PRESERVICE INSPECTION REPORT (PT. 5)

Rec'd w/ ltr dtd 5/23/96.....9605300055

-NOTICE-

THE ATTACHED FILES ARE
OFFICAL RECORDS OF THE
OCIO/INFORMATION
MANAGEMENT DIVISION. THEY
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REFERRED TO FILE PERSONNEL.

-NOTICE-



FEB 1 8 1994

1. Owner TENNE	SSFE VALLE	Y AUTHAO	2770	- 7/w	alca		
_		•		Date			·
	MIT HILL I			Sheet	of	/	
2. Plant WATTS E	BAR NUCLEA	R PLANT	•	Unit			
P.U. BOX 7000	SPRING CIT	Y, TN 37	<u> 381</u>	WP#	D-13	673-03	<u>, KI</u>
3. Work Performed by							
	SAZING CITY		3I	Type Gode Symbol Authorization No. Expiration Date		whale z-	19-94
•							
4. Identification of Sy							
5. (a) Applicable Cons (b) Applicable Editi	struction Code_A	1 <i>SC</i> 19	$73_{Edition}$	JUNE 1973	.ddenda,	VA OLC 2-19.	-94 _Code Case
(b) Applicable Editi	on of Section XI Ut	ilized for Repairs	or Replacement	s 19 <u>80 W/A</u> DD	ENDA ;	THRU UVINTO	TR 1981
6. Identification of Co	mponents Repaired (or Replaced and I	Replacement Co	mponents			
		<u> </u>	1		Γ	T	
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1063-63-1SIS-V179	NA GC 2-19-94	NONE	NONE	DCA M-12-673-15	MKHOWP	REPULLEMENT	NO
				NA glc 2-1	994	·	
					· · · · · ·		
			•				
7. Description of Work_	MODIFIED	SUPPORT		<u> -</u>			
B. Tests Conducted: N	A OC 2-19-99 Votastatic Pre	L rumatic No	minal Operating	B			
O	ther Pressure_	psi	Test Temp.	rressure			
NOTE: Supplementa tion in items 1 throu recorded at the top of	this form,	is included on ea	ach sheet, and	3 each meet de num	size is 8%	in - x 11 sin x(2) in the number of s	oforma heets
12/82) This form (E	00030) may be obtain	ed from the Order	Dept., ASME	Law Drive Bon 2300,	Fairfiald,	07007-2300. REF	T 4/93

9. Remarks 11CACING # 474 119 13(C 2/19/44	
Applicable Manufacturer's Data Reports to be attached	
CERTIFICATE OF COMPLIANCE	
We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the	:
ASME Code, Section XI,	
\$ /	
Type Code Symbol Stamp /NA AC 219-94	
Type Code Symbol Stamp	
Certificate of Auxhorization No Expiration Date	
So MI	
Signed / Jan Carle Date 2 - 19 19 94	
Owner or Oyther's Designee, Title	_
OCCUPATE OF INCEDVICE INCRECTION	
CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State	t e
or Province of TENNESSEE and employed by HSB IFICO	
HASTFORD CONN have inspected the components describe	:d
in this Owner's Report during the period 3/5/94 to 3/5/94 , and state the	Bt
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in th	is
Owner's Report in accordance with the requirements of the ASME Code, Section XI,	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the	ne
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employed	
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with th	112
inspection,	
1 X . E	
Commissions TN 2534 Inspector's Signature Commissions National Board, State, Province, and Endorsements	_
Inspector's Bignature National Board, State, Province, and Endorsements	
Date 3/5 19 94	

Page	6_0	cont.	on	Page	.6A
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400 WEST	DESSEE VA Nam SUMMIT HIL Address	LDR, KN	DXVILLE, TA	J Sheet	_ of2			
Plant WATT	5 BAR NUC	LEAR PL	-ANT	Unit				
PO. 10x 2	OOD SPRING	<u> eity</u> 70	37771	WP# D	-008 S	53-03		
Work Performed b	v_IVA - Mar	Name Name	u <u>s</u>	Type Code Symb Authorization No Expiration Date	ol Stamp	- 1 VO., 300 No.	., etc.	
	L NUCLEAR Address			_			2/21	
Identification of S	ystem_CHEMI	CAL VOLU	IME CON	TROL SUS-	(EM -	062A	·	
(a) Applicable Cor (b) Applicable Edi	nstruction Code A	ISC 19	73 Edition,	7	Addenda,	1/4 18 2/2/19	4. Code Cas	
Identification of Co	omponents Repaired (or Replaced and I	Replacement Co	mponents) BI u) 81 WINT	er ad	
						ASME Code		
		į.	National	į	1		1	
Name of Component	Name of Manufacturer	Manufacturer Serial No.	Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	Stamped (Yes or No)	
Component 62-1-62-A-			Board	1	1	Replaced,	(Yes	
Component 62-1-62-A-	Manufacturer	Serial No.	Board No.	Identification	Built	Replaced, or Replacement	(Yes or No)	
Component 62-1-62-4-	Manufacturer	Serial No.	Board No.	Identification	Built	Replaced, or Replacement	(Yes or No)	
	Manufacturer	Serial No.	Board No. No.NE	Identification	Built	Replaced, or Replacement REPLACE – MENT	(Yes or No)	
Component 62-1-62-A-	Manufacturer	Serial No.	Board No. No.NE	Identification	Built	Replaced, or Replacement REPLACE – MENT	(Yes or No)	
Component 52-1-62A-	Manufacturer	Serial No. NONE NONE NA NA NA NA NA NA NA NA NA	Board No. NoN€	Identification NoNE	Built	Replaced, or Replacement REPLACE – MENT	(Yes or No)	

Page 6A cont. on Page 7



9. Remarks TRACKING NO: 94-120 138. 2/21/94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this <u>REPLACEMEUT</u> conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp
Certificate of Authorization NoExpiration Date
Signed Remain 2/21/94 (FIELD ENGINEER) Date 2/21 , 1994 , 1994
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of
in this Owner's Report during the period 11-10-92 to 2-25-94, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
All San For Commissions TN 9537
Inspector's Signature Commissions TN 2537 National Board, State, Province, and Endorsements
Date 2-25-94 19 94.

page	6_	cont.	an	Page	6A

			•					
1. Owner TENN	ESSEE VALL	EY AUTHOR	ZITY_	Date 2	-21-9	14		_
400 WEST	SUMMIT HILL Address	DR. KNOX	VILLE, TN	Sheet	ofZ			
Plant WATT	S BAR NUCL	EAR PL	ANT	Unit	ONE			_
P.O. Box 2	000, SPRING	5 CLTY, TA	ורררצע	WP# D	-045	35 - 07	· 	_
Work Performed b	IOM -AVT_v	Name	JS	Type Code Symbo	ol Stamp		, etc.	_
WATTS BA	R NUCLEAR Address	PLANT		Type Code Symbol Authorization No. Expiration Date		<u> اد هجار / A</u>	4/94	-
	stem AUXILIA							_
	struction Code A tion of Section XI Ut emponents Repaired o	mized for Hepairs	or Heplacements	19 <u>00 TH</u> RU W/ 1981 U	1 100.	R ADDENI		~
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)	
3A-1-03A-	A low main	A load IS				Repaired		Ku
21.	NOT KNOWN	NONE	N/A (12/44)	NONE	KNOWN	REPLACE	20	3
03-A401-	NOT KNOWN		N/A 3/2/94	None	NOT	REPLACED	NO	Y
03-A401- -1	NOT KNOWN	NONE	~/ Aug 12 kg	NONE	NOT KNOWN	REPLACED	NO /	
		7				·		
		N/A B	8 2/21/94					
Description of Work_	MODIFY S	UPPORTS	PER NE	W DESIGN	<u></u>			
ests Conducted: H	_	umatic Nor	minel Operating P	,		·		
NOTE: Supplementa	I sheets in form of I gh 6 on this report i	ists sketches or	denuina en la		size is 8½ i bered and	n. x 11 in., (2) in the number of sl	forma- neets is	

Page 6A sont on Page 6B

WP# D-09535-07



FEB 2 1 1994

. Remarks (RACKING NO:	94-121.18 212194
·	Applicable Manufacturer's Data Reports to be attached
	" Mile france
	•
•	
We certify that the statements in ASME Code, Section XI.	made in the report are correct and this <u>REPLACEMBNT</u> conforms to the rules of the repair or replacement
Type Code Symbol Stamp N/A	138 2/21/94
Certificate of Authorization No. NA	13 2/21/94 Expiration Date N/A 13 2/21/94
Signed Nama (FIEL	Date 2-21- 1994.

ASME Code, Section XI.	report are correct and this repair or replacement
Type Code Symbol Stamp N/A 138 2	
Certificate of Authorization No. NA 138 2/2	-1/94 Expiration Date N/A 1/8 2/21/94
Signed Nama (FIELD ENG Owner or Owner's Designee, Title	1/94 Expiration Date N/A 1/8 2/21/94 INEER) Date 2-21- ,1994.
CERTIFICA	ATE OF INSERVICE INSPECTION
in this Owner's Report during the period 3	to the National Board of Boiler and Pressure Vessel Inspectors and the State and by HSPIRIC of the components described in the components described in the component of the ASME Code, Section XI.
examinations and corrective measures described in th	or his employer makes any warranty, expressed or implied, concerning the his Owner's Report. Furthermore, neither the Inspector nor his employed property damage or a loss of any kind arising from or connected with this
Inspector's Signature	Commissions TN 2537 National Board, State, Province, and Endorsements
Date 3-12 1994	

4 5-21328-11-K4 AS

WP# D-21328-11	
Page <u>7A</u> cont. on Page <u>7/</u>	<u> </u>

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

1. Owner	VA Na	me		Date Z	ZI	<u>-94</u> .	لدار يادانشاه
400 W. S.	DWWIT HILL	DR. KLIOKULL	LE TN	Sheet	Pulma Replace	-	
2. Plant WATT	Addres	=			_ OT		
2. Plant WATT	Nan	ne		Unit	'		
P.O. Box 20	SPRING Address	CITY, TN 3	7381	WP # D	-213	28-11-K	4-95 10
3. Work Performed b				Type Code Symbo			., etc.
Po Box Z	900 500,516	Name	7.75	Authorization No.	n stamp_	NA	
	Address	<u> </u>	1301	Expiration Date		1	
4. Identification of S	ystem_62/C	HEMICAL	and vo	LUME CON	TROC		
 (a) Applicable Cor (b) Applicable Edi 	nstruction CodeA	ISC19	73 Edition	JUNE 1973		A1 /a	
(b) Applicable Edi	tion of Section XI U	tilized for Repairs	or Replacemen	15 19 80 THRU	,sbnebble アハハ い	ER 1981 A	_Code C
6. Identification of Co							
	· ·	T	1	oniponents			
							ACME
Name of			National				ASME Code
Component	Name of Manufacturer	Manufacturer Serial No.	Board	Other	Year	Repaired, Replaced,	Stampe (Yes
		Jerrar 140.	No.	Identification	Built	or Replacement	or No
1062-62-104- RZI		M/2 go 2-11)· 9q	DCA - M21328 -116			
				DCA-M21328 -117	UNK	REPLACEMENT	20
			-			<u> </u>	
	, ,						
7. Description of Work_	MODIFIED JOP	PORT PER	Deam	- 12.2		WATE	BAR
L Tests Cand			- 2007	51358-116, 11-	7	A SALES A SECURE	3-5-7 736
	ydrostatic Pne ther Pressure	umatic Nom	inal Operating	Pressure			
			Test Temp	°F			
NOTE: Supplemental						= 77.	

OP # D-21328-11- 14 138

Page 73 cont. on Page 8

FORM NIS-2 (Back)
1 Remarks TRACKING # 94-122 9 22.00
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp
Certificate of Authorization No. N/A 9 2-13-94 Expiration Date N/A 2-13-94
Signed
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of TENNESSEE and employed by HSE I FI (A) of HAYTFORD CONN have inspected the components described
in this Owner's Report during the period 11/14/94 to 11/14/94 , and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
- 13 Earnal commissions TN 2534
Inspector's Signature Commissions TN 2534 National Board, State, Province, and Endorsements
Date

TVA NUCLEAR

FEB 2 1 1994

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

As Required by the Provisions of the ASME Code Section XI

DAR NSC Name 2000 SP Address TVA, M	MNG CI	ANT	Unit	/		
ZOOO SP Address TVA, M	MNG CI	F) -111				
		14 110	WORKPLA	N	D-2132	28-0
	1005	- 3111	Type Code Symbo	anization	P.O. No., Job No.	., etc.
BAR NUCC		AUT	Authorization No.		1 wa	30/
. ~~~			Expiration Date		[A 2]	21/94
item NAW	STEAM	5757	EM # 00	/		
truction Code Ala	SC TTH,	9 73 Edition	N/ wood		M/ Como	
on of Section XI Ut	ilized for Repair	s or Replacemen	. <u> </u>	\ddenda,_ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1A 2/21/A	Code Car
				////	MINIEIL I	TODEN
inpolicitts repaired (or Heplaced and	Replacement Co	mponents			
					T	
						ASME Code
Name of	Manufacturer	National	1		Repaired,	Stamped
Manufacturer	Serial No.	No.		Year Built	Replaced, or Replacement	(Yes or No)
		1	1			
N/ como	. 10 1 -		DCA-M21328-39			
14 2/21/94 NI	NONE	NONE	DCA-MZ1328-41	MKNOWN	LEA KEMENT	NO
A 2/2/194	NONE	1015	DCA-M21328-42			4.
		700708		WKNOWN	REALERA	NO
		:\h				
			1,200			
			2/18/94			
<u>· </u>						1
001A-1-01A-34	B, ADDED	SHM PLATE	AND ADJUSTED	BELLE	VILLE WASHE	ns.
	O, INSTALL	so Berren	ue Wassens			
drostatic Pner	matic No.	minal One				
		Test Temp	Pressure			
	Name of Manufacturer NA 2/21/94 W/ W	Name of Manufacturer Serial No. Name of Manufacturer Serial No. NA 2/21/94 NONE N	Name of Manufacturer Serial No. No. No. No. No. No. No. No.	Name of Manufacturer Serial No. No. No. No. No. No. No. No.	Name of Manufacturer Board Other Year Manufacturer Serial No. Identification Built N/ LTD	Truction Code AISC 1TH 19 73 Edition, NA 2/21/94 Addenda, NA 2/21/94 pon of Section XI Utilized for Repairs or Replacements 19 80 THRU 198 WINTER 1990 on Section XI Utilized for Repairs or Replacements 19 80 THRU 198 WINTER 1990 on Section XI Utilized for Replacement Components Name of Manufacturer Board Other Year Replaced, Replaced, Or Replacement No. Identification Built or Replacement Of A 2/21/94 NONE NONE NONE NONE NONE NONE NONE NON

(12/82)

This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

FORM NIS-2 (Back)
9. Remarks TRACKING \$ 94-123 wm 2/22/94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this PERACEMENT conforms to the rules of the
ASME Code, Section XI. repair or replacement
Type Code Symbol Stamp
Certificate of Authorization No. 1/4 wm 2/21/94 Expiration Date 1/4 wm 2/21/94
Certificate of Authorization No. 14 wm 2/21/94 Expiration Date 14 wm 2/21/94
Signed ALC Sold, CONST. EJGR. Date 2/21, 19 94
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of
or Province of TN and employed by HSRIRTCO. of Heart Std. CT. have inspected the components described
in this Owner's Report during the period $\frac{5-13-93}{5-3-94}$ and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection,
Inspector's Signature Commissions TN 2537. National Board, State, Province, and Endorsements
Transition Board, State, Floring, and Engorsaments
Date

REPRINT 12/91

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

0 W. Sum17	HILL DRIV	E, KNOX	Tw.	Sheet /		,	
2. Plant <u>WATT</u>	S BAR No	ICLEAR F	LANT	Unit/	_ 01		
Box 2000	Non	10		•			
Box 2000	Address	$\frac{1}{2}$, $\frac{1}{2}$	•	WOEKPLA	12/	D-046.	33 -c
3. Work Performed b	Y TVA. A	10 D5	•		Aguiratiou	P.O. No.' Jop No	., etc.
				Type Code Symbo Authorization No.			
EVALLS E	AR NUCLEA Address	OR MEAN	17	Expiration Date_		A 2/22	19/-
				SYSTER		7-7-	7.17
	, <u></u>	77700	C//0/	SYSTEM	1 50	63	
5. (a) Applicable Co.	nstruction Code	5c 7/11	9.73 Editio	N/4 2/22/94		Mamo.	
(b) Applicable Edi	tion of Section XI U	tilized for Repair	s or Replaceme	nts 19 <u>80 THRU</u>	Addenda,. ✓ 🔎	14 2/22/99	Code Ca
					- / /01	MINITEIL A	40067
5. Identification of Co	omponents Repaired	or Replaced and	Reniscement C				
			. Topiacement C	omponents /			
			1	T		 	
. ,	·				1		ASME
•			National			1	Code
Name of Component	Name of	Manufacturer	Board	Other	V	Repaired,	Stamped
Component	Manufacturer	Serial No.	No.	Identification	Year Built	Replaced, or Replacement	(Yes or No)
				DCA-A04633-08			
063-1-63-42"		NONE	NONE	DCA - PO4633-09			NO
		70000	77070	YZA - 2046 54 - 10			. /V()
PIPE SUPPORTA	N/wm			DCA - PO4633-10	CHRUSHN	KEPLACEMENT	
PIPE SUPPORT # 063-1-63-88 OVPE SUPPORT #	Namo	NONE	NONE	DCA - POA 633-41			
PIPE SUPPORT # 063-1-63-42 PIPE SUPPORT # 063-1-63-88 PIPE SUPPORT # 263-1-63-57	N/wm A	NONE	NONE	DCA-PO4633-88 DCA-PO4633-88	Chykropin	<i>LEPAIR</i>	NO
VIPE SUPPORT # 063-1-63-88 OVPE SUPPORT # 163-1-63-57 VIPE SUPPORT #	N/wmo			DCA - POA633 - A1 DCA - POA633 - 88 DCA - POA633 - 89 DCA - POA633 - 90 DCA - POA633 - 90	Chykropin	<i>LEPAIR</i>	
VIPE SUPPORT # 63-1-63-88 VIPE SUPPORT # 163-1-63-57 VIPE SUPPORT #	N/wm A	NONE	NONE	DCA-PO4633-88 DCA-PO4633-89 DCA-PO4633-89 DCA-PO4633-90 DCA-PO4633-80	lherous	REPLACEMENT	NO NO
11PE SUPPORT # 63-1-63-88 11PE SUPPORT # 63-1-63-57 1PE SUPPORT #	N/2/21/4	NONE	NONE NONE	DCA - POA633 - A1 DCA - POA633 - 88 DCA - POA633 - 89 DCA - POA633 - 90 DCA - POA633 - 90	lherous	REPLACEMENT	NO NO
VPE 5JAPORT # 63-1-63-88 VPE SUAPORT # 63-1-63-57 VPE SUAPORT # 63-A435-8-75	N/2/2/24	NONE	NONE	DCA-PO4633-88 DCA-PO4633-89 DCA-PO4633-89 DCA-PO4633-90 DCA-PO4633-80	lherous	REPLACEMENT	NO NO
7)PE SUPPORT # 163-1-63-88 TYPE SUPPORT # 163-1-63-57 TYPE SUPPORT # 163-1435-8-75	N/2/2/44 A 1063-1-63-42-	NONE NONE	NONE NONE NONE NA	DCA-PO4633-88 DCA-PO4633-89 DCA-PO4633-89 DCA-PO4633-80 DCA-PO4633-81 DCA-PO4633-82	chieroun Chieroun Chieroun	REPAIR REPAREMENT REPLACEMENT	NO NO
1/PC SUPPORT # 63-1-63-88 1/PC SUPPORT # 63-1-63-57 1/PC SUPPORT # 63-A435-8-75	1063-1-63-88-	NONE NONE	NONE NONE NONE NA ACTOR	DCA-PO4633-88 DCA-PO4633-89 DCA-PO4633-89 DCA-PO4633-80 DCA-PO4633-81 DCA-PO4633-82	Chicagon Chicagon Chicagon	REPAIR REPLACEMENT	NO NO
Description of Work	1063-1-63-88-	NONE NONE	NONE NONE NONE NA ACTOR	DCA-POA633-88 DCA-POA633-89 DCA-POA633-89 DCA-POA633-80 DCA-POA633-81 DCA-POA633-82	UNKNOWN WKNOWN WBOON I OF IA	REPAIR REPLACEMENT REPLACEMENT RAMP & REPLACEMENT REGER CAPACING PS. ADD SHI	NO NO
Description of Work	1063-1-63-88- 1963-1-63-57 1063-A435-8-7	NONE NONE MONE MONE	NONE NONE NONE NONE NO STANDS SUBJECT OF THE SUBJECT OF THE	DCA-POA633-41 DCA-POA633-88 DCA-POA633-89 DCA-POA633-80 DCA-POA633-81 DCA-POA633-82 DCA-POA633-87 DCA-POA63-87 DCA-POA63-87 DCA-POA63-87 DCA-POA63-87 DCA-POA63-	UNKNOWN WKNOWN WBOON I OF IA	REPAIR REPAREMENT REPLACEMENT	NO NO
DIPE SUPPORT # 63-1-63-88 WPE SUPPORT # 63-1-63-57 WPE SUPPORT # 63-A435-8-75 Description of Work	1063-1-63-88- 1963-1-63-57 1063-A435-8-7	NONE NONE NONE NONE STUDIES NEW STUDIES NONE CHANGE ENST. S-REMOVED	NONE NONE NONE N A ST	DCA-POA633-41 DCA-POA633-88 DCA-POA633-89 DCA-POA633-80 DCA-POA633-81 DCA-POA633-82 DCA-POA633-87 DCA-POA63-87 DCA-POA63-87 DCA-POA63-87 DCA-POA63-87 DCA-POA63-	UNKNOWN WKNOWN WBOON I OF IA	REPAIR REPLACEMENT REPLACEMENT RAMP & REPLACEMENT REGER CAPACING PS. ADD SHI	NO NO
Description of Work 1	263-1-63-88- 263-1-63-57- 263-2435-8-72 ydrostatic Pne ther Pressure	NONE NONE NONE MEDITY SURGA NEW STRUCKS NEW STRUCKS NOT Umatic Nor Psi	NONE NONE	DCA-POA633-41 DCA-POA633-88 DCA-POA633-89 DCA-POA633-80 DCA-POA633-81 DCA-POA633-82 DCA-POA633-86 DCA-POA633-86 DCA-POA633-80 DCA-POA633-82 DCA-POA63-82 DCA-POA63-82 DCA-POA63-82 DCA-POA63-82 DCA-POA63-	UNKNOWN WKNOWN WKNOWN WEEDT I	REPAIR REPLACEMENT REPLACEMENT RAMP & REPLA EGGR CAPACIN ELS. ADD SHI ELS SUPPORT.	NO NO NO BENKEN
Description of Work NOTE: Supplementa	1063-1-63-88- 1963-1-63-57- 1963-1943-8-72- 94- 194- 1 sheets in form of the sheet of	NONE NONE NONE NONE NONE NEW SKURGE NEW SE WAST S- NEMOVED Umatic Nor psi	NONE NONE N A ST BY ASSOCIATION STREET OF STREET CANNOS CANOSITING SUMMING OPERATING Test Temp.	DCA-POA633-41 DCA-POA633-88 DCA-POA633-89 DCA-POA633-80 DCA-POA633-81 DCA-POA633-82 DCA-POA633-87 DCA-POA633-86 DCA-POA633-87 DCA-POA633-87 DCA-POA633-87 DCA-POA633-87 DCA-POA633-89 DCA-POA633-89 DCA-POA633-89 DCA-POA633-89 DCA-POA633-89 DCA-POA633-80 DCA-POA633-82 DCA-POA63-82 DCA-POA63-82 DCA-POA63-82 DCA-POA63-82 DCA-POA63-	UNKNOWN WKNOWN WKNOWN WEGON I WEGON I WEGON I	REPAIR REPLACEMENT REPLACEMENT RAMP & REPLA EGGR CAPACIN ESS. ADD SHI SUPPORT.	NO NO NO BEAKER
Description of Work	1063-1-63-88- 1963-1-63-57- 1963-1943-8-72- 94- 194- 1 sheets in form of the sheet of	NONE NONE NONE NONE NONE NEW SKURGE NEW SE WAST S- NEMOVED Umatic Nor psi	NONE NONE N A ST BY ASSOCIATION STREET OF STREET CANNOS CANOSITING SUMMING OPERATING Test Temp.	DCA-POA633-41 DCA-POA633-88 DCA-POA633-89 DCA-POA633-80 DCA-POA633-81 DCA-POA633-82 DCA-POA633-87 DCA-POA633-86 DCA-POA633-87 DCA-POA633-87 DCA-POA633-87 DCA-POA633-87 DCA-POA633-89 DCA-POA633-89 DCA-POA633-89 DCA-POA633-89 DCA-POA633-89 DCA-POA633-80 DCA-POA633-82 DCA-POA63-82 DCA-POA63-82 DCA-POA63-82 DCA-POA63-82 DCA-POA63-	UNKNOWN WKNOWN WKNOWN WEGON I WEGON I WEGON I	REPAIR REPLACEMENT REPLACEMENT RAMP & REAL REGER CAPACIN PLS. ADD SHI SUPPORT.	NO NO NO BENKET

Page <u>6</u> cont. on Page 7

WORK INSTRUCTION ____ D - 04633 - 01



	- Only 1415-2 (Dack)
Remarks TRACKING #	94-125 wms 2/23/94
	Applicable Manufacturer's Data Reports to be attached
	Data Neports to be attached
· .	
We certify that the statements a ASME Code, Section XI.	CERTIFICATE OF COMPLIANCE RETURN Conforms to the rules of the repair or replacement
Type Code Symbol Stamp 1/4	
Signed Owner or Owner's Designee, Titi	Const. ENGR. Date 2/22, 19 94
	CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commiss	sion issued by the National Board of Boiler and Pressure Vessel Inspectors and the State and employed by $HSRIR$
in this Owner's Report during the period to the best of my knowledge and belief	
a compare in accordance with the led	the Owner has performed examinations and taken corrective measures described in this uirements of the ASME Code, Section XI.
By signing this certificate neither the I	nspector nor his employer makes any warrenty avarranty avarranty
des des des confective measures des	cribed in this Owner's Report, Furthermore, neither the Inspector nor his employer and injury or property damage or a loss of any kind arising from or connected with this
nspection.	
All Car Eur	CommissionsTN 2537
Inspector's Signature	National Board, State, Province, and Endorsements
Date	4.

WORK INSTRUCTION _____ p - 04 63 3 - 0 1

Page 7 cont. on Page 7A

1. OwnerT	VA			Date 2.22	. 94		
400 W. Si	emmit HILL	De KNOX	VILLE TN	Date 2 · 22	of 1		
400 W. S.	BAR Nuc	LEAR PL	ANT	Unit			
	COO SPRIN			WO 94-	0059	76-01 P.O. No., Job No.	
		1 "		Repair Org	anization	P.O. No., Job No.	, etc.
3. Work Performed b	yIVA	Name		Type Code Symbo	l Stamp		
P.O. BOX 20	00 Spauls		. 1	Authorization No. Expiration Date_		NA ga	-
	OO SPRING	C177 1	2	Expiration Date_		2.22	. 94
4. Identification of Sy	vstem 062 /	CHEMICA	L AND	VOLUME COM	TROL	• •	
5. (a) Applicable Con (b) Applicable Edit 6. Identification of Co					Addenda,_ WINT	NA ER 1981	_Code Car
:	·						\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
52-1CVC. R13		NA	 	DCA 509820 .	Halv		
	9~	2-23-94		907	HNKNOWN	REPLACEMENT	NO
			NA			·	
			8~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
			L.C. / 11				
Description of Work_	ADD SHIM	n (s)					
_	Hydrostetic Pne		rost Temp.	Pressure []			
NOTE: Supplementa tion in items 1 throu recorded at the top of		lists, sketches, o is included on e	r drawings may b ach sheet, and (3	e used, provided (1) 3) each sheet is num	size is 8½ bered and	in. × 11 in., (2) in the number of si	forma- heets is

(12/82)

This form (E00030) may be obtained from the Order Dept., ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300. REPRINT 4/93

9. Re	marks TRACKING # 94 - 126
	Applicable Manufacturer's Data Reports to be attached
	CERTIFICATE OF COMPLIANCE
AS	We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the repair or replacement
	\cdot
Ty	pe Code Symbol Stamp
Car	
Cer	tificate of Authorization NoExpiration Date
Sig	ned
	CERTIFICATE OF INSERVICE INSPECTION
	he undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State Province of TENNESSEE and employed by HSB IFICO of
ori	Province of TENNESSEE and employed by HSBS 2 12 CO of HATTFOR CONN. have inspected the components described
in t	this Owner's Report during the period 3/3/94 to 3/3-/94 , and state that
	he best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Ow	ner's Report in accordance with the requirements of the ASME Code, Section XI.
	By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
	minations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer. I be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this.
	ection.
	B & 1
	Inspector's Signature Commissions 71/2534 National Board, State, Province, and Endorsements
Date	3/3° 19 94
~30	

WO# 94-00596-01 PAGE 27 OF 27

400 W. Su.	BAR NUCL	EAR PLAN	15	Sheet	-	1	
P.O. Box 21	000,5PRINS	CityJIN.	31381	93	- 258	309-07	
3. Work Performed by	WATTS BAR'	Nuclear 1	<u>A'IN'TE</u> NAN	JC Type Code Symbo	anization i Stamp_	P.O. No., Job No.	· etc. VA-ley z
P.O. Box, 20	DO SPRING	174, TU.	31381	Authorization No. Expiration Date			
I. Identification of Sy	rstem		5- 5TE	AM GEN B	روسه	2WN	
Identification of Sy (a) Applicable Con (b) Applicable Edit	struction Code A	LSC 19	THEdition, or Replacement	N/A A	\ddenda,_	NIA	_Code Case
Identification of Co	mponents Repaired	or Replaced and F	Replacement Co	mponents			
						T	
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Component		1	Board		ľ	Replaced,	Code Stamped (Yes
Component	Manufacturer	Serial No.	Board No.	Identification	Built	Replaced, or Replacement	Code Stamped (Yes or No)
	Manufacturer	Serial No.	Board No.	Identification C-74 1001-A400-	Built	Replaced, or Replacement	Code Stamped (Yes or No)
Component	Manufacturer	Serial No.	Board No.	Identification C-74 1001-A400-	Built	Replaced, or Replacement	Code Stamped (Yes or No)

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

TRACKING # 94-127	licable Manufacturer's Data Reports to be attached	
· · · · · · · · · · · · · · · · · · ·		
CE	ERTIFICATE OF COMPLIANCE	
We certify that the statements made in ASME Code, Section XI.	the report are correct and this EPLACEMENCOnforms to t	the rules of the
Type Code Symbol Stamp	NIA	
Certificate of Authorization No.	NIA Expiration Date NIA	· · · · · · · · · · · · · · · · · · ·
Signed Owner's Designee, Title	Date 2-23	_, 19 <u></u> FK
the undersigned, holding a valid commission issues of Tennessee and employees the commission of the commission is the commission of the commission is the commission of the co	IFICATE OF INSERVICE INSPECTION used by the National Board of Boiler and Pressure Vessel Inspecto ployed by	ors and the Stat
this Owner's Report during the period	have inspected the compose 3/13/94 to 3/13/94	nents describe , and state the
the best of my knowledge and belief, the Owr	ner has performed examinations and taken corrective measures o	Jescribed in th
wner's Report in accordance with the requiremen		
By signing this certificate neither the inspecto	or nor his employer makes any warranty, expressed or implied, in this Owner's Report. Furthermore, neither the Inspector ne	concerning th
nall be liable in any manner for any personal inju	ary or property damage or a loss of any kind arising from or con-	or his employe nected with th
espection.	,	
13. Earnigh	Commissions TN 2534	
Inspector's Signature	Commissions TN 2534 National Board, State, Province, and Er	ndorsements
2/13		
ate 3/13 10 99		

P.O. BOX 20	5 BAR NUC 500, SPRINI	SCITYTH. NUCLEARN	NT <u>31391</u> Wintena	ACType Code Symbo Authorization No.	Stamp_	795-01 P.O. No., Job No.	, etc. N419
4. Identification of S 5. (a) Applicable Con	ystem	62-	Cvcs	Expiration Date		,	
(b) Applicable Edi	tion of Section XI U	tilized for Repairs	or Replacemen	ts 19 <u>80 WB/</u>	.udenda,_	,,,, ,,	_Code Cas
)	Name of	Manufacturer	National Board	Other	Year	Repaired, Replaced,	ASME Code Stamped (Yes
Name of Component	Manufacturer	Serial No.	. No.	Identification	Built	or Replacement	or No)
· ·		Serial No.	No.	Identification	Built ~/ _A	PEPLACE MENT	
Component	Manufacturer			1001-1-			
Component	Manufacturer			1001-1-			

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

TRACKING # 94-128	Applicable Manufacturer's Data Reports to be attached 24 2299
· 	
	CERTIFICATE OF COMPLIANCE
We certify that the statements made ASME Code, Section XI.	te in the report are correct and this <u>LEPLACE MENT</u> conforms to the rules of the repair or replacement
ype Code Symbol Stamp	A
ertificate of Authorization No	NA Expiration Date NA
igned Swelst Swelson Swelst Swelst Swelst Swelst Swelst Swelst Swelst Swelst Swelson Swelst Swelst Swelst Swelst Swelst Swelst Swelst Swelst Swelson Swelst Swelst Swelst Swelst Swelst Swelst Swelst Swelst Swelson Swelson Swels Swelson Swelson Swels Swelson Swels Swelson Swel	Date
CE	RTIFICATE OF INSERVICE INSPECTION
Province of <u>TENNESSEE</u> and	n issued by the National Board of Boiler and Pressure Vessel Inspectors and the Statement by HSB III Co.
HATTFOYO	haye inspected the components describe
this Owner's Report during the period	3/13/94 to 3/13/94 , and state the
the best of my knowledge and belief, the (Owner has performed examinations and taken corrective measures described in th
wner's Report in accordance with the require	
aminations and corrective measures describ	ector nor his employer makes any warranty, expressed or implied, concerning the bed in this Owner's Report. Furthermore, neither the Inspector nor his employed
all be liable in any manner for any personal	injury or property damage or a loss of any kind arising from or connected with th
pection.	where the property carriege of a loss of any kind at ising from of connected with the
3. carmen	Commissions TN 2534 National Board, State, Province, and Endorsements
Inspector's Sphature	National Board, State, Province, and Endorsements
_{te} 3/)3 ₁₀ 94	,

1. Owner LENNE	ESSEE VA	Lucy Au	<u>ITHORI</u> TI	√ Date Z	1231	NTS A \$ 4	
400 W. Swn	MIT HILL	DRIVE KNU	OXVILLE	Sheet			
2. PlantWATTS	BAR NUC	LEAR PLA	NT	Unit	u	BN	
P.D. Box 200	O, SPRING C	174, TN. 31	1.581	913- Repair Org	-156	95-02	
o. Work Periormed by	WEI IS DIE	VINCTEHE I	THINTEN	ANSTED Code Symbo	Stamp_		, etc. NA
P.O. Box 2001	O DPRINGC	174, TU. 31	1381	Authorization No. Expiration Date			
4. Identification of Sys							
 (a) Applicable Cons (b) Applicable Editi Identification of Cor 	an ar addition XI o	unzeo for Repairs	or Replacemen	ts 19 <u>80W8 (</u>	\ddenda,_	NIA	_Code Ca
·		The state of the s					
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Component	Manufacturer	Serial No.	Board No.	Identification	Built	Replaced,	Code Stamped (Yes
Component		, ,	Board	Identification	Built	Replaced,	Code Stampe (Yes
Component	Manufacturer	Serial No.	Board No.	Identification	Built	Replaced, or Replacement	Code Stampe (Yes or No)
Component	Manufacturer	Serial No.	Board No.	Identification	Built	Replaced, or Replacement	Code Stampe (Yes or No)
Component - SNUB - 074 - RHR	Manufacturer	Serial No.	Board No.	Identification	Built	Replaced, or Replacement	Code Stampe (Yes or No)
Component	Manufacturer	Serial No.	Board No.	Identification	Built	Replaced, or Replacement	Code Stampe (Yes or No)
Component	Manufacturer PSA	Serial No.	Board No.	Identification	Built	Replaced, or Replacement	Code Stamped (Yes or No)
Component	Manufacturer PSA	Serial No.	Board No.	Identification	Built	Replaced, or Replacement	Code Stampe (Yes or No)

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

TRACKING Num	Applicable Manufactur BER 94- 129 &	er's Data Reports to be attached
	······································	
	CERTIFICATE OF	
We certify that the staten ASME Code, Section XI.	ents made in the report are cor	rect and this Equate ment conforms to the rules of the repair or replacement
Type Code Symbol Stamp	NA	
Certificate of Authorization No.	NA	Expiration Date NA My 2-LTE
Signed Winer or Owner's Designed	4	Date
· · · · · · · · · · · · · · · · · · ·	CERTIFICATE OF INS	EDVICE INSPECTION
I, the undersigned, holding a valid co or Province of TENNESSEE		al Board of Boiler and Pressure Vessel Inspectors and the State
	A Ford CONN.	have inspected the components described
in this Owner's Report during the		to
to the best of my knowledge and be	lief, the Owner has performed	examinations and taken corrective measures described in this
Owner's Report in accordance with t		
By signing this certificate neither	the Inspector nor his employ	er makes any warranty, expressed or implied, concerning the
shall be liable in any manner for any	es described in this Owner's f	Report. Furthermore, neither the Inspector nor his employer
inspection.	personal injury or property da	mage or a loss of any kind arising from or connected with this
		·
13. Earm	Commissi	Ons TN 2.534 National Board State Province and Endorsements
Inspector's Signat	rre	ons TN 25 59 National Board, State, Province, and Endorsements
3/13	94	·
Date ン/じ	10 //	

	. 1	A					
1. Owner ENNE	ESSEE VALL	EY AUTH	ORITY	Date	2/23	194	
400 W.S.	umnit Hic	L DRIVE K	LIOKVILLE	Sheet			
2. Plant WATTS	BARNUCL	EAR PLAI	VT	Unit(
P.O. BOX 201	06,5PRING C	ITU. TN. 3	7138)				
3. Work Performed b	WATTS BARI	Juclete Mi	AINTEXIAL	93- Repair Org	anization	P.O. No., Job No.	, etc.
P.O. Box 20	06 SPRING	Name 174.1N	21321	Authorization No.			
4. Identification of Sy	,			Expiration Date		NIA	
5. (a) Applicable Con				4.1			
(b) Applicable Edit	tion of Section XI Ut	ilized for Repairs	or Replacement	s 19 BOWBL	Addenda,_	~14	_Code Case
6. Identification of Co				•			
		<u> </u>		 		 	· -
							ASME Code
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	Stamped (Yes or No)
1-344B-063-63167 SNUBBER	0-0	7.00		1063-1-63-		· · · · · · · · · · · · · · · · · · ·	
DAMBBEK	PSA	38814	NIA	467	NA	REPLACED	No
	· · ·						
7. Description of Work_	Rep	ACED SA	MUBBER				
	ydrostatic Pneuther Pressure		inal Operating P	ressure F	NA		
NOTE: Supplemental tion in items 1 throug recorded at the top of	sheets in form of li th 6 on this report in this form,	sts, sketches, or o s included on eac	drawings may be th sheet, and (3)	used, provided (1) s each sheet is numb	ize is 8½ i ered and	n. × 11 in., (2) inf the number of sh	orma- eets is

TRACICING # 94-130 BL	e Manufacturer's Data Reports to be attached
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	·
	FICATE OF COMPLIANCE
We certify that the statements made in the ASME Code, Section XI.	report are correct and this <u>REMASMENT</u> conforms to the rules of the repair or replacement
Type Code Symbol Stamp	NA
Certificate of Authorization No.	A Expiration Date NA
(Ved (landed	Date 2.24 1994
Owner's Designee, Title	Date
CERTIFIC	ATE OF INSERVICE INSPECTION
	by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of TENNESSEE and employ	ed by HSB IFI @.
HATTFORD	
in this Owner's Report during the period3	1/13/94
to the best of my knowledge and belief, the Owner h	nas performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of	
•	or his employer makes any warranty, expressed or implied, concerning the
	his Owner's Report. Furthermore, neither the Inspector nor his employer
	or property damage or a loss of any kind arising from or connected with this
inspection.	
13. Earnas	commission TN 2534
Inspector's Signature	Commissions 7N 2534 National Board, State, Province, and Endorsements
Date 3/13 19 94	

1. Owner ENNE	SSEEVAL	LEY AUTH	OPITY	Date	21:	23/94	
400W.Su	mmit Hill	DRIVE K	NDXVILLE	Sheet	_ of	1	
2. Pland ATTS	BAR NUCL	/ 1		Unit		1	
P.O. Boy 200	OD SPRING	Ciry, Tu.	31581	93.	-258	09 OS	
3. Work Performed by	LATTS BAR	/ /		Banala O	ganization	P.O. No., Job No.	, etc.
P.O. BOX200	OSPRING	City IN.	<u>31381</u>	Authorization No. Expiration Date_			
4. Identification of Sy		15-				MA	
5. (a) Applicable Cons (b) Applicable Edit 6. Identification of Cons	struction Code <u>A</u> ion of Section XI Ut	ilized for Repairs	<u> つて</u> Edition, or Replacement	NIA 1980 w81	Addenda,_	MIA	_Code Cas
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-3NUB-015- 400 6835 DNUBBER	P5A	4359	NA	1001-A400- 6-83	AN	REPLACED	No
				NESS	212319	3	
			·				
. Description of Work_	REPLACED	5 SNUBBE	R				
_	ydrostatic Pne	psi	ninal <u>Operating f</u> Test Temp.	Pressure°F	NR 2g zlzz	3193	

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

TRACKING # 94-1	Applicable Manufacturer's	Data Reports to be attached	
	, J		
Ma service at the service of	CERTIFICATE OF CO		
ASME Code, Section X1.	s made in the report are correc	t and this EPCACE MENT conforms to the rules repair or replacement	of the
		./.	
Type Code Symbol Stamp	: <i>]</i>	VIA	
Certificate of Authorization No.	NIA	Expiration Date	
Signed Joh Guv	U		94
Owner or Owner's Designee, T	itle	, 19	
	OFFICIONES OF MICE.		
, the undersigned, holding a valid comm	CERTIFICATE OF INSER	VICE INSPECTION Board of Boiler and Pressure Vessel Inspectors and t	ha Ceae
or Province of 1800 (332)	and employed by #>/	3 IFI CO.	0
<i>f(A</i>)	1 to 80 CONN.	have inspected the components d	eccihe
this Owner's Report during the peri		to 3/13/94 , and st	ate tha
wner's Report in accordance with the r	, the Owner has performed ex equirements of the ASME Cod	raminations and taken corrective measures describe	d in thi
		nakes any warranty, expressed or implied, concert	nina eb
xaminations and corrective measures of	lescribed in this Owner's Reg	port. Furthermore, neither the Inspector nor his ea	molove
nall be liable in any manner for any pe	rsonal injury or property dama	ge or a loss of any kind arising from or connected v	vith thi
espection.			
B. Emmala		TN 2534	
Inspector's Signature	Commissions	National Board, State, Province, and Endorsem	ents
		•	
$\alpha \wedge \gamma$	4.		

