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February 13, 2008

U.S. Nuclear Regulatory Commission
Document Control Desk
Washington, DC 20555-0001

Subject: Duke Power Company LLC d/b/a Duke Energy
Carolinas, LLC (Duke)
Oconee Nuclear Station, Unit 2
Docket Nos. 50-270
Third Ten Year Inservice Inspection Interval
Request for Relief No. 04-ON-009, Revision 1

By letter dated September 13, 2004, Duke submitted Request for Relief 04-ON-009 seeking relief pursuant to 10 CFR 50.55a(g)(5)(iii), from the requirement to examine 100% of the volume specified by the ASME Boiler and Pressure Vessel Code, Section XI, 1989 Edition, with no Addenda (as modified by Code Case N-460).

Subsequently, Duke recognized that a portion of the justification for the relief contained inaccurate wording relative to a method of detecting a leak should it develop at one of the subject welds. Duke communicated to the NRC an intent to submit a revised version of the relief to correct that issue.

Duke notes that this request applies to the third Inservice Inspection Interval for Oconee Unit 2, which terminated September 9, 2004. At this time, Duke is submitting the attached request, which is considered Revision 1 and replaces and supersedes the original request in its entirety. Duke requests NRC review and approval in order to close out the third interval documentation.

The relief would allow Duke Energy to take credit for ten (10) limited ultrasonic examinations on welds associated with various systems and components described in the request.

During examination of the subject Unit 2 welds, the ultrasonic examination coverage did not meet the 90% examination requirements of Code Case N-460. The obtainable volume coverage for each weld examination is indicated on the attached request. Achievement of greater examination coverage for these welds was impractical due to piping/valve geometry, interferences, and existing

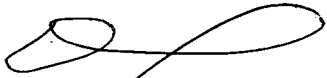
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examination technology. Therefore, Duke Energy requests that the NRC grant relief as authorized under 10 CFR 50.55a(g)(6)(i).

If there are any questions or further information is needed you may contact Corey Gray at (864) 886-6325.

Very truly yours,

A handwritten signature in black ink, appearing to read "Dave Baxter". The signature is fluid and cursive, with a large loop at the end.

Dave Baxter
Site Vice President

Enclosure

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xc w/att: Victor McCree
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xc(w/o atch):

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Relief Request 04-ON-009

Proposed Relief in Accordance with 10 CFR 50.55a(g)(5)(iii)

Inservice Inspection Impracticality

Duke Energy Carolinas

Oconee Nuclear Station – Unit 2 (EOC-20)

Third 10-Year Interval – Inservice Inspection Plan

Interval Start Date= 12-16-1994 Interval End Date=9-9-2004

This Relief Request has ten welds for which relief is being sought.

The ID's and Item Numbers for the ten welds are as follows:

List Number	Weld ID	Item Number
1.	2-LDCB-INLET-V1	B03.150.003
2.	2-LDCB-OUTLET-V2	B03.150.004
3.	2HP-215-3	B09.011.017
4.	2-51A-17-124	C05.021.021
5.	2-51A-17-92	C05.021.022
6.	2-51A-17-125	C05.021.023
7.	2-51A-17-20A	C05.021.051
8.	2-51A-17-102	C05.021.054
9.	2HP-227-11	C05.021.056
10.	2-51A-31-50	C05.021.058

Attachment A contains a drawing for item numbers B03.150.003 and B03.150.004

Attachment B contains the inspection data for the 10 welds

Note: Items in this relief request were inspected during one of the following months:
February, March, or April of 2004.

I. ASME Code Component Affected

Letdown Cooler 2B
High Pressure Injection System
Inlet Nozzle to Channel Head Weld
Weld ID = 2-LDCB-INLET-V1
Item Number/Summary Number = B03.150.003

II. Applicable Code Edition and Addenda

ASME Section XI Code – 1989 Edition with no Addenda

III. Applicable Code Requirement

IWB-2500, Table IWB-2500-1, Examination Category B-D, Item Number B3.150
Fig. IWB-2500-7 (a), 100% Volume Coverage of Examination Volume A-B-C-D-E-F-G-H-I-J

IV. Impracticality of Compliance

The Letdown Cooler Inlet Nozzle and Channel Head material is SA182 Grade T316L. This weld has a diameter of 3.0 inches and a wall thickness of .875 inches.

During the ultrasonic examination of the Inlet Nozzle to Channel Head weld, 29% coverage of the required examination volume was obtained for this weld. The percentage of coverage reported represents the aggregate coverage from all scans performed on the weld and adjacent base material. The coverage from each scan was as follows: 45° scan perpendicular and parallel to the weld covered 28%; 60° scan perpendicular and parallel to the weld covered, 29%. The weld joint geometry, which is essentially a branch connection arrangement using a set-on nozzle, prevented scanning from both sides of the weld. In order to scan all of the required surfaces for the inspection of these welds, the inlet nozzle would have to be redesigned to allow scanning from both sides of the weld, which is impractical. There were no recordable indications found during the inspection of this weld.

The Oconee Inservice Inspection Plan allows the use of Code Case N-460, which requires greater than 90% volumetric coverage of examination volume A-B-C-D-E-F-G-H-I-J; therefore, the available coverage will not meet the acceptance criteria of this Code Case.

V. Proposed Alternate Examinations or Testing

Radiography as an alternative is not feasible because access is not available for film placement. No alternative examinations are planned for the weld during the current inspection interval.

VI. Implementation Schedule and Duration

No additional examinations were planned for the areas/welds during the third inspection interval. This request is for the duration of the third inservice inspection interval, which ended on September 9, 2004.

VII. Justification for Granting Relief

Ultrasonic examination of areas/welds for item number B03.150 were conducted using personnel, qualified in accordance with ASME Section XI, Appendix VII of the 1995 Edition with the 1996 Addenda. The ultrasonic procedures used complied with the requirements of ASME Section V, Article 4, 1989 Edition with no addenda.

Duke will use Class 1, Examination Category B-P, pressure testing and VT-2 visual examination to compliment the limited scan examinations. The Code requires that a pressure test be performed after each refueling outage for Class 1. These tests require a VT-2 visual examination for evidence of leakage. This testing provides adequate assurance of pressure boundary integrity.

In addition to the above Code required examinations (volumetric and pressure test), there are other activities which provide a high level of confidence that, in the unlikely event that leakage did occur through this weld it would be detected and proper action taken. Specifically, system leak rate limitations imposed by Technical Specifications 3.4.13, "Reactor Coolant System Leakage," as well as reactor building normal sump rate monitoring, provide additional assurance that any leakage would be detected prior to gross failure of the component.

The weld/component was rigorously inspected by volumetric NDE methods during construction and verified to be free from unacceptable fabrication defects. Based on the coverage and results of the required volumetric and the pressure testing (VT-2) examinations during this outage, it is Duke's position that this combination of examinations provides a reasonable assurance of quality and safety.

I. ASME Code Component Affected

Letdown Cooler 2B
High Pressure Injection System
Outlet Nozzle to Channel Head Weld
Weld ID = 2-LDCB-OUTLET-V2
Item Number/Summary Number = B03.150.004

II. Applicable Code Edition and Addenda

ASME Section XI Code – 1989 Edition with no Addenda

III. Applicable Code Requirement

IWB-2500, Table IWB-2500-1, Examination Category B-D, Item Number B3.150
Fig. IWB-2500-7 (a), 100% Volume Coverage of Examination Volume A-B-C-D-E-F-G-H-I-J

IV. Impracticality of Compliance

The Letdown Cooler Outlet Nozzle and Channel Head material is SA182 Grade T316L. This weld has a diameter of 3.0 inches and a wall thickness of .875 inches.

During the ultrasonic examination of the Outlet Nozzle to Channel Head weld, 29 % coverage of the required examination volume was obtained. The percentage of coverage reported represents the aggregate coverage from all scans performed on the weld and adjacent base material. The coverage from each scan was as follows: 45° scan perpendicular and parallel to the weld covered 28%; 60° scan perpendicular and parallel to the weld covered 29%. The weld joint geometry, which is essentially a branch connection arrangement using a set-on nozzle, prevented scanning from both sides of the weld. In order to scan all of the required surfaces for the inspection of these welds, the outlet nozzle would have to be redesigned to allow scanning from both sides of the weld, which is impractical. There were no recordable indications found during the inspection of this weld.

The Oconee Inservice Inspection Plan allows the use of Code Case N-460, which requires greater than 90% volumetric coverage of examination volume A-B-C-D-E-F-G-H-I-J; therefore, the available coverage will not meet the acceptance criteria of this Code Case.

V. Proposed Alternate Examinations or Testing

Radiography as an alternative is not feasible because access is not available for film placement. No alternative examinations are planned for the weld during the current inspection interval.

VI. Implementation Schedule and Duration

No additional examinations were planned for the areas/welds during the third inspection interval. This request is for the duration of the third inservice inspection interval, which ended on September 9, 2004.

VII. Justification for Granting Relief

Ultrasonic examination of areas/welds for item number B03.150 were conducted using personnel, qualified in accordance with ASME Section XI, Appendix VII of the 1995 Edition with the 1996 Addenda. The ultrasonic procedures used complied with the requirements of ASME Section V, Article 4, 1989 Edition with no addenda.

Duke will use Class 1, Examination Category B-P, pressure testing and VT-2 visual examination to compliment the limited scan examinations. The Code requires that a pressure test be performed after each refueling outage for Class 1. These tests require a VT-2 visual examination for evidence of leakage. This testing provides adequate assurance of pressure boundary integrity.

In addition to the above Code required examinations (volumetric and pressure test), there are other activities which provide a high level of confidence that, in the unlikely event that leakage did occur through this weld it would be detected and proper action taken. Specifically, system leak rate limitations imposed by Technical Specifications 3.4.13, "Reactor Coolant System Leakage," as well as reactor building normal sump rate monitoring, provide additional assurance that any leakage would be detected prior to gross failure of the component.

The weld/component was rigorously inspected by volumetric NDE methods during construction and verified to be free from unacceptable fabrication defects. Based on the coverage and results of the required volumetric and the pressure testing (VT-2) examinations during this outage, it is Duke's position that this combination of examinations provides a reasonable assurance of quality and safety.

I. ASME Code Component Affected

Class 1 Piping Weld
High Pressure Injection System
Tee to Reducer Weld
Weld ID = 2HP-215-3
Item Number/Summary Number = B09.011.017

II. Applicable Code Edition and Addenda

ASME Section XI Code – 1989 Edition with no Addenda

III. Applicable Code Requirement

IWB-2500, Table IWB-2500-1, Examination Category B-J, Item Number B9.11
Fig. IWB-2500-8 (c), 100% Volume Coverage of Examination Volume C-D-E-F

IV. Impracticality of Compliance

The tee and reducer material is SA-403/WP304 or WP316 stainless steel. This weld has a diameter of 4.0 inches and a wall thickness of .531 inches.

During the ultrasonic examination of this weld, 88% coverage of the required examination volume was obtained. The percentage of coverage represents the aggregate coverage from all scans performed on the weld and adjacent base material. The 45° shear wave circumferential scans, both clockwise and counter-clockwise covered 100% of the examination volume and the 60° shear wave axial scan covered 77.7% from two directions. A supplemental 60° refracted longitudinal wave scan covered 100% of the examination volume in one axial direction from the reducer side. The limitation was 4 inches long on the tee side of the weld caused by the throat of the tee. In order to scan all of the required surfaces for the inspection of this weld, the tee would have to be redesigned to allow scanning from both sides of the weld, which is impractical. There were no recordable indications found during the inspection of this weld.

The Oconee Inservice Inspection Plan allows the use of Code Case N-460, which requires greater than 90% volumetric coverage of examination volume C-D-E-F; therefore, the available coverage will not meet the acceptance criteria of this Code Case.

V. Proposed Alternate Examinations or Testing

Use of radiography (RT) to achieve more coverage has been evaluated and discarded because RT is less sensitive to service induced cracking and has not been subjected to the performance demonstration requirements in a manner similar to the ultrasonic method. While RT could in most cases provide more coverage the loss of sensitivity and lack of performance demonstration militates against its use.

VI. Implementation Schedule and Duration

No additional examinations were planned for the areas/welds during the third inspection interval. This request is for the duration of the third inservice inspection interval, which ended on September 9, 2004.

VII. Justification for Granting Relief

Ultrasonic examination of area/weld for item number B09.011 was conducted using personnel, equipment and procedures qualified in accordance with ASME Section XI, Appendix VIII Supplement 2 of the 1995 Edition with the 1996 Addenda as administered by the Performance Demonstration Initiative (PDI). In addition to the volumetric examination with limited coverage, Duke performed a surface examination (code required) on the B09.011 item and achieved 100% coverage. The result of the surface examination was acceptable.

Duke does not claim credit for coverage of the far side of austenitic welds when access is limited to one side only. The characteristics of austenitic weld metal attenuate and distort the sound beam when shear waves pass through the weld. Refracted longitudinal waves provide better penetration but cannot be used beyond the first sound path leg. Duke uses a combination of shear waves and longitudinal waves to examine single sided austenitic welds when the nominal material thickness exceeds 0.5 inch. A 60° refracted longitudinal wave is used to interrogate the far side of the weld when the nominal material thickness is greater than 0.5 inch.

The procedures, personnel and equipment have been qualified through the PDI. However, although 60° longitudinal wave search units and 70° shear wave search units were used in the qualification and cracks were detected through the weld metal, PDI does not provide a qualification for single sided examination of similar metal austenitic piping welds.

Duke will use Class 1, Examination Category B-P, pressure testing and VT-2 visual examination to compliment the limited scan examinations. The Code requires that a pressure test be performed after each refueling outage for Class 1. These tests require a VT-2 visual examination for evidence of leakage. This testing provides adequate assurance of pressure boundary integrity.

In addition to the above Code required examinations (volumetric and pressure test), there are other activities which provide a high level of confidence that, in the unlikely event that leakage did occur through this weld it would be detected and proper action taken. Specifically, system leak rate limitations imposed by Technical Specifications 3.4.13, "Reactor Coolant System Leakage," as well as reactor building normal sump rate monitoring, provide additional assurance that any leakage would be detected prior to gross failure of the component.

The weld/component was rigorously inspected by volumetric NDE methods during construction and verified to be free from unacceptable fabrication defects. Based on the coverage and results of the required volumetric, surface and the pressure testing (VT-2) examinations during this outage; it is Duke's position that this combination of examinations provides a reasonable assurance of quality and safety.

I. ASME Code Component Affected

Class 2 Piping Weld
High Pressure Injection System
Pipe to Valve 2HP-118 Weld
Weld ID = 2-51A-17-124
Item Number = C05.021.021

II. Applicable Code Edition and Addenda

ASME Section XI Code – 1989 Edition with no Addenda

III. Applicable Code Requirement

IWC-2500, Table IWC-2500-1, Examination Category C-F-1, Item Number C5.21
Fig. IWC-2500-7 (a), 100% Volume Coverage of Examination Volume C-D-E-F

IV. Impracticality of Compliance

The pipe material is SA-376/TP304 or TP316 stainless steel and the valve material is A182/F316 stainless steel. This weld has a diameter of 4.0 inches and a wall thickness of .531 inches.

During the ultrasonic examination of this weld, 34.5% coverage of the required examination volume was obtained. The percentage of coverage represents the aggregate coverage from all scans performed on the weld and adjacent base material. The 45° shear wave circumferential scans, both clockwise and counter-clockwise covered 50% of the examination volume and the 60° shear wave axial scan covered 38.1%. A supplemental 60° refracted longitudinal wave scan covered 100% of the examination volume in one axial direction from the pipe side. Limitations were caused by the taper on the valve side of the weld which prevented scanning from that side. In order to scan all of the required surfaces for the inspection of this weld, the valve would have to be redesigned to allow scanning from both sides of the weld, which is impractical. There were no recordable indications found during the inspection of this weld.

The Oconee Inservice Inspection Plan allows the use of Code Case N-460, which requires greater than 90% volumetric coverage of examination volume C-D-E-F; therefore, the available coverage will not meet the acceptance criteria of this Code Case.

V. Proposed Alternate Examinations or Testing

Use of radiography (RT) to achieve more coverage has been evaluated and discarded because RT is less sensitive to service induced cracking and has not been subjected to the performance demonstration requirements in a manner similar to the ultrasonic method. While RT could in most cases provide more coverage the loss of sensitivity and lack of performance demonstration militates against its use.

VI. Implementation Schedule and Duration

No additional examinations were planned for the areas/welds during the third inspection interval. This request is for the duration of the third inservice inspection interval, which ended on September 9, 2004.

VII. Justification for Granting Relief

Ultrasonic examination of areas/welds for the item numbers C05.021 were conducted using personnel, equipment and procedures qualified in accordance with ASME Section XI, Appendix VIII Supplement 2 of the 1995 Edition with the 1996 Addenda as administered by the PDI. In addition to the volumetric examinations with limited coverage, Duke performed a surface examination (code required) on each of the C05.021 items and achieved 100% coverage. The results from the surface examinations were acceptable.

In addition to the C05.021 welds that relief is being requested for limited scanning, there were 11 additional C05.021 welds that surface and volumetric examinations were performed on. The examinations didn't identify any recordable indications and 100% coverage was obtained on each of the 11 welds. The 11 additional welds were from the same system as the C05.021 welds of this request.

Duke does not claim credit for coverage of the far side of austenitic welds. The characteristics of austenitic weld metal attenuate and distort the sound beam when shear waves pass through the weld. Refracted longitudinal waves provide better penetration but cannot be used beyond the first path leg. Duke uses a combination of shear waves and longitudinal waves to examine single sided austenitic welds when the nominal material thickness exceeds 0.5 inch. A 70° shear wave angle beam is used to interrogate the far side of the weld when the nominal material thickness is equal to or less than 0.5 inch and a 60° refracted longitudinal wave is used to interrogate the far side of the weld when the nominal material thickness is greater than 0.5 inch.

Duke will use Class 2, Examination Category C-H, pressure testing and VT-2 visual examination to compliment the limited examination coverage. The Code requires that a pressure test be performed once each period for Class 2 items. These tests require a VT-2 visual examination for evidence of leakage. This testing provides adequate assurance of pressure boundary integrity.

In addition to the above Code required examinations (volumetric and pressure test), there are other activities which provide a high level of confidence that, in the unlikely event that leakage did occur through this weld it would be detected and proper action taken. Specifically, system leak rate limitations imposed by Technical Specifications 3.4.13, "Reactor Coolant System Leakage," as well as visual observations performed during operator rounds, provide additional assurance that any leakage would be detected prior to gross failure of the component.

The weld/component was rigorously inspected by volumetric NDE methods during construction and verified to be free from unacceptable fabrication defects. Based on the coverage and results of the required volumetric, surface and the pressure testing (VT-2) examinations during this outage, it is Duke's position that this combination of examinations provides a reasonable assurance of quality and safety.

I. ASME Code Component Affected

Class 2 Piping Weld
High Pressure Injection System
Valve 2HP-115 to Tee Weld
Weld ID = 2-51A-17-92
Item Number = C05.021.022

II. Applicable Code Edition and Addenda

ASME Section XI Code – 1989 Edition with no Addenda

III. Applicable Code Requirement

IWC-2500, Table IWC-2500-1, Examination Category C-F-1, Item Number C5.21
Fig. IWC-2500-7 (a), 100% Volume Coverage of Examination Volume C-D-E-F

IV. Impracticality of Compliance

The valve material is A182/F316 stainless steel and the tee material is SA-403/WP304 or WP316 stainless steel. This weld has a diameter of 4.0 inches and a wall thickness of .687 inches.

During the ultrasonic examination of this weld, 37.5% coverage of the required examination volume was obtained. The percentage of coverage represents the aggregate coverage from all scans performed on the weld and adjacent base material. The 45° shear wave circumferential and tangential scans, both clockwise and counter-clockwise covered 50% of the examination volume and the 60° shear wave axial scan covered 50% of the examination volume from the tee side. A supplemental 60° refracted longitudinal wave scan covered 18.89% of the examination volume in one axial direction from the tee side. The limitation was caused by the taper on the valve side of the weld which prevented scanning from that side. In order to scan all of the required surfaces for the inspection of this weld, the valve would have to be redesigned to allow scanning from both sides of the weld, which is impractical. There were no recordable indications found during the inspection of this weld.

The Oconee Inservice Inspection Plan allows the use of Code Case N-460, which requires greater than 90% volumetric coverage of examination volume C-D-E-F; therefore, the available coverage will not meet the acceptance criteria of this Code Case.

V. Proposed Alternate Examinations or Testing

Use of radiography (RT) to achieve more coverage has been evaluated and discarded because RT is less sensitive to service induced cracking and has not been subjected to the performance demonstration requirements in a manner similar to the ultrasonic method. While RT could in most cases provide more coverage the loss of sensitivity and lack of performance demonstration militates against its use.

VI. Implementation Schedule and Duration

No additional examinations were planned for the areas/welds during the third inspection interval. This request is for the duration of the third inservice inspection interval, which ended on September 9, 2004.

VII. Justification for Granting Relief

Ultrasonic examination of areas/welds for the item numbers C05.021 were conducted using personnel, equipment and procedures qualified in accordance with ASME Section XI, Appendix VIII Supplement 2 of the 1995 Edition with the 1996 Addenda as administered by the PDI. In addition to the volumetric examinations with limited coverage, Duke performed a surface examination (code required) on each of the C05.021 items and achieved 100% coverage. The results from the surface examinations were acceptable.

In addition to the C05.021 welds that relief is being requested for limited scanning, there were 11 additional C05.021 welds that surface and volumetric examinations were performed on. The examinations didn't identify any recordable indications and 100% coverage was obtained on each of the 11 welds. The 11 additional welds were from the same system as the C05.021 welds of this request.

Duke does not claim credit for coverage of the far side of austenitic welds. The characteristics of austenitic weld metal attenuate and distort the sound beam when shear waves pass through the weld. Refracted longitudinal waves provide better penetration but cannot be used beyond the first path leg. Duke uses a combination of shear waves and longitudinal waves to examine single sided austenitic welds when the nominal material thickness exceeds 0.5 inch. A 70° shear wave angle beam is used to interrogate the far side of the weld when the nominal material thickness is equal to or less than 0.5 inch and a 60° refracted longitudinal wave is used to interrogate the far side of the weld when the nominal material thickness is greater than 0.5 inch.

Duke will use Class 2, Examination Category C-H, pressure testing and VT-2 visual examination to compliment the limited examination coverage. The Code requires that a pressure test be performed once each period for Class 2 items. These tests require a VT-2 visual examination for evidence of leakage. This testing provides adequate assurance of pressure boundary integrity.

In addition to the above Code required examinations (volumetric and pressure test), there are other activities which provide a high level of confidence that, in the unlikely event that leakage did occur through this weld it would be detected and proper action taken. Specifically, system leak rate limitations imposed by Technical Specifications 3.4.13, "Reactor Coolant System Leakage," as well as visual observations performed during operator rounds, provide additional assurance that any leakage would be detected prior to gross failure of the component.

The weld/component was rigorously inspected by volumetric NDE methods during construction and verified to be free from unacceptable fabrication defects. Based on the coverage and results of the required volumetric, surface and the pressure testing (VT-2) examinations during this outage, it is Duke's position that this combination of examinations provides a reasonable assurance of quality and safety.

I. ASME Code Component Affected

Class 2 Piping Weld
High Pressure Injection System
Valve 2HP-118 to Elbow Weld
Weld ID = 2-51A-17-125
Item Number = C05.021.023

II. Applicable Code Edition and Addenda

ASME Section XI Code – 1989 Edition with no Addenda

III. Applicable Code Requirement

IWC-2500, Table IWC-2500-1, Examination Category C-F-1, Item Number C5.21
Fig. IWC-2500-7 (a), 100% Volume Coverage of Examination Volume C-D-E-F

IV. Impracticality of Compliance

The valve material is A182/F316 stainless steel and the elbow material is SA-403/WP304 or WP316 stainless steel. This weld has a diameter of 4.0 inches and a wall thickness of .531 inches.

During the ultrasonic examination of this weld, 34.5% coverage of the required examination volume was obtained. The percentage of coverage represents the aggregate coverage from all scans performed on the weld and adjacent base material. The 45° shear wave circumferential scans, both clockwise and counter-clockwise covered 50% of the examination volume and the 60° shear wave axial scan covered 38.1% of the examination volume from the elbow side. A supplemental 60° refracted longitudinal wave scan covered 100% of the examination volume in one axial direction from the elbow side. The limitation was caused by the taper on the valve side of the weld which prevented scanning from that side. In order to scan all of the required surfaces for the inspection of this weld, the valve would have to be redesigned to allow scanning from both sides of the weld, which is impractical. There were no recordable indications found during the inspection of this weld.

The Oconee Inservice Inspection Plan allows the use of Code Case N-460, which requires greater than 90% volumetric coverage of examination volume C-D-E-F; therefore, the available coverage will not meet the acceptance criteria of this Code Case.

V. Proposed Alternate Examinations or Testing

Use of radiography (RT) to achieve more coverage has been evaluated and discarded because RT is less sensitive to service induced cracking and has not been subjected to the performance demonstration requirements in a manner similar to the ultrasonic method. While RT could in most cases provide more coverage the loss of sensitivity and lack of performance demonstration militates against its use.

VI. Implementation Schedule and Duration

No additional examinations were planned for the areas/welds during the third inspection interval. This request is for the duration of the third inservice inspection interval, which ended on September 9, 2004.

VII. Justification for Granting Relief

Ultrasonic examination of areas/welds for the item numbers C05.021 were conducted using personnel, equipment and procedures qualified in accordance with ASME Section XI, Appendix VIII Supplement 2 of the 1995 Edition with the 1996 Addenda as administered by the PDI. In addition to the volumetric examinations with limited coverage, Duke performed a surface examination (code required) on each of the C05.021 items and achieved 100% coverage. The results from the surface examinations were acceptable.

In addition to the C05.021 welds that relief is being requested for limited scanning, there were 11 additional C05.021 welds that surface and volumetric examinations were performed on. The examinations didn't identify any recordable indications and 100% coverage was obtained on each of the 11 welds. The 11 additional welds were from the same system as the C05.021 welds of this request.

