have inspected the components described in this Owners' Report during the period October 19, 2005 to May 28, 2007, 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 Owners' 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 Owners' Report. Furthermore, neither the Inspector nor his employer shall be 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 N.C. 1524 I,N
Inspector's Signature National Board, State, Province, and Endorsements

Date August 17, 2007

HSBCT
200 Ashford Center North
Suite 205
Atlanta, GA. 30338-4860
(800) 417-3721
www.hsbct.com

DISTRIBUTION LIST

1. Duke Energy Carolinas
Nuclear Technical Services Division
Section XI Inspection Program Section
2. Inspection and Welding Services (ISI
Coordinator)
3. NRC Document Control Desk
4. HSBCT (AIA)
c/o ANII at McGuire
5. State of North Carolina
Department of Labor
c/o J. M. Givens, Jr.

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1.0 General Information

This report describes the Inservice Inspection of Duke Energy Corporation's McGuire Nuclear Station Unit 1 during Outage 4 / EOC 18. This is the second outage of the Second Inspection Period of the Third Ten-Year Interval. ASME Section XI, 1998 Edition through the 2000 Addenda was the governing Code for selection and performance 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 action(s) taken when reportable conditions were found. In addition, there is an Owner's Report for the Repair / Replacement Section included for complete 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	Combustion Engineering	CE67102	NC-178379	20766
Pressurizer	Westinghouse	1471	NC-178395	68-123
Steam Generator 1A	BWI	7701-04	NC-302668	157
Steam Generator 1B	BWI	7693-01	NC-302669	146
Steam Generator 1C	BWI	7701-03	NC-302670	155
Steam Generator 1D	BWI	7701-02	NC-302671	154
Centrifugal Charging Pump	Pacific Pumps	1A-48582 1B-48583	N/A	19 22
Containment Spray Heat Exchanger	Delta Southern Co.	1A-35005-73-1 1B-35005-73-2	NC-147799 NC-147796	3394 3395

1.1 Identification Numbers

Item	Manufacturer or Installer	Manufacturer or Installer Serial No.	State or Province No.	National Board No.
Excess Letdown Heat Exchanger	Atlas Industrial Manufacturing Company	1809	NC-187817	1554
Letdown Heat Exchanger	Joseph Oat & Sons, Inc.	2049-2A	NC-187881	552
Reciprocating Charging Pump	Union Pump Company	N721031B-603	N/A	N/A
Reactor Coolant Pump	Westinghouse	1A 1-114E841G01 1B 2-114E841G01 1C 3-114E841G01 1D 4-114E841G01	N/A	N/A
Reciprocating Charging Pump Accumulator	Metal Bellows Company	74730-002	N/A	002
Reciprocating Charging Pump Suction Stabilizer	Richmond Engineering Supply Co.	N2409-10	N/A	75219
Residual Heat Removal Heat Exchanger	Joseph Oat & Sons, Inc.	1A-2046-2A 1B-2046-2A	NC-234202 NC-234201	635 636
Safety Injection Pump	Pacific Pumps	1A-49355 1B-49356	N/A	80 81
Regenerative Heat Exchanger	Joseph Oat & Sons, Inc.	2047-2A	NC-187897	595 596 597
Seal Water Heat Exchanger	Atlas Industrial Manufacturing Company	1766	NC 169797	1548
Seal Water Injection Filter	AMF Cuno	1A-13 1B-14	N/A	3822 3823

1.1 Identification Numbers

Item	Manufacturer or Installer	Manufacturer or Installer Serial No.	State or Province No.	National Board No.
Main Steam Supply to Auxiliary Equipment System	Duke Power Co.	SA	N/A	4
Containment Air Release and Addition System	Duke Power Co.	VQ	N/A	12
Main Steam System	Duke Power Co.	SM	N/A	17
Main Steam Vent to Atmosphere System	Duke Power Co.	SV	N/A	18
Reactor Coolant System	Duke Power Co.	NC	N/A	28
Liquid Waste Recycle System	Duke Power Co.	WL	N/A	29
Refueling Water System	Duke Power Co.	FW	N/A	31
Auxiliary Feedwater System	Duke Power Co.	CA	N/A	32
Residual Heat Removal System	Duke Power Co.	ND	N/A	35
Nuclear Service Water System	Duke Power Co.	RN	N/A	36
Chemical & Volume Control System	Duke Power Co.	NV	N/A	37
Component Cooling System	Duke Power Co.	KC	N/A	38
Main Feedwater System	Duke Power Co.	CF	N/A	39
Containment Spray System	Duke Power Co.	NS	N/A	40

1.1 Identification Numbers

Item	Manufacturer or Installer	Manufacturer or Installer Serial No.	State or Province No.	National Board No.
Containment Ventilation Cooling Water System	Duke Power Co.	RV	N/A	41
Safety Injection System	Duke Power Co.	NI	N/A	42
Containment Purge Ventilation	Duke Power Co.	VP	N/A	6
Safety Injection Accumulator Tank 1A	Delta Southern Co.	41617-72-1	NC-178396	3038
Safety Injection Accumulator Tank 1B	Delta Southern Co.	41617-72-2	NC-178397	3039
Safety Injection Accumulator Tank 1C	Delta Southern Co.	41617-72-3	NC-178398	3040
Safety Injection Accumulator Tank 1D	Delta Southern Co.	41617-72-4	NC-178399	3041
Unit 1	Duke Power Co.	N/A	N/A	44

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 the 1998 Edition of ASME Section XI with the 2000 Addenda including Appendix VII for ultrasonic inspections. In addition, ultrasonic examiners were qualified in accordance with ASME Section XI, Appendix VIII, and the 1998 Edition with the 2000 Addenda through the Performance Demonstration Initiative (PDI) for Supplements 2, 3, 4, 6, 8, and 10. Preservice examinations of weld overlays were conducted in accordance with Code Case N-504-2 including non-mandatory Appendix Q.

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 McGuire Nuclear Station or copies may be obtained by contacting Duke's Corporate Office in Charlotte, North Carolina.

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

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's Corporate Office in Charlotte, North Carolina:

1. Request for Relief (RFR) 01-004 (Class 1, 2 and 3 snubber examination under station technical specification)
2. RFR 01-005 (Risk Informed Inservice Inspection Program Submittal)
3. RFR 01-008 (Risk Informed ISI Alternative to Use VT-2 Instead of Volumetric Examination of Socket Welds)
4. Code Case N-460 (Alternative Examination Coverage For Class 1 and Class 2 Welds)
5. RFR-01-GO-002 to use Code Case N-416-2 "Alternative Pressure Test Requirement for Welded Repairs, Fabrication Welds for Replacement Parts and Piping Subassemblies, or Installation of Replacement Items by Welding, Class 1, 2 and 3 Section XI, Division 1."

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

Hartford Steam Boiler of Connecticut (HSBCT) is responsible for the third party inspections required by ASME Section XI.

Authorized Nuclear Inservice Inspector(s)

Name: Jerome F. Swan
Employer: HSBCT
Business Address: 200 Ashford Center North
Suite 205
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 1998 ASME Code Section XI through the 2000 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, Table IWC-2500-1 for Class 2 Inspections and IWF-2500-1 for Class 1, 2, and 3 Component Supports. Augmented, Elective, and Risk Informed inspections are also included.

During the McGuire Third 10 Year Interval, piping welds will be examined under the Risk Informed Inservice Inspection Program developed in accordance with methodology contained in the Westinghouse Owner's Group (WOG) Topical Report, WCAP-14572, Revision 1-NP-A. Request for Relief 01-005 was submitted to the NRC seeking approval to incorporate the Risk Informed Program into the Third 10 Year Interval ISI Plan for McGuire Unit 1. The NRC approved use of this program per SER dated June 12, 2002. Previous code Examination Categories B-F, B-J, C-F-1, and C-F-2 will now be combined under the new Risk Informed Category R-A.

Class 1 Inspections

<i>Examination Category</i>	<i>Description</i>	<i>Inspections Required</i>	<i>Inspections Completed</i>	<i>Percentage Completed</i>	<i>⁶Deferral Allowed</i>
B-A	Pressure Retaining Welds in Reactor Vessel	28	8	28.57%	Yes
B-B	Pressure Retaining Welds in Vessels Other than Reactor Vessel	5	3	60.00%	No
B-D	Full Penetration Welded Nozzles in Vessels Inspection Program B	36	12	33.33%	Partial
B-F	Pressure Retaining Dissimilar Metal Welds in Vessel Nozzles	Reference Risk Informed Program R01. Items			
B-G-1	Pressure Retaining Bolting Greater than 2 " in Diameter	243	151	62.13%	No

Class 1 Inspections

<i>Examination Category</i>	<i>Description</i>	<i>Inspections Required</i>	<i>Inspections Completed</i>	<i>Percentage Completed</i>	<i>⁶Deferral Allowed</i>
B-G-2	Pressure Retaining Bolting 2" and Less in Diameter	17	9	52.94%	No
B-J	Pressure Retaining Welds in Piping	Reference Risk Informed Program R01. Items			
B-K	Welded Attachments for Piping, Pumps and Valves	6	4	66.66%	No
B-L-1	Pressure Retaining Welds in Pump Casings	N/A	N/A	N/A	Yes
B-L-2	Pump Casings	1	0	0.00%	Yes
B-M-1	Pressure Retaining Welds in Valve Bodies	N/A	N/A	N/A	Yes
B-M-2	Valve Body > 4 in. Nominal Pipe Size	8	4	50.00%	Yes
B-N-1	Interior of Reactor Vessel	3	2	66.66%	No
B-N-2	Integrally Welded Core Support Structures and Interior Attachments to Reactor Vessels	2	0	0.00%	Yes
B-N-3	Removable Core Support Structures	1	0	0.00%	Yes
B-O	Pressure Retaining Welds in Control Rod Housings	3	2	66.66%	Yes

Class 1 Inspections

<i>Examination Category</i>	<i>Description</i>	<i>Inspections Required</i>	<i>Inspections Completed</i>	<i>Percentage Completed</i>	⁶ <i>Deferral Allowed</i>
B-P	All Pressure Retaining Components	REFERENCE SECTION 6.0 OF THIS REPORT			
B-Q	Steam Generator Tubing	See Note Below			
F-A F01.010	Class 1 Component Supports	69	35	50.72%	No

Note: Steam Generator Tubing is examined and documented by the Metallurgy and Lab Services Section/Nuclear Technical Services Division as required by the Station Technical Specifications and is not included in this report.

⁶Deferral of inspection to the end of the interval as allowed by ASME Section XI Tables IWB 2500-1. These examination categories are exempt from percentage requirements per IWB-2412 (a), Inspection Program B.

Class 2 Inspections

Examination Category	Description	Inspections Required	Inspections Completed	Percentage Completed	⁶Deferral Allowed
C-A	Pressure Retaining Welds in Pressure Vessels	26	8	30.76%	No
C-B	Pressure Retaining Nozzle Welds in Vessels	9	4	44.44%	No
C-C	Integral Attachments for Vessels, Piping, Pumps and Valves	33	16	48.48%	No
C-D	Pressure Retaining Bolting Greater Than 2" in Diameter	N/A	N/A	N/A	N/A
C-F-1	Pressure Retaining Welds in Austenitic Stainless Steel or High Alloy Piping	Reference Risk Informed Program R01. Items			
C-F-2	Pressure Retaining Welds in Carbon or Low Alloy Steel Piping	Reference Risk Informed Program R01. Items			
C-G	Pressure Retaining Welds in Pumps and Valves	3	2	66.66%	No
C-H	All Pressure Retaining Components	REFERENCE SECTION 6.0 OF THIS REPORT			
F-A F01.020	Class 2 Component Supports	233	124	53.21%	No

Additional Component Support Examinations Class 1, 2 & 3

Examination Category	Description	Inspections Required	Inspections Completed	Percentage Completed	⁶Deferral Allowed
F-A F01.040	Supports other than Piping Supports Class 1, 2 & 3	47	32	68.08%	No
F01.050	Component Supports, Snubbers Class 1, 2 & 3			*	No

⁶Deferral of inspection to the end of the interval as allowed by ASME Section XI Tables IWB-2500-1 and IWC-2500-1.

* Examinations to be performed per Request for Relief 01-004.

Risk Informed Inservice Inspection Program Class 1 and 2

<i>Examination Category</i>	<i>Description</i>	<i>Inspections Required</i>	<i>Inspections Completed</i>	<i>Percentage Completed</i>	<i>⁶Deferral Allowed</i>
R-A	Piping Examinations Class 1 and 2 Section	97	48	49.48%	No

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>Summary Number</i>	<i>Description</i>	<i>Percentage Complete</i>
M1.G3	Pipe Rupture Protection	No examinations required for Outage 4 / EOC-18
M1.G4.1	Reactor Vessel Head to Pipe Welds	No Examinations required for Outage 4 / EOC-18
M1.G5.1	Reactor Vessel Head Exams – VT-2 and UT Per NRC Order EA-03-009	100% of Outage 4 / EOC-18 Requirements Met
M1.G5.2	Reactor Vessel Vent Line – UT per NRC Order EA-03-009, PT per NRC Order EA-03-009, VT-2 every 4 refueling outages or 7 years per NRC Order EA-03-009, and VT-2 every 3 refueling outages per MRP-139	100% of Outage 4 / EOC-18 Requirements Met
M1.G5.3	Bare Metal Inspections of the Reactor Vessel Primary Nozzles per MRP-139	100% of Outage 4 / EOC-18 Requirements Met
M1.G6.1	Bare Metal Visual Inspection of the Pressurizer Welds per MRP-139	100% of Outage 4 / EOC-18 Requirements Met
M1.G6.2	Bare Metal Visual Inspection of the Pressurizer Manway Diaphragm Seal Weld per NRC Bulletin 2004-01	100% of Outage 4 / EOC-18 Requirements Met
M1.H1	Reactor Vessel UHI Welds – RPV Head to UHI Tube / UHI End Cap to Pipe (Elective)	100% of Outage 4 / EOC-18 Requirements Met

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, Augmented, and Risk Informed 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, and Risk Informed Requirements
ID NUMBER	=	Unique Identification Number
SYS	=	Component System Number
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
DIA / THICK	=	Diameter/Thickness
CAL BLOCKS	=	Calibration Block Number
COMMENTS	=	General and/or Detail Description

DUKE ENERGY
QUALITY ASSURANCE TECHNICAL SERVICES
Inservice Inspection Database Management System
Plan Report
McGuire 1, 3rd Interval, Outage 4 (EOC-18)

This report includes all changes through addendum 1MNS-026. The user is responsible for verifying this report against the issued plan.

<i>Summary Num Component ID / Type</i>	<i>System</i>	<i>ISO/DWG Numbers</i>	<i>Procedure</i>	<i>Insp Req</i>	<i>Mat</i>	<i>Sched</i>	<i>Thick/Dia</i>	<i>Cal Blocks</i>	<i>Comments / Historical Data</i>
Category AUG									
M1.G5.1.0001 RPV-HEAD-PEN Circumferential	NC Class 1	MC-ISIN3-1553-01.00 MCM 1201.01-0186	54-ISI- 603-000	UT	CS-Inconel		0.000 / 0.000	G05.001.001, G05.001.002	<p>FOR VISUAL EXAMINATION (VT-2): BARE METAL VISUAL EXAMINATION OF 100% OF THE REACTOR PRESSURE VESSEL HEAD SURFACE (INCLUDING 360 DEGREES AROUND EACH RPV HEAD PENETRATION NOZZLE). MP/0/7150/153 RX VESSEL HEAD PENETRATION VISUAL INSPECTION. TO BE DONE EVERY THREE REFUELING OUTAGES OR FIVE YEARS. (FOR RESPONSIBLE INDIVIDUAL CONTACT J.M. SHUPING AND REACTOR VESSEL ENGINEERING/MATERIALS ENGINEERING GROUP. REFERENCE NRC ORDER EA-03-009 INSPECT DURING THIRD INTERVAL 1EOC-18 AND 1EOC-21 INSPECT DURING FOURTH INTERVAL 1EOC-24, 1EOC-27 AND FIFTH INTERVAL 1EOC-30.</p> <p>FOR UT EXAMINATION: RPV HEAD PENETRATION NOZZLES (NOZZLE BASE MATERIAL) FROM TWO INCHES ABOVE J-GROOVE WELD TO THE BOTTOM OF THE NOZZLE. VENDOR AND SPECIAL EQUIPMENT REQUIRED. TO BE DONE WITHIN FIVE YEARS OF 2/11/2003 AND EVERY FOUR REFUELING OUTAGES OR SEVEN YEARS WHICHEVER COMES FIRST. (FOR RESPONSIBLE INDIVIDUAL CONTACT J.M. SHUPING AND REACTOR VESSEL ENGINEERING/MATERIALS ENGINEERING GROUP. REFERENCE NRC ORDER EA-03-009, INSPECT DURING THIRD INTERVAL 1EOC-18. INSPECT DURING FOURTH INTERVAL 1EOC-22, 1EOC-26 AND FIFTH INTERVAL 1EOC-30. BARE METAL VISUAL EXAMINATION OF 100- OF THE REACTOR PRESSURE VESSEL HEAD SURFACE (INCLUDING 360 DEGREES AROUND EACH RPV HEAD PENETRATION NOZZLE). MP/0/7150/153 RX VESSEL HEAD PENETRATION VISUAL INSPECTION. TO BE DONE EVERY THREE REFUELING OUTAGES OR FIVE YEARS. (FOR RESPONSIBLE INDIVIDUAL CONTACT J.M. SHUPING AND REACTOR VESSEL ENGINEERING/MATERIALS ENGINEERING GROUP. REFERENCE NRC ORDER EA-03-009.</p>

McGuire 1, 3rd Interv Stage 4 (EOC-18)

Summary Num.
Component ID / Type

System

ISO/DWG Numbers

Procedure

Insp
Req

Mat

Sched Thick/Dia

Cal Blocks Comments / Historical Data

Category AUG

M1.G5.1.0001

G05.001.001, G05.001.002

RPV-HEAD-PEN

NC

MC-ISIN3-1553-01.00

NDE-68

VT-2

CS-Inconel

0.000 / 0.000

Circumferential

Class 1

MCM 1201.01-0186

FOR VISUAL EXAMINATION (VT-2): BARE METAL VISUAL EXAMINATION OF 100% OF THE REACTOR PRESSURE VESSEL HEAD SURFACE (INCLUDING 360 DEGREES AROUND EACH RPV HEAD PENETRATION NOZZLE). MP/0/7150/153 RX VESSEL HEAD PENETRATION VISUAL INSPECTION. TO BE DONE EVERY THREE REFUELING OUTAGES OR FIVE YEARS. (FOR RESPONSIBLE INDIVIDUAL CONTACT J.M. SHUPING AND REACTOR VESSEL ENGINEERING/MATERIALS ENGINEERING GROUP. REFERENCE NRC ORDER EA-03-009 INSPECT DURING THIRD INTERVAL 1EOC-18 AND 1EOC-21 INSPECT DURING FOURTH INTERVAL 1EOC-24, 1EOC-27 AND FIFTH INTERVAL 1EOC-30.

FOR UT EXAMINATION: RPV HEAD PENETRATION NOZZLES (NOZZLE BASE MATERIAL) FROM TWO INCHES ABOVE J-GROOVE WELD TO THE BOTTOM OF THE NOZZLE. VENDOR AND SPECIAL EQUIPMENT REQUIRED. TO BE DONE WITHIN FIVE YEARS OF 2/11/2003 AND EVERY FOUR REFUELING OUTAGES OR SEVEN YEARS WHICHEVER COMES FIRST. (FOR RESPONSIBLE INDIVIDUAL CONTACT J.M. SHUPING AND REACTOR VESSEL ENGINEERING/MATERIALS ENGINEERING GROUP. REFERENCE NRC ORDER EA-03-009, INSPECT DURING THIRD INTERVAL 1EOC-18, INSPECT DURING FOURTH INTERVAL 1EOC-22, 1EOC-26 AND FIFTH INTERVAL 1EOC-30, BARE METAL VISUAL EXAMINATION OF 100- OF THE REACTOR PRESSURE VESSEL HEAD SURFACE (INCLUDING 360 DEGREES AROUND EACH RPV HEAD PENETRATION NOZZLE). MP/0/7150/153 RX VESSEL HEAD PENETRATION VISUAL INSPECTION. TO BE DONE EVERY THREE REFUELING OUTAGES OR FIVE YEARS. (FOR RESPONSIBLE INDIVIDUAL CONTACT J.M. SHUPING AND REACTOR VESSEL ENGINEERING/MATERIALS ENGINEERING GROUP. REFERENCE NRC ORDER EA-03-009.

McGuire 1, 3rd Inter- utage 4 (EOC-18)

Summary Number Component ID / Type	System	ISO/DWG Numbers	Procedure	Insp Req	Mat	Sched	Thick/Dia	Cal Blocks	Comments / Historical Data
Category AUG									
M1.G5.2.0001 1RPV-VENT-NOZZLE	NC Class		54-ISI- 605-000	UT	Inconel		0.000 / 0.000		<p>M1.G5.2.0001 RPV Vent Line Nozzle to Head Weld. (UT) Ultrasonically examine from under the RPV Head. Examinations to be done within (5) years of 2/11/2003, and thereafter at least every four (4) refueling outages or seven (7) years, whichever occurs first. The inspections will begin in EOC-18. Time between inspections may be shortened, but not lengthened. If time between inspections is shortened, next inspection will occur at frequencies stipulated above. Vendor and special equipment required. (For responsible Individual, contact J.M. Shuping and Reactor Vessel Engineering/Materials Group). Reference NRC Order EA-03-009. Inspect during EOC-18 and EOC-22 (3rd Interval), EOC-26 and EOC-30 (4th Interval)</p> <p>RPV Vent Line Nozzle to Head Weld. (VT-2) Bare Metal Visual examine at the RPV Head to interrogate the vent line annulus. Examinations to be done within (5) years of 2/11/2003, and thereafter at least every 3 (3) refueling outages. The inspections will begin in EOC-18. Time between inspections may be shortened, but not lengthened. If time between inspections is shortened, next inspection will occur at frequencies stipulated above. Vendor and special equipment required. (For responsible Individual, contact J.M. Shuping and Reactor Vessel Engineering/Materials Group). Inspect during EOC-18 and EOC-21 (3rd Interval), EOC-24, EOC-27 and EOC-30 (4th Interval) (MRP-139 Requirements) (MP/0/A/7150/153 RX Vessel Head Bare Metal Inspection Procedure to be used).</p> <p>RPV Vent Line Nozzle to Head Weld. (PT) Dye Penetrant Test from under the RPV Head. Examinations to be done within (5) years of 2/11/2003, and thereafter at least every four (4) refueling outages or seven (7) years, whichever occurs first. The inspections will begin in EOC-18. Time between inspections may be shortened, but not lengthened. If time between inspections is shortened, next inspection will occur at frequencies stipulated above. Vendor and special equipment required. (For responsible Individual, contact J.M. Shuping and Reactor Vessel Engineering/Materials Group). Reference NRC Order EA-03-009. Inspect during EOC-18 and EOC-22 (3rd Interval), EOC-26 and EOC-30 (4th Interval) .</p> <p>RPV Vent Line Nozzle to Head Weld. (VT-2) Bare Metal</p>

This report includes all changes through addendum 1MNS-026. The user is responsible for verifying this report against the issued plan.

McGuire 1, 3rd Inter outage 4 (EOC-18)

Insp

Summary Num...
Component ID / Type

System

ISO/DWG Numbers

Procedure Req

Mat

Sched Thick/Dia

Cal Blocks Comments / Historical Data

Category **AUG**

Visual examine at the RPV Head to interrogate the vent line annulus from above the head. Examinations to be done within (5) years of 2/11/2003, and thereafter at least every four (4) refueling outages or seven (7) years, whichever occurs first. The inspections will begin in EOC-18. Time between inspections may be shortened, but not lengthened. If time between inspections is shortened, next inspection will occur at frequencies stipulated above. Vendor and special equipment required. (For responsible Individual, contact J.M. Shuping and Reactor Vessel Engineering/Materials Group). Reference NRC Order EA-03-009. Inspect during EOC-18 and EOC-22 (3rd Interval), EOC-26 and EOC-30 (4th Interval). (MP/O/A/7150/153 RX Vessel Head Bare Metal Inspection Procedure to be used).