	1	/1					
1. Owner ENN	INAIT	10	•	Date	2/23	193	
400 W. Sw				Sheet	of	1	
2. Plan WATTS	BAR NUCLE	AR PLANT		Unit 4	BN	1	
P.O. Box 20	00, SORING	City.IN.	<u>31381</u>	93 Repair Org	- 25	918-01	
3. Work Performed by	WATTS BAR	MUCLEAR	MAINTEN	Repair Org	anization	P.O. No., Job No.	, etc.
P.O. Box 21	000, SPRILLS	City TX.	31381	Authorization No. Expiration Date			
4. Identification of Sy			63-515	expiration Date		INA	
5. (a) Applicable Con (b) Applicable Edit 6. Identification of Co	ion of Section X1 O	cilized for Repairs	or Replacemen	ts 19 <u>Bo w</u> 90		NΑ	_Code Ca
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
3N48BER	PSA	38787	NIA	1063-1-63	NA	REPLACED	No
				NIKIO			
				2/23/93			
Description of Work_	REPLACED	SNIUBB	ER				
	ther Pressure	eumatic Non	ninal Operating Test Temp.	Pressure \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	r 3193		

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

. Remarks	
TRACKING# 94-132	Applicable Manufacturer's Data Reports to be attached
	8
	CERTIFICATE OF COMPLIANCE
We certify that the statements made	de in the report are correct and this REPLACEMENT conforms to the rules of the
ASME Code, Section XI.	repair or replacement
•	
Type Code Symbol Stamp	N/Δ
Type code Symbol Stamp	
Certificate of Authorization No.	N A Expiration Date N/A
1.0 1	
Signed fire quell	Date 2 · 2 · 4 , 19 · 9 · 4
Oction of Owner's Designed, 11(18	
CI	ERTIFICATE OF INSERVICE INSPECTION
	n issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of <u>7ENNESSER</u> and	d employed by #SB IFI CO'
HArTford	have inspected the components described 3/8/94 to 3/8/94, and state that Owner has performed examinations and taken corrective measures described in this
n this Owner's Report during the period_	3/8/94
• • • • • • • • • • • • • • • • • • • •	
Owner's Report in accordance with the requir	•
	pector nor his employer makes any warranty, expressed or implied, concerning the
	bed in this Owner's Report. Furthermore, neither the Inspector nor his employer
	I injury or property damage or a loss of any kind arising from or connected with this
nspection.	
B Earnes	TN-2534
Inspector's Signature	Commissions TN - 2534 National Board, State, Province, and Endorsements
,	
$_{\text{Date}} 3/8 \qquad _{19} 9$	<i>y</i>
18	

1. Owner lenness	, ivair	18	•	Date	2lz3l	93	
400W SUMM	7401000	\sim		Sheet	of		
Po. Bux Co.	mari	8			BN	67 01	
3. Work Performed by		_ \		93 - Repair Orgo	anization Stamp	P.O. No., Job No.	, etc.
Po. Box 5	Pring City	Name Tu 3738	1	Authorization No. Expiration Date			
4. Identification of Sy	stem	63~	515			NIA	
5. (a) Applicable Cons (b) Applicable Edit	struction Code <u>A</u> ion of Section XI U	15C 18	THE Edition,	NA A	ddenda,_	NA	_Code Case
6. Identification of Co							
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
5mubder 1-5mub-063-63116	P5A	38780	NA	1063-1-63-116	NA	REPLACED	Mo
				9.1			
			NRS	g 2/2019	# 2 1 2 3 1 ·	4	
							
. Description of Work	leon	ced Suc	.00		<u> </u>		
. Tests Conducted: H				Pressure N	أعاء	5/94	

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

TRACK NO # 94- 133 Sy	Manufacturer's Data Reports to be attached
,	
CERTIFI	CATE OF COMPLIANCE
We certify that the statements made in the repair ASME Code, Section XI.	port are correct and this REPLACEMEN Conforms to the rules of the repair or replacement
Type Code Symbol Stamp	NA
Certificate of Authorization No. NA	Expiration Date N/4
Signed Owner Designee, Title	Date 2-2 4 , 19 94
CERTIFICAT	TE OF INSERVICE INSPECTION
1, the undersigned, holding a valid commission issued by or Province of Provin	the National Board of Boiler and Pressure Vessel Inspectors and the State by HSB III CO'
HATT FORD	- Industrial Components described
in this Owner's Report during the period 3/	performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of t	the ASME Code. Section XI
	his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this	Owner's Report, Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or p	property damage or a loss of any kind arising from or connected with this
inspection,	
B. Ermal	_Commissions
Inspector's Signature	National Board, State, Province, and Endorsements
Date3/719_94	

			_==:				
1. Owner/ENNE	ESSEE V	ALLEY A	UTHORIT	Т У Баtе	2/23	194	
400 W. Su							
2. Plant WATTS	S BAR NING	LEAR PI	ANT	Linie	12.6	RAL 1	
P.O. Bix 2	000, SPRIN	SCITYI	N. 31381	9	3 - 7	7676-0	
3. Work Performed by	WATTS BA	R HUCLER	IR MAINT	Repair Org	Stamp_	P.O. No., Job No.	, etc.
P.D. Box 20	000 SPPIL	City, IN	1.81381	Authorization No. Expiration Date			
4. Identification of Sys	stem	63-315	5				2/23/9
5. (a) Applicable Cons (b) Applicable Editi	struction Code A	ilized for Repairs	7 HEdition, or Replacement	NA,	Addenda,_	AN	_Code Cas
6. Identification of Cor	mponents Repaired	or Replaced and f	Replacement Cor	mponents			
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Snubber 515R L-Jnub-063-172	P5A	38771	NA	1063-63- 1315-R 192	NA	REPEACED	1/0
	·					7 -1 -14-18	
				NIR 90g	193		
				2-2			
. Description of Work_	Reproce	D SYBB	esla 4 ER				
Tests Conducted: H	ydrostatic Pne	psi	Test Temp		3/94		

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

We certify that the statements made in the re ASME Code, Section XI. Type Code Symbol Stamp Certificate of Authorization No. Signed Owner or Owner's Designee, Title CERTIFICATION I, the undersigned, holding a valid commission issued by	NA	and this <u>left</u> repair o	F replacement	
We certify that the statements made in the re ASME Code, Section XI. Type Code Symbol Stamp	NA	and this <u>left</u> repair o	or replacement	
We certify that the statements made in the re ASME Code, Section XI. Type Code Symbol Stamp	NA	and this <u>left</u> repair o	or replacement	
We certify that the statements made in the re ASME Code, Section XI. Type Code Symbol Stamp Certificate of Authorization No. Signed Owner or Owner's Designee, Title CERTIFICATION OF THE COMMISSION ISSUED BY	NA	and this <u>left</u> repair o	or replacement	
We certify that the statements made in the re ASME Code, Section XI. Type Code Symbol Stamp	NA	and this <u>left</u> repair o	or replacement	
We certify that the statements made in the re ASME Code, Section XI. Type Code Symbol Stamp	NA	and this <u>left</u> repair o	or replacement	
Type Code Symbol Stamp Certificate of Authorization No. Signed Owner or Owner's Designee, Title CERTIFICA I, the undersigned holding a valid commission issued by	NA	·	or replacement	
Type Code Symbol Stamp Certificate of Authorization No. Signed Owner or Owner's Designee, Title CERTIFICA I, the undersigned holding a valid commission issued by	NA	·	or replacement	
Certificate of Authorization No. Signed Owner or Owner's Designee, Title CERTIFICATION OF THE OWNER'S DESIGNEE OF THE OWNER'S DESIGNEE OF THE OWNER'S DESIGNEE OF THE OWNER'S DESIGNEE OF THE OWNER'S DESIGNED OF THE OWNER'S DESIGNED OF THE OWNER'S DESIGNEE OF THE OWNER'S DESIGNED OWNER'S	v 1	Expiration Date	2-24	44
Certificate of Authorization No. Signed Owner or Owner's Designee, Title CERTIFICATION OF THE OWNER'S DESIGNEE OF THE OWNER'S DESIGNEE OF THE OWNER'S DESIGNEE OF THE OWNER'S DESIGNEE OF THE OWNER'S DESIGNED OF THE OWNER'S DESIGNED OF THE OWNER'S DESIGNEE OF THE OWNER'S DESIGNED OWNER'S DESIGNED OWNER'S DESIGNED OWN	v 1	Expiration Date	2-24	+ • • • • • • • • • • • • • • • • • • •
Certificate of Authorization No. Signed Owner or Owner's Designee, Title CERTIFICATION OF THE PROPERTY OF TH	v 1	Expiration Date	2-24	44
Signed Owner or Owner's Designee, Title CERTIFICA the undersigned holding a valid commission issued by	V A	Expiration Date	2-24	44
Owner or Owner's Designee, Title CERTIFICA the undersigned holding a valid commission issued by		Date	2-24	94
Owner or Owner's Designee, Title CERTIFICA the undersigned holding a valid commission issued by		Date	2-24	94
Owner or Owner's Designee, Title CERTIFICA the undersigned holding a valid commission issued by		Date		
I, the undersigned holding a valid commission issued by				, 19
I, the undersigned holding a valid commission issued by	<u>-</u>	······································		
I, the undersigned holding a valid commission issued by	TE OF INSERV	ICE INSPECTIO		· · · · · · · · · · · · · · · · · · ·
the state of the s	ebo Alasianal Da	B-11		and the State
or Province ofandemployed	thu #15/	3 7/1	CO	pectors and the State
HAYTFOYD CON	111.	ha	eve inspected the co	mnonents describer
in this Owner's Report during the period $3/8$		to3/	aye inspected the co	and etate the
o the best of my knowledge and belief, the Owner has	s performed exa	minations and t	taken corrective measi	ures described in thi
Owner's Report in accordance with the requirements of	the ASME Code,	Section XI.		
By signing this certificate neither the Inspector nor			enty expressed or imp	died concerning th
xaminations and corrective measures described in this	S Owner's Repo	et Furthermore	re saither the Intract	red, concerning in
hall be liable in any manner for any personal injury or p	property damage	e or a loss of an	v kind arising from or	connected with thi
nspection.	p p		y kille unamy nem e.	Commerced With the
p c ./				•
D. carnigh	_ Commissions _	TN. 2.	534 ard, State, Province, as	
Inspecto Signature		National Boa	ard, State, Province, a	nd Endorsements
5/2				
ate <u>3/8</u>	,	•		

1. Owner ENNES	SEE VALLEL	(AUTHOR)	TY	Date	2 2	3/94	
400 W. Sum	MIT HILL	PRIVE, KNO	VILLE	Sheetl	of	1	•
2. Plant 1175				Unit	WBN	1	
P.O. Box 200	IND IN	3		93 - 2 Repair Org	2767	6-06	
3. Work Performed by	WATTS BAR	NUCLEAP I	MALKETERGA	Repair Org	anization	P.O. No., Job No.	, etc.
P.C. Box 201	00, SPRING C	Name 174, TN, 3	7381	Authorization No. Expiration Date			
4. Identification of Sy		_				NA Sof el	2 5/9 0
S. Identification of Co.	ion of Section XI Ut						,
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No,	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASMI Code Stamp (Yes or No
-5448-063-	PSA	20768	MIA	1515-R275 1063-63-		REPLACED	٧
		1		·		1-creating	
			NIA	. Sy 21241	۹4-	THE STATE OF THE S	
			MIR	Sy 2/24/ 3 2/2/23	94 194	- Tay Garage	
			MIR	Sy 2/24/ 3 9/2/23	94 194	T-T-GACTE B	
Description of Work_	REPLAC	ED SNUBO		Sy 2/24/ 3 2/3-123	94 194		

TRACKING TO 94-135 by 1723/93 CERTIFICATE OF COMPLIANCE We certify that the statements made in the report are correct and this REAREMENT conforms to the rules of the repair or replacement
We certify that the statements made in the report are correct and this FRACEMENT conforms to the rules of the
We certify that the statements made in the report are correct and this FRACEMENT conforms to the rules of the
We certify that the statements made in the report are correct and this FRACEMENT conforms to the rules of the
We certify that the statements made in the report are correct and this FRACEMENT conforms to the rules of the
We certify that the statements made in the report are correct and this FRACEMENT conforms to the rules of the
, · · · · · · · · · · · · · · · · · · ·
Type Code Symbol Stamp
Certificate of Authorization No. NIA Expiration Date NIA
Signed John Juvell Date 2-24 , 19 94
CERTIFICATE OF INSERVICE INSPECTION I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of TENNESSEE and employed by HSB III Co. of have inspected the components described
in this Owner's Report during the period 3/7/74 to 3/7/94, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
Inspector's Signsture Commissions TN 2539 National Board, State, Province, and Endorsements
Inspector's Signature National Board, State, Province, and Endorsements
Date3/719_99

	. 1 .	Λ					
1. Owner ENNE	SSEE VAL	LEY HUTH	ORITY	Date	2/23	91	
400 W.Su	mmit Hill	DRIVE K	NOVVILLE	Sheet	of.		
2. Plan VATTS				Unit \	BN 1		. (
P.O.Bova	000, SPRIN	1= CiTUTU	31381			64.3	[23 9
3. Work Performed by					anization	P.O. No., Job No.	, etc.
	100 SOD'.	Name	<u> </u>	Type Code Symbo Authorization No.	I Stamp_		
40. BOX20	000 SPRINS	CIHI, IN. 3	<u> </u>	Expiration Date_			
1. Identification of Sy	stem	63-SIS				NA 19	.૨(ટ)
5. (a) Applicable Con (b) Applicable Edit 6. Identification of Co	ion of Section XI U	tilized for Repairs (or Replacement	19 <u>රිංගරි</u> (Addenda,_	n/4	_Code C
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
NUBBER 515RZ71 -5NUB-063-	PSA	38772	NA	1063-63-		, PERACES	NIA
		501.0	TOPP	1515-R276	NA	De Assins	1714
			····-		,		
				NIRAY	2/23/9	0	
1	- 1						
						f l	
Description of Work_	REPLACE	o Snure	SEIL				

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

nemarks	Applicable Manufactur	er's Data Reports to be attached
TRACKING # 94	-136 By	
	V	
	•	
		
	CERTIFICATE OF	
We certify that the state ASME Code, Section XI.		rrect and this EPRACE MENT conforms to the rules of the repair or replacement
Type Code Symbol Stamp	χΑ	
Certificate of Authorization No.	NA	Expiration Date $\frac{NA}{2-2K}$
Signed Owner/s Design	>U/	Date <u>Z-Z</u> <u>Y</u> , 19 <u>9 Y</u>
I, the undersigned, holding a valid or Province of <u>TRNNESSEE</u>	CERTIFICATE OF INSE commission issued by the Nations	al Board of Boiler and Pressure Vessel Inspectors and the Stat
HA	ETFORD CONN.	have inspected the components describe
n this Owner's Report during the	period 3/8/94	have inspected the components describe to 3/8/9/4, and state the
o the best of my knowledge and	belief, the Owner has performed	examinations and taken corrective measures described in th
Owner's Report in accordance with		
By signing this certificate neith	er the Inspector nor his employe	er makes any warranty, expressed or implied, concerning the
xaminations and corrective measu	ures described in this Owner's F	Report. Furthermore, neither the Inspector nor his employe
nall be liable in any manner for ar nspection,	ny personal injury or property da	amage or a loss of any kind arising from or connected with th
1 C 1	/	
13. Carrigh	Commissi	ons TN 2534 National Board, State, Province, and Endorsements
Inspector's/Bigna	iture	National Board, State, Province, and Endorsements
) Nate 3/8	2/1	

WORKPLAN D-04633-02

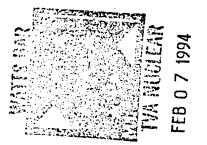
Page 3 cont. on Page 3A

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

	SEE VALLEY AL	ne		Date	24-94	<u> </u>			
400 W. Summ.	Sheet of								
2. Plant <u>WA773 B</u>				Unit/_			,		
			•	4.6.6	- 44.05				
	BOX ZOOD, SPRING CAY TN 37381				WP 0.04633-02 Repair Organization P.O. No., Job No., etc.				
PO Box 2000 SPRING CITY TN 37381 Address				Type Code Symbol Stamp/					
				Authorization No. NA 903 2-24-94					
				Expiration Date_		/			
4. Identification of Sy	ystem <u>063 <i>5A</i>,</u>	FETY INJECT.	iw .						
(b) Applicable Edit		tilized for Hepairs	s or Replacemen	, <u>JUNE 1973</u> ts 19 <u>80 THAN</u> W8	/	<u> γ · φι · σ · γ</u>	_000		
							ASM		
Alama af	Name of	Manufacturer Serial No.	National Board	Other	Year	Repaired, Replaced,	Code Stamp (Yes		
Name of Component	Manufacturer	0011011101	No.	Identification	Built	or Replacement	or No		
Component	Manufacturer		NO.	Identification	Built		or No		
Component PIPE SUPPORT 063-1-63-058	TVA	NoNE	NONE	1-63-058	Built UNK	or Replacement 903 2-26-94 REPAIR KENALSMENT			
Component PIPE SUPPOLE 063-1-63-058 PIPE SUPPOLE 63-1-63-073						903 2.16-94 REPAIR KEPLACEMENT			
Component PIPE SUPPORT 063-1-63-058 PIPE SUPPORT 63-1-63-073 PIPE SUPPORT	TVA	NONE	NONE	1-63-058	UNK	REPAREMENT REPURCHMENT REPURCHMENT	- <i>Llo</i>		
Component PIPE SUPPORT 063-1-63-058 PIPE SUPPORT 063-1-63-073 PIPE SUPPORT	TVA TVA	NONE	NONE NONE NONE	1-63-058	UNK	903 2.16-94 REPAIR KEPLACEMENT	- <i>Llo</i>		
Component PIPE SUPPORT 063-1-63-058 PIPE SUPPORT 63-1-63-073	TVA TVA	NONE NONE	NONE NONE NONE	1-63-058	UNK	REPAREMENT REPURCHMENT REPURCHMENT	- 110 140		
	TVA TVA TVA	NONE NONE NONE A) DOS 2-	NONE NONE NONE 24-94	1-63-058 1-63-073 1-63-076	UNK	REPAREMENT REPURCHMENT REPURCHMENT	- <i>Llo</i>		
Component PIPE SUPPOLT 063-1-63-058 PIPE SUPPOLT 063-1-63-073 PIPE SUPPOLT 63-1-63-076 Description of Work	TVA TVA TVA MODIFICED	NONE NONE NONE A DOS 2-	NONE NONE NONE 24-94	1-63-058 1-63-073 1-63-076	UNK	REPAREMENT REPURCHMENT REPURCHMENT	- <i>Llo</i>		

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tion in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is



WORKPLAN ______ 633-02

Page 3A cont. on Page 4

9. Remarks NIS-2 TRACKING NUMBER: 94-137 QOS 2-24-94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this <u>REPLACEMENT</u> conforms to the rules of the ASME Code, Section XI. repair or replacement
Type Code Symbol Stamp
Certificate of Authorization No. NONE Expiration Date NONE Signed Sampson M&H. FIELD ENGINEER Date 2-24 , 19 94 Owner or Owner's Designee, Title
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure, Vessel Inspectors and the State or Province of TENNESSEE and employed by THE HARTECKO STERM BOILER I. AND I. Go. of
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection. Commissions TW-2633 Inspector's Signature Commissions National Board, State, Province, and Endorsements
Date MAKCH 12, 1994

Page	cont. on Page	7	
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Name Address Plant WATTS BAR NUCLEAR PLANT Name P.O. Box Zooo SPRING CITY TN 37381 WP D - 059ZZ-05 Repair Organization P.O. No., Job No., etc. Type Code Symbol Stamp Authorization No. P.O. Box Zooo, SPRING CITY, TN 37381 Address Name P.O. Box Zooo, SPRING CITY, TN 37381 Address ADD ADD ADD ADD ADD ADD ADD ADD ADD AD	ASSET Note LEAR PLANT Name PLO. Box Zooo SPENIG CITY, TN 37381 Work Performed by TVA Name P.O. Box Zooo SPENIG CITY, TN 37381 Name P.O. Box Zooo SPENIG CITY, TN 37381 Name P.O. Box Zooo SPENIG CITY, TN 37381 Address Repair Organization P.O. No., Job No., etc. Type Code Symbol Stamp Authorization No. NA Expiration Date Address Identification of System 74 RESIDNAL HEAT REMOVAL (a) Applicable Construction Code A I SC 19 73 Edition, June 1973 Addenda, N/A Code Cast (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THEN WINTER 1781 ADDITION Identification of Components Repaired or Replaced and Replacement Components Name of Component Manufacturer Serial No. No. Identification Built or Replaced, Or No.) Name of Component Manufacturer Serial No. No. Identification Built or Replacement No. No. Replaced, Or No. No. Post 22-02 UNIX ReplaceMent NO. Replaced Or No. No. Post 22-02 UNIX ReplaceMent NO. ReplaceMent NO. No. Post 22-02 UNIX ReplaceMent NO. No. Post 22-02 UNIX ReplaceMent NO.								
Name Plant WATTS BAR NUCLEAR PLANT Name P.O. Box ZOOD SPRING CITY, TN 37381 Work Performed by TVA Name P.O. Box ZOOD, SPRING CITY, TN 37381 Address Name P.O. Box ZOOD, SPRING CITY, TN 37381 Address Repair Organization P.O. No., Job No., etc. Type Code Symbol Stamp Authorization No. Expiration Date Address ADD THE Name of Components Repaired or Replaced and Replacements 19 80 THEN WINTER 1781 ADDITION Address Name of Components Repaired or Replaced and Replacement Components Name of Component Manufacturer Name of Manufacturer Serial No. No. Identification ASME Code Code Code Code Code Code Code Code	Name ASO W. SUMMIT HILL DR. KNOXVILLE, TN Address Plant WATTS BAR NUCLEAR PLANT Name P.O. BOX ZOOD SPRING CITY, TN 37381 WORK Performed by TVA Name P.O. BOX ZOOD, SPRING CITY, TN 37381 Address Identification of System 74 RESIDUAL HEAT REMOVAL (a) Applicable Construction Code A I SC 19 73 Edition, June 1973 Addenda, N/A Code Carlot) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 BO THEN WINTER IT 81 ADDITION 10 ADDITION 11 Bit ADDITION 10 ADDITION 11 Bit ADDITION 12 Bit ADDITION 11 Bit ADDITION 12 Bit ADDITION 11 Bit ADDITION 12 BIT A	Owner	<u> </u>			Date 2	- Z <i>5</i> -	94	
Plant WATTS BAR NUCLEAR PLANT Name P.O. Box Zooo SPLING CITY TN 37381 WP # D - 0.5922.05 Repair Organization P.O. No., Job No., etc. Type Code Symbol Stamp Authorization No. P.O. Box Zooo, SPRING CITY, TN 37381 Authorization No. Address Repair Organization P.O. No., Job No., etc. Type Code Symbol Stamp Authorization No. Address Authorization No. Expiration Date Address Address Authorization No. Address Authorization No. Expiration Date Address Address Authorization No. Expiration Date Authorization No. Address Authorization No. Expiration Date Address Authorization No. Expiration Date Authorization No. Expiration Date Address Authorization No. No. Address Authorization No. No. Expiration Date Authorization No. No. Expiration Date Authorization No. No. Address Authorization No. No. Expiration Date Authorization No. No. Authorization No. No. Expiration Date Authorization No. No. Authorization P.O. No. Authorization No. No. Authorization P.O. No. Authorization P.O. No. Authorization P.O. No. Authoriza	Plant WATTS BAR NUCLEAR PLANT Name P.O. Box 2000 SPRING CITY TN 37381 Work Performed by TVA Name P.O. Box 2000 SPRING CITY TN 37381 Address Identification of System 74 RESIDNAL HEAT REMOVAL (a) Applicable Construction Code A ISC 19 73 Edition, June 1973 Addends, N/A Code Cat (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THEN WINTER 1781 ADDITIONAL HEAT REMOVAL Name of Components Repaired or Replaced and Replacement Components Name of Manufacturer Serial No. No. Identification Built or Replacement (Ves Component) Name of Manufacturer Serial No. No. Identification Built or Replacement No. No. Replacement No. Replacement No. No. Replacement No. Replacement No. No. No. Replacement No. No. Replacement No. No. Replacement No. No. No. Replacement No. No. No. Replacement No. No. No. Replacement No. No. No. No. No. Replacement No. No. No. No. No. Replacement No.		Nam						
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Repair Organization P.O. No., Job No., etc. Name P.O. Box 2000, SPRING CITY, TN 37381 Name P.O. Box 2000, SPRING CITY, TN 37381 Address Address	P.O. Box Zood, SPEING CITY, TN 37381 Work Performed by TVA Name P.O. Box Zood, SPRING CITY, TN 37381 Address Identification of System 74 (a) Applicable Construction Code AISC 19 73 Edition, June 1973 Addenda, N/A Code Cast (b) Applicable Edition of Section XI Utilized for Replacements 19 80 THEN WINTER 1781 ADDITION (Yes Component Manufacturer Serial No. No. Identification Built or Replacement To The Component Manufacturer Serial No. No. Identification Built or Replacement To The Code Cast (Yes Or No.) No. Identification Built No. Replacement No.	Plant WATTS	BAR NUCL	EAR PLAN	τ	Unit			
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	Description of Work INSTALLED NEW BOLTHUR MAT'L PER 1-74-24 SHIRL AND DECENDENT								
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ests Conducted: Hydrostatic Pneumatic Nominal Operating Pressure	The state of the s		· · · · · · · · · · · ·	M/A Que				k ⇔	1233 Conserve
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Other Pressure psi Test Temp. F OTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is corded at the top of this form.	Other Pressure psi Test Temp. °F NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.				•	•		19	7.50
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Other Pressure psi Test Temp. F OTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is corded at the top of this form.	Other Pressure psi Test Temp. F IOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is ecorded at the top of this form. This form (E00030) may be obtained from the Order Dept., ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300. REPRINT 478								

Page 7 cont. on Page 8

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	FORM NIS-2 (Back)
	0
9. Remarks	TRACKING # 94-138
	Applicable Manufacturer's Data Reports to be attached
•	
	CERTIFICATE OF COMPLIANCE
We	certify that the statements made in the report are correct and this Report and the conforms to the rules of the
ASME Code,	Section X1. repair or replacement
	_
Certificate of	Authorization No. N/A 90 2-25-99 Expiration Date N/A 90 2-25-99
	/ 3 - //
Signed	Date 2 - 25 19 94
	her or Owner's Designee, Title, 19, 19, 19, 19
	CERTIFICATE OF INSERVICE INSPECTION
I, the undersig	ned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the Sta
or Province of	and employed by HSRI & ICO
-Har	heve inspected the components describ
in this Owner	's Report during the period $1-19-94$ to $2-28-94$, and state the
	my knowledge and belief, the Owner has performed examinations and taken corrective measures described in the
Owner's Repor	t in accordance with the requirements of the ASME Code, Section XI.
By signing	this certificate neither the Inspector per his producers
examinations	this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning t
shall be liable	and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employ
inspection,	in any manner for any personal injury or property damage or a loss of any kind arising from or connected with th
ک	11 CRO - 50 H
	Inspector's Signature Commissions TH 2537
	National Board, State, Province, and Endorsements
Dana	9 97 0 "
Date	2-28 1994.

Plant WATTS P.O. BOX 2 Work Performed by WATTS 6 Identification of Sy (a) Applicable Con (b) Applicable Edit Identification of Co	Address TVA— BAR NUCLE Address stem SAFET struction Code K ion of Section XI U	MDDIFICA Name FAR PLANT Y INUECT	7.37771 77.0N 5.00 / 06.00 0	SEVENTH 19 <u>80 THR</u> V W//981	3-24. Istamp	342-09 P.O. NO., JOB NO., N/A	etc.
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
-ISIS-RIIB	N/A	N/A	UNKOWN	N/A	N/A	REPAIRED	ND
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		RELDCA7	. 1	TING W.	1	BEAM	

9. Remarks	
TRACKING# 94-139 ky 2/25/9	ufacturer's Data Reports to be attached
<u> </u>	
CERTIFICAT	E OF COMPLIANCE
We certify that the statements made in the report	
ASME Code, Section XI.	repair or replacement
Type Code Symbol Stamp N/A	
	Expiration Date
CERTIFICATE O	F INSERVICE INSPECTION
or Province of FNNESSEE and employed by	have inspected the components described
in this Owner's Report during the period 1-26- to the best of my knowledge and belief, the Owner has per	94 to $3-/5-94$, and state that formed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the A	ASME Code, Section XI.
By signing this certificate neither the Inspector nor his e	employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Ow shall be liable in any manner for any personal injury or prop	vner's Report. Furthermore, neither the Inspector nor his employer erty damage or a loss of any kind arising from or connected with this
inspection.	mmissions TN-2633 National Board, State, Province, and Endorsements
Date MARCH 15, 1994	National Board, State, Province, and Endorsements

Wo#08-15738-51

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

Page B of 69

ant_WBNF	Name OCO, SPRING Address	ER		Sheet/	of/_		
ant_ <u>WBNF</u> ?o.Box 20	2			1			
?O.Box 20				Unit/			
	200, SPRINO Address	·					
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,							, etc.
		Name		Type Code Symbol Authorization No.		HA/.	
O. BOX Z	900, SPRIN Address	G C174,7	$\overline{\mathcal{M}}$.	Expiration Date		2/2	<u>5/14</u>
	Address	12100	·				
entification of Sys	stem	- DATE	1 1/W	ECTION S	3Y57	en _	
					ITER I	981 ADDE	Z/Z
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	AS Co Star ()
Pport 163-153	N/A 375 2/25/94	N/A ofms 2/25/59	m/A + , 2/25/94	DCA-509810 -357-0,-358-0	4NKNOWN	Releacoment	٨
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FORM NIS-2 (Back)

9. Remarks TRACKING # 94-140 ls 2/25/94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE We certify that the statements made in the report are correct and this RECACONOT conforms to the rules of the
ASME Code, Section XI. repair or replacement
Type Code Symbol Stamp
Certificate of Authorization NoExpiration Date
and the late of the
Signed fifting & Audding R.E. Date 2/25 1994
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of TH and employed by HSBI&ICo. of
in this Owner's Report during the period 1-26-93 to 3-19-94, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
The second secon
Inspector's Signature Commissions TN 2537 National Board, State, Province, and Endorsements
Date3_19

Wo#08-15738-51 Page 14 of 69

NO# 93-24444-00

							
1. Owner TENA	DESSER VALLE	EY AUTHO	RITY	Date	4-94	/	
400 W. S.	Address	DR. KNOTUL	LE, TN	Sheet/	of/		
2. Plant WATTS				Unit/			
P.O. Box 20	000 SPRING	CITY, TH	V	<u>いの</u> # 9 Repair Org	3-24	144-00	
				Repair Org	anization F	.O. No., Job No.	, etc.
3. Work Performed b	Y_TVA_			Type Code Symbo			
A a a -	,	Name		Authorization No.		Fom	2-24-94
F.O. BOX 20	OO, SPRING O	CITY, TN		Expiration Date			
4. Identification of S	ystem <u>Sys 74</u>	RESIDUAL					
5. (a) Applicable Cor (b) Applicable Edi 6. Identification of Co	non or decilon XI Of	inzed for nepairs	or Replacements	19 <u>80 - THRU</u>	- ωι N72	CR 1981 ADD	-code Case
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
74 - IRHR - RI71	BERGEN - PATTERSON	N _A	E8m 2.34.94	AART No. 2200	Usi Star Cara	REPLACEMENT	NO
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NOTE: Supplements	Hydrostatic Pne Other Pressure al sheets in form of I	umatic No	minal Operating F Test Temp. 4 Grawings may be	Pressure F			
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WO# 93-24444-00 PAGE 14 of 21

9. Remarks None	
	turer's Data Reports to be attached
1 n. +	
Tracking 94-141 29	2/25/94
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CERTIFICATE O	OF COMPLIANCE
We certify that the statements made in the report are	
ASME Code, Section XI.	repair or replacement
Type Code Symbol Stamp	NA ETM 2.25.94
Type dada dymbol stamp	
"Certificate of Authorization No.	Expiration Date
Owner or Owner's Designee, Tiple	Date
1 8 1	
CERTIFICATE OF I	NSERVICE INSPECTION
l, the undersigned, holding a valid commission issued by the Nat	ional Board of Boiler and Pressure Vessel Inspectors and the State
// 4	E HAMTFORD TEAM BRILLA I. + I. Co. of
HARTFORD, CT.	have inspected the components described
in this Owner's Report during the period 2-24-9	• 11
Owner's Report in accordance with the requirements of the ASN	med examinations and taken corrective measures described in this
	ployer makes any warranty, expressed or implied, concerning the
	's Report. Furthermore, neither the Inspector nor his employer
	y damage or a loss of any kind arising from or connected with this
inspection.	
(OG Matall	The 1/ 12 A d T
Inspector's Signature	National Board, State, Province, and Endorsements
Date <u>FFB. 28, 19</u> 94	



AUG 1 8 1993

				-			
1. Owner TVA	Name			Date Z	26	- 94	
400 W. 500			ue TN	Sheet			
400 W. Su	Address	DE. POULT	<u>,ccc</u> , 110	Sheet	of		
2. Plant WATTS	BAR No	JOLEAR F	Unit				
P.O. Box:	2000 SPR11	اله درس	TN 37381	WP # C	0 - 0	6012-0) Z
3. Work Performed by	TVA						etc.
				Type Code Symbol Authorization No.	Stamp	NA	
PO. Box 20	00, SPRING	CITY, TN	<u> 37381</u>	Expiration Date			
4. Identification of Sys		_					
	•						
 (a) Applicable Const (b) Applicable Edition 	truction Code_A	<u>15C19</u>	73 Edition,	JUNE 1973 A	\ddenda,_	N/A	_Code Case
(D) Applicable Edition	on of Section XI Ut	ilized for Repairs	or Replacement	s 19 80 THRO	ひいとて	EK, 1481 Y	אסנגיפעז
6. Identification of Con	nponents Repaired	or Replaced and F	Replacément Co	mponents			
							ASME
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	Code Stamped (Yes or No)
1001A-1-01A-420		MIA So z	<u>×</u>	DCA-K 06012- 01,07,09,10, 11	UNK	REPLACEMENT	70
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100 1 A - 1 - 01 A - 426		N/n 90 2	20.94	DCA-KOGOIZ- OI, 24, 25, 26, 27, ZA	UNK	REPLACEMENT	20
924-A10-1-A10	~	N/A 85 2-2	u-94	DCA-KO6012- 01,29,30	UNK	REPLACEMENT	70
100,A-1-01A-430		~/a go 2	2-94	DCA- KOGOIZ- 01,33,34,35	UNK	REPLACEMENT	20
7. Description of Work_	Madify Supp	wars fer Do	CA -KU6012	-91 97 09 10 11	2122	22 24 25 -	
				29, 30, 33, 34	, 35,	,23,24,25,26,	27, 28
. Tests Conducted: H	ydrostatic Pn	eumatie No	minal Operating	Pressure		,	
0	ther Pressure_	osi	Test Temp	°F			
NOTE, constant			10 800 2-26	94			
NOTE: Supplementation in items 1 through recorded at the top of	gn o on this report	lists, sketches, or is included on e	r drawings may l ach sheet, and (be used, provided (1) 3) each sheet is num	size is 8½ obered and	in. x 11 in., (2) indicated the number of a	nforma- :heets is

WP D-06012-02

Page 5B con an last Le

FORM NIS-2 (Back)
9. Remarks TRACKING # 94-142 832-20.34
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the repair or replacement ASME Code, Section XI.
Type Code Symbol StampN/A 95 2-25-94
Certificate of Authorization No. N/A 2 266-94 Expiration Date N/A 90 2-26-94 Signed Owner or Owner's Designed, Title
CERTIFICATE OF INSERVICE INSPECTION I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FRINESCHE and employed by THE HARTFORD STEAM BOILER I & I O OF HARTFORD OF HAVE Inspected the components described in this Owner's Report during the period 12-26-91 to 2-18-94, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Commissions TN-3633 Inspector's Signature Commissions National Board, State, Province, and Endorsements
Date_MARCH 12, 19 94

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

As Required by the Provisions of the ASME Code Section XI

Name of Name of Component Name of Manufacturer Serial No. No. Identification Built Or Replacement Or No. Name of Component Name of Manufacturer Serial No. No. Identification Built Or Replacement Or No. Name of Codd Repaired, Stamp Replaced, Or Replacement Or No.								
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NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

MOSCHAN D-20758-08

Page 7 cont on Page 8

FORM NIS-2 (Back)
9. Remarks TRACKING NO 94-143 Sidt 02/26/94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this **BERNELLES** conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp
Certificate of Authorization No.
2 0 11 10
Signed Stephen N. Kuryle "Engineer Date 02/26 1994
CERTIFICATE OF INDEPLYING WAS A
CERTIFICATE OF INSERVICE INSPECTION I, the undersigned holding a valid commission issued by the National Payor of P. (1)
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province ofand employed by
have inspected the components described
In this Owner's Report during the period 5 - 27-97 11 97 014
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report, Furthermore, neither the Inspector par his employees
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection,
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Inspector's Signature Commissions National Road State Regions of Editional Road State Region State Region Road State Region Road State Region Road State Region Road State Region Road State Region Road State Region Road State Roa
Inspector's Signature National Board, State, Province, and Endorsements
Date11_23 1994
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The state of the s	ion or Section X1 Of	ilized for Hepairs	or Replacement	s 19_BD_THEN	WINTE	R 1981	
Identification of Co.	mponents Repaired	or Replaced and I	Replacement Co	mponents			
	<u> </u>	Ţ	·	<u> </u>	· ·		
• •							ASME
			National			Repaired	Code
Name of Component	Name of	Manufacturer	Board	Other	Year	Repaired, Replaced,	Stamped (Yes
	Manufacturer	Serial No.	No.	Identification	Built	or Replacement	or No)
1A-1-01A-422		NA	·	9m2.26.94	,		
14-1-01A-42L	92	- 2.26.94		9m2.26.94 DCA-P-K-06012 -04,05,\$06	MAKNOWN	REPLACEMENT	NO
IA-I-0IA-423	gm 2-26	NA		DCA-K-06012-	UNK.	0-0-0	110
A-1-01A-424	7	NA		12,13,14,15,216 DCA-K-06012- 17,18,419	"" "ON N	KCF OILL MORE	NO
4510011-454	gm	2-26-94		17, 18, 4 19	"NOW"	REPLACEMENT	100
1A-1-01A-429	gn	NA 2-26-94		17, 18, 4 19 DCA-K-06012- 31, 32	KNO.	REPLACEMENT	NO
A-1-01A-431		NA		DCA-K-06012-	WW.		
A 0,0 0,0 13,	9m	2-26-94		DCA-K-06012- 36,37,38,139	MOMA	REPLACEMENT	20
Description of Work_	MODIFY	SUPPORT:	5				
	lydrostatic Pne	NA 9 m 2	minal Operating	Pressure			AR
O	other Pressure	Osi	Test Temp	°F	:		
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AGE 6 OF 7 WORKPLAN D-21328-07

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	omponents Repaired			ts 19_80 Thru	81, WI	"NTER 1981)	9 DOEN
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
	DR 3-3-94 N/A DR 3-3-94	NONE	NUNE	XA-21328-50 DLA-21328-51 F-28167-A	UNKNOW	Replacement	110
0/A-1-01A-429	1 3 4 ' - 4			DA-21328-46	i	i	
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	NA	NUNE	NOVE	DCA-21328-47	UNKAKEON	Kep/ACEMENT	No
1A-1-01A-392	N/A DQ 3-3-94		_	DCA-21328-47 DCA-21328-44	LINKAKLON	Kep/ACEMENT	- 200
1A-1-01A-392	NA	NUNE	NONE	DCA-21328-47 DCA-21328-44 DCA-21328-45	UNKAKEUN UNKAKEUN	Replacement	NO
1/A-1-01A-392	N/A DQ 3-3-94		_	DCA-21328-47 DCA-21328-44 DCA-21328-45	UNKAKENA UNKACINA	Replacement	NO
0/A-1-01A-392	N/A DQ 3-3-94		NON E	D. Read	UNKAKEN UNKACEN	Replacement	NO NO
0/A-1-01A-392	N/A DQ 3-3-94		NON E	DCA-21328-45	LuKakioa LuKacioa	Replacement	NO
0/A-1-0/A-392 0/A-1-0/A-389	N/A DQ 3-3-94 N/A	NONE	NONE N	D. Read	UNKWEW A	Replacement	NO
20/A -1-0/A -499 20/A -1-0/A -392 20/A -1-0/A - 389 Description of Work	N/A DQ 3-3-94 N/A INSTALLED	NONE	NONE N A	DCA-21328-45 D. Reeal 3-3-94 DAShers	L. W. WOOLIN	Replacement	NO
Description of Work	N/A DQ 3-3-94 N/A INSTA!!ED	NONE	NONE N	DCA-21328-45 D. Reeal 3-3-94 DAShers	LINKAKISA LINKAGINA	Replacement	NO
Description of Work	N/A DQ 3-3-94 N/A INSTAILED	NONE	NONE N A	DCA-21328-45 D. Reeal 3-3-94 DAShers	ankacion ankacion D. Roc	Replacement Replacement	NO

WORKPLAN D-21328-04

Page 7 cont. on Page 8



9. Remarks TRACKING # 94-145
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this REPINEMENT conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stemp D. Recel
Certificate of Authorization No Expiration Date
Certificate of Authorization No. A 3-3-94 Expiration Date Signed Land Read Const. Engl. Date 3-3- 1994 Owner or Owner's Designee, Title
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of ITANIESSIE and employed by Italian F. F. F. C.
in this Owner's Report during the period $5-18-93$ to $3-24-94$ and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector's Signature Commissions TN -2633 National Board, State, Province, and Endorsements
Date MARCH 24, 1994

	SSEE VALLED Name			Date <u> 9-26</u>	-94		
400 W SUN	nmil Hill DR	IVE, KNOX.	TN	Sheet/	of_/		
	BAR NUCLEAR			Unit/			
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+							ASME
	1		National		1	Repaired.	Code Stamped
Name of Component	Name of Manufacturer	Manufacturer Serial No.	Board No.	Other Identification	Year Built	Replaced, or Replacement	(Yes
Component	Manufacturer	Serial No.	Board No.	Identification	Built	Replaced, or Replacement	(Yes
Component E SUPPORT	Manufacturer NA GRO 2-24-94	Serial No.	Board	Identification J003A-J-03A- A92	Built	Replaced, or Replacement	(Yes
Component E SUPPORT	Manufacturer NA GRO 2-24-94	Serial No.	Board No.	Identification 1003A-1-03A- A92 1003A-1-03A- A94	Built My Kalend	Replaced, or Replacement	(Yes or No)
E SUPPORT	Manufacturer NA GRO 2-24-94 NA GRO 2-24-94	Serial No. NoNE NoNE	Board No.	Identification 1003A-1-03A- A92 1003A-1-03A- A94 1003A-1-03A-	Built My Kalend	Replaced, or Replacement	(Yes or No)
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poterined from the Order Dept., ASME, 35 E. 47th St., New York, N.Y. 10017

REPRINT 12/91

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Remarks TRACKING	7-	φ		
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	statements made in the	report are correct	and this REPLACEMENT conforms to the	e rules of the
ASME Code, Section XI.	•		repair or replacement	
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the undersigned, holding a very province of Tenness of Hart on this Owner's Report during the best of my knowledge owner's Report in accordance By signing this certificate examinations and corrective respective research.	CERTIFIC Valid commission issued Leand employ Fax CONN In the period3 and belief, the Owner In with the requirements of meither the Inspector no measures described in the	the National Board by HSB has performed exact the ASME Code, or his employer methics Owner's Repo	CE INSPECTION ard of Boiler and Pressure Vessel Inspectors have inspected the componeto	ents describe and state the scribed in the oncerning the
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n this Owner's Report during the best of my knowledge Owner's Report in accordance By signing this certificate examinations and corrective rehall be liable in any manner to	CERTIFIC Valid commission issued Leand employ Fax CONN In the period 3 and belief, the Owner I with the requirements of meither the Inspector no measures described in the	the National Board by HSB has performed exact the ASME Code, or his employer methics Owner's Repo	CE INSPECTION ard of Boiler and Pressure Vessel Inspectors have inspected the componeto	ents describe and state the scribed in the oncerning the
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n this Owner's Report during the best of my knowledge Owner's Report in accordance By signing this certificate examinations and corrective rehall be liable in any manner to	CERTIFIC Valid commission issued Le	that E OF INSERV by the National Bo ed by HSB has performed exa of the ASME Code or his employer m this Owner's Repo	ce Inspection ard of Boiler and Pressure Vessel Inspectors have inspected the compone to 3/12/94 minations and taken corrective measures de Section XI. akes any warranty, expressed or implied, cont. Furthermore, neither the Inspector nore or a loss of any kind arising from or conne	ents describe and state the scribed in the oncerning the his employed cted with the
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I, the undersigned, holding a very province of Tenness Sent Tenness Sent during the best of my knowledge. Dwner's Report in accordance By signing this certificate examinations and corrective respective.	CERTIFIC Valid commission issued Le	that E OF INSERV by the National Bo ed by HSB has performed exa of the ASME Code or his employer m this Owner's Repo	ce Inspection ard of Boiler and Pressure Vessel Inspectors have inspected the compone to 3/12/94 minations and taken corrective measures de Section XI. akes any warranty, expressed or implied, cont. Furthermore, neither the Inspector nore or a loss of any kind arising from or conne	ents describe and state the scribed in the oncerning the his employed cted with the
I, the undersigned, holding a variation of Tenness Separation this Owner's Report during the best of my knowledge Owner's Report in accordance By signing this certificate examinations and corrective rehall be liable in any manner to	CERTIFIC Valid commission issued Le	that E OF INSERV by the National Bo ed by HSB has performed exa of the ASME Code or his employer m this Owner's Repo	ce Inspection ard of Boiler and Pressure Vessel Inspectors have inspected the compone to 3/12/94 minations and taken corrective measures de Section XI. akes any warranty, expressed or implied, cont. Furthermore, neither the Inspector nore or a loss of any kind arising from or conne	ents describe and state the scribed in the oncerning the his employed cted with the



1. Owner TENN	ESSEE VAL	HTUA YE	Oruty	Date <u>Z-20</u>	· o-94		
400 W. SI	140111	•		Sheet/			
					UI		
2. Plant WATTS	Name	LEAIL PLE	101	Unit/	····		·
P.O. BOX 2	2000 SPrun Address	UG CITY,	IN 37301	WORK OR	DER 9	<u>3-24289-</u>	-01
3. Work Performed by				Hebair Orgi		.O. No., Job No.,	, etc.
				Type Code Symbol Authorization No.		1/ -	1 7-26-0
WATTS B	AR NUCLEA	R PLANT		Expiration Date		/A	V C 00 /
4. Identification of Sy						•	
5. (a) Applicable Cons(b) Applicable Edit6. Identification of Cons					ddenda,_ N THR	N/A PERE-19	ค.4 _Code Case 8 /
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT	TVA	~W=	NONE	1-624-220	ankaban	REMILED	NO
				·			
			NA Just - 24				
			Uz-26-44				
							,]
. Description of Work_	INCREASE) WELD	BETWEEN	ITEMS 4	ANO	٥,	
	ydrostatic Pne	umatic No.	MH2/28/9. minal Operating F Test Temp.	4		,	
NOTE: Supplementation in items 1 through	an o ou rius tehotf	lists, sketches, or is included on ea	r drawings may bo ach sheet, and (3	e used, provided (1) :) each sheet is num	size is 8½ bered and	in. x 11 in., (2) in the number of s	iforma- heets is

93-24289-01 W.O. # 24293 Of Just 2-26-94 PG 17 OF 20

9. Remarks TRACKING NO: 94-146 JUHZ-26-94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this <u>REPAIR</u> conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp
Certificate of Authorization No. NONE Expiration Data NONE
· 10//
Signed Tans W Holly, PROJ. ENGR Date FEBRUARY 26, 1994
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned holding a valid commission issued by the National B
ARCTEOCY OF and employed by 73 13 1 71 Co. of
in this Owner's Report during the period $1-22-94$ to $3-13-94$ and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
the corrective measures described in this Owner's Report. Furthermore, paither the leasester and his owner's report.
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
(O.E. Metcasse TI-7/33
Inspector's Signature Commissions TN-2633 National Board, State, Province, and Endorsements
Date // ABCH 13, 1994

SAN	Page	4	Oont.	on.	D	
			WIL.	Wi.		