Duke does not claim credit for coverage of the far side of austenitic welds. The characteristics of austenitic weld metal attenuate and distort the sound beam when shear waves pass through the weld. Refracted longitudinal waves provide better penetration but cannot be used beyond the first path leg. Duke uses a combination of shear waves and longitudinal waves to examine single sided austenitic welds when the nominal material thickness exceeds 0.5 inch. A 70° shear wave angle beam is used to interrogate the far side of the weld when the nominal material thickness is equal to or less than 0.5 inch and a 60° refracted longitudinal wave is used to interrogate the far side of the weld when the nominal material thickness is greater than 0.5 inch.

Duke will use Class 2, Examination Category C-H, pressure testing and VT-2 visual examination to compliment the limited examination coverage. The Code requires that a pressure test be performed once each period for Class 2 items. These tests require a VT-2 visual examination for evidence of leakage. This testing provides adequate assurance of pressure boundary integrity.

In addition to the above Code required examinations (volumetric and pressure test), there are other activities which provide a high level of confidence that, in the unlikely event that leakage did occur through this weld it would be detected and proper action taken. Specifically, system leak rate limitations imposed by Technical Specifications 3.4.13, "Reactor Coolant System Leakage," as well as visual observations performed during operator rounds, provide additional assurance that any leakage would be detected prior to gross failure of the component.

The weld/component was rigorously inspected by volumetric NDE methods during construction and verified to be free from unacceptable fabrication defects. Based on the coverage and results of the required volumetric, surface and the pressure testing (VT-2) examinations during this outage, it is Duke's position that this combination of examinations provides a reasonable assurance of quality and safety.

I. ASME Code Component Affected

Class 2 Piping Weld
High Pressure Injection System
Pipe to Valve 2LP-56 Weld
Weld ID = 2-51A-17-20A
Item Number = C05.021.051

II. Applicable Code Edition and Addenda

ASME Section XI Code – 1989 Edition with no Addenda

III. Applicable Code Requirement

IWC-2500, Table IWC-2500-1, Examination Category C-F-1, Item Number C5.21
Fig. IWC-2500-7 (a), 100% Volume Coverage of Examination Volume C-D-E-F

IV. Impracticality of Compliance

The valve material is A182/F316 stainless steel and the pipe material is SA-312/TP304 stainless steel. This weld has a diameter of 3.0 inches and a wall thickness of .216 inches.

During the ultrasonic examination of this weld, 35.2% coverage of the required examination volume was obtained. The percentage of coverage represents the aggregate coverage from all scans performed on the weld and adjacent base material. The 45° shear wave circumferential scans, both clockwise and counter-clockwise covered 50% of the examination volume and the 60° shear wave axial scan covered 40.6%. A supplemental 70° shear wave scan covered 100% of the examination volume in one axial direction from the pipe side. The limitation was caused by the taper on the valve side of the weld which prevented scanning from that side. In order to scan all of the required surfaces for the inspection of this weld, the valve would have to be redesigned to allow scanning from both sides of the weld, which is impractical. There were no recordable indications found during the inspection of this weld.

The Oconee Inservice Inspection Plan allows the use of Code Case N-460, which requires greater than 90% volumetric coverage of examination volume C-D-E-F; therefore, the available coverage will not meet the acceptance criteria of this Code Case.

V. Proposed Alternate Examinations or Testing

Use of radiography (RT) to achieve more coverage has been evaluated and discarded because RT is less sensitive to service induced cracking and has not been subjected to the performance demonstration requirements in a manner similar to the ultrasonic method. While RT could in most cases provide more coverage the loss of sensitivity and lack of performance demonstration militates against its use.

VI. Implementation Schedule and Duration

No additional examinations were planned for the areas/welds during the third inspection interval. This request is for the duration of the third inservice inspection interval, which ended on September 9, 2004.

VII. Justification for Granting Relief

Ultrasonic examination of areas/welds for the item numbers C05.021 were conducted using personnel, equipment and procedures qualified in accordance with ASME Section XI, Appendix VIII Supplement 2 of the 1995 Edition with the 1996 Addenda as administered by the PDI. In addition to the volumetric examinations with limited coverage, Duke performed a surface examination (code required) on each of the C05.021 items and achieved 100% coverage. The results from the surface examinations were acceptable.

In addition to the C05.021 welds that relief is being requested for limited scanning, there were 11 additional C05.021 welds that surface and volumetric examinations were performed on. The examinations didn't identify any recordable indications and 100% coverage was obtained on each of the 11 welds. The 11 additional welds were from the same system as the C05.021 welds of this request.

Duke does not claim credit for coverage of the far side of austenitic welds. The characteristics of austenitic weld metal attenuate and distort the sound beam when shear waves pass through the weld. Refracted longitudinal waves provide better penetration but cannot be used beyond the first path leg. Duke uses a combination of shear waves and longitudinal waves to examine single sided austenitic welds when the nominal material thickness exceeds 0.5 inch. A 70° shear wave angle beam is used to interrogate the far side of the weld when the nominal material thickness is equal to or less than 0.5 inch and a 60° refracted longitudinal wave is used to interrogate the far side of the weld when the nominal material thickness is greater than 0.5 inch.

Duke will use Class 2, Examination Category C-H, pressure testing and VT-2 visual examination to compliment the limited examination coverage. The Code requires that a pressure test be performed once each period for Class 2 items. These tests require a VT-2 visual examination for evidence of leakage. This testing provides adequate assurance of pressure boundary integrity.

In addition to the above Code required examinations (volumetric and pressure test), there are other activities which provide a high level of confidence that, in the unlikely event that leakage did occur through this weld it would be detected and proper action taken. Specifically, system leak rate limitations imposed by Technical Specifications 3.4.13, "Reactor Coolant System Leakage," as well as visual observations performed during operator rounds, provide additional assurance that any leakage would be detected prior to gross failure of the component.

The weld/component was rigorously inspected by volumetric NDE methods during construction and verified to be free from unacceptable fabrication defects. Based on the coverage and results of the required volumetric, surface and the pressure testing (VT-2) examinations during this outage, it is Duke's position that this combination of examinations provides a reasonable assurance of quality and safety.

I. ASME Code Component Affected

Class 2 Piping Weld
High Pressure Injection System
Tee to Pipe Weld
Weld ID = 2-51A-17-102
Item Number = C05.021.054

II. Applicable Code Edition and Addenda

ASME Section XI Code – 1989 Edition with no Addenda

III. Applicable Code Requirement

IWC-2500, Table IWC-2500-1, Examination Category C-F-1, Item Number C5.21
Fig. IWC-2500-7 (a), 100% Volume Coverage of Examination Volume C-D-E-F

IV. Impracticality of Compliance

The tee material is SA-403/WP304 or WP316 and the pipe material is SA-376/TP304 or TP316 stainless steel. This weld has a diameter of 3.0 inches and a wall thickness of .438 inches.

During the ultrasonic examination of this weld, 86.1% coverage of the required examination volume was obtained. The percentage of coverage represents the aggregate coverage from all scans performed on the weld and adjacent base material. The 45° shear wave circumferential scans, both clockwise and counter-clockwise covered 100% of the examination volume and the 60° axial scan covered 72.1%. A supplemental 70° shear wave scan covered 100% of the examination volume in one axial direction from the pipe side. The limitation was 4 inches long on the tee side of the weld caused by the throat of the tee. In order to scan all of the required surfaces for the inspection of this weld, the tee would have to be redesigned to allow scanning from both sides of the weld, which is impractical. There were no recordable indications found during the inspection of this weld.

The Oconee Inservice Inspection Plan allows the use of Code Case N-460, which requires greater than 90% volumetric coverage of examination volume C-D-E-F; therefore, the available coverage will not meet the acceptance criteria of this Code Case.

V. Proposed Alternate Examinations or Testing

Use of radiography (RT) to achieve more coverage has been evaluated and discarded because RT is less sensitive to service induced cracking and has not been subjected to the performance demonstration requirements in a manner similar to the ultrasonic method. While RT could in most cases provide more coverage the loss of sensitivity and lack of performance demonstration militates against its use.

VI. Implementation Schedule and Duration

No additional examinations were planned for the areas/welds during the third inspection interval. This request is for the duration of the third inservice inspection interval, which ended on September 9, 2004.

VII. Justification for Granting Relief

Ultrasonic examination of areas/welds for the item numbers C05.021 were conducted using personnel, equipment and procedures qualified in accordance with ASME Section XI, Appendix VIII Supplement 2 of the 1995 Edition with the 1996 Addenda as administered by the PDI. In addition to the volumetric examinations with limited coverage, Duke performed a surface examination (code required) on each of the C05.021 items and achieved 100% coverage. The results from the surface examinations were acceptable.

In addition to the C05.021 welds that relief is being requested for limited scanning, there were 11 additional C05.021 welds that surface and volumetric examinations were performed on. The examinations didn't identify any recordable indications and 100% coverage was obtained on each of the 11 welds. The 11 additional welds were from the same system as the C05.021 welds of this request.

Duke does not claim credit for coverage of the far side of austenitic welds. The characteristics of austenitic weld metal attenuate and distort the sound beam when shear waves pass through the weld. Refracted longitudinal waves provide better penetration but cannot be used beyond the first path leg. Duke uses a combination of shear waves and longitudinal waves to examine single sided austenitic welds when the nominal material thickness exceeds 0.5 inch. A 70° shear wave angle beam is used to interrogate the far side of the weld when the nominal material thickness is equal to or less than 0.5 inch and a 60° refracted longitudinal wave is used to interrogate the far side of the weld when the nominal material thickness is greater than 0.5 inch.

Duke will use Class 2, Examination Category C-H, pressure testing and VT-2 visual examination to compliment the limited examination coverage. The Code requires that a pressure test be performed once each period for Class 2 items. These tests require a VT-2 visual examination for evidence of leakage. This testing provides adequate assurance of pressure boundary integrity.

In addition to the above Code required examinations (volumetric and pressure test), there are other activities which provide a high level of confidence that, in the unlikely event that leakage did occur through this weld it would be detected and proper action taken. Specifically, system leak rate limitations imposed by Technical Specifications 3.4.13, "Reactor Coolant System Leakage," as well as visual observations performed during operator rounds, provide additional assurance that any leakage would be detected prior to gross failure of the component.

The weld/component was rigorously inspected by volumetric NDE methods during construction and verified to be free from unacceptable fabrication defects. Based on the coverage and results of the required volumetric, surface and the pressure testing (VT-2) examinations during this outage, it is Duke's position that this combination of examinations provides a reasonable assurance of quality and safety.

I. ASME Code Component Affected

Class 2 Piping Weld
High Pressure Injection System
Elbow to Valve 2HP-114
Weld ID = 2HP-227-11
Item Number = C05.021.056

II. Applicable Code Edition and Addenda

ASME Section XI Code – 1989 Edition with no Addenda

III. Applicable Code Requirement

IWC-2500, Table IWC-2500-1, Examination Category C-F-1, Item Number C5.21
Fig. IWC-2500-7 (a), 100% Volume Coverage of Examination Volume C-D-E-F

IV. Impracticality of Compliance

The valve material is A182/F316 stainless steel and the elbow material is SA-403/WP304 or WP316 stainless steel. This weld has a diameter of 3.0 inches and a wall thickness of .438 inches.

During the ultrasonic examination of this weld, 35.7% coverage of the required examination volume was obtained. The percentage of coverage represents the aggregate coverage from all scans performed on the weld and adjacent base material. The 45° circumferential scans, both clockwise and counter-clockwise covered 50% of the examination volume and the 60 scan covered 42.9%. A supplemental 70° shear wave scan covered 100% of the examination volume in one axial direction from the elbow side. The limitation was caused by the taper on the valve side of the weld which prevented scanning on that side. In order to scan all of the required surfaces for the inspection of this weld, the valve would have to be redesigned to allow scanning from both sides of the weld, which is impractical. There were no recordable indications found during the inspection of this weld.

The Oconee Inservice Inspection Plan allows the use of Code Case N-460, which requires greater than 90% volumetric coverage of examination volume C-D-E-F; therefore, the available coverage will not meet the acceptance criteria of this Code Case.

V. Proposed Alternate Examinations or Testing

Use of radiography (RT) to achieve more coverage has been evaluated and discarded because RT is less sensitive to service induced cracking and has not been subjected to the performance demonstration requirements in a manner similar to the ultrasonic method. While RT could in most cases provide more coverage the loss of sensitivity and lack of performance demonstration militates against its use.

VI. Implementation Schedule and Duration

No additional examinations were planned for the areas/welds during the third inspection interval. This request is for the duration of the third inservice inspection interval, which ended on September 9, 2004.

VII. Justification for Granting Relief

Ultrasonic examination of areas/welds for the item numbers C05.021 were conducted using personnel, equipment and procedures qualified in accordance with ASME Section XI, Appendix VIII Supplement 2 of the 1995 Edition with the 1996 Addenda as administered by the PDI. In addition to the volumetric examinations with limited coverage, Duke performed a surface examination (code required) on each of the C05.021 items and achieved 100% coverage. The results from the surface examinations were acceptable.

In addition to the C05.021 welds that relief is being requested for limited scanning, there were 11 additional C05.021 welds that surface and volumetric examinations were performed on. The examinations didn't identify any recordable indications and 100% coverage was obtained on each of the 11 welds. The 11 additional welds were from the same system as the C05.021 welds of this request.

Duke does not claim credit for coverage of the far side of austenitic welds. The characteristics of austenitic weld metal attenuate and distort the sound beam when shear waves pass through the weld. Refracted longitudinal waves provide better penetration but cannot be used beyond the first path leg. Duke uses a combination of shear waves and longitudinal waves to examine single sided austenitic welds when the nominal material thickness exceeds 0.5 inch. A 70° shear wave angle beam is used to interrogate the far side of the weld when the nominal material thickness is equal to or less than 0.5 inch and a 60° refracted longitudinal wave is used to interrogate the far side of the weld when the nominal material thickness is greater than 0.5 inch.

Duke will use Class 2, Examination Category C-H, pressure testing and VT-2 visual examination to compliment the limited examination coverage. The Code requires that a pressure test be performed once each period for Class 2 items. These tests require a VT-2 visual examination for evidence of leakage. This testing provides adequate assurance of pressure boundary integrity.

In addition to the above Code required examinations (volumetric and pressure test), there are other activities which provide a high level of confidence that, in the unlikely event that leakage did occur through this weld it would be detected and proper action taken. Specifically, system leak rate limitations imposed by Technical Specifications 3.4.13, "Reactor Coolant System Leakage," as well as visual observations performed during operator rounds, provide additional assurance that any leakage would be detected prior to gross failure of the component.

The weld/component was rigorously inspected by volumetric NDE methods during construction and verified to be free from unacceptable fabrication defects. Based on the coverage and results of the required volumetric, surface and the pressure testing (VT-2) examinations during this outage, it is Duke's position that this combination of examinations provides a reasonable assurance of quality and safety.

I. ASME Code Component Affected

Class 2 Piping Weld
High Pressure Injection System
Pipe to Valve 2HP-20
Weld ID = 2-51A-31-50
Item Number = C05.021.058

II. Applicable Code Edition and Addenda

ASME Section XI Code – 1989 Edition with no Addenda

III. Applicable Code Requirement

IWC-2500, Table IWC-2500-1, Examination Category C-F-1, Item Number C5.21
Fig. IWC-2500-7 (a), 100% Volume Coverage of Examination Volume C-D-E-F

IV. Impracticality of Compliance

The valve material is SA479/TP316 stainless steel and the pipe material is SA-376/TP304 stainless steel. This weld has a diameter of 3.0 inches and a wall thickness of .438 inches.

During the ultrasonic examination of this weld, 59% coverage of the required examination volume was obtained. The percentage of coverage represents the aggregate coverage from all scans performed on the weld and adjacent base material. The 45° shear wave circumferential scans, both clockwise and counter-clockwise covered 50% of the examination volume and the 60° shear wave axial scan covered 36%. A supplemental 70° shear wave scan covered 100% of the examination volume in one axial direction from the pipe side. The limitation was caused by the taper on the valve side of the weld which prevented scanning from that side. In order to scan all of the required surfaces for the inspection of this weld, the valve would have to be redesigned to allow scanning from both sides of the weld, which is impractical. There were no recordable indications found during the inspection of this weld.

The Oconee Inservice Inspection Plan allows the use of Code Case N-460, which requires greater than 90% volumetric coverage of examination volume C-D-E-F; therefore, the available coverage will not meet the acceptance criteria of this Code Case.

V. Proposed Alternate Examinations or Testing

Use of radiography (RT) to achieve more coverage has been evaluated and discarded because RT is less sensitive to service induced cracking and has not been subjected to the performance demonstration requirements in a manner similar to the ultrasonic method. While RT could in most cases provide more coverage the loss of sensitivity and lack of performance demonstration militates against its use.

VI. Implementation Schedule and Duration

No additional examinations were planned for the areas/welds during the third inspection interval. This request is for the duration of the third inservice inspection interval, which ended on September 9, 2004.

VII. Justification for Granting Relief

Ultrasonic examination of areas/welds for the item numbers C05.021 were conducted using personnel, equipment and procedures qualified in accordance with ASME Section XI, Appendix VIII Supplement 2 of the 1995 Edition with the 1996 Addenda as administered by the PDI. In addition to the volumetric examinations with limited coverage, Duke performed a surface examination (code required) on each of the C05.021 items and achieved 100% coverage. The results from the surface examinations were acceptable.

In addition to the C05.021 welds that relief is being requested for limited scanning, there were 11 additional C05.021 welds that surface and volumetric examinations were performed on. The examinations didn't identify any recordable indications and 100% coverage was obtained on each of the 11 welds. The 11 additional welds were from the same system as the C05.021 welds of this request.

Duke does not claim credit for coverage of the far side of austenitic welds. The characteristics of austenitic weld metal attenuate and distort the sound beam when shear waves pass through the weld. Refracted longitudinal waves provide better penetration but cannot be used beyond the first path leg. Duke uses a combination of shear waves and longitudinal waves to examine single sided austenitic welds when the nominal material thickness exceeds 0.5 inch. A 70° shear wave angle beam is used to interrogate the far side of the weld when the nominal material thickness is equal to or less than 0.5 inch and a 60° refracted longitudinal wave is used to interrogate the far side of the weld when the nominal material thickness is greater than 0.5 inch.

Duke will use Class 2, Examination Category C-H, pressure testing and VT-2 visual examination to compliment the limited examination coverage. The Code requires that a pressure test be performed once each period for Class 2 items. These tests require a VT-2 visual examination for evidence of leakage. This testing provides adequate assurance of pressure boundary integrity.

In addition to the above Code required examinations (volumetric and pressure test), there are other activities which provide a high level of confidence that, in the unlikely event that leakage did occur through this weld it would be detected and proper action taken. Specifically, system leak rate limitations imposed by Technical Specifications 3.4.13, "Reactor Coolant System Leakage," as well as reactor building normal sump rate monitoring, provide additional assurance that any leakage would be detected prior to gross failure of the component.

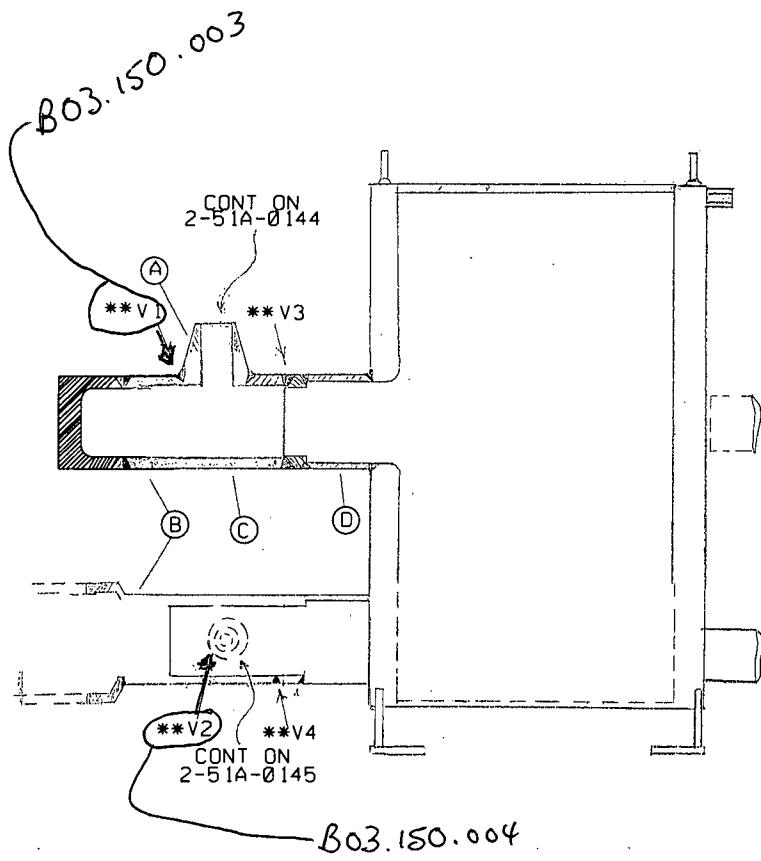
The weld/component was rigorously inspected by volumetric NDE methods during construction and verified to be free from unacceptable fabrication defects. Based on the coverage and results of the required volumetric, surface and the pressure testing (VT-2) examinations, during this outage, it is Duke's position that this combination of examinations provides a reasonable assurance of quality and safety.

BILL OF MATERIAL

MAT'L I.D.	QUANTITY	MATERIAL		SPECIFICATION		DESCRIPTION	CONST.	SIZE	SCH.	LOT NO.
		CLASS	TYPE	ASME OR ASTM	GRADE					
(A)	0	B	SS	A182	T316L	BAR	FOR			
(B)	0	B	SS	A240	T316L	PLATE				
(C)	0	B	SS	A182	T316L	BAR	FOR			
(D)	0	B	SS	A106	B	PIPE	SHLS	8"	40	
(E)										
(F)										
(G)										
(H)										

ERN: 0X0032RN

Attachment "A"



+ SEE NOTE 8 & SEE NOTE 9 & SEE NOTE 5

ISO NOT FOR CONSTRUCTION, SEE DESIGN DRAWING

NOTES:

- ALL WELD NUMBERS SHALL BE PRECEDED BY N/A
- LAST WELD NO. 7
- REF. LAYOUT DWG. OM 201-2733 001 (M201-3107) 001
- REF. FLOW DWG. OFD 101A-2.1
- VENDOR WELDS - WELD Number 5 Not Needed
- WORK REQUEST NO. _____
- DESIGN TEMP: 600° DESIGN PRESS: 2500 PSIG
- COOLER CONSTRUCTED PER ASME SECT III CLASS 3
- THIS ISO WILL BE ISLAMED. THE DRAWING NUMBER WILL BE THE cooler serial number. THIS ISO WAS ORIGINALLY 2HR15B. THIS

Cooler is currently let-down cooler 2B. Please file in unit 1 sys 51A. (All 7 coolers are Designated as unit 1)

NO.	REVISION	DATE	DRAWN	CHK'D	DATE	QA CONDITION				
						1	2	3	4	
6	DELETE ITEMS E AND F (CHEMICAL CONNECTORS) FROM BILL OF MAT'L AND BODY OF ISO PER REV OF THIS COOLER	6-9-95	TSC	HLV	12/20/05	12/21/05	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	RENUMBER WELDS 2-4. THEY ARE VENDOR WELDS AND WILL BE IDENTIFIED PER THE OM DRAWING FOR THE ISI PROGRAM. RENAME ISO. SEE NOTE 9. ADD CONTINUATIONS	6-9-95	TSC	HLV	6-9-97	6-9-95				
4	DEL. WELDS 6-7 & WRP 5A3&7E INCORRECTLY ADDED: WRP 5B3&7F	8-24-91	TSC	HLV	8-24-91	8-24-91				
3	REVISE CONFIGURATION WRP 052367E	1-3-87	TSC	HLV	7-18-89	7-18-89				
2	DEL. CONT. HOLD. NOTE 9 WRP 052367E	6-26-89	TSC	HLV	6-27-89	6-27-89				
1	ADD WELDS 6-7 DEL 1 WRP 052367E	1-31-87	TSC	HLV	6-27-89	6-27-89				
0	PKG. FOR ISI	5-7-87	TSC	HLV	5-7-87	5-7-87				

DUKE POWER COMPANY
OCONEE NUCLEAR STATION UNIT

TITLE
**LETDOWN COOLER
SERIAL NUMBER 34097-2**

SYS. 51A LINE NO. 4 DUKE CLASS BY

CODE CLASS 71L 831.7 XI CLASS A

PIPING SPEC. 1501.2

LOCATION BEHIND BLD. HPI 758-0*

DWG. NO. 1-34097-2 4 REV. NO. 6

REQUEST RELIEF 04-ON-009

ATTACHMENT B

Total Number of Pages = 75

Page Numbers	Weld ID	Item Number
1 thru 16	2-LDCB-INLET-V1	B03.150.0003
17 thru 32	2-LDCB-OUTLET-V2	B03.150.0004
33 thru 37	2HP-215-3	B09.011.017
38 thru 42	2-51A-17-124	C05.021.021
43 thru 49	2-51A-17-92	C05.021.022
50 thru 54	2-51A-17-125	C05.021.023
55 thru 59	2-51A-17-20A	C05.021.051
60 thru 64	2-51A-17-102	C05.021.054
65 thru 69	2HP-227-11	C05.021.056
70 thru 75	2-51A-31-50	C05.021.058



UT Vessel Examination

Site/Unit: Oconee / 2 Procedure: NDE-630 Outage No.: ONS2EOC20
 Summary No.: B03.150.003 Procedure Rev.: 2 Report No.: UT-04-152
 Workscope: ISI Work Order No.: 98603899 Page: 1 of 2

Code: Asme Section XI 1989 Cat./Item: B-D- /B3.150.3 Location: N/A
 Drawing No.: 1-34097-2 Description: Nozzle to Channel Body
 System ID: 51A
 Component ID: B03.150.003 /2-LDCB-INLET-V1 Size/Length: N/A Thickness/Diameter: 0.875"/3.0"
 Limitations: Yes- See attached limitation report. Start Time: 0854 Finish Time: 0950

Examination Surface: Inside Outside Surface Condition: AS GROUND
 Lo Location: 9.2.2 Wo Location: Centerline of Weld Couplant: ULTRAGEL II Batch No.: 03125
 Temp. Tool Mfg.: FISHER Serial No.: MCNDE32768 Surface Temp.: 59 °F
 Cal. Report No.: CAL-04-242, CAL-04-243, CAL-04-244, CAL-04-245

Angle Used	0	45	45T	60RL	60T	45RL
Scanning dB		40.5	40.5	63.5		66.5

Indication(s): Yes No Scan Coverage: Upstream Downstream CW CCW

Comments:
FC 99-02, 03-17, 03-30

Results: Accept Reject Info Scanning db's less than ref.+14 to obtain 2:1 signal to noise ratio.
 Percent Of Coverage Obtained > 90%: No - 29.26% Reviewed Previous Data: Yes

Examiner	Level	Signature	Date	Reviewer	Signature	Date
Zimmerman, David K.	Level III	<i>David K. Zimmerman</i>	4/5/2004	JAN EATON III	<i>[Signature]</i>	4/9/04
Examiner	Level	Signature	Date	Site Review	Signature	Date
Mauldin, Larry E.	Level II	<i>Larry E. Mauldin</i>	4/5/2004			
Other	Level	Signature	Date	ANII Review	Signature	Date
				Nancy C. Ritchie-Slayton	<i>[Signature]</i>	4/12/04



Determination of Percent Coverage for UT Examinations - Vessels

Site/Unit: <u>Oconee / 2</u>	Procedure: <u>NDE-630</u>	Outage No.: <u>ONS2EOC20</u>
Summary No.: <u>B03.150.003</u>	Procedure Rev.: <u>2</u>	Report No.: <u>UT-04-152</u>
Workscope: <u>ISI</u>	Work Order No.: <u>98603899</u>	Page: <u>2</u> of <u>2</u>

0 deg Planar

Scan _____ % Length X _____ % volume of length / 100 = _____ % total for 0 deg

45 deg

Scan 1	<u>100.000</u>	% Length X	<u>35.900</u>	% volume of length / 100 =	<u>35.900</u>	% total for Scan 1
Scan 2	<u>100.000</u>	% Length X	<u>15.600</u>	% volume of length / 100 =	<u>15.600</u>	% total for Scan 2
Scan 3	<u>100.000</u>	% Length X	<u>31.400</u>	% volume of length / 100 =	<u>31.400</u>	% total for Scan 3
Scan 4	<u>100.000</u>	% Length X	<u>31.400</u>	% volume of length / 100 =	<u>31.400</u>	% total for Scan 4

Add totals and divide by # scans = 28.575 % total for 45 deg

Other deg 60

Scan 1	<u>100.000</u>	% Length X	<u>46.600</u>	% volume of length / 100 =	<u>46.600</u>	% total for Scan 1
Scan 2	<u>100.000</u>	% Length X	<u>10.400</u>	% volume of length / 100 =	<u>10.400</u>	% total for Scan 2
Scan 3	<u>100.000</u>	% Length X	<u>31.400</u>	% volume of length / 100 =	<u>31.400</u>	% total for Scan 3
Scan 4	<u>100.000</u>	% Length X	<u>31.400</u>	% volume of length / 100 =	<u>31.400</u>	% total for Scan 4

Add totals and divide by # scans = 29.950 % total for 60 deg

Percent complete coverage

Add totals for each angle and scan required and divide by # of angles to determine;

29.263 % Total for complete exam

Note:

Supplemental coverage may be achieved by use of other angles / methods. When used, the coverage for volume not obtained with angles as noted above shall be calculated and added to the total to provide the percent total for the complete examination.