McGuire 1, 3rd Interval Stage 4 (EOC-18)

Summary Num
Component ID / Type

System

ISO/DWG Numbers

Procedure

Insp
Req

Mat

Sched Thick/Dia

Cal Blocks Comments / Historical Data

Category AUG

M1.G5.2.0001

1RPV-VENT-NOZZLE

NC

Class

54-PT-
200-06

PT

Inconel

0.000 / 0.000

M1.G5.2.0001 RPV Vent Line Nozzle to Head Weld. (UT) Ultrasonically examine from under the RPV Head. Examinations to be done within (5) years of 2/11/2003, and thereafter at least every four (4) refueling outages or seven (7) years, whichever occurs first. The inspections will begin in EOC-18. Time between inspections may be shortened, but not lengthened. If time between inspections is shortened, next inspection will occur at frequencies stipulated above. Vendor and special equipment required. (For responsible Individual, contact J.M. Shuping and Reactor Vessel Engineering/Materials Group). Reference NRC Order EA-03-009. Inspect during EOC-18 and EOC-22 (3rd Interval), EOC-26 and EOC-30 (4th Interval)

RPV Vent Line Nozzle to Head Weld. (VT-2) Bare Metal Visual examine at the RPV Head to interrogate the vent line annulus. Examinations to be done within (5) years of 2/11/2003, and thereafter at least every 3 (3) refueling outages. The inspections will begin in EOC-18. Time between inspections may be shortened, but not lengthened. If time between inspections is shortened, next inspection will occur at frequencies stipulated above. Vendor and special equipment required. (For responsible Individual, contact J.M. Shuping and Reactor Vessel Engineering/Materials Group). Inspect during EOC-18 and EOC-21 (3rd Interval), EOC-24, EOC-27 and EOC-30 (4th Interval) (MRP-139 Requirements) (MP/0/A/7150/153 RX Vessel Head Bare Metal Inspection Procedure to be used).

RPV Vent Line Nozzle to Head Weld. (PT) Dye Penetrant Test from under the RPV Head. Examinations to be done within (5) years of 2/11/2003, and thereafter at least every four (4) refueling outages or seven (7) years, whichever occurs first. The inspections will begin in EOC-18. Time between inspections may be shortened, but not lengthened. If time between inspections is shortened, next inspection will occur at frequencies stipulated above. Vendor and special equipment required. (For responsible Individual, contact J.M. Shuping and Reactor Vessel Engineering/Materials Group). Reference NRC Order EA-03-009. Inspect during EOC-18 and EOC-22 (3rd Interval), EOC-26 and EOC-30 (4th Interval).

RPV Vent Line Nozzle to Head Weld. (VT-2) Bare Metal

This report includes all changes through addendum 1MNS-026. The user is responsible for verifying this report against the issued plan.

McGuire 1, 3rd Inter. Outage 4 (EOC-18)

Summary No. Component ID / Type	System	ISO/DWG Numbers	Procedure	Insp Req	Mat	Sched	Thick/Dia	Cal Blocks	Comments / Historical Data
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Category **AUG**

Visual examine at the RPV Head to interrogate the vent line annulus from above the head. Examinations to be done within (5) years of 2/11/2003, and thereafter at least every four (4) refueling outages or seven (7) years, whichever occurs first. The inspections will begin in EOC-18. Time between inspections may be shortened, but not lengthened. If time between inspections is shortened, next inspection will occur at frequencies stipulated above. Vendor and special equipment required. (For responsible Individual, contact J.M. Shuping and Reactor Vessel Engineering/Materials Group). Reference NRC Order EA-03-009. Inspect during EOC-18 and EOC-22 (3rd Interval), EOC-26 and EOC-30 (4th Interval). (MP/0/A/7150/153 RX Vessel Head Bare Metal Inspection Procedure to be used).

Summary Nu. Component ID / Type	System	ISO/DWG Numbers	Procedure	McGuire 1, 3rd Inter- utage 4 (EOC-18)		Sched	Thick/Dia	Cal Blocks	Comments / Historical Data
				Insp Req	Mat				
M1.G5.2.0001									
1RPV-VENT-NOZZLE	NC		MP/0/A/71 50-153	VT-2	Inconel		0.000 / 0.000		<p>M1.G5.2.0001 RPV Vent Line Nozzle to Head Weld. (UT) Ultrasonically examine from under the RPV Head. Examinations to be done within (5) years of 2/11/2003, and thereafter at least every four (4) refueling outages or seven (7) years, whichever occurs first. The inspections will begin in EOC-18. Time between inspections may be shortened, but not lengthened. If time between inspections is shortened, next inspection will occur at frequencies stipulated above. Vendor and special equipment required. (For responsible individual, contact J.M. Shuping and Reactor Vessel Engineering/Materials Group). Reference NRC Order EA-03-009. Inspect during EOC-18 and EOC-22 (3rd Interval), EOC-26 and EOC-30 (4th Interval)</p> <p>RPV Vent Line Nozzle to Head Weld. (VT-2) Bare Metal Visual examine at the RPV Head to interrogate the vent line annulus. Examinations to be done within (5) years of 2/11/2003, and thereafter at least every 3 (3) refueling outages. The inspections will begin in EOC-18. Time between inspections may be shortened, but not lengthened. If time between inspections is shortened, next inspection will occur at frequencies stipulated above. Vendor and special equipment required. (For responsible individual, contact J.M. Shuping and Reactor Vessel Engineering/Materials Group). Inspect during EOC-18 and EOC-21 (3rd Interval), EOC-24, EOC-27 and EOC-30 (4th Interval) (MRP-139 Requirements) (MP/0/A/7150/153 RX Vessel Head Bare Metal Inspection Procedure to be used).</p> <p>RPV Vent Line Nozzle to Head Weld. (PT) Dye Penetrant Test from under the RPV Head. Examinations to be done within (5) years of 2/11/2003, and thereafter at least every four (4) refueling outages or seven (7) years, whichever occurs first. The inspections will begin in EOC-18. Time between inspections may be shortened, but not lengthened. If time between inspections is shortened, next inspection will occur at frequencies stipulated above. Vendor and special equipment required. (For responsible individual, contact J.M. Shuping and Reactor Vessel Engineering/Materials Group). Reference NRC Order EA-03-009. Inspect during EOC-18 and EOC-22 (3rd Interval), EOC-26 and EOC-30 (4th Interval) .</p> <p>RPV Vent Line Nozzle to Head Weld. (VT-2) Bare Metal</p>

This report includes all changes through addendum 1MNS-026. The user is responsible for verifying this report against the issued plan.

McGuire 1, 3rd Inter outage 4 (EOC-18)

Summary Number
Component ID / Type

System

ISO/DWG Numbers

Procedure

Insp
Req

Mat

Sched Thick/Dia

Cal Blocks Comments / Historical Data

Category **AUG**

Visual examine at the RPV Head to interrogate the vent line annulus from above the head. Examinations to be done within (5) years of 2/11/2003, and thereafter at least every four (4) refueling outages or seven (7) years, whichever occurs first. The inspections will begin in EOC-18. Time between inspections may be shortened, but not lengthened. If time between inspections is shortened, next inspection will occur at frequencies stipulated above. Vendor and special equipment required. (For responsible Individual, contact J.M. Shuping and Reactor Vessel Engineering/Materials Group). Reference NRC Order EA-03-009. Inspect during EOC-18 and EOC-22 (3rd Interval), EOC-26 and EOC-30 (4th Interval). (MP/0/A/7150/153 RX Vessel Head Bare Metal Inspection Procedure to be used).

Summary Num Component ID / Type	System	ISO/DWG Numbers	Procedure	McGuire 1, 3rd Inter		Mat	Sched	Thick/Dia	Cal Blocks	Comments / Historical Data
				Insp Req	Stage 4 (EOC-18)					
M1.G5.2.0001										
1RPV-VENT-NOZZLE	NC		MP/0/A/71 50-153	VT-2		Inconel		0.000 / 0.000		<p>M1.G5.2.0001 RPV Vent Line Nozzle to Head Weld. (UT) Ultrasonically examine from under the RPV Head. Examinations to be done within (5) years of 2/11/2003, and thereafter at least every four (4) refueling outages or seven (7) years, whichever occurs first. The inspections will begin in EOC-18. Time between inspections may be shortened, but not lengthened. If time between inspections is shortened, next inspection will occur at frequencies stipulated above. Vendor and special equipment required. (For responsible Individual, contact J.M. Shuping and Reactor Vessel Engineering/Materials Group). Reference NRC Order EA-03-009. Inspect during EOC-18 and EOC-22 (3rd Interval), EOC-26 and EOC-30 (4th Interval)</p> <p>RPV Vent Line Nozzle to Head Weld. (VT-2) Bare Metal Visual examine at the RPV Head to interrogate the vent line annulus. Examinations to be done within (5) years of 2/11/2003, and thereafter at least every 3 (3) refueling outages. The inspections will begin in EOC-18. Time between inspections may be shortened, but not lengthened. If time between inspections is shortened, next inspection will occur at frequencies stipulated above. Vendor and special equipment required. (For responsible Individual, contact J.M. Shuping and Reactor Vessel Engineering/Materials Group). Inspect during EOC-18 and EOC-21 (3rd Interval), EOC-24, EOC-27 and EOC-30 (4th Interval) (MRP-139 Requirements) (MP/0/A/7150/153 RX Vessel Head Bare Metal Inspection Procedure to be used).</p> <p>RPV Vent Line Nozzle to Head Weld. (PT) Dye Penetrant Test from under the RPV Head. Examinations to be done within (5) years of 2/11/2003, and thereafter at least every four (4) refueling outages or seven (7) years, whichever occurs first. The inspections will begin in EOC-18. Time between inspections may be shortened, but not lengthened. If time between inspections is shortened, next inspection will occur at frequencies stipulated above. Vendor and special equipment required. (For responsible Individual, contact J.M. Shuping and Reactor Vessel Engineering/Materials Group). Reference NRC Order EA-03-009. Inspect during EOC-18 and EOC-22 (3rd Interval), EOC-26 and EOC-30 (4th Interval) .</p> <p>RPV Vent Line Nozzle to Head Weld. (VT-2) Bare Metal</p>

This report includes all changes through addendum 1MNS-026. The user is responsible for verifying this report against the issued plan.

McGuire 1, 3rd Interval Stage 4 (EOC-18)

Summary Num. Component ID / Type	System	ISO/DWG Numbers	Procedure	Insp Req	Mat	Sched	Thick/Dia	Cal Blocks	Comments / Historical Data
<u>Category</u> AUG									Visual examine at the RPV Head to interrogate the vent line annulus from above the head. Examinations to be done within (5) years of 2/11/2003, and thereafter at least every four (4) refueling outages or seven (7) years, whichever occurs first. The inspections will begin in EOC-18. Time between inspections may be shortened, but not lengthened. If time between inspections is shortened, next inspection will occur at frequencies stipulated above. Vendor and special equipment required. (For responsible Individual, contact J.M. Shuping and Reactor Vessel Engineering/Materials Group). Reference NRC Order EA-03-009. Inspect during EOC-18 and EOC-22 (3rd Interval), EOC-26 and EOC-30 (4th Interval). (MP/O/A/7150/153 RX Vessel Head Bare Metal Inspection Procedure to be used).
M1.G5.3.0001 1RPV3-445E-SE	NC Class		NDE-68	VT-2	Inconel		0.000 / 0.000		34.062" RV Primary Outlet Nozzle Weld and Butter. (VT-2) Bare Metal Visual examination of RV Outlet Nozzles. Bare Metal Visual each RFO except outages in which volumetric exams are being conducted. This exam will begin in EOC-18. Inspect per requirements of MRP-139. (For responsible Individual, contact J.M. Shuping and Reactor Vessel Engineering/Materials Group). Inspect during EOC-18, EOC-19, EOC-20, EOC-21 (3rd Interval) EOC-22, EOC-23, EOC-24, EOC-25, EOC-26, EOC-27 and EOC-28 (4th Interval). (Per MRP-139) 34.062" RV Primary Outlet Nozzle Weld and Butter. (UT) Volumetric examination of RV Outlet Nozzles. Volumetric examinations every 5 years starting with EOC-19. Inspect per requirements of MRP-139. (For responsible Individual, contact J.M. Shuping and Reactor Vessel Engineering/Materials Group). Inspect during EOC-19 (3rd Interval) EOC-22, EOC-25 and EOC-28 (4th Interval).

McGuire 1, 3rd Interv Stage 4 (EOC-18)

Insp

Summary Num Component ID / Type	System	ISO/DWG Numbers	Procedure	Req	Mat	Sched	Thick/Dia	Cal Blocks	Comments / Historical Data
Category AUG									
M1.G5.3.0002 1RPV3-445F-SE	NC Class		NDE-68	VT-2	Inconel		0.000 / 0.000		<p>34.062" RV Primary Outlet Nozzle Weld and Butter. (VT-2) Bare Metal Visual examination of RV Outlet Nozzles. Bare Metal Visual each RFO except outages in which volumetric exams are being conducted. This exam will begin in EOC-18. Inspect per requirements of MRP-139. (For responsible Individual, contact J.M. Shuping and Reactor Vessel Engineering/Materials Group). Inspect during EOC-18, EOC-19, EOC-20, EOC-21 (3rd Interval) EOC-22, EOC-23, EOC-24, EOC-25, EOC-26, EOC-27 and EOC-28 (4th Interval). (Per MRP-139)</p> <p>34.062" RV Primary Outlet Nozzle Weld and Butter. (UT) Volumetric examination of RV Outlet Nozzles. Volumetric examinations every 5 years starting with EOC-19. Inspect per requirements of MRP-139. (For responsible Individual, contact J.M. Shuping and Reactor Vessel Engineering/Materials Group). Inspect during EOC-19 (3rd Interval) EOC-22, EOC-25 and EOC-28 (4th Interval).</p>
M1.G5.3.0003 1RPV3-445G-SE	NC Class		NDE-68	VT-2	Inconel		0.000 / 0.000		<p>34.062" RV Primary Outlet Nozzle Weld and Butter. (VT-2) Bare Metal Visual examination of RV Outlet Nozzles. Bare Metal Visual each RFO except outages in which volumetric exams are being conducted. This exam will begin in EOC-18. Inspect per requirements of MRP-139. (For responsible Individual, contact J.M. Shuping and Reactor Vessel Engineering/Materials Group). Inspect during EOC-18, EOC-19, EOC-20, EOC-21 (3rd Interval) EOC-22, EOC-23, EOC-24, EOC-25, EOC-26, EOC-27 and EOC-28 (4th Interval). (Per MRP-139).</p> <p>34.062" RV Primary Outlet Nozzle Weld and Butter. (UT) Volumetric examination of RV Outlet Nozzles. Volumetric examinations every 5 years starting with EOC-19. Inspect per requirements of MRP-139. (For responsible Individual, contact J.M. Shuping and Reactor Vessel Engineering/Materials Group). Inspect during EOC-19 (3rd Interval) EOC-22, EOC-25 and EOC-28 (4th Interval).</p>

McGuire 1, 3rd Interv stage 4 (EOC-18)

Summary Num Component ID / Type	System	ISO/DWG Numbers	Procedure	Insp Req	Mat	Sched	Thick/Dia	Cal Blocks	Comments / Historical Data
Category AUG									
M1.G5.3.0004 1RPV3-445H-SE	NC Class		NDE-68	VT-2	Inconel		0.000 / 0.000		<p>34.062" RV Primary Outlet Nozzle Weld and Butter. (VT-2) Bare Metal Visual examination of RV Outlet Nozzles. Bare Metal Visual each RFO except outages in which volumetric exams are being conducted. This exam will begin in EOC-18. Inspect per requirements of MRP-139. (For responsible Individual, contact J.M. Shuping and Reactor Vessel Engineering/Materials Group). Inspect during EOC-18, EOC-19, EOC-20, EOC-21 (3rd Interval) EOC-22, EOC-23, EOC-24, EOC-25, EOC-26, EOC-27 and EOC-28 (4th Interval). (Per MRP-139).</p> <p>34.062" RV Primary Outlet Nozzle Weld and Butter. (UT) Volumetric examination of RV Outlet Nozzles. Volumetric examinations every 5 years starting with EOC-19. Inspect per requirements of MRP-139. (For responsible Individual, contact J.M. Shuping and Reactor Vessel Engineering/Materials Group). Inspect during EOC-19 (3rd Interval) EOC-22, EOC-25 and EOC-28 (4th Interval).</p>
M1.G5.3.0005 1RPV3-445A-SE	NC Class		NDE-68	VT-2	Inconel		0.000 / 0.000		<p>32.5" RV Primary Inlet Nozzle Weld and Butter. (VT-2) Bare Metal Visual examination of RV Inlet Nozzles. Bare Metal Visual once every 3 RFO's except outages in which volumetric exams are being conducted. This exam will begin in EOC-18. Inspect per requirements of MRP-139. (For responsible Individual, contact J.M. Shuping and Reactor Vessel Engineering/Materials Group). Inspect during EOC-18 and EOC-21, EOC-24, EOC-27, and EOC-30 (4th Interval).</p> <p>32.5" RV Primary Inlet Nozzle Weld and Butter. (UT) Volumetric examination of RV Inlet Nozzles. Volumetric examinations every 6 years starting with EOC-20. Inspect per requirements of MRP-139. (For responsible Individual, contact J.M. Shuping and Reactor Vessel Engineering/Materials Group). Inspect during EOC-20 (3rd Interval), EOC-24, EOC-27 EOC-30 4th (Interval).</p>

This report includes all changes through addendum 1MNS-026. The user is responsible for verifying this report against the issued plan.

McGuire 1, 3rd Interv stage 4 (EOC-18)

Summary Num Component ID / Type	System	ISO/DWG Numbers	Procedure	Insp Req	Mat	Sched	Thick/Dia	Cal Blocks	Comments / Historical Data
Category AUG									
M1.G5.3.0006 1RPV3-445B-SE	NC Class		NDE-68	VT-2	Inconel		0.000 / 0.000		<p>32.5" RV Primary Inlet Nozzle Weld and Butter. (VT-2) Bare Metal Visual examination of RV Inlet Nozzles. Bare Metal Visual once every 3 RFO's except outages in which volumetric exams are being conducted. This exam will begin in EOC-18. Inspect per requirements of MRP-139. (For responsible Individual, contact J.M. Shuping and Reactor Vessel Enginerring/Materials Group). Inspect during EOC-18 and EOC-21, EOC-24, EOC- 27, and EOC-30 (4th Interval).</p> <p>32.5" RV Primary Inlet Nozzle Weld and Butter. (UT) Volumetric examination of RV Inlet Nozzles. Volumetric examinations every 6 years starting with EOC-20. Inspect per requirements of MRP-139. (For responsible Individual, contact J.M. Shuping and Reactor Vessel Enginerring/Materials Group). Inspect during EOC-20 (3rd Interval), EOC-24, EOC-27 EOC-30 4th (Interval).</p>
M1.G5.3.0007 1RPV3-445C-SE	NC Class		NDE-68	VT-2	Inconel		0.000 / 0.000		<p>32.5" RV Primary Inlet Nozzle Weld and Butter. (VT-2) Bare Metal Visual examination of RV Inlet Nozzles. Bare Metal Visual once every 3 RFO's except outages in which volumetric exams are being conducted. This exam will begin in EOC-18. Inspect per requirements of MRP-139. (For responsible Individual, contact J.M. Shuping and Reactor Vessel Enginerring/Materials Group). Inspect during EOC-18 and EOC-21, EOC-24, EOC- 27, and EOC-30 (4th Interval).</p> <p>32.5" RV Primary Inlet Nozzle Weld and Butter. (UT) Volumetric examination of RV Inlet Nozzles. Volumetric examinations every 6 years starting with EOC-20. Inspect per requirements of MRP-139. (For responsible Individual, contact J.M. Shuping and Reactor Vessel Enginerring/Materials Group). Inspect during EOC-20 (3rd Interval), EOC-24, EOC-27 EOC-30 4th (Interval).</p>

McGuire 1, 3rd Interval Stage 4 (EOC-18)

Summary Nuff
Component ID / Type

System ISO/DWG Numbers Procedure Insp Req Mat Sched Thick/Dia Cal Blocks Comments / Historical Data

Category AUG

M1.G5.3.0008 1RPV3-445D-SE	NC Class		NDE-68	VT-2	Inconel	0.000 / 0.000		32.5" RV Primary Inlet Nozzle Weld and Butter. (VT-2) Bare Metal Visual examination of RV Inlet Nozzles. Bare Metal Visual once every 3 RFO's except outages in which volumetric exams are being conducted. This exam will begin in EOC-18. Inspect per requirements of MRP-139. (For responsible Individual, contact J.M. Shuping and Reactor Vessel Engineering/Materials Group). Inspect during EOC-18 and EOC-21, EOC-24, EOC- 27, and EOC-30 (4th Interval). 32.5" RV Primary Inlet Nozzle Weld and Butter. (UT) Volumetric examination of RV Inlet Nozzles. Volumetric examinations every 6 years starting with EOC-20. Inspect per requirements of MRP-139. (For responsible Individual, contact J.M. Shuping and Reactor Vessel Engineering/Materials Group). Inspect during EOC-20 (3rd Interval), EOC-24, EOC-27 EOC-30 4th (Interval).
M1.G6.1.0001 1PZR-W1SE	NC Class	MCM 1201.01-0140 002 MCM 1201.01-0186	NDE-68	VT-2	CS-Inconel	0.000 / 0.000		(VT-2) Bare Metal Visual examination of Pressurizer Welds. Surge Nozzle to Safe End Weld 1PZR-W1SE
M1.G6.1.0002 1PZR-W3SE	NC Class	MCM 1201.01-0170 001	NDE-68	VT-2				(VT-2) Bare Metal Visual examination of Pressurizer Welds. PZR Relief Nozzle to Safe End Weld 1PZR-W3SE
M1.G6.1.0003 1PZR-W4ASE	NC Class	MCM 1201.01-0170 001	NDE-68	VT-2				(VT-2) Bare Metal Visual examination of Pressurizer Welds. PZR Safety Nozzle to Safe End Weld 1PZR-W4ASE
M1.G6.1.0004 1PZR-W4BSE	NC Class	MCM 1201.01-0170 001	NDE-68	VT-2				(VT-2) Bare Metal Visual examination of Pressurizer Welds. PZR Safety Nozzle to Safe End Weld 1PZR-W4BSE

McGuire 1, 3rd Interv. Stage 4 (EOC-18)