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

1. Office <u>7 & 20 70</u>	ESSEE VAL Nom	LEY AUTH	01217Y	Date2	-26-4	94	
400 W/ Suir	Address	DR, KNOZU	MUE TN	Sheetl	of	7	
2. Plant <u>W 4773</u>	BAR NUCL	LEAR PLAN	<u> </u>	Unit			
POBOX 200	SPRING Address	CITY, TW.	37777 (KB	Repair Org	0463	2-08	
Work Parformed by							, etc.
	1	Name	· · · · · · · · · · · · · · · · · · ·	Authorization No.	n Stamp	N/ I	2AW
WATTS B	AR NUCLE	AR PLAN	<u> </u>	Type Code Symbo Authorization No. Expiration Date		/A	2-26-94
Information in the	Address		BAW 2-26	-94		,	
	J. 1.1.		<u> </u>	ECTION SYS	STEM	(063)	
. (a) Applicable Cons (b) Applicable Editi			or replacemen	13 <u>55</u> 44	Addenda,_ 1981 . w	TIN MINTE	_Code Case
. Identification of Cor	mponents Repaired	or Replaced and I	Reniecement Co	\mnon			
. Identification of Cor	mponents Repaired	or Replaced and I	Replacement Co	omponents			
. Identification of Cor Name of Component	mponents Repaired (Name of Manufacturer	or Replaced and I	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Name of	Name of	Manufacturer	National Board	Other Identification PIPE A Supposer	Built	Replaced, or Replacement	Code Stamped (Yes or No)
Name of Component	Name of	Manufacturer Serial No.	National Board No.	Other Identification PIPE A Supposer	Built	Replaced, or Replacement	Code Stamped (Yes
Name of Component 163-1-163-464	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification PIPE A Supposer	Built	Replaced, or Replacement	Code Stamped (Yes or No)
Name of Component 163-1-163-464	Name of Manufacturer	Manufacturer Serial No.	National Board No. Mone	Other Identification PIPE A Supposer	Built	Replaced, or Replacement	Code Stamped (Yes or No)
Name of Component 163-1-163-464	Name of Manufacturer	Manufacturer Serial No.	National Board No. No.	Other Identification PIPE A SUPPORT PIPE + SUPPORT	Built	Replaced, or Replacement	Code Stamped (Yes or No)
Name of Component 163-1-163-464	Name of Manufacturer	Manufacturer Serial No.	National Board No. Mone	Other Identification PIPE A Supposer	Built	Replaced, or Replacement	Code Stamped (Yes or No)

8.	Tests Conducted:	Hydrostatic Other Press	Pneumatic	Nominal Operators Psi Test Temp.	ing Pressure .
	,	_			2-21 21

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

(12/82)

This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y.:10017

+ DCA-PO4632-92:-93

A DLA-PO4632-811-82

REPRINT 12/91

	 7				9
, 5 500	 	cont.	OR	Page	

. Remarks		
TRACKING No.	Applicable Manufacturer 94-147	r's Data Reports to be attached PANU 2-26-94
	CERTIFICATE OF CO	DMPLIANCE
We certify that the stateme ASME Code, Section XI.	its made in the report are corre	ect and this REPLACEMENT conforms to the rules of the repair or replacement
	•1	
Type Code Symbol Stamp	N	A PAW 2-26-94
Certificate of Authorization No.		Expiration Date
Owner or Owner's Designee,	Titib	DateFEB. 26
	CERTIFICATE OF INSEF	RVICE INSPECTION
or Province of 1-CN/2/2-3-3-2-2	mission issued by the National	Board of Boiler and Pressure Vessel Inspectors and the State
in this Owner's Report during the pe	ATFORD CONN	have inspected the components described to 3/14/19 , and state that
	ef, the Owner has performed e	examinations and taken corrective measures described in this
By signing this certificate neither t	he Inspector nor his employer	makes any warranty, expressed or implied, concerning the
shall be liable in any manner for any parties. Inspection.	described in this Owner's Re ersonal injury or property dam	port. Furthermore, neither the Inspector nor his employer age or a loss of any kind arising from or connected with this
B Games		11.0524
Inspector's Signature	Commission	National Board, State, Province, and Endorsements
Date3/14	994	
·		



W. SUMMIT	HILL DRIVE	- KNOX.	TN.	Sheeto	1/		
. Plant WATTS	5 BAR NUC	CLEAR PL	ANT	Unit/			
0. Box 200	1101110			WORKPLA	J#	D-2/378	R-07
**.	Address			Repair Orgai	nization P	.O. No., Job No.,	etc.
. Work Performed by	_	Name		Type Code Symbol : Authorization No			
MATTS L	BAR NUCCE	AR PLA	NT	Expiration Date		9 2/26/	94
. Identification of Sy	STEM CHEMIC	AL VOLU	ME COX	17R01 515TO	=14	1545#	±062
	11	CC - TH		N/ wins		1/2 (JAN)	
. (a) Applicable Con (b) Applicable Edit	struction Code A/C	19	$\frac{73}{2}$ Edition,	1/A 2/26/94 A	ddenda,	A 2/26 194	Code Case
(b) Applicable Edit	ion of Section XI Uti	lited for Hepairs	or Heplacements	19 <u>(X)</u>	1781	WINTER	J4 DD E.
Identification of Co	emponents Repaired o	or Replaced and F	Replacement Con	ponents			
						<u> </u>	
				·			ASME
			National			Repaired,	Code Stamped
Name of	Name of	Manufacturer	Board	Other	Year	Replaced,	(Yes
Component	Manufacturer	Serial No.	No.	Identification	Built .	or Replacement	or No)
PE SUPPORT *	N/ wmo			XA-MZ13Z5-74			
62-1-62A-2	12/26/94	NONE	NONE:	CAMU328-75	HKNOWN	REAGENERY	NO
			1/				
			10	~O,	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
·			А	2/26/94			
	· _					<u>i</u>	
Description of Work	INSTALLE)BE	LEVILLE	WASHERS	AND NEW	3 U	-BOLT.	
Tests Conducted:	Hydrostatic Pn	eumatic No	ominal <u>Operatios</u>	P			
	Other Pressure_		Test Temp.				
A 27	26/94						
NOTE: Supplement tion in items 1 thro	al skeets in form of	lists, sketches, o	or drawings may b	e used, provided (1)	size is 8½	in. x 11 in., (2) i	nforma-
recorded at the top of		is included on 6	acii siieet, and (o) each sheet is num	pered and	ine number of:	sneets is
	J. 11115 101111.						

WORK INSTRUCTION D-2/328-07-KI

FORM NIS-2 (Back)

9. Remarks TRACKING \$ 94-148 wm z/28/94
. Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this LEPCACEMENT conforms to the rules of the ASME Code, Section X1.
Type Code Symbol Stamp / A wwo z/ce/94
Certificate of Authorization No. 1/4 wm 2/26/94 Expiration Date 1/4 wm 2/26/94 Signed Land Const. Engl. Date 2/26, 19 94
Signed Lower's Designec, Title 2/26, 19 94
CERTIFICATE OF INSERVICE INSPECTION I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of
in this Owner's Report during the period
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector's Signature Commissions TN 2527 National Board, State, Province, and Endorsements
Date

WATTS HAIK

WATTS HAIK

TVA NUCLEAR

FEB 2 8 1994

WORK INSTRUCTION D-2/328-07-K1

Days /()

				Page		cont. on Page	e <u>8</u>
ger som som som som			•	PAIRS OR REPLA		гs	
. Owner TEN.W	SEE VA	LEY Au	THORITY	Date	28-90	1	
400 W Su	Address RAP A	luc/EAR	PLANT	1			
D. D. 7	Name	o into	1 000	Unit			
1.0.00x Co	Address	CITY, T.	<u>N 375</u> 81	WP ^井 D. Repair Org	- 2132 anization P	8-46 .0. No., Job No.,	etc.
	TVA-MODI	FICATIONS		Type Code Symbo		,	
1. 14		Name		Authorization No.		N/A	8104
WATTS ISA	R NUCLEAR Address	PLANT		Expiration Date		داد هي /	8/94
. Identification of Sy	stem_AUXILIA	ARY FEE	D WATER	SYSTEM	1 545	75M 00	3.
(a) Applicable Con (b) Applicable Edit Identification of Co					Addenda, L 981 W	/A 02/28/94 1 1981 WINT	_Code Cas
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
003A-1-03A-453	NOT KNOWN	NONE	NONE	NONE	NOT	REPLACE- MENT	No
		9				·	
		N/A 4 a					
		17/4 158.	2/28/94				<u> </u>
			ı				
		<u> </u>	·		. 1		
Description of Work	REWORK C	ELLEVILLE	WASHERS		3100	TO BAK	
	Other Pressure_ tal sheets in form or ough 6 on this repor	psi N/A f lists, sketches, c	Test Temp. Test Temp. A Mary 2/28/ or drawings may each sheet, and	F '94- be used, provided (1	size is 82 nbered kin	in, x 11 in., (2) If the number of	ntorma-
2/82) This form ((E00030) may be obta	ined from the Orde	er Dept., ASME, 2	2 Law Drive, Box 2300	, Fairfield, N	VJ 07007-2300. RE	EAR PRING 4'9

4700 C

WP# D-2/328-16

Page 8 cont. on Page 9

9. Remarks TRACKING NO: 94-149 BS. 2/28/94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this <u>REPLACEMENT</u> conforms to the rules of the ASME Code, Section XI. repair or replacement
Type Code Symbol Stamp
Certificate of Authorization No. Signed
Owner or Owner's Designee, Title
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TONNESSEE and employed by HSB IFICO of HATTEST CONN: have inspected the components described in this Owner's Report during the period 3/5/94 to 3/5/94, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector's Signature Commissions TN2534 National Board, State, Province, and Endorsements
Date3/519_99



1. Owner TENNE	SSEE VALLEY	AUTHORIT	Υ	Date <u>2-28</u>	-94			
	MITHILDE. I			Sheet of				
2. Plant WATTS [,			Unit				
_	SPENGUTY Address			WP#D-20761-51				
3. Work Performed by				Repair Orga	nization P Stamp	,.oN doL ,.oN .O.		
	SPIZING CITY		81	Authorization No Expiration Date		-NA OC	2-78-99	
4. Identification of System 63 SAFETY INSECTION								
5. (a) Applicable Con (b) Applicable Edit 6. Identification of Co					ddenda, <u>1</u> DDA T	HAGL 2-284 HRU WINTER	Node Case	
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped .(Yes or No)	
SUPPORT # 1063-1-63-411	ND GC 2-28-94	NONE	NONE	DCA 5 M-70761-221,222-	UNKNONH	REPLAKEMENT	NO	
				NA gle 2-28-9	4			
. Description of Work	MODIFIED	SUPPORT	·					
NA GLC 2-78-94			minal Operating	Pressure F				
NOTE: Supplements	al sheets in form of i	lists, sketches, o is included on e	r drawings may t ach sheet, and (oe used, provided (1) 3) each sheet is num	size is 8½ bered and	in. x 11 in., (2) i I the number of :	nforma- sheets is	

(12/82)

This form (E00030) may be obtained from the Order Dept., ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300. REPRINT 4/93

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-150 alc 2-28-94
Applicable Manufacturer's Date Reports to be attached
· ·
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this Keplacement conforms to the rules of the
ASME Code, Section XI.
Type Code Symbol Stamp
Certificate of Authorization NoExpiration Date
GARV CALLE MECH.
Signed Date Date Date 19
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of
Hard order the components described
in this Owner's Report during the period $10-21-93$ to $3-5-94$, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
AU Z
Inspector's Signature Commissions National Board, State, Province, and Endorsements
Date 5 - 3 19 9 4.

WID # D=20761-51

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M. SUMMI	Nam 17 HILL Z Address	DEIVE KA	MX. TW.	Sheet/	of/		
2. Plant WATTS				Unit/			
					# .		- 12
0. Box 200	Address	2 (// /	/ <u>/</u>	WackPLAN Repair Org	<i>D−2</i> anization P	2/328-/5 20. No., Job No.,	•tc.
3. Work Performed b	Y TVA, A	1005	·····	Type Code Symbo	l Stamp	~/	
WATTS B.	AD. NUCLES	or Pear	17	Authorization No. Expiration Date	/	A 3/1/9	2
	Address	- C				5	
4. Identification of S 5. (a) Applicable Cor (b) Applicable Edi	ystem <u>KERCTE</u>	OR COOCA	aut 3 y	5 TEM / 3	×2 ~	068	
5. (a) Applicable Cor	istruction Code $A/$	5C 7TH 19	73 Edition	1/4 3/1/94	Addenda.	1/4 3/1/94	Code C
(b) Applicable Edi	tion of Section XI U	ilized for Repairs	or Replacement	15 19 <u>80 THLU</u>	- Wills	ER 1981	Aw
S. Identification of C	omponents Repaired	or Replaced and I	Replacement Co	mponents		,	
		· · · · · · · · · · · · · · · · · · ·	· ·	· · · · · · · · · · · · · · · · · · ·		1	γ
		·					ASME
•			National			Repaired.	Code
Name of f	Name of	Manufacturer	National Board	Other	Year	Replaced,	(Yes
Component	Manufacturer	Serial No.	No.	Identification	Built	or Replacement	or No
OPE SUPPORT				D. A. M7/314	422		
068- <i> -</i> 6 <i>8-4</i> 27	143/1/94	NONE	NONE	DA-M21326-	17 E 17 3 LWKKEWA	GRAGMENT	NO
•							
		<u> </u>	 				
			1 A				
			A	3/1/94			
					 	 	
				l .	1		l

Page <u>5</u> cont. on Page <u>6</u>

FORM NIS-2 (Back) TRACKING # 94-151 wm 3/1/94 CERTIFICATE OF COMPLIANCE We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the ASME Code, Section X1. repair or replacement $\frac{3/1/9}{5}$ Expiration Date $\frac{N/A \omega_{mo} 3/1/94}{3/1.1994}$ CERTIFICATE OF INSERVICE INSPECTION I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State HSBIRT Co. __and employed by____ have inspected the components described in this Owner's Report during the period... 32-28-94 to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this TH 2537
National Board, State, Province, and Endorsements _Commissions Date_

ORK INSTRUCTION D-2/328-15-K3

Page 6 cont. on Page 6R



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-	ANILY OIL LEED	- 1

D-05922 0 4

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

. Plant WATT	Address S BAR Name	NUCLEAR J	DLANT	Unit	/	· 	
P.O. Box	ZOOD, SPR	ING CITY	TN_	WP H Repair Org	D - C	5922 -	04 , etc.
. Work Performed b	Y TVA	Nome		Type Code Symbo	Stamp		
				Authorization No. Expiration Date	<i>\</i>	1 suc	
<u> </u>	Address	EAR DLAN	/	Expiration Date			-1-91
Identification of Sy	ystem074	7					
	nstruction Code A \ Cotion of Section XI Ut				Addenda <u>M</u> WINTER	1981 ADDE	≟Code Cas
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No,	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
				1	ŀ		1
	N/A 3-1-94			DCA - PO5922- 36,37 & 38	CNALOEN	REPLACEMENT	No
	θω A N/A 3-1-94	#			UNANDEN	REPLACEMENT	NO
	N/A 3-1-94				MALLEN	Replacement	NO
	0W4 N/A 3-1-94				MANNEN	Replacement	No
	N/A 3-1-94				enades	Replacement	No
					instorn	Replacement	No
Description of Work	ied	Bu) 3-9-14 ANCHORS	ę Bp	36,37 4 38			No
74-1-74 - 4 Description of Work	MODIFY	Bm) 3-9-94 ANCHORS	/	36,37 \$ 38			NO
Description of Work	MODIFY	BM) 3-9-14 ANCHORS eumatic Nor	/ ninal Operating	36,37 \ 38			No
Description of Work	MODIFY Hydrostatic Pri	BM) 3-9-14 ANCHOR S eumatic Nor psi	ninal Operating Test Temp.	36,37 € 38 25 € PCA T € Pressure □ °F \//A	ON SO	3-1-99	-1-74-

(12/82)

•	FORM NIS-2 (Back)	D - 0 5 9 2 2 0 4
9. Remarks TROCKING # 90	1-152 99 3/2/90	· ·
	pplicable Manufacturer's Data Repo	rts to be attached
	CERTIFICATE OF COMPLIANCE	
We certify that the statements mad ASME Code, Section XI.	e in the report are correct and this_	Replacement conforms to the rules of the pair or replacement
Type Code Symbol Stamp		
Certificate of Authorization No.	N/A DWN 3-1- 94 Expiration	m Date.
Signed W Alcelowner of Owner's Designee, Title	Z F.E Date	3-1 ,19 94
CE	RTIFICATE OF INSERVICE INSP	ECTION
I, the undersigned, holding a valid commission	employed by HSB I	piler and Pressure Vessel Inspectors and the State Signature of the components described
	Owner has performed examination	s and taken corrective measures described in this
	·	warranty, expressed or implied, concerning the
examinations and corrective measures describ	bed in this Owner's Report, Furth	ermore, neither the Inspector nor his employer sof any kind arising from or connected with this
inspection.		·
This san Ear	Commissions	TN 2537
Inspector's Signature		nal Board, State, Province, and Endorsements
Date	4.	

و تقي	7	cont	on	Page	В
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1. Owner ENNES.	SEE VALLEY A	athority		Date3	-3	- 94	
400 W. Sum	Mit Hill DRIV	E, KNOXVILLE	F, TN	Sheet	of	1	
2. Plant WATTS B	AR Nuclear	PLANT		Unit			
P.O. Box 2	2000, Spring	City, TW3	37381	W P # D-	- 045	80-3E	
3. Work Performed by	TYA	Name		Type Code Symbol	Stamp		etc.
P.O. Box 2000	, SPRING CIT	1, TN 373	<u> </u>	Authorization No. Expiration Date		~/A	
l. Identification of Sy	stemIM	AINSTEA	M				
(a) Applicable Cons(b) Applicable Editdentification of Cons			•		ddenda,_ W≀NT	N/A ER 1981 ADO	_Code Ca
			National	·		Repaired,	ASME Code Stamped
Name of Component	Name of Manufacturer	Manufacturer Serial No.	Board No.	Other Identification	Year Built	Replaced, or Replacement	(Yes or No)
001 - A400-6-24Z		(-1/A g) 3+	-94	DCA- P04538-03,	UNK	REPLACEMENT	20
Description of Work_	WODIEIED SUP	PORT PER T	DCA - Po 45	38-03,59,6	0		
	Hydrostatic Pni Other Pressure	eumatic 🗌 Noi	minal Operating Test Temp. 3.2.94	Pressure			
NOTE: Supplementation in items 1 throuse	ign o on this report	lists, sketches, or	drawings may	be used, provided (1) (3) each sheet is num	size is 8½ bered and	in. x 11 in. (2) in the number of	ioron.

D 04538 09 WORKPLAN

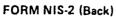
Page 8	cont.	on Paga	9	

FORM NIS-2 (Back)
9. Remarks TRACKING # 94-153 903.3.94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this REPORCEMENT conforms to the rules of the
ASME Code, Section XI. repair or replacement
Type Code Symbol Stamp N/A 3.2.31
Certificate of Authorization No. 1/A 92 3-2-94 Expiration Date N/A 3.2.94
7531
Signed
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province ofand employed by
in this Owner's Report during the period 2-17-94 to 3-8-94, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
Commissions TN 2537
Inspector's Signature National Board, State, Province, and Endorsements
Date



Page 39 cont. on Page 40

Owner TENNE	Nam	LEY AUT	HORITY —	Date 3/3	194		
W. Simmi	T HILL /)	INE, KH	0X. / M.	Sheet	of	<u>/</u>	
Plant WATT.	S BAR 1	VUCLEAR.	PLANT	Unit/			
Box 2000	O SPRIN	6 CITY,	TN.	WilkPiAn Repair Orga	, #	カーハチブロ	9 . 2/
Work Performed by	Address					,	, etc.
Is A	1/0/1/0	Name		Type Code Symbol Authorization No			
WATTS B				Expiration Date		A 3/3/9	4
Identification of Sys	stem_ <i>RHR</i>	5857	Em #	074		, ,	
(a) Applicable Cons	struction Code Al	SC TTH	73 -	N/ Wmp		N/ como	
(b) Applicable Editi	on of Section XI U	tilized for Repairs	OC Replacement	N/WMD A 3/3/94 A THRU	ddenda,_	14 3BP4	Code Cas
					, .,,,,	ere 1181 A	DOEND
Identification of Cor	nponents Repaired	or Replaced and	Replacement Co	mponents			
	!		-				
ĺ				1.			ASME Code
Name of	Name of	Manufacturer	National Board			Repaired,	Stamped
Component	Manufacturer	Serial No.	No.	Other Identification	Year Built	Replaced, or Replacement	(Yes or No)
PE SUPPORT							
1-74-1RHR-286	143/3/14	NONE	NONE	DCA-PO5701-55 DCA-PC5709-56		<u> </u>	NO
					super,	REDICHEMENT	
			•				
			N				· ·
	<u> </u>		Aw	3/3/94			
					 -		
	MODIFIED SU	LADURT BY RE	MUI'MI, EX	ISTING, SUPPOR	- 4		
escription of Work	STRUT CLAM!	ALKHURS	BASEPLAT	isting Support is <u>AND STR</u> IC	TURAL	MSTALUM STEFL.	y wer
		140		CSSUIE			
sts Conducted: H	ther Tressure_	Psi	Test Temp	°F			



9. Remarks TRACKING # 94-154 wm 3/3/94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this <u>PEPLXEMENT</u> conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp N/A wmo 3/3/94
Certificate of Authorization No 1/4 cm 3/3/94 Expiration Date 1/4 cm 3/3/94
Signed All Courst. ENGR. Date 3/3, 19 94
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FNNESSEE and employed by THE H. J.B. I. W.J. Co., of
in this Owner's Report during the period 12-9-91 to 3-15-99 and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection,
Inspector's Signature Commissions TN-26-33 National Board, State, Province, and Endorsements
Inspector's Signature National Board, State, Province, and Endorsements
Date 15, 1994

WORK INSTRUCTION <u>D-05709-06-K3</u>
Page <u>40</u> cont. on Page <u>41</u>



1. Owner LENNESS	EE VALLEY	AUTHOR	2174	Date3/.	3/94		
400 W. SU.	MMIT HILL	DRIVE, KN	ox TN.	Sheet/_	of	/	
2. Plant WATTS	BAR NUCL	EAR PLA	7NT_	Unit/			
P.O.BOX	200 , SPRING	CITY, TA	<u>J.</u>	No# 93-	0850	4-00	
3. Work Performed by	TVA MO	<u>ک</u> ک		Type Code Symbol	Stamp	.O. No., Job No.,	etc.
WATTS BA	R NULLEAR Address	PLANT	-	Authorization No. Expiration Date		MB 3.	3.94
4. Identification of Sy	stem_ <i>RHR</i>	SYSTE	M # O	14			
5. (a) Applicable Cons(b) Applicable Edit6. Identification of Cons	ion of Section XI Uti	lized for Repairs	or Replacement	ts 19 <u>80 T</u> HRU L	Addenda,	N/A M2 3-3-9 1921 A	YCode Case
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT 1674-74-IKHR-RYD	/A MB 3-3-44	NONE	NONE	Duc 74-18HR-RYC	UNKMowal	RAPLALEMENT	20
			N	MB 3-3-94			
			A				
7. Description of Work				AMP.			
	Other Pressure	umatic No Psi 18 33-94	minal Operating Test Temp.	Pressure F	-J		
NOTE: Supplementation in items 1 throu	sneets in form of I	ists, sketches, or	drawings may t	be used, provided (1)	size is 8½	in. x 11 in., (2) ir	nforma-

recorded at the top of this form.

tion in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is

FORM NIS-2 (Back)
9. Remarks TRACKING NO# 94-156 MB 3.3-94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp NA MB 3-3-94
Certificate of Authorization No. N/A MB 3-3-94 Expiration Date WA MB 3-3-94 Signed Margar Baine Const ENGR Date 3-3 1994
Signed William Barry CONST ENGR Date 3-3 1994
CERTIFICATE OF INSERVICE INSPECTION
f, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of TN. and employed by HSRI &I Co. of
in this Owner's Report during the period 31-94 to 313-94, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
Commissions TN 25 37
Inspector's Signature National Board, State, Province, and Endorsements
Date

Page	cont. on	Page_	10
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1. Owner TEA	UN. VALLE	y AUTHO	PITY	Date	Z-9 -	#	
				. Sheet			
2. Plant	S BAR N	vilear 7	LANT	Unit	/		
po Box	2000, Sp.	ZING CITY,	TN.37381	WP [₩]	D-0	4535 -0	6
3. Work Performed by	TVA			Type Code Symbol		.O. NO., JOB NO.,	, etc.
				Authorization No.	Jamp_	10 -	
WATTS BAR	Nuclear De	ANT		Expiration Date		A 3-2-9	& Aus
4. Identification of Sy			AFW				
5. (a) Applicable Cons(b) Applicable Edit6. Identification of Co	on of Section XI Ut	ilized for Repairs	or Replacement	s 19 <u>80 TH</u> RU U	\ddenda, <u>\</u> D∶µ⊤₽R	90 F 11 <u>5 3-2-94</u> 1981 ADDE	_Code Case
Name of Component	Name of Manufacturer	Manufacturer Serial No,	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
10034 - 1-03A -	NONE	NONE	HONG	OCA- PO4535-	CALL	Replacement	
1003A-1-03A-	A			DEA - PO4535 _	- Okaz	Replacement	no
410 1003A- -03A-				14, 15, \$ 16	1	Pepisement	i !
411		1 1		DA- PO4535			
1003A-1-03A-				17 € 18		Deplace eval	NO
415	NONE	NONE	NONE	DCA-POASSS-			
		MBAU		a 3-2-94		Replacement	NO
7. Description of Work_	Modifi	ed Supp	nts B	u) 3-13-94			
. Tests Conducted: F	ydrostatic Por	wmatic Nor	minal Occasi				
_	ther Pressure_	psi	minal Operating Test Temp.	Pressure N/A	Aus:	3-2-94	
NOTE: Supplementa tion in items 1 throu recorded at the top of	an a on ring tebolf	lists, sketches, or is included on ea	drawings may t ich sheet, and (pe used, provided (1) 3) each sheet is num	size is 8½ bered and	the number of s	nforma- heets is

CERTIFICATE OF COMPLIANCE We certify that the statements made in the report are correct and this Replacement conforms to the rules of the ASME Code, Section XI: Type Code Symbol Stamp NA Aux 3-2-94 Certificate of Authorization No. N/A Aux 3-2-94 Expiration Date N/A Such 3-2-94		
Remarks CERTIFICATE OF COMPLIANCE We certify that the statements made in the report are correct and this Replacement Type Code Symbol Stamp NA ADDICATE OF COMPLIANCE We certify that the statements made in the report are correct and this Replacement Type Code Symbol Stamp NA ADDICATE OF COMPLIANCE We certify that the statements made in the report are correct and this Replacement Type Code Symbol Stamp NA ADDICATE OF COMPLIANCE We certify that the statements made in the report are correct and this Replacement Type Code Symbol Stamp NA ADDICATE OF INSERVICE INSERVICE INSERVICE INSPECTION If the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of The State of the State of the State of the Destroy of Type Code Symbol Stamp CERTIFICATE OF INSERVICE INSPECTION If the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Type State of the Components described in this Owner's Report undersigned in the Components of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the xaminations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer hall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this napaection. Commissions National Board, State, Province, and Endorsements		Page /O cont. on Page //
CERTIFICATE OF COMPLIANCE We certify that the statements made in the report are correct and this Replacement Type Code Symbol Stamp NA ABJULE CERTIFICATE OF COMPLIANCE We certify that the statements made in the report are correct and this Replacement Type Code Symbol Stamp NA 3-2-94 Certificate of Authorization No. NA CERTIFICATE OF INSERVICE INSPECTION I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Authorization No. CERTIFICATE OF INSERVICE INSPECTION I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Authorization Abyles August Augus		-
CERTIFICATE OF COMPLIANCE We certify that the statements made in the report are correct and this Replacement conforms to the rules of the reposit or replacement Type Code Symbol Stamp NA AMA 3-2-94 Certificate of Authorization No. NA AMA 3-2-94 Expiration Date NA AMA 3-7-94 Signed Oyner or Oyner's Designee, Title CERTIFICATE OF INSERVICE INSPECTION I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of The and employed by HSB T&T &T	Remarks	
We certify that the statements made in the report are correct and this Replacement conforms to the rules of the ASME Code, Section XI. Type Code Symbol Stamp NA 3-2-94 Certificate of Authorization No. HIA JWA 3-2-94 Expiration Date NA JWA 3-2-94 Signed Owner or Gener's Designee, Title CERTIFICATE OF INSERVICE INSPECTION If, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of and employed by HSB T&T Conformation of the period 2-11-92 to 3-13-94 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer hall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection. Commissions National Board, State, Province, and Endorsements	TRACKING # 94-	Applicable Manufacturer's Data Reports to be attached
We certify that the statements made in the report are correct and this Replacement conforms to the rules of the ASME Code, Section XI. Type Code Symbol Stamp NA 3-2-94 Certificate of Authorization No. HIA JWA 3-2-94 Expiration Date NA JWA 3-2-94 Signed Owner or Gener's Designee, Title CERTIFICATE OF INSERVICE INSPECTION If, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of and employed by HSB T&T Conformation of the period 2-11-92 to 3-13-94 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer hall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection. Commissions National Board, State, Province, and Endorsements		
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We certify that the statements made in the report are correct and this Replacement conforms to the rules of the ASME Code, Section XI. Type Code Symbol Stamp NA 3-2-94 Certificate of Authorization No. HIA JWA 3-2-94 Expiration Date NA JWA 3-2-94 Signed Owner or Gener's Designee, Title CERTIFICATE OF INSERVICE INSPECTION If, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of and employed by HSB T&T Conformation of the period 2-11-92 to 3-13-94 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer hall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection. Commissions National Board, State, Province, and Endorsements	· · · · · · · · · · · · · · · · · · ·	
Type Code Symbol Stamp NA 3-2-94 Expiration Date NA 3-2-94 Certificate of Authorization No. NA 3-2-94 Expiration Date NA 3-2-94 Signed Owner's Designee, Title CERTIFICATE OF INSERVICE INSPECTION It, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Authorization of Authorization and employed by Authorization and employed by Authorization and state that the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer hall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection. National Board, State, Province, and Endorsements		CERTIFICATE OF COMPLIANCE
Certificate of Authorization No. Ha was 3-2-94 Expiration Date N/A Gwas 3-2-94 Signed Owner or Owner's Designee, Title CERTIFICATE OF INSERVICE INSPECTION I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of and employed by HSE ISI Confidence of have inspected the components described in this Owner's Report during the period 2-11-92 to 3-13-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer hall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection. National Board, State, Province, and Endorsements		
Certificate of Authorization No. Ha was 3-2-94 Expiration Date N/A Gwas 3-2-94 Signed Owner or Owner's Designee, Title CERTIFICATE OF INSERVICE INSPECTION I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of and employed by HSE ISI Confidence of have inspected the components described in this Owner's Report during the period 2-11-92 to 3-13-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer hall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection. National Board, State, Province, and Endorsements	Time Octor of the A	7-1-94
CERTIFICATE OF INSERVICE INSPECTION I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of	Type Code Symbol Stamp N IA WA	NL 3-C-74
CERTIFICATE OF INSERVICE INSPECTION I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of	Certificate of Authorization No. ALA	1WA 3-2-94 Euriperica Data N/A DALA 3-2-94
CERTIFICATE OF INSERVICE INSPECTION I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of		-
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of	Signed Owner or Owner's Designee, Title	Date 3-2 , 19 94
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of	C	ERTIFICATE OF INSERVICE INSPECTION
have inspected the components described in this Owner's Report during the period 2-11-92 to 3-13-94 , and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection. Commissions The 2537 Inspector's Signature Commissions National Board, State, Province, and Endorsements	I, the undersigned, holding a valid commission	on issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection. Commissions Commissions National Board, State, Province, and Endorsements	Hartland, CT.	have inspected the components described
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection. Commissions Commissions National Board, State, Province, and Endorsements	in this Owner's Report during the period_	2-11-92 to $3-13-94$ and state that
examinations and corrective measures described in this Owner's Report, Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection. Commissions The 2537		
examinations and corrective measures described in this Owner's Report, Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection. Commissions The 2537	By signing this certificate neither the Ins	spector nor his employer makes any warranty, expressed or implied, concerning the
Inspector's Signature Commissions TN 2537 National Board, State, Province, and Endorsements		
Inspector's Signature Commissions TN 2537 National Board, State, Province, and Endorsements		al injury or property damage or a loss of any kind arising from or connected with this
Inspector's Signature National Board, State, Province, and Endorsements	inspection,	
Inspector's Signature National Board, State, Province, and Endorsements	STI BOOK SIN	Commissions TN 3537
late	Inspector's Signature	
13 3 .	Date 3_13 40 G	A
	19_3	

MAR 0 3 1994

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

1. Owner	VA	10		Date3	-3-	-94	
400 W. S.	Smmit HILL D		£,7N	Sheet	of	(
2. Plant WATTS				Unit/			
the state of the s	SPRINE			WP# D-	1981	11-53	
3. Work Performed by	TVÁ						, etc.
• •		Name		Type Code Symbol Authorization No.		() ——	
Mo. Box 7	SPRING Address	C174 TN	37381	Expiration Date			 '
4. Identification of Sy				\$ 26/HIGH	PRESS	ore fire p	ROTECTION
5. (a) Applicable Con	struction Code A	150 10	73	i i i i i i i i i i i i i i i i i i i		1.70	_
5. (a) Applicable Con (b) Applicable Edit	ion of Section XI Ut	ilized for Repairs	or Replacement	2002 1713 P	_,\ddenda تاريب	~/A	_Code Case
6. Identification of Co							
		·		T	 		
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1072-4333-215		NA 23-3	Y4	DCA-M. 19871-108	UNK	REPLAKEMENT	No
· .							
·							
. Description of Work_	MODIFIED S	SUPPORT	PER DO	A-M-19871-	(08		
	lydrostatic Pne	/	minal Operating	•		W.E.	TTS BAR
	· · · · · · · · · · · · · · · · · · ·	Dsi V/A	Test Temp	°F			
NOTE: Supplementa tion in items 1 throu recorded at the top or		lists, sketches, or is included on ea	drawings may buch sheet, and (e used, provided (1): 3) each sheet is num	size is 8½ bered and	in, × 11 in., 2) in the number of	nforms A. M. heets is
2/82) This form (E	00030) may be obtain	ed from the Order	Dept., ASME, 22	Law Drive, Box 2300,	Fairfield, N	J 07007-230h 125	PINT James Const
	•				, ··		NUCLEAR



Page 38 cont. on Page 4

FORM NIS-2 (Back) Applicable Manufacturer's Data Reports to be attached CERTIFICATE OF COMPLIANCE We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the repair or replacement ASME Code, Section XI. Type Code Symbol Stamp, Certificate of **Expiration Date** Signed **CERTIFICATE OF INSERVICE INSPECTION** 1, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State HSB If I CO. or Province of TENNESSEE and employed by_ HATT FORD CONN. have inspected the components described in this Owner's Report during the period_ .to_ , and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this Commissions_ tional Board, State, Province, and Endorsements

400 W. Plant WAT	NESSEE VALLEY Nam SUMMIT HILL L Address TTS RAP NUCLEA	_	,				
400 W. Plant WAT	SUMMIT HILL LA	_		Date	24-9	4	
Plant WAY		DRIVE, KA		Sheet			
			•		. 01		
P. U. BO				Unit			 .
	X 2000 SPRING Address			Repair Org	<u> 0-27</u>	528-36	
Work Perform	ed by TVA MECA	4 MODIFIC	ATIONS	Type Code Symbo		/	
WATTS	BAR NUCLEAR PADDESS	PLANT		Authorization No. Expiration Date			12.2
	Address of System <u>SAFET</u>		0.1.640				
TOUR HILLS COME	or system <u>() APE 1</u>	MUECH	10N 0737	EM / 63	>	44.0	
(a) Applicable (b) Applicable	Construction Code A/	30 77719	73 Edition,	N/A BSP 2/24/9	Addenda, 4	V/A B21 2/24	./9 <i>4</i> .Code Ca
	Edition of Section XI Ut				THRU	WINTER 19	∌1.
Identification o	of Components Repaired o	or Replaced and I	Replacement Cor	mponents			
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SUPPORT	N/A BAP 2-24-94	NONE	NONE	47A060-63-99	ONKNOMY	REPLACEMENT	No
		·				·	
			N/A BOX 3-3-94				
							



FORM NIS-2 (Back)

9. Remarks TRACKING # 94-159	
Applicable Manufacturer's Data Reports to be attached	
CERTIFICATE OF COMPLIANCE	
We certify that the statements made in the report are correct and this <u>PERACEMENT</u> conforms to the rules of the	
ASME Code, Section XI.	
Type Code Symbol Stamp N/A BRP 3-3-94	
Type Code Symbol Stamp	-
Certificate of Authorization No. N/A BOB 3-3-9 4 Expiration Date N/A BOP 3-3-94	_
Ω Ω Ω Ω Ω Ω	
Signed Date Date Date Jarch 3 , 1994	_
Owner or Owner & Designes, 11(18	
CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Frank Essel and employed by THE HSB I, & I. Co.	e of
in this Owner's Report during the period $\frac{2-24-94}{}$ to $\frac{3-14-94}{}$, and state that	st
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this	is
Owner's Report in accordance with the requirements of the ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the	e
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employed	}r
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with thi	ÍS
inspection.	
(19 Mit all. 41-3/33	
Commissions 70-2633 Inspector's Signature Commissions National Board, State, Province, and Endorsements	
Date 11760H 19- 1994	
•	

D27528-36

Page (p	cont of	n Pago	7
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D 04525 03

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

					·		
1. Owner TEN	JESSEE V	AUG A	Υπ <u>νοήτα</u>	Date Z - I	7-94		
	OMMIT HI	='	•				
2. Plant WATTS				Unit			
	2000 S Address			W.P. D-	0452	5-03	
3. Work Performed by	WATTSBAR	MODIFICAT	13738	Type Code Symbo	l Stamp		
	SPRING C			Authorization No. Expiration Date	· · · · · · · · · · · · · · · · · · ·	A R.S. 3,	13/94
4. Identification of Sy							
5. (a) Applicable Cons		, 15 C 19	73 Edition,	JUNE 1973	Addenda, ITER 8	2/17/99 NAKKL	Code Cas
6. Identification of Co	mponents Repaired	or Replaced and F	Replacement Cor	nponents	•		
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
		NAKKI	17/94				
1003A-1-03A-281				BP- 2440-15	unkann	Replaced	~
						·	
			NATOR	21/7/94			
Description of Work_	REPLACED SA	lusbez & P	IPE CLAMP	o & Rewold	TO PLA	»TE	
	dydrostatic NATPne	2/17/94	minal Operating			· · · · · · · · · · · · · · · · · · ·	
	Other Pressure_	psi	Test Temp.				
NOTE: Supplements	al sheets in form of	ļists, sketches, or	r drawings may b	e used, provided (1)	size is 8½	in. x 11 in., (2) ii	nforma-

(12/82)

recorded at the top of this form.

This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

tion in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is

D 04525 03

Page 7 cont on Page 8

FORM NIS-2 (Back) 9. Remarks NONE 1/8 3/3/94 Applicable Manufacturer's Data Reports to be attached 0: 94-160 BB 313194 CERTIFICATE OF COMPLIANCE We certify that the statements made in the report are correct and this conforms to the rules of the repair or replacement ASME Code, Section XI. Type Code Symbol Stamp. NAKKE 2/17/94 Certificate of Authorization No. Expiration Date Date 2/17/99 CERTIFICATE OF INSERVICE INSPECTION I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of_ and employed by____ Hart have inspected the components described 3-9-94 in this Owner's Report during the period. to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection. Inspector's Signature National Board, State, Province, and Endorsements

TVA NUCLEAR
AUG 2 0 1993

							
1. Owner TENNES	SSEE VALLEY ,	AUTHORZETY		Date 3-4	44		
	Name					· · · · · · · · · · · · · · · · · · ·	
400 N. SUM	ATT HTLL DR,	KNOXVIILE	, TN_	Sheetlc	of_/		
2. Plant WATTS E	BAR NUCLEAR	PLANT		Unit			
P.O. BOX 20	000, SPRING	CITY, TN		WORK ORDE	R 9	3-24394-0	09
3. Work Performed by	TVA - MODIT	FICATIONS	<u> </u>	Type Code Symbol	Stamp		
				Authorization No		N/A Just	3-4-94
	WBNP Address			Expiration Date			
4. Identification of Sys			non (a	063)			·
5. (a) Applicable Cons	struction Code	<u> ISC 19</u>	73 Edition,	<u> フガ</u> A	.ddenda,	N/A 1 3 494	/ Code Casi
(b) Applicable Editi	ion of Section XI Uti	lized for Repairs	or Replacement	\$ 19 80 €DITION	THRY	WINTER 1981	1
			•				
6. Identification of Co	mponents Repaired o	or Replaced and F	Replacement Co	mponents			
							ASME
							Code
No of			National	1	İ	Repaired,	Stamped
Name of Component	Name of Manufacturer	Manufacturer Serial No.	Board	Other	Year	Replaced, or Replacement	(Yes or No)
	Manufacturer	Serial NO.	No.	Identification	Built	or riepiacement	0.1107
PIPE SUPPORT	TVA-MOOS	NONE	NONE	1-63-573	4 NKUM	REPLACEMENT	NO
					9	1 428 104	1,00
PIPE SUPPORT	TVA-MOOS	NONE	NONE	1-63-285	· NKVBAN	REPLACEMENT	NO
				July 494			
							
				1.			
7. Description of Work	REPLACED	END ATT	ACHMENTS	S / REALIGNER	٥ در	PMP	-
B. Tests Conducted:	Hydrostatic Pn Other Pressure_				NONE	-	
				,			
NOTE: Supplement	al sheets in form of	liete ekatohar o	or drawings may	be used, provided (1)) eiza ia 01/	in v 11 in 101	informa
				(3) each sheet is nur			

recorded at the top of this form.

WO 93-24394-09 PG Z6 OF 33

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-16/ Suff 34-94	
Applicable Manufacturer's Data Reports to be attached	
CERTIFICATE OF COMPLIANCE	
We certify that the statements made in the report are correct and this <u>Repulsioned</u> conforms to the rules of repair or replacement	the
Type Code Symbol StampNONE	
Certificate of Authorization No. NONE Expiration Date NONE Signed James W Hully (PROJ. ENGR.) Date 3-4-MARCH 4, 19 94	<u> </u>
Downer's Designee, 1706	
CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the or Province of	of cribed e that
Owner's Report in accordance with the requirements of the ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his empostable be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with inspection.	ployer
Inspector's Signature Commissions National Board, State, Province, and Endorsement	nts
Date	

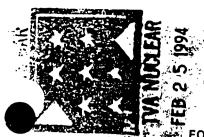
1. Owner	TVA			Date 3-4	-94		
	Nam		<u></u>	Date			
400 W. SUM	AMIT HILL DR	C, KNOXVIL	IE, TN	Sheet	of		
2. Plant WATT				Unit	1		
P.O.BOX 20	DO SPRING	CITY, TN		wo	73-24	182-02 2.0. No., Job No.	
							, etc.
3. Work Performed by		Name		Type Code Symbo		- N	<u> </u>
P.O. BOX 20	000, SPRING Address	CITY TO	/	Authorization No.			C07-4-9
	Address		<u> </u>	Expiration Date_	_		
4. Identification of Sy	stem <i>D1</i>	5/ STM	GEN.	BLOWDO	un		
5. (a) Applicable Con:	struction Code <i>A</i> .	ISC19	73 Edition,	JUNE 1973	Addenda,_	NIA	Code Cas
(b) Applicable Edit	ion of Section XI U	tilized for Repairs	or Replacement	s 19 80 THI	ev wi	UTER 1981	/.
6. Identification of Co	mponents Repaired	or Replaced and I	Replacément Co	mponents			
		T				,	
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
47A400-6-250			A 3-4-94		VNK.		
		~			UNKWOUN	REPLACEMENT	סט
			P				
			cp~				
			3-4-94				
Description of Work_	REWORK P	IPE SUPPO	PRT GAPS	<u> </u>			
			<u></u>	N			
Tests Conducted: H		eumatic 🔲 No	minal Operating	Pressure A	er 4-94		
C	Other Pressure		Test Temp.	°F	· 7- 17		
NOTE							
NOTE: Supplements	d abana !- #						

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

WO 93-24182-02 PG 19 OF 25

FORM NIS-2 (Back)

9.	Remarks TRACKING #94-162
	Applicable Manufacturer's Data Reports to be attached
	CERTIFICATE OF COMPLIANCE
	We certify that the statements made in the report are correct and this <u>REPLACEMENT</u> conforms to the rules of the
	ASME Code, Section X1.
	Type Code Symbol Stamp
	Certificate of Authorization NoExpiration Date
	Certificate of Authorization NoExpiration Date 3
	Signed Charles Houter FE Date 3/4 1994
	CERTIFICATE OF INSERVICE INSPECTION
	, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
(or Province of TENNESSEE and employed by THE HANTERS STEAM BOILESE I. F. I. Co. of
i	n this Owner's Report during the period $3-/-94$ to $3-/2-94$, and state that
	to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
(Owner's Report in accordance with the requirements of the ASME Code, Section XI.
	By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
	examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
	hall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this nspection.
•	
	Inspector's Signature Commissions TN-2633 National Board, State, Province, and Endorsements
	Inspector's Signature National Board, State, Province, and Endorsements
	Date MARCH 12, 1994

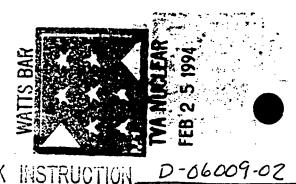


WURK	1.45	TRUCTION \mathcal{D} -	06009-02
Pana		en Sana	

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

Owner	CA:			Date 02/2	28/94	1	
400 W. SUI	Nam YMIT HILL	DR KNOXVI	ILE TO	/	<u></u> <u>/</u>	/	· · · · · ·
	Address		•	Sheet	of		
Plant WATTS	NI a and	_		Unit/			
P.O. BOX 2	200, SPRINE	& CITY, TN		WP-D	-060	209-02	
Work Performed by	T. V. A.			Repair Org. Type Code Symbol		P.O. No., Job No.,	etc.
P.O. Box 200	O. SPRING	Name CITY 73/		Authorization No.		INA SO	K02/25
P.O. Box 200	Address	1		Expiration Date			
Identification of Sy	stem	MAIN STE	EAM				
Identification of Co				JUNE 1973 onts 19 <u>80 THRU</u>		- MADON	/OV
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
_		Serial No.	Board	Identification	Built	Replaced, or Replacement	Code Stamped (Yes or No)
Component OIA-1-0IA- 303	Manufacturer	Serial No.	Board No.	Identification DA K-OLOG- oligijoj Ioj II jr. j. 13	Built	Replaced, or Replacement	Code Stamped (Yes or No)
Component	Manufacturer	Serial No.	Board	Identification DA K-OLOG-	Built	Replaced,	Code Stamped (Yes or No)
Component OIA-1-0IA- 303	Manufacturer	Serial No.	Board No.	Identification DA K-06009- 01;01;10;11;12;13 DCA K-06009- 14;15;16;17;18;01	Built	Replaced, or Replacement	Code Stamped (Yes or No)
Component OIA-1-0IA- 303	Manufacturer	Serial No.	Board No.	Identification DA K-06009- 01;01;10;11;12;13 DCA K-06009- 14;15;16;17;18;01	Built	Replaced, or Replacement	Code Stamped (Yes or No)
Component OIA-1-0IA- 303	Manufacturer	Serial No.	Board No.	Identification DA K-OLOG- oligijoj Ioj II jr. j. 13	Built	Replaced, or Replacement	Code Stamped (Yes or No)
Component OIA-1-01A- 303 OIA-1-01A 304	Manufacturer NJA W-R- NJA W-R-	Serial No.	Board No.	Identification DA K-06009- 01;01;10;11;12;13 DCA K-06009- 14;15;16;17;18;01 02/25/94	Built	Replaced, or Replacement REPAREMENT REPAREMENT	Code Stamped (Yes or No)
Component OIA-1-01A- 303 OIA-1-01A 304	Manufacturer NJA W-R- NJA W-R-	Serial No.	Board No.	Identification DA K-06009- 01;01;10;11;12;13 DCA K-06009- 14;15;16;17;18;01 02/25/94	Built	Replaced, or Replacement REPAREMENT REPAREMENT	Code Stamped (Yes or No)
Component OIA-I-OIA- 303 OIA-I-OIA 304 Description of Work	Manufacturer NJA W-R- NJA W-R-	Serial No. 3.5-94 3-5-94 OUPPORTS (Board No.	Identification DA K-06009- 01;01;10;11;12;13 DCA K-06009- 14;15;16;17;18;01	Built	Replaced, or Replacement REPAREMENT REPAREMENT	Code Stamped (Yes or No)

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



		WORK INSTR	UCITON D-062
	FORM NIS-2 (Back	1	
9. Remarks TRACKING NUMBER	94-163 306	Page	cont. on Page@
9. Remarks // 1977		Panasta ta ba assashad	
	Applicable Manufacturer's Data	Reports to de attached	
		,	
	CERTIFICATE OF COMPLI		
	nade in the report are correct and	repair or replacement	onforms to the rules of the
ASME Code, Section XI.			·
	R.		
Type Code Symbol Stamp	DOK K		
Type Code Symbol Stamp	CLISH1		
Certificate of Authorization No.	Exr	oiration Date	
Xtan 1 1 V	le English	2 1	G1
Signed Wilphen W. New	we congred.	_ Date	, 19
Owner or Owner's Designee, Titl	• ()		
•	CERTIFICATE OF INSERVICE		
!, the undersigned holding a valid commiss	sion issued by the National Board and employed by	of Boiler and Pressure Ve	ssel Inspectors and the State
or Province of FINESSEE	and employed by		
- 1171110WO, C-1.	2-23-93	nave inspected 3 - 12-9	the components described
in this Owner's Report during the period to the best of my knowledge and belief, t		_10	, and state that
Owner's Report in accordance with the req			ve measures obscribed in time
By signing this certificate neither the I	•		d or implied, concerning the
examinations and corrective measures des			
shall be liable in any manner for any perso			
inspection.			
O & hat in	,	T11. 1122	•
C. Fillealf	Commissions	/N-2653 National Board, State, Pro	
Inspectors Signature		National Board, State, Pro	IVINCO, AND ENDOISOMENTS
Mnost 19	94		
Date 1 / 17/2 19_	<u> </u>		

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Page _	9	_cont.	on Pega	9

MNIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS

As Required by the Provisions of the ASME Code Section XI

P.O. Box 3. Work Performed b P.O. Box 4. Identification of St 5. (a) Applicable Cor (b) Applicable Edi	Address stem 062 estruction Code 1	R Madific Name C CITY, TA / CUCS 15 C 18	37771 ATIONS 237771	Type Code Symbo Authorization No. Expiration Date	anization	P.O. No., Job No.	
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement TSF 3-0-94	A C Sta
- 143 19		N 75F	3-4-54	P-04601-07508	rist of a	Rémoved Replacement	7

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

(12/82)

This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

WP-D-21452-81

FORM NIS-2 (Back)

Remarks	
TACKING # 94-164 & 5/4/6	cturer's Data Reports to be attached
3141	14
	TSG 3-10-94
CERTIFICATE (OF COMPLIANCE REMOVED
We certify that the statements made in the report are	
ASME Code, Section XI.	repair or replacement
	•
	al.
Type Code Symbol Stamp	2444
land films of A. H. A. A.	N 3474
ertificate of Authorization No.	Expiration Date
igned limit by Speciari	3-4 94
Owner or Owner's Designee, Title	
CERTIFICATE OF I	INSERVICE INSPECTION
the undersigned, holding a valid commission issued by the Nat	tional Board of Boiler and Pressure Vessel Inspectors and the Star
r Province ofand employed by	HSB 1/10°
HAYT Ford CONN	have inspected the components describe
this Owner's Report during the period 3/10/9	to 3//0/99 and state th
the best of my knowledge and belief, the Owner has perfor	med examinations and taken corrective measures described in th
wner's Report in accordance with the requirements of the ASA	
by signing this certificate neither the inspector nor his emp	ployer makes any warranty, expressed or implied, concerning the
aminations and corrective measures described in this Owner	r's Report. Furthermore, neither the Inspector nor his employ
in the name in any manner for any personal injury or property spection.	y damage or a loss of any kind arising from or connected with th
13 Carmols com	nimina TN 2534
Inspector's Signature	nissions 7v 2534 National Board, State, Province, and Endorsements
-)	
ate3/1019 94	

\$00°

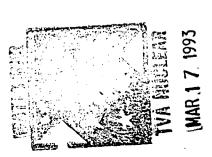
U 7.V.1

							
1. Owner	IESSEE VA	LLEY AUT	HORITY	Date3-4-	94		
	Address	•		Sheet	of	,	
2, Plant <u>WATT</u>				Unit			
3. Work Performed by	2000, SPRIN Address	E VALLEU	Authorita	Repair Orga	33 -	-09 P.O. No., Job No.	, etc.
1.0. Box 20	00 SPRING	City TN	132381	Authorization No. Expiration Date		N/A / ISO	J 3.4-9
1. Identification of Sys	stem <u>RADIA</u> ALC	STEEL +	Ponitor	NG (90)	667	Edition	<u> </u>
5. (a) Applicable Cons (b) Applicable Editi		18	Edition,	A	ddenda,_		_Code Case
6. Identification of Co	mponents Repaired (or Replaced and	Replacement Cor	nponents			
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
090-A600-105-6	TVA	NONE	NONE	1090-1654	1994	REPACEMENT	No
			NIA PR	W 3-4-94			
Description of Work	ModiFIE	2 Sup	poet]	<u>.</u>	
_	ydrostatic Pne ther Pressure		minal Operating F		01.T-		
NOTE: Supplemental tion in items 1 throug recorded at the top of	or or this report,	ists, sketches, or is included on ea	drawings may be ach sheet, and (3	e used, provided (1) s each sheet is numb			forma- neets is
						÷	

7.