Site Field Supervisor: David K. [Signature]

Date: 4/05/04

[Signature] III

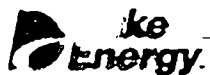
4/9/04

DUKE POWER COMPANY

ISI LIMITATION REPORT

Component/Weld ID: <u>2-LDCB-INLET-V1</u> Item No: <u>B03.150.003</u>		remarks: Due to branch connection configuration.
<input checked="" type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> cw <input checked="" type="checkbox"/> ccw	FROM L <u>N/A</u> to L <u>N/A</u> INCHES FROM W0 <u>.5"</u> to <u>Beyond</u> ANGLE: <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 45 <input checked="" type="checkbox"/> 60 other _____ FROM <u>0</u> DEG to <u>360</u> DEG	
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG	
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG	
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG	Sketch(s) attached <input checked="" type="checkbox"/> yes <input type="checkbox"/> No
Prepared By: <u>Larry Mauldin</u> Level: <u>II</u> Date: <u>4/05/04</u>		Sheet <u>21</u> of <u>10</u> 14
Reviewed By: <u>[Signature]</u> Date: <u>4/9/04</u>		Authorized Inspector: <u>[Signature]</u> Date: <u>4/12/04</u>

ATTACHMENT TO UT-04-1370 4/9/04
152



Supplemental Report

Report No.: UT-04-152

Attachment: Page: 2 of 14

Summary No.: B03.150.003

Examiner: David K. [Signature]

Examiner: _____

Other: _____

Level: III

Level: _____

Level: _____

Reviewer: [Signature] III

Site Review: _____

ANII Review: Woney C. Ritchie Slaughter

Date: 4/9/04

Date: _____

Date: 4/12/04

Comments: AVERAGE OF EXAM AREAS OF AXIAL/CIRC. CONTOURS USED TO DETERMINE ACTUAL EXAM AREA.

Sketch or Photo:

ACTUAL EXAM AREA = (AX) 3.43in² + (C) 2.077in² = 5.507in² / 2 = 2.754in²

SCAN	AXIAL AREA	CIRC. AREA	AVERAGE	PERCENT (AVE/ACT.) * 100
45° - 1	1.124in ²	.856in ²	.99in ²	35.9%
- 2	.473in ²	.385in ²	.429in ²	15.6%
- 3	1.29in ²	.44in ²	.865in ²	31.4%
- 4	1.29in ²	.44in ²	.865in ²	31.4%
60° - 1	1.455in ²	1.111in ²	1.283in ²	46.6%
- 2	.356in ²	.219in ²	.288in ²	10.4%
- 3	1.29in ²	.44in ²	.865in ²	31.4%
- 4	1.29in ²	.44in ²	.865in ²	31.4%

2-LDCB-INLET-V1



Supplemental Report

Report No.: UT-04-152

Attachment: Page 3 of 14

Summary No.: B03.150.003

Examiner: David K. [Signature]

Examiner: _____

Other: _____

Level: III

Level: _____

Level: _____

Reviewer: [Signature] II

Site Review: _____

ANII Review: Nancy C. [Signature]

Date: 4/9/04

Date: _____

Date: 4/12/04

Comments:

EXAM AREA:

$ABCD = .5" \times .875" = .4375^2 \text{ IN.}$

$CDE = \frac{.875" \times 1.4"}{2} = .6125^2 \text{ IN.}$

$CEG = \frac{1.75" \times 1.25"}{2} = 1.0938^2 \text{ IN.}$

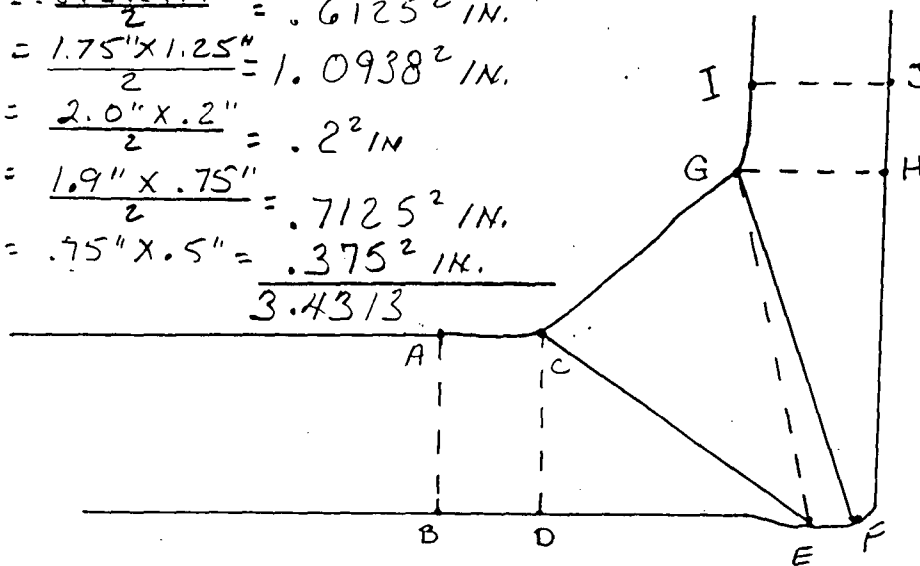
$EFG = \frac{2.0" \times .2"}{2} = .2^2 \text{ IN.}$

$GHF = \frac{1.9" \times .75"}{2} = .7125^2 \text{ IN.}$

$GHIJ = .75" \times .5" = .375^2 \text{ IN.}$

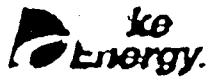
3.4313

Sketch or Photo:



TOTAL EXAM AREA = 3.43² IN.

2-LDCB-INLET-V1



Supplemental Report

Report No.: UT-04-152

Attachment Page: 4 of 14

Summary No.: B03.150.003

Examiner: David K. Zi

Examiner: _____

Other: _____

Level: III

Level: _____

Level: _____

Reviewer: [Signature] III

Site Review: _____

ANII Review: Nancy C. Pritchard Slaughter

Date: 4/9/04

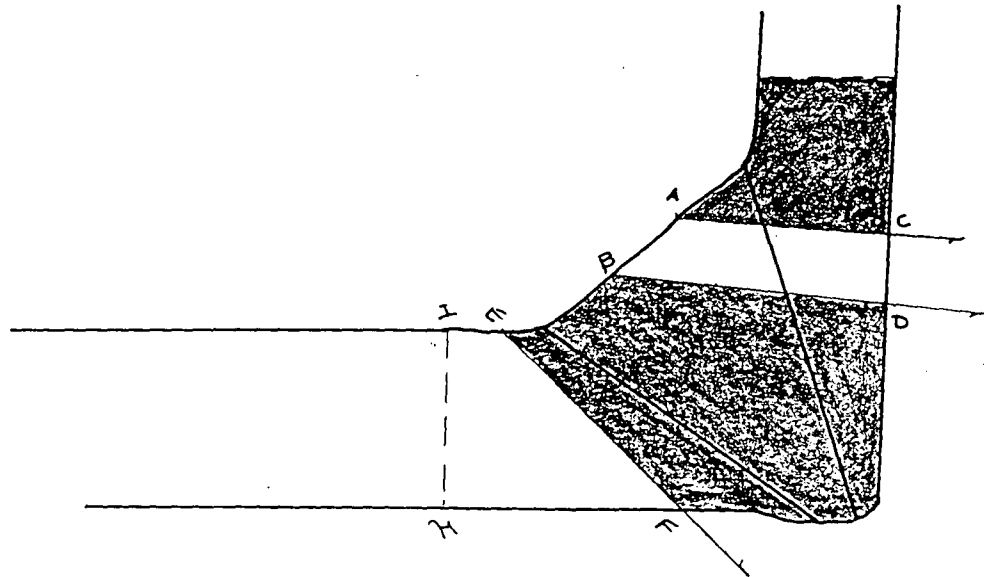
Date: _____

Date: 4/12/04

Comments: 2-LDCB-INLET-V1

AXIAL CONTOUR

Sketch or Photo:



AREA OF COVERAGE

$$ABCD: \left(\frac{1.1in + 1.45in}{2} \right) \cdot 35in = .446in^2$$

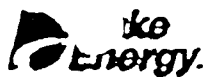
$$EFHI: \left(\frac{3in + 1.25in}{2} \right) \cdot 875in = .678in^2$$

$$\underline{\underline{TOTAL AREA = 1.124in^2}}$$

45° AXIAL - SCAN 1

FULL COVERAGE

NO COVERAGE



Supplemental Report

Report No.: UT-04-152

Attachment Page: 5 of 14

Summary No.: B03.150.003

Examiner: David K. Z.

Examiner: _____

Other: _____

Level: III

Level: _____

Level: _____

Reviewer: [Signature]

Site Review: _____

ANII Review: Nancy C. Ritchie Slaughter

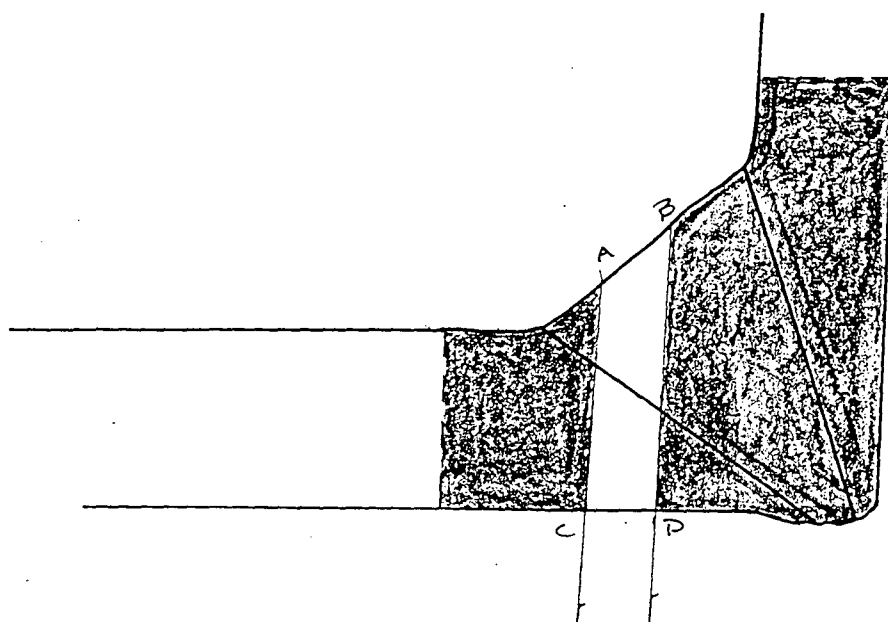
Date: 4/9/04

Date: _____

Date: 4/12/04

Comments: 2-LDCB INLET-V1

Sketch or Photo:



AXIAL CONTOUR

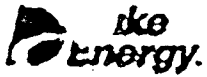
AREA OF COVERAGE

$ABCE: \left(\frac{1.5in + 1.2in}{2}\right) \cdot 3.5in = 4.73in^2$

45° AXIAL - SCAN 2

FULL COVERAGE

NO COVERAGE



Supplemental Report

Report No.: UT-04-152

Attachment Page: 6 of 14

Summary No.: B03.150.003
 Examiner: David K. [Signature]
 Examiner: _____
 Other: _____

Level: III
 Level: _____
 Level: _____

Reviewer: [Signature] III
 Site Review: _____
 ANII Review: Nancy C. [Signature] Slaughter

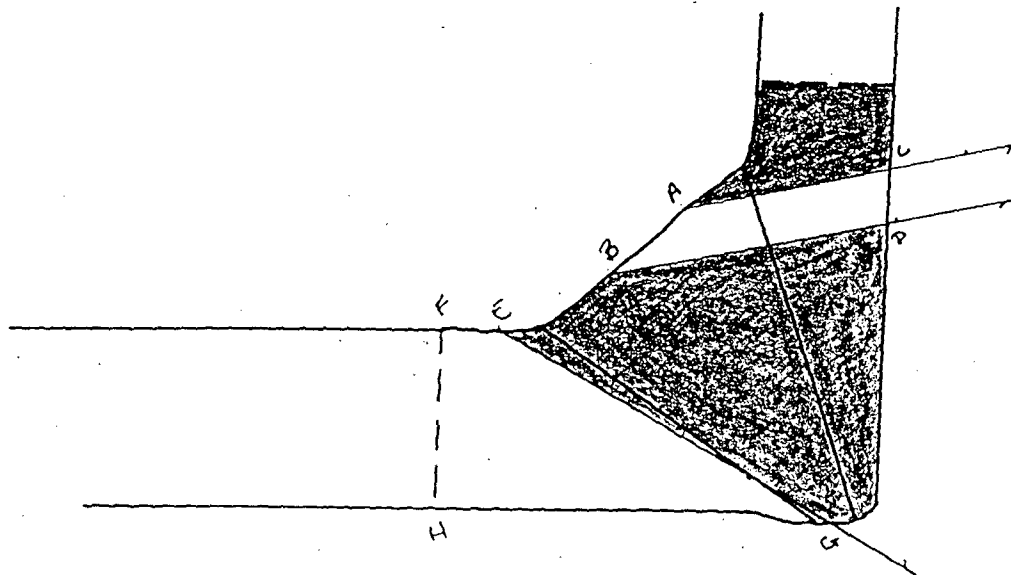
Date: 4/9/04
 Date: _____
 Date: 4/12/04

Comments: 2-L DCB - INLET - V1

AXIAL CONTOUR

AREA OF COVERAGE

Sketch or Photo:



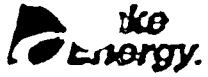
$$ABCD: \left(\frac{145in + 11in}{2} \right) 3in = 383in^2$$

$$EFGH: \left(\frac{35in + 2.1in}{2} \right) 8.7in = 107in^2$$

$$\underline{\underline{TOTAL AREA = 1.455in^2}}$$

60° AXIAL - SCAN 1

FULL COVERAGE
 NO COVERAGE



Supplemental Report

Report No.: UT-04-152

Attachment Page: 7 of 14

Summary No.: B03.150.003

Examiner: David K. Z

Examiner: _____

Other: _____

Level: III

Level: _____

Level: _____

Reviewer: [Signature]

Site Review: _____

ANII Review: Nancy P. Pritchard Slaughter

Date: 4/9/04

Date: _____

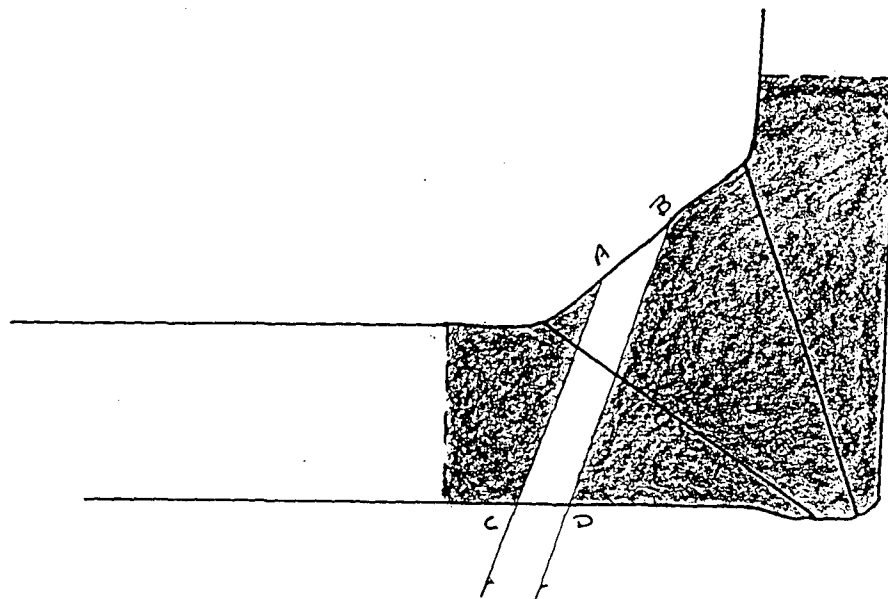
Date: 7/12/04

Comments: 2-LDCB-INLET-V1

AXIAL CONTOUR

Sketch or Photo:

AREA OF COVERAGE

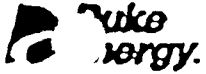


ABCD: $\left(\frac{1.25in + 1.6in}{2}\right) 2.5in = 3.56in^2$

60 AXIAL-SCAN 2

FULL COVERAGE

NO COVERAGE



Supplemental Report

Report No.: WT-04-152

Attachment Page: 8 of 14

Summary No.: 303,150,003
 Examiner: David K. [Signature]
 Examiner: _____
 Other: _____

Level: III
 Level: _____
 Level: _____

Reviewer: [Signature] III
 Site Review: _____
 ANII Review: Nancy C. Ritchie Slaughter

Date: 4/9/04
 Date: _____
 Date: 4/12/04

Comments:

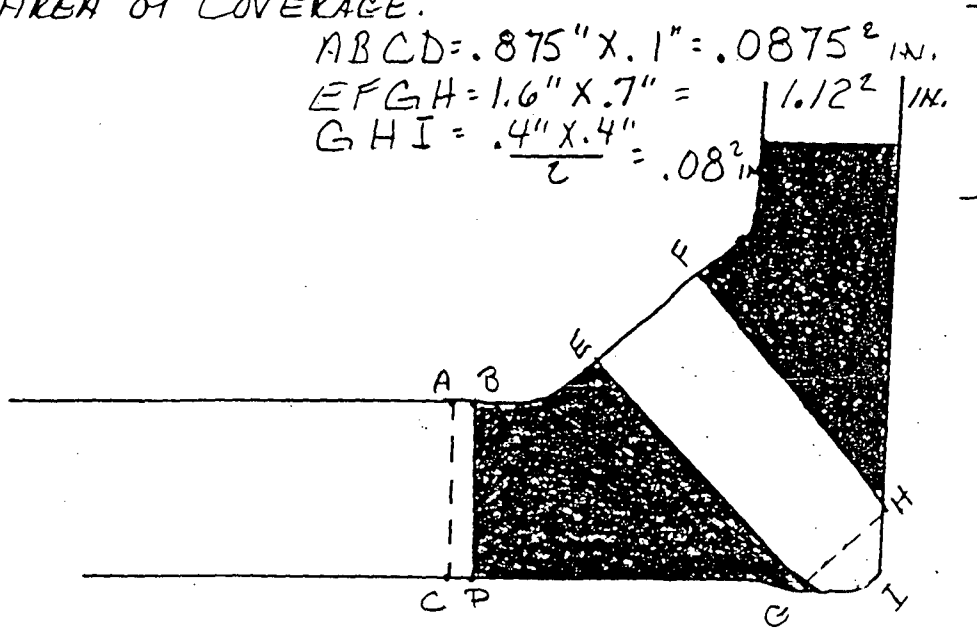
CIRC. SCAN:

AREA OF COVERAGE:

$ABCD = .875" \times .1" = .0875^2 \text{ IN.}$
 $EFGH = 1.6" \times .7" = 1.12^2 \text{ IN.}$
 $GHI = \frac{.4" \times .4"}{2} = .08^2 \text{ IN.}$

} 1.29^2 IN. COVERAGE

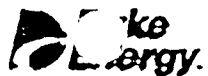
Sketch or Photo:



NOTE: 45° & 60° CIRC. SCANS COVER IDENTICAL AREAS.

2-LDCB-INLET-V1

FULL COVERAGE
 NO COVERAGE



Supplemental Report

Report No.: UT-04-152

Attachment: Page: 9 of 14

Summary No.: B03.150.003

Examiner: David K. [Signature]

Examiner: _____

Other: _____

Level: III

Level: _____

Level: _____

Reviewer: [Signature] III

Site Review: _____

ANII Review: Nancy Critcher Slaughter

Date: 4/9/04

Date: _____

Date: 4/12/04

Comments:

EXAM AREA: $ABCD = .5" \times .875" = .4375^2 \text{ IN.}$

$CDE = \frac{1.15" \times .35"}{2} = .2013^2 \text{ IN.}$

$DEG = \frac{1.4" \times .7"}{2} = .49^2 \text{ IN.}$

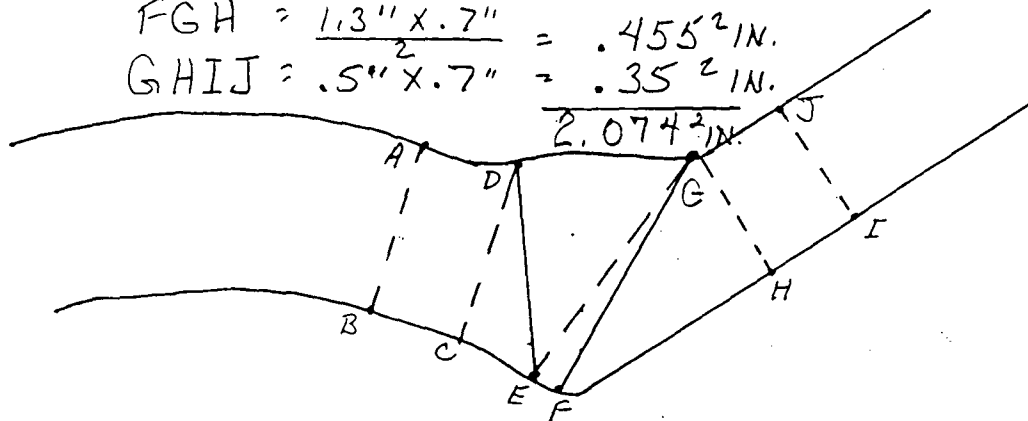
$EFG = \frac{1.4" \times .2"}{2} = .14^2 \text{ IN.}$

$FGH = \frac{1.3" \times .7"}{2} = .455^2 \text{ IN.}$

$GHIJ = .5" \times .7" = .35^2 \text{ IN.}$

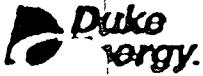
2.074² IN.

Sketch or Photo:



TOTAL EXAM AREA: 2.07² IN.