Summary Num. Component ID / Type	System	ISO/DWG Numbers	Procedure	Insp Req	Mat	Sched	Thick/Dia	Cal Blocks	Comments / Historical Data
Category AUG									
M1.G6.1.0005 1PZR-W4CSE	NC Class	MCM 1201.01-0170 001	NDE-68	VT-2					(VT-2) Bare Metal Visual examination of Pressurizer Welds. PZR Safety Nozzle to Safe End Weld 1PZR-W4CSE
M1.G6.1.0006 1PZR-W2SE	NC Class	MCM 1201.01-0170 001	NDE-68	VT-2					(VT-2) Bare Metal Visual examination of Pressurizer Welds. PZR Spray Nozzle to Safe End Weld 1PZR-W2SE
M1.G6.2.0001 1PZR-MANWAY	NC Class	MCM 1201.01-0170 001 MCM 1201.01-0186	NDE-68	VT-2	CS-Inconel		0.000 / 0.000		Pressurizer Manway Diaphragm Seal Weld. Bare Metal Visual Exam by VT-2 qualified inspector. Examine the gap between the Pressurizer Manway Cover and Manway for evidence of diaphragm plate seal weld leakage. (For responsible individual, contact J.M. Shuping, Alloy 600 Engineering Nuclear Technical Services). Reference NRC Bulletin 2004-01. To be done every Outage (EOC-18 through EOC-31) PZR Manway Insert (Gap Between Manway Cover and PZR) 1PZR-W11
Category B-A									
M1.B1.21.0001 1RPV6-446B Circumferential	NC Class 1	MCM 1201.01-204 MCM 1201.01-225	PDI-UT-6	UT	CS		7.300 / 0.000	50376	B01.021.001 CLOSURE HEAD RING PC. 446-03 TO CLOSURE HEAD CAP PC. 446-04. Examined EOC-18, 70.8% coverage. Reschedule to EOC-19 to get additional coverage. Reference PIP M-07-02243. Head Ring to Head Cap
M1.B1.22.0004 1RPV1-446D Longitudinal	NC Class 1	MCM 1201.01-204 MCM 1201.01-225	PDI-UT-6	UT	CS		7.300 / 0.000	50376	B01.022.004 CLOSURE HEAD MERIDIONAL WELD AT APPROXIMATELY 252 DEGREES. Only one UT Procedure required for this exam. Head to Head
M1.B1.22.0005 1RPV1-446E Longitudinal	NC Class 1	MCM 1201.01-204 MCM 1201.01-225	PDI-UT-6	UT	CS		7.300 / 0.000	50376	B01.022.005 CLOSURE HEAD MERIDIONAL WELD AT APPROXIMATELY 324 DEGREES. Only one UT Procedure required for this exam. Head to Head

McGuire 1, 3rd Interv. Stage 4 (EOC-18)

Summary Num. Component ID / Type	System	ISO/DWG Numbers	Procedure	Insp Req	Mat	Sched	Thick/Dia	Cal Blocks	Comments / Historical Data	
Category B-D										
M1.B3.110.0001 1PZR-10 Circumferential	NC Class 1	MCM 1201.01-170 MCM 1201.01-171	NDE-820	UT	CS		2.550 / 24.500	50337	PRESSURIZER SURGE NOZZLE TO LOWER HEAD. Nozzle to Head	B03.110.001
M1.B3.110.0001 1PZR-10 Circumferential	NC Class 1	MCM 1201.01-170 MCM 1201.01-171	NDE-640	UT	CS		2.550 / 24.500	50337	PRESSURIZER SURGE NOZZLE TO LOWER HEAD. Nozzle to Head	B03.110.001
M1.B3.120.0004 1PZR-10R Circumferential	NC Class 1	MCM 1201.01-170 MCM 1201.01-171	NDE-680	UT	CS		2.550 / 24.500	CB-01-163	PRESSURIZER SURGE NOZZLE TO LOWER HEAD. (INSIDE RADIUS SECTION) Nozzle to Head	B03.120.001
Category B-G-2										
M1.B7.50.0003 1NC-5-FL3	NC Class 1	MCFI 1NC-5 MC-ISIN3-1553-02.00	NDE-62	VT-1	CS		10.000 / 1.375		FLANGE BOLTING (12 STUDS). BOLT SIZE DETERMINED USING CHART IN M/P/O/A/7650/01 ENCLOSURE 13.2. EXAMINE ALL BOLTING MATERIAL.	B07.050.003
M1.B7.50.0004 1NV-25-FL2	NV Class 1	MCFI 1NV-25 MC-ISIN3-1554-01.00	NDE-62	VT-1	SS		0.000 / 1.000		FLANGE BOLTING (4 STUDS). BOLT SIZE DETERMINED USING CHART IN M/P/O/A/7650/01 ENCLOSURE 13.2. EXAMINE ALL BOLTING MATERIAL.	B07.050.200
Category B-N-1										
M1.B13.10.0001 1RPV-INTERIOR	NC Class 1	MCM 1201.01-146 MCM 1201.01-223	NDE-63	VT-3	SS		0.000 / 0.000		AREA ABOVE AND BELOW CORE MADE ACCESSIBLE DURING REFUELING OUTAGES. INSPECT ONCE EACH INSPECTION PERIOD	B13.010.001
Category B-O										
M1.B14.10.0022 1RPV-CRDM-64	NC Class 1	MCM 1201.01-224 MC-ISIN3-1553-01.00	NDE-35	PT	SS-Inconel		0.642 / 4.000		CRD HOUSING WELD. (PERIPHERAL). SHROUD MUST BE REMOVED BEFORE EXAMINATION CAN BE PERFORMED.	B14.010.010

McGuire 1, 3rd Interv. Stage 4 (EOC-18)

Summary Num. Component ID / Type	System	ISO/DWG Numbers	Procedure	Insp Req	Mat	Sched	Thick/Dia	Cal Blocks	Comments / Historical Data	
Category C-C										
M1.C3.20.0054 1-MCA-NV-H15 Rigid Support	NV Class 2	MCSRDNVD/sht. 3 MC-ISIN3-1554-03.01 1-MCA-NV-H15	NDE-35	PT	SS		0.125 / 6.000		WELDED ATTACHMENT	C03.020.053
Category D-A										
M1.D1.10.0008 1KCHX-SUPPORT-1A	KC Class 3	MCM 1201.06-24 MC-ISIN3-1573-01.00	NDE-65	VT-1	NA		1.000 / 0.000		Component Cooling Heat Exchanger 1A Welded Attachment. Scheduled for Outage 4 per PIP M-06-2995. This satisfies PIP and Third Interval requirements.	D01.010.007
M1.D1.10.0009 1KCST-SUPPORT-1A	KC Class 3	MCM 1201.04-113 MC-ISIN3-1573-01.01	NDE-65	VT-1	NA		0.250 / 0.000		Component Cooling Surge Tank 1A Welded Attachment. Scheduled for Outage 4 per PIP M-06-2995. This satisfies PIP and Third Interval requirements. Equipment Number 1KCTK0009	D01.010.008
M1.D1.10.0010 1KFHX-SUPPORT-1A	KF Class 3	MCM 1201.06-0027 MC-1220-32 MC-ISIN3-1573-02.00	NDE-65	VT-1	NA		0.250 / 0.000		Fuel Pool Cooling Heat Exchanger 1A Welded Attachment. Scheduled for Outage 4 per PIP M-06-2995. This satisfies PIP and Third Interval requirements. Equipment Number 1KFHX0003	D01.010.009
M1.D1.10.0017 1VGTK-SUPPORT-1A1	VG Class 3	MCM 1301.00-80 MC-ISIN3-1609-04.00	NDE-65	VT-1	NA		0.312 / 0.000		Diesel Generator Starting Air Tank 1A1 Welded Attachment. Scheduled for Outage 4 per PIP M-06-2995. This satisfies PIP and Third Interval requirements. Equipment Number 1VGTK0062	D01.010.003
M1.D1.10.0019 1KDHX-SUPPORT-1A	KD Class 3	MCM 1201.06-0042 MC-ISIN3-1609-01.00	NDE-65	VT-1	NA		0.750 / 0.000		Diesel Generator Cooling Water Heat Exchanger 1A Welded Attachment. Additional exam added Outage 4 per PIP M-06-2995. This additional exam does not apply to the third interval percentages. Equipment Number 1KDHX0013	D01.010.005

McGuire 1, 3rd Interv Stage 4 (EOC-18)

Summary Num Component ID / Type	System	ISO/DWG Numbers	Procedure	Insp Req	Mat	Sched	Thick/Dia	Cal Blocks	Comments / Historical Data
Category D-A									
M1.D1.10.0020 1RNST-SUPPORT-1A	RN Class 3	MCM 1218.02-8 MCM 1218.02-9 MC-ISIN3-1574-01.00	NDE-65	VT-1	NA		0.500 / 0.000		Nuclear Service Water Strainer 1A Welded Attachment. Additional exam added Outage 4 per PIP M-06-2995. This additional exam does not apply to the third interval percentages. Equipment Number 1RNST0001
M1.D1.10.0022 1KDC-SUPPORT-1A	LD Class 3	MCM-1301.00-0050 MC-ISIN3-1609.01.00	NDE-65	VT-1	NA		0.000 / 0.000		Diesel Generator Lube Oil Cooler 1A Support. Scheduled for Outage 4 per PIP M-06-2995. This satisfies PIP and Third Interval requirements. Equipment Number: 1LDHX0019
M1.D1.10.0023 1RHRHX-SUPPORT-1A	ND Class 3	MCM 1201.06-0022 MCM 1201.06-48	NDE-65	VT-1	NA		0.750 / 0.000		1A RESIDUAL HEAT REMOVAL HEAT EXCHANGER SUPPORT WELDED ATTACHMENT. EXAMINE SEISMIC LUG AT TOP OF ND HEAT EXCHANGER 1A. EXAMINE WITH M1.F1.40.0116. REFERENCE PIP M-07-323.
M1.D1.10.0025 1CSHX-SUPPORT-1A	NS Class 3	MCM 1201.06-0025 MC-1220-103	NDE-65	VT-1	NA		0.750 / 0.000		1A CONTAINMENT SPRAY HEAT EXCHANGER SUPPORT WELDED ATTACHMENT. EXAMINE SEISMIC TIE DOWN LUGS AT TOP OF NS HEAT EXCHANGER 1A. EXAMINE WITH M1.F1.40.0109. REFERENCE PIP M-07-323.
Category ELC									
M1.H1.1.0001 1RPV1-462A-SE	NC Class 1	MCFI-1NI38 MCM 1201.01-113	PDI-UT-10	UT	CS/Inconel		0.750/6.500	Component 50374	0 degrees, Pc. 459-01 to Pc. 446-04. RPV Head to UHI Tube
M1.H1.1.0002 1RPV1-462B-SE	NC Class 1	MCFI-1NI38 MCM 1201.01-113	PDI-UT-10	UT	CS/Inconel		0.750/6.500	Component 50374	90 degrees, Pc. 459-01 to Pc. 446-04. RPV Head to UHI Tube

This report includes all changes through addendum 1MNS-026. The user is responsible for verifying this report against the issued plan.

McGuire 1, 3rd Interv Stage 4 (EOC-18)

Summary Num Component ID / Type	System	ISO/DWG Numbers	Procedure	Insp Req	Mat	Sched	Thick/Dia	Cal Blocks	Comments / Historical Data
Category ELC									
M1.H1.1.0003 1RPV1-462C-SE	NC Class 1	MCFI-1NI38 MCM 1201.01-113	PDI-UT-10	UT	CS/Inconel		0.750/6.500	Component 50374	180 degrees, Pc. 459-01 to Pc. 446-04. RPV Head to UHI Tube
M1.H1.1.0004 1RPV1-462D-SE	NC Class 1	MCFI-1NI38 MCM 1201.01-113	PDI-UT-10	UT	CS/Inconel		0.750/6.500	Component 50374	270 degrees, Pc. 459-01 to Pc. 446-04. RPV Head to UHI Tube
M1.H1.1.0005 1NI1FW-38-1	NC Class 1	MCFI-1NI38 MCM 1201.01-113 MCM 1201.01-492	PDI-UT-10	UT	Inconel		0.625 / 6.250	50374	UHI End Cap To 459-03 180 Deg. UHI End Cap To PC. 459-03
M1.H1.1.0006 1NI1FW-38-2	NC Class	MCFI-1NI38 MCM 1201.01-113 MCM 1201.01-492	PDI-UT-10	UT	Inconel		0.625 / 6.250	50374	UHI End Cap To 459-03 90 Deg. UHI End Cap To PC. 459-03
M1.H1.1.0007 1NI1FW-38-3	NC Class	MCFI-1NI38 MCM 1201.01-113 MCM 1201.01-492	PDI-UT-10	UT	Inconel		0.625 / 6.250	50374	UHI End Cap To 459-03 0 Deg. UHI End Cap To PC. 459-03
M1.H1.1.0008 1NI1FW-38-4	NC Class	MCFI-1NI38 MCM 1201.01-113 MCM 1201.01-492	PDI-UT-10	UT	Inconel		0.625 / 6.250	50374	UHI End Cap To 459-03 270 Deg. UHI End Cap To PC. 459-03
Category F-A									
M1.F1.10.0017 1-MCR-NC-579 Mech Snubber	NC Class 1	MCSR-D-WL-02/sht. 5	NDE-66	VT-3	NA		0.000 / 2.000		F01.010.017C

Summary Num: Component ID / Type	System	ISO/DWG Numbers	Procedure	Insp Req	Mat	Sched	Thick/Dia	Cal Blocks	Comments / Historical Data
<u>Category</u> F-A M1.F1.10.0039 1-MCR-NI-548 Hyd Snubber	NI Class 1	MCSR-D-NI-03/sht. 2	NDE-66	VT-3	NA		0.000 / 10.000		F01.010.108C
M1.F1.10.0040 1-MCR-NI-565 Rigid Support	NI Class 1	MCSR-D-NI-03/sht. 4	NDE-66	VT-3	NA		0.000 / 6.000		F01.010.109A
M1.F1.10.0041 1-MCR-NI-567 Rigid Support	NI Class 1	MCSR-D-NI-03/sht. 5	NDE-66	VT-3	NA		0.000 / 10.000		F01.010.110A, F01.010.110B
M1.F1.10.0062 1-MCR-NV-1061 Rigid Support	NV Class 1	MCSR-D-NV-04/sht. 1	NDE-66	VT-3	NA		0.000 / 2.000		F01.010.159A
M1.F1.10.0063 1-MCR-NV-1063 Spring Hgr	NV Class 1	MCSR-D-NV-04/sht. 1	NDE-66	VT-3	NA		0.000 / 2.000		F01.010.160C
M1.F1.10.0207 1-MCR-NV-1231 Rigid Support	NV Class 1	MCSR-D-NV-02/sht. 3	NDE-66	VT-3	NA		0.000 / 3.000		F01.010.165A, F01.010.6439
M1.F1.20.0073 1-MCR-NI-541 Hyd Snubber	NI Class 2	MCSR-D-NI-03/sht. 3 MC-ISIN3-1562-03.01	NDE-66	VT-3	NA		0.000 / 6.000		F01.020.208C
M1.F1.20.0082 1-MCR-NI-700 Rigid Support	NI Class 2	MCSR-D-NI-11/sht.2 MC-ISIN3-1562-03.01	NDE-66	VT-3	NA		0.000 / 2.000		F01.020.217A
M1.F1.20.0083 1-MCR-NI-701 Rigid Support	NI Class 2	MCSR-D-NI-11/sht.2 MC-ISIN3-1562-03.01	NDE-66	VT-3	NA		0.000 / 2.000		F01.020.218A
M1.F1.20.0088 1-MCR-NI-719 Hyd Snubber	NI Class 2	MCSR-D-NI-11/sht.3 MC-ISIN3-1562-03.01	NDE-66	VT-3	NA		0.000 / 2.000		F01.020.223C
M1.F1.20.0385 1-MCR-VQ-505 Rigid Support	VQ Class 2	MCSR-D-VQ-02/sht. 1 MC-ISIN3-1585-01.00	NDE-66	VT-3	NA		0.000 / 6.000		F01.020.653A, F01.020.653B

McGuire 1, 3rd Interv. Stage 4 (EOC-18)

Summary Num Component ID / Type	System	ISO/DWG Numbers	Procedure	Insp Req	Mat	Sched	Thick/Dia	Cal Blocks	Comments / Historical Data
Category F-A									
M1.F1.20.0509 1-MCA-NS-H43 Rigid Restraint	NS Class 2	MCSR-NSA/sht. 2 MC-ISIN3-1563-01.00	NDE-66	VT-3	NA		0.000 / 10.000		F01.020.279B, F01.020.6784
M1.F1.20.0779 1-MCR-NI-502 Rigid Support	NI Class 2	MCSR-NI-01/sht. 2 MC-ISIN3-1562-03.01	NDE-66	VT-3	NA		0.000 / 8.000		F01.020.237A, F01.020.7311
M1.F1.20.0796 1-MCR-NI-550 Rigid Support	NI Class 2	MCSR-NI-03/sht. 3 MC-ISIN3-1562-03.01	NDE-66	VT-3	NA		0.000 / 6.000		F01.020.238A, F01.020.7342
M1.F1.20.0858 1-MCR-NI-767 Rigid Support	NI Class 2	MCSR-NI-09/sht. 3 MC-ISIN3-1562-03.00	NDE-66	VT-3	NA		0.000 / 4.000		F01.020.239A, F01.020.7465
M1.F1.20.0916 1-MCR-NS-551 Rigid Restraint	NS Class 2	MCSR-NS-02/sht. 2 MC-ISIN3-1563-01.00	NDE-66	VT-3	NA		0.000 / 8.000		F01.020.282B, F01.020.7578
M1.F1.20.0917 1-MCR-NS-552 Rigid Restraint	NS Class 2	MCSR-NS-02/sht. 2 MC-ISIN3-1563-01.00	NDE-66	VT-3	NA		0.000 / 8.000		F01.020.283B, F01.020.7579
M1.F1.20.0948 1-MCR-NS-651 Rigid Restraint	NS Class 2	MCSR-NS-04/sht. 2 MC-ISIN3-1563-01.00	NDE-66	VT-3	NA		0.000 / 8.000		F01.020.284B, F01.020.7640
M1.F1.20.0949 1-MCR-NS-652 Rigid Restraint	NS Class 2	MCSR-NS-04/sht. 2 MC-ISIN3-1563-01.00	NDE-66	VT-3	NA		0.000 / 8.000		F01.020.285B, F01.020.7641
M1.F1.20.0950 1-MCR-NS-653 Rigid Restraint	NS Class 2	MCSR-NS-04/sht. 2 MC-ISIN3-1563-01.00	NDE-66	VT-3	NA		0.000 / 8.000		F01.020.286B, F01.020.7642
M1.F1.20.1174 1-MCA-CF-H153 Spring Hgr	CF Class 2	MCSR-CFC/sht. 1 MC-ISIN3-1591-01.01	NDE-66	VT-3	NA		0.000 / 18.000		F01.020.052C
M1.F1.20.1187 1-MCA-ND-H251 Mech Snubber	ND Class 2	MCSR-FWA/sht. 4 MC-ISIN3-1561-01.00	NDE-66	VT-3	NA		0.000 / 12.000		F01.020.168C

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Summary Num Component ID / Type	System	ISO/DWG Numbers	Procedure	Insp Req	Mat	Sched	Thick/Dia	Cal Blocks	Comments / Historical Data
Category F-A									
M1.F1.20.1188 1-MCA-ND-H255 Hyd Snubber	ND Class 2	MCSR-D-FWA/sht. 4 MC-ISIN3-1561-01.00	NDE-66	VT-3	NA		0.000 / 12.000		F01.020.169C
M1.F1.20.1189 1-MCA-ND-H256 Hyd Snubber	ND Class 2	MCSR-D-FWA/sht. 4 MC-ISIN3-1561-01.00	NDE-66	VT-3	NA		0.000 / 12.000		F01.020.170C
M1.F1.20.1220 1-MCR-CA-H390 Rigid Support	CA Class 2	MCSR-D-CAM/sht. 1 MC-ISIN3-1592-01.00	NDE-66	VT-3	NA		0.000 / 6.000		F01.020.003A
M1.F1.20.1247 1-MCA-NV-H37 Rigid Support	NV Class 2	MC-1190-NV-01-02 MC-ISIN3-1554-02.01	NDE-66	VT-3	NA		0.000 / 4.000		F01.020.325A
M1.F1.20.1248 MC-1683-NV.04-R36 Rigid Restraint	NV Class 2	MC-1683-NV.04 MC-ISIN3-1554-03.01	NDE-66	VT-3	NA		0.000 / 2.000		F01.020.326B
M1.F1.20.1249 1-MCA-NV-H39 Rigid Restraint	NV Class 2	MC-1190-NV-01-01 MC-ISIN3-1554-03.01	NDE-66	VT-3	NA		0.000 / 4.000		F01.020.327B
M1.F1.20.1250 1-MCA-NV-H40 Rigid Support	NV Class 2	MC-1190-NV-01-01 MC-ISIN3-1554-03.01	NDE-66	VT-3	NA		0.000 / 4.000		F01.020.328A
M1.F1.20.1251 1-MCA-NS-H85 Hyd Snubber	NS Class 2	MCSR-D-NSB/sht. 1 MC-ISIN3-1563-01.00	NDE-66	VT-3	NA		0.000 / 10.000		F01.020.265C
M1.F1.20.1255 1-MCA-NV-H41 Rigid Support	NV Class 2	MC-1190-NV-01-03 MC-ISIN3-1554-03.01	NDE-66	VT-3	NA		0.000 / 3.000		F01.020.329A
M1.F1.30.0072 1-MCA-KC-1043 Rigid Restraint	KC Class 3	MCSR-D-KC-313/sht.2 MC-ISIN3-1573-02.02	NDE-66	VT-3	NA		0.000 / 8.000		F01.030.130B
M1.F1.30.0073 1-MCA-KC-1030 Rigid Restraint	KC Class 3	MCSR-D-KC-313/sht.3 MC-ISIN3-1573-02.02	NDE-66	VT-3	NA		0.000 / 8.000		F01.030.131B

Summary Num Component ID / Type	System	ISO/DWG Numbers	Procedure	McGuire 1, 3rd Interv		Mat	Outage 4 (EOC-18)		Cal Blocks	Comments / Historical Data
				Insp Req			Sched	Thick/Dia		
Category F-A										
M1.F1.30.1105 1-MCA-CA-H285 Rigid Restraint	CA Class 3	MCSR-CAA/sht.1 MC-ISIN3-1592-01.01	NDE-66	VT-3	NA		0.000 / 8.000			F01.030.002B
M1.F1.30.1106 1-MCA-CA-H358 Rigid Support	CA Class 3	MCSR-CAA/sht.1 MC-ISIN3-1592-01.01	NDE-66	VT-3	NA		0.000 / 6.000			F01.030.003A
M1.F1.40.0031 1RCP-B-SUPPORT	NC Class 1	MC-1070-08.01 MC-ISIN3-1553-01.00 MC-1070-17, MC-1070-2, MC-1070-7	NDE-66	VT-3	NA		0.000 / 0.000			F01.040.006B, F01.040.007 REACTOR COOLANT PUMP 1B SUPPORT. EXAMINE SUPPORT COLUMNS AND LATERAL RESTRAINT. EOC-18 / OUTAGE 4 REINSPECTION OF SUPPORT TO INCLUDE LATERAL RESTRAINT. REFERENCE PIP M-07-323.
M1.F1.40.0059 1CSP-SUPPORT-1A	NS Class 2	MCM 1201.05-206 MC-ISIN3-1563-01.00, MC-1688-06-00 , MC- 1690-14	NDE-66	VT-3	NA		0.000 / 0.000			F01.040.014B CONTAINMENT SPRAY PUMP 1A SUPPORT. EXAMINE HORIZONTAL RESTRAINT AND VERTICAL SUPPORT. REFERENCE PIP M-07-323.
M1.F1.40.0062 1KDHX-SUPPORT-1A	RN Class 3	MCM 1201.06-0042 MC-ISIN3-1574-02.00	NDE-66	VT-3	NA		0.750 / 0.000			F01.040.026B DIESEL GENERATOR COOLING WATER HEAT EXCHANGER 1A SUPPORT.
M1.F1.40.0063 1KDC-SUPPORT-1A	LD Class 3	MCM-1301.00-0050 MC-ISIN3-1609.01.00	NDE-66	VT-3	NA		0.000 / 0.000			F01.040.027B Diesel Generator Lube Oil Cooler 1A Support. Scheduled for Outage 4 per PIP M-06-2995. This satisfies PIP and Third Interval requirements.
M1.F1.40.0067 1KCST-SUPPORT-1A	KC Class 3	MCM 1201.04-113 MC-ISIN3-1573-01.01	NDE-66	VT-3	NA		0.250 / 0.000			F01.040.022B COMPONENT COOLING SURGE TANK 1A SUPPORT.
M1.F1.40.0069 1KCHX-SUPPORT-1A	KC Class 3	MCM 1201.06-24 MC-ISIN3-1573-01.00	NDE-66	VT-3	NA		1.000 / 0.000			F01.040.024B COMPONENT COOLING HEAT EXCHANGER 1A SUPPORT.
M1.F1.40.0087 1VGTK-SUPPORT-1A1	VG Class 3	MCM 1301.00-80 MC-ISIN3-1609-04.00	NDE-66	VT-3	NA		0.312 / 0.000			F01.040.029B DIESEL GENERATOR STARTING AIR TANK 1A1 SUPPORT SKIRT.