8.

FORM NIS-2 (Back)
9. Remarks Support 1090-A600-105-6 has been modified.
Applicable Manufacturer's Data Reports to be attached
TRACK, Ng No. 94-165
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this REPALEMEN + conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp
Certificate of Authorization No. NoNE Expiration Date
Signed Sals Meet FE Date 4-3 1994 Owner or Owner's Designee, Title
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province ofand employed by
in this Owner's Report during the period 3-16-93 to 3-21-94, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
Inspector's Signature Commissions TN 2537. National Board, State, Province, and Endorsements
ivational Board, State, Province, and Endorsements
Date



D 27585 10 WORKPLAN

řage <u>7</u>	cont.	on	Page	8
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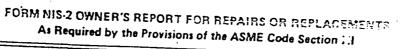
FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Code Section XI

1. Owner TENNES	SEE VALLEY A	authority		Date	3.5.94	1	
	mmit Hice Der		ETN	Sheet			
2. Plant WATTS E	Address BAR NUCLEOR	PLANT		Unitl			
000 00	Nem	9	20.01				 -
T. O. Box 20	POO, SPRING	City, IN31.	381		- 2758	<i>5 - 10</i> :.o. No., Job No.,	
. Work Performed by	TVA - M	ODIFICATIO	N5				
		Name		Authorization No.		NIA ACS	3.5.94
	WBNP Address			Authorization No. Expiration Date			
. Identification of Sy	rstem <u>575.04</u>	3 / SAFF	TY INJEC				
•							
. (a) Applicable Con	struction Code	AISC19	_73_Edition,	7 <u>TR</u>	Addenda,	NONE	_Code Ca
(D) Applicable Edit	tion of Section XI U	tilized for Repairs	or Replacement	s 19 <u>80</u> W/A	ADDENDA	THROUGH WIDI	TER 195
. Identification of Co	mponents Bonsisod	es Destruction of B					
. Identification of Co	mponents repaired	or Replaced and H	replacement Coi	mponents			•
							ASME Code
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No,	Other Identification	Year Built	Repaired, Replaced, or Replacement	Stamped (Yes or No)
063-1-63-533	TVA	NONE	NONE	NONE	CONTROL	REPLACEMENT	NO
-		1c3.5.0					
		7					
		d		<u> </u>	<u> </u>		
Description of Work	INSTALLED	NEW SPRI	NG CAN.				
Tosta Conducado				_ 4/	Α	WALLS DE	1!!
	Hydrostatic Pr Other Pressure		minal Operating Test Temp.	Pressure AC 3	.5.94		
NOTE: Supplement	al sheets in form of	liete ekatahan a-	denisie en				
NOTE: Supplement tion in items 1 throu recorded at the top of	ugh 6 on this repor	t is included on ea	carawings may t sch sheet, and (e used, provided (1) 3) each sheet is nur	size is 8½ nbered and	in x 11 in., (2) in the number of s	nforme- heets is
				•		-34	
/82) This form (8	E00030) may be obtai	ned from the Order	Dept., ASME, 22	Law Drive, Box 2300	Enimitata A	المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة ال المراقعة المراقعة ال	_0 7 D

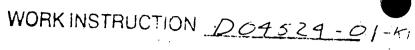
D 27585 10 WORKPLAN

Page 8 cont. on Page 9

	FORM NIS-2 (Back)
9.	Remarks TRACKING NO: 94-166 AC 3.5.94
	Applicable Manufacturer's Data Reports to be attached
	CERTIFICATE OF COMPLIANCE
İ	We certify that the statements made in the report are correct and this <u>REPLACEMENT</u> conforms to the rules of the ASME Code, Section XI. repair or replacement
-	Type Code Symbol Stamp
_	Certificate of Authorization No. N/A AC 3.5.94 Expiration Date
8	igned Inthony utoma, FIELD ENGINEER Date Man. 5, 19 94 Owner or Owner's Designee, Title
	CERTIFICATE OF INSERVICE INSPECTION
l, 0	the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State of Province of The and employed by HSBIRTON of
ir	this Owner's Report during the period 2-24-94 to 3/8/94, and state that
to	the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Ū	wner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
sr	saminations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer all be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this spection.
_	Inspector's Signature Commissions TN 2537 National Board, State, Province, and Endorsements
Da	ite3_&



1. Owner (ENN) 400 W. Se	5556 Va	A					
400 W. S.	Na	Me HUT	HORITI	Date 3-5	· · · · · · · · · · · · · · · · · · ·		
	mait HIL	(Drive	KNOW TH	Sheet		1	
2. Plant WATT	Addres	, , ,		Sneet	_ of	<u>'</u>	
2. Plant WATTS	Nan	ear DLAN	7	Unit	<u>/</u>		
Po Box	2000 SZNIN	c c/70	TN.37381	Wp D-Repair Or	0452	4-01-61	
3. Work Performed b	v_TVA	•		Repair Or	ganization	P.O. No., Job No	o., etc.
		Name		Authorization No	ol Stamp_	M/A	
WATTS	Address	ear pl	149	Type Gode Symbo Authorization No Expiration Date	•	- dud	3/5+
4. Identification of Sy							
(a) Applicable Con (b) Applicable Edit dentification of Co	struction Code <u>A \S</u> tion of Section XI U mponents Repaired	ic 7TH 1	9_73_Editions or Replacement Co	MA 35-34	Addenda,	MA 3-5-34 2 1381 AD	, J. _Code Car DENDA
		' 		T T T T T T T T T T T T T T T T T T T			
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, C Replacement	ASME Code Stamped (Yes or No)
003A-1-03A -				DX A - PO4524	4.	ļ	
	NONC	NONE	MONE	DXA-PO4524.	WY NO - A	Replacement	
		7/6					
			Aug. 3/2	2+			
						_	
Description of Work	Modify						
Terre		ADPSOLT S	Per	CA'S DUR	-po-	1524 -02	. 30 ت
Tests Conducted: Hy Oth		matic Non	ninal Operating F	ressure 🗌			
NOTE: e			Test Temp.	*	Ans	3.5-94	
NOTE: Supplemental to tion in items 1 through recorded at the top of the	sheets in form of li 16 on this report is his form,	sts, sketches, or a s included on eac	drawings may be th sheet, and (3	used, provided (1) si each sheet (s numb	ze is 8½ ir ered and t	n. × 11 in., (2) in: the number of sh	forma-
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· · · · · · · · · · · · · · · · · · ·	030) may be obtained	from the Order D	Oept., ASME, 22 L	aw Drive, Box 2300, Fa	in Senior		OF PER
		Page 9	cont. on t	age <u>10</u>	0.5		. 0 (
-					38		



Page 10 control rays 1)

FORM NIS-2 (Back)
9. Remarks No: 44-167 Bow 3-5-14
Applicable Manufacturer's Data Reports to be attached
Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statement and descriptions of Compliance
We certify that the statements made in the report are correct and this Replacement conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamo
N/A
Certificate of Authorization No
Signed Line W Ad. Co
Owner or Dwner's Designee, Title Date 3 - 5
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission in
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Truncssee and employed by HSB I I I Co
HARTFORD CONN.
in this Owner's Report during the period 3/25/94
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code. Service VI
Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate paidtaget.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the shall be liable in any manner for any personal injury or property damage or a loss of each bind.
shall be liable in any manner for any personal in this Owner's Proport. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
Inspector's Signature Commissions TN 2534 National Board, State, Province, and Endorsements
Vational Board, State, Province, and Endorsements
3/2 \$ 04

1. Owner TENNE	Nac	20		Date03/	06/9	4	
400 W. SUM 2. Plant WATTS.				Sheet/	of	/	
P.O. BOX ZO	00, SPRING	CITY TW.	3738/	Unit		-	
3. Work Performed by P.D. Box 200	7. V. A. O, SPRING Address	Name CITY, TN		Type Code Symbo Authorization No. Expiration Date	I Stamp	P.O. No., Job No.	3/6/4
4. Identification of Sys5. (a) Applicable Cons	•				Addenda	N/A	Code
 4. Identification of System 5. (a) Applicable Cons (b) Applicable Editi 6. Identification of Cons 	struction Code A	1919	73 Edition or Replacemen	JUNE 1973 nts 19 <u>80 THR</u> U	Addenda,_	N/A 2. 1981 ADDI	_Code (
5. (a) Applicable Cons (b) Applicable Editi	struction Code A	1919	73 Edition or Replacemen	JUNE 1973 nts 19 <u>80 THR</u> U	Year Built	N/A 2 1981 ADDI Repaired, Replaced, or Replacement	ASM Code Stamp (Yes
(a) Applicable Cons (b) Applicable Editi dentification of Con Name of	etruction Code A on of Section XI U mponents Repaired	tilized for Repairs of Replaced and R	73 Edition or Replacement eplacement Co National Board	Other Identification	Year Built	Repaired, Replaced,	ASM Code Stamp (Yes
5. (a) Applicable Cons (b) Applicable Editi 6. Identification of Con Name of Component	etruction Code A on of Section XI U mponents Repaired	tilized for Repairs of Replaced and R Manufacturer Serial No.	73 Edition or Replacement eplacement Co National Board	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASM Code Stamp (Yes
5. (a) Applicable Cons (b) Applicable Editi 6. Identification of Con Name of Component	etruction Code A on of Section XI U mponents Repaired	tilized for Repairs of Replaced and R Manufacturer Serial No.	73 Edition or Replacement eplacement Co National Board	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASM Code Stamp (Yes or No

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

	FORM NIS-2 (Back) TON-44/C 1/0 Q1 1/0 0 DY 3/1/61	
Remarks	TRACKING NO. 94-168 S.D.K. 3/6/4	
	Applicable Manufacturer's Data Reports to be attached	
		
		
	CERTIFICATE OF COMPLIANCE We certify that the statements made in the report are correct and this REALEMENT conforms to the rules repair or replacement	of t
	of Authorization NoExpiration Date	94
Signed_/	Owner or Owner's Designee, Title	
	CERTIFICATE OF INSERVICE INSPECTION resigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and to the state of the state	
Har		lescr
to the best	of my knowledge and belief, the Owner has performed examinations and taken corrective measures describe eport in accordance with the requirements of the ASME Code, Section XI.	
By sign	ing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerns and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his e	
	ble in any manner for any personal injury or property damage or a loss of any kind arising from or connected t	with
shall be lia inspection.		



MAR (6 1998



1. D-213-8-12-K4

Page 30 cont. on Page 3/

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

1. Owner <u>Tenn</u> (essee valle	y Author	W'TY	Date 3- 4	94		
400 WEST, S	Address	IC, KNOXVIII	¢. T.Y.	Sheet/_	_ of/_		
2. Plant WATTS				Unit			
Po. Box 2000,	Spying City	TN. 3738	1	0-2132	28-/2	P.O. No., Job No.	
				Repair Or	ganization	P.O. No., Job No.	910
3. Work Perigrand b	v_ 7. V. H.			Type Code Symbo	ol Stamn	:	.,
	Spring Lity Address		8/	Type Code Symbol Authorization No Expiration Date		J.W.RZ	
	Address						
4. Identification of S	ystem <u>062, C/</u>	emical 9	t volume	CONTrol	: نSys7	¥1	
5. (a) Applicable Con	ISTRUCTION Code A.T.	50	. 77 _	1 (057			
5. (a) Applicable Con (b) Applicable Edit	tion of Section XI U	ilized for Reseive	Edition	MAC 1713	Addenda,	1981	_Code Case
•	0.011011 717 01	mized for Repairs	or Heplacemen	ts 19 <u>00 20</u> /110	n INTG.	WINTEY 1981	Addenda.
C. Identification of Co	omponents Repaired	or Replaced and F	Replacement Co	mponents		•	
							
							ASME Code
Name of	Name of	Manustana	National			Repaired,	Stamped
Component	Manufacturer	Manufacturer Serial No.	Board	Other	Year	Replaced,	(Yes
		Serial IVO.	No.	Identification	Built	or Replacement	or No)
SUPPORT	4.0			}	l		
- ''	477	V.R.Z.		DCA 114	***	 	
1.62-16VC-R1 NAWR3		*		M-21328-115	MERGI	Replacement	100
34.8		_	-		<u> </u>	NGA CENTENT	NO
						 	
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Dascription of Svork	Installed Be	elleville u	la5hers				
Tests Comments 11							
Tests Conducted: H	thes Post	matic Nom	inal Operating I	Pressure .		٠٠	***
• • • • •		- Psi	Test Temp.	*E 147 A	4.42		
						•	
NOTE: Supplemental tion in items 1 throug recorded at the top of	अध्यक्षक in form of li	sts, sketches, or o included on eac	drawings may be to sheet, and (3	used, provided (1) s each sheet is numb	ize is 8% i	n. x 11 in., (2) inf	forms-
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Page 31 __cont.on Page 32

Pemarks ITACKING # 94-	Applicable Ment, factur	rar's Data Reports to	be attached	
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	•			
				
	CERTIFICATE OF	COMPLIANCE		
We certify that the statemen SME Code, Section X1.	its made in the report are cor	rect and this Redact	CHERTconform	is to the rules of the
Sinc Code, Section XI.	•	repair of	r replacement	•
0 101 07 2 11 5				
pe Code Symbol Stamp	,			
tificate of Authorization No.		Expiration Date		
101:0K . 7:10				
ne undersigned, holding a valid comp	CERTIFICATE OF INSE	RVICE INSPECTIO	N	
ne undersigned, holding a valid comm	CERTIFICATE OF INSE	RVICE INSPECTIO	N d Pressure Vessel Insp	pectors and the State
re undersigned, holding a valid commit ovince of TN CT. his Cwner's Report during the periods.	CERTIFICATE OF INSE	RVICE INSPECTION Board of Boiler and SELET have	N d Pressure Vessel Inspected the col	pectors and the State of mponents described
his Owner's Report during the peri he best of my knowledge and belief	CERTIFICATE OF INSE nission issued by the Nationa and employed by 5 - 26 the Owner has performed	RVICE INSPECTION Board of Boiler and SE I & I have 12 to 3	N d Pressure Vessel Inspected the col	pectors and the State of mponents described
his Owner's Report during the period best of my knowledge and belief iter's Report in accordance with the recordance with the	CERTIFICATE OF INSE nission issued by the National and employed by 5 - 26 the Owner has performed requirements of the ASME Co	RVICE INSPECTION Board of Boiler and SETRT have \$25 to \$2 examinations and tallode, Section, X.1.	N d Pressure Vessel Inspected the con-	pectors and the State of mponents described , and state that ares described in this
the undersigned, holding a valid committee of The CT. This Owner's Report during the period best of my knowledge and belief ser's Report in accordance with the rely signing this certificate neither the	CERTIFICATE OF INSE nission issued by the National and employed by 5-26 to the Owner has performed requirements of the ASME Common control of the ASME Co	RVICE INSPECTION Board of Boiler and Board of Boiler and Boiler an	N d Pressure Vessel Inspected the collection of	pectors and the State of mponents described , and state that ares described in this
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TVA NUCLEAR MAR 0 4 1994

1. Owner ENNE	SSEE VALLE	EY AUTHO	RITY	Date 3/4/	194		
400 W. Sum	MIT HILL	RIVE KNO	YVILLE	Sheet/			
2. PlantWATTS	△ Address		_	Unit/			
P.O. Box 201	Ob, SPRINGO	CITY ID.	31381	93-Z	5809	-08	
3. Work Performed by	Address	, , , .	_	Beneir Ore	anization	P.O. No., Job No.	, etc.
9.0. Box 2000		Niemo	•	Authorization No. Expiration Date		N/'/Z	
4. Identification of Sy	7120.000						
5. (a) Applicable Con (b) Applicable Edit	struction Code	115C 10	Edition 3/9/94 or Replacement		Addenda,_	N/R	_Code Ca
6. Identification of Co	mponents Repaired	or Replaced and F	Replacement Co	mponents			
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Snubber	PSA	38776	N/R	1-SN48-015 4006277	1997	Replacement	₩
							· .
							<u>.</u>
			MAR	XX 3/4/9	4		
Description of Work	Replace	d Snut	ber	[.			

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

FORM NIS-2 (Back)

. Remarks	
Applicable Manufacturer	's Data Reports to be attached
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•	•
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	•
CERTIFICATE OF CO	
We certify that the statements made in the report are corre	
ASME Code, Section XI.	repair or replacement
	,
11-	
Type Code Symbol Stamp	
Type code Symbol Stamp	
N/P	x//2
Certificate of Authorization No.	Expiration Date
1/1/2/- () . ()	1 m G1
Signed	Date4 //2 /
Owner or Owner's Designee, Title	
CERTIFICATE OF INSE	RVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National	
or Province of TENNESSE and employed by HS	Board of Boiler and Pressure, Vessel Inspectors and the State
HAT FOR CONN	
214/4	haye inspected the components described
in this Owner's Report during the period	to, and state that
to the best of my knowledge and belief, the Owner has performed (examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Co	ode, Section XI.
By signing this certificate neither the Inspector nor his employer	
examinations and corrective measures described in this Owner's Re	
shall be liable in any manner for any personal injury or property dam	nage or a loss of any kind arising from or connected with this
inspection.	
B Emails	Tu 2534
Commissio	ns TN 2534 National Board, State, Province, and Endorsements
Inspectors Signature	National Board, State, Province, and Endorsements
, .	
2/2	
Date3/9 19 99	

1. Owner ENN	ESSEE VAU	LEY AUTH	ORITY	Date 3	14/9	4	
4 <u>00 W. Sui</u>				Sheet	of	<u>/</u>	
2. Plant WATTS	~uuu ess			Unit/			
	00, SPRING			93-1	570	0-01	
3. Work Performed b				Panais Oss	!!		, etc.
	000 SPRING (Authorization No. Expiration Date			
4. Identification of S	7001033			_	7		
5. (a) Applicable Cor	nstruction Code <u>f</u> tion of Section XI U	tilized for Repairs	Edition Fedition of Replacemen	N/R ts 19 <u>80W8</u> /		NR	_Code Cas
				T	<u> </u>	<u> </u>	<u> </u>
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Snubber	PSA	5558	N/R	1-5NUB-074 74748U	1980	Replecement	No
		-	-N/A A	NH 3/4/9	4		
7. Description of Work	Replace	ed Sn	ubber				<u>. </u>
	,	eumatic Nor	ninal Operating Test Temp.	Pressure F	N/R Dh	\$ 3/4/94	

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

FORM NIS-2 (Back)

CERTIFICATE OF INSERVICE INSPECTION In the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State of Province of Fennessee and employed by HSB IFICE of have inspected the components described in this Owner's Report during the period 3/1/94 to 3/1/94, and state that the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer	9. Remarks 94- 112
We certify that the statements made in the report are correct and this CORDINAT Conforms to the rules of the ASME Code, Section XI. Type Code Symbol Stamp Certificate of Authorization No. W/R Expiration Date W/R	Applicable Manufacturer's Data Reports to be attached
We certify that the statements made in the report are correct and this Moranan Conforms to the rules of the ASME Code, Section XI. Type Code Symbol Stamp Certificate of Authorization No. M/R	
We certify that the statements made in the report are correct and this repéir or replacement conforms to the rules of the ASME Code, Section XI. Type Code Symbol Stamp Certificate of Authorization No.	
We certify that the statements made in the report are correct and this Color Transfer of the rules of the ASME Code, Section XI. Type Code Symbol Stamp Certificate of Authorization No. W/R Expiration Date W/R	
We certify that the statements made in the report are correct and this Moranan Conforms to the rules of the ASME Code, Section XI. Type Code Symbol Stamp Certificate of Authorization No. M/R	
We certify that the statements made in the report are correct and this Moranan Conforms to the rules of the ASME Code, Section XI. Type Code Symbol Stamp Certificate of Authorization No. M/R	-
ASME Code, Section XI. Type Code Symbol Stamp Certificate of Authorization No. N/R Expiration Date N/R	
Certificate of Authorization No. Certificate of Authorization No. Certificate of Authorization No. Certificate of Authorization No. Certificate of Authorization No. Certificate of Authorization No. Certificate of Authorization No. Certificate of Authorization No. Certificate of Authorization No. Certificate of Inservice	
CERTIFICATE OF INSERVICE INSPECTION The undersigned holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and amployed by HSB IFT Co' of HATTOR COMM: have inspected the components described in this Owner's Report during the period 3/1/194 to 3/1/194, and state that the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this lawner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the knowledge and belief, the Owner's Report. Furthermore, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the knowledge and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the knowledge in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this expection. B. Eams. Commissions TN 2534 National Board, State, Province, and Endorsements National Board, State, Province, and Endorsements	
CERTIFICATE OF INSERVICE INSPECTION The undersigned holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and amployed by HSB IFT Co' of HATTOR COMM: have inspected the components described in this Owner's Report during the period 3/1/194 to 3/1/194, and state that the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this lawner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the knowledge and belief, the Owner's Report. Furthermore, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the knowledge and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the knowledge in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this expection. B. Eams. Commissions TN 2534 National Board, State, Province, and Endorsements National Board, State, Province, and Endorsements	Type Code Symbol Stome
CERTIFICATE OF INSERVICE INSPECTION The undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB ISICO of have inspected the components described in this Owner's Report during the period 3/1/194 to 3/1/194, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer nall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this ispection. Commissions TN 2534 Inspector's Signature Commissions TN 2534 National Board, State, Province, and Endorsements	Type doct Symbol stamp
CERTIFICATE OF INSERVICE INSPECTION In the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State of Province of Tennessee and employed by HS/3 If I Co' of HATT FOYO CONN have inspected the components described in this Owner's Report during the period 3////4 to 3////4 , and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer nail be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this espection. Commissions TN 2534 Inspector's Signature Commissions TN 2534 National Board, State, Province, and Endorsements	Certificate of Authorization NoExpiration Date
CERTIFICATE OF INSERVICE INSPECTION In the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSIB ISICO of HART Ford County have inspected the components described in this Owner's Report during the period 3/1//94 to 3/1//94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer nail be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this espection. Commissions TN 2534 Inspector's Signature Commissions TN 2534 National Board, State, Province, and Endorsements	Signed Assaul
the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB IST CO' of HATTON CONN. have inspected the components described in this Owner's Report during the period 3///04 to 3///04, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer hall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this dispection. Commissions TN 2534 Inspector's Signature Commissions National Board, State, Province, and Endorsements	Owner or Owner's Designee, Title Date
the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB TITCO' of have inspected the components described in this Owner's Report during the period 3///04 to 3///04, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer half be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this dispection. Commissions TN 2534 Inspector's Signature Commissions National Board, State, Province, and Endorsements	
and employed by	
have inspected the components described to 3/1/94 to 3/1/94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer half be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this espection. Commissions TN 2534 National Board, State, Province, and Endorsements	or Province of TENDESSEE and employed by HSI3 ISI Co
the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer neall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this espection. Commissions TN 2534 Inspector's Signature Commissions National Board, State, Province, and Endorsements	HAYT FORD CONN: how imposted the components described
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer neith	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer neal be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this espection. Commissions TN 2534 Inspector's Signature Commissions National Board, State, Province, and Endorsements	o the pest of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
xaminations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer half be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this ispection. 3. Earner Commissions National Board, State, Province, and Endorsements	
Inspector's Signature Commissions National Board, State, Province, and Endorsements	by signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the
Inspector's Signature Commissions TN 2534 National Board, State, Province, and Endorsements	half be liable in any manner for any personal injury or proporty democe and love for any literature for any personal injury or proporty democe and love for any literature for any personal injury or proporty democe and love for any literature for any personal injury or proporty democe and love for any literature for any personal injury or proporty democe and love for any literature for any personal injury or proporty democe and love for any literature for any personal injury or proporty democe and love for any literature for any personal injury or proporty democe and love for any literature for any personal injury or proporty democe and love for any literature for any personal injury or proporty democe and love for any literature for any personal injury or proporty democe and love for any literature for any personal injury or proporty democe and love for any literature for any personal injury or proporty democe any literature for any personal injury or proporty democe and literature for any personal injury or proporty democe and love for any literature for any personal injury or proporty democe and literature for any
2/11	nspection.
2/11	
2/11	13. Earnal Commissions TN 2534
11e3/1)19_94	Inspector's Signature National Board, State, Province, and Endorsements
19	Date 3/1) 10 94
	19_//

1. Owner ENN	ESSEE VAU	ey AUTH	ORITY	Date	14/9	4	
4 <u>00 W.Su</u>	nniT HILLD	RIVE KNO	KVILLE	Sheet	_ of/	, 	
2. PlantUATTS				Unit/			
^ -	00) SPRIAS	8		93-,	15599	9-03	
3. Work Performed b	· \(\tau_0 \tau \tau_2 \tau_3 \tau_3 \tau_1 \tau_2 \tau_1 \tau_2 \tau_1 \tau_2 \tau_1 \tau_2 \tau_1 \tau_2 \tau_1 \tau_2 \tau_1 \tau_2 \tau_1 \tau_1 \tau_2 \tau_1 \tau_2 \tau_1 \tau_1 \tau_2 \tau_1 \tau_1 \tau_2 \tau_1 \tau_1 \tau_2 \tau_1	-		Ransis O-	ganization	P.O. No., Job No.	, etc.
A A .	00, SPRINS	Name		Authorization No Expiration Date_		MR	
4. Identification of S	AUGIESS	, _				_~//<	
5. (a) Applicable Cor (b) Applicable Edi 6. Identification of Co	nstruction Code	tilized for Repairs	Edition, of Replacement	N/R s 19 <u>80WR</u>	Addenda,_	NIR	_Code Ca
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Suubber	PSA	38803	N/R	1-3NUB- 063-63156	1992	Replacement	Mo.
		9		, ,			
			-N/A	3/4/94			
			·				
Description of Work	Kepleceo	Snubb	her				
_	Hydrostatic Processure	eumatic Nor	ninal Operating	Pressure F	IR DA	H 3/4/94	
NOTE: Supplementation in items 1 through	age o on this tebort	lists, sketches, or is included on ea	drawings may b ch sheet, and (3	e used, provided (1) 3) each sheet is nun	size is 8½ abered and	in. x 11 in., (2) in the number of s	oforma- heets is

(12/82)

recorded at the top of this form.

This form (E00030) may be obtained from the Order Dept., ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300. REPRINT 4/93

FORM NIS-2 (Back)

9. Remarks94-173
Applicable Manufacturer's Data Reports to be attached
•
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this Replacemen + conforms to the rules of the
ASME Code, Section X1. repair or replacement
Type Code Symbol Stamp/V/R
Certificate of Authorization No. Expiration Date
$\mathcal{L}_{\mathcal{L}}}}}}}}}}$
Signed Date 3/4 19 4
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of TRUNCSSER and employed by HSB IFI CO' of HATTFORD CONV. have inspected the components described
in this Owner's Report during the period $\frac{3/9/94}{}$ to $\frac{3/9/94}{}$, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
28 /
Inspector's Signsyre Commissions TN 2534 National Board, State, Province, and Endorsements
Tectional Board, State, Province, and Endorsements
Date 3/9 19 94

1. Owner ENNE	SSEE VAL	LEY AUT	HORITY	Date3/	4/9	4	
400 W. Sum	mit HILL I	PIVE KX	LOXVICLE	Sheet	of/	,	
2. Plant WATTS	BAR NUCL	EAR PLA	NT	Unit:l			
P.O. Box 200	00,5PRING	City, TN.	37381	93-/ Repair Orga	184	9-01	
3. Work Performed by	Address	,		Repair Orga Crype Code Symbol	Stamp	P.O. No., Job No.	etc.
	DOSPRING C	(Valitie		Authorization No.		NIR	
4. Identification of Sy	Address.	•					
5. (a) Applicable Cons (b) Applicable Edit			` 4			N/R	_Code Case
6. Identification of Co.	mponents Repaired o	or Replaced and F	Replacement Cor	nponents		·.	
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Snubber	PSA-	38775	N/R	/-SNUB-067 62A345E	1992	Relecement	Мъ
·							
	·	-0	-N/A	028 3/4/9	4		· .
. Description of Work_	Repla	ced Su	ubber				
	lydrostatic Pne		minal Operating Test Temp.	Pressure	R DLB	3/4/94	
NOTE: Supplementa	il sheets in form of I	lata aleatabaa a		1			•

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

FORM NIS-2 (Back)

. Remarks	<u> </u>	14			
		Applicable	Manufacturer's E	Data Reports to be attached	
					· · · · · · · · · · · · · · · · · · ·
	.				
We	ertify that the statem		ICATE OF COM		
ASME Code, S	ection XI.	ents made in the r	sport are correct	repair or replacement	onforms to the rules of the
_	4.	II P			
Type Code Sym	bol Stamp	//			<u> </u>
Certificate of A	uthorization No.	NIR	· .	Expiration Date	2
Signed	Sand	/		Date3/4	
Owne	r or Owner's Designee), Title			
		CERTIFICA	TE OF INCERV	CE INCREASION	
I, the undersign	ed, holding a valid co			ICE INSPECTION ard of Boiler and Pressure Ves	sel Inspectors and the State
or Province of_	TENNESSEE	and employer	d by <u>HS /-</u>	ard of Boiler and Pressure Ves I I CO have inspected	of
in this Owner's	Report during the p	period 3	19/94	have inspectedto1/9/9/9	the components described, and state that
				minations and taken corrective	measures described in this
Owner's Report	in accordance with th	ne requirements of	the ASME Code,	Section XI,	
By signing th	is certificate neither	the Inspector nor	his employer ma	akes any warranty, expressed	or implied, concerning the
examinations an shall be liable in	d corrective measure	s described in thi	is Owner's Repor	rt. Furthermore, neither the	Inspector nor his employer
inspection.	any manner for any	personal injury or	property damage	or a loss of any kind arising f	rom or connected with this
	2 c 4				
	3. Carriel	<u> </u>	Commissions _	TN 2534 National Board, State, Prov	
	Inspectors Signatu	70		National Board, State, Prov	ince, and Endorsements
Date 3	19	94			

1. Owner IENNE	SSEEVALL	EY AUTHO	PRITY	Date3	-2-9	4	
400W. Su	mmit Hill	DRIVE KN	OXVILLE	Sheet/	of	<i>!</i>	
2. Plant WATTS				Unit			
P.D. Box 20	DOO SPRING	City IN	. <i>31</i> 381	93-13	550	-03	
3. Work Performed by	, , , , , , , , , , , , , , , , , , , ,	•		Repair Orga	nization f	.O. No., Job No.,	etc.
	00, SPRING (Name		Authorization No.		RIR	
4. Identification of Sy	Address	\ ' . /	γ .	Expiration Date C D X 3 (PX 10 M)	12/94	-	
5. (a) Applicable Con	struction Code <u>A</u> ion of Section XI Ut	15 C 18	Edition,	19 <u>8008</u> 1	.ddenda,_	NJR	_Code Case
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Snubber	PSA	8120	N/A	1-SNU13-063 63121	1979	Replacement	-No
		-0		(1)			
				A DHH.	3/4/	24	
7. Description of Work	Repla	ced Si	nubber				
3. Tests Conducted: 1	Hydrostatic Pne	eumatic No	_	Pressure° F	C Dx	12 3/4/9	7
NOTE: Supplementa	al sheets in form of	lists, sketches, or	r drawings may b	e used, provided (1)	size is 8%	in v 11 in /2\ i	sforms

9. Remarks	
Applicable Manufacturer's Data Reports to be attached	
CERTIFICATE OF COMPLIANCE	
We certify that the statements made in the report are correct and this Replacement conforms to the rules of the ASME Code, Section XI.	8
Type Code Symbol Stamp	
Certificate of Authorization No. N/R Expiration Date N/R	
Signed	_
CERTIFICATE OF INSERVICE INSPECTION	<u> </u>
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the Star or Province of TENNESSEE and employed by HSB IFI	rte
in this Owner's Report during the period 3/9/94 have inspected the components describe	
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in the	et iis
Switch's report in accordance with the requirements of the ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Council Co.	he
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employed shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with the	er
inspection.	15
13. Enmals	
Inspector's Signature Commissions TN 2534 National Board, State, Province, and Endorsements	_
Date3/9	

1. Owner TENN	ESSEE VA	LLEY AN	THORITY	Date	2/4/9	74	
400W.Su	mmit Hill	DRIVE KN	DYVILLE	Sheet	of	/	
2. Plant WATTS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_		Unit			
P.O. BOX20	OO, SPRING	City, IN.	31381	93-150 Repair Orga	603	-04	
3. Work Performed by	A4 41 035			Repair Orga Type Code Symbol			, etc.
	000, SPRING	Name		Authorization No. Expiration Date			
4. Identification of Sy							-
5. (a) Applicable Con. (b) Applicable Edit		. /	•		Addenda,_	N/R	_Code Case
6. Identification of Co	mponents Repaired o	or Replaced and F	Replacement Con	nponents			
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.`	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Snubber	PSA	20775	N/R	1-5NUB-063 63491	1992	Replacement	No
			1/1	Only al	1/0.4		
				KRY 3/0	194		
. Description of Work_	Replac	ced Si	nubber				
	lydrostatic Pne		ninal Operating F	Procesure /V	/A W	ld 3/4/9	4
NOTE: Supplementa	I sheets in form of I	ists, sketches, or	drawings may be	e used, provided (1) :	size is 8%	in. x 11 in (2) in	iforma.

9. Remarks	
Applicable Manufacturer's Data Reports to be attached	
	-
CERTIFICATE OF COMPLIANCE	
We certify that the statements made in the report are correct and this Replacement conforms to the rules of the ASME Code, Section XI.)
Type Code Symbol Stamp	
Certificate of Authorization No. N/R Expiration Date N/R	
Signed Signed Signed 3/9/	
Owner or Owner's Designee, Title	_
CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the Stat or Province of Tennessee and employed by HSB IFI co	
HAYTFOY CONN. have inspected the components describe	
in this Owner's Report during the period $\frac{3/9/9}{\sqrt{2000}}$ to $\frac{3/9/9}{\sqrt{2000}}$, and state that	ət
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in the	is
Owner's Report in accordance with the requirements of the ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the	18
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employed shall be liable in any meaner for any meaner lains an appropriate to the control of the contr	er
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	is
An E 3/1/19	
Inspector's Signature Commissions TN 3 2534 National Board, State, Province, and Endorsements	_
Inspector's Inspec	_
Date 3/9 19 94	

	مسسد							
1. C	wner lenness	ee VAILEY 1	Authority		Date3/	12/9	4	
4	LOO W SUMM	H HII Dr	ive Know	knu	, •	of/		
2. P	lant WATES F	Bar Du Cleer-	HAIL "		Unit /			
		Name O Spring C Address		7387	93-27 Repair Org	2571	1-02	
					Repair Org	anization i	O. No., Job No.	, etc.
3. W	ork Performed by	WAHS BAL	· Nuclear /	ALLEN ALCE	Type Code Symbo			
\sim			Name	-	Authorization No.			·
-40	2, 150y 2	200 String (Ity IN3	873 8/	Expiration Date			
			~	_	•		7.7.	
		stem O	•	Feedu				
5. (a) Applicable Con	struction Code A	15C 30	7Th Edition	<u> </u>	Addenda	NIP	_Code Case
(b) Applicable Edit	ion of Section XI Ut	ilized for Repairs	or Replacement	1980 W81		·-//\	
6. Id	entification of Co	mponents Repaired	or Replaced and F	Replacement Co	mponents			
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				1				
1	*			1	· ·			ASME
. [Nesissa				Code
1	Name of	Name of	Manufacturer	National Board	Other	V	Repaired, Replaced,	Stamped (Yes
1 '	Component	Manufacturer	Serial No.	No.	Identification	Year Built	or Replacement	
						Done		
	//	Dea	_	11/	1-314413-003			
20	ubber	PSA	1487	N/A	-03A321	1978	Replacement	No
					05/15/21			
		·.						
				- N/A	DUS 3/4	100		}
				777	27 4	74		
								İ
		2	, ,		<u> </u>			
7. Desc	ription of Work_	Keplece	ed Inc	ubber			· ·	
B. Test	s Conducted: H	lydrostatic Pne			k//-	ned		
		ther Pressure		ninel Operating	Pressure / Y//C	WW		
		Lessone	psi	Test Temp	°F 2/	D194 2/94	• 1_	
רחמ	F: Supplement	abaasa ta 4 **	the street		- 1	•		
tian	in items 1 throu	isineers in torm of l	ists, sketches, or is included on ea	drawings may b	e used, provided (1) :	size is 8½	in. x 11 in., (2) in	forma-
41011								

recorded at the top of this form.