2-LDCB-INLET-V1



Supplemental Report

Report No.: DT-04-152

Attachment: Page: 10 of 14

Summary No.: 1303.150.003

Examiner: David K. Z

Examiner: _____

Other: _____

Level: III

Level: _____

Level: _____

Reviewer: [Signature] III

Site Review: _____

ANII Review: Wynne C. Ritchie Slaughter

Date: 4/9/04

Date: _____

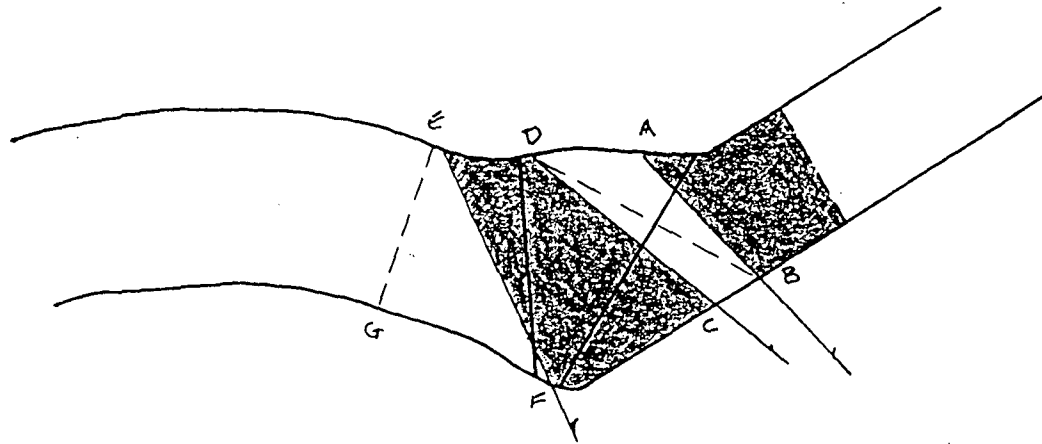
Date: 4/17/04

Comments: 2-LDCB-INLET-V1

CIRC. CONTOUR

Sketch or Photo:

AREA OF COVERAGE



$$ABD: \frac{.9in \times .6in}{2} = .27in^2$$

$$BCD: \frac{1.2in \times .25in}{2} = .15in^2$$

$$EGF: \frac{1.0in \times .815in}{2} = .4075in^2$$

$$\underline{\underline{TOTAL AREA = .836in^2}}$$

45 AXIAL - SCAN 1

FULL COVERAGE

NO COVERAGE



Supplemental Report

Report No.: UT-04-152

Attachment: Page 11 of 14

Summary No.: B03.150.003

Examiner: David K. Z

Examiner: _____

Other: _____

Level: III

Level: _____

Level: _____

Reviewer: [Signature] III

Site Review: _____

ANII Review: Wendy C. Petter-Slaughter

Date: 4/9/04

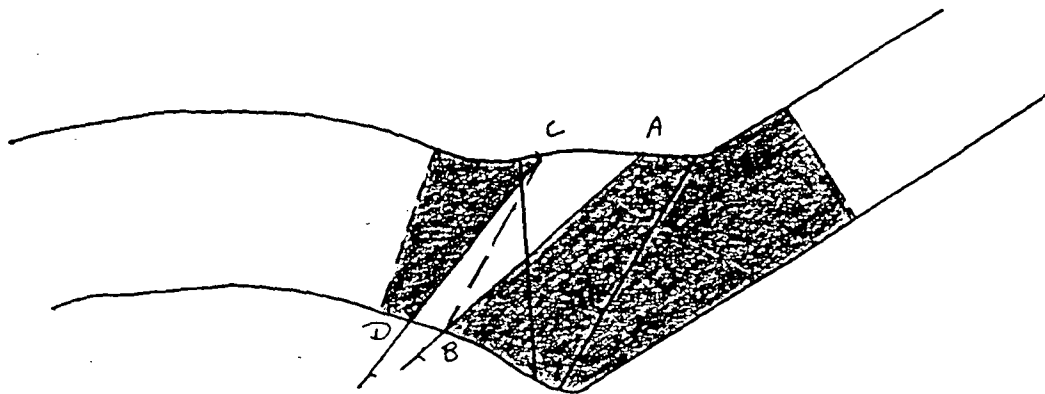
Date: _____

Date: 4/12/04

Comments: 2-LDCB-INLET-V1

CIRC. CONTOUR

Sketch or Photo:



AREA OF COVERAGE

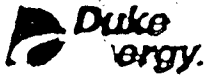
$$ABC = \frac{1.1in \times .5in}{2} = .275in^2$$

$$BCD = \frac{2in \times 1.1in}{2} = 1.1in^2$$

$$TOTAL AREA = 385in^2$$

45° AXIAL - SCAD 2

FULL COVERAGE
NO COVERAGE



Supplemental Report

Report No.: VT-04-152

Attachment: Page 12 of 14

Summary No.: B03.150.003

Examiner: David K Z

Examiner: _____

Other: _____

Level: III

Level: _____

Level: _____

Reviewer: [Signature] III

Site Review: _____

ANR Review: Nancy C. Ritchie - Slaughter

Date: 4/9/04

Date: _____

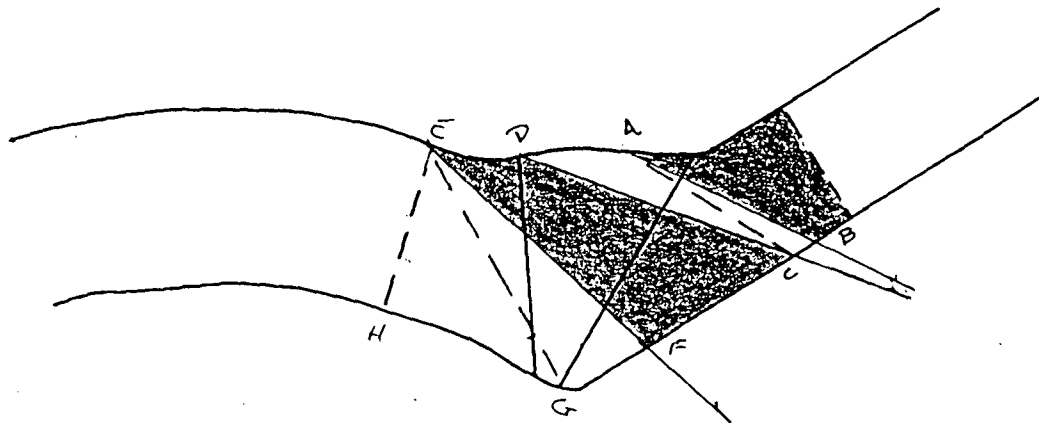
Date: 4/2/04

Comments: 2-LDCB-INLET-V1

CIRC. CONTOUR

AREA OF COVERAGE

Sketch or Photo:



$$ABC = \frac{1.0 \text{ in} \times 1.0 \text{ in}}{2} = .5 \text{ in}^2$$

$$ACD = \frac{1.0 \text{ in} \times .55 \text{ in}}{2} = .275 \text{ in}^2$$

$$EFG = \frac{1.4 \text{ in} \times .5 \text{ in}}{2} = .35 \text{ in}^2$$

$$EGH = \frac{1.0 \text{ in} \times .875 \text{ in}}{2} = .4375 \text{ in}^2$$

TOTAL AREA: 1.1125 in²

60° AXIAL - SCAN 1

FULL COVERAGE

NO COVERAGE



Supplemental Report

Report No.: UT-04-152

Attachment: Page: 13 of 14

Summary No.: B03.150.003

Examiner: Daniel K. Z...

Examiner: _____

Other: _____

Level: III

Level: _____

Level: _____

Reviewer: [Signature] III

Site Review: _____

ANII Review: Nancy C. Piche Slaughter

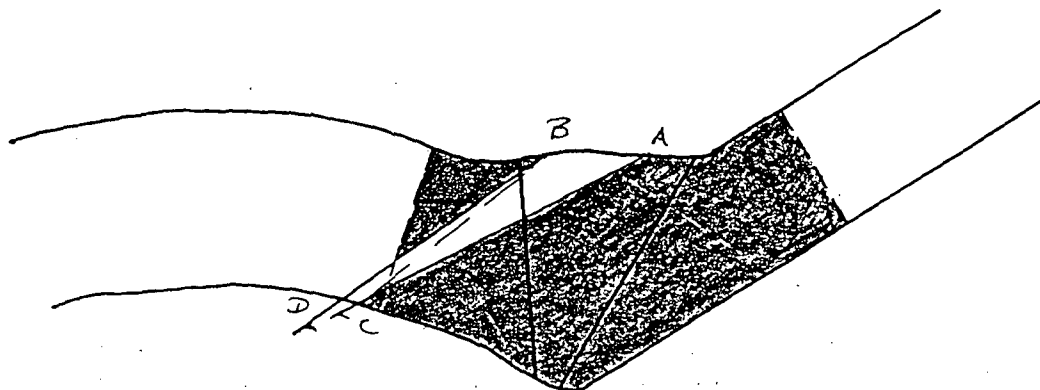
Date: 4/9/04

Date: _____

Date: 4/12/04

Comments: 2-LDCB-INLET-V1

Sketch or Photo:



CIRC. CONTOUR

AREA OF COVERAGE

$$ABC: \frac{1.25in \times .25in}{2} = .156in^2$$

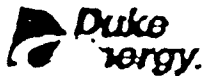
$$BCD: \frac{.1in \times 1.25in}{2} = .063in^2$$

TOTAL AREA = .219in²

60° AXIAL - SCAN 2

FULL COVERAGE

NO COVERAGE



Supplemental Report

Report No.: UT-04-152

Attachment: Page: 14 of 14

Summary No.: B03.150.003

Examiner: David C. B.

Examiner: _____

Other: _____

Level: III

Level: _____

Level: _____

Reviewer: [Signature]

Site Review: _____

ANII Review: Nancy Critchley Slaughter

Date: 4/9/04

Date: _____

Date: 4/12/04

Comments:

Circ. SCAN:

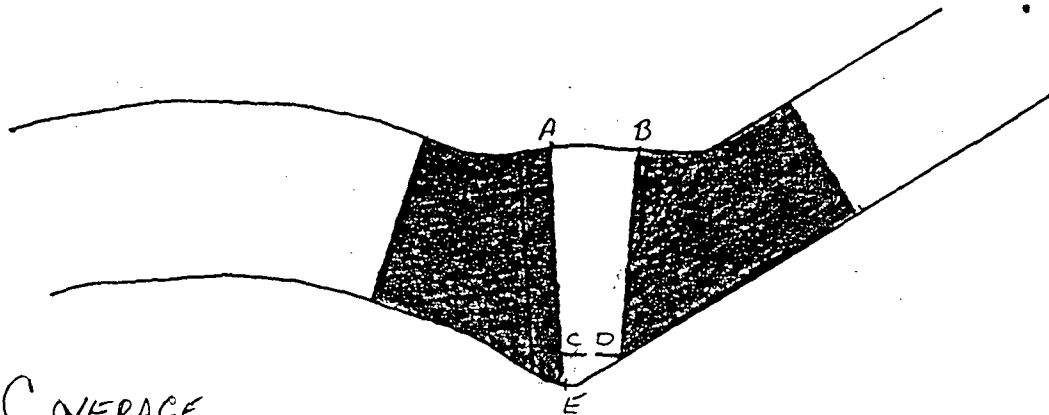
AREA OF COVERAGE:

$$ABCD = \frac{1}{2} (.45" + .3") = .4125^2 \text{ IN.}$$

$$CDE = \frac{.3" \times .15"}{2} = .0225^2 \text{ IN.}$$

$$\underline{.435^2 \text{ IN.}} = \underline{\underline{.44^2 \text{ IN.}}}$$

Sketch or Photo:



.44² IN. COVERAGE

NOTE: 45° & 60° CIRC. SCANS COVER IDENTICAL AREAS.

FULL COVERAGE
NO COVERAGE

2-LDCB-INLET-V1



UT Vessel Examination

Site/Unit: Oconee / 2 Procedure: NDE-630 Outage No.: ONS2EOC20
 Summary No.: B03.150.004 Procedure Rev.: 2 Report No.: UT-04-153
 Workscope: ISI Work Order No.: 98603899 Page: 1 of 2

Code: Asme Section XI 1989 Cat./Item: B-D- /B3.150.4 Location: N/A
 Drawing No.: 1-34097-2 Description: Nozzle to Channel Body
 System ID: 51A
 Component ID: B03.150.004 /2-LDCB-OUTLET-V2 Size/Length: N/A Thickness/Diameter: 0.875"/3.0"
 Limitations: Yes- See attached limitation report. Start Time: 0854 Finish Time: 0950

Examination Surface: Inside Outside Surface Condition: AS GROUND
 Lo Location: 9.2.2 Wo Location: Centerline of Weld Couplant: ULTRAGEL II Batch No.: 03125
 Temp. Tool Mfg.: FISHER Serial No.: MCNDE32768 Surface Temp.: 59 °F
 Cal. Report No.: CAL-04-242, CAL-04-243, CAL-04-244, CAL-04-245

Angle Used	0	45	45T	60RL	60T	45RL
Scanning dB		40.5	40.5	63.5		66.5

Indication(s): Yes No Scan Coverage: Upstream Downstream CW CCW

Comments:
FC 99-02, 03-17, 03-30

Results: Accept Reject Info Scanning db's less than ref.+14 to obtain 2:1 signal to noise ratio.
 Percent Of Coverage Obtained > 90%: No-29.26% Reviewed Previous Data: Yes

Examiner	Level	Signature	Date	Reviewer	Signature	Date
Zimmerman, David K.	III	<i>David K. Zimmerman</i>	4/5/2004	JAM EATON III	<i>JAM EATON III</i>	4/9/04
Examiner	Level	Signature	Date	Site Review	Signature	Date
Mauldin, Larry E.	II	<i>Larry E. Mauldin</i>	4/5/2004			
Other	Level	Signature	Date	ANII Review	Signature	Date
				Nancy C. Ritchie Slaughter	<i>Nancy C. Ritchie Slaughter</i>	4/12/04



Determination of Percent Coverage for UT Examinations - Vessels

Site/Unit: <u>Oconee / 2</u>	Procedure: <u>NDE-630</u>	Outage No.: <u>ONS2EOC20</u>
Summary No.: <u>B03.150.004</u>	Procedure Rev.: <u>2</u>	Report No.: <u>UT-04-153</u>
Workscope: <u>ISI</u>	Work Order No.: <u>98603899</u>	Page: <u>2</u> of <u>2</u>

0 deg Planar

Scan _____ % Length X _____ % volume of length / 100 = _____ % total for 0 deg

45 deg

Scan 1	<u>100.000</u>	% Length X	<u>35.900</u>	% volume of length / 100 =	<u>35.900</u>	% total for Scan 1
Scan 2	<u>100.000</u>	% Length X	<u>15.600</u>	% volume of length / 100 =	<u>15.600</u>	% total for Scan 2
Scan 3	<u>100.000</u>	% Length X	<u>31.400</u>	% volume of length / 100 =	<u>31.400</u>	% total for Scan 3
Scan 4	<u>100.000</u>	% Length X	<u>31.400</u>	% volume of length / 100 =	<u>31.400</u>	% total for Scan 4

Add totals and divide by # scans = 28.575 % total for 45 deg

Other deg 60

Scan 1	<u>100.000</u>	% Length X	<u>46.600</u>	% volume of length / 100 =	<u>46.600</u>	% total for Scan 1
Scan 2	<u>100.000</u>	% Length X	<u>10.400</u>	% volume of length / 100 =	<u>10.400</u>	% total for Scan 2
Scan 3	<u>100.000</u>	% Length X	<u>31.400</u>	% volume of length / 100 =	<u>31.400</u>	% total for Scan 3
Scan 4	<u>100.000</u>	% Length X	<u>31.400</u>	% volume of length / 100 =	<u>31.400</u>	% total for Scan 4

Add totals and divide by # scans = 29.950 % total for 60 deg

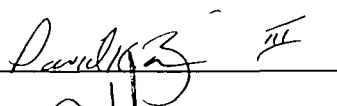

Percent complete coverage

Add totals for each angle and scan required and divide by # of angles to determine;

29.263 % Total for complete exam

Note:

Supplemental coverage may be achieved by use of other angles / methods. When used, the coverage for volume not obtained with angles as noted above shall be calculated and added to the total to provide the percent total for the complete examination.

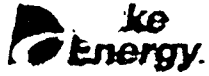
Site Field Supervisor: _____



Date: 4/05/04
4/9/04

DUKE POWER COMPANY

ISI LIMITATION REPORT

Component/Weld ID: <u>2-LDCB-OUTLET-V2</u> Item No: <u>B03.150.004</u>		remarks: Due to branch connection configuration.
<input checked="" type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> cw <input checked="" type="checkbox"/> ccw	FROM L <u>N/A</u> to L <u>N/A</u> INCHES FROM W0 <u>.5"</u> to <u>Beyond</u> ANGLE: <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 45 <input checked="" type="checkbox"/> 60 other _____ FROM <u>0</u> DEG to <u>360</u> DEG	
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG	
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG	
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG	Sketch(s) attached <input checked="" type="checkbox"/> yes <input type="checkbox"/> No
Prepared By: <u>Larry Mauldin</u> Level: <u>II</u> Date: <u>4/05/04</u>	Sheet <u>71</u> of <u>1014</u>	
Reviewed By: <u>[Signature]</u> Date: <u>4/9/04</u>	Authorized Inspector: <u>Nancy C. Ritchie Slaughter</u> Date: <u>4/12/04</u>	



Supplemental Report

Report No.: UT-04-153

Attachment: Page: 2 of 14

Summary No.: B03150.004
Examiner: David K. J.
Examiner: _____
Other: _____

Level: III
Level: _____
Level: _____

Reviewer: [Signature] III
Site Review: _____
ANII Review: Nancy C. Petre Slaughter

Date: 4/9/04
Date: _____
Date: 4/7/04

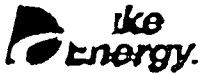
Comments: AVERAGE OF EXAM AREAS OF AXIAL/CIRC. CONTOURS USED TO DETERMINE ACTUAL EXAM AREA.

Sketch or Photo:

ACTUAL EXAM AREA = (AX) 3.43in² + (C) 2.077in² = 5.507in² / 2 = 2.754in²

SCAN	AXIAL AREA	CIRC. AREA	AVERAGE	PERCENT (AVE/ACT.) * 100
45° - 1	1.124in ²	.856in ²	.99in ²	35.9%
- 2	.473in ²	.385in ²	.429in ²	15.6%
- 3	1.29in ²	.44in ²	.865in ²	31.4%
- 4	1.29in ²	.44in ²	.865in ²	31.4%
60° - 1	1.455in ²	1.111in ²	1.283in ²	46.6%
- 2	.356in ²	.219in ²	.288in ²	10.4%
- 3	1.29in ²	.44in ²	.865in ²	31.4%
- 4	1.29in ²	.44in ²	.865in ²	31.4%

2-LDCB-OUTLET-V2



Supplemental Report

Report No.: UT-04-153

Attachment: ~~Page~~ 3 of 14

Summary No.: B03.150.004
 Examiner: David King
 Examiner: _____
 Other: _____

Level: III
 Level: _____
 Level: _____

Reviewer: [Signature]
 Site Review: _____
 ANII Review: Nancy C. Ritchie Slaughter

Date: 4/9/04
 Date: _____
 Date: 4/12/04

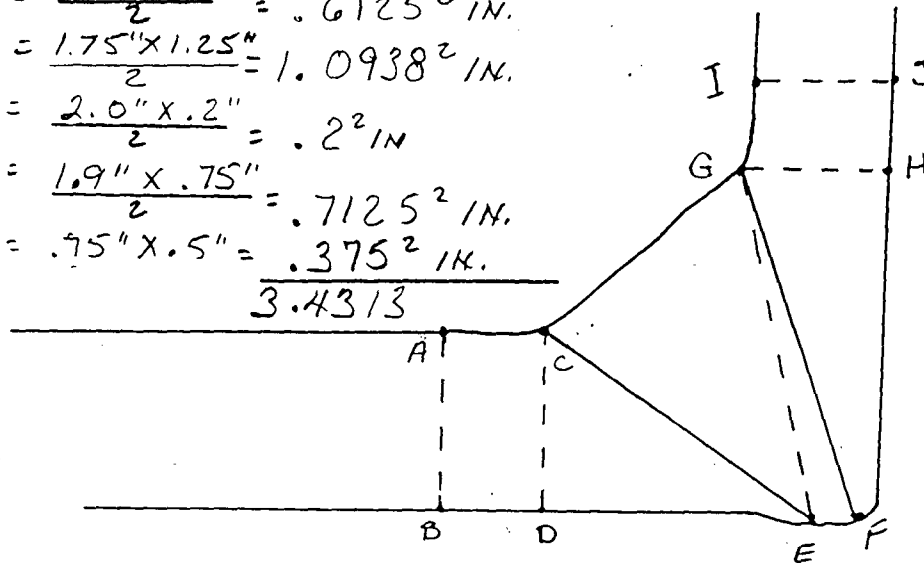
Comments:

EXAM AREA:

$ABCD = .5" \times .875" = .4375^2 \text{ IN.}$
 $CDE = \frac{.875" \times 1.4"}{2} = .6125^2 \text{ IN.}$
 $CEG = \frac{1.75" \times 1.25"}{2} = 1.0938^2 \text{ IN.}$
 $EFG = \frac{2.0" \times .2"}{2} = .2^2 \text{ IN.}$
 $GHF = \frac{1.9" \times .75"}{2} = .7125^2 \text{ IN.}$
 $GHIJ = .75" \times .5" = .375^2 \text{ IN.}$

3.4313

Sketch or Photo:



TOTAL EXAM AREA = 3.43² IN.

2-LDCB-OUTLET-V2



Supplemental Report

Report No.: VT-04-153

Attachment Page: 4 of 14

Summary No.: B03.150.004

Examiner: Dawid K. [Signature]

Examiner: _____

Other: _____

Level: III

Level: _____

Level: _____

Reviewer: [Signature] III

Site Review: _____

ANII Review: Nancy C. Ritchie Slaughter

Date: 4/9/04

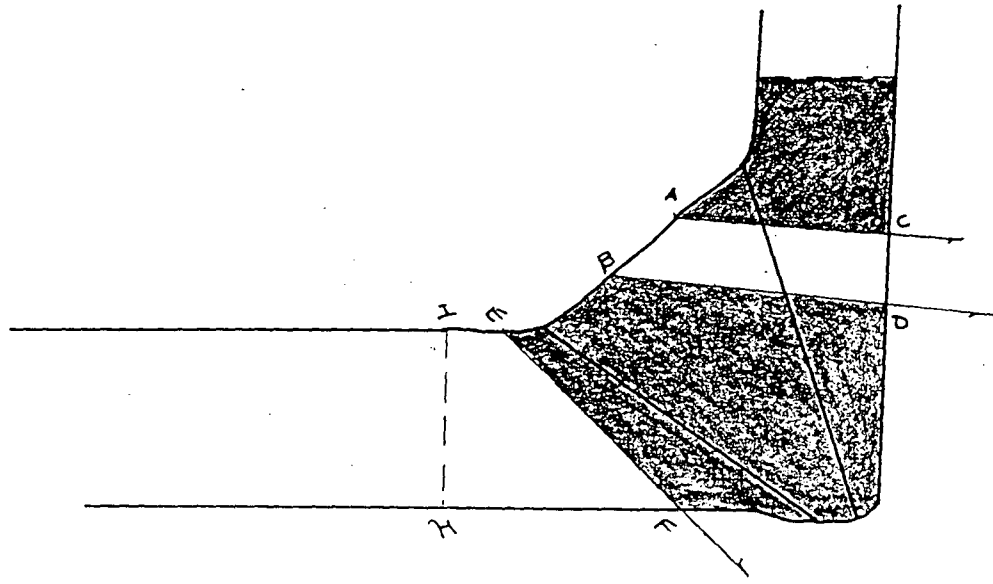
Date: _____

Date: 4/12/04

Comments: 2-LDCB-OUTLET-V2

AXIAL CONTOUR

Sketch or Photo:



AREA OF COVERAGE

$$ABCD: \left(\frac{1.1in + 1.45in}{2} \right) \cdot 35in = .446in^2$$

$$EFHI: \left(\frac{3in + 1.25in}{2} \right) \cdot 875in = .678in^2$$

$$\underline{\underline{TOTAL AREA = 1.124in^2}}$$

45° AXIAL - SCAN 1

FULL COVERAGE

NO COVERAGE



Supplemental Report

Report No.: UT-04-153

Attachment - Page: 5 of 14

Summary No.: B03.150.004
 Examiner: Daniel K. [Signature]
 Examiner: _____
 Other: _____

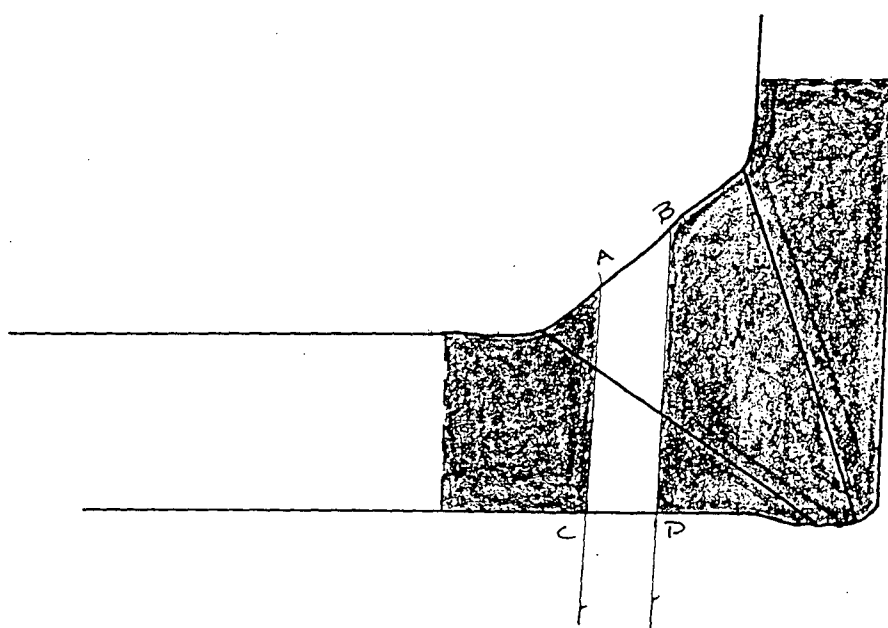
Level: III
 Level: _____
 Level: _____

Reviewer: [Signature] III
 Site Review: _____
 ANII Review: Nancy C. Ritchie Slaughter

Date: 4/9/04
 Date: _____
 Date: 4/12/04

Comments: 2-LDCB-OUTLET-V2

Sketch or Photo:



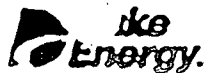
AXIAL CONTOUR

AREA OF COVERAGE

$ABCE = \left(\frac{1.5in + 1.2in}{2}\right) \cdot 3.5in = 4.73in^2$

45° AXIAL - SCAN 2

FULL COVERAGE
 NO COVERAGE



Supplemental Report

Report No.: UT-04-153

Attachment Page: 6 of 14

Summary No.: B03.150.004

Examiner: David K. B.