This report includes all changes through addendum 1MNS-026. The user is responsible for verifying this report against the issued plan.

Summary Num Component ID / Type	System	ISO/DWG Numbers	Procedure	McGuire 1, 3rd Interv		Mat	Sched	Thick/Dia	Cal Blocks	Comments / Historical Data
				Insp Req	Stage 4 (EOC-18)					
M1.F1.40.0091 1RNST-SUPPORT-1A	RN Class 3	MCM 1218.02-8 MC-ISIN3-1574-01.01 MCM 1218.02-9	NDE-66	VT-3	NA		0.500 / 0.000			F01.040.033B NUCLEAR SERVICE WATER STRAINER 1A SUPPORT
M1.F1.40.0109 1CSHX-SUPPORT-1A	NS Class 2	MCM 1201.06-0025 MC-1220-103	NDE-66	VT-3	NA		0.000 / 0.000			F01.040.008 1A CONTAINMENT SPRAY HEAT EXCHANGER SUPPORT. EXAMINE LOWER SUPPORT AND UPPER LATERAL RESTRAINTS. EXAMINE WITH M1.D1.10.0025. EOC-18 / OUTAGE 4 REINSPECTION OF SUPPORT TO INCLUDE UPPER LATERAL RESTRAINTS. REFERENCE PIP M-07-323.
M1.F1.40.0113 1RHRP-SUPPORT-1A	ND Class 2	MCM 1201.05-0048 MC-ISIN3-1561-01.00 MC-1680.00-00, MC-1690-16	NDE-66	VT-3	NA		0.000 / 0.000			F01.040.012B RESIDUAL HEAT REMOVAL PUMP 1A SUPPORT. EXAMINE HORIZONTAL RESTRAINT AND VERTICAL SUPPORT. REFERENCE PIP M-07-323
M1.F1.40.0114 1SIP-SUPPORT-1A	NI Class 2	MCM-1201.05-0454 MC-ISIN3-1562-03.00	NDE-66	VT-3	NA		0.000 / 0.000			F01.040.013B SAFETY INJECTION PUMP 1A SUPPORT.
M1.F1.40.0115 1SGA-COLUMNS	NC Class 1	MC-1070-4 MC-ISIN3-1553-01.00 MC-1070-17	NDE-66	VT-3	NA		0.000 / 0.000			F01.040.004B STEAM GENERATOR 1A SUPPORT COLUMNS (4 ASSEMBLIES). REFERENCE DRAWING MCM 1201.01-0782.
M1.F1.40.0116 1RHRHX-SUPPORT-1A	ND Class 2	MCM 1201.06-0022 MCM 1201.06-48	NDE-66	VT-3	NA		0.000 / 0.000			F01.040.007 1A RESIDUAL HEAT REMOVAL HEAT EXCHANGER SUPPORT. EXAMINE LOWER SUPPORT AND UPPER RESTRAINTS. EXAMINE WITH M1.D1.10.0023. EOC-18 / OUTAGE 4 REINSPECTION OF SUPPORT TO INCLUDE UPPER RESTRAINTS. SUPPORT EXAMINED EOC-15 / OUTAGE 1. REFERENCE PIP M-07-323.
M1.F1.40.0117 1KFHX-SUPPORT-1A	KC Class 3	MCM 1201.06-0027 MC-ISIN3-1570-01.01 MC-1220-32	NDE-66	VT-3	NA		0.250 / 0.000			F01.040.021B FUEL POOL COOLING HEAT EXCHANGER 1A SUPPORT.

Summary Num Component ID / Type	System	ISO/DWG Numbers	Procedure	Insp Req	Mat	Sched	Thick/Dia	Cal Blocks	Comments / Historical Data
Category F-A									
M1.F1.40.0129 1FWST-SUPPORT	FW Class 2	MCM 1201.04-0129	NDE-66	VT-3					Refueling Water Storage Tank support. Equipment ID# 1FWTK-0001. Scheduled for Outage 4 per PIP M-06-2995. This satisfies PIP and Third Interval requirements. The Refueling Water Storage Tank is considered a storage tank therefore inspection of welded attachment per VT-1 is not required per Mark Pyne letter dated August 2006.
M1.F1.40.0130 1CRDM-SUPPORT	NC Class 1	MCM 1201.13-23 MCM 1201.13-24 MCM 1201.13-25	NDE-66	VT-3	NA		0.000 / 0.000		REACTOR VESSEL CRDM SEISMIC SUPPORT. EXAMINE TURN BUCKLES, ALTHOUGH NOT REQUIRED BY CODE (PER MARK PYNE AND KEVIN RHYNE) THE FRAME WILL BE VISUALLY EXAMINED AS A SUPPLEMENT TO THE TURN BUCKLE EXAM.
Category R-A									
M1.R1.11.0037 1SGA-OUTLET-W6SE	NC Class 1	MC1676-4 MCM 1201.01-0782 MCM 1201.01-0769	PDI-UT-10	UT	SS-CS		2.500 / 31.000	5149697 5158172	Risk Segment NC-005 R01.011.005 STEAM GENERATOR 1A OUTLET NOZZLE. DRAWING # MC-ISIN3-1553-01.00. SEGMENT NC-005. NDE-12/RT MAY BE SUBSTITUTED IN LIEU OF PDI-UT-10/UT.
Circumferential									
Dissimilar									
Terminal End									
									Nozzle To Safe End
M1.R1.11.0101 1NS148-4	NS Class 2	MCFI-1NS47 MC-ISIN3-1563-01.00	NDE-12	RT	SS		0.148 / 8.000		Risk Segment NS-017 R01.011.101 SEGMENT NS-017.
Circumferential									
									ELBOW TO PIPE
M1.R1.11.0142 1NI231-1	NI Class 2	MCFI-1NI74 MC-ISIN3-1562-01.00	NDE-995	UT	SS		0.281 / 1.500	50202	Risk Segment NI-063B R01.011.085 SEGMENT NI-063B.
Circumferential									
									Full Coupling to Pipe
M1.R1.11.0143 1NI270B-13	NI Class 2	MCFI-1NI75 MC-ISIN3-1562-01.00	NDE-995	UT	SS		0.281 / 1.500	50202	Risk Segment NI-063B R01.011.086 SEGMENT NI-063B.
Circumferential									
									Pipe to Reducer

McGuire 1, 3rd Interv. Page 4 (EOC-18)

Summary Num Component ID / Type	System	ISO/DWG Numbers	Procedure	Insp Req	Mat	Sched	Thick/Dia	Cal Blocks	Comments / Historical Data	
<u>Category</u> R-A										
M1.R1.11.0250 1NS123-4 Circumferential	NS Class 2	MCFI-1NS48 MC-ISIN3-1563-01.00	NDE-12	RT	SS		0.148 / 8.000		Risk Segment NS-018 SEGMENT NS-018.	R01.011.102
ELBOW TO PIPE										
M1.R1.11.2104 1NV1FW182-13 Circumferential	NV Class 2	MCFI-1NV182 MC-ISIN3-1554-03.00	PDI-UT-2	UT	SS		0.237 / 4.000	PDI-UT-2-M	Risk Segment NV-002B SEGMENT NV-002B. *SEE SECTION 8 FOR CALIBRATION BLOCK REQUIREMENTS. Only one UT Procedure required for this exam.	R01.011.136
Tee to Pipe										
M1.R1.11.2109 1NV1F12A-12 Circumferential	NV Class 2	MCFI-1NV10 MC-ISIN3-1554-03.00	PDI-UT-2	UT	SS		0.438 / 3.000	PDI-UT-2-M	Risk Segment NV-019AA SEGMENT NV-019AA. *SEE SECTION 8 FOR CALIBRATION BLOCK REQUIREMENTS. Only one UT Procedure required for this exam.	R01.011.141
TEE TO PIPE										
M1.R1.11.2124 1RCPA-TE Circumferential	NV Class 2	MCFI-1NV11 MC-ISIN3-1554-03.00 MCM 1201.01-0197	PDI-UT-2	UT	SS		0.438 / 3.000	PDI-UT-2-M	Risk Segment NV-109 RECIPROCATING CHARGING PUMP ACCUMULATOR. SEGMENT NV-109. *SEE SECTION 8 FOR CALIBRATION BLOCK REQUIREMENTS. Only one UT Procedure required for this exam.	R01.011.168
Terminal End										
Tee to Flange										
M1.R1.11.2125 1NV1F479 Circumferential	NV Class 2	MCFI-1NV11 MC-ISIN3-1554-03.00	PDI-UT-2	UT			0.438 / 3.000	PDI-UT-2-M	Risk Segment NV-110A SEGMENT NV-110A. *SEE SECTION 8 FOR CALIBRATION BLOCK REQUIREMENTS. Only one UT Procedure required for this exam.	R01.011.169
ELBOW TO PIPE										

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, and Risk Informed Requirements
ID NUMBER	=	Unique Identification Number
SYSTEM	=	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

4.1 Reportable Indications

EOC 18 (Outage 4) had no reportable indications during this report period,

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 were no recordable conditions that required corrective action during this report period.

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's Corporate Office in Charlotte, North Carolina.

4.4 Limited Examinations

Limitations (i.e., 90% or less of the required examination coverage obtained) identified for examinations associated with this report period are shown below. A relief request will be submitted to seek NRC acceptance of the limited coverage. This information will be on file at the Duke's Corporate Office in Charlotte, North Carolina.

Summary

Number

Description of Limitation

*M1.B1.21.0001	Coverage Limitation (70.80%)
M1.B3.110.0001	Coverage Limitation (81.30%)
M1.R1.11.0142	Coverage Limitation (24.75%)
M1.R1.11.0143	Coverage Limitation (34.65%)
M1.R1.11.2124	Coverage Limitation (35.40%)

* Final status pending completion of PIP#M-07-2243 Problem Evaluation/Corrective Action.

DUKE ENERGY CORPORATION
QUALITY ASSURANCE TECHNICAL SERVICES
Inservice Inspection Database Management System
Inspection Results

McGuire 1, 3rd Interval, Outage 4 (EOC-18)

Report for EOC-18 results.

Summary No	Component ID	System	Insp Date	Insp Status	Insp Limited	Geo Ref	RFR	Comment
M1.B1.21.0001	1RPV6-446B	NC	03/30/07	CLR	70.80%	N	Y	UT-07-022 Final status pending completion of PIP# M-07-2243 Problem Evaluation/Corrective Action..
M1.B1.22.0004	1RPV1-446D	NC	03/30/07	CLR	N	N	N	UT-07-020
M1.B1.22.0005	1RPV1-446E	NC	03/30/07	CLR	N	N	N	UT-07-021
M1.B13.10.0001	1RPV-INTERIOR	NC	04/18/07	CLR	N	N	N	VT-07-032
M1.B14.10.0022	1RPV-CRDM-64	NC	03/31/07	CLR	N	N	N	PT-07-002
M1.B3.110.0001	1PZR-10	NC	03/15/07	CLR	81.30%	N	Y	UT-07-006 RFR will be submitted. Reference PIP# M-07-04405.
		NC	03/15/07	CLR	81.30%	N	Y	UT-07-007 RFR will be submitted. Reference PIP# M-07-04405.
M1.B3.120.0004	1PZR-10R	NC	03/15/07	CLR	N	N	N	UT-07-005
M1.B7.50.0003	1NC-5-FL3	NC	04/10/07	CLR	N	N	N	VT-07-031
M1.B7.50.0004	1NV-25-FL2	NV	04/02/07	CLR	N	N	N	VT-07-016

Report for EOC-19 results.

<i>Summary No</i>	<i>Component ID</i>	<i>System</i>	<i>Insp Date</i>	<i>Insp Status</i>	<i>Insp Limited</i>	<i>Geo Ref</i>	<i>RFR</i>	<i>Comment</i>
M1.C3.20.0054	1-MCA-NV-H15	NV	03/08/07	CLR	N	N	N	PT-07-001
M1.D1.10.0008	1KCHX-SUPPORT-1A	KC	10/25/06	CLR	N	N	N	VT-07-076
M1.D1.10.0009	1KCST-SUPPORT-1A	KC	10/26/06	CLR	N	N	N	VT-07-077
M1.D1.10.0010	1KFHX-SUPPORT-1A	KF	10/26/06	CLR	N	N	N	VT-07-078
M1.D1.10.0017	1VGTK-SUPPORT-1A1	VG	10/26/06	CLR	N	N	N	VT-07-079
M1.D1.10.0019	1KDHX-SUPPORT-1A	KD	10/26/06	CLR	N	N	N	VT-07-080
M1.D1.10.0020	1RNST-SUPPORT-1A	RN	11/14/06	CLR	N	N	N	VT-07-075
M1.D1.10.0022	1KDC-SUPPORT-1A	LD	11/14/06	CLR	N	N	N	VT-07-081
M1.D1.10.0023	1RHRHX-SUPPORT-1A	ND	04/04/07	CLR	N	N	N	VT-07-033
M1.D1.10.0025	1CSHX-SUPPORT-1A	NS	03/23/07	CLR	N	N	N	VT-07-034
M1.F1.10.0017	1-MCR-NC-579	NC	03/12/07	CLR	N	N	N	VT-07-035
M1.F1.10.0039	1-MCR-NI-548	NI	03/14/07	CLR	N	N	N	VT-07-036
M1.F1.10.0040	1-MCR-NI-565	NI	03/14/07	CLR	N	N	N	VT-07-037

Report for EOC-19 results.

Summary No	Component ID	System	Insp Date	Insp Status	Insp Limited	Geo Ref	RFR	Comment
M1.F1.10.0041	1-MCR-NI-567	NI	03/16/07	CLR	N	N	N	VT-07-038
M1.F1.10.0062	1-MCR-NV-1061	NV	03/15/07	CLR	N	N	N	VT-07-039
M1.F1.10.0063	1-MCR-NV-1063	NV	03/15/07	REC	N	N	N	VT-07-073 Acceptable for continued service as this is not considered a discrepancy. Aluminum travel stops are not allowed in the Reactor Building.
M1.F1.10.0207	1-MCR-NV-1231	NV	03/15/07	REC	N	N	N	VT-07-074 Acceptable for continued service. Reference WR#922908.
M1.F1.20.0073	1-MCR-NI-541	NI	03/14/07	CLR	N	N	N	VT-07-017
M1.F1.20.0082	1-MCR-NI-700	NI	03/14/07	CLR	N	N	N	VT-07-018
M1.F1.20.0083	1-MCR-NI-701	NI	03/14/07	CLR	N	N	N	VT-07-019
M1.F1.20.0088	1-MCR-NI-719	NI	03/14/07	CLR	N	N	N	VT-07-020
M1.F1.20.0385	1-MCR-VQ-505	VQ	03/17/07	CLR	N	N	N	VT-07-021
M1.F1.20.0509	1-MCA-NS-H43	NS	01/22/07	CLR	N	N	N	VT-07-041
M1.F1.20.0779	1-MCR-NI-502	NI	03/14/07	CLR	N	N	N	VT-07-022
M1.F1.20.0796	1-MCR-NI-550	NI	03/14/07	CLR	N	N	N	VT-07-023

Report for EOC-18 results.

<i>Summary No</i>	<i>Component ID</i>	<i>System</i>	<i>Insp Date</i>	<i>Insp Status</i>	<i>Insp Limited</i>	<i>Geo Ref</i>	<i>RFR</i>	<i>Comment</i>
M1.F1.20.0858	1-MCR-NI-767	NI	03/14/07	CLR	N	N	N	VT-07-024
M1.F1.20.0916	1-MCR-NS-551	NS	03/15/07	CLR	N	N	N	VT-07-025
M1.F1.20.0917	1-MCR-NS-552	NS	03/15/07	CLR	N	N	N	VT-07-026
M1.F1.20.0948	1-MCR-NS-651	NS	03/15/07	CLR	N	N	N	VT-07-027
M1.F1.20.0949	1-MCR-NS-652	NS	03/15/07	CLR	N	N	N	VT-07-028
M1.F1.20.0950	1-MCR-NS-653	NS	03/15/07	CLR	N	N	N	VT-07-029
M1.F1.20.1174	1-MCA-CF-H153	CF	01/24/07	CLR	N	N	N	VT-07-042
M1.F1.20.1187	1-MCA-ND-H251	ND	01/15/07	CLR	N	N	N	VT-07-043
M1.F1.20.1188	1-MCA-ND-H255	ND	01/15/07	CLR	N	N	N	VT-07-044
M1.F1.20.1189	1-MCA-ND-H256	ND	01/15/07	CLR	N	N	N	VT-07-045
M1.F1.20.1220	1-MCR-CA-H390	CA	03/17/07	CLR	N	N	N	VT-07-030
M1.F1.20.1247	1-MCA-NV-H37	NV	01/15/07	CLR	N	N	N	VT-07-046
M1.F1.20.1248	MC-1683-NV.04-R36	NV	01/15/07	CLR	N	N	N	VT-07-047

Report for EOC results.

Summary No	Component ID	System	Insp Date	Insp Status	Insp Limited	Geo Ref	RFR	Comment
M1.F1.20.1249	1-MCA-NV-H39	NV	01/15/07	CLR	N	N	N	VT-07-048
M1.F1.20.1250	1-MCA-NV-H40	NV	01/15/07	REC	N	N	N	VT-07-072 Acceptable for continued service. Reference WR#917313.
M1.F1.20.1251	1-MCA-NS-H85	NS	01/15/07	CLR	N	N	N	VT-07-049
M1.F1.20.1255	1-MCA-NV-H41	NV	01/15/07	CLR	N	N	N	VT-07-050
M1.F1.30.0072	1-MCA-KC-1043	KC	01/15/07	CLR	N	N	N	VT-07-051
M1.F1.30.0073	1-MCA-KC-1030	KC	01/15/07	CLR	N	N	N	VT-07-052
M1.F1.30.1105	1-MCA-CA-H285	CA	01/22/07	CLR	N	N	N	VT-07-053
M1.F1.30.1106	1-MCA-CA-H358	CA	01/22/07	CLR	N	N	N	VT-07-054
M1.F1.40.0031	1RCP-B-SUPPORT	NC	03/27/07	CLR	N	N	N	VT-07-057
M1.F1.40.0059	1CSP-SUPPORT-1A	NS	03/26/07	CLR	N	N	N	VT-07-058
M1.F1.40.0062	1KDHX-SUPPORT-1A	RN	10/26/06	CLR	N	N	N	VT-07-082
M1.F1.40.0063	1KDC-SUPPORT-1A	LD	11/14/06	CLR	N	N	N	VT-07-083
M1.F1.40.0067	1KCST-SUPPORT-1A	KC	11/13/06	CLR	N	N	N	VT-07-084

Report for EOC-10 results.

Summary No	Component ID	System	Insp Date	Insp Status	Insp Limited	Geo Ref	RFR	Comment
M1.F1.40.0069	1KCHX-SUPPORT-1A	KC	10/25/06	CLR	N	N	N	VT-07-087
M1.F1.40.0087	1VGTK-SUPPORT-1A1	VG	10/26/06	CLR	N	N	N	VT-07-085
M1.F1.40.0091	1RNST-SUPPORT-1A	RN	11/14/06	CLR	N	N	N	VT-07-071
M1.F1.40.0109	1CSHX-SUPPORT-1A	NS	03/23/07	CLR	N	N	N	VT-07-059
M1.F1.40.0113	1RHRP-SUPPORT-1A	ND	01/23/07	CLR	N	N	N	VT-07-055
M1.F1.40.0114	1SIP-SUPPORT-1A	NI	01/23/07	CLR	N	N	N	VT-07-056
M1.F1.40.0115	1SGA-COLUMNS	NC	03/26/07	CLR	N	N	N	VT-07-060
M1.F1.40.0116	1RHRHX-SUPPORT-1A	ND	04/04/07	CLR	N	N	N	VT-07-061
M1.F1.40.0117	1KFHX-SUPPORT-1A	KC	10/26/06	CLR	N	N	N	VT-07-086
M1.F1.40.0129	1FWST-SUPPORT	FW	11/09/06	REC	N	N	N	VT-07-089
								Acceptable for continued service. Reference WR#1714760.
M1.F1.40.0130	1CRDM-SUPPORT	NC	04/27/07	CLR	N	N	N	VT-07-088
M1.G5.1.0001	RPV-HEAD-PEN	NC	03/26/07	CLR	N	N	N	UT-n/a
		NC	03/31/07	CLR	N	N	N	VT-2-n/a

Report for EOC-1st results.

<i>Summary No</i>	<i>Component ID</i>	<i>System</i>	<i>Insp Date</i>	<i>Insp Status</i>	<i>Insp Limited</i>	<i>Gen Ref</i>	<i>RFR</i>	<i>Comment</i>
M1.G5.2.0001	1RPV-VENT-NOZZLE	NC	03/20/07	CLR	N	N	N	PT-n/a
		NC	03/28/07	CLR	N	N	N	UT-n/a
		NC	03/31/07	CLR	N	N	N	VT-2-n/a
		NC	03/31/07	CLR	N	N	N	VT-2-n/a
M1.G5.3.0001	1RPV3-445E-SE	NC	04/23/07	CLR	N	N	N	VT-07-062
M1.G5.3.0002	1RPV3-445F-SE	NC	04/23/07	CLR	N	N	N	VT-07-063
M1.G5.3.0003	1RPV3-445G-SE	NC	04/23/07	CLR	N	N	N	VT-07-064
M1.G5.3.0004	1RPV3-445H-SE	NC	04/23/07	CLR	N	N	N	VT-07-065
M1.G5.3.0005	1RPV3-445A-SE	NC	04/23/07	CLR	N	N	N	VT-07-066
M1.G5.3.0006	1RPV3-445B-SE	NC	04/23/07	CLR	N	N	N	VT-07-067
M1.G5.3.0007	1RPV3-445C-SE	NC	04/23/07	CLR	N	N	N	VT-07-068
M1.G5.3.0008	1RPV3-445D-SE	NC	04/23/07	CLR	N	N	N	VT-07-069
M1.G6.1.0001	1PZR-W1SE	NC	03/13/07	CLR	N	N	N	VT-07-009
M1.G6.1.0002	1PZR-W3SE	NC	03/12/07	CLR	N	N	N	VT-07-010

Report for EOC-1R results.

<i>Summary No</i>	<i>Component ID</i>	<i>System</i>	<i>Insp Date</i>	<i>Insp Status</i>	<i>Insp Limited</i>	<i>Geo Ref</i>	<i>RFR</i>	<i>Comment</i>
M1.G6.1.0003	1PZR-W4ASE	NC	03/12/07	CLR	N	N	N	VT-07-011
M1.G6.1.0004	1PZR-W4BSE	NC	03/12/07	CLR	N	N	N	VT-07-012
M1.G6.1.0005	1PZR-W4CSE	NC	03/12/07	CLR	N	N	N	VT-07-013
M1.G6.1.0006	1PZR-W2SE	NC	03/12/07	CLR	N	N	N	VT-07-014
M1.G6.2.0001	1PZR-MANWAY	NC	03/12/07	CLR	N	N	N	VT-07-015
M1.H1.1.0001	1RPV1-462A-SE	NC	03/31/07	CLR	96.50%	N	N	UT-07-017
M1.H1.1.0002	1RPV1-462B-SE	NC	03/31/07	CLR	96.50%	N	N	UT-07-016
M1.H1.1.0003	1RPV1-462C-SE	NC	03/31/07	CLR	96.50%	N	N	UT-07-012
M1.H1.1.0004	1RPV1-462D-SE	NC	03/31/07	CLR	96.50%	N	N	UT-07-013
M1.H1.1.0005	1NI1FW-38-1	NC	03/31/07	CLR	13.50%	N	N	UT-07-014
M1.H1.1.0006	1NI1FW-38-2	NC	03/31/07	CLR	48.40%	N	N	UT-07-018
M1.H1.1.0007	1NI1FW-38-3	NC	03/31/07	CLR	32.70%	N	N	UT-07-019
M1.H1.1.0008	1NI1FW-38-4	NC	03/31/07	CLR	32.90%	N	N	UT-07-015

Report for EOC-10 results.