Remarks			
	Applicable Manufac	cturer's Data Reports to be attached	
			· · · · · · · · · · · · · · · · · · ·
	CERTIFICATE (OF COMPLIANCE/	
We certify that the statemen		52.1	forms to the rules of the
ASME Code, Section XI.	The mode in the rapert are	repair or replacement	forms to the rules of the
	•		
4	1/4		
ype Code Symbol StampV	<u> </u>		<u> </u>
	110	11/10	
ertificate of Authorization No	<u>/ </u>	Expiration Date	
Old l)	Expiration Date N/A Date Mar 2	00
Owner or Owner's Designee,	Title	Date	, 19 <u>94</u>
	05071510475.05.01		
the undersinged holding a valid		NSERVICE INSPECTION	
Province of TRUNESSEE	nission issued by the Nati	ional Board of Boiler and Pressure Vesse	
HAY		•	C
this Owner's Report during the per		to 3/0/94	e components describe
		ned examinations and taken corrective r	, and state the
wner's Report in accordance with the	requirements of the ASM	E Code, Section XI.	Head of a contract the fit
		over makes any warranty, expressed or	implied concerning th
aminations and corrective measures	described in this Owner	's Report. Furthermore, neither the Ins	spector nor his employe
all be liable in any manner for any pe	rsonal injury or property	damage or a loss of any kind arising fro	m or connected with thi
pection.	0		
B Earnes	1	- · · · · · · · · · · · · · · · · · · ·	•
T.) WINGE	Comm	issions TN 2534 National Board, State, Province	
Inspector's Signature			re and Endorsements
Inspector's Signature		National Board, State, Province	, and Eligotsemilities
Inspector's Signature	۵4	National Board, State, Provinc	, and choorsements

	*						
1. Owner ENNE	SSEE VALLE	4 AUTHOR	7174	Date	4/99	7	
400 W. Sum	mit Hill T	DRIVE KNO	KNILLE	Sheet/	•		
2. Plant WATTS	BAR NUCLE	AR PLANT		Unit/			
P.O. Box 200		,		93-	257	58-01 P.O. No., Job No.	
3. Work Performed b	WATTS BAR	NUCLEARN	AINTENANO	Repair Org	anization	P.O. No., Job No.	, etc.
00000	· COc' 0	Name		Authorization No.	Stamp	NIR	
P.U. BOX 200	OO SPRINGCI	74,12.35	1381	Authorization No. Expiration Date		NIR	
4. Identification of S						·	
5. (a) Applicable Cor (b) Applicable Edi	nstruction Code \underline{Al}	19 illized for Répairs	Edition,	N/R is 19 <u>80W8</u> /	Addenda,_	N/R	_Code Case
6. Identification of Co	omponents Repaired	or Replaced and f	Replacement Co	mponents			
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Snubber	PSA	4553	N/R	1-5NUB- 015-4001154	1978	Replace - ment	No
			=N/A	ORH 3/9/	94		
			7	17			
. Description of Work	Replace	d Snu	bber			,	
. Tests Conducted: ا	Hydrostatic Pne		minal Operating Test Temp.	Pressure F	IR DI	UD 3/4/94	
NOTE: Supplements	al sheets in form of ugh 6 on this report	lists, sketches, or is included on ea	drawings may b nch sheet, and (en stand immediate d (4)			

9. Remarks 74-116	
Applicable Manufacturer's Data	Reports to be attached
<i>y</i>	•
CERTIFICATE OF COMPLIA	
We certify that the statements made in the report are correct and ASME Code, Section X1.	this Kaplacemen T conforms to the rules of the
Temp doub, decile, 74.	
Type Code Symbol Stamp	
Certificate of Authorization NoExp	iration Date
NAY 1 1	iration Date <u>V/R</u> Date <u>Mar 9</u> , 19 <u>99</u>
Owner or Owner's Designee, Title	Date
Owner or Owner's Designee, 11716	
CERTIFICATE OF INSERVICE	
, the undersigned, holding a valid commission issued by the National Board of	of Boiler and Pressure Vessel Inspectors and the State
Province of TENNESSEE and employed by HSB HATTFOYO CONN.	
3/a/aU	
the best of my knowledge and belief, the Owner has performed examina	to 3/9/9 , and state that
wher's Report in accordance with the requirements of the ASME Code, Section 2015	Itions and taken corrective measures described in this
By signing this certificate neither the Inspector nor his employer makes	
xaminations and corrective measures described in this Owner's Report. F	any warranty, expressed or implied, concerning the
nall be liable in any manner for any personal injury or property damage or a	Place of any kind arising from or connected with this
rispection.	rioss or any kind dissing from or connected with tills
ρ c ℓ	
Commissions	TN 2534 etional Board, State, Province, and Endorsements
Inspector's Siggisturé Ni	ational Board, State, Province, and Endorsements
2/2	
Date3/_91999	

WO 93-24329-02 PAGE 9 OF 25

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

1. Owner TENN	ESSEE VALL	EY AUTHOR	474	Date 2 -	28-96	4		
	Name AMIT HILL DC			Sheetof				
2. Plant WATTS	700,000			Unit 1		·.		
	OO SPRING			WO # 93 Repair Orga	- 243	329-02		
3. Work Performed b				Type Code Symbol	Stamp	_		
9.00 BOX 200	SPRING C	ITY, THE	37771	Authorization No. Expiration Date		NA FU	-28-44	
4. Identification of S			· · · · · · · · · · · · · · · · · · ·					
5. (a) Applicable Cor (b) Applicable Edi 6. Identification of Co	tion of Section XI Ut	ilized for Repairs	or Replacements	19 <u>80</u> Wil	ddenda,_ NTEL	PK N/A 2-28-94 1981 400 E	_Code Case ルのA	
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)	
1-62A-033	BERGEN- PATTERSON	6666		DA SONO ZOLLA	H P	REPLACEMEN	T NO	
			,	·				
. Description of Work	REPLACEDA	PIPE CLAM	nP	·				
Tests Conducted:	Hydrostatic Por Other Pressure	Pumatic No	minal Operating I	Pressure F A FXC 170 S				
NOTE: Supplement tion in items 1 thro recorded at the top	tal sheets in form of rugh 6 on this report of this form,	lists, sketches, or	r drawings may b	e used, provided (1)	size is 8%	in. x 11 in., (2) is the number of s	nforma- sheets is	

9. Remarks	Tracking No: 94-179	3DW 3-5-94
	Applicable Manufac	cturer's Data Reports to be attached
	ξ	<u> </u>
	:	
	CERTIFICATE (OF COMPLIANCE
v		e correct and this REPURCEMENT conforms to the rules of the
	de, Section XI.	repair or replacement
7 0.4.		:
Type Code	Symbol StampN	25 act
Certificate (of Authorization No.	Expiration Date
~	001 100	2 - 24
Signed	what or Owner's Designer Title	Date 3-5 , 19 94
_		
	CERTIFICATE OF	INSERVICE INSPECTION
i, the under	reigned holding a valid commission issued by the Na	ational Roard of Roiler and Pressure Vessel Inspectors and the State
	TOURS COP	11 C 13 2 E 2 CO- 01
	HATI FORD CONA	have inspected the components described to 3/15/94, and state that
in this Owr	ner's Report during the period	ormed examinations and taken corrective measures described in this
	eport in accordance with the requirements of the AS	
		ployer makes any warranty, expressed or implied, concerning the
examination	ns and corrective measures described in this Owne	er's Report. Furthermore, neither the Inspector nor his employer
shall be liab	ble in any manner for any personal injury or proper	ty damage or a loss of any kind arising from or connected with this
inspection,		
	B. Ermel	nmissions TN 2534 National Board, State, Province, and Endorsements
. ">	Inspector's Signature	National Board, State, Province, and Endorsements
Date	<u>3/15</u> 19_94	
	•	

1. Owner TENNES	SSE VALLEY	AUTHOR	ITY	DateN	٥٧.	17, 199	33
400 WEST	SUMMIT HIL	L DR., KNC	XVILLE, TN	• Sheet	of	2	
2. PlantWAT	A001033			Unit		ONE)	
	OO, SPRIN						1.0
	7,00,000			WO. 93	anization P	.O. No., Job No.,	etc.
3. Work Performed by		(40(III		Type Code Symbo Authorization No.			11-17-0
	BAR NU			Expiration Date		/	
4. Identification of Sy	stem_MAIN	AND	AUXILIA	RY FEED	WATE	R , 849	003
5. (a) Applicable Cons(b) Applicable Edition6. Identification of Cons				W/1981	8êlî Û TAIW	ER ADDE	-Code Case 93 NDA
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-03B-069	N/A	12/4	2/4	DCA 509811-	UNKNOWN	D-0010	
1 000 000	2/17/54	2/17/94	<u> </u>	842-0	" " TOWN	REPAIR	No
			<i>N/</i> A,	m2/17/94			
	· · · · · · · · · · · · · · · · · · ·			·			
					<u> </u>		
	REMOVED					·	
. Description of Work_	ADDED	SHIM P	LATE TO	OBTAIN !	PROP	ER GAP.	*
_	· —	osi	minal Operating Test Temp. \ \JN - 7-	°F			
NOTE: Supplements tion in items 1 throu recorded at the top o	igh 6 on this report	lists, sketches, or	drawings may b	e used, provided (1)	size is 8½ nbered and	in. x 11 in., (2) i I the number of s	nforma- sheets is

(12/82)

This form (E00030) may be obtained from the Order Dept., ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300. REPRINT 4/93

WO. 93-15887-14

Page 22 of 22

	19 8/21/43
,	FORM NIS-2 (Back)
9. Remarks	# 94-180A + 3/5/94
. •	Applicable Manufacturer's Data Reports to be attached
·	
• • • • • • • • • • • • • • • • • • • •	CERTIFICATE OF COMPLIANCE
We certify that the statements	s made in the report are correct and this REPAIR conforms to the rules of the
ASME Code, Section XI.	repair or replacement
Type Code Symbol Stamp	M/A 3/5/59
0.00	
Certificate of Authorization No.	Expiration Date
Signed from I Anglet Owner & Designee, Tit	R.E. Date $3/5$, 19 94
	CERTIFICATE OF INSERVICE INSPECTION
or Province of Jewnessee	ission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State _and employed by
	have inspected the components described
in this Owner's Report during the perio	, , , , , , , , , , , , , , , , , , , ,
to the best of my knowledge and belief,	, the Owner has performed examinations and taken corrective measures described in this
	equirements of the ASME Code, Section XI.
examinations and corrective measures de	e Inspector nor his employer makes any warranty, expressed or implied, concerning the lescribed in this Owner's Report. Furthermore, neither the Inspector nor his employe sonal injury or property damage or a loss of any kind arising from or connected with thi
inspection.	The state of the s
B. Earnigh	Commissions 7N 2534
Inspector's Signature	National Board, State, Province, and Endorsements
Date3/1519_	99

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Pone 4D cont of Page 46

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

	73 1161	danes by the P	rovisions of th	e ASME Code Sect	ion XI	·	
1. Owner	A Ner			Date3-	5-9	4	
400 W. S.			. er en 1				
	Address	10001010	.ce, 120	Sheet	_ of		
2. Plant WATTS	BAR NUC	ERL PLANT	4-	Unit		٠.	
P. D	Nam	•					
Po, Box 2000	SPRING C	TN 37	381	WP# D	- 04	515-06	
3. Work Performed by	. TVA			Repair Org	enization	P.O. No., Job No	., etc.
or work remoning by	1.77	Name		Type Code Symbo	l Stamp_	/	
P. J. Box 200	O, SPRING	CITY. TN 3	738.	Authorization No.		~i/A	
P. J. Box 200	Address			Expiration Date			
4. Identification of Sy	stem 15 / 5	TEAM GEN	JERATOR	BLOWDOWN	272	TEM	
5 (a) Application	,	-			- 313		
5. (a) Applicable Con: (b) Applicable Edit 6. Identification of Co	ion of Section XI U	tilized for Repairs	Edition	<u>, Joue 1973</u> ts 19 <u>50</u> THE	,sbr∘ùbA Wun <u>w</u>	N/A R 1981 ADDI	_Code Ca
			rreplacement Co	mponents			
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No,	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
101 - A400 - 7-19		MA 2 1.54		DCA-D04515- DZ,	UNK	Pro	410
101-A400-7-46		, MA 83 3	5:14	41.49 50, 51 53 53 DCA - PO4515 -	0.02	REPLACEMENT	20
				01,54	אמני.	REPLACEMENT	No
14400-7-55		11.953	.14	DCA-P05641-05	UNK	REPLACEMENT	NO
Description of Work N	NUDIFY SUPPORTS ?	PER DEA- PO	15-01.02,42	44,45,04,47,48,0			
Tests Conducted: Hy Ot NOTE: Supplemental tion in items 1 throug recorded at the top of	cher Pressure sheets in form of i	psi 3.3.3.3 ists, sketches, or as included on each	Test Temp Test Temp	Pressure F F e used, provided (1) s e ach sheet is numb	ize is 8½ i ered and	VALUE	The state of the s

MAR 0 5 1994

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	FORM NIS-2 (Back) Remarks TRACKING# 94 - 1808 2.5-34 Applicable Manufacturer's Data Reports to be attached
	FORM NIS-2 (Back)
^	Remarks TRACKING# 94-1808 275-34
У.	Applicable Manufacturer's Data Reports to be attached
	CERTIFICATE OF COMPLIANCE
	We certify that the statements made in the report are correct and this REPARMENT conforms to the rules of the ASME Code, Section XI.
	Type Code Symbol Stamp 7/A 93 3:5.94
	Certificate of Authorization No. N/a 95 7.5.94 Expiration Date N/a 95 7.5.94
	\sim \sim \sim \sim \sim \sim \sim \sim \sim \sim
	Signed Date Date 19 19
_	
	CERTIFICATE OF INSERVICE INSPECTION 1, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
	or Province of TN: and employed by HSRI&ICO.
	have inspected the components described in this Owner's Report during the period 11-13-91 to 3-12-94. and state that
	to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
	Owner's Report in accordance with the requirements of the ASME Code, Section X1. By signing this certificate neither the 'nspector nor his employer makes any warranty, expressed or implied, concerning the
	examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
	shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection,
	±119537
	Inspector's Signature Commissions National Board, State, Province, and Endorsements
	7 10 0 1
	Date 3-12 19 94

MAP O 5 193

1. Owner ENLIE	SSEE VALL	EY ANTHO	RITY	Date	6/9	7	
400W.Sw	nmit Hice Da	PIUE KNOXU	ILLE	Sheet	of		
2. PlantWATTS	Audios			Unit/			
P.O. BOX 200				93-7 Repair Orga	.767	6-14	
3. Work Performed by	MATTS BAR N	luclear Mi	ALNITENALC	Repair Orga	nization I	P.O. No., Job No.,	etc.
PD. BNV	1000 SPRING	Name	01901	Authorization No.		IR	
	Address	<u> </u>	<u> </u>	Expiration Date		Y/ <i>R</i>	
4. Identification of Sy	· ·	/					
5. (a) Applicable Con	struction Code	1/50	Edition,	MIR	ddenda,_	N/R	_Code Case
(b) Applicable Edit	ion of Section XI Ut	ilized for Repairs	or Replacement	ts 19 <u>80 いち</u> (
6. Identification of Co	mponents Repaired	or Replaced and F	Replacement Co	mponents		•	•
			·				ASME
			National			Repaired,	Code
Name of Component	Name of Manufacturer	Manufacturer Serial No.	Board No.	Other Identification	Year	Replaced, or Replacement	(Yes
					Built		0, 40,
Snubber	PSA	38810	A/R	1-5NUB-063 SIS 2485	1992	Replacement	140
		·					
			,				
7. Description of Work	Repla	ced d	Snu bb	ev			
3. Tests Conducted:	_						
	Other Pressure	psi	Test Temp	Prossure	L 3/6/	194	
	•				_		

9. Remarks 94-182
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp
Certificate of Authorization No. NR Expiration Date NR
Signed
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB IFT CO
and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report, Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector's Sidesture Commissions TN 2534
Inspector's Signature Commissions // National Board, State, Province, and Endorsements
Date3/1/

1. Owner IENNE	SSEE VALLE	Y AUTH	Rity	Date3/	16/99	2	
400 W.Sum	mir Hill	PRIVE KNI	VVILLE	Sheet	of/		
2. PlantWATTS	BAR NUCL	EAR PLAN	<u>uT</u>	Unit/			
P.O. BOY 200	O,SPRING	iry, TW 3	31381	93 -	276	76-18	
3. Work Performed by	WATTSBARN	UCLEARMI	AINTENANCE	Repair Orga Type Code Symbol	nization P	.0. No., Job No.,	etc.
P.O. BOX 2000	SPRINGCITY	Name T <i>N. 373</i> 3	7]	Authorization No.		NR	
4. Identification of Sys	stem (63)	Sefet	ly Inio	ection			
5. (a) Applicable Cons(b) Applicable Editi6. Identification of Cons	struction Code Al	SC 19	Edition,	N//Z s 19 <u>80 w 8</u> 1	ddenda,	11/12	_Code Case
				T			
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Snubber	BA	4978	NR	1-3 MUB - 063 515 RZS1	1978	Replæement	16
			C	14 DKH 37	6/94		
7. Description of Work_	Replac	ed Si	nubber				
	lydrostatic Pne		minal Operating	Pressure A	I/R B	US 3/6/94	
	•			· · · · · · · · · · · · · · · · · · ·	ئ	3/6/94	

9. Remarks	
Applicable Manufacturer's Data Reports to be attached	
• /	
· /	
	•
CERTIFICATE OF COMPLIANCE	•
We certify that the statements made in the report are correct and this colorment conforms. ASME Code, Section XI. repair or replacement	s to the rules of the
	•
Type Code Symbol Stamp/V/P	
Certificate of Authorization No. N/R Expiration Date N/R Signed Owner or Owner's Designee, Title	
Cel 1 0	
Signed 6/ Mar	1000
Owner or Owner's Designee, Title	, 197
	
CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Roller and Brown Mount to	ectore and the Store
and employed by 7 10 LCL (6)	of
HarT Ford CONN: have inspected the con	
in this Owner's Report during the period3//0/99to3//0/99	and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures.	res described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or imp	lied, concerning the
examinations and corrective measures described in this Owner's Report, Furthermore, neither the Inspect	or nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or	connected with this
inspection.	•
B Esmala	
Inspector's Signature Commissions 7N 2537	
1 Commissions TN 2534 Inspector's Signature Commissions TN 2534 National Board, State, Province, and	d Endorsements
2 / A	
Date1977	
	!

1. Owner TENNI	ESSEE VAL	LEY ANT	HORITY	Date3	16/9	L	
400W.Sum				Sheet/			
2. PlantWATTS	WO (1) 433			Unjt			
_	0,5PRING	0		1	7671	-17	
3. Work Performed by		• •		93-Z Repair Org	anization	P.O. No., Job No.	, etc.
P.O. BOX 200				Authorization No. Expiration Data	Stamp	NIR	
4. Identification of Sy				~		//<	
		,					
5. (a) Applicable Con (b) Applicable Edit	struction Code tion of Section XI Ut	tilized for Repairs	Edition, 3/4/9 d or Replacement		Addenda,_	N/R	_Code Case
6. Identification of Co				DNA 3/6/9	4		
		Ţ		<u> </u>	T		7
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Snubber	PSA	20759	N/R	1-5N413-063 515 RZ50	1992	Replacement	No
			· · · · · · · · · · · · · · · · · · ·				
							·
		_	-N/A	DK# 3/6/	9 I		
7. Description of Work_	Replac	ed S	nubbe	~	•		
_	lydrostatic Pne		ninal Operating Test Temp.	Pressure F N/	'R LB 3	16/52	

9. Remarks	14-10	<u> 57</u>				
		Applicable M	fanufacturer's D	ata Reports to be a	ttached	
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					· · · · · · · · · · · · · · · · · · ·	
			·			
		CERTIFIC	CATE OF COM	PLIANCE /		
We ce	ertify that the state	ments made in the rep	ort are correct a	and this Kepl 2ces	men T conforms to	the rules of the
ASME Code, Se	ction XI.		•	repair or rep	lacement	
		11/5		•		•
Type Code Sym	bol Stamp	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>		 		
_ i_ :					41/5	
Certificate of Au	uthorization No	_/V//C		Expiration Date	_/ <i>\\</i> //<	
Size 1/2	11.0	0			N/R 6/Mzr	00
Signed Owner	or Owner's Design	ee, Title		Date	6/11/24	
•		· · · · · · · · · · · · · · · · · · ·				
		CERTIFICAT	F OF INCERV	CE INSPECTION		·
I the undersione	ed holding a valid c	ommission issued by 1				
or Province of	ENNESSER	and employed	hu HSB	IFT CO	essure vessei inspect	ors and the State
		and employed (HATTFOY period 3//	CONN.	have i	aspected the comp	nents described
in this Owner's	Report during the	period3//	0/94	10 3/10/9	Z comp	tadt etate that
		pelief, the Owner has				
		the requirements of the				
		er the Inspector nor h			expressed or implied	l. concerning the
		res described in this				
		y personal injury or p				
inspection.		1				
6	2 6 %	/				
) carmy	?	Commissions _	7N 233	State, Province, and i	
	inspectors andus	(U/O		National Board, S	State, Province, and i	:ndorsements
· •	120	ρU				
Date	//0	<u>197_7</u>				•

1	. Owner TENNE	SSEE VA	LEY AW	THORITY	Date	3/6/	94	
	400 W. Su	mmit Hill	DRIVE KA	IONILE	Sheet	of/	·	
2	. Plant MATTS	Addi ass	_		Unit/			
	P.O. Box 20	OD, SPRING	City, TA). <u>373</u> 81	93-27	7676	-13	
3.	. Work Performed by	WATTSBAKN	LUCIEAR MI	<u>AINTENA</u> NCE	Type Code Symbol	Stamp	.O. No., Job No.,	etc.
	P.O. BOX201	og Spring (ITY, TN.S	31381	Authorization No Expiration Date	/v/ /v/k	12	
4.	Identification of Sys				ction	•	·	
	(a) Applicable Cons		ISC 19			ddenda,	N/IZ	_Code Case
6.	Identification of Co	mponents Repaired o	or Replaced and F	Replacement Con	nponents			
	Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
۷ 0	Snubber	Ps A	387 <i>8</i> 2	N/R	1-SNUB-063 SISRZ48N	1992	Replace ment	No
-								
				- NA	DR# 3/6/9	2		
			<u> </u>					
7.	Description of Work_	Keplz	ced Si	nubber				
3.		, <u>, , , , , , , , , , , , , , , , , , </u>	eumatic No	minal Operating Test Temp.	Pressure 7	R) LB 3/	6/9 Q	
		•					ζ -	

9. Remarks	74-185				
	Appli	icable Manufacturer's i	Data Reports to	be attached	
-					
•					
					
*					
					<u> </u>
	CE	RTIFICATE OF COM	PLIANCE,		
We certify	y that the statements made in	the report are correct	and this lepto	conforms t	o the rules of the
ASME Code, Sectio	n XI.		repair o	r replacement	•
	* * *				
Type Code Symbol	Stamp /5//7			•	
	•				
Certificate of Autho	orization No. N/R		Expiration Date		
40	WL 0			6 Mar	CA
Signed Owner or	Owner's Designee, Title		Date	6 11121	, 19
	CERTI	IFICATE OF INSERV	ICE INSPECTIO	DN .	
I, the undersigned, h	olding a valid commission issu	ued by the National Bo	oard of Boiler an	d Pressure Vessel Inspec	ctors and the State
or Province of72A	UNESSER and emp	ployed by			
in this Owner's Ren	ort during the period	3/10/94	har to3//	ve inspected the com	ponents described
	nowledge and belief, the Owr				
	cordance with the requiremen				
By signing this co	ertificate neither the Inspecto	or nor his employer m	nakes any warrai	nty, expressed or impli	ed, concerning the
	prrective measures described				
shall be liable in any inspection.	manner for any personal inju	ary or property damag	e or a loss of any	y kind arising from or co	onnected with this
mspection.	· ·		•	• .	
<i>/3</i> ,	Earnels	Commissions	TN 2	534 rd, State, Province, and	
In	spector's Signisture		National Boa	rd, State, Province, and	Endorsements
_					
Date 3/10	94	6			

								Ξ
1. Owner IENN	ESSEEVA	LEY AUT	HORITY	Date3	16/9	L		
400W.Sum	MITHILLT	PRIVE KNO	XVILLE"	Sheet/	,			
2. Plant WATTS	BAR NUCL	EAR PLA	NT	Unit/		·		-
P.O. BOX20	00,5 PRING	CITY, TU.	<u>31381</u>	93-Z Repair Org	256	8-07		_
3. Work Performed by	WATTSBARK	LUCLEAR MA	INTENHACE				, etc.	_
P.O. Box 20	DOO, SPRING	City, Tu.	<i>313</i> 81	Type Code Symbol Authorization No. Expiration Date	NR	/IS		_
4. Identification of Sy	700,000	_**	_					-
5. (a) Applicable Con-	struction Code	ISC 19	Edition,	N/12 19.80WB1	\ddenda,_	N/IZ	_Code Case	•
6. Identification of Co	mponents Repaired	or Replaced and F	Replacement Con	nponents				
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year - Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)	
Snubber	Ps A	<i>3</i> 8811	NIS	1-5NUB-003 42715N	199 Z	Raplace ment	Wa	
							;	
· · · · · · · · · · · · · · · · · · ·		-	- N/A B	ORD 3/6	194			
7. Description of Work_	Keplace	d Snu	bber					
م ِ	ther Pressure_	psi	ninal Operating F		IIR Dust z	8/6/94		
NOTE: Supplementa	I sheets in form of I	liete ekatabas	d					

9. Remarks94-186
Applicable Manufacturer's Data Reports to be attached
We certify that the statements made in the report are correct and this <u>Replecement</u> conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp/V//C
Certificate of Authorization No. W/R Expiration Date W/R Signed Date 6 M2r 19 94
Owner or Owner's Designee, Title
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TRUNCSSEE and employed by HSB IFI 6
have inspected the components described
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector's Signature Commissions TN 2534 National Board, State, Province, and Endorsements
Date

1. Owner TRINE	See Volley -	othority		Date 3/5/	94		
400W Som	mil Hill Dri	ve Knoxu	IIe.	Sheet	of(
2. Plant WATTS				Unit/			,
Po. Box 2000	170111		<u> 38/</u>	93-/ Repair Orga	1547	5-01	
3. Work Performed by				Repair Orga Type Code Symbol		,	, etc.
P.O. Box los		1101110		Authorization No. Expiration Date			
4. Identification of Sy						///	<u> </u>
5. (a) Applicable Con:(b) Applicable Edit6. Identification of Co	struction Code A	tilized for Repairs	Edition, 37579 or Replacement	<u> </u>	ddenda,_	ps/pe	_Code Cas
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Snubber	PSA	38878	N/R	1-SN4B-063 63520	199 Z	Replacement	No
							·
			-N/A A	HH 3/5/94	 Ž		
				9911	···		
. Description of Work_	Replece	ed Snu	bber				
. Tests Conducted: F	lydrostatic Pn	eumatic Noi	minal Operating Test Temp.	Pressure Pressure Pressure	a g <i>3/5</i> /	194	<u>-</u>
NOTE: Supplementa	•			,			iforma.

Remarks	
Applicable Manufactu	rer's Data Reports to be attached
·	
CERTIFICATE OF	71 4
We certify that the statements made in the report are co	prect and this Keplacemen conforms to the rules of the
ASME Code, Section XI.	repair or replacement
- A1/17	
Type Code Symbol Stamp	
N/P	. / /9
Certificate of Authorization No.	Expiration Date N/R
044 ()	444
Signed	Date
Owner or Owher's Designee, Title	•
CERTIFICATE OF INS	SERVICE INSPECTION
, the undersigned, holding a valid commission issued by the Nation	nal Board of Boiler and Pressure Vessel Inspectors and the State
or Province of 100005 388 and employed by 1	ISB III cor
HASTFORD CONN.	have, inspected the components described
this Owner's Report during the period3/11/94	to_3///94 and state that
the best of my knowledge and belief, the Owner has performe	
wner's Report in accordance with the requirements of the ASME	Code. Section XI
By signing this certificate neither the Inspector nor his employ	
xaminations and corrective measures described in this Owner's	Papert European seither the learning and his application
half be liable in any manner for any personal injury or property d	meport. Furthermore, neither the inspector nor his employer
aspection.	lamage of a loss of any kind arising from or connected with this
13 Eamols	sions TN 2534
Inspector's Signature Commiss	National Board, State, Province, and Endorsements
-	and and an analy in the analysis and an an an an an an an an an an an an an
3/11 04	•
ate1919	

1. Owner IENN	ESSEE VAL	LEY AUTH	ORITY	Date3/.	5/9	4-	
400 W. Su	mmit HiLL	DRIVE KN	NOKNICCE	Sheet	•		
2. Plant WATTS	BAR NUCLE	AR PLANT		Unit/			
P.O. BOY 20	00, SPRING	CityIN	. <u>37381</u>	93-1	5770	,-0 Z 2.0. No., Job No.	
3. Work Performed by	Address	•		Repair Orga	Stamo	P.O. No., Job No.	, etc.
P.O. Box 20	00, SPRING	Name	1381	Type Code Symbol Authorization No. Expiration Date	Stamp_	VIR	
4. Identification of Sy	Address						,
5. (a) Applicable Cons (b) Applicable Edit	struction Code_A	LSC 10	7th Edition	N/R	و معاشات	NIR	
(b) Applicable Edit	ion of Section XI Ut	ilized for Repairs	of Replacements	s 19 <i>80 W81</i>	.ddenda,_	_///~	_Code Case
6. Identification of Co	mponents Repaired	or Replaced and F	Replacement Con	nponents	•		
Name of	Name of	Manufacturer	. National Board	Other	Year	Repaired, Replaced,	ASME Code Stamped (Yes
Component	Manufacturer	Serial No.	No.	Identification	Built	or Replacement	or No)
Snubber	PSA	20762	N/R	1-5NUB-003 427311	1992	Redecement	No
		e	-N/A	OKB 3/5/99			
. Description of Work_	Replace	ed Sno	ibber				
Tests Conducted: F	lydrostatic Pne		minal Operating I	Pressure F	1/A D	AD 3/5/94	
NOTE: Supplementa tion in items 1 throu recorded at the top of	ign o on this report	lists, sketches, or is included on ea	drawings may b ach sheet, and (3	e used, provided (1): 3) each sheet is num	size is 8½ bered and	in. × 11 in., (2) ir the number of s	iforma- heets is

9. Remarks
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this colerence to conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp
Certificate of Authorization No. N/R Expiration Date
Signed Mal
Owner or Owner's Designee, Title
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB TFT co
HATTFOYD CONN. have inspected the components described
in this Owner's Report during the period 3/11/94 to 3/11/94, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector's Signature Commissions TN 2534 National Board, State, Province, and Endorsements
Inspector's Signature National Board, State, Province, and Endorsements
Date3//119_99