Examiner: _____

Other: _____

Level: III

Level: _____

Level: _____

Reviewer: [Signature] III

Site Review: _____

ANII Review: Nancy C. Mitchell Slaughter

Date: 4/9/04

Date: _____

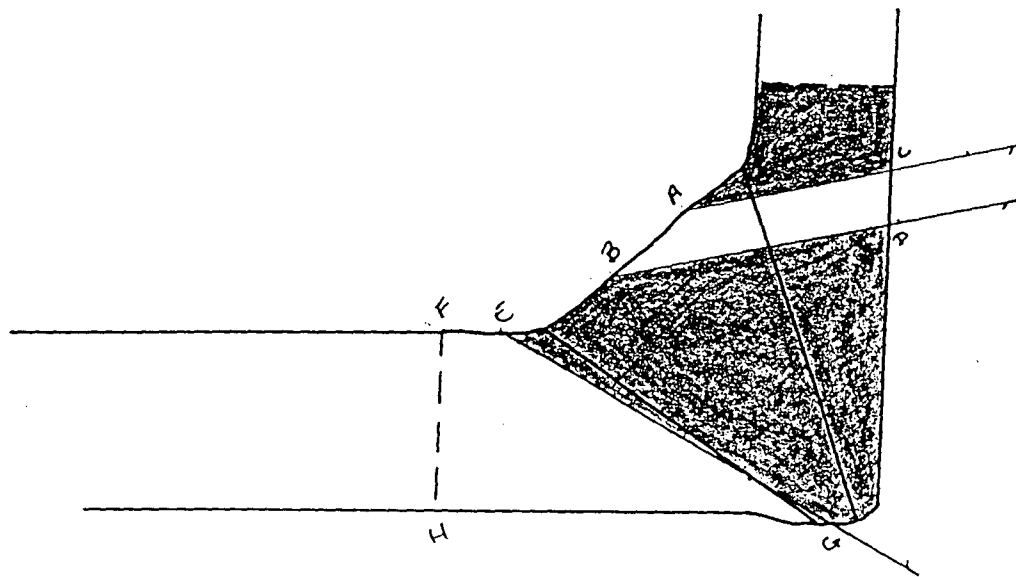
Date: 4/12/04

Comments: 2-LDCB-OUTLET-V2

AXIAL CONTOUR

AREA OF COVERAGE

Sketch or Photo:



$$ABCD: \left(\frac{1.45in + 1.1in}{2} \right) 3in = 3.83in^2$$

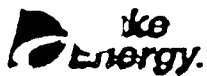
$$EFGH: \left(\frac{3.35in + 2.1in}{2} \right) 0.875in = 1.07in^2$$

$$TOTAL AREA = 4.9in^2$$

60° AXIAL - SCAN 1

FULL COVERAGE

NO COVERAGE



Supplemental Report

Report No.: UT-04-153

Attachment Page: 7 of 14

Summary No.: B03.150.004
 Examiner: David K. B.
 Examiner: _____
 Other: _____

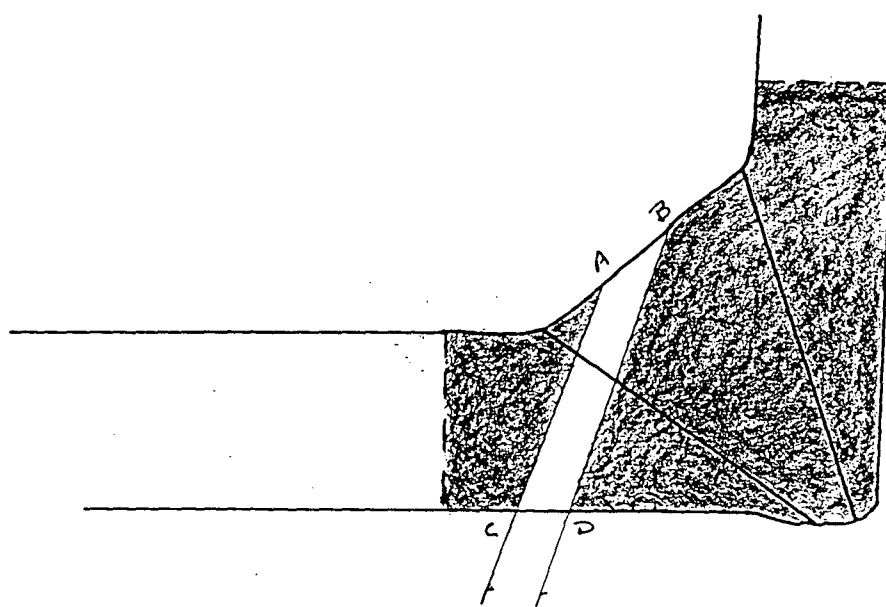
Level: III
 Level: _____
 Level: _____

Reviewer: [Signature]
 Site Review: _____
 ANII Review: Nancy C. Ritchee Slaughter

Date: 4/9/04
 Date: _____
 Date: 4/12/04

Comments: 2-LDCB-OUTLET-V2

Sketch or Photo:



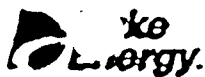
AXIAL CONTOUR

AREA OF COVERAGE

$$ABCD: \left(\frac{1.25in + 1.6in}{2} \right) \cdot 2.5in = 3.56in^2$$

60 AXIAL - SCAN 2

FULL COVERAGE
 NO COVERAGE



Supplemental Report

Report No.: UT-04-153

Attachment Page: 8 of 14

Summary No.: B03.150.004
 Examiner: David K. B.
 Examiner: _____
 Other: _____

Level: III
 Level: _____
 Level: _____

Reviewer: [Signature] III
 Site Review: _____
 ANII Review: Nancy C. Ritchie-Slaughter

Date: 4/5/04
 Date: _____
 Date: 4/12/04

Comments:

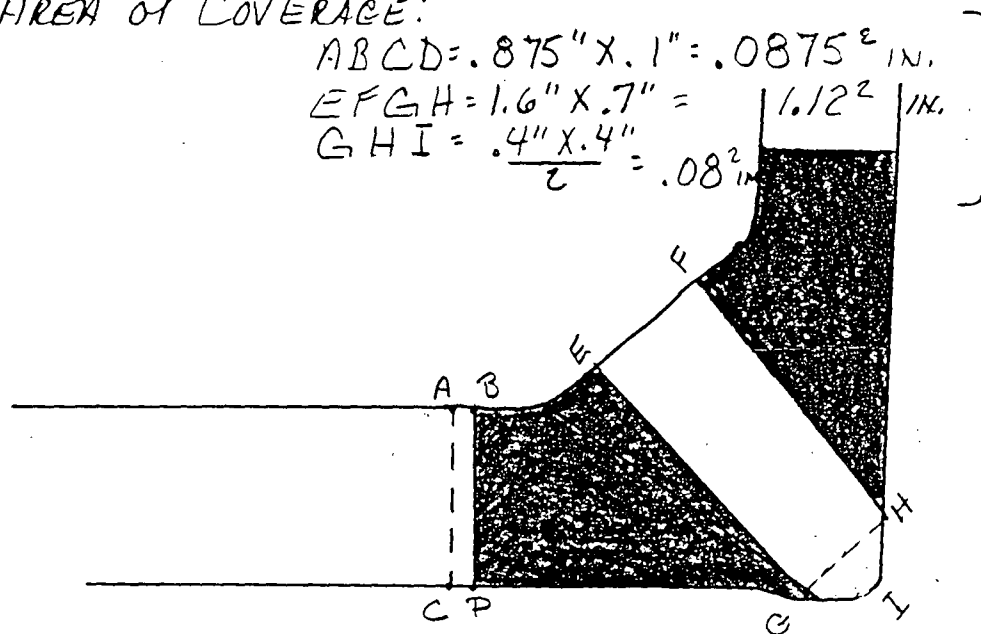
CIRC. SCAN:

AREA OF COVERAGE:

$$\begin{aligned}
 ABCD &= .875" \times .1" = .0875^2 \text{ IN.} \\
 EFGH &= 1.6" \times .7" = 1.12^2 \text{ IN.} \\
 GHI &= \frac{.4" \times .4"}{2} = .08^2 \text{ IN.}
 \end{aligned}$$

1.29^2 IN. COVERAGE

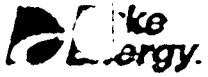
Sketch or Photo:



NOTE: 45° & 60° CIRC. SCANS COVER IDENTICAL AREAS.

2-LDCB-OUTLET-V2

FULL COVERAGE
 NO COVERAGE



Supplemental Report

Report No.: UT-04-153

Attachment: Page: 9 of 14

Summary No.: B03.150.004

Examiner: David K. B.

Examiner: _____

Other: _____

Level: III

Level: _____

Level: _____

Reviewer: [Signature] III

Site Review: _____

ANII Review: Nancy C. Kitchel Slaughter

Date: 4/9/04

Date: _____

Date: 4/12/04

Comments:

EXAM AREA: $ABCD = .5" \times .875" = .4375^2 \text{ IN.}$

$CDE = \frac{1.15" \times .35"}{2} = .2013^2 \text{ IN.}$

$DEG = \frac{1.4" \times .7"}{2} = .49^2 \text{ IN.}$

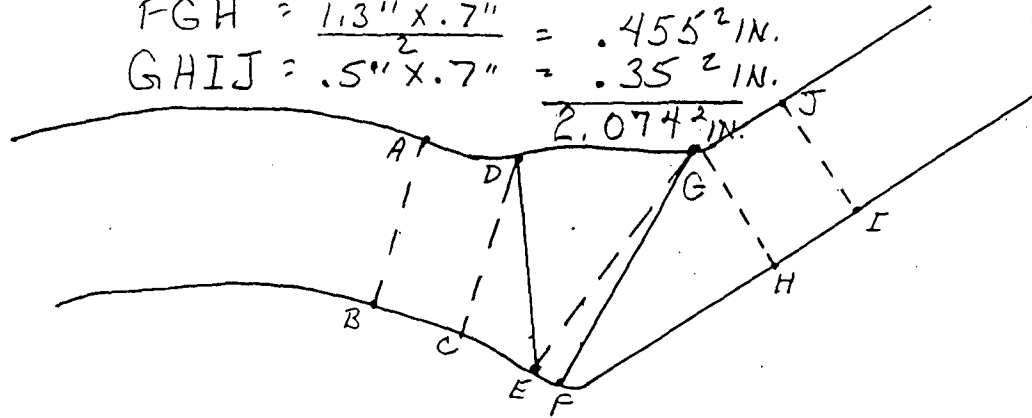
$EFG = \frac{1.4" \times .2"}{2} = .14^2 \text{ IN.}$

$FGH = \frac{1.3" \times .7"}{2} = .455^2 \text{ IN.}$

$GHIJ = .5" \times .7" = .35^2 \text{ IN.}$

2.074² IN.

Sketch or Photo:



TOTAL EXAM AREA: 2.07² IN.

2-LDCB-OUTLET-V2



Supplemental Report

Report No.: VT-04-153

Attachment: Page: 10 of 14

Summary No.: B03.150.004

Examiner: David King

Examiner: _____

Other: _____

Level: III

Level: _____

Level: _____

Reviewer: [Signature] III

Site Review: _____

ANII Review: Nancy C. Ritchie-Saunders

Date: 4/9/04

Date: _____

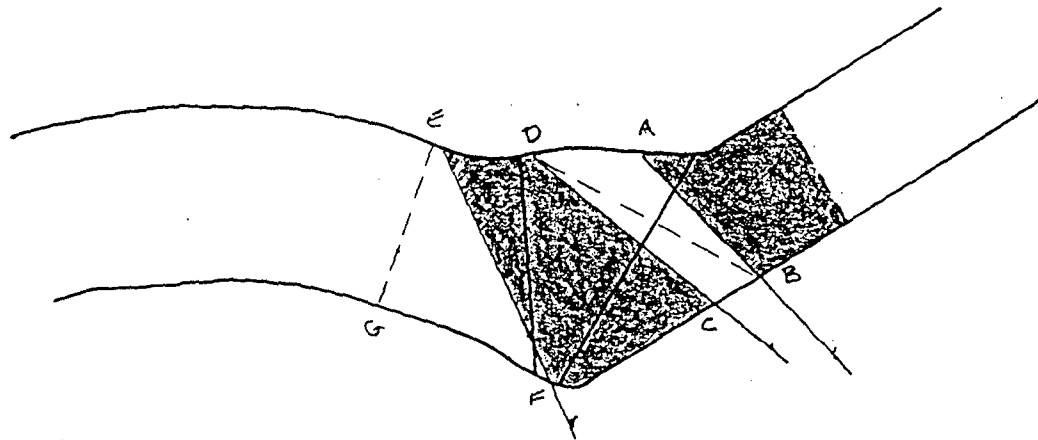
Date: 4/12/04

Comments: 2-LDCB-OUTLET-VZ

CIRC. CONTOUR

Sketch or Photo:

AREA OF COVERAGE



ABD: $\frac{.9in \times .6in}{2} = .27in^2$

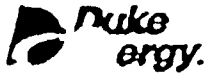
BCD: $\frac{1.2in \times .25in}{2} = .15in^2$

EGF: $\frac{1.0in \times .875in}{2} = .4375in^2$

TOTAL AREA = .8575in²

45 AXIAL - SCAN 1

FULL COVERAGE
NO COVERAGE



Supplemental Report

Report No.: UT-04-153

Attachment: Page: 11 of 14

Summary No.: B03.150.004

Examiner: David K. B.

Examiner: _____

Other: _____

Level: III

Level: _____

Level: _____

Reviewer: [Signature]

Site Review: _____

ANII Review: Nancy C. Ritchie-Slaughter

Date: 4/9/04

Date: _____

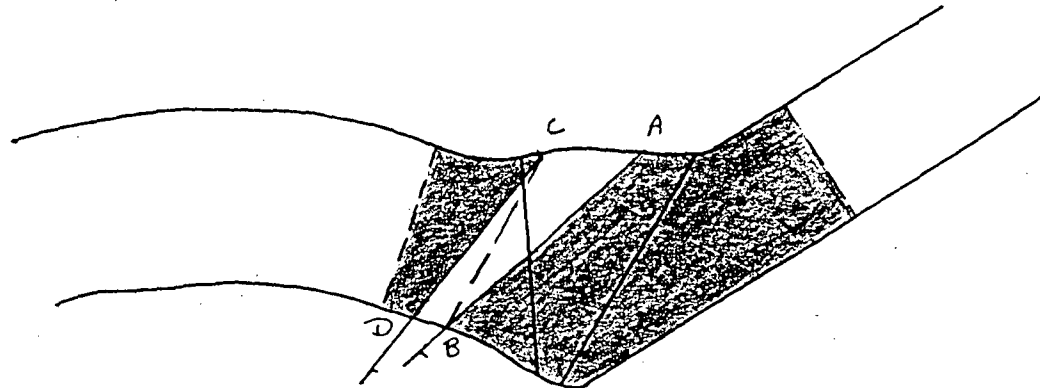
Date: 4/12/04

Comments: 2-LDCB-OUTLET-V2

CIRC. CONTOUR

AREA OF COVERAGE

Sketch or Photo:



$$ABC = \frac{1.1in \times .5in}{2} = .275in^2$$

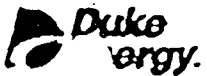
$$BCD = \frac{2in \times 1.1in}{2} = 1.1in^2$$

$$\underline{\underline{TOTAL AREA = 1.385in^2}}$$

45° AXIAL - SCAN 2

FULL COVERAGE

NO COVERAGE



Supplemental Report

Report No.: UT-04-153

Attachment: Page 12 of 14

Summary No.: B03.150.004
Examiner: David X. Zi
Examiner: _____
Other: _____

Level: III
Level: _____
Level: _____

Reviewer: [Signature]
Site Review: _____
ANII Review: Nancy C. Kitchel-Slaughter

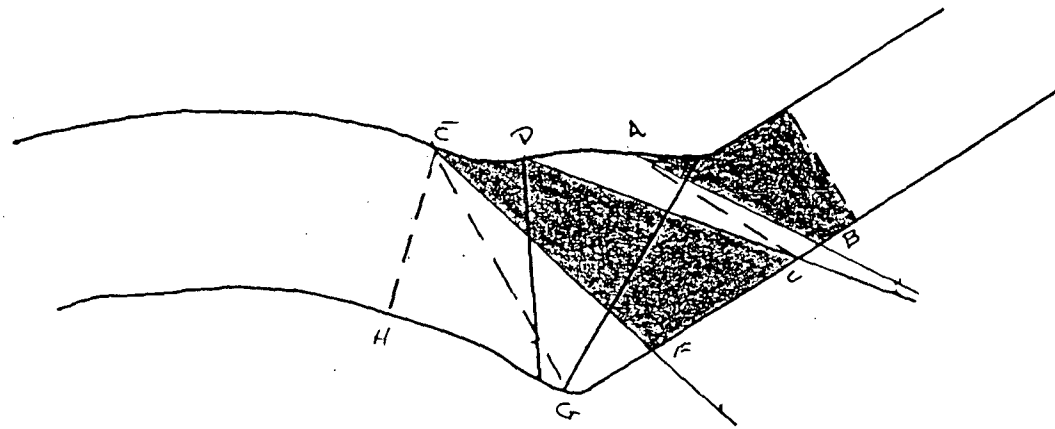
Date: 4/9/04
Date: _____
Date: 4/12/04

Comments: 2-LDCB-OUTLET-VZ

CIRC. CONTOUR

AREA OF COVERAGE

Sketch or Photo:



$ABC = \frac{1.0in \times 1in}{2} = .05in^2$

$ACD = \frac{1.0in \times .55in}{2} = .275in^2$

$EFG = \frac{1.4in \times .5in}{2} = .35in^2$

$EGH = \frac{1.0in \times .85in}{2} = .425in^2$

TOTAL AREA: 1.11in²

60° AXIAL - SCAN 1

FULL COVERAGE
NO COVERAGE



Supplemental Report

Report No.: VT-04-153

Attachment: Page: 13 of 14

Summary No.: B03.150.004

Examiner: David V. [Signature]

Examiner: _____

Other: _____

Level: III

Level: _____

Level: _____

Reviewer: [Signature] III

Site Review: _____

ANII Review: Nancy Christine Slaughter

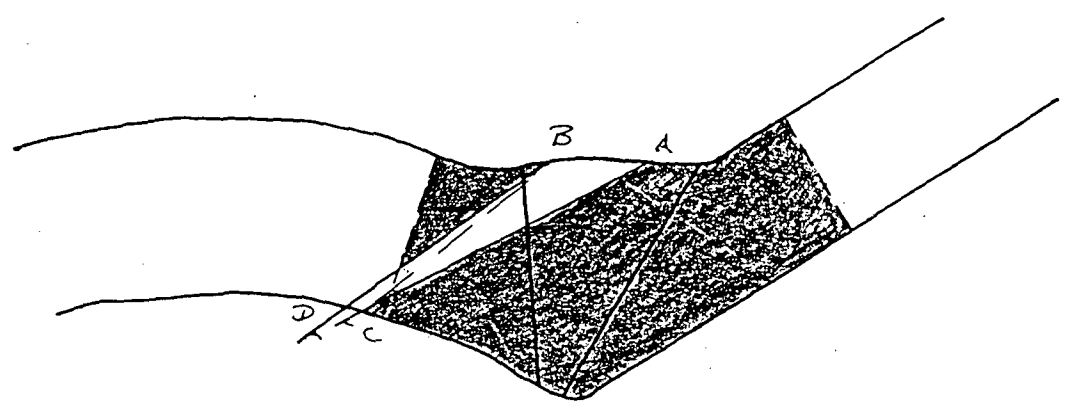
Date: 4/5/04

Date: _____

Date: 4/12/04

Comments: 2-LDCB-OUTLET-V2

Sketch or Photo:



CIRC. CONTOUR

AREA OF COVERAGE

$$ABC: \frac{1.25in \times .25in}{2} = .156in^2$$

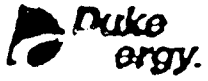
$$BCD: \frac{.4in \times 1.25in}{2} = .25in^2$$

TOTAL AREA = .219in²

60° AXIAL - SCAN 2

FULL COVERAGE

NO COVERAGE



Supplemental Report

Report No.: UT-04-153

Attachment: Page: 14 of 14

Summary No.: B03.150.004

Examiner: Dawid K. [Signature]

Examiner: _____

Other: _____

Level: III

Level: _____

Level: _____

Reviewer: [Signature] III

Site Review: _____

ANII Review: Nancy C. [Signature]

Date: 4/9/04

Date: _____

Date: 4/12/04

Comments:

CIRC. SCAN:

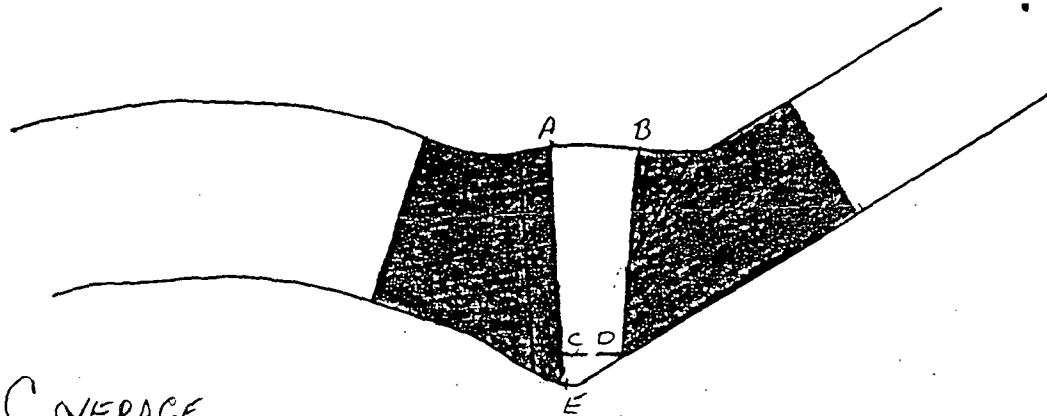
AREA OF COVERAGE:

$$ABCD = \frac{1 \cdot 1}{2} (.45" + .3") = .4125^2 \text{ IN.}$$

$$CDE = \frac{.3" \times .15"}{2} = .0225^2 \text{ IN.}$$

$$\frac{.4125^2 \text{ IN.} + .0225^2 \text{ IN.}}{.435^2 \text{ IN.}} = \underline{\underline{.44^2 \text{ IN.}}}$$

Sketch or Photo:



.44² IN. COVERAGE

NOTE: 45° & 60° CIRC. SCANS COVER IDENTICAL AREAS.

FULL COVERAGE

NO COVERAGE



UT Base Metal Lamination

Site/Unit: Oconee / 2 Procedure: NDE-640 Outage No.: ONS2EOC20
 Summary No.: B09.011.017 Procedure Rev.: 2 Report No.: UT-04-108
 Workscope: ISI Work Order No.: 98604011 Page: 1 of 2

Code: Asme Section XI 1989 Cat./Item: B-J- /B9.11.17 Location: N/A
 Drawing No.: 2HP-215 Description: Tee to Reducer
 System ID: 51A
 Component ID: B09.011.017 /2HP-215-3 Size/Length: N/A Thickness/Diameter: 0.531"/4"
 Limitations: NONE Start Time: 1050 Finish Time: 1057

Examination Surface: Inside Outside Surface Condition: GROUND
 Lo Location: 9.1.1.1 Wo Location: Centerline of Weld Couplant: ULTRAGEL II Batch No.: 03125
 Temp. Tool Mfg.: FISHER Serial No.: MCNDE32768 Surface Temp.: 71 °F Scanning dB: 55.7
 Cal. Report No.: CAL-04-193

Ind. No.	% Loss Back Wall	Amplitude % Full Screen	Position One				Position Max				Position Two				Remarks
			L1	W1	W2	MP	LM	W1	W2	MP	L2	W1	W2	MP	
NRI															

Comments: FC 03-20

Results: Accept Reject Info Initial Section XI Examination
 Percent Of Coverage Obtained > 90%: Yes-100% Reviewed Previous Data: No

Examiner	Level	Signature	Date	Reviewer	Signature	Date
Eaton, Jay A.	III		3/30/2004			4-1-04
Examiner	Level	Signature	Date	Site Review	Signature	Date
Other	Level	Signature	Date	ANII Review	Signature	Date
						4/6/04



Supplemental Report

Report No.: UT-04-108

Page: 2 of 2

Summary No.: B09.011.017

Examiner: Eaton, Jay A.