Summary No	Component ID	System	Insp Date	Insp Status	Insp Limited	Geo Ref	RFR	Comment
M1.R1.11.0037	1SGA-OUTLET-W6SE	NC	03/25/07	CLR	98.75%	N	N	UT-07-009
M1.R1.11.0101	1NS148-4	NS	04/08/07	CLR	N	N	N	RT-n/a
M1.R1.11.0142	1NI231-1	NI	03/27/07	CLR	24.75%	N	Y	UT-07-010 RFR will be submitted. Reference PIP# M-07-04405.
M1.R1.11.0143	1NI270B-13	NI	03/27/07	CLR	34.65%	N	Y	UT-07-011 RFR will be submitted. Reference PIP# M-07-04405.
M1.R1.11.0250	1NS123-4	NS	04/08/07	CLR	N	N	N	RT-n/a
M1.R1.11.2104	1NV1FW182-13	NV	03/05/07	CLR	94.90%	N	N	UT-07-008
M1.R1.11.2109	1NV1F12A-12	NV	03/08/07	CLR	93.40%	N	N	UT-07-003
M1.R1.11.2124	1RCPA-TE	NV	03/05/07	CLR	35.40%	N	Y	UT-07-001 RFR will be submitted. Reference PIP# M-07-01351.
M1.R1.11.2125	1NV1F479	NV	03/08/07	CLR	N	N	N	UT-07-004

5.0 Owner's Report for Repair / 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.

No items were determined to have work performed outside this report period.

Work Order Number	Signoff Date/EOC	PIP Number
NONE	NONE	NONE

The NIS-2 forms included in this section were completed for work performed during this report period.

The individual work request documents and manufacturers' data reports are on file at McGuire 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 2 items during this report period. All Class 1 and 2 PSI examination data listed below is on file in the McGuire Nuclear Station QA Vault.

Work Order Number	Identification Number	ISI Class	Type of Inspection
566530	KC System flange	B	VT-1
575412	1 MCA- FW-123	B	VT-3
575432	1 MCA-SM-141	B	VT-3
575434	1 MCA-SM-184	B	VT-3
576004	1NVFE5530	B	VT-1
578182	1 MCA-ND-227	B	VT-3
578647	Valve 1NV6	B	VT-3
578647	1 MCR-NV-1178	B	VT-3
582082	1 MCR-KC-822	B	VT-3
586237	Valve 1NV-483	B	VT-3
588116	1 MCR-NC-783	A	VT-3
588116	NC System Weld Over Lay	A	UT
588670	Valve 1NC-1/NC Piping	A	VT-3
588674	1 MCR-ND-281	B	VT-3
588932	1 MCA-NC-59	B	VT-3
588932-15	1 MCR-BB-711	B	VT-3

Work Order Number	Identification Number	ISI Class	Type of Inspection
588932-17	1 MCA-SV-11	B	VT-3
589045	1NC-SG-B	B	VT-3
589664-01	Valve 1NV-238	B	VT-3
589944	Valve 1ND-56	B	VT-1
589945	Weld 1NC1F1014	B	UT
591201	1 MCR-NC-807	A	VT-3
591203	1 MCR-NI-528	A	VT-3
591204-01	1 MCR-NI-552	A	VT-3
591205-01	1 MCR-NI-658	A	VT-3
591206	1 MCR-NI-661	A	VT-3
591207	1 MCR-NV-1070	B	VT-3
591238-01	1 MCR-CA-H443	B	VT-3
591337	1 MCR-NV-855	A	VT-3
591342-01	1 MCR-NI-541	B	VT-3
591344	1 MCR-NI-676	B	VT-3
591345-01	1 MCR-NI-721	B	VT-3
591346	1 MCR-NI-880	A	VT-3
591347-01	1 MCR-NI-895	B	VT-3
591348-01	1 MCR-NI-905	B	VT-3
591349	1 MCR-NI-911	A	VT-3
591350-01	1 MCR-NI-953	B	VT-3
591354	1 MCA-FW-122	B	VT-3
591359	1 MCR-BB-568	B	VT-3
591360-01	1 MCR-NC-809	A	VT-3
591361	1 MCR-NI-510	B	VT-3
591362	1 MCR-NI-699	B	VT-3
591363	1 MCR-NI-702	B	VT-3
591364-01	1 MCR-NI-719	B	VT-3
591365	1 MCR-NI-744	B	VT-3
591393-01	1 MCR-NC-801	A	VT-3
591394	1 MCR-NC-811	A	VT-3
591395	1 MCR-NC-813	A	VT-3
591396-01	1 MCR-NC-900	A	VT-3
591397-01	1 MCR-NC-902	B	VT-3
591398	1 MCR-NC-903	A	VT-3
591399	1 MCR-NI-548(A)	A	VT-3
591401	1 MCR-NI-548(B)	A	VT-3
591402	1 MCR-NI-549(A)	A	VT-3
591403	1 MCR-NI-549(B)	A	VT-3
591404	1 MCR-NI-569(A)	A	VT-3
591405	1 MCR-NI-569(B)	A	VT-3
591406	1 MCR-NI-717	B	VT-3

Work Order Number	Identification Number	ISI Class	Type of Inspection
591407	1 MCR-NI-850	A	VT-3
591408	1 MCR-NI-852	B	VT-3
591409	1 MCR-NI-879	B	VT-3
591415	1 MCR-S-NF-100-01-O	B	VT-3
591417	1 MCR-S-VX-100-01-HH	B	VT-3
591418	1 MCR-S-VX-100-01-JJ	B	VT-3
591439-01	1 MCR-BB-537	B	VT-3
591440	1 MCR-BB-561	B	VT-3
591442	1 MCR-BB-567	B	VT-3
591443	1 MCR-BB-645	B	VT-3
591444	1 MCR-CA-445	B	VT-3
591531-01	1 MCR-NI-515	A	VT-3
591575	NS System Bolting	B	VT-1
591576	NS System Bolting	B	VT-1
591597	1 MCR-CF-405	B	VT-3
591910	NS System Piping	B	UT
591910	1 MCR-NS-751	B	VT-3
595413	1 MCR-FW-125	B	VT-3
1699266	Valve 1NS-39	B	VT-1
1714956	Valve 1NI-184	B	VT-1
1716964	1 MCR-NS-23	B	VT-3
1716964/54	Valve 1NS-165/Piping	B	VT-1
1716964/55	Valve 1NS-166/Piping	B	VT-1
1730551	Valve 1NC-VA-2	A	VT-1
1730552	Valve 1NC-VA-3	A	VT-1
1732837	Valve 1NV-482/Piping	B	VT-1
1732869	Valve 1NV-486/Piping	B	VT-1
1732931	Valve 1NV-487/Piping	B	VT-1
1737115	1 MCR-ND-508	A	VT-3
1739915	Valve 1NS-1	B	VT-1
1741867	1 MCR-KC-749	B	VT-3
1741917	1 MCR-NV-1025	B	VT-3
1742718	Valve 1VI-124	B	VT-1
1744670	Valve 1NI-159	A	VT-1
1744836	1 MCR-BB-665	B	VT-3
1746129	1 MCR-BB-501	B	VT-3
1746264	1 MCR-NV-1235	A	VT-3
1746595	1 MCR-CA-389	B	VT-3
1746782	Valve 1NS-25/Piping	B	VT-1
1749672	Valve 1-IAE-CV-5370	B	VT-1
98672034/06	Valve 1NM-92	B	VT-1

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date May 24, 2007

Sheet 1 of 1

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

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

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

3a. Work Order #: 566530

Repair Organization Job #

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

3b. NSM or MM #: N/A

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
 (b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	KC System	Duke Power	N/A	38	N/A	1981	<input checked="" type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work machined face of flange at upper oil cooler of 1C Reactor Coolant Pump Motor.

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

Pressure <u>100</u> psig	Test Temp. <u>70.2</u> °F
Pressure _____ psig	Test Temp. _____ °F
Pressure _____ psig	Test Temp. _____ °F

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 this conforms to the requirements of the ASME Code, Section XI.

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

Signed [Signature] FL Grass Jr, QA Tech Specialist Date 5/24/2007
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 3/20/07 to 5/24/07; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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] Jerome F Swan Commissions NC1524, N-I
Inspector's Signature National Board, State, Province and Endorsements

Date 5/24/07

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date April 10, 2007
Sheet 1 of 1

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

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

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

3a. Work Order #: 575412
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-MCA-FW-123	Duke Power	19155	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	1-MCA-FW-123	Duke Power	27676	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
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced snubber

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u></u> <u>FL Grass Jr, QA Tech Specialist</u> <small>Owner or Owner's Designee, Title</small>	Date <u>4/10/2007</u>

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>2/26/07</u> to <u>4/12/07</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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.	
<u></u> <u>Jerome F Swan</u> <small>Inspector's Signature</small>	Commissions <u>NC1524, N-I</u> <small>National Board, State, Province and Endorsements</small>
Date <u>4/12/07</u>	

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date April 9, 2007

Sheet 1 of 1

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

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

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

3a. Work Order #: 575432
 Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
 (b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-MCA-SM-141	Duke Power	00001	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	1-MCA-SM-141	Duke Power	16551	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
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 snubber

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

Pressure _____psig Test Temp. _____°F
Pressure _____psig Test Temp. _____°F
Pressure _____psig Test Temp. _____°F

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

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

Date 4/4/2007

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT, have inspected the components described in this Owner's Report during the period 3/30/07 to 5/2/07; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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] Jerome F Swan
Inspector's Signature

Commissions NC1524, N-I
National Board, State, Province and Endorsements

Date 5/2/07

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date April 10, 2007
 Sheet 1 of 1

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

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

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

3a. Work Order #: 575434
 Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
 (b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-MCA-SM-184	Duke Power	15416	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	1-MCA-SM-184	Duke Power	15830	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
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date May 24, 2007
Sheet 1 of 1

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

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

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

3a. Work Order #: 576004
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NV - Chemical and Volume Control 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	NV System	Duke Power	N/A	37	N/A	1981	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced bolting material at 1NVFE5530.

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

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

9. Remarks the replacement of bolting material has been exempted from pressure testing per ASME Code Section XI (interpretation XI-1-89-08).

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] FL Grass Jr, QA Tech Specialist Date 5/24/2007
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 3/26/07 to 5/24/07; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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] Jerome F Swan Commissions NC1524, N-I
Inspector's Signature National Board, State, Province and Endorsements

Date 5/24/07

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date April 13, 2007
Sheet 1 of 1

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

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

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

3a. Work Order # : 578182
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: ND - Residual Heat Removal 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Corrected, Removed, or Installed	Column 8 ASME Code Stamped (yes or no)
A	1-MCA-ND-277	Duke Power	20703	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	1-MCA-ND-277	Duke Power	21803	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
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced snubber

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE		
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.		
Type Code Symbol Stamp	<u>N/A</u>	Expiration Date
Certificate of Authorization No.	<u>N/A</u>	<u>N/A</u>
Signed	<u>[Signature] FL Grass Jr, QA Tech Specialist</u> Owner or Owner's Designee, Title	Date <u>4/13/2007</u>

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>2/26/07 to 5/2/07</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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	<u>Jerome F Swan</u> Commissions <u>NC1524, N-I</u> National Board, State, Province and Endorsements
Date	<u>5/2/07</u>

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date May 8, 2007
Sheet 1 of 1

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

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

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

3a. Work Order #: 578647
Repair Organization Job # _____

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

3b. NSM or MM #: MD100045

4. (a) Identification of System: NV - Chemical and Volume Control 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1NV6	Dresser	TD36317	204	N/A	1976	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	1NV6	Dresser	TP58046	1987	N/A	2006	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced Valve 1NV6 per MD100045.

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

Pressure 2235 psig Test Temp. 558 °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks test performed per procedure MP/0/A/7650/076 under w/o# 589246.

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

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

Date 5/8/2007

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 4/16/07 to 5/8/07; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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] Jerome F Swan
Inspector's Signature

Commissions NC1524, N-I
National Board, State, Province and Endorsements

Date 5/8/07

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date April 19, 2007
Sheet 1 of 1

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

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

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

3a. Work Order # : 578647
Repair Organization Job #

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

3b. NSM or MM #: MD100045

4. (a) Identification of System: NV - Chemical and Volume Control 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-MCR-NV-1178	Duke Power	N/A	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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 per MD100045.

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] FL Grass Jr, QA Tech Specialist Date 4/19/2007
Owner of Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 4/17/07 to 4/20/07, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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] Jerome F Swan Commissions NC1524, N-1
Inspector's Signature National Board, State, Province and Endorsements

Date 4/20/07

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date April 22, 2007
Sheet 1 of 1

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

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

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

3a. Work Order # : 582082
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-MCR-KC-822	Duke Power	N/A	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced bolting material

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

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

Date 4/22/2007

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB, CT have inspected the components described in this Owner's Report during the period 4/14/07 to 4/23/07 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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] Jerome F Swan
Inspector's Signature

Commissions NC1524, N-I
National Board, State, Province and Endorsements

Date 4/23/07

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 04/04/2007

Sheet 1 of 1

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

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

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

3a. Work Order # : 00586237

Repair Organization Job #

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NV Chemical and Volume Control

4.(b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
 (b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1NV-483	Dresser	TE09054	265	Valve	1978	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced Valve Disc

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u>F.R. Sorrow</u> <u>F.R. Sorrow, QA Tech Support</u>	Date <u>04/04, 2007</u>
<small>Owner or Owner's Designee, Title</small>	

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>3/30/07</u> to <u>4/5/07</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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 <u>Jerome F Swan</u>	Commissions <u>NC1524, N-I</u>
Date <u>4/5/07</u>	National Board, State, Province and Endorsements

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date May 2, 2007
Sheet 1 of 1

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

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

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

3a. Work Order #: 588116
Repair Organization Job # _____

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

3b. NSM or MM #: MD100733

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-MCR-NC-783	Duke Power	N/A	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced pipe clamp

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u>[Signature]</u> <u>FL Grass Jr, QA Tech Specialist</u> Owner or Owner's Designee, Title	Date <u>5/1/2007</u>

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>4/19/07</u> to <u>5/2/07</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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.	
<u>[Signature]</u> <u>Jerome F Swan</u> Inspector's Signature	Commissions <u>NC1524, N-I</u> National Board, State, Province and Endorsements
Date <u>5/2/07</u>	

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date May 8, 2007

Sheet 1 of 1

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

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

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

3a. Work Order #: 588116
Repair Organization Job #

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

3b. NSM or MM #: MD100733

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N-504-2, N-638-1, & 2142-2 Code Cases
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	NC System	Duke Power	N/A	28	N/A	1981	<input checked="" type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Performed weld over-lay per MD100733. See remarks below for the weld numbers.

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

Pressure 2235 psig Test Temp. 558 °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks 1-PZR-W4ASE (NW-2), 1-PZR-W4BSE (NW-4), 1-PZR-W4CSE (NW-3), 2-PZR-W3SE (NW-1), 1-PZR-W2SE (NW-5), and 1PZR-W1SE (NW-6).

test performed per procedure MP/0/A/7650/076 under w/o# 589246.

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

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

Date 5/13/2007

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 3/17/07 to 4/12/07; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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] Jerome F Swan
Inspector's Signature

Commissions: NC1524, N-I
National Board, State, Province and Endorsements

Date 5/14/07

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date May 3, 2007

Sheet 1 of 1

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

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

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

3a. Work Order #: 588670

Repair Organization Job #

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

3b. NSM or MM #: N/A

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
 (b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-NC-1	Crosby	N56925-00-0004	28	N/A	1974	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	1-NC-1	Crosby	N56925-00-0004	28	N/A	1974	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C	NC Piping	Duke Power	N/A	28	N/A	1981	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced valve after being refurbished at the test facility and replaced bolting material in the inlet flange during installation.

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

Pressure 2235 psig Test Temp. 558 °F
 Pressure _____ psig Test Temp. _____ °F
 Pressure _____ psig Test Temp. _____ °F

9. Remarks test performed per MP/0/A/7650/076 under w/o# 589246.

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] FL Grass Jr, QA Tech Specialist Date 5/9/2007
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 4/20/07 to 5/8/07; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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] Jerome F Swan Commissions NC1524, N-I
Inspector's Signature National Board, State, Province and Endorsements

Date 5/8/07

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date April 6, 2007
Sheet 1 of 1

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

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

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

3a. Work Order #: 588674
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: ND - Residual Heat Removal 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-MCR-ND-281	Duke Power	N/A	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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 load pin and nuts.

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] FL Grass Jr, QA Tech Specialist Date 4/10/2007
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 4/2/07 to 4/10/07; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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] Jerome F Swan Commissions NC1524, N-I
 Inspector's Signature National Board, State, Province and Endorsements

Date 4/10/07

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date April 22, 2007
 Sheet 1 of 1

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

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

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

3a. Work Order #: 588932
 Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
 (b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-MCA-NC-59	Duke Power	3817	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	1-MCA-NC-59	Duke Power	614770 / 022	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
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 snubber

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed *FL Grass Jr* FL Grass Jr, QA Tech Specialist Date 4/22/2007
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT, have inspected the components described in this Owner's Report during the period 4/20/07 to 4/23/07; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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.

Jerome F Swan Jerome F Swan Commissions NC1524, N-I
 Inspector's Signature National Board, State, Province and Endorsements

Date 4/23/07

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date April 16, 2007

Sheet 1 of 1

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

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

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

3a. Work Order #: 588932-15
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-MCR-BB-711	Duke Power	6430	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	1-MCR-BB-711	Duke Power	01615123/075	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
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 snubber

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed *FL Grass Jr.* FL Grass Jr, QA Tech Specialist Date 4/16/2007
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 4-12-07 to 4-16-07; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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.

Jerome F. Swan Jerome F Swan Commissions NC1524, N-I
 Inspector's Signature National Board, State, Province and Endorsements

Date 4-16-2007

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date April 15, 2007

Sheet 1 of 1

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

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

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

3a. Work Order #: 588932-17
Repair Organization Job #

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

3b. NSM or MM #: N/A

4. (a) Identification of System: SV - Main Steam Vent to Atmosphere 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-MCA-SV-11	Duke Power	4071	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	1-MCA-SV-11	Duke Power	01615123/072	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
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 snubber.

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u>[Signature]</u> <u>FL Grass Jr, QA Tech Specialist</u> Owner or Owner's Designee, Title	Date <u>4/15/2007</u>

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>4/15/07</u> to <u>5/2/07</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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 <u>[Signature]</u> Date <u>5/2/07</u>	<u>Jerome F Swan</u> Commissions <u>NC1524, N-I</u> National Board, State, Province and Endorsements

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date April 22, 2007

Sheet 1 of 1

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

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

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

3a. Work Order #: 589045
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

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

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

7. Description of Work Replaced control valves in snubber

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] FL Grass Jr, QA Tech Specialist Date 4/22/2007
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 4/20/07 to 4/23/07; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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] Jerome F Swan Commissions NC1524, N-1
Inspector's Signature National Board, State, Province and Endorsements

Date 4/23/07

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 03/29/2007
 Sheet 1 of 1

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

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

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

3a. Work Order #: 00589664-01
Repair Organization Job #

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NV Chemical and Volume Control

4(b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
 (b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1NV-238	Fisher	5921348	789	Valve	1976	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced Plug Assembly

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u>F.R. Sorrow</u> <u>F.R. Sorrow, QA Tech Support</u>	Date <u>03/29, 2007</u>
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 <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>3/26/07</u> to <u>4/30/07</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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 <u>Jerome F. Swan</u>	Commissions <u>NC1524, N-1</u>
Date <u>4/30/07</u>	National Board, State, Province and Endorsements

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date June 5, 2007
 Sheet 1 of 1

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

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

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

3a. Work Order #: 589944
 Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: ND - Residual Heat Removal 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
 (b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	ND System	Duke Power	N/A	35	N/A	1981	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced inlet bolting material (nut) on inlet flange of valve 1ND56.

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

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

9. Remarks test exempted from pressure testing per ASME Code Section XI: Interpretation XI-1-89-08.

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

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

Date 6/5/2007

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 4/4/07 to 6/6/07; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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] Jerome F Swan
Inspector's Signature

Commissions NC1524, N-1
National Board, State, Province and Endorsements

Date 6/6/07

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date May 4, 2007

Sheet of

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

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

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

3a. Work Order #: 589945
Repair Organization Job #

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

3b. NSM or MM #: N/A

4. (a) Identification of System: ND - Residual Heat Removal 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
 (b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	ND System	Duke Power	N/A	35	N/A	1981	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Cut out and rewelded weld NC1F1014 and replaced 1 1/2" flange.

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

Pressure 324 psig Test Temp. 91 °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks test performed per MP/O/A/7650/076.

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed *FL Grass Jr.* FL Grass Jr, QA Tech Specialist
Owner or Owner's Designee, Title

Date 5/4/2007

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 3/23/07 to 5/4/07; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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.

Jerome F. Swan Jerome F Swan
Inspector's Signature

Commissions NC1524, N-I
National Board, State, Province and Endorsements

Date 5/4/07

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date April 11, 2007
 Sheet 1 of 1

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

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

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

3a. Work Order #: 591201
 Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
 (b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-MCR-NC-807	Duke Power	14957	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	1-MCR-NC-807	Duke Power	20736	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
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced snubber

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u>[Signature]</u> <u>FL Grass Jr, QA Tech Specialist</u> <small>Owner or Owner's Designee, Title</small>	Date <u>4/11/2007</u>

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> , have inspected the components described in this Owner's Report during the period <u>2/26/07 to 4/12/07</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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.	
<u>[Signature]</u> Inspector's Signature	<u>Jerome F Swan</u> Commissions <u>NC1524, N-I</u> National Board, State, Province and Endorsements
Date <u>4/12/07</u>	

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date March 30, 2007
Sheet 1 of 1

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

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

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

3a. Work Order #: 591203
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NI - Safety Injection

4. (b) Class of System: A

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-MCR-NI-528	Duke Power	15871	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	1-MCR-NI-528	Duke Power	19765	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
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced snubber

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] FL Grass Jr, QA Tech Specialist Date 3/30/2007
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 2/26/07 to 3/31/07; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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] Jerome F Swan Commissions NC1524, N-I
Inspector's Signature National Board, State, Province and Endorsements

Date 3/31/07

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 03/22/07
Sheet 1 of 1

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

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

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

3a. Work Order #: 00591204-01
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NI Safety Injection

4. (b) Class of System: A

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1MCR-NI-0552	Duke Power	20693	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	1MCR-NI-0552	Duke Power	19768	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
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 Snubber PM Changeout

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed F.R. Sorrow F.R. Sorrow, QA Tech. Support Date 03/22, 2007
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 2/26/07 to 3/31/07; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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.