1. Owner TENNE	SSEE VALLE	Y Author	RITY	Date3/_	5/94		
400 W. Sun	nmit Hill D	RIVE KNOX	VILLE	Sheet	of/		_
2. Plant WATTS	Addi ess			Unit/			
	Name 100,5PRING			93-2	7993	-01	
	~~~	,				P.O. No., Job No.,	etc.
3. Work Performed by	<u>Watts Bark</u>	luclear 1/A	INTENANCE	Type Code Symbo	Stamp	N/12	
		(ASILIO		Authorization No. Expiration Date		NIR	
	SPRING CI					NIR	
4. Identification of Sy	stem <u>(63)</u>	Szfety	Injec	tion			
5. (a) Applicable Cons (b) Applicable Edit					\ddenda,_	N/R	_Code Case
6. Identification of Co	mponents Repaired o	or Replaced and F	Replacement Co	mponents			
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Snubber	PSA	395	N/R	1-5NUB-063 515R114U	1977	Replacement	No
							-
			····				
			-N/A L	HA 3/5/9	4		
			•				
. Description of Work_	Repla	ced a	Snubbe	7			
	lydrostatic Pne	eumatic Nor	minal Operating	Pressure . N/A	: A3#	315/00	
Ω	ther Pressure_	psi	Test Temp.			~ ~/~/7 <del>/</del>	

•	Арр	olicable Manufacturer's D	ata Reports to be attached	
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				···
				•
				· · · · · · · · · · · · · · · · · · ·
		ERTIFICATE OF COM	$\nu_{-1}$ . $\perp$	
	nat the statements made in	n the report are correct a	and this <b>Epolete men</b> T conform	ns to the rules of the
ASME Code, Section X	(I.		tabait of tabiacations	•
Type Code Symbol Star	mp	//R		
	-	11		
Certificate of Authorize	ation No	<u>//R</u>	Expiration Date	****
Dla	M n O		-1-	
Signed Owner or Ow	ner's Designee, Title		Date	, 19
	110. 2 200.00.00, 11	· · · · · · · · · · · · · · · · · · ·		
	CEPI	TIME OF INCERVA		
I the undersigned, hold		TIFICATE OF INSERVE	CE INSPECTION and Pressure Vessel In:	- · ·
or Province of TRNN	essee and en	enloved by The Hallonian Bu	If I Co.	spectors and the State 
	HAYT FOY d	CONN.	have inspected the c	
in this Owner's Report	during the period	2/11/01/		, and state that
			ninations and taken corrective mea	
Owner's Report in accor	rdance with the requireme	ents of the ASME Code,	Section XI.	
			ikes any warranty, expressed or im	
xaminations and corre	ctive measures described	in this Owner's Repor	rt. Furthermore, neither the Inspec	ctor nor his employer
	anner for any personal inj	jury or property damage	or a loss of any kind arising from o	or connected with this
inspection.	//			•
13. 8	Enmols	0	TN 2534	
Inspe	ctor's Signature	Commissions _	TN 2534 National Board, State, Province,	and Endorsements
- 1				
Date3/11	19 94		. •	
			·	

1.	Owner   ENN!	ESSEE VALL	EY AUTH	ORITY	Date 3/5	194		
		mir Hice I	=		Sheet/_	of/		
2.	Plant WATTS	BARNING	LEAR PLA	HNT	Unit/			
		2000, SPRIX	•		93-	-/39	5/- D/	
3.	Work Performed by	WATTS BAR	NUCLEAR 11	AINTENANC	Repair Org Type Code Symbo			, etc.
	P.O. Box 2	000, SPRIN	5 City, TH	.37 <u>38</u> 1	Authorization No. Expiration Date	/	V/R N/R	
		stem (15) /					,	
5.	(a) Applicable Cons (b) Applicable Edit	struction Code <u>A</u> ion of Section XI Ut	Ilized for Repairs	Edition,	N/R 1980081	\ddenda,_	N/R	_Code Case
6.	Identification of Co	mponents Repaired	or Replaced and F	Replacement Cor	mponents			
	Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
3	nubber	PSA	1-5mi 8-615 4606198	MIR	1-5NUB-015 400619B	1992	Replacement	1/6
			38783					
			-0	- N/A	DhB 3/5/	94		
7. D	escription of Work_	Replace	1 Snu	bber				
3. To		lydrostatic Pne	eumatic Nor	minal Operating	Pressure F ///	e Des	1 3/5/94	
N	OTF: Supplements	I sheets in form of	line alvest		•			

9. Remarks
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this Replacement conforms to the rules of the
ASME Code, Section XI.
N/R
Type Code Symbol Stamp
Certificate of Authorization NoExpiration Date
Signed Date 5 MZV 19 94
Owner or Owner's Designee, Title
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of TENNESSEE and employed by HSB IFICO' of HATTFOXO CONN.
in this Owner's Report during the paried 3/1//04 2/1//04
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
R Earnal
Inspector's Signature Commissions TN 2534  National Board, State, Province, and Endorsements
A Second Deard, State, Florince, and Endursaments
Date3/11

1. Owner TENA	IESSEE MAI	and Auri	A P	2/1	-101		
	140111	•		Date	194		
400 W.Su	MMIT HILL	URIVE KI	NOKNILLE	Sheet	of/		
2. Plant WATT	S BAK Nu	LEAR PL	ANT	Unit			
P.O. Box	2000, SPRIN	g City, Tw.	<u>34381</u>	93	-/35	98-07	
3. Work Performed b	· ACCIONS	_		Repair Org	anization	P.O. No., Job No.	, etc.
00 4	Coci	Name	TO TO TOWN	Authorization No.	Stamp	NIR	
	00, SPRING	•	,	Authorization No. Expiration Date		1/2_	
4. Identification of S	ystem_ <i>(O/A)</i> _	Mein S	teem				
5. (a) Applicable Cor	nstruction Code	115C 19	-7th Edition	NIR	Addonda	HIR	
(b) Applicable Edi	tion of Section XI Ut	ilized for Repairs	or Replacement	ts 19 <u>80W8</u>	todenda,_		_Code Case
6. Identification of Co	omponents Repaired	or Replaced and F	Replacement Co	mponents			
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Snubber	PSA	2466	N/R	1-SNUB-001	1497	Roplecement	No
				01A3B0	7	7.7	_
						· .	· .
		_	- N/A	DXX 3/5/9	7		
			<u> </u>				
. Description of Work	Replaced	1 Snu	bber	<u> </u>		· .	
. Tests Conducted:	Hydrostatic Pne	eumatic Nor	ninal Operating	Pressure   W	IR		
٠ ــــــــــــــــــــــــــــــــــــ	Other Pressure_		Test Temp.	°F	old a	3/5/92	
NOTE: Supplement	al sheets in form of	lists, sketches, or	drawings may t	be used, provided (1)			iforms.

. Remarks 94-19/	A control Day Day and the second
Applicable Ma	nufacturer's Data Reports to be attached
	·
	•
CERTIFICA	ATE OF COMPLIANCE
We certify that the statements made in the repor	
ASME Code, Section XI.	repair or replacement
. /	
Type Code Symbol Stamp	
N/IZ	Expiration Date ///
Certificate of Authorization No.	Expiration Date
KKOKU ()	Date 5/Mar 19 94
Owner or Owner's Designee, Title	Date
	<u> </u>
CERTIFICATE	OF INSERVICE INSPECTION
1, the undersigned, holding a valid commission issued by th	e National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of TENNESSEE and employed by	HSB IFI co' of
HATT FORD CONA	have inspected the components described
in this Owner's Report during the period3/9/9	9 to 3/9/99 , and state that
•	erformed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the	
•	·
	s employer makes any warranty, expressed or implied, concerning the
	Owner's Report. Furthermore, neither the Inspector nor his employer
	operty damage or a loss of any kind arising from or connected with this
inspection.	
B Emile	TN 2534
Insperment Science (	Commissions TN 2534  National Board, State, Province, and Endorsements
rusbector (Stignature	National Board, State, Province, and Engortements
2/2	
Date	
	·

1. Owner IENN	ESSEE VA	LLEY AN	THORITY	Date3/-	5/94		
400W. Su	mmit Hic	DRIVE	KNOXVILLE	Sheet	ofl	·	
2. Plant MATTS				Unit/			
_	095 PRING (			93-	15401	1-01	
3. Work Performed by	Address	1 /		Repair Org	Janization	P.O. No., Job No.	, etc.
_	o, SPRINGCi	1401110		Authorization No.		NIR	
4. Identification of Sy	Actoress	• •	- 1	Expiration Date	<i>'</i>	~ <i>    </i>	
5. (a) Applicable Con	struction Code A	Ised for Repairs	Edition, 3/5/94 or Replacements		Addenda,_	N/R	_Code Case
					T	· ·	
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Snub ber	PSA	2468	N/R	1-3NUB-001 611340	1992	Replacement	No
				· · · · · · · · · · · · · · · · · · ·			
,		-	N/A DIE	3/5/94			
1							
. Description of Work_	Replaces	1 Snub	ber			<u> </u>	
Tests Conducted:	Hydrostatic Pne		minal Operatin <del>s F</del> Test Temp,	ressure	1/R 3/	15/94	
NOTE: Supplementa	al sheets in form of I	ists, sketches, or	drawings may be	used, provided (1)	size is 8½	in, x 11 in (2) in	forma-

Remarks / / / / / C	
Applicable Manufacturer	's Data Reports to be attached
	·
	•
·	
CERTIFICATE OF CO	OMDI IANGE
We certify that the statements made in the report are corre	· · · · · · · · · · · · · · · · · · ·
ASME Code, Section XI.	repair or replacement
Type Code Symbol Stamp//R	
, , , , , , , , , , , , , , , , , , , ,	
Certificate of Authorization No.	Expiration Date N/R
SignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSignedSigned	
Signed	Date 5/M2r 1994
Gwner or Owner's Designee Title	, 19
CERTIFICATE OF INSER	RVICE INSPECTION
, the undersigned, holding a valid commission issued by the National	Board of Boiler and Pressure Vessel Inspectors and the State
a Dentition of APAIAID S SP	13 7 17 7
HATTFORD CONN.	have inspected the components described to 3/9/94, and state that
n this Owner's Report during the period 3/9/94	to
o the best of my knowledge and belief, the Owner has performed e	examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Co	de, Section XI.
By signing this certificate neither the Inspector nor his employer	makes any warranty, expressed or implied, concerning the
xaminations and corrective measures described in this Owner's Re	
hall be liable in any manner for any personal injury or property dam	age or a loss of any kind arising from or connected with this
espection.	
B Emil	T. 12 (21)
Commission	National Board, State, Province, and Endorsements
	National Board, State, Province, and Endorsements
made to a supplicate	
2/2	

•							
1. Owner ENNE	SSEE VALL	EY AUTH	0R174	Date 3/	5/9	<u> </u>	
	nynit Hice L	•	•	Sheet	٠.		
2. Plant WATTS	BAR NUCL	EAR PLAI	uT	Unit/		٠.	
P.O. BOX 20	00, SPRING	City, TN.	34381	94-0 Repair Org	0000	2-00	
3. Work Performed by				Repair Org	anization	P.O. No., Job No.	, etc.
	10, SPRINS			Authorization No.		1/R	
4. Identification of Sy	7,00,025		^	Expiration Date	· · ·	~/1	
5. (a) Applicable Con	•	lse ,	Edition,	17/1R 1 1980W8	\ddenda,_	N/R	_Code Case
6. Identification of Co	mponents Repaired	or Replaced and F	Replacement Co	mponents			
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Snubber	PSA	5553	N/R	1-5/VUB- 01A-01A3035	1980	Replacement	<i>N</i>
		· ·	0 111				
				7 DRH 3/	5/94		
Description of Work_	Replace	d Snu	bber				
Tests Conducted: H	ydrostatic Pne	umatic Non	ninal Operating I	Prossure   N/	1 A DBH	3/5/99	
NOTE: Supplemental	sheets in form of I		_	e used, provided (1) s	size is 8% i	<i>5/5/99</i> in. x 11 in., (2) in	forma-

9. Remarks
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this Replacement conforms to the rules of the
We certify that the statements made in the report are correct and this <u>Kenlatemen T</u> conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp
Certificate of Authorization NoExpiration Date
Certificate of Authorization No
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TENNESSEE and enaployed by HSB III CO of
or Province of TENNESSEE and employed by HSB III co of HATFOX O CONN have, inspected the components described in this Owner's Report during the period 3/9/94 to 3/9/94, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI,
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector's Signature Commissions TN 2534  National Board, State, Province, and Endorsements
Inspector's Signature National Board, State, Province, and Endorsements
3/9 94
Date19//

*							
1. Owner IENA	JESSEE VA	LLEY AUT	HORITY	Date 3/5	5/94	<u>'</u>	
400 W.Sw	nmit HILLD	RIVE KNO	XVILLE	Sheet/	ofl		
2. Plant WATT	5 BAR Nuc	LEAR PLA	NT	Unit			
P.O. Box 200	OD, SPRING	ity, TN. 3	1381	93-16			
3. Work Performed by	WATTS BAKK	JUCLEAR MA	INTENAUCE			P.O. No., Job No.	, etc.
	OSPRING CIT			Type Code Symbo Authorization No.		IR	
	7401033			Expiration Date		IR	
4. Identification of Sy	stem (OIA)	Mein	Steem				
5. (a) Applicable Con (b) Applicable Edit	struction Code A	ilized for Repairs	Edition, 3/0/4 of Replacement	N/R A	Addenda,_	N/R	_Code Case
6. Identification of Co	omponents Repaired	or Replaced and F	Replacement Co	mponents			
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No,	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Snubber Tivot Pin	Bergen Peterson	N/A	N/A	1-SNUB-001- 014383N	NA	Replacement	No
	•		·				
			NI	7			
			- OXX	3/6/94			
				.			
7. Description of Work_	Replace	I Snub.	ber A	rof Pin			
_	Hydrostatic Pne		ninal Operating Test Temp	Pressure	R Dh	\$ 3/6/94	
NOTE: Supplementa	sheets in form of	lists, sketches, or	drawings may b	pe used, provided (1):	size is 8¼	in v 11 in /2\ :-	· • • • • • • • • • • • • • • • • • • •

9. Remarks
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this Replacement conforms to the rules of the
ASME Code, Section XI.
/ .
Type Code Symbol StampK/R
Certificate of Authorization No
Dext () O
Signed Owner's Designee, Title Date 3/6 , 19 94
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of TENNESSEE and employed by HSB I FI CO'
in this Owner's Report during the period 3/9/94 to 3/9/24 and state the
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in the
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employed
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with th
inspection.
$\rho$ c. /
B. Earm Commissions TN 2534 Inspector Signature Commissions National Board, State, Province, and Endorsements
Inspector Signature National Board, State, Province, and Endorsements
3/4
Date19
· · · · · · · · · · · · · · · · · · ·

1.	Owner TENA	IESSEEVAL	LEY AUTH	ORITY	Date 3/6	199	1	
	400 W. Sur	nmit Hill	DRIVE KNI	oxvicie	Sheet/	of/		
2.		SAR NUCLEA	_		Unit/			
	P.O. Box 200	ospring Ci	TY, IN. 31	1581	93-15	654	-0/	
3.		WATTS BARN			Repair Orga Type Code Symbol	enization i	2.0. No., Job No.,	, etc.
		OSPRINGC.	Name		Authorization No. Expiration Date			
4.		stem (O/A)	•	/				
	(b) Applicable Edit	struction Code	lized for Repairs	or Réplacements	: 19 <u>80W8</u> /	Addenda,_	MR	_Code Case
		·						ASME Code
	Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	Stamped (Yes or No)
رک ² ر	nubber Prof Pin	Bergen Peterson	NIA	NA	1-5NUB-001 01A3035	NA	Replacement	No
			-					
							-	
				-N/A	OND 3/6/	92		
							·	
	escription of Work_	Replace	d Snu	bber F	Pivot Pi	7		
. Te	ests Conducted: H	lydrostatic Pne	umatic Non	ninal Operating I	Pressure F	(RDE)	4 3/6/9a	
						,0.4		

Remarks 7775	
Applicat	ble Manufacturer's Data Reports to be attached
•	
CERT	TIFICATE OF COMPLIANCE
We certify that the statements made in the	
ASME Code, Section XI.	repair or replacement
Type Code Symbol Stamp	
Type Code Symbol Stamp	
Certificate of Authorization No	Expiration Date
014 0	· · · · · · · · · · · · · · · · · · ·
Signed // Sal -	Date 6 Mev 19 99
Owner of Owner's Designee, Title	
	CATE OF INSERVICE INSPECTION
, the undersigned, holding a valid commission issued	by the National Board of Boiler and Pressure Vessel Inspectors and the State
r Province of TENNESSEL and emplo	oved by 73/3 1/2 10
this Owner's Report during the period	
	to 3/9/99, and state that has performed examinations and taken corrective measures described in this
wner's Report in accordance with the requirements	
	nor his employer makes any warranty, expressed or implied, concerning the
	this Owner's Report. Furthermore, neither the Inspector nor his employe
	or property damage or a loss of any kind arising from or connected with thi
spection.	
ispection,	•
	الم م
	Commissions TN 2534
	Commissions TN 2534  National Board, State, Province, and Endorsements
	Commissions TN 2534  National Board, State, Province, and Endorsements

1. Owner TENA	JESSEE VALL	EV AUTHO	RITY	Date3/	6/9	F	
	mmit HILL D			Sheet	ı		
2. Plant WATT	S BAR NUCI	EAR PLAN	T	Unit/			-
P.O. Boy 20	DOO, SPRING CI	74, TN. 31:	381	93- Repair Org	163	01-00	
	by WATTS BARN	•		Repair Org			, etc.
	DOO, SPRING	Name		Authorization No. Expiration Date			
	Address System OIA					<u> </u>	
,,	enstruction Code	mized for Repairs	or neplacement	is 19 <u>0008</u> (	Addenda,_	NIR	_Code Ca
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification Frot Pin For	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Snubber	Bergen	N/A	11/10	1-SN UB-001			- /
Pivot Pin	Paterson	71/71	N/A	01A303N	NA	Keplacement	No
Pivot Pin	Paterson	744			N/A	Replæement	No
Pivot Pin	Paterson	747			N/A	Keplæ emen t	No
Pivot Pin	Paterson			01A303N	N/A	Keplæ ement	No
Pivot Pin	Paterson				N/A	Keplæ ement	No
Pivot Pin	Parerson	d Snub	N/A N	01A303N	N/A	Keplæ ement	
Pivot Pin  Description of Work  Tests Conducted:	Replace	J Snub	N/A N	OIA303N OLL 3/6/94 Pin		Keplæement  # 3/6/94	

recorded at the top of this form.

Remarks	Applicable Manufacturer's [	Data Reports to be attached	
<del></del>			
We certify that the statements management with the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statem	CERTIFICATE OF COM ade in the report are correct	and this Replacement conforms to the ru	les of the
Type Code Symbol Stamp/	N/R		<del>,</del>
Certificate of Authorization No.	N/R	Expiration Date	
Signed Who and		Expiration Date LV/R Date 6 Mar 19	94
Owner or Owner's Designee, Title			
	CERTIFICATE OF INSERV		
I, the undersigned holding a valid commission Province of TENNESSEE	ion issued by the National B	oard of Boiler and Pressure Vessel Inspectors and TTT CO have inspected the components to 3/9/9 4 and and and and and and and and and and	d the State
HATTFO	rd convi	have inspected the components	described
in this Owner's Report during the period.	he Owner has performed ex	aminations and taken corrective measures descr	ibed in this
Owner's Report in accordance with the requ			
By signing this certificate neither the Inexaminations and corrective measures des	nspector nor his employer r cribed in this Owner's Rep	nakes any warranty, expressed or implied, con ort. Furthermore, neither the inspector nor hi	is employer
shall be liable in any manner for any perso inspection.	nal injury or property dama	ge or a loss of any kind arising from or connecte	NO WHILL COM
B. Earnagh	Commissions	TN 2534 National Board, State, Province, and Endor	eements
Inspector's Signature		Mational Board, State, Province, and Chaol	
Date 3/9 19	94		

1. Owner IENN	ESSEE VAL	LEY AUTH	ORITY	Date3/.	5/94		
400W.Su	MMIT HILL	DRIVE KNO	XVILLE.	Sheet/	of/	·	<del></del>
2. Plant WATTS	5 BAK NUCL	EAR PLANT	<del>-</del>	Unit/			
P.O. Box 20	000, SPRING (	2174, TN. 37	1381	93-13	3598	1-03	
3. Work Performed by				Type Code Symbo	anization	P.O. No., Job No.	, etc.
P.O. Box 200	DO, SPRINGC	174, TN. 3	1381	Authorization No.  Expiration Date		NIR	
4. Identification of Sy		_					
5. (a) Applicable Con (b) Applicable Edit	estruction Code A	tilized for Repairs	Edition 3/5/94 or Replacemen	<u> </u>	Addenda,_	N/R	_Code Cas
6. Identification of Co	omponents Repaired	or Replaced and R	eplacement Co	omponents			
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Snubber Pirof Din	Borgen Poterson	NIA	N/A	1-SNUB-01- 0143835	W/A	Replacement	No
			-11/0	Day also			
			11/4	DRH 3/6/9	<b>2</b>		
7. Description of Work_	Replaced	Inubbe	or Piv	of Pin		·	
	Hydrostatic Pno	eumatic Non	ninal Operating Test Temp	Pressure F	IR KKA	3/6/94	

9. Remarks 99-197
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp
Certificate of Authorization NoExpiration Date
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB IFI CO of HATTEY CONN have inspected the components described in this Owner's Report during the period 3/1/94 to 3/9/94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions To 2534  National Board, State, Province, and Endorsements
Date3/9

1. Owner TENNI	ESSEE VALL	EY ALCTH	ORITY	Date 3	15-19	4	
400 W. Su	MMIT HILL	DRIVE KI	JOYVILLE	Sheet/	Ĺ	1	
2. Plant WATTS	BAR Nuci	EAR PLI	<del>lut</del>	Unit/			
P.O. Box 2	1000, SPRINE	CityTh	1.37381	93-1	5-4	75-07	
3. Work Performed by	/ Address ~			Receir Ora		P.O. No., Job No.	etc.
^ ^	00. Spring C	Name		Authorization No.		NIR	
,	Add <del>réss</del>	-11		Expiration Date		N/R	
4. Identification of Sy	/stem(63)	Safety	i Inje	ction.		·	
5. (a) Applicable Con		<u>50</u>	Edition,	N/R	.ddenda,_	N/R	_Code Case
(b) Applicable Edit	tion of Section XI Uti	lized for Repairs	or Replacement	s 19 <u>80 ω 8</u> /			
6. Identification of Co	omponents Repaired o	or Replaced and f	Replacement Cor	nponents			
							ASME Code
Name of	Name of	Manufacturer	National Board	Other	Year	Repaired, Replaced,	Stamped (Yes
Component	Manufacturer	Serial No.	No.	Identification	Built	or Replacement	or No)
Aust Ansto	M# 3/6/99			1-SN4B-063			
anubber	PSA-	N/R	MR	63526	MR	Fedzenint	No
	Bergen Peterson						
	,						
		<u> </u>	11/2 01		·		
			N/H Dhe	\$ 3/6/94			
7. Description of Work	Replaced	5 nun	bev F	ins			
3. Tests Conducted:	Hydrostatic Pne	umatic ,No	minal Operating	Pressure \ \		d 11 1-	
	Other Pressure_		Test Temp.		T NAC	2/4/94	
NOTE: Supplement	al sheets in form of I	ists, sketches, o	r drawings may b	e used, provided (1)	size is 8½	in. x 11 in., (2) ir	nforma-

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recorded at the top of this form.

tion in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is

	Applicable Manufa	ecturer's Data Reports	to be attached	
				· · · · · · · · · · · · · · · · · · ·
<u> </u>			·	
We certify that the statem		OF COMPLIANCE e correct and this	Nzemen & conforms	to the rules of the
ASME Code, Section XI.		repai	r or replacement	
Type Code Symbol Stamp	1/R			
Certificate of Authorization No,	NIR	Expiration [	ate <u>MR</u>	
igned Offal-	$\mathcal{L}$	Date	3/6/94	19 94
Owner or Owner's Designe				
· · · · · · · · · · · · · · · · · · ·	CERTIFICATE OF	INSERVICE INSPEC	TION	
, the undersigned, holding a valid co or Province of <u>TENNESSE</u>	mmission issued by the Na	ational Board of Boile	r and Pressure Vessel Insp	ectors and the Stat
		IN.	have inspected the co	mponents describe
this Owner's Report during the				
the best of my knowledge and be wner's Report in accordance with t				ires described in thi
By signing this certificate neither	•			lied, concerning th
xaminations and corrective measur				
hall be liable in any manner for any				
spection.				
B Euma	L.	TNO	534	
Inspector's Signed	Com	Mational National	Board, State, Province, a	nd Endorsements
		,		·
•				

1. Owner TENNES	SEE VALLE	Y AUTHO	RITY	Date	03 <b>–</b>	06 - 94		
400 W SUN	MIT HILL DR	., KNOXVIL	LE, TN	Sheet	of	2		
2. Plant WATT	7,00,000		LANT	Unit		NE)		
	00 , SPRING		7771	WO. 94 Repair Org	- 05	<u> 295 - 0</u>	0	
3. Work Performed by				Repair Org		.O. No., Job No.,	etc.	
	BAR NUCLE	***************************************		Authorization No. Expiration Date		NA JN 3.	-6-94	
4. Identification of Sy	, ,			FEEDWA	TER.	/		
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU 1981  W/1981 WINTER ADDENDA  Identification of Components Repaired or Replaced and Replacement Components								
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Y <b>ea</b> r Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)	
SUPPORT # 1-47A427-5-4	1001-1.5	NNKNOWN	MKNOMH	UNKNO WN	UN- KNOWN	** REPAIRED	NO	
			NIA	JN 3-6-94				
. Description of Work_	ROTATE END	ATTACH	MENT OF S	NUBBER A	D RE	NELD		
. Tests Conducted:		eumatic No	minal Operating Test Temp	Pressure				
NOTE: Supplementation in items 1 throuse recorded at the top of	ign o on this report	lists, sketches, o	r drawings may b	e used provided (1)	size is 8½ nbered and	in. × 11 in., (2) in the number of s	nforma- heets is	

FO	RM	NIS-2	(Back)
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9. Remarks TRACKING Nº 94 — 199 JN 3-6-94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this **REPAIR conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp
Certificate of Authorization No. NA JN 3-6-94 Expiration Date
Stoned Owner's gestonee, Title  Stoned Owner's gestonee, Title
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Provinge of Thursten State and employed by THE INSTEAD STEAT BOILED TO STATE OF
in this Owner's Report during the period 3-1-94 to 3-12-94, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Commissions TN-2633  Inspector's Signature Commissions TN-2633  National Board, State, Province, and Endorsements
Date 3-12 1994

	1. Owner TEN	NESSEE VA	LIEY AUT	HORITY	3-1	91		
		NESSEE VAL	e	1	Date 3-6-	7-7		
	400 W. SUI	MMIT HILL T	R. KINOXU	ILLE, TN.	Sheet	of		
	2. Plant_iNATT	S BAR NUC	LEAR PL	ANT_	Unit Work	3-24	923-03	
	P.O. BOX 2	2000 SPIZIN	6 city, TI	√373 <u>8</u> 1	Wo# G			>
	3. Work Performed t		,,					, etc.
	_		Name		Type Code Symbo	l Stamp	14	7
	P.O. Box	2000, SPR	ING CITY	TN	Authorization No. Expiration Date		~~~ \~~ \	-6.94
								, ,
	4. Identification of S	System	CHEMICA	th Volum	E & CONTR	<u>o</u> 5	45	
	<ul><li>5. (a) Applicable Co</li><li>(b) Applicable Ed</li><li>6. Identification of C</li></ul>	ition of Section XI Ut	ilized for Repairs	or Replacement	s 19 <u>80</u> THR	Addenda, WINT	NA ER 1981	_Code Case
			· .			1	T	Τ
				Matara				ASME Code
	Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No,	Other Identification	Year Built	Repaired, Replaced, or Replacement	Stamped (Yes or No)
İ	1-/7/ 02		NA 9m	<del></del>	DCA 509820- 141	K _N .		
ŀ	1-62A-83		3.6.94		141	"KNOW !!	REPLACEMENT	No
L			·		·			
				NA 8~	3-6-94			
H								
						<u></u>		
7	. Description of Work	ADD Sum	<u> </u>					
8		Hydrostatic Pno	eumatic   Non	ninal Operating 7-6-94 Test Temp.	Pressure° F			
	NOTE: Supplemention in items 1 throrecorded at the top	tal sheets in form of ough 6 on this report of this form.	lists, sketches, or is included on ea	drawings may b ch sheet, and (3	e used, provided (1) 3) each sheet is num	size is 8½ nbered and	in. x 11 in., (2) ir I the number of s	nforma- heets is

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This form (E00030) may be obtained from the Order Dept., ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300. REPRINT 4/93

PAGE 24 OF 25 b

9. Remarks TRACKING # 94-200
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this <b>REPLAKEMENT</b> conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp
Certificate of Authorization No
Certificate of Authorization NoExpiration Date
Signed Date 3-6- 19 94
Owner's Designee, Title
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
of Province of and employed by HSBI&ICO of
in this Owner's Report during the period 12-14-95 to 3-12-94, and state that
to the best of my knowledge and belief the Owers has not found in this owner's Report during the period 12-14-45 to 3-12-44, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report, Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector's Signature Commissions TN 2537
Inspector's Signature National Board, State, Province, and Endorsements
Date 3-12-94 1994.

Wo# 93-24323-03 PAGE 25 OF 25b

1.	Owner TENNE	SSEE VALUE	EY AUTHO	Rity_	Date 3-6	-94	<del></del>	
	400 W. SUI	MMIT HILL	DR., KNOXI	ILLE, TN.	Sheet	ofI		
2.		BAR NUC	•		Unit		_	
			_			_		
	P.O. BOX 2	2000, SPRING	G CITY, 7	N37381	WOF	93-2	4323 - 0	4
		> Address	, ,		Repair Org	anization i	P.O. No., Job No.	etc.
3.	Work Performed by	IVA	Nama		Type Code Symbo	l Stamp		_
			(Varine	1	Authorization No.		NA A	n
	1.0. OBX 20	OO, SPRING	CITY, 1	2	Expiration Date_		\ 3	-6-94
4.	Identification of Sy	stem_06Z/	CHEMICAL	· ¿ Vocum	E CONTROL	545		
		•						
Э,	(b) Applicable Con:	struction Code_AI	19	9 <u>/9</u> Edition,	JUNE 1973 ,	Addenda,_	NA	_Code Case
	(b) Applicable Edit	ion of Section XI Ut	ilized for Repairs	or Replacement	s 19 <u>80                                    </u>	ירושיח.	TER 1981	
6	Identification of Co.			_				
0.	roentineation of Co	mponents Repaired	or Replaced and I	Replacement Cor	mponents			
			T	T	T	T	1	
								4 5445
	` .							ASME Code
1	N			National	,		Repaired,	Stamped
1	Name of Component	Name of	Manufacturer	Board	Other	Year	Replaced,	(Yes
	Component	Manufacturer	Serial No.	No.	Identification	Built	or Replacement	or No)
	62A-84		NΔ		DCA 59820 -	Male		
1-	6ZA-84	9m	3.6.94		143	RNKNON N	REPLACEMENT	NO
_					1	~		
								·
				NA Jm 3-	6-94			
	i							
					·			
		<u> </u>		·	·			
ח ל	persintian of Ward	ADD SHIN	_					
, U	escubtion of Molk_							
3. T	ests Conducted: H	lydeneteric - n	eumatik	gm 3.6-94				
•••		other Pressure_	No .	minal Operating	Pressure			
		e	psi	Test Temp.	°F			
N	IOTE: Supplement		Cara at a s		•			
ı\ ti	on in items 1 shrow	sheets in form of	HSTS, Sketches, or	r drawings may b	e used, provided (1)	size is 81/3	in. x 11 in., (2) ir	nforma-

recorded at the top of this form.

tion in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is

9. Remarks TRACKING # 94 - 201
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the
ASME Code, Section XI.
Type Code Symbol Stamp
Certificate of Authorization No
Expiration Date
Signed Date 3-6- 1994
Owner or Owner's Designee, Title
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of
De la la comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by the comproved by t
in this Owner's Report during the period $12-14-93$ to $3-12-94$ . and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection,
Commissions TN 2537
Inspector's Signature National Board, State, Province, and Endorsements
Date 3_12 19 Q4.

WO# 93-24323-04 PAGE 18 OF 24 b

			OAISIONS OF FILE	ASIME CODE SECTI	ion XI		1
1. Owner <u>To N</u>	NESSEE VA	ILEY AU	rchority	Date 3 - 6	6-99		TVA
400 W. 5	4mmi / Hill Address	Drive, KNO	oxville IN	Sheet	of		<u> </u>
2. Plant <u>WAY15</u>	BAR NUCLE	AR PLANT		Unit	(		
PU Box 2	UUO, SPRINO	City Ti	37381 N 37771	WP # I	<del>- 184</del>	101-01	•
3. Work Performed by	TVA MODS		<b>5</b> ∫92	Type-Code Symbo	Stamp		
	SPRING ('ITY	Name	'1	Authorization No. Expiration Date		-ND glo	3-6-94
4. Identification of Sy	Address stem 3 - MA	IN AND	AUXILLAR			>	
5. (a) Applicable Con	estruction Code	SC15	273 Edition,	JUNE 1973 A 19 <u>80 W/</u> ADO		NA de 369	1code Case ER 1981
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SUPPORT # 1003 A	NA 96 3-6-94	NONE	NONE	DCA-M18901-01, 02,03,04,05	MKNOOM	W. P. L. LEP EV	ND
			NA gle	3-6-94			
7. Description of Work_	MODIFIED :	SUPPORT				,	
_	Hydrostatic Pne	•	A OLC 3-6-94 minel Operating   Test Temp,	Pressure F			
NOTE: Supplements tion in items 1 throuse recorded at the top o	ign o on this report	lists, sketches, or is included on ea	r drawings may b ach sheet, and (3	e used, provided (1) 3) each sheet is num	size is 8½ bered and	in. x 11 in., (2) in the number of sl	oforma- heets is
12/82)	This Form (E00030	) may be obtaine	d from the Orde	r Dept., ASME, 345 (	E. 47th St	., New York, N.Y	. 10017
3	Dosa 3 A		n Dogo - 3	3 R		REPRINT	

WP D 18401

Remarks TRACKING # 94-202 A	Manufacturer's Data Reports to be attached
•	
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	•
OFDIE	TATE OF COMPLIANCE
	ICATE OF COMPLIANCE  port are correct and this REPLACEMENT conforms to the rules of the
ASME Code, Section XI.	repair or replacement
	•
	•
Type Code Symbol Stamp	Mr gle 3-6-94
Certificate of Authorization No.	Expiration Date
Signed GARY CAGLE ///	Date MARCH 6 19 94
Owner or Owner's Designee, Title	
CERTIFICAT	TE OF INSERVICE INSPECTION
, the undersigned, holding a valid commission issued by	the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of PENNESSEE and employed	by HSB I I I CO of conv. have inspected the components described
HAYT FOR O	
n this Owner's Report during the period 3/.	( )
	s performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of t	
	his employer makes any warranty, expressed or implied, concerning the
xaminations and corrective measures described in this	s Owner's Report. Furthermore, neither the Inspector nor his employer
hall be liable in any manner for any personal injury or p	property damage or a loss of any kind arising from or connected with this
nspection.	
R Emach	T.053U
	_ Commissions
Inspersor Street	Management Document Communication
Inspector Signature	National Board, State, Province, and Endorsements
Inspector Signature	National Board, State, Province, and Endorsements

D 1 2 4 0 1 1 0 T

Page 3B cont. on Page 4

RK INSTRUCTION D-05623-02 KZ 3-7-94 Page 174 cont. on Page 17B

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

	augh Krt				OII XI		
1. Owner ZENNE	SEE VALLE	Y AUTHOR	117	Date 03	1061	194	
400 W. Suy				Date/	of /	,	
2. Plant WATTS B				Unit	/		
P.O. Box 2000	, SPRING CIT	T, W 373	8/	WP D.			
. Work Performed by	T.V.A.					P.O. No., Job No.	, etc.
P.O. BOX ZOOG	SARING CI	Name TY, TN		Type Code Symbol Authorization No. Expiration Date		///	3/6/
. Identification of Sy:	stem 072/	CONTAINME	ENT SPR	AY SYSTEM	-		
(a) Applicable Con-	etrustion Code A	ISC.	73	JUNE 1973 A	·	Ma	
(b) Applicable Editi	ion of Section XI U	tilized for Repairs	Edition or Replacemen	15 19 BO THRIS	ddenda,_	O KIRI ADOLI	_Code (
Identification of Co	mponents Repaired	or Replaced and R	eplacement Co	pmponents			Γ
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASM Code Stamp (Yes
72-72-165		, SOK 3/6/4	4	DCA-805623-01	_		
2/09				Pose 23 -03	UNK	REPLAKENELT	NO
apr.		·					
3/0/94							
							-
	Manitien	Sugar	0. 2.	1 0 ~ = =			
Description of Work_	PIUDIPIED	SUPPORI	HER DOF	7's P-05623	3-01:0	3;04	
Tests Conducted: H	ydrostatic Pri	eumatic Non	ninal Operating	Pressure	-		
0	ther Pressure_	Dsi	Test Temp	_ °F			
		~	NA 80K 3/	6/94			



	5623-62 K2, 2, R2 Page /	78 cont. on Page/
9. Remarks TRACKING	No 94-7,2 SOK 03/6/	
9. Remarks	Applicable Manufacturer's Data Report	**************************************
	•	
		<del></del>
We certify that the	CERTIFICATE OF COMPLIANCE atements made in the report are correct and this	PAKENENT
ASME Code, Section XI.		ir or replacement
Turn Code Combat C		
Type Code Symbol Stamp		
Certificate of Authorization Na	Expiration	Date
Aronly IV	Kiensh Engineer par	03-06
Signed Owner or Owner's De	signee, Title Date	
	CERTIFICATE OF INSERVICE INSPEC	TION
f, the undersigned, holding a va	id commission issued by the National Board of Boile	
or Province of TENNESSE	and employed by HSB III	co ·
<u> </u>	Art Ford CONN.	have inspected the components de
in this Owner's Report during	· · · · · · · · · · · · · · · · · · ·	3//3/9, and sta
	nd belief, the Owner has performed examinations a	
	ith the requirements of the ASME Code, Section XI	•
	ither the Inspector nor his employer makes any w	
	asures described in this Owner's Report. Further	
	r any personal injury or property damage or a loss o	any kind arising from or connected w
inspection,	1	

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Code Section XI WP D-05623.02 Type Code Symbol Stamp_ Authorization No. 5. (a) Applicable Construction Code_ (b) Applicable Edition of Section XI Utilized for Repairs or 6. Identification of Components Repaired or Replaced and Replacement Components

	<u> </u>	γ					
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1071-72-165 RIID		DX 5-6-1	<del>/</del>	DCA POSE13-64 POSE23-65 PC5623-06	UNK	RECLACIONENT	NO
			•				
3/6/4	4						
	<del></del>						/

7. Description of Work MODIFY SUPPORT PER DCA'S P-05623-01;65;66

8.	Tests Conducted:	Hydrostatic Nominal Operating Pressure Other Pressure Psi Test Temp.
		SAV 3/ EL

	INSTRUCTION D-05623-02 Page 7 cont. on Page 8  FORM NIS-2 (Back)  9. Remarks TRACKING NO. 94-204 SOK 3/6/4
,	9. Remarks IRACKING NO. 94-204 SOK 3/4/94
	Applicable Manufacturer's Data Reports to be attached
_	
	CERTIFICATE OF COMPLIANCE
	We certify that the statements made in the report are correct and this PENCEMENT conforms to the rules of the
-	ASME Code, Section XI. repair or replacement
	Type Code Symbol Stamp NA 12-5-94
	Certificate of Authorization No.
	Che O A 12
	Signed Alphen W. Kulme Engineer Date 03-06 194
_	
	CERTIFICATE OF INSERVICE INSPECTION
	1, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the S or Province of FRANCISER and employed by HSR IJT Co.
	or Province of TRUNCSSEC. and employed by HSB III Co.  HAYTES A CONN have inspected the components description this Owner's Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Prope
İ	and state to 12.19.79
	to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in
	Owner's Report in accordance with the requirements of the ASME Code, Section XI.
	By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any measure for any measures.
l	shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with
	inspection.
	B Emmst.
l	Inspector Signature Commissions TN 2534  National Board, State, Province, and Endorsements
	/
	Date $\frac{\sqrt{2}/\sqrt{3}}{19}$ 19 99
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TVA NUCLEAR

MAR 0-6 1994

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			V.	MAR O
3	127 2007 201	14.0		Ž

Page 7	cont. on	Page	8

-	As Neq	uired by the Pr	ovisions of the	PAIRS OR REPLA ASME Code Secti	on XI		
. Owner <u>LENUE</u>	SSEE VAL	LEY AUT	HORITY	Date	6/9	4	
400 W.Su	nniT Hill Address	DRIVE, KA	DXVILLE IT	N _{Sheet}	of	,	
. Plant WATTS	BAR JU	<u>iclear</u>	PLANT	Unit/			
LD BOX ZO	spriv	S CITY ,T	W 37381	WSEKPL.	AN	#D-04	667-
Work Performed by	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			Repair Org. Type Code Symbol	anization	P.O. No., Job No.	, etc.
WATTS E			4.47	Authorization No.		Lumo	
	Address					4 3/6/	94
Identification of Sy	stem <u>SAFE</u> 7	Y MJECT	702 5x3	72m / 57	5 #	063	
(a) Applicable Cons	struction Code <u>AL</u>	15C 7TH 15	73 Edition	N/A 3/6/74 A	delone '	N/A WAR	
(b) Applicable Edit	ion of Section XI U	tilized for Repairs	or Replacement	19 <u>80 THRU</u>	WIN.	TER 1981 1	_Code Ca インシー
Identification of Co							
						1	T
							ASME Code
Name of	Name of	Manufacturer	National Board	Other		Repaired,	Stamped
Component	Manufacturer	Serial No.	No.	Identification	Year Built	Replaced, or Replacement	(Yes or No)
E SUMORT	W/ WM			NA -206/-17-4			
38 -/272 -	/A 3/6/74	NONE	NONE	XA-204667-47	i UMWEUN	PEN ACENARIO	NO
			N				
				3/1/19/			
				3/6/14			
				]. ]		1	
	25						
escription of Work	LEMINED EXI LAMP. REINS	STING SUP	0027 AND.	NSTALLED ME	(zw B)	BEPLATE	ANCH
ests conducted: H	REMINED EXT	eumatic	minal Operating	/ WSTALLED MO DAY STRUT	(20 B)	ASEPLATE,	ANCH

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Page 8 cont. on Page 9
FORM NIS-2 (Back)
9. Remarks TRACKING # 94-205 GC 3-6-94  Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this <u>REPLACEMENT</u> conforms to the rules of the ASME Code, Section XI.  repair or replacement
Type Code Symbol Stamp N/A wm 3/6/94
Certificate of Authorization No. 1/4 curs 3/6/94 Expiration Date 1/4 curs 3/6/94  Signed Owner or Owner's Designee, Title
CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Texnessee and employed by HSB III (a)
HAYTFOYA CONN:  have inspected the components described in this Owner's Report during the period 3/10/94 to 3/10/94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector's Signature Commissions T.N 2534  National Board, State, Province, and Endorsements
Date3// 5



4	SSEE VALLE Nam	0		Date	•	· · · · · · · · · · · · · · · · · · ·	
00 W. SUMMIT	HILL DRIVE,	KNOX. TN		Sheet/	of		
PlantWATTS	BAR NUCL	EAR PLA	ANT	Unit/			
P.O. BOX 2	2000, SPRING	CITY, Th	<u> </u>	Wo # 9. Repair Org	3-24	329-15	
Work Performed by	TVA N	1005		Type Code Symbo	anization f	°.O. No., Job No.,	etc.
				Type Code Symbo Authorization No. Expiration Date		NA MB 3-	7-94
Identification of Sy	NUCLEAR Address stem CVCS	SYSTEN	1 # 0				
				N/A 3-7-94 ts 1980 THEV W	Addenda,_	N/A 3-7-90	Code Cas
(b) Applicable Edit	ion of Section XI Ut	ilized for Repairs	or Replacemen	ts 1980 7748 V U	INTER	1981 ADD	ENDA
Identification of Co	mponents Repaired	or Replaced and F	Replacement Co	mponents			
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
				DWG 1-62A-58			
	N/ MB					1	NO
	N/ MB /A 3/7/94	NONE	NONE		עוואאיייי	REPLACEMENT	700
	N/ MB /A 3/1/94	NONE	NONE		UNKNOWN	REPLACEMENT	700
	N/ MB /A 3/1/94	NONE	NONE	MB 3-2-94	VIIKNOUN	REPLACEMENT	700
	N/ MB /A 3/7/94	NONE		M8 3-2-94	Uslknown	REPLACEMENT	
	N/ MB /A 3/7/94	NONE		M8 3-2-94	Us) known	REPLACEMENT	
			A A	M8 3-7-74	Us) knows	REPLACEMENT	
2-1-62A-5B	MODIFIED .	SUPPORT	A A BY REV	mov/~6			
PE SUPPORT 2-1-62A-58  Description of Work ests Conducted:	MODIFIED C EXISTING MNC	SUPPORT INSTALLING N M	A A BY REV	MOVING SHIM PER		REPLACEMENT  SMISHTS OF	

9. Remarks TRACKING # 94-206 MB 3-7-94
Applicable Manufacturer's Data Reports to be attached
· · · · · · · · · · · · · · · · · · ·
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this REPLACEMEN T conforms to the rules of the
ASME Code, Section XI.
Type Code Symbol StampNA MB 3-7-94
Certificate of Authorization No.
$M \cdot A \cap S \cdot A$
Signed Muchael Bound CONST ENGR Date 3/7, 19 94
Owner of Owner's Designee, Title
OSPITISION TO OF INCENTION
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TENNESSEE and employed by HSB TETCO of
HATTFORD CONN' have inspected the components described
in this Owner's Report during the period $\frac{3}{7/94}$ to $\frac{3}{7/94}$ , and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
Inspector's Signature Commissions TN 2534  National Board, State, Province, and Endorsements
Inspector's Signature National Board, State, Province, and Endorsements
01-
Date
•

wo 9+93-24289-02 PG 20 OF 30

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

1. Owner	Nam			Date3-	7-94		
400 W. SUM	MMIT HILL DI Address	e, KNOXVIL	LE, TIU	Sheet	_ of		
2. Plant WATT				Unit			
P.O. BOX 200	OO SPRING (	ITY, TN			93-24	289-02	
3. Work Performed by	TVA						, etc.
P.O. BOX 201	OO SPRING CI	Name TY . TN		Type Code Symbol Authorization No Expiration Date_		NCE	7-7-94
4. Identification of Sy							
<ul><li>(a) Applicable Con</li><li>(b) Applicable Edit</li><li>dentification of Co</li></ul>		med for Repairs	or Replacement	19 <u>80</u> 7A	Addenda,_	NIA NTER 198	_Code Ca
					<del>                                     </del>		<u> </u>
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
162-1-62A-299			A 3-7-94		~NKNOWN	REPLACEMENT	N
					10		
			N CON				
			3-7-94				
Description of Work_	REWORK PI	PE SUPPL	ORT GAPS				<u></u>
Tests Conducted: H	_	umatic Nor	minal Operating F			<u> </u>	
NOTE: Supplemental tion in items 1 throug recorded at the top of	sheets in form of I	ists skatches or	denisia	used, provided (1) each sheet is num	size is 8% i	in. x 11 in., (2) in the number of s	forma-

WO 93-24289-02 PG ZI OF 30

9.	Remarks TRACKING #94-207
	Applicable Manufacturer's Data Reports to be attached
	CERTIFICATE OF COMPLIANCE
	We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the
ı I	ASME Code, Section XI. repair or replacement
	Type Code Symbol Stamp
9	Signed Charles alewon FE Date 3-7 , 1994
	Owner or Owner's Designee, Title
	CERTIFICATE OF INSERVICE INSPECTION
١	, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
. (	of Province of TN and employed by HSBI&I Co. of
	of Province of TN and employed by HSBI&I co. of have inspected the components described in this Owner's Report during the period 1-19-94 to 3-13-94, and state that
t	o the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
(	Owner's Report in accordance with the requirements of the ASME Code, Section XI.
	By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
	xaminations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
	hall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
i	nspection.
	THE SERT
-	Inspector's Signature Commissions National Board, State, Province, and Endorsements
r	Date3_19_94.
Ĺ	)ate519Q

	400 W. Sumi	MIT HILL DR	. KNOXVIII	E.TN	Sheet/	at 1	MAR	0 8
					Sneet	ot		
2.	Plant_WATS_E	BAR NUCLEI	AR PLANT	<del></del>	Unit/			
	P.O. Box 200	O, SPRING	CITY TA	<u>/</u>	D-0463	8-01		
		Addi 634					.O. No., Job No.,	, etc.
		TENNESSEE			Type Code Symbo Authorization No.			
	P.O. Box 200	SPRING Address	CITY, TA	<del>/</del>	Authorization No. Expiration Date_		/ N/A	- J-
4. 1	Identification of Sys	stem_ <i>063</i> _/	SAFET	Y INTE	CTION	_		
5 (	(a) Applicable Cons	truction Code	915C 10	73	JUNE 1973,		4	
(	(b) Applicable Editi	on of Section XI Uti	ilized for Repairs	or Replacement	s 19 80 THE	Addenda,_ k <i>W/k/Ti</i>	N/R FR 1981	_Cod
							-,- //8/	
<del></del>	dentification of Cor	mponents Repaired o	or Replaced and F	Replacement Cor	mponents			
								A
	Name of	Name of	Manufacturer	National Board	Other	Year	Repaired, Replaced.	Sta
	Component	Manufactu <i>r</i> er	Serial No.	No.	Identification	Built	or Replacement	01
-					DIA POLIZE	4.4		_
1063	3-1-63-238				DEA PO4638- OZ	WRAGEN!	REPLACEMENT	╁,
106	3-1-63-587	N/A SSFIMA	3/7/9	17/14 397/94	02 DCA P04638- 03,04 \$05	UNKNOWN	Posterior	
			7 2/1/-	2/117	1 - 10 - 17 - 2	7	METCHEGNENT	1
								<u> </u>
				TWY TANK				
		,		3/7/94				
					1	!	<u> </u>	1
7. De	escription of Work_	MODIFY	1 Suppor	ets per	DCLI PO	4638-1	<u>8.</u>	
8. Te		lydrostatic Pne	eumatic No	minal Operating	Pressure			
	0	ther Pressure_	Dsi Dsi	Test Temp.	°F			
N	OTE: Supplementa	sheets in form of	lists skatchae or	~ 3/7/94	be used, provided (1)	alas tabar		
CIC	on in items i tuton	gn 6 on this report	is included on e	ach sheet, and (	be used, provided (1) (3) each sheet is num	size is 8½ nbered and	in. x 11 in., (2) i I the number of:	nfor shee
re	corded at the top of	this form.						
	, This form (F)	00030) may bo obsets	ad from the C		Law Drive, Box 2300			
(12/82)		acconting of optain	eu from the Order	Dept., ASME, 22	Law Drive, Box 2300	Fairfield A	1107007 2200 00	DOIN

WATTS	BAR
Later Tools	THE PERSON

RIM EAD					
NUCLEAR		FORM NIS-2 (Ba	ack)		
0 8 1994 TRACK	WG # 94	1-208 +	~3/7/79		
Remarks //// CA/		le Manufacturer's D		attached	
Company of the Property of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Compa					
					·
	CERT	IFICATE OF COMP	LIANCE		
We certify that the standard Code, Section XI.	tements made in the	report are correct a	ind this <u>REPLA</u> repair or re	CEMENT conforms	to the rules of the
Type Code Symbol Stamp					
_ •	•		3/1/94		
Certificate of Authorization No.			Expiration Date _		
Signed fuffy X Des	ignee, Tixle	R.E.	Date	3/7	, 19 <i>_94</i>
	CERTIFIC	CATE OF INSERVI	CE INSPECTION	<del> </del>	
, the undersigned, holding a vali	d commission issued	by the National Bo	ard of Boiler and	Pressure Vessel Insp	
Province of TN.	and employ	yed by		inspected the co	mponents describe
n this Owner's Report during	the period	10-4-9		24-94	
to the best of my knowledge ar	d belief, the Owner	has performed exa	minations and tal	ken corrective meas	ures described in th
Owner's Report in accordance w					
By signing this certificate ne					
examinations and corrective me shall be liable in any manner for					
nail be liable in any manner to: nspection,	any personal injury	Or property damage	, or a loss or any	and disting from Of	
			•		<del>-</del> 7
941300	<b>Eur</b>	Commissions _		d, State, Province,	

WORK INSTRUCTION DO 4638-01

Page 3A cont. on Page_

1. Owner TENNES	SSEE VALLEY	AUTHORITY	<del></del>	Date 3- 7-	94		
	1 MIT HILL DRI Address		w	Sheet	of		
2. Plant WATTS B				Unit	<del></del>		
	OP, SPRING CIT Address		2/	Wo # 93-	2432	9-01	
3. Work Performed by				Type Code Symbo	l Stamp	/	
	NUCLEAP PLA. Address			Authorization No. Expiration Date_			<u>3-7-94</u>
. Identification of Sy			CONTROL S	ys Tem   Sys	Tem #	=062	
. (a) Applicable Con		c, 7 Th 19	23 Edition,	NA 3-7-94	Addenda.∠	NH 3-7-9+	_Code Ca F/
. Identification of Co	emponents Repaired o	or Replaced and F	Replacement Cor	mponents		4	
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamper (Yes or No)
		·					
IPE SUPPORT	N/A fel 3-7-94	NONE	NONE	1-62A-198	OHKYOWO	Repaired BM) 3.20.14	No
			N feel	3-7-94			
		•	<i>*</i>				
							<u></u>
Description of Work	*ADDED WEL	D METAL	······································				
	Hydrostatic Pne	· —	minal Operating Test Temp	Pressure F			
NOTE: Supplement tion in items 1 through	ugh o on this report	lists, sketches, o is included on e	r drawings may t ach sheet, and (	oe used, provided (1 3) each sheet is nur	) size is 8½ nbered and	in. x 11 in., (2) i d the number of :	nforma- sheets is

This form (E00030) may be obtained from the Order Dept., ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300. REPRINT 4/93 (12/82)

Wo#-93-24329-06

recorded at the top of this form.

PA	GEZI	OF	22
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9. Remarks TRACKING # 94-209
Applicable Manufacturer's Data Reports to be attached
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this Repair conforms to the rules of the
ASME Code, Section XI.
· ·
11/4 /00 2 2 2 4
Type Code Symbol Stamb N/A 4 CD 3-7-94
Certificate of Authorization No. N/A SED 3-7-94 Expiration Date N/A SED 3-7-94
Signed Jac E Jan FE Date MARCH 3 19 94
Owner or Owner's Designee, Title
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of TN. and employed by HSBISI Co. of
and employed by of
in this Owner's Report during the period 3-1-94 to 3-20-94, and state that
, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report, Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of eny kind arising from or connected with this
inspection.
Commissions TN 2537
Inspector's Signature National Board, State, Province, and Endorsements
Date3_2019_94.
Date

				<del></del>			
1. Owner TEM	ESSEE VALL	EY AUTHO	MIT	Date	3.7.94	Į.	
400 W. SU	mmIT HILL	on Knox	VILLE TN	Sheet/	of		
2. Plant WATTS	~uui 033		•	Unit/		•	
	OOO SPRINI			WO. Repair Org	93-24.	289-11 O. No., Job No.,	etc.
3. Work Performed by	TVA - MO	ODIFICATIO Name		Type Code Symbo Authorization No. Expiration Date			
4. Identification of Sy	Address			Expiration Date			
5. (a) Applicable Con	struction Code/	AISC 19	or Replacement	s 19 <u>80</u> W/AD			
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-62A-079	TVA	NOVE	NONE	NONE	CHROWN	REPAIRED	NO
		ACS:7.94					
. Description of Work	ADDED W	ELO TO SI	AC 141-3.794 3	SHIM R.			
	Hydrostatic Processure	eumatic No	minal Operating Test Temp	Pressure AC	<u>A</u> 3.7.94		

9. Remarks TRACKING NO: 94-210 AC 3.7.94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We careful that the statement and it is
ASME Code, Section XI.  REPATK conforms to the rules of the report are correct and this <u>KEPATK</u> conforms to the rules of the
· 
Type Code Symbol Stamp
NIA
Certificate of Authorization No. AC 3.7-94 Expiration Date
Signed Unthony Utiona, FIELD ENGINEER Date Mar. 7 10 94
Owner or Owner's Designee, Title
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FINESSEE and employed by THE ITS. FIRST OF
HARTFORX CT, D9 Em 3-17-91
in this Owner's Report during the period 3-47-94 to 3-17-94 and state that
to, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
(0 & M, t. 11
nspector's Signature Commissions TN-2633
Inspector's Signature National Board, State, Province, and Endorsements
MARAILIM ON
Date / ////////////////////19 19 74-

1. Owner <u>TENNE</u>	SSEE VALL	y Autho	ritu_	Date	18/99	/	
	ummit Hill	, -		Sheet/	•		
2. Plant WATT.	~001 633			Unit			
	1000 Spel			W.O.# 9	72.0	9387-0	0
3. Work Performed by	TVA MO	<u> SiFICATIO</u> Name	ONS.	Type Code Symbol Authorization No.	Stamp	.O. No., Job No.,	etc.
WATTS	BAR Nucle	AR PLAN	17	Expiration Date		PA GAT	3/4/94
4. Identification of Sy	stem <u>REACT</u>	OR COOLA	ONT SY	5 68	· · · · · · · · · · · · · · · · · · ·		
<ul><li>5. (a) Applicable Cons</li><li>(b) Applicable Edit</li><li>6. Identification of Cons</li></ul>				WINTE	Addenda,	N/A PH 3/4/94 I AddENO	, Code Case
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SUPPORT							
1-68-415	NA	N/A	NA	NA	NA	Replacement	No
			N				
			714 3/8/	194			
. Description of Work_	REPLACED	Spacer p	lAtES DI	u sypot.			
. Tests Conducted:	Hydrostatic Pn	eumatio Non	ninal Operating				
NOTE: Supplementation in items 1 throu	al sheets in form of	lists, sketches, or	drawings may b	e used, provided (1) 3) each sheet is num	size is 8½ nbered and	in. x 11 in., (2) i i the number of :	nforma- sheets is

recorded at the top of this form.

9. Remarks TRACKING No. 94-211 Stat 3/8/94	•
Applicable Manufacturer's Data Reports to be attached	;
A 9/H 3/8/94	
CERTIFICATE OF COMPLIANCE	
We certify that the statements made in the report are correct and this REPIACEMENT conforms to the rules	of the
ASME Code, Section XI. repeir or replacement	İ
	•
nagon (figure and Araba) is a fifth figure	1
Type Code Symbol Stamp	
3/8/77	
Certificate of Authorization No	
Signed Owner's Designee, Title Cost Date March 8, 19 9	74
CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the	ne State
or Province of TENNESSEE and employed by THE H. J. B. J. F. I. (15)	of
in this Owner's Report during the period 3-4-94 to 3-24-94 and ste	escribed ate that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described	d in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concern	ning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his er	
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected w	vith this
inspection. O.E. Mitcaffe Commissions TN-2633	····
Date MARCH 24, 1994	ents
·	

1. Owner TENLIE	ESSEE VALL	ey Autho	DEITY	Date	10.94		
400 W. SU	MMIT HILL	DR. KNO	XUIUE TO	, Sheet/	of/		
2. Plant WATTS	BAR NUC	LELR PL	AUT	Unit /			
P.O. Box 20	Name 2000 SPRING Address	SCITY, TA	1.37331	W.O. 93-	24879	0.00	
3. Work Performed by	, 14			Tuno Codo Comb			
3.0.50x 2	Address	Name VG C/TY, 7	N.37381	Type Code Symbol Authorization No. Expiration Date		1/2 14-3-10-	74
4. Identification of Sy	stem_062	CVCS					
<ul><li>5. (a) Applicable Cons</li><li>(b) Applicable Edit</li><li>6. Identification of Cons</li></ul>	ion of Section XI Ut	ilized for Repairs	or Replacements	19 <u>80 T</u> ury	Addenda <u>, 1</u> Winner	<u>(12147-1099</u> 21981	Code Case
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-FE-02-0137	TVA	NA	316.94	iloset	Up.	RETUREMENT	150
		-	-	,	1 777		PEF. THEN
				·			
. Description of Work	Replaz Boa	rive Marzi	rikl For	FLOWEE CON	W. AT	1-FE-062	-0137
_	Pne Pressure		minal Operating F  Test Temp.  M= 3-6				
NOTE: Supplementa tion in items 1 throu- recorded at the top of	gn o on this report	ists, sketches, or	drawings may be	used provided (1)	size is 8½ nbered and	in. x 11 in., (2) in the number of s	forma- heets is

FORM NIS-2 (Back)
Remortes ASONE
9. Remarks Applicable Manufacturer's Data Reports to be attached
TRICKING NUMBER 94-213 PUR 310.94
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this KUNHUM To conforms to the rules of the
ASME Code, Section XI. repair or replacement
Type Code Symbol Stamp
NL 145-310.94
Certificate of Authorization NoExpiration Date
Signed
Owner or Owner's Designee, Title
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of TN and employed by HSBIRICO
in this Owner's Report during the period 2-2-94 to 3-10-94, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Commissions TN 2537
Inspector's Signature National Board, State, Province, and Endorsements
Date
Date3_1619.94.

1. Owner TENNE	ESSEE VALL	EY AUTI	HORITY	Date3-8	3-94		
	SUMMIT HIS						
2. Plant WATT	S BAR NU	CLEAR PL	ANT	Unit/	·		
	2000, SPR Address						
3. Work Performed by	TVA	Name		Type Code Symbol	Stamp		,
PO COY OF	200 60016	0 -11		Type Code Symbol Authorization No.	<del></del>	NA 3-8	-94
I.U. BUX CU	OD SPRING	CITY IN	J 37381	Expiration Date			
4. Identification of Sy				JECTION			
<ul><li>5. (a) Applicable Cons</li><li>(b) Applicable Edition</li><li>6. Identification of Constitution</li></ul>					Addenda,_ Pレ 仏パ	N/A NER 1981	_Code Case
			I		T	<del></del>	
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1063-1-63-452			A 3-8-94		UNKNOW	REPLACEMENT	N
					- wi		
					<del> </del>		
			_ A				[ [
			~				
			3-8-94				
		j					
	1						
7. Description of Work_	REPLACE FOR	EWARD ATT	CH. AND	SPACER WI	<del>1SHEL</del>	5. 3-8-94	
	Hydrostatic Pne	umatic No	minal Operating Test Temp.	Pressure   3-8-4	94		
NOTE: Supplementation in items 1 throu	igh 6 on this report	ists, sketches, o is included on e	r drawings may b ach sheet, and ((	e used, provided (1) 3) each sheet is num	size is 8½ nbered and	in. × 11 in., (2) in I the number of s	nforma- sheets is

WO 94-03831-00 PG 23 OF 25

1. Remarks TRACKING # 94-214
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the
ASME Code, Section XI.
Type Code Symbol Stamp
A 3-8-94
Certificate of Authorization NoExpiration Date
Signed Charles Caceton FE Date 3-8 19 94
Owner or Owner's Designee, Title  Date
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of TRNNESSEE and employed by #SB I #I CO of
HAT Ford CONN. have inspected the components described
in this Owner's Report during the period 3/9/9 to 3/1/9/9, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
Inspector's Signature Commissions National Board, State, Province, and Endorsements
Date $\frac{3}{9}$ 19 94

- TENN	CCCC \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1.5.1 AUT.	ADITU	3	-0-9	1/	
. Owner <u>I E IV IV</u>	ESSEE VAL	LL-Y AUIH	OKIIY	Date3	-8 /	7	······································
_ 400 W.	SUMMIT HI	LL DRIVE, A	KNOXVILLE	Mheet/	of		
Plant WATTS	BAR NUCLE	FAR PLAN	Τ	Unit	/		
P.O. BOX Z	DOD, SPRING	CITY, TN	<u>. 373</u> 81	₩₽# Repair Orga	2075	8-13	<del></del>
Work Performed by	TVA M	ECH- MOL	<u>ک</u> ے				
		1401170		Type Code Symbol Authorization No. Expiration Date	Starrip	10.13	sel .
WATTS	BAR NU	IC/RAR F	ZANI	Expiration Date		/A 3-8	3-94
Identification of Sy	stem_ AuxI	LIARY /	ELRDWAT	ER / 54	5 0	3 <i>B</i>	
				JUNE 1973A			
(b) Applicable Edit	tion of Section XI Uti	lized for Repairs	or Replacement	s 19 <u>80</u> 74rm	_,ddenda, י <i>גרנע</i>	TEA 1501	Code Ca
				. 10		· Ex 2781, /	HODEA
Identification of Co	emponents Repaired o	or Replaced and R	eplacement Co	mponents			
				<del>1</del>	T		1
							ASME
							Code
Name of	Name of	Manufacturer	National Board	Other	Year	Repaired, Replaced.	Stampe (Yes
Component	Manufacturer	Serial No.	No.	Identification	Built	or Replacement	
013A-03B-	A 2	1 A. Roose		De A A A A A A A A A A A A A A A A A A A			<u>.</u>
9FW-R175		A 3-8-94		XA-M20758	UNK	REPLACEMENT	NO
						JCP///CEAE2/	700
· · · · · · · · · · · · · · · · · · ·							
			$\mathcal{N}$	D. Reed			
			A	3-8-94			
			_			_1	
Description of Work	MOSIFY	Suppor	T PER C	DCA - M20758	7-47	-48	
Tests Conducted:	Hydrostatic Pne	umatic Nor		, <u> </u>			7.
	Other Pressure_		ninal Operating Test Temp	Pressure (	D Pa		10
	. –			°FN A	$\frac{\sim .700}{3-8}$		
NOTE: Supplement	al sheets in form of	lists, sketches, or	drawings may	be used, provided (1)	size is 8%	in x 11 in (170)	torma-
tion in items 1 throi recorded at the top o	ugh 6 on this report	is included on ea	ich sheet, and (	3) each sheet is num	bered and	the number of	heers is
ecorded at the tob (	n uns torm,					<b>C</b> 23	
						TVA	NUC

9.	Remarks TRACKING # 94-215
	Applicable Manufacturer's Data Reports to be attached
	•
	CERTIFICATE OF COMPLIANCE
	We certify that the statements made in the report are correct and this Replacement conforms to the rules of the ASME Code, Section XI.
	Type Code Symbol Stamp
	Certificate of Authorization NoExpiration Date
	Signed Date 3-8-94 19
	CERTIFICATE OF INSERVICE INSPECTION
,	I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of
	to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
(	Owner's Report in accordance with the requirements of the ASME Code, Section XI.
	By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
	Inspection.  Commissions 1N-2633  National Board, State, Province, and Endorsements  MARCH 19 194
	Date MARCH 19, 1994

	0-12667-03
WORK INSTRUCTION	0 18661

5 ch 70/14/94	5 b
Pagecont. on	Page 7 4 7 8 3/14/

1. Owner <i>TVA</i>	Nam			Date	3-9-	94	
400		-		,		,	
100 W. SUN	MIT HILL OF	L. KNOXVIWE	TN	Sheet	of	<del></del>	
2. Plant WATTS	BAR NUCL	EAR PLAN	<u> </u>	Unit/			
P.O. BOX 2	000, SPRIN	G CITY,	TN_	WP 0-	12667	7-03	
3. Work Performed by TVA Name							
_	OOO , SPRINC Address		TN	Type Code Symbol Authorization No. Expiration Date		frm 3	9-9-9
. Identification of Sy							
Identification of Co				nponents	· · · · · · · · · · · · · · · · · · ·		
							ASM
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	Code Stamp (Yes
IPE SUPPORT 62-1-62A-377	NA pm3-9-94	NONE	NONE	0CA-M12667-35 0CA-P04593-01	UNKNOW.		
						REPLACEMENT	NO
			· · · · · · · · · · · · · · · · · · ·				
			A am	3-9-94			
			•				
	,			<u> </u>			
Description of Work_	MODIFIED	SUPT. DE	R OCA-M	12667-35,0	CA - PO	4593-01	•
Tests Conducted: 1		eumatic Non	ninal Operating	Pressure	-NA		
	Other Pressure		Test Temp				

(12/82)

recorded at the top of this form. 

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tion in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is

## WORK INSTRUCTION D-13667-03

Page 75 cont. on Page 75 5% 154

9.	Remarks <u>TRACKING</u> # 44-216 BDW 3-9-94
	Applicable Manufacturer's Data Reports to be attached
	CERTIFICATE OF COMPLIANCE
	We certify that the statements made in the report are correct and this <u>REPUREMENT</u> conforms to the rules of the ASME Code, Section X1.
	Type Code Symbol Stamp
	Type Code Symbol StampExpiration Date
	Signed RayMovus CONST, ENGR Date 3-9, 19 94
	CERTIFICATE OF INSERVICE INSPECTION
	, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
	or Province of TRNNSSEE and employed by HSB I I I I O of HATT FORM CONN. have inspected the components described in this Owner's Report during the period 4/1/94 to 4/1/94 , and state that
,	to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
	Owner's Report in accordance with the requirements of the ASME Code, Section XI.
	By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
	Inspector's Signature  Commissions TN 2534  National Board, State, Province, and Endorsements
	Inspector's Signature National Board, State, Province, and Endorsements
	Date19





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12667#93

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

1. Owner <u>TVA</u>	Property -			Date3-	9-91		
	Nan	ne		Date	/- /-	7	
400 W. SUM	MMIT HILL D Address	R. KNOXUIL	LE, TN	Sheet/	of	<u> </u>	
2. Plant WATTS	BAR NUCLE	AR PLANT	<u> </u>	Unit/			
P.O. BOX 20	OO SPRING	CITY, TA	<u> </u>	WP D-	1266	7-03	
3. Work Performed b	Y_TV/	Name		Type Code Symbol	Stamp		
	200 , SPRING Address			Authorization No. Expiration Date		1 PM 3-9-	-94
4. Identification of S	ystemCVCS	545	# 062				
5. (a) Applicable Cor (b) Applicable Edi  6. Identification of Cor	tion of Section XI U	Itilized for Repair	s or Replacemen	ts 19 <u>80 1 HRL</u>	ddenda <u>, A</u> WINT£	VA 3-9-94 ER 1981	_Code Cas
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	
PIPE SUPPORT 1062-1-62A-357	NA nm 3-9-94	NONE	NONE	DCR-M12667 -2], 22,23, < 24 0CA-M21329-240	WAKABAN	REPLACEMENT	NO
			N nm 3-				
			*				
. Description of Work		_		NA. rm	A -M213	328-240	
	Al sheets in form of	psi psi	Test Temp.	Pressure 3-9	94		

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

(12/82)

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ð	<b>2</b> %	· Park	33	€*	*	Œ

D 12667=03

	FORM NIS-2 (Back	PG	6 CONT. Ja
9. Remarks TRACKING # 94-217	Bow 3-9-94		
Appli	cable Manufacturer's Data	Reports to be attach	ed .
	,		
		<del></del>	
	RTIFICATE OF COMPLIA		
We certify that the statements made in ASME Code, Section XI.	the report are correct and t	his <u>REYLACEMEN</u> repair or replacem	Of conforms to the rules of the
Aom 2 Good, Sociality XII.			•
	•	*	NA rm 3-9-94
Type Code Symbol Stamp			MITTON
·			
Certificate of Authorization No.	Expi	ration Date	
Signed Day Morris	CONST. ENGR.	<b></b>	3-9 19 94
Owner or Owner's Designee, Title	LUNDIN ENDICE	Jate	
	FICATE OF INSERVICE I		
I, the undersigned, holding a valid commission issu	ed by the National Board of	f Boiler and Pressure	e Vessel Inspectors and the State
or Province of TENNESSEE and emp	ployed by HSB 3		Ψ.
in this Owner's Report during the period	Uliau.	have inspec	ted the components described
to the best of my knowledge and belief, the Own	er has performed everning	tions and taken co-	and state that
Owner's Report in accordance with the requirement			ective measures described in this
By signing this certificate neither the Inspecto		· ·	essed or implied concerning the
examinations and corrective measures described	in this Owner's Report, F	urthermore, neither	the Inspector nor his employer
shall be liable in any manner for any personal inju	ry or property damage or a	loss of any kind ari	sing from or connected with this
inspection.	10 m	•	
B. Eumach		CU 2 C 24	
Inspector's Signature	Commissions	tional Board, State.	Province, and Endorsements
/ 1			
Date			
***************************************	_		
		,	

B	/.			_	7	
Paçe	4	echi.	GP	Page	 	

	•			ASIVIE Code Secti			
Owner TENNE	SSEE VALL	EY AUT	HCR, TY	Date 3-9	-94		
400 W. Su		·		Sheet	of	1 2 3-	9-94
Plant WATTS				Unit /			
Po.Box Zor	C. SPRILY	CITY.TN	37381	WP# D-2	076	1-02	
				Repair Org	anization (	P.O. No., Job No.	, etc.
WBNP PO BOY 200	TENNESSEE M. SDRING C	Name	DIHUKIIY	Type Code Symbo Authorization No.		NA	
	SPRING CI		1381	Expiration Date		1-//	
dentification of Sys		(063)					
a) Applicable Cons	truction Code A/S	C 7# 19	23 Edition,	JUNE 1923 A	Addenda,_	MASAS	_Code Ca
					טוע נ	TER 1981 A	DDEN
dentification of Cor	mponents Repaired	or Replaced and I	Replacement Cor	mponents			
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
E SUPPORT	T)/ A	./					
3-1-63-030 ESUPPORT	TVA	NONE	NONE	1-63-030			
3-1-63-064 = SUPPORT	TVA	NONE	NONE	1-63-064	UNK	REPLACEMENT	NO
3-1-43-398 E SUPPORT	TVAXSHA	NONE	NONE	163-398	UNK	REPLACEMENT	- ND
3-1-63-454 E SUPPORT	TVA	NONE	NONE	1-63-459	UNK	REPLACEMENT	NO
3-1-63-462	TVA	NONE	NONE	1-63-462			ND
escription of Work_	MODIFIED F	VISTUMA PI	PF , SIDDA		0.01	Kerchcenien	
	_		12 W170	70			<del></del>
	ydrostatic Poe ther Pressure_	eumatic No	minal Operating			<b>\$</b>	
	_				SAS 3	-9.01	<b>S.</b>

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

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W.O. H93-2928916 PAGE 20 OF 23

•							
1. Owner TENA	SESSEE VALL	EY AUTH	ONITY	Date	- 94		
	mmit Hill			Sheet/	of		
2. Plant WATTS				Unit			
P.O. Box.	Name <u>2000 Spni(</u> Address	VG C177	TN. 37381	₩0# 93	- <u>24</u> 2	289-16	
3. Work Performed by	TVA MECH	MODIFICATIO	241	Type Code Symbo			etc.
WATTS BAR	NUCLEAR PLA	NT		Authorization No. Expiration Date			
4. Identification of Sy			E CONTROL	system/s	<i>ysTem</i>	# 062	
5. (a) Applicable Con (b) Applicable Edit 6. Identification of Co	ion of section X1 Off	lized for nepairs	or neplacements	19 <u>80 E</u> VIII0	Addenda, L N Thru	NA JES 3-9-9 WINTER 19	<b>%</b> Code Ca
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT	N/A 100 3-9-94	NONE	None	1-62A-093	MKnome	Replacement	No
			NA.	180-9-94			
. Description of Work	ADDED WELL	METAL	To Shim f	PLATE			
	Hydrostatic Pne	eumptic No	ominal Operating Test Temp	Pressure°F			
NOTE: Supplement tion in items 1 through	al sheets in form of ugh 6 on this report	lists, sketches, 6	r drawings may b	e used, provided (1) 3) each sheet is num	size is 8½ nbered and	in. x 11 in., (2) into the number of s	nforma- sheets is

## W.O. # 93-24289-16 PAGE ZI OF 23

FORM NIS-2 (Back) TRACKING # 94 - 219 Applicable Manufacturer's Data Reports to be attached CERTIFICATE OF COMPLIANCE We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement Type Code Symbol Stamp N/A JED 3-9-94 Certificate of Authorization No. N/A 100 3-9-94 Expiration Date N/A 120 3-9-94 Signed fre C Downs
Owner or Owner's Designee, Title CERTIFICATE OF INSERVICE INSPECTION I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State _and employed by HSBI&I Co. Hardford have inspected the components described 1_28-94 to 3_12_94 , and state that in this Owner's Report during the period_ to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection. TN . 2537
National Board, State, Province, and Endorsements Commissions. nspector's Signature

D	0453	7	LL	Page cont. on Page
WO	P. T. S. N.			

	SE VALLEY Author Name		<del></del> .	Date 3 - 10	7-74		<del> </del>
400 W. SUMI	mit HILL DRIVE,	KNOXVILLE,	TN	Sheetc	of		
	Addiess.						
Plant WATTS DI	AR NUCLEAR !	LANT		Unit			
PD A. 2	0.00 C.a.	C. + . T. 12	7201	//0 0			
1.0. BOX 20	200 Sprine	Cry 12031	7.381	W.P. D-C Repair Orga	4537	7~ //	
More Donformed by	TVA MECH	MODIFICA	Tional C				etc.
Work Performed by	TVA MECH	Name	11005	Type Code Symbol	Stamp		
WATTS B	AR NUCLEA	8 PLANT	-	Authorization No Expiration Date	<del>-</del>	N/Aged	1-10-06
,	Addiess						-10-71
Identification of Sy	stem STEAM	GENERAT	OR BLOW	Down / Sy	c #	15	
(a) Applicable Con	struction Code <u>A15 (</u>	<u>2 9 عد</u>	23 Edition	N/A 100 5-10-94 A	ddenda A	1/A deal 3-10-	94 Code Cod
(b) Applicable Edit	ion of Section XI Uti	lized for Repairs	or Replacements	19 80 EDITION	W ThR	WINTER 1	_code ca: 7 &/
					,,,,,		, 4 /
Identification of Co	mponents Repaired o	or Replaced and F	Replacement Con	nponents		,	
				· · · · · · · · · · · · · · · · · · ·			
							ASME
	;		National			Repaired.	Code Stamped
Name of	Name of	Manufacturer	Board®	Other	Year	Replaced.	(Yes
Component	Manufacturer	Serial No.	No.	Identification	Built	or Replacement	
				1001- A 400-			
		–	NONE	1007-71700	NKhon		מנו
PE SUPPORT	N/A 80 8-10-94	NONE	NOVE	1/. = / / 4 )		ln	
PE Support	N/A SED 3-10-94	NONE	NONE	6-115	אט.	Replacement	70
PE SUPPORT	N/A 650 3-10-94	NONE	NOVE	6-1/5	Nh _{tt} .	RepLACEMENT	70
PE SUPPORT	N/A fED 3-10-94	NONE	/	6-//5	Dhr.	Replacement	
PE SUPPORT	NA JEDS-10-94	NONE	NONE		DNT.	Replacement	
PE SUPPORT	N/A fED 5-10-94	NONE	/	Jed 3-10-94	UNT.	Replacement	
PE SUPPORT	N/A JED 3-10-94	NONE	/		DNT	Replacement	
PE SUPPORT	N/A JED 3-10-94	NONE	/		UNI"	Replacement	
IPE SUPPORT	N/A JED 3-10-94	NONE	/		UNI"	Replacement	
IPE SUPPORT	N/A 180 5-10-94	NONE  Fied Supp	N	JED 94			
	Mod:	Fied Supp	N A ort. Per Dc	A-PO4537-00	7 \$ 10 ¢	F-23627-A*	
Description of Work	Mod:	Fied Supp	N	A-PO4537-00 R CLAMP	1 \$ 10 E = ARS.	F-23627-A* Bu 3-21-94	
Description of Work	Modi- ADDER BAS	fied Supp PLATE	N Port. Per DC F Shorte	A-PO4537-00 R-CLAMP /	1 \$ 10 E = ARS.	F-23627-A*	
Description of Work	Modi- ADDER BAS	fied Supp PLATE	N A ort. Per Dc	A-PO4537-00 R-CLAMP /	1 \$ 10 E = ARS.	F-23627-A* Bu 3-21-94	
Description of Work	Modi- ADDER BAS	fied Supp PLATE	N Port. Per DC F Shorte	A-PO4537-00 R-CLAMP /	1 \$ 10 E = ARS.	F-23627-A* Bu 3-21-94	

recorded at the top of this form.

## D 04537 11 WORKPLAN

Page 8 cont. on Page 9

9. Remarks TRACKING # 94-220
Applicable Manufacturer's Data Reports to be attached
·
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this Replacement conforms to the rules of the
ASME Code, Section XI.
1/1/2 /200 21 21
Type Code Symbol Stamp MA 400 3-10-94
Certificate of Authorization No. NA JED 3-10-94 Expiration Date NA JED 3-10-94
1
Signed Governor Owner's Designee, Title  Date MARCH 10 , 19 9 4
Carrier & Designee, 1 Itie
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of FANESSEE and employed by THE HO.B. I. AND I. Co. of
have inspected the components described
in this Owner's Report during the period $\frac{2-28-94}{}$ to $\frac{4-15-94}{}$ , and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector's Signature Commissions TN-2633 N F I  National Board, State, Province, and Endorsements
Inspector's Signature ( National Board, State, Province, and Endorsements
Appir 15 gd
Date / / / / / J 19 / T
<i>V</i>

1. Owner <u>TENNES</u>	SEE VALLEY	AUTHORITY		Date 3.9	. 94		
400 W. SUMM	NIT HILL DR. A	KNOXVILLE .	TN	Sheet	of		
2. Plant_WATTS	BAR NUCLEAR	R PLANT	·	Unit1			
P.O. BOX 20	00, SPRING (	ZIY, TH	·	WO. 93 Repair Orga	3- <i>2438</i> anization P.	3-15 O. No., Job No.,	etc.
3. Work Performed by	TVA- MODTE	TRATIONS		Type Code Symbol			
or the first territoring by	111. 1.0021	Name		Authorization No.			3.9.90
Wi	BNP			Expiration Date			2 0 17 17
	Address						
4. Identification of Sy	stem545. C	62 / CY	<u>cs</u>				
5. (a) Applicable Con							
(b) Applicable Edit	ion of Section XI Ut	ilized for Repairs	or Replacements	19 <u>80</u> W/AC	DENDA 1	HROUGH WIN	TER 1981.
6. Identification of Co	mponents Repaired	or Replaced and F	Replacement Con	nponents			
				T			
		1					ASME
•							Code
		1	National	ļ		Repaired,	Stamped
Name of	Name of	Manufacturer	Board	Other	Year	Replaced,	(Yes
Component	Manufacturer	Serial No.	No.	Identification	Built	or Replacement	or No)
	, , , , , , , , , , , , , , , , , , ,		•				
1-62A-145	TVA	NONE	NONE	NONE		~~~~~	
175		NONE	NONE	NUNE	UNKNOWN	REPLACEMENT	NO
		NIA					
	·	3.9.94					
·					,		
							ļ
							1
				<u></u>	<u> </u>		
7. Description of Work	ADDED S	WIM & TO C	POPPET SUC	ODET GAR			
			VICELLY OUT				
3. Tests Conducted:	Hydrostatic Pn	eumatic No	minal Operating	Pressure N	1 <u>A</u> 3.9.94	•	
	Other Pressure_		Test Temp.	°F	5.7.14		
NOTE: Supplement	al sheets in form of	lists, sketches, o	r drawings may t	pe used, provided (1	size is 8%	in. x 11 in (2) i	nforma-
tion in items 1 thro	ugh 6 on this report	is included on e	each sheet, and (	3) each sheet is nur	nbered and	the number of	sheets is
recorded at the top of	of this form.						

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9. Remarks TRACKING NO: 94-221 AC 3-10-94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the
ASME Code, Section XI. repair or replacement
Type Code Symbol Stamp
N/A AC 3.9.94
Certificate of Authorization No
- That ()+
Signed Inthony Utiona, FIELD ENGINEER Date Mar. 9 19 94
Owner or Owner's Designee, Title
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National/Board of Boiler and Pressure Vessel Inspectors and the State
or Province of TENNESSEE and employed by THE H.J.B. I. I. CE. of
have inspected the components described
in this Owner's Report during the period $2-1-94$ to $3-16-94$ , and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
(0) My 11
Commissions 1N-2633
Inspector's Signature() National Board, State, Province, and Endorsements
Marily
Date 1 // + 16 / 6 19 7 4

W.O. H 24289-03 PAGENOF 2516

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

with 1994

1. Owner TENNE	ESSEE VAL	LEY AUTHO	ontry	Date3/6	0/94		
400 W. SI	mmit Hiu	or. Kno	XVIUE, TN'	Sheet	of		
2. Plant WATIS	7001000			Unit			
	1401110			WO NO.	93-	24289-0_	3
3. Work Performed by	TENNESSE V	Name CITY TO	N 37381	Type Code Symbol Authorization No. Expiration Date	Stamp	/	
4. Identification of Sy		CHEM	ICAL &				
5. (a) Applicable Cons (b) Applicable Edit	A ( struction Code ion of Section XI Ut	SC STEEL	CONSTRUC Edition,_ or Replacements	CΠΟΝ ΜΑΝυ, 	46 7 ddenda,_	TH EDITION	√ _Code Case
6. Identification of Co	mponents Repaired	or Replaced and F	Replacement Con	nponents			
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-62A-42	TVA	NONE	NONE	1-62A-42	1994	REPLACEMENT	NO
		,					
					-		
		~/A	wyh 3/10/	94			
7. Description of Work_	MODIF	IED S	UPPORT				
_	Hydrostatic Po Other Pressure_	eumatic No.	minal Operating Test Temp.	Pressure F	- ~/, - ~/, 3/,	4 L 10/94	

tion in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is

recorded at the top of this form.

(12/82)

## W,O.# Z4Z89-03 22 PAGE ## OF 26 668 3/11/44

9. Remarks
Applicable Manufacturer's Data Reports to be attached
TRACKING NO. 94-222
CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this EPLACEMENT conforms to the rules of the
ASME Code, Section XI. repair or replacement
Type Code Symbol Stamp
Certificate of Authorization No. NONE Expiration Date
Signed Nyhafe F.E. Date 3/10/94 ,19
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiles and Boards Vessel Language and the Control
or Province of
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector's Signature Commissions National Board, State, Province, and Endorsements
Date

Page 8 cont. on Page 9	B
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WP D-04667-20

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

Name  P.O. Bax 2000, Spring Ciry, TN. 3738   Sheet   Of    Name  P.O. Bax 2000, Spring Ciry, TN. 3738   Supplied to the specification of System O63, Safery Injection System  (b) Applicable Edition of Section XI Utilized for Replacement Components  Name of Component Manufacturer Serial No.  Name of Manufacturer Serial No.  Name of Component Manufacturer Serial No.  Name of Component Manufacturer Serial No.  Name of Component Manufacturer Serial No.  National Components Replaced, or Replacement Components  National Components  Name of Component Manufacturer Serial No.  No. Identification Of Components  No. Identification Serial No.  No. Identification Serial No.  No. Identification Serial No.  No. Identification Serial No.  No. Identification Serial No.  No. Identification Serial No.  No. Identification Serial No.  No. Identification Serial No.  No. Identification Serial No.  No. Identification Serial No.  No. Identification Serial No.  No. Identification Serial No.  No. Identification Serial No.  No. Identification Serial No.  No. Identification Serial No.  No. Identification Serial No.  No. Identification Serial No.  No. Identification Serial No.  No. Identification Serial No.  No. Identification Serial No.  No. Identification Serial No.  No. Identification Serial No.  No. Identification Serial No.  No. Identification Serial No.  No. Identification Serial No.  No. Identification Serial No.  No. Identification Serial No.  No. Identification Serial No.  No. Identification Serial No.  No. Identification Serial No.  No. Identification Serial No.  No. Identification Serial No.  No. Identification Serial No.  No. Identification Serial No.  No. Identification Serial No.  No. Identification Serial No.  No. Identification Serial No.  No. Identification Serial No.  No. Identification Serial No.  No. Identification Serial No.  No. Identification Serial No.  No. Identification Serial No.  No. Identification Serial No.  No. Identification Serial No.  No. Identification Serial No.  No. Identification Serial No.  No. Identifi	1. Owner Tennes.	sce vallev	ALTHORI	TV	Date	9/4		
Plant Watts Bay Nuclear Plant  Name  P.O. Bax 2000, Spring City, TN 3738   Work Performed by T. V. A.  Name  P.O. Bax 2000, Spring City, TN. 3738   Repair Organization P.O. No., Job No., etc.  Type Code Symbol Stamp  Authorization No.  Expiration Date  Subjection of System O63, Safety Injection System  (a) Applicable Construction Code AISC  19 73 Edition, Janc 1973 Addenda, 1981 Cod  (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 Edition Thru. winter 1981 A  Identification of Components Repaired or Replaced and Replacement Components  Name of Component Manufacturer Serial No.  Name of Manufacturer Serial No.  No. Identification Built Replaced, or Replacement Organization Processor  ASS STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE								
Ro. Box 2000, Spying City, TN 3738   Spell Organization P.O. No., Job No., etc.  Work Performed by T. V. A. Name  Ro. Box 2000, Spying City, TN 3738   Authorization No.  Expiration Date  Ro. Box 2000, Spying City, TN 3738   Authorization No.  Expiration Date  Story Injection System  Authorization No.  Expiration Date  Authorization No.  Expiration Date  Authorization No.  Expiration Date  February Injection System  Authorization No.  Expiration Date  February Injection System  Authorization No.  Expiration Date  February Injection System  Authorization No.  Expiration Date  February Injection System  Authorization No.  Expiration No.  Expiration Date  February Injection System  Authorization No.  February Injection System  Authorization No.  February Injection System  Authorization No.  February Injection System  Authorization No.  February Injection System  February Injection System  February Injection System  February Injection System  February Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injec	400 W. Sum	MiT Hill dri Address	ve, Knoxu	ille, TN.	Sheet/	of		
Work Performed by T. V. A.  Work Performed by T. V. A.  Name  P.O. Bo x 2000, Spring City, TN. 3738   Expiration No. Wellung Expiration No. Wellung Expiration No. Wellung Expiration Date  P.O. Bo x 2000, Spring City, TN. 3738   Expiration Date  Expiration Date  Expiration Date  Expiration Date  Solution, Jane 1973 Addenda, 1981   Codd (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 Edition, Thru. Winter 1981 A.  Identification of Components Repaired or Replaced and Replacement Components  Name of Manufacturer Seriel No.  No. Identification Built or Replaced. In the component of Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Replacement or Repl	2. Plant WaTTS	Bay Nuclear	Plant	<del></del>	Unit/	·		
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(a) Applicable Construction Code ATSC  19 73 Edition, Jane 1773 Addenda, 1981 Code (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 Ed 1710n Thru. winter 1981 As Identification of Components Repaired or Replaced and Replacement Components  Name of Component Name of Manufacturer Seriel No. No. Identification Built Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replacement No. Identification Built Replaced, or Replacement No. State No. No. Identification Replacement No. No. Identification Replacement No. No. No. No. No. No. No. No. No. No.								
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9. Remarks Iracking #94-223			
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Type Code Symbol Stamp			
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Certificate of Authorization No.	E	xpiration Date	W.K.f. 5-10-94
Signed Wilber 7 instance / Owner or Owner's Designee, Title	Mech. Engr.		<u>/0</u> , 19 <u>_94</u>
	TIFICATE OF INSERVIC		. 14
I, the undersigned holding a valid commission iss or Province of FINE SEE and em	nploved by THE ARK	Trond OTH. BOIL	FRI find I. Co of
- HARTFORD, CT,	<del>*************************************</del>	have inspec	ted the components described
in this Owner's Report during the period	2-8-94	to3-2/-5	, and state that
to the best of my knowledge and belief, the Ow Owner's Report in accordance with the requirement			active measures described in this
By signing this certificate neither the Inspect			essed or implied, concerning the
examinations and corrective measures described			
shall be liable in any manner for any personal inj	jury or property damage of	or a loss of any kind aris	ing from or connected with this
inspection. C.E. Mitcalle	Commissions	TN-2633	
Inspector's Signature		National Board, State,	Province, and Endorsements
Date MAKOH 21, 1994			
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# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Rathority  Name  Loo W. Samnit Hill drive Knaxville TN.  Address  2. Plant Watts Bar Naclear Plant Name  Ro. Box 2000 Spring City TN. 37381  Abdress  3. Work Performed by T. V. A.  Name  Ro. Box 2000 Spring City TN. 37381  Address  4. Identification of System O63. Safety Injection  5. (a) Applicable Construction Code ATSC  (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 Edition, Thru. Winter/1931 Addend.  Component  Name of Manufacturer Serial No.  No. Identification Date  No. Identification of Components Repaired or Replaced and Replacement Components  Name of Components Repaired or Replaced and Replacement Components  Name of Manufacturer Serial No.  No. Identification Date  Repaired, Stamped Replaced, (Yes)  No. Identification Date  Repaired, Stamped Replaced, (Yes)  Other Individual Replacement Components  ASME Code  Repaired, Stamped Replaced, (Yes)  No. Identification Date  Replaced, (Yes)  Other Individual Replacement No.  Description of Work Modification Pressure  Discription of Work Modification Pressure  Pressure  Pressure  Pressure  Pressure  Pressure  Pressure  Pressure  Pressure  Pressure  Pressure  Pressure  Pressure  Pressure  Pressure  Pressure		·						
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3. Work Performed by T. V. A. Name  Po. Box 2000, Spring City TN. 3238   Authorization No. Expiration Date  Po. Box 2000, Spring City TN. 3238   Expiration Date  Authorization No. Expiration Date  4. Identification of System O63, Safety Injection  5. (a) Applicable Construction Code ATSC 19 73 Edition, June 1973 Addenda, 1981 Code Cat (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 Edition Thru. Winter 1981 Addenda  6. Identification of Components Repaired or Replaced and Replacement Components  Name of Component Manufacturer Serial No. No. Identification Built Other Year Replaced, or Replaced, or Replaced, or Replacement Or No. Manufacturer Serial No. No. Manufacturer Serial No. No. Manufacturer No. No. Manufacturer No. No. Manufacturer No. No. Manufacturer No. No. Manufacturer No. No. Manufacturer No. No. Manufacturer No. No. Manufacturer No. No. No. No. No. No. No. No. No. No.	<u> </u>	146111	•			20761	·-57	
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NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

## WP D-20761-57

FORM NIS-2 (Back) Page <u>SD</u> cont. on Page <u>5E</u>
. Remarks
. Remarks Tracking # 94-224  Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this Replacement conforms to the rules of the repair or replacement  ASME Code, Section X!.
Type Code Symbol Stems
Certificate of Authorization NoExpiration Date
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB TITCO of HATTOY CONN. have inspected the components described in this Owner's Report during the period 3/29/94 to 3/29/94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions TN 2534  National Board, State, Province, and Endorsements
Date

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Nuclear Plant  Address  Name  R. Nuclear Plant  Address  Stem FEEDWATER SYSTEM   03  Struction Code AISC 19 73 Edition, 7  ion of Section XI Utilized for Repairs or Replacements 19 BO 744  Imponents Repaired or Replaced and Replacement Components  Not Known None N/A None  Not Known None N/A None  Not Known None N/A None  Not Known None N/A None  Not Known None N/A None  Not Known None N/A None  Not Known None N/A None  Not Known None N/A None  Not Known None N/A None  Not Known None N/A None  Not Known None N/A None  Not Known None N/A None  Not Known None N/A None  Not Known None N/A None  Not Known None N/A None  Not Known None N/A None  Not Known None N/A None  Not Known None N/A None  Not Known None N/A None  Not Known None N/A None  Not Known None N/A None  Not Known None N/A None  Not Known None N/A None  Not Known None N/A None  Not Known None N/A None  None N/A None N/A None  Not None N/A None  None N/A None N/A None  Not None N/A None N/A None  None N/A N/B 3/10/94  Nother Pressure Pressure Provided (1)	BAR NucLear Plant Name  1000, Spring City, TN3777/ Address Repair Organization F  Type Code Symbol Stamp	BAR Nuclear Plant Name  2000, Spring City, TN37771  Address  TYPE Code Symbol Stamp Authorization No. Expiration Date  Address  Struction Code AISC  19 73 Edition, 7  Addenda, NA  Struction XI Utilized for Repairs or Replacements 19 80 THRU'81 W/ 1981 W  Imponents Repaired or Replaced and Replacement Components  Name of Manufacturer Serial No.  No.  Identification  NOT KNOWN NONE  NA  NONE  NOT KNOWN NONE  NA  NONE  NA  NONE  NOT  REPLACE  KNOWN NONE  NA  NONE  NOT  REPLACE  KNOWN NEWT  NONE  NOT  REPLACE  KNOWN NEWT  NONE  NOT  REPLACE  KNOWN NEWT  NONE  NOT  REPLACE  KNOWN NEWT  NONE  NOT  REPLACE  KNOWN NEWT  NONE  NOT  REPLACE  KNOWN NEWT  NOT  REPLACE  KNOWN NEWT  NOT  REPLACE  KNOWN NEWT  NONE  NOT  REPLACE  KNOWN NEWT  NOT  REPLACE  KNOWN NEWT  NOT  REPLACE  KNOWN NEWT  NOT  REPLACE  KNOWN NEWT  NOT  REPLACE  KNOWN NEWT  NOT  REPLACE  KNOWN NEWT  NOT  REPLACE  KNOWN NEWT  NOT  REPLACE  KNOWN NEWT  NOT  REPLACE  KNOWN NEWT  NOT  REPLACE  KNOWN NEWT  NOT  REPLACE  KNOWN NEWT  NOT  REPLACE  KNOWN NEWT  NOT  REPLACE  KNOWN NEWT  NOT  REPLACE  KNOWN NEWT  NOT  REPLACE  KNOWN NEWT  NOT  REPLACE  KNOWN NEWT  NOT  REPLACE  KNOWN NEWT  NOT  REPLACE  KNOWN NEWT  NOT  REPLACE  KNOWN NEWT  NOT  REPLACE  KNOWN NEWT  NOT  REPLACE  KNOWN NEWT  NOT  REPLACE  KNOWN NEWT  NOT  REPLACE  KNOWN NEWT  NOT  REPLACE  KNOWN NEWT  NOT  REPLACE  KNOWN NEWT  NOT  REPLACE  KNOWN NEWT  NOT  REPLACE  KNOWN NEWT  NOT  REPLACE  KNOWN NEWT  NOT  REPLACE  KNOWN NEWT  NOT  REPLACE  KNOWN NEWT  NOT  REPLACE  KNOWN NEWT  NOT  REPLACE  KNOWN NEWT  REPLACE  KNOWN NEWT  REPLACE  KNOWN NEWT  REPLACE  KNOWN NEWT  REPLACE  KNOWN NEWT  REPLACE  KNOWN NEWT  REPLACE  KNOWN NEWT  REPLACE  KNOWN NEWT  REPLACE  KNOWN NEWT  REPLACE  KNOWN NEWT  REPLACE  KNOWN NEWT  REPLACE  KNOWN NEWT  REPLACE  KNOWN NEWT  REPLACE  KNOWN NEWT  REPLACE  KNOWN NEWT  REPLACE  KNOWN NEWT  REPLACE  KNOWN NEWT  REPLACE  KNOWN NEWT  REPLACE  KNOWN NEWT  REPLACE  KNOWN NEWT  REPLACE  KNOWN NEWT  REPLACE  KNOWN NEWT  REPLACE  KNOWN NEWT  REPLACE  KNOWN NEWT  REPLACE  KNOWN NEWT

# WORKPLAN D-04534-01

FORM NIS-2 (Back)
9. Remarks TRACK INGNO: 94-225 BB 3/10/94
Applicable Manufacturer's Data Reports to be attached
•
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this <b>REPLACEMENT</b> conforms to the rules of the
ASME Code, Section XI.
Type Code Symbol Stamp
Type Code Symbol Stamp   - N/A B3 3/10/94.  Certificate of Authorization No. Expiration Date
Certificate of Authorization No Expiration Date
7
Signed Nemal (FIELD ENGINEER) Date 3/10/ 19 94
Owner or Owner's Designee, Title
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of TANE SIE and employed by THE HSB, I, & I. Co. of
heve inspected the components described
in this Owner's Report during the period $12-18-92$ to $3-23-94$ and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Commissions 71-2633  Inspector's Signature Commissions TN-2633  National Board, State, Province, and Endorsements
Inspector's Signature National Board, State, Province, and Endorsements
1/1/201/ 00
Date 1411011 23 1994

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. Identification of Sy	stem 15 / S	TEAM G	ENERATI	OR BLOW!	<u>&gt;0 Wr</u>	J	
. (a) Applicable Cons	struction CodeA	15C 19	73 Edition	JUNE 1973	ddondo	NA	
(a) Applicable Cons (b) Applicable Editi	ion of Section XI Ut	ilized for Repairs	or Replacement	19 BO THRU	_,eoriado. TM:W	ER ISBI AT	Code Case
			or replacement				
. Identification of Co	mponents Repaired	or Replaced and F	Replacement Co	mnonents			
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							ASME
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Name of	Name of	Manufacturer	Board	Other	Year	Replaced,	(Yes
Component	Manufacturer	Serial No.	No.	Identification	Built	or Replacement	or No)
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Tests Conducted: F	lydrostatic Po	eumatic No				WATE	***
_	other Pressure_	psi psi	minal Operating	Pressure		17 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	S 3/17
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32) This form (E	00030) may be obtain	ed from •be Ord-	. D			T	
-, instorn(c	SOUSO, May De ODIBIE	rom the Order	Dept. ASME, 22	Law Drive, Box 2300,	Fairfield, f	n 0100755200. HE	TO PERSON
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# 1 21328 27 cont. on Page 8

FORM NIS-2 (Back)
9. Remarks TRACKING # 94-226 8,3.11.39
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp N/A 3.(0.94
Certificate of Authorization No. N/A 3-10-94 Expiration Date
Signed Owner or Owner's Designed, Title  Date 3-10 , 19 94
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of TENNESSEE and employed by HSB. I. E.I. Co. of
have inspected the components described
in this Owner's Report during the period $10-25-93$ to $3-11-94$ , and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.  Commissions TW-2633  Commissions TW-2633
Anspector's Signature National Board, State, Province, and Endorsements
Date MANH 22 1994



. Owner TENNE	SSEE UAlle	y Author	TY	Date	10-94		· · · · · · · · · · · · · · · · · · ·
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				Repair Orga	nization P	.O. No., Job No.,	etc.
Work Performed by	TVA ME	CH. MOD	5	Type Code Symbol	Stamp	N	·
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WAT 13 13	AR NucleA	R PLAN		Authorization No.  Expiration Date		14 3	-10-94
Identification of Sy	stem SAFE	TY INJ	ECTION				
Identification of Co			•	s 19 <u>SO</u> Thru	T	1	
							ASME Code
Name of Component	Name of Manufacturer	Manufacturer Serial No.	i National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	(Yes or No)
Component	Manufacturer	Serial No.	Board	Identification	Built	Replaced, or Replacement	(Yes or No)
Component	Manufacturer	Serial No.	Board	Identification	Built	Replaced, or Replacement	(Yes or No)
Component	Manufacturer	Serial No.	Board	1	Built	Replaced, or Replacement	(Yes or No)
Composent	Manufacturer	Serial No.	Board No.	Identification  3-16-94  0X 4-42-70 0R  178,179,214	Built	Replaced, or Replacement	(Yes or No)
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Composent	Manufacturer	Serial No.	Board No.	Identification	Built	Replaced, or Replacement	(Yes or No)
Composent	Manufacturer	Serial No.	Board No.	Identification  3-16-99  3-16-99  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-	Built	Replaced, or Replacement	(Yes or No)
Composent	Manufacturer	Serial No.	Board No.	Identification  3-16-99  3-16-99  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-91  3-16-	Built	Replaced, or Replacement	or No)
Composent  63-63-ISIS-RI64  Description of Work	Manufacturer  N A  MobIFY	Serial No.  2 Rao 4 3-10-94  Support	Board No.	Identification  3-16-94  Identification  3-16-94  Identification  3-16-94  Identification  3-16-94	Built (ルルK)	Replaced, or Replacement  Replacement	(Yes or No)
Component  63-63-ISIS-RI64  Description of Work	Manufacturer  N A  MobIFY	Serial No.  2 Rao 4 3-10-94  Support	Board No.	Identification  3-16-94  Identification  3-16-94  Identification  3-16-94  Identification  3-16-94	Built (ルルK)	Replaced, or Replacement  Replacement	(Yes or No)
Composent  63-63-ISIS-RI64  Description of Work	Manufacturer  N A  MobIFY	Serial No.  2 Rao 4 3-10-94  Support	Board No.	Identification  3-16-94  Identification  3-16-94  Identification  3-16-94  Identification  3-16-94	Built (ルルK)	Replaced, or Replacement  Replacement	(Yes or No)
Component 63-63-ISIS-RI64	Manufacturer  N A  MobIFY	Serial No.  2 Rao 4 3-10-94  Support	Board No.	Identification  3-16-94  Identification  3-16-94  Identification  3-16-94  Identification  3-16-94	Built (ルルK)	Replaced, or Replacement  Replacement	(Yes or No)

recorded at the top of this form.

9. Remarks TRACKING # 94- 228
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this AEDIAC MENT conforms to the rules of the
ASME Code, Section XI.
·
Type Code Symbol Stamp
Certificate of Authorization NoExpiration Date
Signed <u>Name Revenue</u> Date 3-10- 19 94
Owner or Owner's Designee, Little
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of Florida and employed by Hartford (tegas Holler t. F. Co. of
Hartford, Connecticut have inspected the components described in this Owner's Report during the period oct 24, 1994 to oct 24, 1994, and state that
in this Owner's Report during the period OCT 24, 1994 to OCT 24, 1994, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
A way A South FI 201
Inspector's Signature Commissions F1 296 National Board, State, Province, and Endorsements
Date

Page	cont. o	n Page	<u>6B</u>
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1. Owner TEN	NESSEE VAL	LEY AUTHO	RITY	Date3 -/	0-94		
	MMIT HILL !						
	, , , , , , , ,			311687	01		
2. Plant <u>WATTS</u>	BAR NUCLET	AR FLANT	<del></del>	Unit			
	OOD SPRING			WORKDIA	24) ^	-04586-6	~ <u> </u>
	Address			Repair Org	anization	P.O. No., Job No.	, etc.
3. Work Performed I	TVA - MOL	Name	<u>'S</u>	Type Code Symbol	Stamp_		
	BAR NUCLET			Authorization No.			.//
	Address	_		Expiration Date		-/ · · · · ·	15-1.0-4
. Identification of S	ystem_CVC:	5 (062)					
. (a) Applicable Co	nstruction Code	AISC 10	73 Edisian	7 +4		N/n Jul	4 3-10-9
(b) Applicable Ed	nstruction Codeition of Section XI U	tilized for Repairs	or Replacements	19 80 EDITION	ddenda,_ ∪ <i>THR</i> 4	WINTER 192	Code Cas
. Identification of C	omponents Repaired	or Replaced and I	Replacement Con	ponents			
					T	T	<del></del>
	1						ASME
Name of			National			Repaired,	Code Stamped
Name of Component	Name of Manufacturer	Manufacturer Serial No.	Board	Other	Year	Replaced,	(Yes
		Journal No.	No.	Identification	Built	or Replacement	or No)
20-4 40	1			,	4.	·	
PE SURPORT	VA-mods	NONE	とのとほ	1062-1-62A-70	MAKON	REPLACEMENT	סע
			-1 4				
			3-10-94				
·							_
Description of Wast	Bennym	EVIS TILL	O			<u> </u>	
	BEMOVED.	LN3//NF (	DNHGURAT	ion , Install	eo ~	BW CONFIGU	RATION
Tests Conducted:	Hydrostatic Pne	eumatic Nor	ninal Operating P	ressure		•	
	Other Pressure_	psi psi	Test Temp.	°F			
NOTE: Sunnlement	al sheets in form of		#3/10/14				
aine in issues dut	unh 6 on this room	is included on a	orawings may be	used, provided (1) s	ize is 8½	in. x 11 in., (2) in	forma-
	-an a an unia report	is included on 68	ich sneet, and (3)	each sheet is numb	Pre harer	the number of 1	
ion in items 1 thro ecorded at the top o	-an a an unia report	is included on ea	ich sneet, and (3	each sheet is numb	ered and	the number of sh	neets is

NP D-04586-01
Page 105 cont. on Page 7



P. Remarks TRACKING NUMBER 94-229 July 3-10-94	
Applicable Manufacturer's Data Reports to be attached	
CERTIFICATE OF COMPLIANCE	
We certify that the statements made in the report are correct and this REPUKENENT conforms to the rules of repair or replacement	f the
ASME Code, Section XI.	•
Type Code Symbol Stamp NONE	
Type Code Symbol Stamp70000	
Certificate of Authorization No. NONE Expiration Date NONE	
CADINATION DATE	
Signed W Hally PROJ ENGR. Date MARCH 10 , 19 9	4
Owner or Owner's Designee, Title	
CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the	e State
or Province of TENNESSEE and employed by THE H.S.B. I. # I. Co.	of
have inspected the components des	cribed
in this Owner's Report during the period 9-17-91 to 3-2/-94, and state	te that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described	in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerni	ing the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his em	ployer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected wi	th this
inspection.	
(1) & M1+ 11 TA 2/22	
Commissions 7N-2633	
Inspector's Signature ( National Board, State, Province, and Endorseme	ents
Mnpall 11 as	
Date / /////////  // 19 / 7	

Page 7	cont. on Page	8
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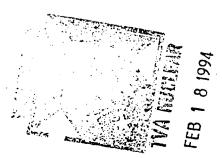
1. Owner TENUE	SSEE VA	LLEY Au	THORITY	Date3//3	194		<u></u>
400 W-Su	MMIT HIL	L DRIVE,	KNOTVILLE	Theeto	<u>, /</u>		
2. Plant WATTS	BARN	uclear	PLANT	Unit/			
P.O. Box Zor	Name			WP-D-C	579	Z-/Z	
3. Work Performed by		Name  Tkl 3	7381	Type Code Symbol : Authorization No Expiration Date	Stamp		
4. Identification of Sys	Address stem 068				•	pic sire	
5. (a) Applicable Cons (b) Applicable Editi	struction Code A	15C19	73_Edition, or Replacemen	JUNE 1973 AC	,abnebb - ಬುಬ	N/A TER 1981 A	_Code Case
6. Identification of Cor	mponents Repaired o	or Replaced and R	eplacement Co	mponents			
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1068-1-68-018	%	K 3/10/94		XAK0579Z- 07;08;09AD49	UNK	REPLACEMENT	No
901/194							
73/10							
7. Description of Work_	MODIFIED	SUPPORT	PER OCA	15 K05792	2-07	1:08:09; A	W 49.
3. Tests Conducted: H	<del>-</del> -	. 🗀 .	minal Operating				

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

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Page 8 cont on Page 9

FORM NIS-2 (Back)
9. Remarks TRACKING NO. 94-230 JOK 3.10.94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this   repair or replacement  ASME Code, Section XI.
Certificate of Authorization No  Signed Deplem A Trensle Engineer Date 3-10 194  Other or Owner's Designee, Title
CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned belding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TENNESSEE and employed by THE HJB, I. AND I. R. o
in this Owner's Report during the period $\frac{2-17-94}{}$ to $\frac{3-18-94}{}$ and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employe shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.  Commissions 71 - 2633  Inspector's Signature Commissions National Board, State, Province, and Endorsements
Date MARCH 18, 1994



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WOR	04534 KPLAN	09

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••	. Laha		COIL	W.	i Ma	

. Owner TENNE	SSEE VALLEY	Authority	•	Date 3-/6			
	mmit Hill D	•		Sheet/	of /		
	~~~~		<del></del> ,		U1		
Plant WATTS	BAR NUCLEUR Name	2 PLANT		Unit/			
P.O. Box 20	OO Spring C	ity. TN37:	38/	WP-D	- 04	5 34-09	
				Repair Orga	nization	P.O. No., Job No.,	etc.
Work Performed by	, I.V.A.	Name		Type Code Symbol		11/2	
P.O., Box 200	O, SPRING	CITY, TN	•	Authorization No. Expiration Date		N/A 8DK	3/icha
Identification of Sy	Address /	MAIN ANL	AUKILIAR	PEEOWA,	TEO	7 4-1-	, ,,,
	A	150	-77	hire 1290			
(a) Applicable Con	struction Code	19	Edition,	JUNE 1973 A	ddenda,_	KIA	_Code,Ca
(b) Applicable Edit	ion of Section XI Ut	ilized for Repairs	or Replacemen	ts 19_ <i>80 THRU</i>	NINTER	2 1981 ADDT	TON
Identification of Co	mponents Repaired (or Poplosed and f	7	•			
		n Neplaced and P	· ·	mponents .			
							ASME Code
Name of	Name of		National			Repaired,	Stamped
Component	Name of Manufacturer	Manufacturer Serial No.	Board No.	Other Identification	Year Built	Replaced, or Replacement	(Yes or No)
3A-1-03A		YUK 3/10/1	/	DCA P64534-		 	
150				02;11;12; MOL3	UNK	REPLACEMENT	NO
K							
W.	o di						
70	49						
1 2							
							_
	MODIEIED	SIRPORT	An MA	S P04534	1_17.1	1.12212 00	_
escription of Work_	1 10011 100		DE OTT	- 707057	-04,1	115112	
ests Conducted: 1	Hydrostatic Pn	eumatic No	minal Operating	Pressure	•	VIII.	7.7.7
C	Other Pressure_		Test Temp.	°F,			1
IOTE O			- NA	80K 3/10/94			
iOIE: Supplementation in items 1 throu	al sheets in form of ugh 6 on this report	lists, sketches, or is included on a	r drawings may	be used, provided (1) (3) each sheet is num	size is 8%	in, x 11 in., (2) I	nforme-
corded at the top o	of this form.			o, cach sheet is num	incied Su	u (ne number of)	مسائدة
				•		Value of the same	1.516
) This form (E	E00030) may be obtain	ed from the Order	Dept., ASME, 2	2 Law Drive, Box 2300,	Fairfield	N.I. 07007. 3200	MAN