Examiner: _____

Other: _____

Level: III

Level: _____

Level: _____

Reviewer: Gary Moss

Site Review: _____

ANII Review: Nancy C. Ritchie-Slaughter

Date: 4-1-04

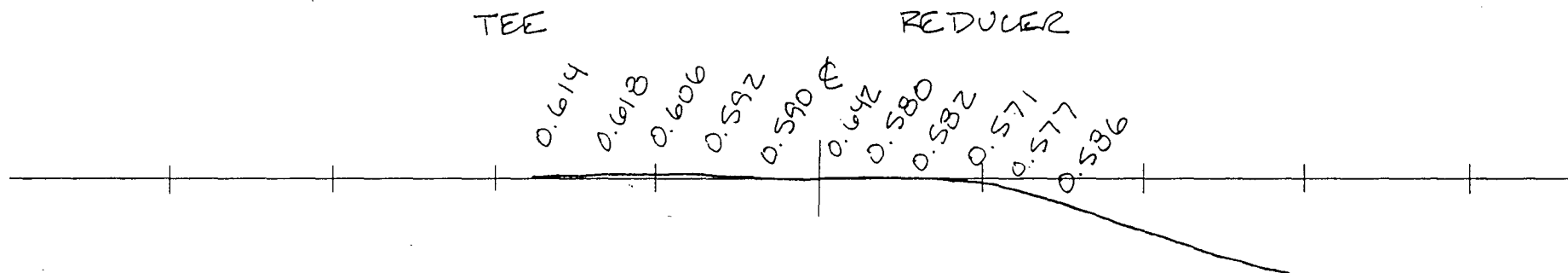
Date: _____

Date: 4/6/04

Comments: _____

Sketch or Photo: _____

C:\Documents and Settings\kbertoc\My Documents\PaintLine4.jpg





UT Pipe Weld Examination

Site/Unit: Oconee / 2 Procedure: NDE-600 Outage No.: ONS2EOC20
 Summary No.: B09.011.017 Procedure Rev.: 15 Report No.: UT-04-109
 Workscope: ISI Work Order No.: 98604011 Page: 1 of 3

Code: Asme Section XI 1989 Cat./Item: B-J- /B9.11.17 Location: N/A
 Drawing No.: 2HP-215 Description: Tee to Reducer
 System ID: 51A
 Component ID: B09.011.017 /2HP-215-3 Size/Length: N/A Thickness/Diameter: 0.531"/4"
 Limitations: Yes - See attached limitation report Start Time: 1103 Finish Time: 1124

Examination Surface: Inside Outside Surface Condition: AS GROUND

Lo Location: 9.1.1.1 Wo Location: Centerline of Weld Couplant: ULTRAGEL II Batch No.: 03125

Temp. Tool Mfg.: FISHER Serial No.: MCNDE32768 Surface Temp.: 71 °F

Cal. Report No.: CAL-04-194, CAL-04-195, CAL-04-196

Angle Used	0	45	45T	60	60L	
Scanning dB			50.3	54.7	61.5	

Indication(s): Yes No Scan Coverage: Upstream Downstream CW CCW

Comments:

Results: Accept Reject Info Initial Section XI Examination
 Percent Of Coverage Obtained > 90%: No - 88.8% Reviewed Previous Data: No

Examiner	Level	Signature	Date	Reviewer	Signature	Date
Eaton, Jay A.	III		3/30/2004			4-2-04
Examiner	Level	Signature	Date	Site Review	Signature	Date
Other	Level	Signature	Date	ANII Review	Signature	Date
						4/6/04



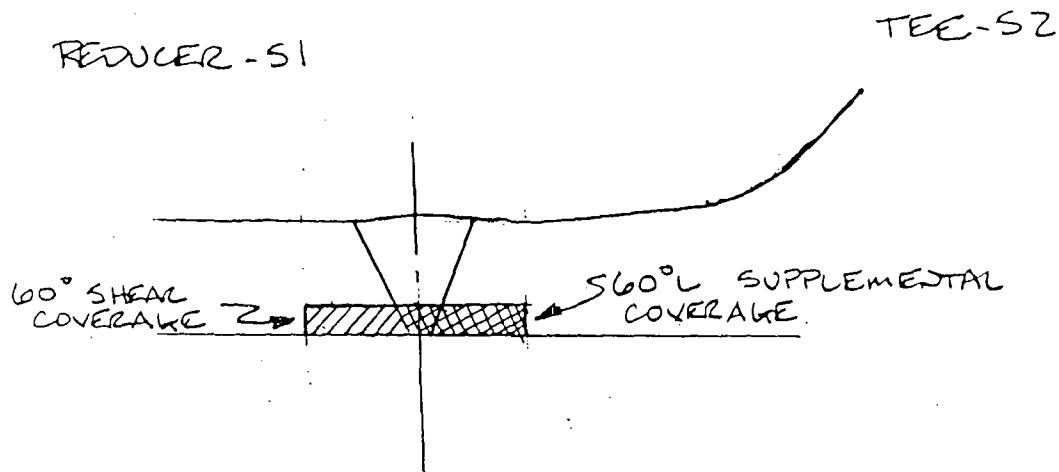
Limitation Record

Site/Unit: <u>Oconee / 2</u>	Procedure: <u>NDE-600</u>	Outage No.: <u>ONS2EOC20</u>
Summary No.: <u>B09.011.017</u>	Procedure Rev.: <u>15</u>	Report No.: <u>UT-04-109</u>
Workscope: <u>ISI</u>	Work Order No.: <u>98604011</u>	Page: <u>2</u> of <u>3</u>

Description of Limitation:

SZ
Limited in the throat of the tee on the SZ side of the weld with the 60° shear wave. Lo + 5.0" to Lo + 9.0"
of 3/30/04

Sketch of Limitation:



TOTAL EXAM AREA = $.177 \times 1.2 = .2112$

60° SHEAR COVERAGE = $\frac{.154 + .55}{2} \times .177 = .09 / .21 \times 100 = 42.8\%$

60° L SUPPLEMENTAL COVERAGE = $100\% - 42.8\% = 57.2\%$

Limitations removal requirements:

Radiation field:

Examiner	Level	Signature	Date	Reviewer	Signature	Date
JAY EATON	III	<i>[Signature]</i>	3/30/04	David K. [Signature]		4/5/04
Examiner	Level	Signature	Date	Site Review	Signature	Date
Other	Level	Signature	Date	ANII Review	Signature	Date
				Nancy C. Ritchie Slaughter		4/6/04



Determination of Percent Coverage for UT Examinations - Pipe

Site/Unit: <u>Oconee / 2</u>	Procedure: <u>NDE-600</u>	Outage No.: <u>ONS2EOC20</u>
Summary No.: <u>B09.011.017</u>	Procedure Rev.: <u>15</u>	Report No.: <u>UT-04-109</u>
Workscope: <u>ISI</u>	Work Order No.: <u>98604011</u>	Page: <u>3</u> of <u>3</u>

45 deg

Scan 1	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 1
Scan 2	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 2
Scan 3	<u>100.000</u>	% Length X	<u>100.000</u>	% volume of length / 100 =	<u>100.000</u>	% total for Scan 3
Scan 4	<u>100.000</u>	% Length X	<u>100.000</u>	% volume of length / 100 =	<u>100.000</u>	% total for Scan 4

Add totals and divide by # scans = 100.000 % total for 45 deg

Other deg - 60 (to be used for supplemental scans)

The data to be listed below is for coverage that was not obtained with the 45 deg scans.

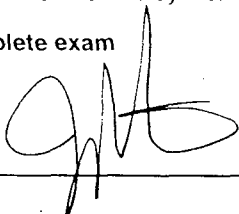
Scan 1	<u>71.600</u>	% Length X	<u>100.000</u>	% volume of length / 100 =	<u>71.600</u>	% total for Scan 1
Scan 2	<u>71.600</u>	% Length X	<u>100.000</u>	% volume of length / 100 =	<u>71.600</u>	% total for Scan 2
Scan 3	<u>28.400</u>	% Length X	<u>42.800</u>	% volume of length / 100 =	<u>12.155</u>	% total for Scan 3
Scan 4	<u>28.400</u>	% Length X	<u>0.000</u>	% volume of length / 100 =	<u>0.000</u>	% total for Scan 4

of 3/30/04

Percent complete coverage

Add totals for each scan required and divide by # of scans to determine:

88.839 % Total for complete exam

Site Field Supervisor: 

III

Date: 3/30/04

NOTE: 60° RL SCAN NOT INCLUDED IN PERCENT COVERAGE BECAUSE OF THE REQUIREMENTS OF 10CFR 50.55A(b)(2)(XV)(A)(2). BEST EFFORT SCAN WITH 60° RL OBTAINED 57.2% COVERAGE IN ONE AXIAL DIRECTION.



UT Base Met. Lamination

Site/Unit: Oconee / 2
 Summary No.: C05.021.021
 Workscope: ISI

Procedure: NDE-640
 Procedure Rev.: 2
 Work Order No.: 98606481

Outage No.: ONS2EOC20
 Report No.: UT-04-013
 Page: 1 of 2

Code: Asme Section XI 1989 Cat./Item: C-F-1/C5.21.21 Location: N/A
 Drawing No.: 2-51A-17 (2) Description: Pipe to Valve (Valve 2HP-118)
 System ID: 51A
 Component ID: C05.021.021 /2-51A-17-124 Size/Length: N/A Thickness/Diameter: 4.0" / .531
 Limitations: None Start Time: 0957 Finish Time: 1000

Examination Surface: Inside Outside Surface Condition: AS GROUND
 Lo Location: 9.1.1.3 Wo Location: Centerline of Weld Couplant: ULTRAGEL II Batch No.: 01225
 Temp. Tool Mfg.: FISHER Serial No.: MCNDE 27219 Surface Temp.: 97 °F Scanning dB: 60
 Cal. Report No.: CAL-04-019

Ind. No.	% Loss Back Wall	Amplitude % Full Screen	Position One				Position Max				Position Two				Remarks
			L1	W1	W2	MP	LM	W1	W2	MP	L2	W1	W2	MP	
NRI															

Comments: FC 03-20

Results: Accept Reject Info Initial Section XI Inspection
 Percent Of Coverage Obtained > 90%: Yes-100% Reviewed Previous Data: No

Examiner Level III Eaton, Jay A.	Signature 	Date 2/9/2004	Reviewer Gary A. Moss	Signature 	Date 2-11-04
Examiner Level II Jordan, Joey	Signature 	Date 2/9/2004	Site Review	Signature	Date
Other Level N/A N/A	Signature	Date	ANII Review 	Signature	Date 2/27/04



Supplemental Report

Report No.: UT-04-013

Page: 2 of 2

Summary No.: C05.021.021

Examiner: Eaton, Jay A.

Examiner: Jordan, Joey

Other: N/A

Level: III

Level: II

Level: N/A

Reviewer: Gary Moss

Site Review: _____

ANII Review: _____

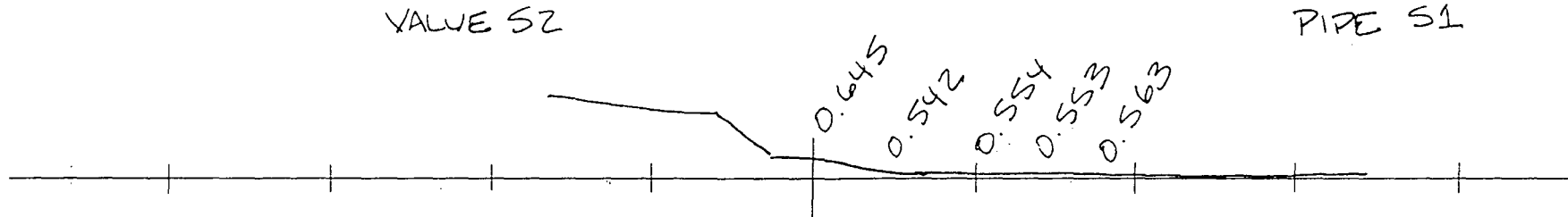
Date: 2-11-04

Date: _____

Date: 2/27/04

Comments:

Sketch or Photo: Z:\UT\IDDEAL\ProfileLine2.jpg





UT Pipe Weld Examination

Site/Unit: Oconee / 2 Procedure: NDE-600 Outage No.: ONS2EOC20
 Summary No.: C05.021.021 Procedure Rev.: 15 Report No.: UT-04-016
 Workscope: ISI Work Order No.: 98606481 Page: 1 of 3

Code: Asme Section XI 1989 Cat./Item: C-F-1/C5.21.21 Location: N/A
 Drawing No.: 2-51A-17 (2) Description: Pipe to Valve (Valve 2HP-118)
 System ID: 51A
 Component ID: C05.021.021 /2-51A-17-124 Size/Length: N/A Thickness/Diameter: 4.0" / .531
 Limitations: Yes-See Attached Limitation Report Start Time: 1000 Finish Time: 1040

Examination Surface: Inside Outside Surface Condition: AS GROUND
 Lo Location: 9.1.1.3 Wo Location: Centerline of Weld Couplant: ULTRAGEL II Batch No.: 01225
 Temp. Tool Mfg.: FISHER Serial No.: MCNDE 27219 Surface Temp.: 97 °F

Cal. Report No.: CAL-04-022, CAL-04-026, CAL-04-030

Angle Used	0	45	45T	60	60L	
Scanning dB			60	60	57	

Indication(s): Yes No Scan Coverage: Upstream Downstream CW CCW

Comments:

Results: Accept Reject Info Initial Section XI Inspection
 Percent Of Coverage Obtained > 90%: No - 34.5% Reviewed Previous Data: No

Examiner	Level III	Signature	Date	Reviewer	Signature	Date
Eaton, Jay A.			2/9/2004			2-11-04
Examiner	Level II	Signature	Date	Site Review	Signature	Date
Jordan, Joey			2/9/2004			
Other	Level	Signature	Date	ANII Review	Signature	Date
						2/27/04



Determination of Percent Coverage for UT Examinations - Pipe

Site/Unit: <u>Oconee / 2</u>	Procedure: <u>NDE-600</u>	Outage No.: <u>ONS2EOC20</u>
Summary No.: <u>C05.021.021</u>	Procedure Rev.: <u>15</u>	Report No.: <u>UT-04-016</u>
Workscope: <u>ISI</u>	Work Order No.: <u>98606481</u>	Page: <u>2</u> of <u>3</u>

45 deg

Scan 1	<u> </u> % Length X <u> </u>	% volume of length / 100 = <u> </u>	% total for Scan 1
Scan 2	<u> </u> % Length X <u> </u>	% volume of length / 100 = <u> </u>	% total for Scan 2
Scan 3	<u>100.000</u> % Length X <u>50.000</u>	% volume of length / 100 = <u>50.000</u>	% total for Scan 3
Scan 4	<u>100.000</u> % Length X <u>50.000</u>	% volume of length / 100 = <u>50.000</u>	% total for Scan 4

Add totals and divide by # scans = 50.000 % total for 45 deg

Other deg - 60 (to be used for supplemental scans)

The data to be listed below is for coverage that was not obtained with the 45 deg scans.

Scan 1	<u>100.000</u> % Length X <u>38.100</u>	% volume of length / 100 = <u>38.100</u>	% total for Scan 1
Scan 2	<u>100.000</u> % Length X <u>0.000</u>	% volume of length / 100 = <u>0.000</u>	% total for Scan 2
Scan 3	<u> </u> % Length X <u> </u>	% volume of length / 100 = <u> </u>	% total for Scan 3
Scan 4	<u> </u> % Length X <u> </u>	% volume of length / 100 = <u> </u>	% total for Scan 4

Percent complete coverage

Add totals for each scan required and divide by # of scans to determine;

34.525 % Total for complete exam

Site Field Supervisor: III

Date: 2/9/04

NOTE: 60° RL SCAN NOT INCLUDED IN PERCENT COVERAGE BECAUSE OF THE REQUIREMENTS OF 10CFR50.55a(b)(2)(xv)(A)(2) BEST EFFORT SCAN WITH 60° RL OBTAINED 61.9% COVERAGE IN ONE AXIAL DIRECTION.



Limitation Record

Site/Unit: Oconee / 2
 Summary No.: C05.021.021
 Workscope: ISI

Procedure: NDE-600
 Procedure Rev.: 15
 Work Order No.: 98606481

Outage No.: ONS2EOC20
 Report No.: UT-04-016
 Page: 3 of 3

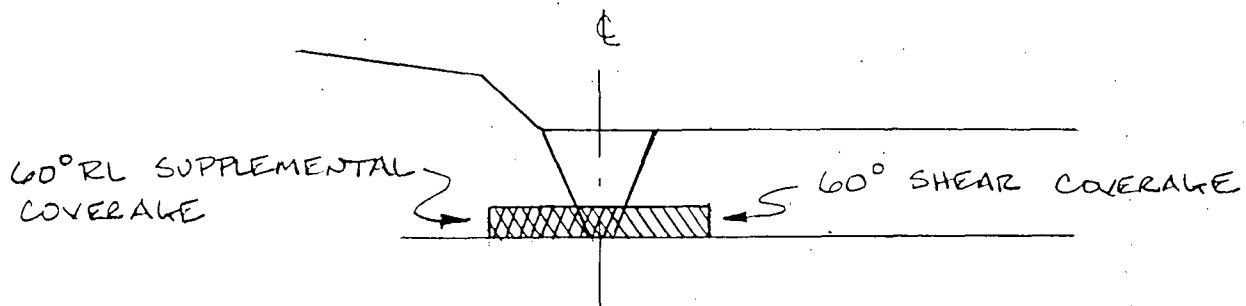
Description of Limitation:

Limited Due to Valve Configuration

Sketch of Limitation:

VALVE S2

PIPE S1



TOTAL EXAM AREA $.18 \times 1.15 = .21 \text{ in}^2$

60° SHEAR COVERAGE = $\frac{0.4 + 0.5}{2} \times .18 = .08 / .21 \times 100 = 38.1\%$

60° RL COVERAGE = $.21 - .08 = .13 / .21 \times 100 = 61.9\%$

45° CW & CCW COVERAGE = $.21 \div 2 = .105 / .21 \times 100 = 50\%$

Limitations removal requirements:

N/A

Radiation field: N/A

Examiner	Level	Signature	Date	Reviewer	Signature	Date
Eaton, Jay A.	III		2/9/2004			2-11-04
Jordan, Joey	II		2/9/2004	Site Review		
Other	Level	Signature	Date	ANII Review	Signature	Date
						2/27/04



UT Base Metal Lamination

Site/Unit: Oconee / 2
 Summary No.: C05.021.022
 Workscope: ISI

Procedure: NDE-640
 Procedure Rev.: 2
 Work Order No.: 98606481

Outage No.: ONS2EOC20
 Report No.: UT-04-014
 Page: 1 of 2

Code: Asme Section XI 1989 Cat./Item: C-F-1/C5.21.22 Location: N/A
 Drawing No.: 2-51A-17 (2) Description: Valve (2HP-115) to Tee
 System ID: 51A
 Component ID: C05.021.022 /2-51A-17-92 Size/Length: N/A Thickness/Diameter: 4.0" / .531
 Limitations: None Start Time: 0953 Finish Time: 0957

Examination Surface: Inside Outside Surface Condition: AS GROUND
 Lo Location: 9.1.1.1 Wo Location: Centerline of Weld Couplant: ULTRAGEL II Batch No.: 01225
 Temp. Tool Mfg.: FISHER Serial No.: MCNDE 27219 Surface Temp.: 97 °F Scanning dB: 60
 Cal. Report No.: CAL-04-019

Ind. No.	% Loss Back Wall	Amplitude % Full Screen	Position One				Position Max				Position Two				Remarks
			L1	W1	W2	MP	LM	W1	W2	MP	L2	W1	W2	MP	
NRI															

Comments: FC 03-20

Results: Accept Reject Info Initial Section XI Inspection
 Percent Of Coverage Obtained > 90%: Yes-100% Reviewed Previous Data: No

Examiner	Level	Signature	Date	Reviewer	Signature	Date
Eaton, Jay A.	III		2/9/2004			2-11-04
Examiner	Level	Signature	Date	Site Review	Signature	Date
Jordan, Joey	II		2/9/2004			
Other	Level	Signature	Date	ANII Review	Signature	Date
N/A	N/A					2/27/04



Supplemental Report

Report No.: UT-04-014

Page: 2 of 2

Summary No.: C05.021.022

Examiner: Eaton, Jay A.

Examiner: Jordan, Joey

Other: N/A

Level: III

Level: II

Level: N/A

Reviewer: Gary Mon

Site Review: [Signature]

ANII Review: [Signature]

Date: 2-11-04

Date: [Signature]

Date: 2/27/04

Comments:

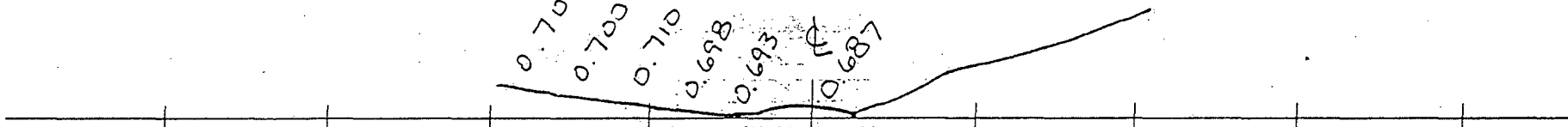
Sketch or Photo:

Z:\UTIDDEAL\ProfileLine2.jpg

SZ TEE

VALVE S1

0.700
0.700
0.710
0.698
0.693
0.687





UT Pipe Weld Examination

Site/Unit: Oconee / 2 Procedure: NDE-600 Outage No.: ONS2EOC20
 Summary No.: C05.021.022 Procedure Rev.: 15 Report No.: UT-04-017
 Workscope: ISI Work Order No.: 98606481 Page: 1 of 5

Code: Asme Section XI 1989 Cat./Item: C-F-1/C5.21.22 Location: N/A
 Drawing No.: 2-51A-17 (2) Description: Valve (2HP-115) to Tee
 System ID: 51A
 Component ID: C05.021.022 /2-51A-17-92 Size/Length: N/A Thickness/Diameter: 4.0" / .531
 Limitations: Yes-See Attached Limitation Report Start Time: 1000 Finish Time: 1040

Examination Surface: Inside Outside Surface Condition: AS GROUND
 Lo Location: 9.1.1.1 Wo Location: Centerline of Weld Couplant: ULTRAGEL II Batch No.: 01225
 Temp. Tool Mfg.: FISHER Serial No.: MCNDE:27219 Surface Temp.: 97 °F

Cal. Report No.: CAL-04-022, CAL-04-026, CAL-04-030

Angle Used	0	45	45T	60	60L	
Scanning dB			60	60	57	

Indication(s): Yes No Scan Coverage: Upstream Downstream CW CCW

Comments:

Results: Accept Reject Info *NO 4055 9-25-07* Initial Section XI Inspection
 Percent Of Coverage Obtained > 90%: No - 34.5% *9-25-07* Reviewed Previous Data: No

Examiner	Level III	Signature	Date	Reviewer	Signature	Date
Eaton, Jay A.		<i>[Signature]</i>	2/9/2004	<i>[Signature]</i>		2-11-04
Examiner	Level II	Signature	Date	Site Review	Signature	Date
Jordan, Joey		<i>[Signature]</i>	2/9/2004			
Other	Level	Signature	Date	ANII Review	Signature	Date
				<i>[Signature]</i>		2/27/04



Ultrasonic Indication Report

Site/Unit: Oconee / 2
 Summary No.: C05.021.022
 Workscope: ISI

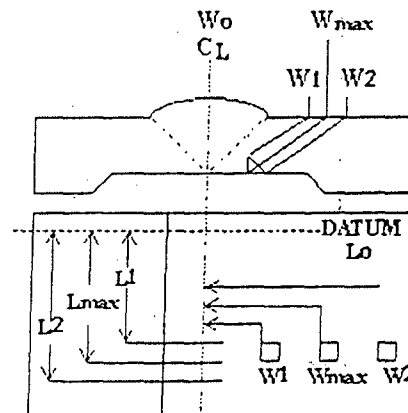
Procedure: NDE-600
 Procedure Rev.: 15
 Work Order No.: 98606481

Outage No.: ONS2EOC20
 Report No.: UT-04-017
 Page: 2 of 5

Search Unit Angle: 60 RL
 Wo Location: C/L of Weld
 Lo Location: 9.1.1.1

- Piping Welds
- Ferritic Vessels $\geq 2''T$
- Other _____

MP	Metal Path	Wmax	Distance From Wo To S.U. At Maximum Response
RBR	Remaining Back Reflection	W1	Distance From Wo At _____ Of Max (Forward)
L	Distance From Datum	W2	Distance From Wo At _____ Of Max (Forward)



Comments:

Scan #	Indication No.	% Of DAC	W Max		Forward Of Max		Backward Of Max		L1 Of Max	L Max	L2 Of Max	RBR Amp.	Remarks
			W	MP	W1	MP	W2	MP					
S2	1	80%	0.7	1.0"	N/A	N/A	N/A	N/A	360°	0-1"	Int.	N/A	ID Geometry

Examiner Level III Eaton, Jay A.	Signature <i>[Signature]</i>	Date 2/9/2004	Reviewer Jay Moss	Signature <i>[Signature]</i>	Date 2-11-04
Examiner Level II Jordan, Joey	Signature <i>[Signature]</i>	Date 2/9/2004	Site Review	Signature	Date
Other Level	Signature	Date	ANII Review <i>[Signature]</i>	Signature	Date 2/27/04



Supplemental Report

Report No.: UT-04-017

Page: 3 of 5

Summary No.: C05.021.022

Examiner: Eaton, Jay A.

Examiner: Jordan, Joey

Other: _____

Level: III

Level: II

Level: _____

Reviewer: Jan Moss

Site Review: _____

ANII Review: Robert [Signature]

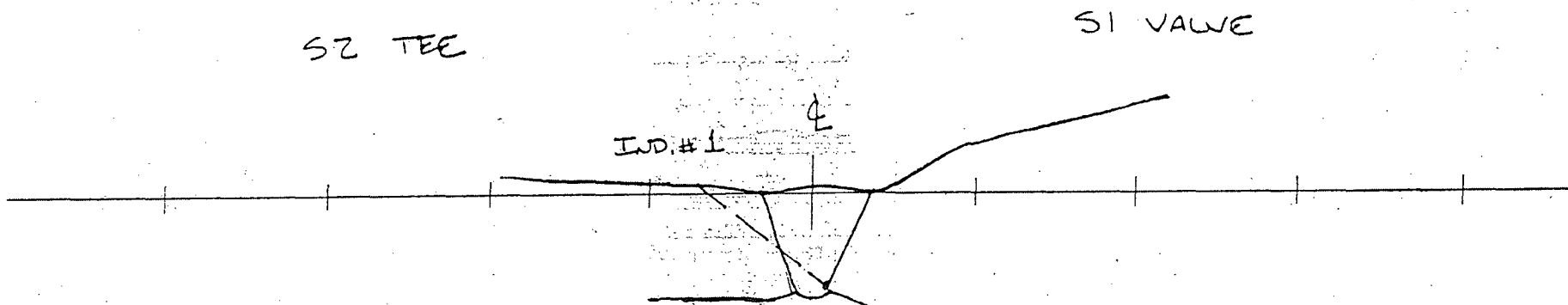
Date: 2-11-04

Date: _____

Date: 2/27/04

Comments: Ind. # 1 - 60°L is a geometric reflector from the weld root. This was verified by plotting the Indication. There was no response at this location from the 60° and 70° shear waves.

Sketch or Photo: Z:\UT\IDEAL\ProfileLine2.jpg





Determination of Percent Coverage for UT Examinations - Pipe

Site/Unit: ONS 1 2 Procedure: NDE-600 Outage No.: ONS2EOR20
 Summary No.: COS.021.022 Procedure Rev.: 15 Report No.: UT-04-017
 Workscope: 151 Work Order No.: 98606481 Page: 4 of 5

45 deg

Scan 1	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 1
Scan 2	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 2
Scan 3	<u>100</u>	% Length X	<u>50</u>	% volume of length / 100 =	<u>50</u>	% total for Scan 3
Scan 4	<u>100</u>	% Length X	<u>50</u>	% volume of length / 100 =	<u>50</u>	% total for Scan 4

Add totals and divide by # scans = 50 % total for 45 deg

Other deg. - 60 (to be used for supplemental scans)

The data to be listed below is for coverage that was not obtained with the 45 deg scans.