Jerome F. Swan Jerome F Swan Commissions NC1524, N-1
Inspector's Signature National Board, State, Province and Endorsements

Date 3/31/07

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 03/22/07
Sheet 1 of 1

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

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

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

3a. Work Order #: 00591205-01
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NI Safety Injection

4. (b) Class of System: A

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Corrected, Removed, or Installed	Column 8 ASME Code Stamped (yes or no)
A	1MCR-NI-0658	Duke Power	15882	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	1MCR-NI-0658	Duke Power	15125	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
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Snubber PM Changeout

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE		
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.		
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>	
Certificate of Authorization No. <u>N/A</u>		
Signed <u>F.R. Sorrow</u> F.R. Sorrow, QA Tech. Support	Date <u>03/22, 2007</u>	
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 <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>2/26/07 to 3/31/07</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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 <u>Jerome F. Swan</u>	Commissions <u>NC1524, N-I</u> National Board, State, Province and Endorsements
Date <u>3/31/07</u>	

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 03/29/2007
 Sheet 1 of 1

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

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

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

3a. Work Order #: 00591206
 Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NI Safety Injection

4(b) Class of System: A

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

(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1MCR-NI-0661	Duke Power	15677	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	1MCR-NI-0661	Duke Power	20388	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
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work PM Snubber Changeout

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

Pressure _____psig Test Temp. _____°F
Pressure _____psig Test Temp. _____°F
Pressure _____psig Test Temp. _____°F

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed F. R. Sorrow F.R. Sorrow,QA Tech Support Date 03/29, 2007
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 2/26/07 to 3/30/07, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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.

Jerome F. Swan Jerome F Swan Commissions NC1524, N-I
Inspector's Signature National Board, State, Province and Endorsements
Date 3/30/07

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date April 10, 2007
 Sheet 1 of 1

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

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

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

3a. Work Order #: 591207
 Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NV - Chemical and Volume Control 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
 (b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-MCR-NV-1070	Duke Power	18935	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	1-MCR-NV-1070	Duke Power	36601	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
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced snubber

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u><i>Al Grass Jr.</i></u> <u>FL Grass Jr, QA Tech Specialist</u>	Date <u>4/10/2007</u>
<small>Owner or Owner's Designee, Title</small>	

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>2/26/07</u> to <u>4/12/07</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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.	
<u><i>Jerome F. Swan</i></u> Inspector's Signature	Commissions <u>NC1524, N-I</u> National Board, State, Province and Endorsements
Date <u>4/12/07</u>	

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 03/22/07

Sheet 1 of 1

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

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

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

3a. Work Order #: 00591238-01

Repair Organization Job #

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

3b. NSM or MM #: N/A

4. (a) Identification of System: CA Auxiliary Feedwater

4. (b) Class of System: B

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

(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1MCR-CA-H443	Duke Power	19291	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	1MCR-CA-H443	Duke Power	16563	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
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Snubber PM Change Out

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u>F.R. Sorrow</u> <u>F.R. Sorrow, QA Tech. Support</u>	Date <u>03/22</u> , <u>2007</u>
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 <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>2/26/07</u> to <u>3/29/07</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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.	
Signed <u>Jerome F. Swan</u> <u>Jerome F Swan</u> Inspector's Signature	Commissions <u>NC1524, N-1</u> National Board, State, Province and Endorsements
Date <u>3/29/07</u>	

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date April 4, 2007

Sheet 1 of 1

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

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

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

3a. Work Order #: 591337
Repair Organization Job #

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NV - Chemical and Volume Control 4. (b) Class of System: A

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-MCR-NV-855	Duke Power	21532	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	1-MCR-NV-855	Duke Power	21530	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
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced snubber.

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed FL Grass Jr, QA Tech Specialist Date 4/4/2007
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 2/26/07 to 4/4/07; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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.

Jerome F Swan Commissions NC1524, N-I
Inspector's Signature National Board, State, Province and Endorsements

Date 4/4/07

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 03/22/07

Sheet 1 of 1

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

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

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

3a. Work Order #: 00591342-01
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NI Safety Injection

4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1MCR-NI-0541	Duke Power	14917	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	1MCR-NI-0541	Duke Power	14904	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
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Snubber PM Changeout

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u>F.R. Sorrow</u> F.R. Sorrow, QA Tech. Support	Date <u>03/22, 2007</u>
<small>Owner or Owner's Designee, Title</small>	

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>2/26/07</u> to <u>3/29/07</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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 <u>Jerome F Swan</u>	Commissions <u>NC1524, N-I</u>
Date <u>3/29/07</u>	National Board, State, Province and Endorsements

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date March 30, 2007

Sheet 1 of 1

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

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

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

3a. Work Order #: 591344

Repair Organization Job #

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NI - Safety Injection

4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
 (b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-MCR-NI-676	Duke Power	14860	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	1-MCR-NI-676	Duke Power	22048	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
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced snubber

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

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

9. Remarks _____

(Applicable Manufacturer’s Data Reports to be attached)

CERTIFICATE OF COMPLIANCE		
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.		
Type Code Symbol Stamp	N/A	
Certificate of Authorization No.	N/A	Expiration Date
Signed	<u>FL Grass Jr, QA Tech Specialist</u> Owner or Owner’s Designee, Title	Date
		<u>3/30/2007</u>

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner’s Report during the period <u>2/26/07 to 3/31/07</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner’s Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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
<u>Jerome F Swan</u>	<u>NC1524, N-1</u>
Date	National Board, State, Province and Endorsements
<u>3/31/07</u>	

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 03/22/07
 Sheet 1 of 1

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

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

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

3a. Work Order #: 00591345-01
Repair Organization Job #

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NI Safety Injection

4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
 (b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1MCR-NI-0721	Duke Power	16135	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	1MCR-NI-0721	Duke Power	00130	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
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date March 30, 2007

Sheet 1 of 1

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

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

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

3a. Work Order #: 591346
 Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NI - Safety Injection

4. (b) Class of System: A

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

(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-MCR-NI-880	Duke Power	14823	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	1-MCR-NI-880	Duke Power	21695	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
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced snubber

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] FL Grass Jr, QA Tech Specialist Date 3/30/2007
Owner of Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT, have inspected the components described in this Owner's Report during the period 2/26/07 to 3/31/07; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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] Jerome F Swan Commissions NC1524, N-1
Inspector's Signature National Board, State, Province and Endorsements

Date 3/31/07

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 03/22/07
Sheet 1 of 1

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

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

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

3a. Work Order #: 00591347-01
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NI Safety Injection

4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1MCR-NI-0895	Duke Power	20962	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	1MCR-NI-0895	Duke Power	14962	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
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 Snubber PM Changeout

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed F.R. Sorrow F.R. Sorrow, QA Tech. Support Date 03/22, 2007
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 2/26/07 to 3/29/07; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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.

Jerome F. Swan Jerome F Swan Commissions NC1524, N-I
 Inspector's Signature National Board, State, Province and Endorsements

Date 3/29/07

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 03/27/2007

Sheet 1 of 1

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

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

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

3a. Work Order #: 00591348-01
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NI Safety Injection

4(b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1MCR-NI-0905	Duke Power	20989	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	1MCR-NI-0905	Duke Power	19549	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
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work PM Snubber Changeout

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed F.R. Sorrow F.R. Sorrow, QA Tech Support Date 03/27, 2007
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 2/26/07 to 3/28/07, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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.

Jerome F. Swan Jerome F Swan Commissions NC1524, N-1
Inspector's Signature National Board, State, Province and Endorsements

Date 3/28/07

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date April 10, 2007

Sheet 1 of 1

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

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

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

3a. Work Order #: 591349

Repair Organization Job #

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NI - Safety Injection 4. (b) Class of System: A

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-MCR-NI-911	Duke Power	19976	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	1-MCR-NI-911	Duke Power	14771	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
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced snubber

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] FL Grass Jr, QA Tech Specialist Date 4/12/07
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 2/26/07 to 4/12/07; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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] Jerome F Swan Commissions NC1524, N-I
Inspector's Signature National Board, State, Province and Endorsements
Date 4/12/07

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 03/22/07

Sheet 1 of 1

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

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

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

3a. Work Order #: 00591350-01
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NI Safety Injection

4. (b) Class of System: B

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

(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1MCR-NI-0953	Duke Power	14770	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	1MCR-NI-0953	Duke Power	14780	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
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Snubber PM Changeout

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE		
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.		
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>	
Certificate of Authorization No. <u>N/A</u>		
Signed <u>F.R. Sorrow</u>	<u>F.R. Sorrow, QA Tech. Support</u>	Date <u>03/22, 2007</u>
	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 <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>2/26/07 to 3/23/07</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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 <u>Jerome F. Swan</u>	Commissions <u>NC1524, N-I</u>
Date <u>3/23/07</u>	National Board, State, Province and Endorsements

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date April 10, 2007

Sheet 1 of 1

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

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

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

3a. Work Order #: 591354
Repair Organization Job #

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

3b. NSM or MM #: N/A

4. (a) Identification of System: FW - Refueling Water I _____ 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
 (b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-MCA-FW-122	Duke Power	20677	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	1-MCA-FW-122	Duke Power	19769	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
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced snubber, load stud, and spherical bearing in eye piece.

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed: <u>[Signature]</u> <u>FL Grass Jr, QA Tech Specialist</u> Owner or Owner's Designee, Title	Date <u>4/19/2007</u>

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>4/6/07</u> to <u>4/12/07</u> and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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.	
<u>[Signature]</u> <u>Jerome F Swan</u> Inspector's Signature	Commissions <u>NC1524, N-1</u> National Board, State, Province and Endorsements
Date <u>4/12/07</u>	

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date April 10, 2007
Sheet 1 of 1

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

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

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

3a. Work Order #: 591359
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-MCR-BB-568	Duke Power	14815	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	1-MCR-BB-568	Duke Power	19899	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
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced snubber

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u>[Signature]</u> <u>FL Grass Jr, QA Tech Specialist</u> Owner or Owner's Designee, Title	Date <u>4/10/2007</u>

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>3/26/07 to 4/12/07</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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.	
<u>[Signature]</u> Inspector's Signature	Commissions <u>NC1524, N-1</u> National Board, State, Province and Endorsements
Date <u>4/12/07</u>	

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 03/27/2007
Sheet 1 of 1

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

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

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

3a. Work Order # : 00591360-01
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

4(b) Class of System: A

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

(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1MCR-NC-0809	Duke Power	14777	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	1MCR-NC-0809	Duke Power	14864	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
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 PM Snubber Changeout

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u>F.R. Sorrow</u> <u>F.R. Sorrow, QA Tech Support</u>	Date <u>03/27, 2007</u>
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 <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>2/26/07</u> to <u>3/28/07</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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 <u>Jerome F Swan</u>	Commissions <u>NC1524, N-1</u>
Date <u>3/28/07</u>	National Board, State, Province and Endorsements

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date April 10, 2007
 Sheet 1 of 1

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

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

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

3a. Work Order #: 591361
 Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NI - Safety Injection 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
 (b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-MCR-NI-510	Duke Power	14861	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	1-MCR-NI-510	Duke Power	20653	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
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced snubber

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] FL Grass Jr, QA Tech Specialist Date 4/12/2007
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 2/26/07 to 4/30/07, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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] Jerome F Swan Commissions NC1524, N-I
 Inspector's Signature National Board, State, Province and Endorsements

Date 4/30/07

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date April 3, 2007
 Sheet 1 of 1

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

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

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

3a. Work Order # : 591362
 Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NI - Safety Injection

4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
 (b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-MCR-NI-699	Duke Power	20662	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	1-MCR-NI-699	Duke Power	14874	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
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced snubber

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed J. Grass Jr. FL Grass Jr, QA Tech Specialist Date 4/3/2007
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 2/26/07 to 4/5/07; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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.

Jerome F Swan Jerome F Swan Commissions NC1524, N-I
Inspector's Signature National Board, State, Province and Endorsements

Date 4/5/07

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date April 4, 2007
Sheet 1 of 1

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

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

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

3a. Work Order # : 591363
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NI - Safety Injection

4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-MCR-NI-702	Duke Power	14757	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	1-MCR-NI-702	Duke Power	21082	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
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 snubber and four bolts with nuts.

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed Al Grass Jr. FL Grass Jr, QA Tech Specialist Date 4/4/2007
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 2/26/07 to 4/5/07; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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.

Jerome F. Swan Jerome F Swan Commissions NC1524, N-I
Inspector's Signature National Board, State, Province and Endorsements

Date 4/5/07

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 03/22/07

Sheet 1 of 1

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

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

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

3a. Work Order #: 00591364-01
 Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NI Safety Injection

4. (b) Class of System: B

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

(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1MCR-NI-0719	Duke Power	20517	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	1MCR-NI-0719	Duke Power	20913	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
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Snubber PM Changeout

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u>F.R. Sorrow</u> <u>F.R. Sorrow, QA Tech. Support</u>	Date <u>03/22, 2007</u>
<small>Owner or Owner's Designee, Title</small>	

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>2/26/07</u> to <u>3/29/07</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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.	
<u>Jerome F Swan</u> <small>Inspector's Signature</small> Date <u>3/29/07</u>	Commissions <u>NC1524, N-1</u> <small>National Board, State, Province and Endorsements</small>

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date April 4, 2007
Sheet 1 of 1

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

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

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

3a. Work Order #: 591365
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NI - Safety Injection

4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-MCR-NI-744	Duke Power	14850	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	1-MCR-NI-744	Duke Power	14853	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
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced snubber

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

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


9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

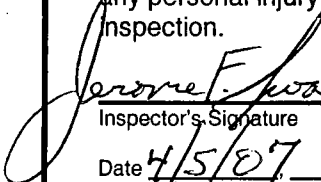
Type Code Symbol Stamp N/A
Certificate of Authorization No. N/A Expiration Date N/A

Signed  FL Grass Jr, QA Tech Specialist Date 4/4/2007
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 2/26/07 to 4/5/07; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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.

 Jerome F Swan Commissions NC1524, N-I
Inspector's Signature National Board, State, Province and Endorsements

Date 4/5/07

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 03/27/2007

Sheet 1 of 1

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

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

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

3a. Work Order #: 00591393-01
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

4(b) Class of System: A

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1MCR-NC-0801	Duke Power	20655	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	1MCR-NC-0801	Duke Power	14803	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
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work PM Snubber Changeout

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u>F.R. Sorrow</u> <u>F.R. Sorrow, QA Tech Support</u>	Date <u>03/27, 2007</u>
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 <u>North Carolina</u> and employed by <u>HSB CT</u> , have inspected the components described in this Owner's Report during the period <u>2/26/07 to 03/31/07</u> , and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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 <u>Jerome F. Swan</u>	Commissions <u>NC1524, N-I</u>
Date <u>3/31/07</u>	National Board, State, Province and Endorsements

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 03/29/2007

Sheet 1 of 1

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

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

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

3a. Work Order #: 00591394
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

4(b) Class of System: A

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1MCR-NC-0811	Duke Power	16577	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	1MCR-NC-0811	Duke Power	20242	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
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work PM Snubber Changeout

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u>F.R. Sorrow</u> <u>F.R. Sorrow, QA Tech Support</u>	Date <u>03/29, 2007</u>
<small>Owner or Owner's Designee, Title</small>	

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>2/26/07</u> to <u>3/30/07</u> and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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.	
<u>Jerome F. Swan</u> Inspector's Signature	Commissions <u>NC1524, N-1</u> National Board, State, Province and Endorsements
Date <u>3/30/07</u>	

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date April 10, 2007

Sheet 1 of 1

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

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

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

3a. Work Order #: 591395

Repair Organization Job #

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

3b. NSM or MM #: N/A

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

4. (b) Class of System: A

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

(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-MCR-NC-813	Duke Power	16564	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	1-MCR-NC-813	Duke Power	36597	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
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced snubber

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u><i>FL Grass Jr</i></u> <u>FL Grass Jr, QA Tech Specialist</u>	Date <u>4/10/2007</u>
<small>Owner or Owner's Designee, Title</small>	

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>2/26/07</u> to <u>4/12/07</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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.	
<u><i>Jerome F. Swan</i></u> <u>Jerome F Swan</u>	Commissions <u>NC1524, N-I</u>
<small>Inspector's Signature</small>	<small>National Board, State, Province and Endorsements</small>
Date <u>4/12/07</u>	

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 03/27/2007

Sheet 1 of 1

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

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

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

3a. Work Order #: 00591396-01

Repair Organization Job #

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

3b. NSM or MM #: N/A

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

4(b) Class of System: A

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

(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1MCR-NC-0900	Duke Power	21939	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	1MCR-NC-0900	Duke Power	14921	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
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 PM Snubber Changeout

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u>F.R. Sorrow</u> <u>F.R. Sorrow, QA Tech Support</u>	Date <u>03/27, 2007</u>
<small>Owner or Owner's Designee, Title</small>	

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>2/26/07</u> to <u>4/4/07</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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.	
<u>Jerome F. Swan</u> <u>Jerome F Swan</u>	Commissions <u>NC1524, N-1</u>
<small>Inspector's Signature</small>	<small>National Board, State, Province and Endorsements</small>
Date <u>4/4/07</u>	

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 03/27/2007
Sheet 1 of 1

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

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

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

3a. Work Order #: 00591397-01
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

4(b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1MCR-NC-0902	Duke Power	20654	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	1MCR-NC-0902	Duke Power	14785	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
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work PM Snubber Changeout

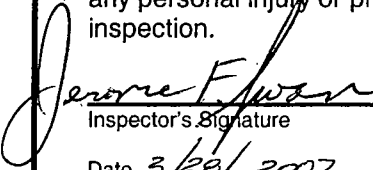
8. Tests Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u><i>F.R. Sorrow</i></u> <u>F.R. Sorrow, QA Tech Support</u>	Date <u>03/27, 2007</u>
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 <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>2/26/07</u> to <u>3/28/07</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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 <u>NC1524, N-1</u> National Board, State, Province and Endorsements
Date <u>3/28/2007</u>	

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date March 30, 2007

Sheet 1 of 1

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

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

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

3a. Work Order #: 591398
 Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

4. (b) Class of System: A

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
 (b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-MCR-NC-903	Duke Power	20656	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	1-MCR-NC-903	Duke Power	21476	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
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced snubber

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] FL Grass Jr, QA Tech Specialist Date 3/30/2007
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 2/26/07 to 3/30/07; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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] Jerome F Swan
Inspector's Signature
Date 3/30/07

Commissions NC1524, N-1
National Board, State, Province and Endorsements

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date March 30, 2007
Sheet 1 of 1

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

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

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

3a. Work Order #: 591399
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NI - Safety Injection

4. (b) Class of System: A

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-MCR-NI-548 (A)	Duke Power	18879	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	1-MCR-NI-548 (A)	Duke Power	36593	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
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 snubber

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] FL Grass Jr, QA Tech Specialist Date 3/30/2007
Owner of Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 2/26/07 to 3/30/07; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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] Jerome F Swan Commissions NC1524, N-I
Inspector's Signature National Board, State, Province and Endorsements

Date 3/30/07

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date March 30, 2007
 Sheet 1 of 1

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

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

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

3a. Work Order #: 591401
 Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NI - Safety Injection

4. (b) Class of System: A

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

(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-MCR-NI-548 (B)	Duke Power	14926	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	1-MCR-NI-548 (B)	Duke Power	36592	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
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced snubber

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed *FL Grass Jr.* FL Grass Jr, QA Tech Specialist Date 3/30/2007
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 2/26/07 to 3/30/07; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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.

Jerome F Swan Jerome F Swan Commissions NC1524, N-I
Inspector's Signature National Board, State, Province and Endorsements

Date 3/30/07

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date March 30, 2007
Sheet 1 of 1

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

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

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

3a. Work Order #: 591402
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NI - Safety Injection

4. (b) Class of System: A

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-MCR-NI-549 (A)	Duke Power	14772	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	1-MCR-NI-549 (A)	Duke Power	36591	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
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced snubber

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE			
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.			
Type Code Symbol Stamp <u>N/A</u>			
Certificate of Authorization No. <u>N/A</u>		Expiration Date <u>N/A</u>	
Signed <u></u> <u>FL Grass Jr, QA Tech Specialist</u>	Date <u>3/29/2007</u>		
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 <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>2/26/07</u> to <u>3/31/07</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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.	
<u></u> Inspector's Signature	Jerome F Swan Commissions <u>NC1524, N-1</u> National Board, State, Province and Endorsements
Date <u>3/31/07</u>	

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date March 30, 2007
 Sheet 1 of 1

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

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

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

3a. Work Order #: 591403
Repair Organization Job #

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NI - Safety Injection

4. (b) Class of System: A

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
 (b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-MCR-NI-549 (B)	Duke Power	14888	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	1-MCR-NI-549 (B)	Duke Power	36594	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
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced snubber

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] FL Grass Jr, QA Tech Specialist Date 3/30/2007
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 2/26/07 to 4/4/07; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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] Jerome F Swan Commissions NC1524, N-I
Inspector's Signature National Board, State, Province and Endorsements

Date 4/4/07

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date March 30, 2007

Sheet 1 of 1

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

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

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

3a. Work Order # : 591404
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NI - Safety Injection

4. (b) Class of System: A

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-MCR-NI-569 (A)	Duke Power	20245	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	1-MCR-NI-569 (A)	Duke Power	36596	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
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 snubber

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u>[Signature]</u> <u>FL Grass Jr, QA Tech Specialist</u> Owner or Owner's Designee, Title	Date <u>3/30/07</u>

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>2/26/07 to 4/4/07</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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.	
<u>[Signature]</u> Inspector's Signature	<u>Jerome F Swan</u> Commissions <u>NC1524, N-I</u> National Board, State, Province and Endorsements
Date <u>4/4/07</u>	

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date March 30, 2007

Sheet 1 of 1

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

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

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

3a. Work Order #: 591405
Repair Organization Job #

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NI - Safety Injection

4. (b) Class of System: A

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-MCR-NI-569 (B)	Duke Power	19906	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	1-MCR-NI-569 (B)	Duke Power	36595	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
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced snubber

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u>[Signature]</u> <u>FL Grass Jr, QA Tech Specialist</u> Owner or Owner's Designee, Title	Date <u>3/30/07</u>

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>2/26/07 to 4/4/07</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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 <u>[Signature]</u> Date <u>4/4/07</u>	Commissions <u>NC1524, N-I</u> National Board, State, Province and Endorsements

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date April 3, 2007

Sheet 1 of 1

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

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

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

3a. Work Order #: 591406

Repair Organization Job #

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NI - Safety Injection

4. (b) Class of System: B

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

(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-MCR-NI-717	Duke Power	21782	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	1-MCR-NI-717	Duke Power	36584	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
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced snubber and bolting on end bracket.

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u><i>FL Grass Jr.</i></u> FL Grass Jr, QA Tech Specialist	Date <u>4/4/2007</u>
<small>Owner or Owner's Designee, Title</small>	

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>2/26/07</u> to <u>4/4/07</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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 <u><i>Jerome F. Swan</i></u>	Commissions <u>NC1524, N-1</u>
<small>Inspector's Signature</small>	<small>National Board, State, Province and Endorsements</small>
Date <u>4/4/07</u>	

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date April 10, 2007

Sheet 1 of 1

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

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

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

3a. Work Order #: 591407
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NI - Safety Injection 4. (b) Class of System: A

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-MCR-NI-850	Duke Power	20549	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	1-MCR-NI-850	Duke Power	14778	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
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced snubber

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] FL Grass Jr, QA Tech Specialist Date 4/15/2007
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 2/26/07 to 4/12/07; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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] Jerome F Swan Commissions NC1524, N-I
Inspector's Signature National Board, State, Province and Endorsements

Date 4/12/07

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date March 30, 2007

Sheet 1 of 1

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

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

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

3a. Work Order #: 591408
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NI - Safety Injection

4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-MCR-NI-852	Duke Power	14843	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	1-MCR-NI-852	Duke Power	36583	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
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced snubber

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed *FL Grass Jr.* FL Grass Jr, QA Tech Specialist Date 3/30/07
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 2/26/07 to 3/31/07; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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.