D 04534 09 WORKPLAN

Page 8 cont on Page 9

FORM NIS-2 (Back)
9. Remarks TRACKING NO. 94-23/ SOK 3-10-94
Applicable Manufacturer's Data Reports to be attached
·
•
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this REVALUATED conforms to the rules of the
ASME Code, Section X1.
40 × 3111
Type Code Symbol Stamp
Certificate of Authorization NoExpiration Date
Signed Stephen D. Kuens le Engineer Date 3-10 , 19 94
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of FNNESSEE and amplication HID \$ 1 \$ 7 6
#ACTFOID CT
in this Owner's Report during the period $\frac{2-21-94}{}$ to $\frac{3-24-94}{}$, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection. Commissions TN-2633 Inspector's Signature Commissions National Board, State, Province, and Endorsements
Inspector's Signature Commissions National Board, State, Province, and Endorsements
Date MARCH 24 1994

D 04534 08 WOREPLAN

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

1. Owner TENNES	SEE VALLEY A	uthority	· .	Date/	0/94		
400 W. Su	mmit Hice I	DRIVE, KNOW	XVILLE IN	Sheet	of		
2. Plant WATTS B	Addi ess			Unit/		,	
P. O. Box 26	Name)	37381	WP- D-0	04534	1-08	
				Repair Orga	enization f	P.O. No., Job No.,	etc.
3. Work Performed by		Name /		Type Code Symbol Authorization No.	Stamp	N/A onk	
P.O. Box 200	Address	TY, M					3/10/14
. Identification of Sys	stem 003	MAIN AND	O AUXILI.	ARY FEEDW	ATER	<u> </u>	
i. (a) Applicable Cons (b) Applicable Editi	truction CodeA	15C	73 Edition,	JUNE 1973 A	\ddenda,_	NIA	Code Cas
(b) Applicable Editi	on of Section XI U	ilized for Repairs	or Replacement	s 19 <u>80 THRU</u>	WINTE	e 1981 ADC	YTTON
i. Identification of Cor	mponents Repaired	or Replaced and R	Replacement Cor	mponents			
			,		1	<u> </u>	Τ
							ASME
Name of	Name of	Manufacture	National			Repaired,	Code Stamped
Component	Manufacturer	Manufacturer Serial No.	Board No.	Other Identification	Year Built	Replaced, or Replacement	(Yes or No)
1003A-1-03A-		80K 310 44		TVA -445-24-07		2	
449				P04534-09 P04534-10	UNK	REARCEMENT	No
90/194							
3/1							
	,						·
				,			
Description of Work_	MODIFIED	SUPPORT	PER DE	1-P04534-C	2,09	R	
			minal Operating				\\
O	ther Pressure_		Test Temp.	SN/21.6			
NOTE: Supplementa	I sheets in form of	lists, sketches, or	drawings may I	### AldY## be used, provided ﴿1)	Size is 8%		ntorma-
tion in items 1 throu recorded at the top of	gh 6 on this report	is included on ea	ach sheet, and (3) each sheet is non	bered and	the total models	heets is
				·	V	CLEAR	
/82) This form (E	00030) may be obtai	ned from the Order	Dept., ASME, 22	Law Drive, Box 2300,	Faire	07007-2300	RINT 4/93

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Woi	RKPLAN _	

Page 8 cont on Page 9

FORM NIS-2 (Back)
9. Remarks TRACKING NO. 94-232 806 3-10-94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE We certify that the statements made in the report are correct and this KERACENEUT conforms to the rules of the ASME Code, Section X1. repair or replacement
Type Code Symbol Stamp
Signed Stephen D. Knewsle Engineer Date
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TRANCSEE and employed by THE HSB, I. & I. CE, of have inspected the components described in this Owner's Report during the period 2-21-94 to 3-17-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employe shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector's Signature Commissions TN-3633 National Board, State, Province, and Endorsements
Date 1/19/19/1994

1. Owner <u>TENNE</u> 400W. Summ				Sheet/	of/_		
2. Plant <u>WATT 5</u>	BAR Ruc	EAR PLA	NT	Unit/			
P.O. Box 20		-		WO # 9. Repair Orga	3-249	479-00	
Work Performed by	TVA MOD	25		Repair Orga Type Code Symbol			etc.
WATTS B				Authorization No. Expiration Date		/	94
. Identification of Sys	7,00,000				*	•	
Identification of Cor				nponents			
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No,	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stampe (Yes or No
Jonipolient .		1					
LPPORT 1015-							
LPPORT 1015-	None	NONE	None	NONE	NONE	REPIACEMENT	No
LPPORT 1015-	None	NONE	None	NONE	NONE	Ropincement	Ŋυ
LPPORT 1015-	None	NONE	NONE	NONE	NONE	REPIREMENT	No
100-4-184	NONE	NONE	NONE Ant		NONE	REPIREMENT	No
LPPORT 1015-	NONE	NONE			NONE	REPIREMENT	No
ирровет 1015- 400-4-184					NONE	REPIREMENT	NO
LPPORT 1015- HOO- 4-184 Description of Work		E Nut	grit _{sl}	0 44	NONE	REPIREMENT	No

recorded at the top of this form,

tion in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is

9. Remarks NONE TRACKING NO. 94-233 BOW 3110/94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this REPIACEMENT conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp
Certificate of Authorization NoExpiration Date
04/41:
Signed Date Date Date 10, 19 94
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of JENNESSEE and employed by THE H.S.B. I. AND I. Co., of
in this Owner's Report during the period $3-9-9-4$ to $3-16-9-4$, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section X1.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
C. E. Mitalde Commissions TN-2633
Inspector's Signature National Board, State, Province, and Endorsements
Date 1/4 /6 1994

Owner _/ENNE	SSEE VALLEY Name	4 UTHORITY		Date	2-94	·	
400 W.SU	MMIT HILL DR	WE, KNOX.	TW.	Sheet/	of/_		
Plant WATTS	BAR NUCLEAR Name	PLANT		Unit/_			
P.O. Box 2	2000, SPRING C Address	7, TN. 3	7381	WORK PLAN Repair Org	2.2	7528-4	2
Work Performed	by T.V.A. MEC	<u>H. MODIFICE</u> Name	1710NS	Type Code Symbo	l Stamp		/
WATTS BE	AL NUCLEAR PL Address	ANT		Authorization No. Expiration Date		/N/A	BAPI
Identification of S	System <u>JAFETY</u>	INSECTIO	N		•		-
(o) Applicable Ed	enstruction Code A lition of Section XI Ut Components Repaired o	ilized for Repairs	s or Replacement	is 19 <u>80 ED</u> ITION	V THRV	MINTER 19	81
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Yeer Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
OE SUPPORT	N/A BAP 2.28.94	NONE	NONE	47A060-63-92	UNKNOWN	REPLACEMENT	No
PE SUPPORT	N/A B3P 228.94	NONE	NONE	474060-63-92	UNKNOWN	REPLACEMENT	No
PE SUPPORT	N/A BAP 2.28.94	NONE	NA BAP 3-10-94	47,4060-63-92	UNKNOWN	REPLACEMENT	No
PE SUPPORT	N/A BAP 2.28.94	NONE		47A060-63-92	UNKNOWN	RÉPLACEMENT	No
PE SUPPORT	N/A BAP 2.28.94	NONE		47A060-63-92	UNKNOWN	REPLACEMENT	No
			NA BAP 3-10-94				
			NA BAP 3-10-94				
	ADDED INSTRU	MENT LINE 3P 2-28-94	NA BAP 3-10-94	1-ISL3-997-			

735 1F

WESTER T. D. 27528-42

This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

recorded at the top of this form.