Scan 1	<u>100</u>	% Length X	<u>50</u>	% volume of length / 100 =	<u>50</u>	% total for Scan 1
Scan 2	<u>100</u>	% Length X	<u>0</u>	% volume of length / 100 =	<u>0</u>	% total for Scan 2
Scan 3	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 3
Scan 4	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 4

Percent complete coverage

Add totals for each scan required and divide by # of scans to determine;

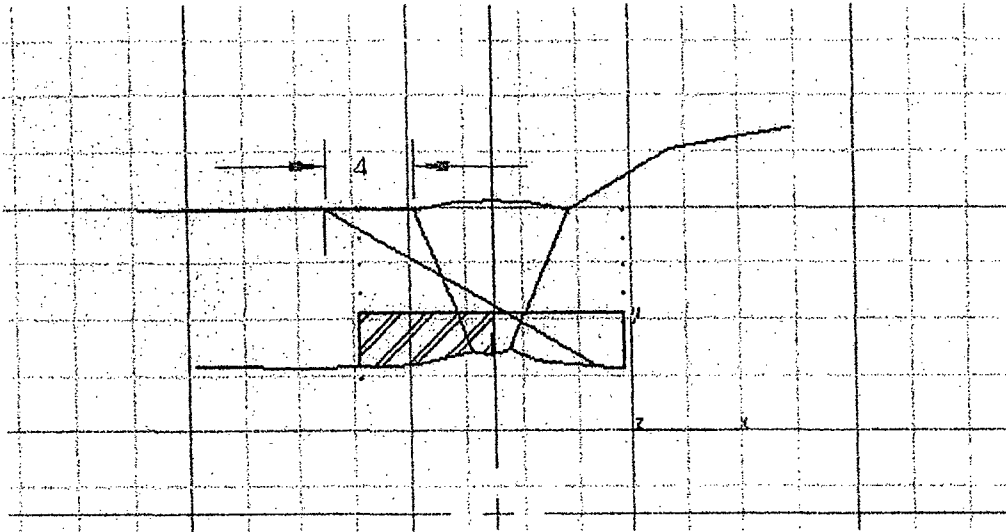
37.5 % Total for complete exam

Site Field Supervisor: James J. McQuillen
Robert [unclear]

Date: 9-19-07
9.22.07

ONS 2 C05.021.022

All dimensions are in inches



60° shear wave beam covered 50% of the required volume in one axial direction from the Tee side. (Cross hatched area)

$$.254 \div 2 = .127 \text{ sq. in.}$$

$$.127 \div .254 \times 100 = 50\%$$

45° shear wave beam covered 50% of the required volume in two circumferential and two tangential directions. (Cross hatched area)

60° RL beam covered 0.048 sq. in. on the valve side of the weld. This equates to 18.89% of the required examination volume.

$$.048 \div .254 \times 100 = 18.89\%$$

*CMS AN 11
9-26-07*

This limitation was caused by the valve configuration which prevents scanning on the valve side of the weld. Reported coverage is the aggregate of all scans performed on the weld.



UT Base Met. Lamination

Site/Unit: Oconee / 2
 Summary No.: C05.021.023
 Workscope: ISI

Procedure: NDE-640
 Procedure Rev.: 2
 Work Order No.: 98606488

Outage No.: ONS2EOC20
 Report No.: UT-04-026
 Page: 1 of 2

Code: Asme Section XI 1989 Cat./Item: C-F-1/C5.21.23 Location: N/A
 Drawing No.: 2-51A-17 (3) Description: Valve (2HP-118) to Elbow
 System ID: 51A
 Component ID: C05.021.023 /2-51A-17-125 Size/Length: N/A Thickness/Diameter: 4.0" / .531
 Limitations: None Start Time: 0905 Finish Time: 0908

Examination Surface: Inside Outside Surface Condition: AS GROUND
 Lo Location: 9.1.1.2 Wo Location: Centerline of Weld Couplant: ULTRAGEL II Batch No.: 01225
 Temp. Tool Mfg.: FISHER Serial No.: MCNDE 27219 Surface Temp.: 97 °F Scanning dB: 62
 Cal. Report No.: CAL-04-042

Ind. No.	% Loss Back Wall	Amplitude % Full Screen	Position One				Position Max				Position Two				Remarks
			L1	W1	W2	MP	LM	W1	W2	MP	L2	W1	W2	MP	
NRI															

Comments: FC 03-20

Results: Accept Reject Info Initial Section XI Inspection
 Percent Of Coverage Obtained > 90% Yes-100% Reviewed Previous Data: No

Examiner Level III Eaton, Jay A.	Signature 	Date 2/10/2004	Reviewer Gary Moss	Signature 	Date 2-11-04
Examiner Level II Jordan, Joey	Signature 	Date 2/10/2004	Site Review	Signature	Date
Other Level N/A N/A	Signature	Date	ANII Review Nancy C. Ritchie Slaughter	Signature 	Date 3/2/04



Supplemental Report

Report No.: UT-04-026

Page: 2 of 2

Summary No.: C05.021.023

Examiner: Eaton, Jay A.

Examiner: Jordan, Joey

Other: N/A

Level: III

Level: II

Level: N/A

Reviewer: Gary Moss

Site Review: _____

ANII Review: Nancy C. Kitcher Slaughter

Date: 2-11-04

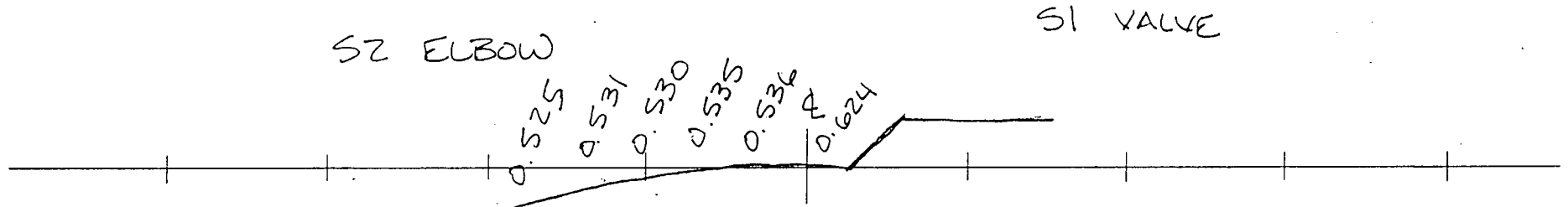
Date: _____

Date: 3/2/04

Comments:

Sketch or Photo:

Z:\UT\IDDEAL\ProfileLine2.jpg





UT Pipe Weld Examination

Site/Unit: Oconee / 2
 Summary No.: C05.021.023
 Workscope: ISI

Procedure: NDE-600
 Procedure Rev.: 15
 Work Order No.: 98606488

Outage No.: ONS2EOC20
 Report No.: UT-04-030
 Page: 1 of 3

Code: Asme Section XI 1989 Cat./Item: C-F-1/C5.21.23 Location: N/A
 Drawing No.: 2-51A-17 (3) Description: Valve (2HP-118) to Elbow
 System ID: 51A
 Component ID: C05.021.023 /2-51A-17-125 Size/Length: N/A Thickness/Diameter: 4.0" / .531
 Limitations: Yes-See Attached Limitation Report Start Time: 0925 Finish Time: 0955

Examination Surface: Inside Outside Surface Condition: AS GROUND

Lo Location: 9.1.1.2 Wo Location: Centerline of Weld Couplant: ULTRAGEL II Batch No.: 01225

Temp. Tool Mfg.: FISHER Serial No.: MCNDE 27219 Surface Temp.: 97 °F

Cal. Report No.: CAL-04-043, CAL-04-045, CAL-04-048

Angle Used	0	45	45T	60	60L	
Scanning dB			61	62	57	

Indication(s): Yes No Scan Coverage: Upstream Downstream CW CCW

Comments:

Results: Accept Reject Info

Initial Section XI Inspection

Percent Of Coverage Obtained > 90%: No - 34.5%

Reviewed Previous Data: No

Examiner	Level	Signature	Date	Reviewer	Signature	Date
Eaton, Jay A.	III		2/10/2004			
Examiner	Level	Signature	Date	Site Review	Signature	Date
Jordan, Joey	II		2/10/2004			
Other	Level	Signature	Date	ANII Review	Signature	Date
N/A	N/A					3/2/04



Determination of Percent Coverage for UT Examinations - Pipe

Site/Unit: <u>Oconee / 2</u>	Procedure: <u>NDE-600</u>	Outage No.: <u>ONS2EOC20</u>
Summary No.: <u>C05.021.023</u>	Procedure Rev.: <u>15</u>	Report No.: <u>UT-04-030</u>
Workscope: <u>ISI</u>	Work Order No.: <u>98606488</u>	Page: <u>2</u> of <u>3</u>

45 deg

Scan 1	<u> </u> % Length X <u> </u>	% volume of length / 100 = <u> </u>	% total for Scan 1
Scan 2	<u> </u> % Length X <u> </u>	% volume of length / 100 = <u> </u>	% total for Scan 2
Scan 3	<u>100.000</u> % Length X <u>50.000</u>	% volume of length / 100 = <u>50.000</u>	% total for Scan 3
Scan 4	<u>100.000</u> % Length X <u>50.000</u>	% volume of length / 100 = <u>50.000</u>	% total for Scan 4

Add totals and divide by # scans = 50.000 % total for 45 deg

Other deg - 60 (to be used for supplemental scans)

The data to be listed below is for coverage that was not obtained with the 45 deg scans.

Scan 1	<u>100.000</u> % Length X <u>38.100</u>	% volume of length / 100 = <u>38.100</u>	% total for Scan 1
Scan 2	<u>100.000</u> % Length X <u>0.000</u>	% volume of length / 100 = <u>0.000</u>	% total for Scan 2
Scan 3	<u> </u> % Length X <u> </u>	% volume of length / 100 = <u> </u>	% total for Scan 3
Scan 4	<u> </u> % Length X <u> </u>	% volume of length / 100 = <u> </u>	% total for Scan 4

Percent complete coverage

Add totals for each scan required and divide by # of scans to determine;

34.525 % Total for complete exam

Site Field Supervisor: III Date: 2/10/04

NOTE: 60° RL SCAN NOT INCLUDED IN PERCENT COVERAGE
 CAUSE OF THE REQUIREMENTS OF 10CFR 50.55a (b)(2)(iv)(A)(2)
 BEST EFFORT ^{9/2/04} E. SCAN WITH 60° RL OBTAINED 61.9 % COVERAGE
 IN ONE AXIAL DIRECTION.



Limitation Record

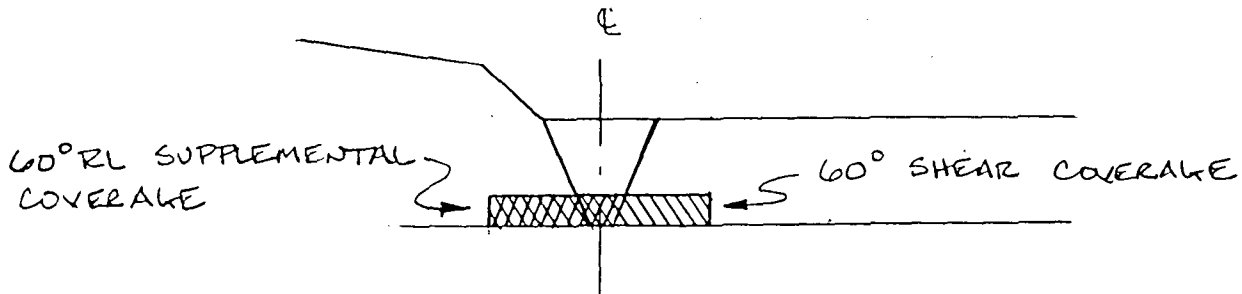
Site/Unit: Ocone / 2
 Summary No.: C05.021.023
 Workscope: ISI

Procedure: NDE-600
 Procedure Rev.: 15
 Work Order No.: 98606488

Outage No.: ONS2EOC20
 Report No.: UT-04-030
 Page: 3 of 3

Description of Limitation:
 Limited due to Valve Configuration.

Sketch of Limitation: VALVE S1 ELBOW S2



TOTAL EXAM AREA $.18 \times 1.15 = .21 \text{ in}^2$

60° SHEAR COVERAGE = $\frac{0.4 + 0.5}{2} \times .18 = .08 / .21 \times 100 = 38.1\%$

60° RL COVERAGE = $.21 - .08 = .13 / .21 \times 100 = 61.9\%$

45° CW & CCW COVERAGE = $.21 \div 2 = .105 / .21 \times 100 = 50\%$

Limitations removal requirements:

N/A

Radiation field: N/A

Examiner	Level III	Signature	2/10/04	Date	Reviewer	Signature	Date
Eaton, Jay A.			2/9/2004			2/10/04	2-11-04
Examiner	Level II	Signature	2/10/04	Date	Site Review	Signature	Date
Jordan, Joey			2/9/2004			2/10/04	
Other	Level	Signature		Date	ANII Review	Signature	Date
					Nancy C. Ritches Slaughter		3/2/04



UT Base Met. Lamination

Site/Unit: Oconee / 2
 Summary No.: C05.021.051
 Workscope: ISI

Procedure: NDE-640
 Procedure Rev.: 2
 Work Order No.: 98606478

Outage No.: ONS2EOC20
 Report No.: UT-04-015
 Page: 1 of 2

Code: Asme Section XI 1989 Cat./Item: C-F-1/C5.21.51 Location: N/A
 Drawing No.: 2-51A-17 (1) Description: Pipe to Valve (2LP-56)
 System ID: 51A
 Component ID: C05.021.051 /2-51A-17-20A Size/Length: N/A Thickness/Diameter: 3.0" / .216
 Limitations: None Start Time: 0950 Finish Time: 0953

Examination Surface: Inside Outside Surface Condition: AS GROUND
 Lo Location: 9.1.1.1 Wo Location: Centerline of Weld Couplant: ULTRAGEL II Batch No.: 01225
 Temp. Tool Mfg.: FISHER Serial No.: MCNDE 27219 Surface Temp.: 97 °F Scanning dB: 58
 Cal. Report No.: CAL-04-021

Ind. No.	% Loss Back Wall	Amplitude % Full Screen	Position One				Position Max				Position Two				Remarks
			L1	W1	W2	MP	LM	W1	W2	MP	L2	W1	W2	MP	
NRI															

Comments: FC 03-20

Results: Accept Reject Info Initial Section XI Inspection
 Percent Of Coverage Obtained > 90%: Yes-100% Reviewed Previous Data: No

Examiner Level III Eaton, Jay A.	Signature 	Date 2/9/2004	Reviewer 	Signature 	Date 2-11-04
Examiner Level II Jordan, Joey	Signature 	Date 2/9/2004	Site Review	Signature	Date
Other Level N/A N/A	Signature 	Date	ANII Review Nancy C Ritchie Slaughter	Signature 	Date 3/2/04



Supplemental Report

Report No.: UT-04-015

Page: 2 of 2

Summary No.: C05.021.051

Examiner: Eaton, Jay A.

Examiner: Jordan, Joey

Other: N/A

Level: III

Level: II

Level: N/A

Reviewer: Gary Moss

Site Review: _____

ANII Review: Nancy C. Ritzel Slaughter

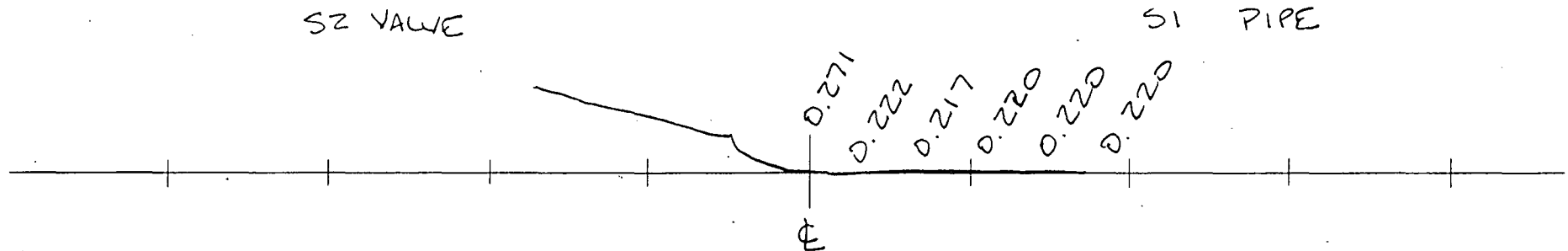
Date: 2-11-04

Date: _____

Date: 3/2/04

Comments:

Sketch or Photo: Z:\UT\IDDEAL\ProfileLine2.jpg





UT Pipe Weld Examination

Site/Unit: Oconee / 2 Procedure: NDE-600 Outage No.: ONS2EOC20
 Summary No.: C05.021.051 Procedure Rev.: 15 Report No.: UT-04-018
 Workscope: ISI Work Order No.: 98606478 Page: 1 of 3

Code: Asme Section XI 1989 Cat./Item: C-F-1/C5.21.51 Location: N/A
 Drawing No.: 2-51A-17 (1) Description: Pipe to Valve (2LP-56)
 System ID: 51A
 Component ID: C05.021.051 /2-51A-17-20A Size/Length: N/A Thickness/Diameter: 3.0" / .216
 Limitations: Yes-See Attached Lkimitation Report Start Time: 1010 Finish Time: 1030

Examination Surface: Inside Outside Surface Condition: AS GROUND

Lo Location: 9.1.1.1 Wo Location: Centerline of Weld Couplant: ULTRAGEL II Batch No.: 01225

Temp. Tool Mfg.: FISHER Serial No.: MCNDE 27219 Surface Temp.: 97 °F

Cal. Report No.: CAL-04-024, CAL-04-028, CAL-04-029

Angle Used	0	45	45T	60	70	
Scanning dB			56	60	63	

Indication(s): Yes No Scan Coverage: Upstream Downstream CW CCW

Comments:

Results: Accept Reject Info Initial Section XI Inspection

Percent Of Coverage Obtained > 90%: No - 35.2% Reviewed Previous Data: No

Examiner	Level	Signature	Date	Reviewer	Signature	Date
Eaton, Jay A.	III		2/9/2004			2-11-04
Examiner	Level	Signature	Date	Site Review	Signature	Date
Jordan, Joey	II		2/9/2004			
Other	Level	Signature	Date	ANII Review	Signature	Date
N/A	N/A					3/2/04



Determination of Percent Coverage for UT Examinations - Pipe

Site/Unit: <u>Oconee / 2</u>	Procedure: <u>NDE-600</u>	Outage No.: <u>ONS2EOC20</u>
Summary No.: <u>C05.021.051</u>	Procedure Rev.: <u>15</u>	Report No.: <u>UT-04-018</u>
Workscope: <u>ISI</u>	Work Order No.: <u>98606478</u>	Page: <u>2</u> of <u>3</u>

45 deg

Scan 1	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 1
Scan 2	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 2
Scan 3	<u>100.000</u>	% Length X	<u>50.000</u>	% volume of length / 100 =	<u>50.000</u>	% total for Scan 3
Scan 4	<u>100.000</u>	% Length X	<u>50.000</u>	% volume of length / 100 =	<u>50.000</u>	% total for Scan 4

Add totals and divide by # scans = 50.000 % total for 45 deg

Other deg - 60 (to be used for supplemental scans)

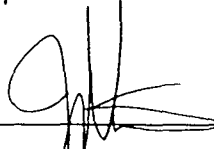
The data to be listed below is for coverage that was not obtained with the 45 deg scans.

Scan 1	<u>100.000</u>	% Length X	<u>40.600</u>	% volume of length / 100 =	<u>40.600</u>	% total for Scan 1
Scan 2	<u>100.000</u>	% Length X	<u>0.000</u>	% volume of length / 100 =	<u>0.000</u>	% total for Scan 2
Scan 3	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 3
Scan 4	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 4

Percent complete coverage

Add totals for each scan required and divide by # of scans to determine;

35.150 % Total for complete exam

Site Field Supervisor:  III

Date: 2/9/04

NOTE: 70° SHEAR SCAN NOT INCLUDED IN PERCENT COVERAGE
BECAUSE OF THE REQUIREMENTS OF 10CFR50.55a(b)(2)(iv)(A)(2)
BEST EFFORT SCAN WITH 70° SHEAR OBTAINED 59.4% COVERAGE
IN ONE AXIAL DIRECTION.



Limitation Record

Site/Unit: Oconee / 2
 Summary No.: C05.021.051
 Workscope: ISI

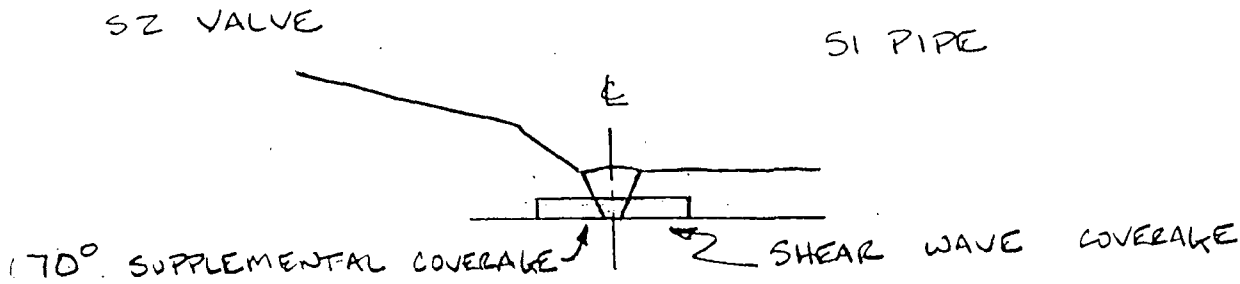
Procedure: NDE-600
 Procedure Rev.: 15
 Work Order No.: 98606478

Outage No.: ONS2EOC20
 Report No.: UT-04-018
 Page: 3 of 3

Description of Limitation:

Limited Due to Valve Configuration

Sketch of Limitation:



$$\text{TOTAL EXAM AREA} = 0.8 \times 0.072 = 0.0576 \text{ m}^2$$

$$60^\circ \text{ SHEAR COVERAGE} = \frac{0.3 + 0.35}{2} \times 0.072 = 0.0234 / 0.0576 \times 100 = 40.6\%$$

$$70^\circ \text{ SHEAR COVERAGE} = 0.0576 - 0.0234 = 0.0342 / 0.0576 \times 100 = 59.4\%$$

$$45^\circ \text{ CW \& CCW COVERAGE} = 0.0576 \div 2 = 0.0288 / 0.0576 \times 100 = 50\%$$

Limitations removal requirements:

N/A

Radiation field: N/A

Examiner	Level	Signature	Date	Reviewed	Signature	Date
Eaton, Jay A.	III		2/9/2004			2-11-04
Examiner	Level	Signature	Date	Site Review	Signature	Date
Jordan, Joey	II		2/9/2004			
Other	Level	Signature	Date	ANII Review	Signature	Date
N/A	N/A					3/2/04



UT Base Metal Lamination

Site/Unit: Oconee / 2
Summary No.: C05.021.054
Workscope: ISI

Procedure: NDE-640
Procedure Rev.: 2
Work Order No.: 98606499

Outage No.: ONS2EOC20
Report No.: UT-04-027
Page: 1 of 2

Code: Asme Section XI 1989 Cat./Item: C-F-1/C5.21.54 Location: N/A
Drawing No.: 2-51A-17 (4) Description: Tee to Pipe
System ID: 51A
Component ID: C05.021.054 / 2-51A-17-102 Size/Length: N/A Thickness/Diameter: 3.0" / .438
Limitations: None Start Time: 0913 Finish Time: 0916

Examination Surface: Inside Outside Surface Condition: AS GROUND
Lo Location: 9.1.1.1 Wo Location: Centerline of Weld Couplant: ULTRAGEL II Batch No.: 01225
Temp. Tool Mfg.: FISHER Serial No.: MCNDE 27219 Surface Temp.: 97 °F Scanning dB: 62
Cal. Report No.: CAL-04-031

Ind. No.	% Loss Back Wall	Amplitude % Full Screen	Position One				Position Max				Position Two				Remarks
			L1	W1	W2	MP	LM	W1	W2	MP	L2	W1	W2	MP	
NRI															

Comments: FC 03-20

Results: Accept Reject Info Initial Section XI Inspection
Percent Of Coverage Obtained > 90%: Yes-100% Reviewed Previous Data: No

Examiner Level III Eaton, Jay A.	Signature 	Date 2/10/2004	Reviewer Gary Moss	Signature 	Date 2-11-04
Examiner Level II Jordan, Joey	Signature 	Date 2/10/2004	Site Review	Signature	Date
Other Level	Signature	Date	ANII Review Nancy C. Ritchie Slaughter	Signature 	Date 3/2/04



Supplemental Report

Report No.: UT-04-027

Page: 2 of 2

Summary No.: C05.021.054

Examiner: Eaton, Jay A.