Jerome F Swan Jerome F Swan Commissions NC1524, N-1
Inspector's Signature National Board, State, Province and Endorsements

Date 3/31/07

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date April 4, 2007
Sheet 1 of 1

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

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

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

3a. Work Order #: 591409
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NI - Safety Injection

4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-MCR-NI-879	Duke Power	14910	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	1-MCR-NI-879	Duke Power	17401	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
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced snubber.

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed: [Signature] FL Grass Jr, QA Tech Specialist Date 4/5/2007
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 2/26/07 to 4/5/07; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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] Jerome F Swan Commissions NC1524, N-I
Inspector's Signature National Board, State, Province and Endorsements

Date 4/5/07

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date April 11, 2007

Sheet 1 of 1

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

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

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

3a. Work Order # : 591415
Repair Organization Job #

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NF - Ice Condenser Refrigeration 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
 (b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-MCR-S-NF-100-01-O	Duke Power	17372	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	1-MCR-S-NF-100-01-O	Duke Power	14809	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
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced snubber

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u>[Signature]</u> <u>FL Grass Jr, QA Tech Specialist</u>	Date <u>4/11/2007</u>
<small>Owner or Owner's Designee, Title</small>	

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>2/26/07</u> to <u>4/12/07</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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 <u>[Signature]</u> <u>Jerome F Swan</u>	Commissions <u>NC1524, N-I</u>
Date <u>4/12/07</u>	National Board, State, Province and Endorsements

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date April 10, 2007
 Sheet 1 of 1

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

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

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

3a. Work Order #: 591417
 Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: VX - Containment Air Return Exhaust and Hydrogen Skimmer 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
 (b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-MCR-S-VX-100-01-HH	Duke Power	20904	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	1-MCR-S-VX-100-01-HH	Duke Power	20589	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
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced snubber, 3/8" bolts and nuts.

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u>[Signature]</u> <u>FL Grass Jr, QA Tech Specialist</u> Owner of Owner's Designee, Title	Date <u>4/10/2007</u>

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>4/7/07</u> to <u>4/12/07</u> , and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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.	
<u>[Signature]</u> <u>Jerome F Swan</u> Inspector's Signature	Commissions <u>NC1524, N-I</u> National Board, State, Province and Endorsements
Date <u>4/12/07</u>	

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date April 11, 2007
Sheet 1 of 1

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

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

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

3a. Work Order # : 591418
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: VX - Containment Air Return Exhaust and Hydrogen Skimmer

4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-MCR-S-VX-100-01-JJ	Duke Power	20545	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	1-MCR-S-VX-100-01-JJ	Duke Power	21842	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
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced snubber

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed *Al Grass Jr.* FL Grass Jr, QA Tech Specialist Date 4/11/2007
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 2/26/07 to 4/12/07; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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.

Jerome F Swan Jerome F Swan Commissions NC1524, N-1
Inspector's Signature National Board, State, Province and Endorsements

Date 4/12/07

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 03/22/07

Sheet 1 of 1

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

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

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

3a. Work Order #: 00591439-01

Repair Organization Job #

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

3b. NSM or MM #: N/A

4. (a) Identification of System: BB Steam Generator Blowdown Recycle

4.b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
 (b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1MCR-BB-0537	Duke Power	00120	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	1MCR-BB-0537	Duke Power	18159	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
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Snubber PM Change out

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u>F.R. Sorrow</u> F.R. Sorrow, QA Tech. Support	Date <u>03/22</u> , <u>2007</u>
<small>Owner or Owner's Designee, Title</small>	

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>2/26/07</u> to <u>3/23/07</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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 <u>Jerome F. Swan</u> Date <u>3/23/07</u>	Commissions <u>NC1524, N-I</u> National Board, State, Province and Endorsements

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date April 4, 2007
 Sheet 1 of 1

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

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

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

3a. Work Order #: 591440
 Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
 (b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-MCR-BB-561	Duke Power	21672	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	1-MCR-BB-561	Duke Power	36588	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
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 snubber

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u>[Signature]</u> <u>FL Grass Jr, QA Tech Specialist</u> Owner or Owner's Designee, Title	Date <u>4/4/2007</u>

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>2/26/07</u> to <u>4/4/07</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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.	
<u>[Signature]</u> Inspector's Signature	<u>Jerome F Swan</u> Commissions <u>NC1524, N-1</u> National Board, State, Province and Endorsements
Date <u>4/4/07</u>	

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date April 4, 2007
Sheet 1 of 1

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

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

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

3a. Work Order #: 591442
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-MCR-BB-567	Duke Power	20514	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	1-MCR-BB-567	Duke Power	36586	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
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced snubber

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] FL Grass Jr, QA Tech Specialist Date 4/4/2007
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 2/26/07 to 4/4/07; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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] Jerome F Swan Commissions NC1524, N-I
Inspector's Signature National Board, State, Province and Endorsements

Date 4/4/07

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date April 4, 2007

Sheet 1 of 1

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

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

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

3a. Work Order #: 591443
Repair Organization Job #

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

3b. NSM or MM #: N/A

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-MCR-BB-645	Duke Power	129	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	1-MCR-BB-645	Duke Power	36589	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
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced snubber

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u>[Signature]</u> <u>FL Grass Jr. QA Tech Specialist</u>	Date <u>4/4/2007</u>
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 <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>2/26/07</u> to <u>4/4/07</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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.	
<u>[Signature]</u> Inspector's Signature	Commissions <u>NC1524, N-1</u> National Board, State, Province and Endorsements
Date <u>4/4/07</u>	

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date March 30, 2007
Sheet 1 of 1

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

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

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

3a. Work Order #: 591444
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-MCR-CA-445	Duke Power	20546	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	1-MCR-CA-445	Duke Power	36582	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
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced snubber

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u><i>FL Grass Jr.</i></u> <u>FL Grass Jr, QA Tech Specialist</u>	Date <u>3/30/2007</u>
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 <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>2/26/07</u> to <u>3/31/07</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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 <u><i>Jerome F. Swan</i></u>	Commissions <u>NC1524, N-I</u>
Date <u>3/31/07</u>	National Board, State, Province and Endorsements

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 03/27/2007

Sheet 1 of 1

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

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

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

3a. Work Order # : 00591531-01
 Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NI Safety Injection

4(b) Class of System: A

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
 (b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8	
Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)	
A	1MCR-NI-0515	Duke Power	15866	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	1MCR-NI-0515	Duke Power	15872	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
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 PM Snubber Changeout

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u>F.R. Sorrow</u> <u>F.R. Sorrow, QA Tech Support</u>	Date <u>03/27, 2007</u>
<small>Owner or Owner's Designee, Title</small>	

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>2/26/07</u> to <u>4/4/07</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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 <u>Jerome F Swan</u>	Commissions <u>NC1524, N-1</u>
Date <u>4/4/07</u>	National Board, State, Province and Endorsements

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date September 17, 2006

Sheet 1 of 1

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

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

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

3a. Work Order #: 591575
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NS - Containment Spray 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	NS System	Duke Power	N/A	40	N/A	1981	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced bolting material at instrument flange 1NSFE5030

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

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

9. Remarks Replaced bolting one at a time.

(Applicable Manufacturer's Data Reports to be attached)


CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

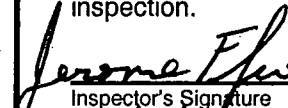
Expiration Date N/A

Signed  FL Grass Jr, QA Tech Specialist Date 9/17/2006
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 8/15/06 to 9/18/06; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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.

 Jerome F Swan Commissions NC1524, N-1
Inspector's Signature National Board, State, Province and Endorsements
 Date 9/18/06

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date September 17, 2006

Sheet 1 of 1

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

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

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

3a. Work Order #: 591576

Repair Organization Job #

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NS - Containment Spray 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
 (b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	NS System	Duke Power	N/A	40	N/A	1981	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced bolting material at instrument flange 1NSFE5020

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

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

9. Remarks Replaced bolting one at a time.

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE			
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.			
Type Code Symbol Stamp	<u>N/A</u>	Expiration Date	<u>N/A</u>
Certificate of Authorization No.	<u>N/A</u>		
Signed	<u><i>FL Grass Jr.</i></u>	Date	<u>9/17/2006</u>
	<u>FL Grass Jr, QA Tech Specialist</u>		
	<u>Owner or Owner's Designee, Title</u>		

CERTIFICATE OF INSERVICE INSPECTION			
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>8/21/06</u> to <u>9/18/06</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.			
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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	<u><i>Jerome F. Swan</i></u>	Commissions	<u>NC1524, N-1</u>
	<u>Jerome F Swan</u>		<u>National Board, State, Province and Endorsements</u>
Date	<u>9/18/06</u>		

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date March 30, 2007
Sheet 1 of 1

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

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

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

3a. Work Order # : 591597
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-MCR-CF-405	Duke Power	33796	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	1-MCR-CF-405	Duke Power	33625	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
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced snubber

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] FL Grass Jr, QA Tech Specialist Date 3/30/2007
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 2/26/07 to 4/4/07; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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] Jerome F Swan Commissions NC1524, N-I
Inspector's Signature National Board, State, Province and Endorsements

Date 4/4/07

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date May 4, 2007
Sheet 1 of 1

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

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

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

3a. Work Order # : 591910
Repair Organization Job # _____

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

3b. NSM or MM #: ME100776

4. (a) Identification of System: NS - Containment Spray 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Corrected, Removed, or Installed	Column 8 ASME Code Stamped (yes or no)
A	NS System	Duke Power	N/A	40	N/A	1981	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced 8" SS Piping on 1B, 1B1, and 1B2 per ME100776 between elevations 765 and 775.

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

Pressure	<u>15</u>	psig	Test Temp.	<u>73.1</u>	°F
Pressure	_____	psig	Test Temp.	_____	°F
Pressure	_____	psig	Test Temp.	_____	°F

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 this conforms to the requirements of the ASME Code, Section XI.

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

Signed [Signature] FL Grass Jr, QA Tech Specialist Date 5/4/2007
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 2/22/07 to 5/4/07; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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] Jerome F Swan Commissions NC1524, N-I
 Inspector's Signature National Board, State, Province and Endorsements

Date 5/4/07

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date April 29, 2007
Sheet 1 of 1

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

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

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

3a. Work Order #: 591910
Repair Organization Job # _____

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

3b. NSM or MM #: ME100776

4. (a) Identification of System: NS - Containment Spray 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-MCR-NS-751	Duke Power	N/A	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (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 Replacement of hanger after ME100776 was in place.

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u>[Signature]</u> <u>FL Grass Jr, QA Tech Specialist</u> Owner or Owner's Designee, Title	Date <u>4/29/2007</u>

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> , have inspected the components described in this Owner's Report during the period <u>4/18/07</u> to <u>4/29/07</u> , and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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.	
<u>[Signature]</u> Inspector's Signature	Commissions <u>NC1524, N-1</u> National Board, State, Province and Endorsements
Date <u>4/29/07</u>	

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date March 30, 2007

Sheet 1 of 1

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

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

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

3a. Work Order #: 595413
 Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: FW - Refueling Water

4. (b) Class of System: B

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

(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-MCR-FW-125	Duke Power	19157	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	1-MCR-FW-125	Duke Power	16540	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
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced snubber

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] FL Grass Jr, QA Tech Specialist Date 3/30/2007
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 2/26/07 to 4/4/07; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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] Jerome F Swan Commissions NC1524, N-I
Inspector's Signature National Board, State, Province and Endorsements

Date 4/4/07

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date May 4, 2007
Sheet 1 of 1

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

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

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

3a. Work Order #: 1699266
Repair Organization Job #

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NS - Containment Spray 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-NS-39	Kerotest	FW8-17	6732	N/A	1975	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced disc.

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

Pressure <50 psig Test Temp. 73.1 °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks test performed per MNT visual functional by task 02.

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] FL Grass Jr, QA Tech Specialist Date 5/4/2007
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 3/28/07 to 5/4/07; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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] Jerome F Swan Commissions NC1524, N-I
 Inspector's Signature National Board, State, Province and Endorsements

Date 5/4/07

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 04/05/2007

Sheet 1 of 1

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

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

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

3a. Work Order #: 01714956

Repair Organization Job #

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NI Safety Injection

4.(b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
 (b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Corrected, Removed, or Installed	Column 8 ASME Code Stamped (yes or no)
A	1NI-184B	Walworth	C-55815	168	Valve	1974	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced Bonnet to Body studs and Nuts

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u>F.R. Sorrow</u> <u>F.R. Sorrow, QA Tech Support</u>	Date <u>04/05, 2007</u>
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 <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>4/4/07</u> to <u>4/5/07</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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.	
<u>Jerome F. Swan</u> Inspector's Signature	Commissions <u>NC1524, N-1</u> National Board, State, Province and Endorsements
Date <u>4/5/07</u>	

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date April 25, 2007
Sheet 1 of 1

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

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

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

3a. Work Order #: 1716964
Repair Organization Job # _____

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

3b. NSM or MM #: MD100346

4. (a) Identification of System: NS - Containment Spray 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-MCA-NS-23	Duke Power	N/A	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (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 hanger per MD100346

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

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

Date 4/25/2007

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 4/18/07 to 4/26/07; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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] Jerome F Swan
Inspector's Signature

Commissions NC1524, N-I
National Board, State, Province and Endorsements

Date 4/26/07

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 05/01/2007
Sheet 1 of 1

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

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

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

3a. Work Order # : 01716964/54
Repair Organization Job # _____

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

3b. NSM or MM #: MD100346

4. (a) Identification of System: NS Containment Spray

4.(b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1NS-165	Velan Inc.	062036	N/A	Valve	2006	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C	Piping	Duke Energy	N/A	40	1NS	1981	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Added Valve and piping per MD100346

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

Pressure <u>Suction 44</u> psig	Test Temp. <u>80</u> °F
Pressure <u>Disch. 223</u> psig	Test Temp. <u> </u> °F
Pressure <u> </u> psig	Test Temp. <u> </u> °F

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 this conforms to the requirements of the ASME Code, Section XI.		
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>	
Certificate of Authorization No. <u>N/A</u>		
Signed <u><i>F.R. Sorrow</i></u> <u>F.R. Sorrow, QA Tech Support</u>	Date <u>05/01, 2007</u>	
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 <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>2/14/07</u> to <u>5/1/07</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.		
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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.		
<u><i>Jerome F. Swan</i></u> Inspector's Signature	<u>Jerome F Swan</u>	Commissions <u>NC1524, N-I</u> National Board, State, Province and Endorsements
Date <u>5/1/07</u>		

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 05/01/2007
Sheet 1 of 1

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

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

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

3a. Work Order # : 01716964/55
Repair Organization Job # _____

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

3b. NSM or MM #: MD100346

4. (a) Identification of System: NS Containment Spray

4.(b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1NS-166	Velan Inc.	062038	N/A	Valve	2006	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C	Piping	Duke Energy	N/A	40	1NS	1981	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Added Valve and piping per MD100346

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

Pressure Suction 41 psig Test Temp. 80 °F
Pressure Disch. 230 psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

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 this conforms to the requirements of the ASME Code, Section XI.

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

Signed F.R. Sorrow F.R. Sorrow, QA Tech Support Date 05/01, 2007
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 2/14/07 to 5/1/07; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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.

Jerome F Swan Jerome F Swan Commissions NC1524, N-1
Inspector's Signature National Board, State, Province and Endorsements

Date 5/1/07

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date May 14, 2007

Sheet 1 of 1

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

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

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

3a. Work Order #: 1730551

Repair Organization Job #

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

3b. NSM or MM #: N/A

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

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

(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-NC-VA-2	Crosby	56925-00-0003	27	N/A	1974	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	1-NC-VA-2	Crosby	56925-00-0008	524	N/A	1978	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced valve

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

Pressure 2235 psig Test Temp. 558 °F
 Pressure _____ psig Test Temp. _____ °F
 Pressure _____ psig Test Temp. _____ °F

9. Remarks test performed per MP/0/A/7650/076 under w/o# 589246.

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] FL Grass Jr, QA Tech Specialist Date 5/15/2007
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 4/12/07 to 5/16/07; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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] Jerome F Swan Commissions NC1524, N-I
Inspector's Signature National Board, State, Province and Endorsements

Date 5/16/07

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date April 22, 2007

Sheet 1 of 1

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

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

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

3a. Work Order #: 1730552
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-NC-VA-3	Crosby	56925-00-0001	25	N/A	1974	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	1-NC-VA-3	Crosby	56925-00-0009	525	N/A	1978	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced valve

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

Pressure 2235 psig Test Temp. 558 °F
 Pressure _____ psig Test Temp. _____ °F
 Pressure _____ psig Test Temp. _____ °F

9. Remarks test performed per MP/0/A/7650/076 under w/o# 589246.

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] FL Grass Jr, QA Tech Specialist Date 5/3/2007
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT, have inspected the components described in this Owner's Report during the period 4/12/07 to 5/8/07; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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] Jerome F Swan Commissions NC1524, N-I
Inspector's Signature National Board, State, Province and Endorsements

Date 5/8/07

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date May 8, 2007

Sheet 1 of 1

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

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

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

3a. Work Order #: 1732837

Repair Organization Job #

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

3b. NSM or MM #: MD100642

4. (a) Identification of System: NV - Chemical and Volume Control 4. (b) Class of System: B

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

(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1NV482	Dresser	TE09052	263	N/A	1978	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	NV System	Duke Power	N/A	37	N/A	1981	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Removed Valve 1NV482 and aded piping per MD100642.

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

Pressure 27 psig Test Temp. 88 °F
 Pressure _____ psig Test Temp. _____ °F
 Pressure _____ psig Test Temp. _____ °F

9. Remarks test performed per procedure MP/0/A/7650/076.

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] FL Grass Jr, QA Tech Specialist Date 5/10/2007
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 3/1/07 to 5/8/07; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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] Jerome F Swan Commissions NC1524, N-I
Inspector's Signature National Board, State, Province and Endorsements

Date 5/8/07

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date May 8, 2007
 Sheet 1 of 1

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

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

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

3a. Work Order # : 1732869
 Repair Organization Job # _____

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

3b. NSM or MM #: MD100642

4. (a) Identification of System: NV - Chemical and Volume Control 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
 (b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1NV486	Dresser	TE09056	267	N/A	1978	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	NV System	Duke Power	N/A	37	N/A	1981	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Removed Valve 1NV476 and aded piping per MD100642.

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

Pressure 27 psig Test Temp. 88 °F
 Pressure _____ psig Test Temp. _____ °F
 Pressure _____ psig Test Temp. _____ °F

9. Remarks test performed per procedure MP/0/A/7650/076.

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u>[Signature]</u> <u>FL Grass Jr, QA Tech Specialist</u> Owner or Owner's Designee, Title	Date <u>5/9/2007</u>

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>3/1/07</u> to <u>5/8/07</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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.	
<u>[Signature]</u> Inspector's Signature	Commissions <u>NC1524, N-I</u> National Board, State, Province and Endorsements
Date <u>5/8/07</u>	

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date May 8, 2007
 Sheet 1 of 1

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

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

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

3a. Work Order #: 1732931
 Repair Organization Job # _____

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

3b. NSM or MM #: MD100642

4. (a) Identification of System: NV - Chemical and Volume Control 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
 (b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1NV487	Dresser	TE09058	269	N/A	1978	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	NV System	Duke Power	N/A	37	N/A	1981	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Removed Valve 1NV487 and added piping per MD100642.

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

Pressure 27 psig Test Temp. 88 °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks test performed per procedure MP/0/A/7650/076.

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

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

Date 5/9/2007

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 3/30/07 to 5/8/07; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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] Jerome F Swan
Inspector's Signature

Commissions NC1524, N-1
National Board, State, Province and Endorsements

Date 5/8/07

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 04/14/2007

Sheet 1 of 1

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

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

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

3a. Work Order # : 01737115

Repair Organization Job #

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

3b. NSM or MM #: MD100802

4. (a) Identification of System: ND Residual Heat Removal

4.(b) Class of System: A

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
 (b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-MCR-ND-0508	Duke Energy	N/A	N/A	Hanger	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Modified Hanger 1-MCR-ND-0508 Per MD100802.

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u>F.R. Sorrow</u> <u>F.R. Sorrow, QA Tech Support</u>	Date <u>04/14, 2007</u>
<small>Owner or Owner's Designee, Title</small>	

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>4/15/07</u> to <u>4/23/07</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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 <u>Jerome F. Swan</u>	Commissions <u>NC1524, N-I</u>
<small>National Board, State, Province and Endorsements</small>	
Date <u>4/23/07</u>	

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date May 13, 2007
Sheet 1 of 1

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

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

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

3a. Work Order #: 1739915
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NS - Containment Spray 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1NS1	Walworth	A0323	10	N/A	1973	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (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 bonnet nuts

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks Exempted from pressure test per ASME Code Section XI (Interpretation XI-1-89-08).

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

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

Date 5/14/2007

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 3/28/07 to 5/14/07; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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] Jerome F Swan
Inspector's Signature

Commissions NC1524, N-I
National Board, State, Province and Endorsements

Date 5/14/07

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date April 22, 2007
Sheet 1 of 1

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

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

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

3a. Work Order #: 1741867
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Corrected, Removed, or Installed	Column 8 ASME Code Stamped (yes or no)
A	1-MCR-KC-749	Duke Power	N/A	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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 angle

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

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

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u>[Signature]</u> <u>FL Grass Jr, QA Tech Specialist</u>	Date <u>4/22/2007</u>
<small>Owner or Owner's Designee, Title</small>	

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>4/11/07</u> to <u>4/23/07</u> , and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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.	
<u>[Signature]</u> Inspector's Signature	Commissions <u>NC1524, N-I</u> National Board, State, Province and Endorsements
Date <u>4/23/07</u>	

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 04/20/2007
 Sheet 1 of 1

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

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

3. Work Performed By: Duke Power Company
 Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 01741917
 Repair Organization Job # _____

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: N/A

4. (a) Identification of System: NV Chemical and Volume Control

4.(b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
 (b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-MCR-NV-1025	Duke Energy	N/A	N/A	Hanger	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Replaced item 5 and 6 on 1-MCR-NV-1025

8. Tests Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F
 Pressure _____ psig Test Temp. _____ °F
 Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE		
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.		
Type Code Symbol Stamp	<u>N/A</u>	
Certificate of Authorization No.	<u>N/A</u>	Expiration Date <u>N/A</u>
Signed <u>F.R. Sorrow</u>	<u>F.R. Sorrow, QA Tech Support</u>	Date <u>04/20, 2007</u>
<small>Owner or Owner's Designee, Title</small>		

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>4/10/07</u> to <u>4/23/07</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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 <u>Jerome F. Swan</u>	Commissions <u>NC1524, N-I</u>
<small>National Board, State, Province and Endorsements</small>	
Date <u>4/23/07</u>	

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company
526 S. Church Street, Charlotte, NC 28201-1006

1a. Date May 3, 2007
Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify Units _____)

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 1742718
Repair Organization Job # _____

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: N/A

4. (a) Identification of System: VI - Instrument Air 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-VI-124	Kerotest	CK8-25	7903	N/A	1975	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Replaced disc.

8. Tests Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure *100 psig Test Temp. *78 °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks *Control room instrumentation information.

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] FL Grass Jr. QA Tech Specialist Date 5/3/2007
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 4/25/07 to 5/4/07, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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] Jerome F Swan Commissions NC1524, N-I
 Inspector's Signature National Board, State, Province and Endorsements
 Date 5/4/07

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company
526 S. Church Street, Charlotte, NC 28201-1006

1a. Date 04/26/2007
Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify Units _____)

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 01744670
Repair Organization Job # _____

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: N/A

4. (a) Identification of System: NI Safety Injection

4.(b) Class of System: A

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1NI-0159	Kerotest	LA4-10	8699	Valve	1976	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Performed Seal Weld on Bonnet to Body

8. Tests Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F
 Pressure _____ psig Test Temp. _____ °F
 Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.

Type Code Symbol Stamp N/A
 Certificate of Authorization No. N/A Expiration Date N/A

Signed F. R. Sorrow F.R. Sorrow, QA Tech Support Date 04/26, 2007
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB GT have inspected the components described in this Owner's Report during the period 4/3/07 to 4/26/07; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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.

Jerome F Swan Jerome F Swan Commissions NC1524, N-I
Inspector's Signature National Board, State, Province and Endorsements

Date 4/26/07

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company
526 S. Church Street, Charlotte, NC 28201-1006

1a. Date April 15, 2007
Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify Units _____)

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 1744836
Repair Organization Job # _____

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: N/A

4. (a) Identification of System: BB - Steam Generator Blowdown Recycle 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-MCR-BB-665	Duke Power	21786	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	1-MCR-BB-665	Duke Power	21795	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
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Replaced snubber.

8. Tests Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F


9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.

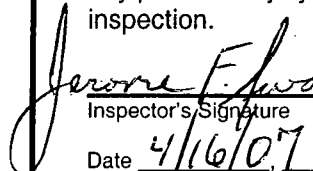
Type Code Symbol Stamp N/A
 Certificate of Authorization No. N/A Expiration Date N/A

Signed  FL Grass Jr. QA Tech Specialist Date 4/15/2007
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 4/12/07 to 4/16/07; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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.

 Jerome F Swan Commissions NC1524, N-I
Inspector's Signature National Board, State, Province and Endorsements

Date 4/16/07

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY

As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company
526 S. Church Street, Charlotte, NC 28201-1006

1a. Date May 1, 2007
 Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify Units _____)

3. Work Performed By: Duke Power Company
 Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 1746129
 Repair Organization Job # _____

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: MD100802

4. (a) Identification of System: BB - Steam Generator Blowdown Recycle 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
 (b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-MCR-BB-501	Duke Power	N/A	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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 hanger per MD100802

8. Tests Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.

Type Code Symbol Stamp N/A
 Certificate of Authorization No. N/A Expiration Date N/A

Signed [Signature] FL Grass Jr, QA Tech Specialist Date 5/1/07
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 4/25/07 to 5/1/07; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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] Jerome F Swan Commissions NC1524, N-I
Inspector's Signature National Board, State, Province and Endorsements

Date 5/1/07

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company
526 S. Church Street, Charlotte, NC 28201-1006

1a. Date 04/20/2007

Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify Units _____)

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 01746264
Repair Organization Job # _____

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: N/A

4. (a) Identification of System: NV Chemical and Volume Control

4.(b) Class of System: A

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-MCR-NV-1235	Duke Energy	12393	N/A	Hanger	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	1-MCR-NV-1235	Duke Energy	21756	N/A	Hanger	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Replaced Snubber

8. Tests Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig	Test Temp. _____ °F
Pressure _____ psig	Test Temp. _____ °F
Pressure _____ psig	Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u>F.R. Sorrow</u> F.R. Sorrow, QA Tech Support	Date <u>04/20, 2007</u>
<small>Owner or Owner's Designee, Title</small>	

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>4/16/07</u> to <u>4/23/07</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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 <u>Jerome F. Swan</u>	Commissions <u>NC1524, N-I</u>
Date <u>4/23/07</u>	National Board, State, Province and Endorsements

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY

As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company
526 S. Church Street, Charlotte, NC 28201-1006

1a. Date April 24, 2007
 Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify Units _____)

3. Work Performed By: Duke Power Company
 Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 1746595
 Repair Organization Job # _____

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: N/A

4. (a) Identification of System: CA - Auxiliary Feedwater 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
 (b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-MCR-CA-389	Duke Power	14824	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	1-MCR-CA-389	Duke Power	20539	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
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Replaced snubber

8. Tests Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u>[Signature]</u> <u>FL Grass Jr, QA Tech Specialist</u>	Date <u>4/24/2007</u>
<small>Owner or Owner's Designee, Title</small>	

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>4/18/07</u> to <u>4/29/07</u> and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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.	
<u>[Signature]</u> <u>Jerome F Swan</u>	Commissions <u>NC1524, N-1</u>
<small>Inspector's Signature National Board, State, Province and Endorsements</small>	
Date <u>4/29/07</u>	

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY

As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company
526 S. Church Street, Charlotte, NC 28201-1006

1a. Date May 3, 2007

Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify Units _____)

3. Work Performed By: Duke Power Company
 Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 1746782

Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: ME101211

4. (a) Identification of System: NS - Containment Spray 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases

(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-NS-25	Aloyco	A0394	11	N/A	1973	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	1-NS-25	BNL	A05088-19-2	N/A	N/A	2005	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C	NS Piping	Duke Power	N/A	40	N/A	1981	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Replaced valve and piping per ME101211.

8. Tests Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure 200 psig Test Temp. 80 °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks Test performed per MP/0/A/7650/076.

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.

Type Code Symbol Stamp N/A
 Certificate of Authorization No. N/A Expiration Date N/A

Signed *FL Grass Jr.* FL Grass Jr. QA Tech Specialist Date 5/3/2007
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 4/20/07 to 5/3/07; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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.

Jerome F. Swan Jerome F Swan Commissions NC1524, N-I
 Inspector's Signature National Board, State, Province and Endorsements

Date 5/3/07

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company
526 S. Church Street, Charlotte, NC 28201-1006

1a. Date May 7, 2007
Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify Units _____)

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 1749672
Repair Organization Job # _____

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: N/A

4. (a) Identification of System: Lower Personnel Air Lock 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1-IAE-CV-5370	Anderson - Greenwood	N22643	1859	2" Check Valve	1986	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	1-IAE-CV-5370	Anderson - Greenwood	N950129	2496	2" Check Valve	1996	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Replaced valve

8. Tests Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure *8 psig Test Temp. * °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks * - Test performed per PT/0/A4200/001 due to Operations Leak Rate Test. (zero detectable leakage).

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.

Type Code Symbol Stamp N/A
 Certificate of Authorization No. N/A Expiration Date N/A

Signed [Signature] FL Grass Jr. QA Tech Specialist Date 5/8/2007
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 5/6/07 to 5/8/07; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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] Jerome F Swan Commissions NC1524, N-I
Inspector's Signature National Board, State, Province and Endorsements

Date 5/8/07

FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company
526 S. Church Street, Charlotte, NC 28201-1006

1a. Date February 28, 2006

Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify Units One & Two)

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98672034/06
Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: N/A

4. (a) Identification of System: NM - Nuclear Sampling 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	1NM-92	Dresser	TK-61806	1966	N/A	1995	<input checked="" type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Replaced disc and bonnet nuts

8. Tests Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks Verified leak test per procedure SM/0/A/8030/001

Note: this valve will be placed into stock upon receipt inspection.

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] FL Grass Jr, QA Tech Specialist
Owner or Owner's Designee, Title

Date 2/28/2006

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 2/16/06 to 2/28/06; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in 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] Jerome F Swan
Inspector's Signature

Commissions NC1524, N-1
National Board, State, Province and Endorsements

Date 2/28/06

6.0 Pressure Testing

All system pressure test requirements have been satisfied for the First Inspection Period. Some pressure tests were completed after EOC 17 but prior to December 1, 2005, the date ending the First Period. Those pressure tests credited for the First Period which were not listed in the summary report for EOC 17 are shown in this summary report. See Table 6-1 for the specific pressure test zone listing of those tests

Table 6-1 Detailed Class 2 - 1st Period Zones Not Listed in EOC17 Report				
	Zone Number	Boundary Dwg	Completion Status	VT-2 Examination Date
	1BB-096L-B	MC-ISIL-1580-01.00	1 st Period Complete	11/03/05
	1CA-032L-B	MC-ISIL-1584-01.00	1 st Period Complete	11/22/05
		MC-ISIL-1591-01.01	1 st Period Complete	11/22/05
		MC-ISIL-1592-01.00	1 st Period Complete	11/22/05
		MC-ISIL-1617-01.00	1 st Period Complete	11/22/05
	1FW-027L-B	MC-ISIL-1554-03.00	1 st Period Complete	10/26/05
		MC-ISIL-1554-03.01	1 st Period Complete	10/26/05
		MC-ISIL-1561-01.00	1 st Period Complete	10/26/05
		MC-ISIL-1562-03.00	1 st Period Complete	10/26/05
		MC-ISIL-1563-01.00	1 st Period Complete	10/26/05
		MC-ISIL-1571-01.00	1 st Period Complete	10/26/05
	1NI-060L-B	MC-ISIL-1562-02.01	1 st Period Complete	11/21/05
		MC-ISIL-1562-03.00	1 st Period Complete	11/21/05
	1NV-016L-B	MC-ISIL-1554-01.00	1 st Period Complete	11/10/05
		MC-ISIL-1554-01.01	1 st Period Complete	11/10/05
		MC-ISIL-1554-01.02	1 st Period Complete	11/10/05
		MC-ISIL-1554-02.00	1 st Period Complete	11/10/05
		MC-ISIL-1554-02.01	1 st Period Complete	11/10/05
		MC-ISIL-1554-03.00	1 st Period Complete	11/10/05
		MC-ISIL-1554-03.01	1 st Period Complete	11/10/05
		MC-ISIL-1554-05.00	1 st Period Complete	11/10/05
		MC-ISIL-1561-01.00	1 st Period Complete	11/10/05
		MC-ISIL-1562-01.00	1 st Period Complete	11/10/05
		MC-ISIL-1562-03.00	1 st Period Complete	11/10/05

	Zone Number	Boundary Dwg	Completion Status	VT-2 Examination Date
	1NV-017L-B	MC-ISIL-1554-01.00	1 st Period Complete	11/03/05
		MC-ISIL-1554-01.01	1 st Period Complete	11/03/05
		MC-ISIL-1554-01.02	1 st Period Complete	11/03/05
	1NV-018L-B	MC-ISIL-1554-01.02	1 st Period Complete	11/29/05
	1NV-051L-B	MC-ISIL-1554-03.01	1 st Period Complete	11/14/05
	1SM-036L-B	MC-ISIL-1593-01.00	1 st Period Complete	11/03/05
		MC-ISIL-1593-01.03	1 st Period Complete	11/03/05
	1SM-037L-B	MC-ISIL-1593-01.00	1 st Period Complete	11/03/05
		MC-ISIL-1593-01.03	1 st Period Complete	11/03/05

Table 6-2 shows the number of Class 1 (Category B-P), Class 2 (Category C-H), and Risk Informed Segment (Category R-A) pressure tests zones completed from refueling outage EOC-17 through refueling outage EOC-18 associated with the Second Inspection Period. There was one zone that contained through-wall leakage. See Table 6-5 for the specific listing.

<i>Table 6-2 Outage Specific Summary</i>		
<i>Examination Category</i>	<i>Test Requirement</i>	<i>Total Completed EOC18</i>
B-P	System Leakage Test (IWB-5220)	1
C-H	System Leakage Test (IWC-5220)	0
R-A	Risk Informed VT-2 for Socket Welds	67 Segments

Table 6-3 shows a completion status of pressure tests zones conducted during the Second Period of the Third Ten-Year Interval.

Table 6-3 Period Specific Summary				
Examination Category	Test Requirement	Total Examinations Required For This Period	Total Examinations Credited For This Period	(%) Examinations Complete For This Period
B-P	System Leakage Test (IWB-5220)	2	1	50%
C-H	System Leakage Test (IWC-5220)	30	0	0%
R-A	System Leakage Test	(67 Segments Each Refueling Outage) 134 For Period	67	50%

The Class 1 (Category B-P) pressure test zone is required each refueling outage. Table 6-4 shows a completion status of the Class 1 (Category B-P) pressure test zone conducted during refueling cycle EOC 18.

Table 6-4 Detailed Class 1 Listing			
Zone Number	Boundary Dwg	EOC 18 Completion Status	EOC 18 VT-2 Examination Date
1NC-070L-A	MC-ISIL-1553-01.00	Complete	05/08/07
	MC-ISIL-1553-02.00	Complete	05/08/07
	MC-ISIL-1553-02.01	Complete	05/08/07
	MC-ISIL-1554-01.00	Complete	05/08/07
	MC-ISIL-1554-01.01	Complete	05/08/07
	MC-ISIL-1554-01.02	Complete	05/08/07
	MC-ISIL-1561-01.00	Complete	05/08/07
	MC-ISIL-1562-01.00	Complete	05/08/07
	MC-ISIL-1562-02.00	Complete	05/08/07
	MC-ISIL-1562-02.01	Complete	05/08/07
	MC-ISIL-1562-03.00	Complete	05/08/07
	MC-ISIL-1562-03.01	Complete	05/08/07

Class 2 (Category C-H) pressure test zones are required once each Inspection Period. Table 6-5 shows a completion status of Class 2 (Category C-H) pressure tests required for the Second Period of the Third Ten-Year Interval.

Table 6-5 Detailed Class 2 – 2nd Period Listing				
	Zone Number	Boundary Dwg	Completion Status	VT-2 Examination Date
1	1BB-096L-B	MC-ISIL-1580-01.00	Partial	05/08/07
2	1BB-098L-B	MC-ISIL-1572-03.00	Not Yet Tested	N/A
		MC-ISIL-1580-01.00	Not Yet Tested	N/A
		MC-ISIL-1584-01.00	Not Yet Tested	N/A
3	1CA-006L-B	MC-ISIL-1592-01.00	Not Yet Tested	N/A
4	1CA-032L-B	MC-ISIL-1584-01.00	Not Yet Tested	N/A
		MC-ISIL-1591-01.01	Not Yet Tested	N/A
		MC-ISIL-1592-01.00	Not Yet Tested	N/A
		MC-ISIL-1617-01.00	Not Yet Tested	N/A
5	1FW-027L-B	MC-ISIL-1554-03.00	Not Yet Tested	N/A
		MC-ISIL-1554-03.01	Not Yet Tested	N/A
		MC-ISIL-1561-01.00	Not Yet Tested	N/A
		MC-ISIL-1562-03.00	Not Yet Tested	N/A
		MC-ISIL-1563-01.00	Not Yet Tested	N/A
		MC-ISIL-1571-01.00	Not Yet Tested	N/A
6	1ND-019L-B	MC-ISIL-1554-01.02	Not Yet Tested	N/A
		MC-ISIL-1561-01.00	Partial	03/10/07
		MC-ISIL-1562-03.00	Partial	03/13/07
		MC-ISIL-1562-03.01	Partial	03/10/07
		MC-ISIL-1563-01.00	Not Yet Tested	N/A
		MC-ISIL-1571-01.00	Not Yet Tested	N/A
		MC-ISIL-1572-01.00	Not Yet Tested	N/A
7	1ND-050L-B	MC-ISIL-1561-01.00	Not Yet Tested	N/A
		MC-ISIL-1562-03.01	Not Yet Tested	N/A
		MC-ISIL-1563-01.00	Not Yet Tested	N/A

	Zone Number	Boundary Dwg	Completion Status	VT-2 Examination Date
8	1NI-021L-B	MC-ISIL-1562-02.00	Not Yet Tested	N/A
		MC-ISIL-1562-02.01	Not Yet Tested	N/A
		MC-ISIL-1572-01.01	Not Yet Tested	N/A
9	1NI-022L-B	MC-ISIL-1562-03.00	Not Yet Tested	N/A
		MC-ISIL-1562-03.01	Not Yet Tested	N/A
10	1NI-039L-B	MC-ISIL-1562-03.01	Not Yet Tested	N/A
11	1NI-053L-B	MC-ISIL-1562-03.00	Not Yet Tested	N/A
12	1NI-060L-B	MC-ISIL-1562-02.01	Partial	04/18/07
		MC-ISIL-1562-03.00	Partial	04/18/07
13	1NI-071L-B	MC-ISIL-1562-01.00	Not Yet Tested	N/A
14	1NI-074L-B	MC-ISIL-1562-03.00	Not Yet Tested	N/A
15	1NM-046L-B	MC-ISIL-1572-01.01	Not Yet Tested	N/A
16	1NS-023L-B	MC-ISIL-1563-01.00	Not Yet Tested	N/A
17	1NS-024L-B	MC-ISIL-1563-01.00	Not Yet Tested	N/A
18	1NV-016L-B	MC-ISIL-1554-01.00	Partial	05/27/07
		MC-ISIL-1554-01.01	Partial	05/27/07
		MC-ISIL-1554-01.02	Not Yet Tested	N/A
		MC-ISIL-1554-02.00	Not Yet Tested	N/A
		MC-ISIL-1554-02.01	Not Yet Tested	N/A
		MC-ISIL-1554-03.00	Partial	05/27/07
		MC-ISIL-1554-03.01	Partial	05/27/07
		MC-ISIL-1554-05.00	Not Yet Tested	N/A
		MC-ISIL-1561-01.00	Not Yet Tested	N/A
		MC-ISIL-1562-01.00	Partial	05/27/07
MC-ISIL-1562-03.00	Partial	05/27/07		
19	1NV-017L-B	MC-ISIL-1554-01.00	Partial	05/08/07
		MC-ISIL-1554-01.01	Partial	05/08/07
		MC-ISIL-1554-01.02	Partial	05/08/07
		MC-ISIL-1554-01.03	Partial	05/08/07

	Zone Number	Boundary Dwg	Completion Status	VT-2 Examination Date
20	1NV-018L-B	MC-ISIL-1554-01.02	Partial	05/08/07
21	1NV-020L-B	MC-ISIL-1554-01.02	Not Yet Tested	N/A
22	1NV-045L-B	MC-ISIL-1554-03.00	Partial	05/27/07
23	1NV-051L-B	MC-ISIL-1554-03.01	Partial	05/27/07
24	1RN-004L-B	MC-ISIL-1574-04.00	Partial	05/02/07
25	1RV-002L-B	MC-ISIL-1604-03.00	Partial	03/15/07
26	1SA-035L-B	MC-ISIL-1593-01.02	Not Yet Tested	N/A
27	1SM-006L-B	MC-ISIL-1572-03.00	Partial	05/08/07
		MC-ISIL-1591-01.01 ¹	Partial	05/08/07
		MC-ISIL-1593-01.00	Complete	05/08/07
		MC-ISIL-1593-01.03	Complete	05/08/07
28	1SM-036L-B	MC-ISIL-1593-01.00	Not Yet Tested	N/A
		MC-ISIL-1593-01.02	Not Yet Tested	N/A
		MC-ISIL-1593-01.03	Not Yet Tested	N/A
29	1SM-037L-B	MC-ISIL-1593-01.00	Not Yet Tested	N/A
		MC-ISIL-1593-01.03	Not Yet Tested	N/A
30	1YA-043L-B	MC-ISIL-1617-01.00	Not Yet Tested	N/A

Risk Informed Segments (Category R-A) that receive a pressure test are required each refueling outage. Table 6-6 shows a completion status of the Risk Informed Segment pressure test zones conducted during refueling cycle EOC 18.

	Zone Number	Boundary Dwg	Segment Number	EOC 18 Completion Status	EOC 18 VT-2 Examination Date
1	1NC-070L-A	MC-ISIL-1553-01.00	NC-18	Complete	05/08/07
2			NC-19	Complete	05/08/07
3			NC-20	Complete	05/08/07
4			NC-21	Complete	05/08/07
5			NC-23	Complete	05/08/07
6			NC-86 ²	Complete	05/08/07
7			NC-89	Complete	05/08/07
8			NC-90	Complete	05/08/07

¹ Relevant condition leakage observed. Reference PIP#M07-2973

² Part of this segment is also shown on drawing MC-ISIL-1554-03.01

	Zone Number	Boundary Dwg	Segment Number	EOC 18 Completion Status	EOC 18 VT-2 Examination Date			
9	1NC-070L-A	MC-ISIL-1553-02.00	NC-054	Complete	05/08/07			
10			NC-055	Complete	05/08/07			
11			NC-056	Complete	05/08/07			
12		MC-ISIL-1554-01.00	MC-ISIL-1554-01.00	NV-033A	Complete	05/08/07		
13				NV-033B	Complete	05/08/07		
14				NV-034A	Complete	05/08/07		
15				NV-034B	Complete	05/08/07		
16				NV-037	Complete	05/08/07		
17				NV-038	Complete	05/08/07		
18				NV-041A	Complete	05/08/07		
19				NV-041B	Complete	05/08/07		
20				NV-042A	Complete	05/08/07		
21				NV-042B	Complete	05/08/07		
22				MC-ISIL-1554-01.01	MC-ISIL-1554-01.01	NV-030A	Complete	05/08/07
23						NV-030B	Complete	05/08/07
24		NV-032A	Complete			05/08/07		
25		NV-032B	Complete			05/08/07		
26		NV-035	Complete			05/08/07		
27		NV-036	Complete			05/08/07		
28		NV-039A	Complete			05/08/07		
29		NV-039B	Complete			05/08/07		
30		NV-040A	Complete			05/08/07		
31		NV-040B	Complete			05/08/07		
32		MC-ISIL-1562-01.00	MC-ISIL-1562-01.00	NI-068	Complete	05/08/07		
33				NI-069	Complete	05/08/07		
34				NI-070	Complete	05/08/07		
35				NI-071	Complete	05/08/07		
36		1NV-016L-B	MC-ISIL-1554-01.00	NV-020H	Complete	05/08/07		
37				NV-020F	Complete	05/08/07		
38				NV-020GA	Complete	05/08/07		
39			MC-ISIL-1554-01.01	MC-ISIL-1554-01.01	NV-020AD	Complete	05/08/07	
40	NV-020B				Complete	05/08/07		
41	NV-020CA				Complete	05/08/07		
42	NV-020D				Complete	05/08/07		
43	NV-020EA				Complete	05/08/07		
44	MC-ISIL-1554-03.00		MC-ISIL-1554-03.00	NV-019AA ³	Complete	05/08/07		
45				NV-019B	Complete	05/08/07		
46				NV-019D	Complete	05/08/07		
47				NV-020AB	Complete	05/08/07		
48				NV-020AC	Complete	05/08/07		
49				NV-021A	Complete	05/08/07		
50	NV-021B	Complete	05/08/07					

³ Part of this segment is also shown on drawing MC-ISIL-1554-03.01

	Zone Number	Boundary Dwg	Segment Number	EOC 18 Completion Status	EOC 18 VT-2 Examination Date
51	1NV-016L-B	MC-ISIL-1554-03.01	NV-002AB ⁴	Complete	05/08/07
52			NV-002D	Complete	05/08/07
53			NV-019C	Complete	05/08/07
54			NV-019E	Complete	05/08/07
55	1NV-017L-B	MC-ISIL-1554-01.00	NV-028 ⁵	Complete	05/08/07
56			NV-029 ⁵	Complete	05/08/07
57		MC-ISIL-1554-01.01	NV-026 ⁵	Complete	05/08/07
58			NV-027 ⁵	Complete	05/08/07
59	1NV-018L-B	MC-ISIL-1554-01.02	NV-080A	Complete	05/08/07
60			NV-080B	Complete	05/08/07
61			NV-084A	Complete	05/08/07
62	1NV-018L-B	MC-ISIL-1554-01.02	NV-084B	Complete	05/08/07
63			NV-084C	Complete	05/08/07
64	1NV-045L-B	MC-ISIL-1554-03.00	NV-002C	Complete	05/08/07
65			NV-108A	Complete	05/08/07
66			NV-109	Complete	05/08/07
67	1NV-051L-B	MC-ISIL-1554-03.01	NV-011A ⁶	Complete	05/08/07

Section 6 Prepared By:	Date:
<i>Jim Boughman</i>	7/2/07

Section 6 Reviewed By:	Date:
<i>Jim E. Caldwell</i>	7/2/07

⁴ Part of this segment is also shown on drawing MC-ISIL-1562-03.00

⁵ Part of this segment is also shown on drawing MC-ISIL-1554-01.03

⁶ Part of this segment is also shown on drawings MC-ISIL-1554-03.01 and MC-ISIL-1562-01.00