Examiner: Jordan, Joey

Other: _____

Level: III

Level: II

Level: _____

Reviewer: _____

Site Review: _____

ANII Review: _____

Date: 2-11-04

Date: _____

Date: 3/2/04

Comments:

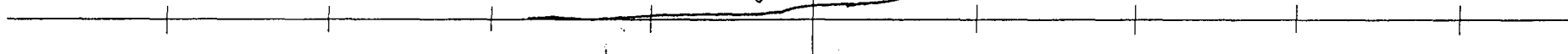
Sketch or Photo:

E:\UT\IDDEAL\ProfileLine2.jpg

PIPE S1

TEE S2

0.428
0.428
0.428
0.432
0.490
0.492
0.550
0.613
0.751





UT Pipe Weld Examination

Site/Unit: Oconee / 2 Procedure: NDE-600 Outage No.: ONS2EOC20
 Summary No.: C05.021.054 Procedure Rev.: 15 Report No.: UT-04-031
 Workscope: ISI Work Order No.: 98606499 Page: 1 of 3

Code: Asme Section XI 1989 Cat./Item: C-F-1/C5.21.54 Location: N/A
 Drawing No.: 2-51A-17 (4) Description: Tee to Pipe
 System ID: 51A
 Component ID: C05.021.054 /2-51A-17-102 Size/Length: N/A Thickness/Diameter: 3.0" / .438
 Limitations: Yes - See Attached Limitation Report Start Time: 0921 Finish Time: 0948

Examination Surface: Inside Outside Surface Condition: AS GROUND
 Lo Location: 9.1.1.1 Wo Location: Centerline of Weld Couplant: ULTRAGEL II Batch No.: 01225
 Temp. Tool Mfg.: FISHER Serial No.: MCNDE 27219 Surface Temp.: 97 °F

Cal. Report No.: CAL-04-033, CAL-04-044, CAL-04-047

Angle Used	0	45	45T	60	70	
Scanning dB			61	62	61	

Indication(s): Yes No Scan Coverage: Upstream Downstream CW CCW

Comments:

Results: Accept Reject Info
 Percent Of Coverage Obtained > 90%: Yes - 86.1%
No
3-10-04

Initial Section XI Inspection
 Reviewed Previous Data: No

Examiner	Level	Signature	Date	Reviewer	Signature	Date
Eaton, Jay A.	III	<i>[Signature]</i>	2/10/2004	<i>David K. Z...</i>	<i>[Signature]</i>	02/17/04
Examiner	Level	Signature	Date	Site Review	Signature	Date
Jordan, Joey	II	<i>[Signature]</i>	2/10/2004			
Other	Level	Signature	Date	ANII Review	Signature	Date
N/A	N/A			<i>Nancy C. Rutecki Slaughter</i>		3/2/04



Determination of Percent Coverage for UT Examinations - Pipe

Site/Unit: <u>Oconee / 2</u>	Procedure: <u>NDE-600</u>	Outage No.: <u>ONS2EOC20</u>
Summary No.: <u>C05.021.054</u>	Procedure Rev.: <u>15</u>	Report No.: <u>UT-04-031</u>
Workscope: <u>ISI</u>	Work Order No.: <u>98606499</u>	Page: <u>2</u> of <u>3</u>

45 deg

Scan 1	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 1
Scan 2	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 2
Scan 3	<u>100.000</u>	% Length X	<u>100.000</u>	% volume of length / 100 =	<u>100.000</u>	% total for Scan 3
Scan 4	<u>100.000</u>	% Length X	<u>100.000</u>	% volume of length / 100 =	<u>100.000</u>	% total for Scan 4

Add totals and divide by # scans = 100.000 % total for 45 deg

Other deg - 60 (to be used for supplemental scans)

The data to be listed below is for coverage that was not obtained with the 45 deg scans.

Scan 1	<u>63.600</u>	% Length X	<u>100.000</u>	% volume of length / 100 =	<u>63.600</u>	% total for Scan 1
Scan 2	<u>63.600</u>	% Length X	<u>100.000</u>	% volume of length / 100 =	<u>63.600</u>	% total for Scan 2
Scan 3 ¹	<u>36.400</u>	% Length X	<u>46.700</u>	% volume of length / 100 =	<u>16.999</u>	% total for Scan 3
Scan 4 ²	<u>36.400</u>	% Length X	<u>0.000</u>	% volume of length / 100 =	<u>0.000</u>	% total for Scan 4

Percent complete coverage

Add totals for each scan required and divide by # of scans to determine;

86.050 % Total for complete exam

Site Field Supervisor:

Date: 2/10/04

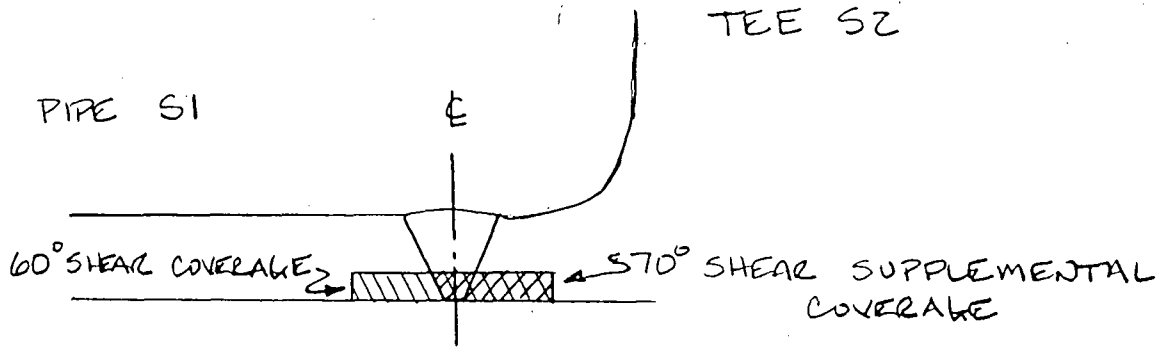
NOTE: 70° SHEAR SCAN NOT INCLUDED IN PERCENT COVERAGE BECAUSE OF THE REQUIREMENTS OF 10CFR 50.55a.(b)(2)(iv)(A) BEST EFFORT SCAN WITH 70° SHEAR OBTAINED 53.3% COVERAGE IN ONE AXIAL DIRECTION.

Site/Unit: <u>Oconee / 2</u>	Procedure: <u>NDE-600</u>	Outage No.: <u>ONS2EOC20</u>
Primary No.: <u>C05.021.054</u>	Procedure Rev.: <u>15</u>	Report No.: <u>UT-04-031</u>
Workscope: <u>ISI</u>	Work Order No.: <u>98606499</u>	Page: <u>3</u> of <u>3</u>

Description of Limitation:

Limited in the throat on each side of the tee on the S2 side of the weld. Lo + 1.75" to Lo + 3.75" and Lo + 7.25" to Lo + 9.25".

Sketch of Limitation:



TOTAL EXAM AREA = .15 x 1.0 = .15 in²

60° SHEAR COVERAGE = $\frac{.4 + .5}{2} \times .15 = .07 / .15 \times 100 = 46.7\%$

70° SHEAR COVERAGE = $.15 - .07 = .08 / .15 \times 100 = 53.3\%$

Limitations removal requirements:

N/A

Radiation field: N/A

Examiner	Level	III	Signature	Date	Reviewer	Signature	Date
Eaton, Jay A.				2/10/2004			2-11-04
Examiner	Level	II	Signature	Date	Site Review	Signature	Date
Jordan, Joey				2/10/2004			
Other	Level		Signature	Date	ANII Review	Signature	Date
							3/2/04



UT Base Metal Lamination

Site/Unit: Oconee / 2 Procedure: NDE-640 Outage No.: ONS2EOC20
 Summary No.: C05.021.056 Procedure Rev.: 2 Report No.: UT-04-021
 Workscope: ISI Work Order No.: 98606501 Page: 1 of 2

Code: Asme Section XI 1989 Cat./Item: C-F-1/C5.21.56 Location: N/A
 Drawing No.: 2HP-227 Description: Elbow to Valve (2HP-114)
 System ID: 51A
 Component ID: C05.021.056 /2HP-227-11 Size/Length: N/A Thickness/Diameter: 3.0" / .438
 Limitations: None Start Time: 0911 Finish Time: 0916

Examination Surface: Inside Outside Surface Condition: AS GROUND
 Lo Location: 9.1.1.2 Wo Location: Centerline of Weld Couplant: ULTRAGEL II Batch No.: 01225
 Temp. Tool Mfg.: FISHER Serial No.: MCNDE 27217 Surface Temp.: 81 °F Scanning dB: 40
 Cal. Report No.: CAL-04-038

Ind. No.	% Loss Back Wall	Amplitude % Full Screen	Position One				Position Max				Position Two				Remarks
			L1	W1	W2	MP	LM	W1	W2	MP	L2	W1	W2	MP	
NRI															

Comments: FC 03-20

Results: Accept Reject Info Initial Section XI Inspection
 Percent Of Coverage Obtained > 90%: Yes-100% Reviewed Previous Data: No

Examiner Level III Houser, Gayle E.	Signature <i>Gayle E. Houser</i>	Date 2/10/2004	Reviewer <i>Gayle Moss</i>	Signature <i>Gayle Moss</i>	Date 2-11-04
Examiner Level II Weaver, Marion T.	Signature <i>Marion T. Weaver</i>	Date 2/10/2004	Site Review	Signature	Date
Other Level N/A N/A	Signature	Date	ANII Review <i>[Signature]</i>	Signature	Date 2/27/04



Supplemental Report

Report No.: UT-04-021

Page: 2 of 2

Summary No.: C05.021.056

Examiner: Houser, Gayle E. *Gayle E. Houser*

Level: III

Reviewer: *Gayle E. Houser*

Date: 2-11-04

Examiner: Weaver, Marion T. *Marion T. Weaver*

Level: II

Site Review:

Date:

Other: N/A

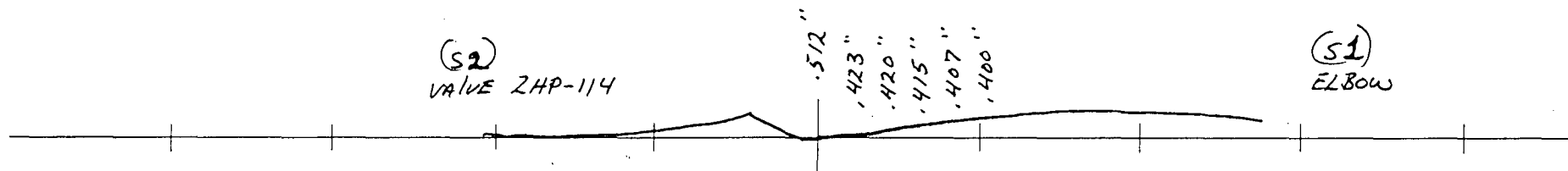
Level: N/A

ANII Review: *[Signature]*

Date: 2/27/04

Comments:

Sketch or Photo: Z:\UT\IDDEAL\ProfileLine2.jpg





UT Pipe Weld Examination

Site/Unit: Oconee / 2 Procedure: NDE-600 Outage No.: ONS2EOC20
 Summary No.: C05.021.056 Procedure Rev.: 15 Report No.: UT-04-023
 Workscope: ISI Work Order No.: 98606501 Page: 1 of 3

Code: Asme Section XI 1989 Cat./Item: C-F-1/C5.21.56 Location: N/A
 Drawing No.: 2HP-227 Description: Elbow to Valve (2HP-114)
 System ID: 51A
 Component ID: C05.021.056 /2HP-227-11 Size/Length: N/A Thickness/Diameter: 0.438"/3"
 Limitations: Yes - See attached limitation report Start Time: 0916 Finish Time: 0930

Examination Surface: Inside Outside Surface Condition: AS GROUND

Lo Location: 9.1.1.2 Wo Location: Centerline of Weld Couplant: ULTRAGEL II Batch No.: 01225

Temp. Tool Mfg.: FISHER Serial No.: MCNDE 27217 Surface Temp.: 81 °F

Cal. Report No.: CAL-04-039, CAL-04-040, CAL-04-041

Angle Used	0	45	45T	60	70	
Scanning dB			45	48	48	

Indication(s): Yes No Scan Coverage: Upstream Downstream CW CCW

Comments:

Results: Accept Reject Info Initial Section XI Inspection

Percent Of Coverage Obtained > 90%: No - 35.7% Reviewed Previous Data: No

Examiner Level III Houser, Gayle E.	Signature <i>Gayle E. Houser</i>	Date <u>2/10/2004</u>	Reviewer <i>Gayle E. Houser</i>	Signature <i>Gayle E. Houser</i>	Date <u>2-11-04</u>
Examiner Level II Weaver, Marion T.	Signature <i>Marion T. Weaver</i>	Date <u>2/10/2004</u>	Site Review	Signature	Date
Other Level	Signature	Date	ANII Review <i>[Signature]</i>	Signature	Date <u>2/27/04</u>



Determination of Percent Coverage for UT Examinations - Pipe

Site/Unit: <u>Oconee / 2</u>	Procedure: <u>NDE-600</u>	Outage No.: <u>ONS2EOC20</u>
Summary No.: <u>C05.021.056</u>	Procedure Rev.: <u>15</u>	Report No.: <u>UT-04-023</u>
Workscope: <u>ISI</u>	Work Order No.: <u>98606501</u>	Page: <u>2</u> of <u>3</u>

45 deg

Scan 1	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 1
Scan 2	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 2
Scan 3	<u>100.000</u>	% Length X	<u>50.000</u>	% volume of length / 100 =	<u>50.000</u>	% total for Scan 3
Scan 4	<u>100.000</u>	% Length X	<u>50.000</u>	% volume of length / 100 =	<u>50.000</u>	% total for Scan 4

Add totals and divide by # scans = 50.000 % total for 45 deg

Other deg - 60 (to be used for supplemental scans)

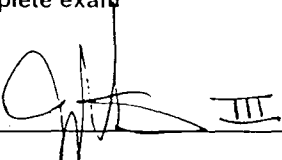
The data to be listed below is for coverage that was not obtained with the 45 deg scans.

Scan 1	<u>100.000</u>	% Length X	<u>42.900</u>	% volume of length / 100 =	<u>42.900</u>	% total for Scan 1
Scan 2	<u>100.000</u>	% Length X	<u>0.000</u>	% volume of length / 100 =	<u>0.000</u>	% total for Scan 2
Scan 3	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 3
Scan 4	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 4

Percent complete coverage

Add totals for each scan required and divide by # of scans to determine;

35.725 % Total for complete exam

Site Field Supervisor:  III

Date: 2/10/04

NOTE: 70° SHEAR SCAN NOT INCLUDED IN PERCENT COVERAGE
BECAUSE OF THE REQUIREMENTS OF 10CFR50.55a(b)(2)(iv)(A)(2).
BEST EFFORT SCAN WITH 70° SHEAR OBTAINED 57.1 %
COVERAGE IN ONE AXIAL DIRECTION.



Limitation Record

Site/Unit: Oconee / 2
 Summary No.: C05.021.056
 Workscope: ISI

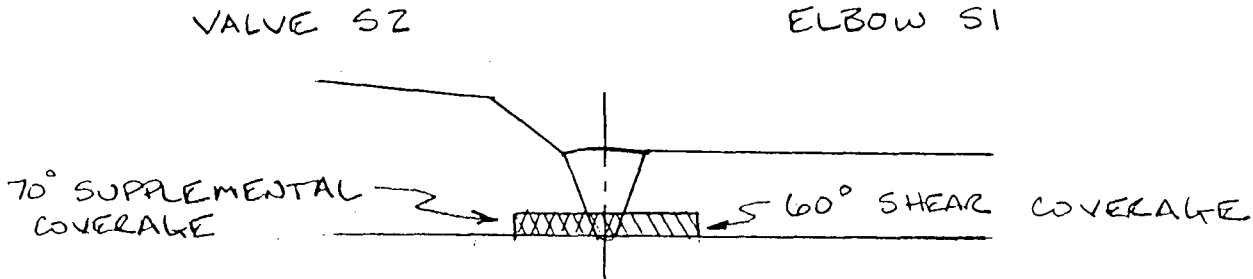
Procedure: NDE-600
 Procedure Rev.: 15
 Work Order No.: 98606501

Outage No.: ONS2EOC20
 Report No.: UT-04-023
 Page: 3 of 3

Description of Limitation:

Partial coverage from S1 CW & CCW - No scan S2 due to valve configuration.

Sketch of Limitation:



$$\text{TOTAL EXAM AREA} = .15 \times .95 = .14 \text{ m}^2$$

$$60^\circ \text{ SHEAR COVERAGE} = \frac{0.35 + 0.4}{2} \times .15 = .06 / .14 \times 100 = 42.9\%$$

$$70^\circ \text{ SHEAR COVERAGE} = .14 - .06 = .08 / .14 \times 100 = 57.1\%$$

$$45^\circ \text{ CW \& CCW COVERAGE} = .14 \div 2 = .07 / .14 \times 100 = 50\%$$

Limitations removal requirements:

N/A

Radiation field: N/A

Examiner	Level III	Signature	Date	Reviewer	Signature	Date
Houser, Gayle E.		<i>[Signature]</i>	2/10/2004	<i>[Signature]</i>	III	2/10/04
Examiner	Level II	Signature	Date	Site Review	Signature	Date
Weaver, Marion T.		<i>[Signature]</i>	2/10/2004			
Other	Level	Signature	Date	ANII Review	Signature	Date
				<i>[Signature]</i>		2/27/04



UT Base Metal Lamination

Site/Unit: Oconee / 2 Procedure: NDE-640 Outage No.: ONS2EOC20
 Summary No.: C05.021.058 Procedure Rev.: 2 Report No.: UT-04-104
 Workscope: ISI Work Order No.: 98604113 Page: 1 of 2

Code: Asme Section XI 1989 Cat./Item: C-F-1/C5.21.58 Location: N/A
 Drawing No.: 2-51A-31 Description: Pipe to Valve (2HP-20)
 System ID: 51A
 Component ID: C05.021.058 /2-51A-31-50 Size/Length: N/A Thickness/Diameter: .438"/3.0"
 Limitations: NONE Start Time: 1103 Finish Time: 1105

Examination Surface: Inside Outside Surface Condition: GROUND
 Lo Location: 9.1.1.1 Wo Location: Centerline of Weld Couplant: ULTRAGEL II Batch No.: 03125
 Temp. Tool Mfg.: FISHER Serial No.: MCNDE32769 Surface Temp.: 63 °F Scanning dB: 45
 Cal. Report No.: CAL-04-186

Ind. No.	% Loss Back Wall	Amplitude % Full Screen	Position One				Position Max				Position Two				Remarks
			L1	W1	W2	MP	LM	W1	W2	MP	L2	W1	W2	MP	
NRI															

Comments: FC 03-20

Results: Accept Reject Info Initial Section IX Inspection
 Percent Of Coverage Obtained > 90%: Yes 100% Reviewed Previous Data: No

Examiner Level II Resor, James H.	Signature <i>James H. Resor</i>	Date 3/30/2004	Reviewer <i>Gayle Moss</i>	Signature	Date 4-2-04
Examiner Level II Mauldin, Larry E.	Signature <i>Larry E. Mauldin</i>	Date 3/30/2004	Site Review	Signature	Date
Other Level	Signature	Date	ANII Review <i>Nancy C. Ritchie Slaughter</i>	Signature	Date 4/6/04



Supplemental Report

Report No.: UT-04-104
Page: 2 of 2

Summary No.: C05.021.058

Examiner: Resor, James H. *JHR*

Level: II

Reviewer: *Larry Moss*

Date: 3-31-04

Examiner: Mauldin, Larry E. *Larry E. Mauldin*

Level: II

Site Review: _____

Date: _____

Other: _____

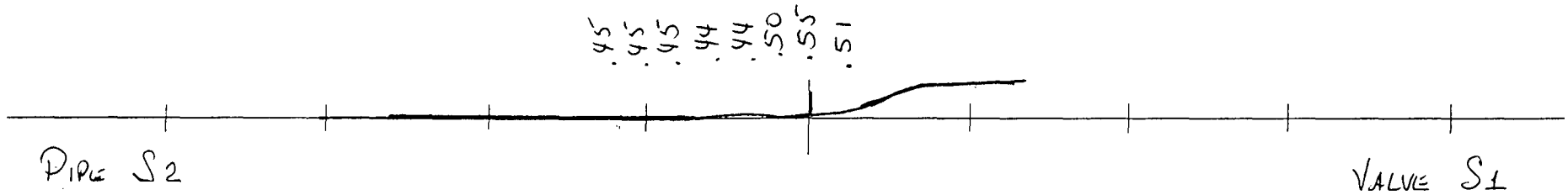
Level: _____

ANII Review: *Nancy C. Ritchie Daugherty*

Date: 4/6/04

Comments:

Sketch or Photo: Z:\UT\PERSONEL\JHR9576\PaintLine4.jpg





UT Pipe Weld Examination

Site/Unit: Oconee / 2 Procedure: NDE-600 Outage No.: ONS2EOC20
 Summary No.: C05.021.058 Procedure Rev.: 15 Report No.: UT-04-105
 Workscope: ISI Work Order No.: 98604113 Page: 1 of 4

Code: Asme Section XI 1989 Cat./Item: C-F-1/C5.21.58 Location: N/A
 Drawing No.: 2-51A-31 Description: Pipe to Valve (2HP-20)
 System ID: 51A
 Component ID: C05.021.058 /2-51A-31-50 Size/Length: N/A Thickness/Diameter: .438"/3.0"
 Limitations: Yes - See attached sheets Start Time: 1114 Finish Time: 1131

Examination Surface: Inside Outside Surface Condition: GROUND
 Lo Location: 9.1.1.1 Wo Location: Centerline of Weld Couplant: ULTRAGEL II Batch No.: 03125
 Temp. Tool Mfg.: FISHER Serial No.: MCNDE32769 Surface Temp.: 63 °F

Cal. Report No.: CAL-04-187, CAL-04-188, CAL-04-189

Angle Used	0	45	45T	60	70	
Scanning dB			43	45	47	

Indication(s): Yes No Scan Coverage: Upstream Downstream CW CCW

Comments:
***See attached limitation sheets**

Results: Accept Reject Info

Percent Of Coverage Obtained > 90%: No* Reviewed Previous Data: No

Examiner	Level	Signature	Date	Reviewer	Signature	Date
Resor, James H.	II	<i>James H. Resor</i>	3/30/2004	<i>Gay Moss</i>		4-2-04
Examiner	Level	Signature	Date	Site Review	Signature	Date
Mauldin, Larry E.	II	<i>Larry E. Mauldin</i>	3/30/2004			
Other	Level	Signature	Date	ANII Review	Signature	Date
				<i>Wesley C. Ritchie Slaughter</i>		4/6/04

DUKE POWER COMPANY

ISI LIMITATION REPORT

Component/Weld ID: <u>2-51A-31-50</u> Item No: <u>COS. 021.058</u>		remarks:
<input checked="" type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	DUE TO VALVE CONFIGURATION	
FROM L <u>N/A</u> to L <u>N/A</u> INCHES FROM W0 <u>0</u> to <u>BEYOND</u> ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input checked="" type="checkbox"/> 60 other _____ FROM <u>0</u> DEG to <u>360</u> DEG		
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw		
FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG		
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw		
FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG		
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	Sketch(s) attached <input checked="" type="checkbox"/> yes <input type="checkbox"/> No	
FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG		
Prepared By: <u>CAROL MAULON</u>	Level: <u>II</u>	Date: <u>3-30-04</u>
Reviewed By: <u>Gay Moss</u>	Date: _____	Authorized Inspector: <u>Nancy C. Piche Slaughter</u> Date: <u>4/6/04</u>
		Sheet <u>2</u> of <u>4</u>



Determination of Percent Coverage for UT Examinations - Pipe

Site/Unit: <u>Oconee / 2</u>	Procedure: <u>NDE-600</u>	Outage No.: <u>ONS2EOC20</u>
Summary No.: <u>C05.021.058</u>	Procedure Rev.: <u>15</u>	Report No.: <u>UT-04-105</u>
Workscope: <u>ISI</u>	Work Order No.: <u>98604113</u>	Page: <u>3</u> of <u>4</u>

45 deg

Scan 1	<u> </u> % Length X	<u> </u> % volume of length / 100 =	<u> </u> % total for Scan 1
Scan 2	<u> </u> % Length X	<u> </u> % volume of length / 100 =	<u> </u> % total for Scan 2
Scan 3	<u>100.000</u> % Length X	<u>100.000</u> % volume of length / 100 =	<u>100.000</u> % total for Scan 3
Scan 4	<u>100.000</u> % Length X	<u>100.000</u> % volume of length / 100 =	<u>100.000</u> % total for Scan 4

Add totals and divide by # scans = 100.000 % total for 45 deg

Other deg - 60 (to be used for supplemental scans)

The data to be listed below is for coverage that was not obtained with the 45 deg scans.

Scan 1	<u>100.000</u> % Length X	<u>0.000</u> % volume of length / 100 =	<u>0.000</u> % total for Scan 1
Scan 2	<u>100.000</u> % Length X	<u>36.000</u> % volume of length / 100 =	<u>36.000</u> % total for Scan 2
Scan 3	<u> </u> % Length X	<u> </u> % volume of length / 100 =	<u> </u> % total for Scan 3
Scan 4	<u> </u> % Length X	<u> </u> % volume of length / 100 =	<u> </u> % total for Scan 4

Percent complete coverage

Add totals for each scan required and divide by # of scans to determine;

59.000 % Total for complete exam

Site Field Supervisor: David K Z Date: 4/5/04

NOTE: 70' SHEAR WAVE SCAN NOT INCLUDED IN PERCENT OF COVERAGE BECAUSE OF THE REQUIREMENTS OF 10 CFR 50.55a(b)(2)(xv)(A)(2). BEST EFFORT SCAN WITH 70' SHEAR WAVE TO OBTAIN 59% COVERAGE IN ONE AXIAL DIRECTION.



Supplemental Report

Report No.: _____

Page: _____ of _____

Summary No.: C05.021.058

Examiner: LARRY E. MAULDIN *Larry E. Mauldin* Level: II

Reviewer: *David K. Z...* Date: 4/5/04

Examiner: _____ Level: _____

Site Review: _____ Date: _____

Other: _____ Level: _____

ANII Review: *Nancy C. Ritchie-Slaughter* Date: 4/6/04

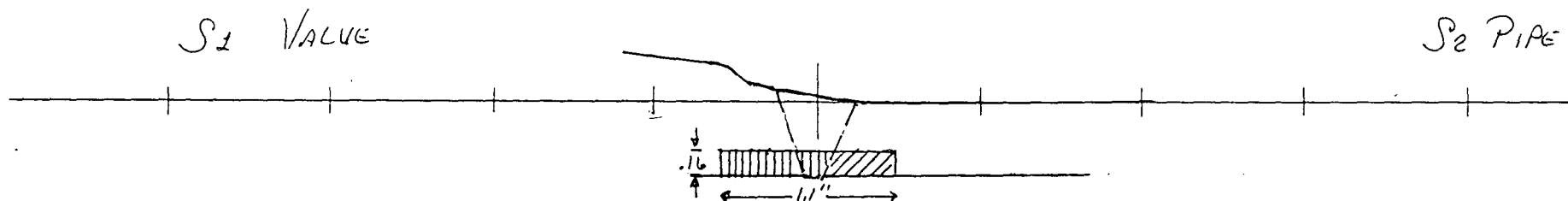
Comments:

TOTAL AREA $1.1" \times .16" = .176 = .18 \text{ sq. in.}$

60% COVERAGE $\frac{.16}{2} (.38 + .43) = .0648 = .0648 \text{ sq. in.} \div .18 \text{ sq. in.} = 36\%$

70% SUPPLEMENTAL COVERAGE $\frac{.16}{2} (.72 + .67) = .112 \div .18 \text{ sq. in.} = 61.78\%$

Sketch or Photo:



- 60% SHEAR WAVE COVERAGE
- 70% SHEAR WAVE SUPPLEMENTAL COVERAGE

NOTE: SUPPLEMENTAL COVERAGE IS NOT USED IN COVERAGE CALCULATIONS.