(12/82)

REPRINT 12/91

9. Remarks <u>TRACKING # 94-234 BAP 3-10-94</u>
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this **REPLACE MENT** conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stemp
Certificate of Authorization No. NA BOR 3-10-94 Expiration Date BOR 3-10-94
Signed Bradfard Q. Pendre D. March 10 94
Owner or pwner's Designee, Title
CERTIFICATE OF INSERVICE INSPECTION
1, the undersigned holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of IENNESSEE and employed by ITNESSEE and employed by
HARTFORD, CT. 2-28-94 have inspected the components described
in this Owner's Report during the period 3-23-74 to 3-23-94, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property demage or a loss of any kind arising from or connected with this
inspection.
Commissions TN-2633
Inspector's Signature National Board, State, Province, and Endorsements
Date
A = 22520.12
WORK 19 PROTECTION D 27528-42
BAP 3-10-94
and entimple

1. Owner TENNE	ESSEE VALL	EY AUTHOR	<i>(17</i>)	Date3/1	0/94		
400 W. SUM	MIT HILL DR.	KNOXVILLE	, TN	Ohana /	1		
	Address			Sheet/	_ of		
2. Plant WATTS				Unit/			
P.O. BOX 2	Nam 2000, SPRING	CITY, TN :	37381	D - 16	469 -	.09	
	Address			Repair Or	ganization	P.O. No., Job No.	. etc.
3. Work Performed by	, TVA - MOD	PIFICATION	YS	Type Code Sumb	.l Ca	/	
WATTS BAR	NUCLEAR 2000, SPRIN	PLANT	37201	Authorization No Expiration Date_		N/A with:	3/10/9
7-01 1302	Address	C /	3/30/	Expiration Date_		/	
. Identification of Sy	stem	WASTE	DISPO	SAL)			
. (a) Applicable Con	struction Code	4150.	72	-1 TV		./-	
(b) Applicable Edit	ion of Section XI U	tilized for Repairs	Cr Benjacemen	, / /H	Addenda,_	N/A	_Code
. Identification of Co	mponents Repaired	or Replaced and I	Replacement Co	pmponents			
		Ţ			T		,
					1		ASM
			National			Banai and	Code
Name of Component	Name of	Manufacturer	Board	Other	Year	Repaired, Replaced,	Stamp (Ye:
	Manufacturer	Serial No.	No.	Identification	Built	or Replacement	or No
77-A482-	7154					·	
1-21	TVA	NONE	NONE	NONE	1994	REPLACEMENT	NO
	-				 		
	·	8	WYh	3/10/94			
			00 171	10/14	 		
	,				<u> </u>		
Description of Work_	MODIFIE	ED PIF	E SUPA	PORT			
		-		_			
_			ninal Operating		N/A	1014 3/10/4	91
_	ydrostatic Pne ther <u>Pressure</u>	eumatic Nor		Pressure	N/A	W4h 3/10/	94

(12/82)

recorded at the top of this form,

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5250 <u>AB</u> 5372 on Page <u>5 4</u>C 274 5/1994

9. Remarks
Applicable Manufacturer's Data Reports to be attached
TRACKING NO. 94 - 235
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp
Certificate of Authorization NoExpiration Date
Signed Dyhat F.E. Date 3-10- , 19 94
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB IFI CO O have inspected the components described
in this Owner's Report during the period 3/28/94 to 3/28/94, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in thi Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection. Commissions TN2 534 Inspector's Signature Commissions National Board, State, Province, and Endorsements
Date 3/28 19 94
Date

TV HILL: FAR

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR WELL COMEN

1. Owner EUNES	SEE VALLEY A	MHORITY		Date 3 10 94	_			
	MIT HILL DR.		TN.	Sheet1of				
2. Plant WATTS BAR NUCLEAR PLANT				Unit 1				
Po Box 2000, SPRING CITY, TN				Work Plan	J No.	D-06011-C	2	
TVA / Manual Amala				Repair Orga Type Code Symbol		.O. No., Job No.,	etc.	
	ATZ NUCLEAT			Authorization No		3/10/94		
4. Identification of Sy	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5 <u>75</u> 00	Expiration Date	- 07			
				n . —	<u> </u>	11. 13/1		
5. (a) Applicable Con (b) Applicable Edit	struction Code <u>AIS</u> tion of Section XI Uti	ilized for Repairs	DED_Edition,	N/D et 3/10/94 A	ddenda,	HSI ADD	_Code Case	
6. Identification of Co						TO APPE	HUDA	
		The proceed and t	T T T T T T T T T T T T T T T T T T T	The contract of the contract o		·	r	
							ASME Code	
Name of	Name of	Manufacturer	National Board	Other	Year	Repaired, Replaced,	Stamped (Yes	
Component	Manufacturer	Serial No.	No.	Identification	Built	or Replacement	or No)	
Support No.		15	14	DA-06011-01	, Mr.			
24550151 Me.	HI 2/10/94	HONE	Heyle	26/27/29/30 RA-06011-01,	III BUILD	REPLACEMENT	No_	
<u> 2014-1-014-392</u>				30/31/32/33.	У	REPLOCEMENT	No	
			Wh 00 =	3 1				
,			100	110/94				
7. Description of Work	REMOVE EXIST	ING IIBMS	s/INSTALL	NEW ITEMS				
. Tests Conducted:	Hydrostatic Pne Other Pressure	eumatic No	minal Operating	Pressure F	C H/S	efsholan		
NOTE: Supplement tion in items 1 thro recorded at the top of	al sheets in form of ugh 6 on this report of this form.	lists, sketches, o is included on e	r drawings may b each sheet, and (;	e used, provided (1) 3) each sheet is num	size is 8%	in. x 11 in (2) i	nforma- sheets is	

(12/82)

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Pege _ cont. on Page _ CA

WORK PLAN NO.-D-060(1-02 Page 6A cont. on Page 7

9. Remarks Tracking \$ 94-236
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE We certify that the statements made in the report are correct and this REPLICE MENT conforms to the rules of the ASME Code, Section XI. repair or replacement
Type Code Symbol Stamp N/A C+3/10/94
Certificate of Authorization No. N/A CF 3/10/94 Expiration Date N/A CF 3/10/94 Signed Owner or Owner's Designee, Title Expiration Date N/A CF 3/10/94 Expiration Date N/A CF 3/10/94 Expiration Date N/A CF 3/10/94 Owner or Owner's Designee, Title
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
- Commissions TN 2537
Inspector's Signature National Board, State, Province, and Endorsements
Date3_3119_94.

1 Owner Teach	essee Uilla	. 1 . 1	.1	~			
1. Owner Tenn		•	-	Date 3 - 1	1-94		
400 W.	Summit H	III Dr. KN	exville. Tu.	Sheet	of		
2. Plant Watts	Barr Nuc	lear Plan	V+	Unit			
Po Box 201	DO, Spring C	ity. TN. 3	3771	Wolf 94 Repair Org	-olac	144-00	
3. Work Performed by	Tennesse	e Valley	Authority				
	DO Spring Ci			Type Code Symbo Authorization No. Expiration Date		N MS 3.11	-94
4. Identification of Sy	stem_SUST	EM # /	5 STEA	M GENERAT	TOR T	2101.2701	(7.4.)
5. (a) Applicable Con-	struction Code A 1 S	c 7th 19	73 Edition	N/A MB 3-1194 pt ts 19 80 THRI W	Addenda	HA MA 341-91	Code Ca
6. Identification of Co	mponents Repaired o	r Replaced and f	Replacement Co	mponents			
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT 01-A400-6-128	N/ MB 3-11-94	NONE	NONE	DCA-PO4537-18-1 DCA-PO4537-19-1	UNKTONA	RÉPLACEMENT	No
,		·	N	MB 3-11-94			
·			A	MS 3-11-17			
Description of Work	REPLACED PIL	I READ	TUSTED	CLAMP.			
Tests Conducted: H	ydrostatic Pneu	A psi	ninal Operating Test Temp	Fressure F			
NOTE: Supplemental	sheets in form of li			pe used, provided (1)	size is 8¼ i	n v 11 in /2) in	.

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

PG 17 0 F21 WO# 94-06044-00

CERTIFICATE OF COMPLIANCE We certify that the statements made in the report are correct and this **REPLACEMENT** conforms to the rules of the ASME Code, Section X1. Type Code Symbol Stamp **WA MB 3-11-94* Certificate of Authorization No. **WA MB 3-11-94* Certificate of Authorization No. **PACE TO INSERVICE INSPECTION I, the undersigned, bolding-a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Provings of **PACE TO TO THE TOTAL AND STATE TO THE TOTAL AND STATE TO THE STATE TO THE STATE OF TWO Inspected the components described in this Owner's Report during the period 3-7-74 to 3-7-94 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section X1. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection. Commissions National Board, State, Province, and Endorsements Date MARCH 24, 1994	9. Remarks TRACKING # 94-737	
We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the ASME Code, Section XI. Type Code Symbol Stamp	Applicable Manufacturer's Data Reports to be attached	
We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the ASME Code, Section XI. Type Code Symbol Stamp		
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We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the ASME Code, Section XI. Type Code Symbol Stamp		
Type Code Symbol Stamp WA MB 3-11-94 Certificate of Authorization No. NA MB 3-11-94 Expiration Date NA MB 3-11-94 Signed Mark Baus Coust ENGR Owner or Owner's Designee, Title CERTIFICATE OF INSERVICE INSPECTION I, the undersigned holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Provings of Authority Continuing the period and employed by The Mark Inspected the components described in this Owner's Report during the period 3-7-74 to 3-2-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.		
Certificate of Authorization No. NA MB 3-11-94 Expiration Date NA MB 3-11-94 Signed Market Round Could Find Date Date 3-11-94 CERTIFICATE OF INSERVICE INSPECTION I, the undersigned bolding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Provincy of Authority Cert and employed by The Thib. Late Components described in this Owner's Report during the period 3-7-94 to 3-2-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	ASME Code, Section XI. repair or replacement	;
CERTIFICATE OF INSERVICE INSPECTION I, the undersigned holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of ANDESSE and employed by ANDESSE and employed by ANDESSE and employed by ANDESSE and employed by ANDESSE and employed by ANDESSE and employed by ANDESSE and employed by ANDESSE and employed the components described in this Owner's Report during the period 3-7-74 to 3-2/-74, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.		
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CERTIFICATE OF INSERVICE INSPECTION I, the undersigned holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of ANDESSE and employed by ANDESSE and employed by ANDESSE and employed by ANDESSE and employed by ANDESSE and employed by ANDESSE and employed by ANDESSE and employed by ANDESSE and employed the components described in this Owner's Report during the period 3-7-74 to 3-2/-74, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	Type Code Symbol Stamp 7/A MB 3-11-94	
CERTIFICATE OF INSERVICE INSPECTION I, the undersigned holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of ANDESSE and employed by ANDESSE and employed by ANDESSE and employed by ANDESSE and employed by ANDESSE and employed by ANDESSE and employed by ANDESSE and employed by ANDESSE and employed the components described in this Owner's Report during the period 3-7-74 to 3-2/-74, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	Corrificate of Authorization II. NA 2211-914	
CERTIFICATE OF INSERVICE INSPECTION I, the undersigned holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of ANDESSE and employed by ANDESSE and employed by ANDESSE and employed by ANDESSE and employed by ANDESSE and employed by ANDESSE and employed by ANDESSE and employed by ANDESSE and employed the components described in this Owner's Report during the period 3-7-74 to 3-2/-74, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	Expiration Date No. 1-74 Expiration Date	-
CERTIFICATE OF INSERVICE INSPECTION I, the undersigned holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of ANDESSE and employed by ANDESSE and employed by ANDESSE and employed by ANDESSE and employed by ANDESSE and employed by ANDESSE and employed by ANDESSE and employed by ANDESSE and employed the components described in this Owner's Report during the period 3-7-74 to 3-2/-74, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	Signed Mushed Barres CONST ENGR Doro 3-11-94 10 94	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of	Owner or Owner's Designee, Title	_
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of		
and employed by	,	
have inspected the components described in this Owner's Report during the period 3-7-94 to 3-2/-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	or Province of IEN DESSET and residence and the Star or Province of IEN DESSET and the Star	te
in this Owner's Report during the period 3-7-74 to 3-2/-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.		
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.		
Owner's Report in accordance with the requirements of the ASME Code, Section X1. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in th	is
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	Owner's Report in accordance with the requirements of the ASME Code, Section XI.	
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the	ne
inspection.	examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employed	er
Inspector's Signature Commissions 17 - 2633 National Board, State, Province, and Endorsements Date MARCH 21, 1994	inspection.	is
Inspector's Signature Commissions 70-2633 National Board, State, Province, and Endorsements Date 1994	(09m +	
Date MARCH 21, 1994	Commissions 7N-2633	_
Date_MARCH_2/, 1994_	National Board, State, Province, and Endorsements	
Jate / //////////////////////////////////	MAROH 21 94	
	19/7	

I. Owner TEVNE	SSEE VALLE	EY AUTHO	RITY	Date3	19/9.	4	
				Sheet/	of /		
Plant WATTS B	Address	2 Prout		•	UI		
Fiant <u> </u>	Name	C PCANT		Unit/			
P.O. BOX 200	0, SPRING C	ITY, TEN	<u>M</u>	WO 93	-083	40-00	
	7001088					.O. No., Job No.,	etc.
Work Performed by	1 ENN C 33EE	Name	ui AURIT	Type Code Symbol			
P.O. BOX 2000	>, SPRING C	ITY, TEN	<u>u</u>	Authorization No. Expiration Date		- AIN	3/9,
Identification of Sy	Address						
(a) Applicable Cons (b) Applicable Editi	on or Section XI Uti	lized for Repairs	or Replacements	19 <u>80</u> TH	ddenda, <u></u> RU W//	1/4 UTER 1981	_Code Cas
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
0-1-70-033		N/4 +13	3/9/94	DCA PO6199- 05	UNKNOW	Defair.	No
					74	Kernio	NO
			7.16	m slaka			
				4			
Description of Work_	REMOVE	SHIM	PLATE				·
_	lydrostatic Pne		minal Operating Test Temp. 4 Jrs 3/1/94				
NOTE: Supplementa tion in items 1 throu recorded at the top o	gn o on this report	lists, sketches, or	r drawings may b	e used, provided (1)	size is 8½ bered and	in. × 11 in., (2) in the number of s	nforma- heets is

(12/82)

This form (E00030) may be obtained from the Order Dept., ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300. REPRINT 4/93

Wo 93-08340-00 Page 20A of 24

TRACKINIG # 94-238 +3/11/94 Applicable Manufacturer's Data Reports to be attached CERTIFICATE OF COMPLIANCE We certify that the statements made in the report are correct and this REPAIR conforms to the rules of the ASME Code, Section X1. Type Code Symbol Stamp Certificate of Authorization No. ... Expiration Date Owner or Owner's Designee, Title CERTIFICATE OF INSERVICE INSPECTION I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of This ESSEE and employed by THE HSB. I. & I. Co. of have inspected the components described in this Owner's Report during the period_ to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this

FORM NIS-2 (Back)

Wo 93-08340-00 Page 20B of 14

1. Owner TEVNES	SSEE VALLE	4 AUTHOR	2171	Date3	/11/9	4	
400 W. Sui	mmIT HILL	DR. KNO.	XVILLE TH				_
2. Plant_WATTS	, ,			Unit	1		,
	1101110				00.00	-G 0.5	
P.O. BOX 2	Address	City, TI	<u>u</u>	WO 93			
3. Work Performed by	TVA					.O. No., Job No.,	, etc.
		Name		Type Code Symbo			
P.O. BOX 20	000, SPRING	CITY TA	ď	Authorization No. Expiration Date			
	~~~~					NA	1/94
4. Identification of Sy	·						1179
5. (a) Applicable Cons (b) Applicable Editi 6. Identification of Cons		•	or replacements	19_AU	Nddenda, ( W/K/TE)	N/4 R 1981	_Code Case
-							ASME
			National			Repaired,	Code Stamped
Name of Component	Name of	Manufacturer	Board	Other	Year	Replaced,	(Yes
Component	Manufacturer	Serial No.	No.	Identification	Built .	or Replacement	or No)
				·			}
1070-1-70-010		MA		DCA PO6108- 27	UNKIL	8-5	
		3/11	54	27	- Very	KEYCHCEMBO	.110
					[ ·]		
			LN/A				
			Julian Jan				
			3(1,1,1				
		1		;		·	
							L
Description of Work_	ADD SHY	m 70 Su	PPORT				
Tests Conducted: H	ydrostatic Pne	umatic Nor	minal Operating F	Processes 🗀			
	ther Pressure						
	•	/ - /	Test Temp.				
NOTE: Supplementa	sheets in form of I	ists, sketches, or	drawings may be	used, provided (1)	size is 8½ i	in, x 11 in (2) ir	nforma-
tion in items 1 throu recorded at the top of	an a an una rebort	is included on ea	sch sheet, and (3	) each sheet is num	bered and	the number of s	heets is
	titis (OHI),						

(12/82)

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Wo 93-08459-00 Page 21 of 30

TRACKING #94-240 +3/1/99 Applicable Manufacturer's Data Reports to be attached CERTIFICATE OF COMPLIANCE We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the ASME Code, Section XI. Type Code Symbol Stamp. CN/4 2003/11/99 Expiration Date Certificate of Authorization No. CERTIFICATE OF INSERVICE INSPECTION I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TENNESSEE and employed by THE HIS. I. AND I. Co., of TENNESSEE_and employed by___ the components described in this Owner's Report during the period_ to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this

FORM NIS-2 (Back)

Wo 93-08459-00 Page 22, F30

1. Owner <u>TENNE</u> <u>400 W. S.</u>	Nam  UMMIT HILL  Address						
2. Plant_ <i>WATT</i>		UCL EAR P		Unit			
P.O. BOX	2000 SPR			Repair Org	93.0	7053-00	
. Work Performed by	TVA	Name		Type Code Symbo	i Stamp	1	, etc.
			N 77701	Authorization No.		V/A GIM	11/5
	2000 SPRIM Address			Expiration Date_			<del></del>
Identification of Sy	rstem <i>063</i>	<u> </u>					
(a) Applicable Con (b) Applicable Edit Identification of Co	tion of Section XI Ut	ilized for Repairs	or Replacement	s 19 <u>80 W</u> IN	81 Å	D DENDA	_Code C
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stampe (Yes or No)
NUBBER PSA3	BERGEN/ PATTERSON	SN 1402	NIA	N/A	UNKAWAN	REPLACEMEN	7 NO
		·					
			·				
			<del></del>				
	REPLACED	DAMA6	EO SNUBI	BER		•	
Description of Work_							
	dydrostatic 🗀 🖭	eumátik 📶 🛚 Alas	minal Occasion	n			
	Hydrostatic Pno	eumatic Nor	ninal Operating Test Temp.	Pressure  F		•	

recorded at the top of this form.

9.	Remarks TRACKING # 94-241
	Applicable Manufacturer's Data Reports to be attached
_	
	CERTIFICATE OF COMPLIANCE
	We certify that the statements made in the report are correct and this <b>LEPLACEMENT</b> conforms to the rules of the
1.	ASME Code, Section XI. repair or replacement
1	
Ι.	Type Code Symbol Stamp N/A QM 3-/2-94
	Type Code Symbol Stamp/N/A C/M 3-/2-94
۱,	Certificate of Authorization NoExpiration Date
İ	Plan 1
:	Signed All Pludb FIELD ENG Date 3 - 12 19 94
<u> </u>	Owner or Owner's Designee, Title
١.	CERTIFICATE OF INSERVICE INSPECTION
,	the undersigned holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TENNESSEE and employed by THE HATTOR'S STEAM BOILER I E.J. Co. of
_	HAKTFORD CTI have inspected the components described
i	this Owner's Report during the period $1/-4-93$ to $3-13-94$ and state that
	the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
	wner's Report in accordance with the requirements of the ASME Code, Section XI.
	By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
	xaminations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
	nall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
. #	espection,
(	C. E. Witcalfe Commissions TN-2633
_	Inspector's Signature Commissions / 10-2653  National Board, State, Province, and Endorsements
_	MARAH 13 94
<u> </u>	19 /

	_						
1. Owner TENNE	SSEE VALLEY	Authorit	, <u>Y</u>	Date3-12	-94	-	<del></del>
_	manit Hill DR	ľ		Sheet	'		
2. Plant WATTS B	AR NUCLEAR	2 PLANT		Unit <i>l</i>			
	Name DOD, Spring		37771	WORK ORDE	R 9:	3-243 <i>59</i>	-00
3. Work Performed by	Address	•		Type Code Symbol		_	etc.
		1421116		Authorization No.	Stamp	N/ Jut 3	1-12-94
P.O. BOX	Z000 , SPRII	Ub C174,	71	Expiration Date		14	
4. Identification of Sys	stem_SAFE7	Y INJE	2710N (C	063)	<u> </u>		
(a) Applicable Cons     (b) Applicable Editi     dentification of Consequence					ddenda, V THRY	MA 03-12-94 WINTER 19	Code Case
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT	TVA-MODS	NONE	NONE	1063-4435-7-50	undran	REPLACEMENT	No
				2/2 Just 3-12-44			
. Description of Work	REPLACED	CLAMPS ,	THRO RUD	NU75 AND	WASH	trs (ITEM	s B +9
. Tests Conducted: - F	Hydrostatic Pno	edmatic No	minal Operating Test Temp ## 3-12-44	Pressure° F			
NOTE: Supplementation in items 1 throurecorded at the top o	al sheets in form of ugh 6 on this report	lists, sketches, o	r drawings may b	e used, provided (1)	size is 8½ nbered and	in. x 11 in., (2) i I the number of	nforma- sheets is

9. Remarks TRACKING NO 94-242 Just 3-12-94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this <u>PERACEMENT</u> conforms to the rules of the ASME Code, Section XI.
Nome Code, Section 24.
Type Code Symbol StampNONE
· · · · · · · · · · · · · · · · · · ·
Certificate of Authorization No. NONE Expiration Date NONE
Signed Authorization No. Halay (ARDJ. ENGR.) Date MARCH 12, 19 94
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of
in this Owner's Report during the period $3-1-94$ to $3-16-94$ and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.  Commissions 70-2633  Inspector's Signature Commissions National Board, State, Province, and Endorsements
Inspector's Signature U National Board, State, Province, and Endorsements
Date 1/12 16 16, 1994

wo 93-24359-00

PG 26 OF 27

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

PG 17 OF 24

	73 1104	uned by the Fi		ASME Code Sect	ion XI		
1. Owner Tevi	VESSEE VA	LLEY AUT	HOR17Y	Date		_	·
400 W. Su	MMIT HILL	DRIVE KNO	XVILLE TAI	Sheet/	. /	•	•
				Silvet	. OT	· · · · · · · · · · · · · · · · · · ·	
2. Plant WHTTS	BAR NULLET	R PLANT	<i>-</i>	Unit			
	2000 SPR Address			WIDER DED	50 9	マ <i>ーフU</i> ス タマ	_//
				WORK ORD	anization i	2.0. No., Job No.	, etc.
3. Work Performed b	Y TVA - MOD	Name	<u> </u>	Type Code Symbo	l Stamp		
				Type Code Symbo Authorization No. Expiration Date		~ ~ d~	#3-12-
	AL NUCLEAR Address			Expiration Date		74	
. Identification of Sy	vstem	5 (062)	<u> </u>				
. (a) Applicable Con	struction Code	AISC	73	フガ		we did.	3-12-44
(a) Applicable Con	tion of Section XI Ut	ilized for Repairs	or Replacement	10 80 EDITIL	Addenda,_	M WINTER I	_Code Cas
. Identification of Co	emponents Repaired	or Replaced and I	Replacement Co	mponents			
	1			1	İ		ASME
Name of	Name of	Manufacturer	National Board	Other		Repaired,	Stamped
Component	Manufacturer	Serial No.	No.	Other Identification	Year Built	Replaced, or Replacement	(Yes or No)
PIPE SUPPORT					GNEWOW		
- Surrow/	TVA-MOOS	NONE	NONE	1-62A-155	NOW	REPLACEMENT	No
							,
				31294			
Description of Work_	ADDED S	PACER F	PLATES				
Tests Conducted: F	lydrostatic Pne	eumatic No	minal Occ.				
	Other Pressure_	DSI NO	minal Operating Test Temp.	rressure° F			
	_			~F ~/2 Jat 3-12-94			
NOTE: Supplementa	al sheets in form of	lists, sketches, or	drawings may b	se used provided (1)	eizo in O1/	in. x 11 in., (2) ir	forma-
tion in items 1 throu recorded at the top o	igii o on this report	is included on ea	sch sheet, and (	3) each sheet is num	bered and	the number of s	heets is
						•	

(12/82)

This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

9.	Remarks	TRACKING NO 94-243 JUH 3-12-94
		Applicable Manufacturer's Data Reports to be attached
	-	
Γ		
	18.	CERTIFICATE OF COMPLIANCE
		e certify that the statements made in the report are correct and this CENALGMENT conforms to the rules of the repair or replacement
		,
	Type Code S	Symbol Stamp
		1/0.15
ч	Certificate o	f Authorization No. NO NE Expiration Date
	<u> (</u>	FAuthorization No. NONE Expiration Date NONE  Expiration Date NONE  Date MARCH 12, 19, 94
	Signed 9	vner or Owner's Designee, Title Date
		CERTIFICATE OF INSERVICE INSPECTION
	l, the unders	igned, holding a valid commission issued by the National Board of Boiler and Pressure, Vessel Inspectors and the State
	or Province	
•	/7/	ANT FORM, CI, have inspected the components described
		er's Report during the period 5-8-77 to 3-/6-97 , and state that
		of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
,		ort in accordance with the requirements of the ASME Code, Section XI.
		g this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
		e in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
	nspection.	
٠	100	2 M:+ 11
•	<u> </u>	Inspector's Signature Commissions National Board State Province and Endorsements
		Inspector's Signatule: National Board, State, Province, and Endorsements
_	100 K/K	160H 16 1094
Ĺ		

. Owner TENNE		. •		Date			
	MM/T/HILL		THE TH	Sheet	of/	1,	
. Plant_)4/ATIS N	BAR NUCLEA	RPLANT	<del>7001</del> .	Unit			
	DOD, SPRING	7 /	1381 YN B 1 <del>471-3</del> /12/94	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4-05	5751-00	)
	, , , , , , , , , , , , , , , , , , , ,	•		Repair Orga	anization	P.O. No. Joh No.	etc.
Work Performed by		VALLEY AUT	<u> HORITY (</u> WBNI	Type Code Symbol	Stamp		
P.O. Box 200	O, SPRING (1) Address	17. TN . <del>4999</del>	x+3/12/94	Authorization No Expiration Date		A OH	1/11/6
						77.4	2/12/7
Identification of Sy	stem <u>SAJE + C</u>	S LUGECT	ION Sys	ten No	. 63	<u> </u>	
(a) Applicable Con	struction Code	AISC 19	73 Edition	JUNE, 1973 A	Addenda	1110	0-4-0-
(b) Applicable Edit	ion of Section XI U	tilized for Repairs	or Replacements	19 80 Throw	ok uli	N/A 1901	_Code Cas
			•		gn wi	VIER 1781	mode.
Identification of Co	mponents Repaired	or Replaced and R	leplacement Con	ponents			
						<u> </u>	l .
							ASME
		1.	National			Repaired,	Code Stamped
Name of	Name of Manufacturer	Manufacturer	Board	Other	Year	Replaced,	(Yes
Component		Serial No.	No.	Identification	Built	or Replacement	or No)
Component							ĺ
PPORT	N/A	N/A	N/A	NA	NA	REDOINED	a)c)
APPORT		~/A	N/A	N/A	NA	Repaired	NO
APPORT		~/A	N/A	NIA	MA	Repained	NO
APPORT		~/4	N/A	N/A	NA	REPAINED	NO
Component  upport 3-1-63-201		~/A	N/A	N/A	NA	Repaired	NO
upport		~/A	AA	NIA	MA	Repaired	NO
upport		~/A	N/A  A 14  93/12/24	N/A	N/A	Repaired	NO
upport 3-1-63-201	N/A		A 1 / 9/1/2/24				
apport 3-1-63-201	N/A		A 1 / 9/1/2/24				
Pescription of Work	Deilled Holes	IN ANGLE	12/2/24 IRON to	Accomodat			
Pescription of Work	N/A	IN ANGLE	12/2/24 IRON to	Accomodat			

recorded at the top of this form.

9. Remarks NoNE	TRACKING No.	94-244 BDW 3/12/94
		rer's Data Reports to be attached
	CERTIFICATE OF	COMPLIANCE _
	ements made in the report are co	orrect and this REPAIR conforms to the rules of the
ASME Code, Section XI.		repair of replacement
Type Code Symbol Stamp		nt volsy
Certificate of Authorization No.	A	Expiration Date
Signed Owner or Owner's Design	Fullis San	Date March 12, 19 94
	CERTIFICATE OF INS	SERVICE INSPECTION
I, the undersigned, holding a valid	commission issued by the Nation	nal Board of Boiler and Pressure Vessel Inspectors and the State
or Province of TENNESSE	and employed by	E. H.S.D., I. & I. Co., of
in this Owner's Report during the	period 3-9-94	have inspected the components described to $3-16-94$ , and state that
		ed examinations and taken corrective measures described in this
Owner's Report in accordance with		Code, Section XI.  yer makes any warranty, expressed or implied, concerning the
		Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for ar	ny personal injury or property de	lamage or a loss of any kind arising from or connected with this
() O h		
Inspector's Signa	Commiss	sions TN-2633  National Board, State, Province, and Endorsements
116211		
Date / //////////////////////////////////	19_9_4	

# D 12667 05 WORKPLAN

Page	7	cont.	on	Page	8
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## FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Code Section XI

1. Owner TENNESSEE VALLEY Authorit Name 400 W. Summit Hill Drive, Know	<b>✓</b>				
	/	Date 3-12	-94		
		Sheet/	of		
. Plant WATTS BAR NUCLER PLAN		Unit		c	
P.O. Box 2000 Spring City To	N37381	WP# D	-/266° anization P	7-05 .0. No., Job No.,	etc.
Work Performed by TVA - MOD/F/CA- Name  (1) ATTS RAP AUCLEAR RIA		Type Code Symbo Authorization No.		N/A 138 3/	12/91
WATTS BAR NUCLEAR PLAN Address		Expiration Date		/	
Identification of System CHEMICAL AN	D VOLUME (	CONTROL / O	52		
(a) Applicable Construction Code <u>ATSC</u> (b) Applicable Edition of Section XI Utilized for Foundation of Components Repaired or Replace			Addenda,_ '81 W/	<u>MA - '</u> 1981 WINT	_Code Cas
Name of Manufac Component Manufacturer Serial		Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
62-1-62A-366 NOT KNOWN NONE	E NONE	NONE	NOT KNOWN	REPLACEMENT	N
					·
P/A	BS. 3/12/94				
					<del> </del>

D 12667 WORKPLAN

FORM NIS-2 (Back)
9 Remarks TRACKING NO: 94-245 BB 3/12/91
9. Remarks TRACKING NO: 94-245 BB, 3/12/94  Applicable Manufacturer's Data Reports to be attached
·
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this <u>LEPLACEMENT</u> conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp
Cartificate of Authorization No.
Certificate of Authorization NoExpiration Date
Type Code Symbol Stamp   ANIA 138 3/12/94  Certificate of Authorization No.  Expiration Date  Signed  Owner or Owner's Designee, Title   ANIA 138 3/12/94  Expiration Date  3/12/  Date  3/12/  Date
Owner or Owner's Designee, Title
CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of
Horthord, CT. have inspected the components described
in this Owner's Report during the period $3 - 1 - 94$ to $4 - 94$ ; and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection,
Inspector's Signature Commissions TN 2537.  National Board, State, Province, and Endorsements
Date



WO- 93-08457-00 PAGE ZZ 07 31

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

1. Owner TEN	NE 35EE  Nam  Nam  NAM  NAM  NAM  NAM  NAM  NAM  NAM  NA	VALLEY 1	AUTHORITY	/ Date	7/20	193	
400 14. 50	Nam AMMIT HILL	Danse K	NOYDILLE	1	. /		-
	Address	T	N	Sheet/	of	· · · · · · · · · · · · · · · · · · ·	
2. Plant <u>WATTS</u>	BAR NO	ICLEAR F	PLANT	Unit			
DA BOY	7000 60	201016 / .T	., T , 277	71 Ulo-16	82-06	21=7 -	_
F.O. DUX	Address	12/10 4 (1)	y, IN DIE	Repair Ora	2-08	427-00	2
3 Wash Dasfarmad h	Idarra Ba	A MODIA	E1/1770A1	1/12/94	anization P	.O. No., Job No.,	, etc.
s. Work Feriolinea (	, <u> </u>	Name	377201	Type Code Symbo	Stamp_		7/20/9
P.O. BOX 2	ODO, SPRIN Address	16 Casy TA	1 27721	Authorization No.			
•	Address	•			· · · · · · · · · · · · · · · · · · ·		<del>\</del>
l. Identification of S	System 070	/ccw	3/12	194			
						<del></del> -	
. (a) Applicable Co	nstruction Code A	136 19	73 Edition	JUNE 1973.	. Andread a second a	MONE	<b>.</b>
(b) Applicable Ed	ition of Section XI U	tilized for Repairs	or Reniscements	10 80 - 16	Addenda,	1001	_Code Ca
			or replacements	(15 <u>-55</u>	NILIC	1761	
. Identification of C	components Repaired	or Replaced and F	Replacement Con	nnonente			
				ipolients			
		T			1	I	<u> </u>
	-	j .			1		ASME
		ľ					Code
Name of	Name of	1	National	_		Repaired,	Stampe
Component	Manufacturer	Manufacturer Serial No.	Board	Other	Year	Replaced,	(Yes
•		001127110.	No.	Identification	Built	or Replacement	or No)
	<del>- </del>						
-70-002		(N/A		1 70 002	44 -	PPRINCE -	
	<del> </del>	FY 7/20/9	3	1-70-002	KHOWN	REPLACE - MENT	NO
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Description of Work	REPLACED S	Stim PLATE	WITH TI	HICKER SHIM	1 10	6ET 0"	6A7
Description of Work	REPLACED S	SHIM PLATE	E WITH TI	HICKER SHIM	1 10	GET O"	6A7
Description of Work Tests Conducted:	<del></del>				1 10	6ET 0"	647
_	<del></del>	eumatic Nor	minal Operating I	Pressure 📗			6A7
_	Hydrostatic Po	eumatic Nor	ninal Operating i				GAP
Tests Conducted:  NOTE: Supplemen	Hydrostatic Pn Other Pressure_	eumatic Nor	minal Operating	Pressure F	7/20/93	in x 11 in (2) i	nforma
Tests Conducted: NOTE: Supplemen	Hydrostatic Pn Other Pressure_  otal sheets in form of ough 6 on this report	eumatic Nor	minal Operating	Pressure F	7/20/93	in x 11 in (2) i	nforma

(12/82)

This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

WO- 93-08457-00 PAGE Z3 OF 31

cpm 3-11-94
Remarks TRACKING # 94-246
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this VELLACE MERON forms to the rules of the
ASME Code, Section XI.
a a la 142
Type Code Symbol Stamo
Type does dynisor others
Certificate of Authorization NoExpiration Date
EU ald
Signed Date Date Date 19
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned helding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the Sta
or Province of IENNESSEE and employed by THE HUB. I. AND I. Co.
have inspected the components describ
in this Owner's Report during the period 7-20-95 to 3-31-94., and state the
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in t
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning t
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employ
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with the
inspection.
TRI 200 7
Commissions TN 25 Inspector's Signature National Board, State, Province, and Endorsements
Date 3-31 19 Q 4.
17

400 W. S	SSEE VALL Name UMMIT HILL Address	DRIVE KI	NOXVILLE TA	Date 3-/2-		:	
2. Plant WATTS	BAK NULLE	AR PLANI	-	Unit			
	2000 SPRINE Address	S CITY TA	<u>( 3738</u> ]	WO # 93	-0705 enization F	53-00 P.O. No., Job No.,	etc.
3. Work Performed b		Neme		Type Code Symbol			
<u>P.D. BDX 20</u>	DO SPRING	UTY TN 3	<u> 7331 -</u>	Authorization No. Expiration Date			
4. Identification of S	• • • • • • • • • • • • • • • • • • • •		· · · · · · · · · · · · · · · · · · ·				
5. (a) Applicable Cor (b) Applicable Edi  6. Identification of C			1.		Addenda FR 81	N/A ADDENDA	_Code Case
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stantped (Yes or No)
6" PIPE CLAMP	BERGEN/ PATTERSON	N/A	NIA	NIA	NIA	REPLA (EMEN	NO
	: I			,			
		]					
7. Description of Work	REPLACED  Hydrostatic   New Other   Pressure				<u> </u>	<u> </u>	

(12/82)

recorded at the top of this form.

This form (E00030) may be obtained from the Order Dept., ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300. REPRINT 4/93

Pg 27F of 36

	Applicable Manufac	turer's Date Reports to be attached	
	**************************************		
	CERTIFIDATE C	F COMPLIANCE	
We certify that the statement ASME Code, Section X1.	its made in the result are	correct and this EFFACEMENT co	nforms to the rules of the
Type Code Symbol Stamp	NIA G	om 3-12-94	
Certificate of Authoristion No.  Signed Owner or Owner's Designee,	Tidio	Expiration Date  Date 3-/2	19.94
the undersigned holding a valid component of TENNESTEE	nission issued by the Nat	NSERVICE INSPECTION  Ignal Board of Boiler and Pressure Vess  In the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of t	sel Inspectors and the State
HARTECA'S, CT.  n this Owner's Report during the pe			he components described
o the best of my knowledge and belie			
Owner's Report in accordance with the	requirements of the ASM	E Code, Section X1,	•
By signing this certificate neither th	e Inspector nor his emp	over makes any warranty, expressed	or implied, concerning th
xaminations and corrective measures hall be liable in any manner for any po	described in this Owner	's Report. Furthermore, neither the I	nspector nor his employe
CE. Miteald		issions The 2633 National Board, State, Provi	
January at all	•	National Roard State Provi	non and Fodomer-
inspectors Signature			nce, and Endorsements

1. Owner IENNES	SSEE VALLE	Y AUTHORI	TY	Date	03 –	02 - 94	
	MIT HILL DI			Sheet	of		जै <i>।श</i> 4
2. Plant WAT				Unit	ONE	:)	
PO. BOX 20	000, SPRING	G CITY, TN	37771	WO# 93		87 - 08	
3. Work Performed by	Address	100.010	TIONS	Repair Orga Type Code Symbol		.O. No., Job No.,	etc.
WATIS	BAR NUCI	EAR PL	ANT	Authorization No.		N/A JN 3 - 8	2-94
4. Identification of Sy	Address stem MAIN	E AUXILI	ARY FE	DWATER.	SY.	/	<u></u>
5. (a) Applicable Con (b) Applicable Edit 6. Identification of Co	tion of Section XI Ut	ilized for Repairs	or Replacements	947_0 <u>8</u> et a 1891/W	REI 198 WINTE	N/A .in 3-2-94 R ADDEN	Code Case
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT 1-03A-282	UNKNOWN	UNKNOWN	UNKNOWN	HT # 40205461	RNOWN NN -	REPLACEM	NO
			NA JN3	12-94			
			IIJA GAIO	12.54			
. Description of Work_	REMOVE EX	KISTING S	SHIM, WI	ELD NEW	SHIM		
. Tests Conducted:	Hydrostatic Pressure Pressure	eumatic	minal Operating  Test Temp  34	Pressure F			
NOTE: Supplementation in items 1 throuse recorded at the top of	al sheets in form of ugh 6 on this report	lists, sketches, or	r drawings may b	e used provided (1)	size is 8½ bered and	in. x 11 in., (2) in the number of s	nforma- heets is

	FOR	M NIS-2 (Back)		•
9. Remarks	TRACKIN	G Nº	94 - 24	8 143-12-94
7. Reliaiks		ufacturer's Data Rep	ports to be attached	,
		<u> </u>		
			· · · · · · · · · · · · · · · · · · ·	
•		TE OF COMPLIANC	<del>_</del>	
We certify that the states ASME Code, Section XI.	nents made in the report		repair or replacement	forms to the rules of the
		•		
Type Code Symbol Stamp	·. · /	-ENL AIN	12-94	
٨		•		
Certificate of Authorization No		Expirat	ion Date	
Signed Allama www.	CUAYANTA NÍYOG	l, FE) Da	16 3 - 1	2 <u> </u>
	OFFITIOATE (	SE INCERVIOR IN	COF COTION	
I, the undersigned, holding a valid c		OF INSERVICE INS		al Inchestors and the State
or Province of TENNESSEE	and employed by	THE HI		of of
HARTFORD, CI	T _I			ne components described
in this Owner's Report during the	period	-94to	3-16-94	, and state that
to the best of my knowledge and b	pelief, the Owner has pe	rformed examinatio	ons and taken corrective	measures described in this
Owner's Report in accordance with	the requirements of the	ASME Code, Sectio	n XI.	
By signing this certificate neithe	er the Inspector nor his	employer makes an	y warranty, expressed	or implied, concerning the
examinations and corrective measu				
shall be liable in any manner for an	ny personal injury or pro	perty damage or a lo	oss of any kind arising fr	om or connected with this
inspection.	cafe c	ommissions Need	2633	nos and Endovements
Inspector's Signs	iture ()	14871	OHE BUSIC, State, Provi	nce, and Endorsements

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Code Section XI 1. Owner JENNESSE VALLEY AUTHORITY 400 W SUMMIT HILL DR. 2. Plant WATTS BAR NUCLEAR ONE PO. BOX 2000 SPRING CITY TN - MODIFICATIONS Type Code Symbol Stamp Authorization No. BAR NUCLEAR **Expiration Date** CHEMICAL 4. Identification of System AND VOLUME CONTRO AISC 19<u>73</u> Edition, 5. (a) Applicable Construction Code_ THEDI Addenda (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19, THRU 198 W/1981 WINTER ADDENDA 6. Identification of Components Repaired or Replaced and Replacement Components ASME Code National Repaired, Stamped Name of Name of Manufacturer Board Replaced, (Yes Other Year Component Manufacturer Serial No. No. or Replacement or No Identification Built PIPE SUPPORT #TH 62A-200 VNKNOWN KNOWN REPLACE **NKNOWN** UNKNOWN 207131 NU NA JN 3 - 12-94 WELD SHIM BEHIND BASE PLATE FOR GAP REQUIREMENTS 7. Description of Work_ 8. Tests Conducted: Hydrostatic Pneumatic Nominal Operating Pressure psi Test Temp. N/A JN 3-9-94 NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) informa-

recorded at the top of this form.

tion in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is

9.	TRACKING Nº 94 - 249 JN 3-12-94
	Applicable Manufacturer's Data Reports to be attached
	CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this REPLACEMT. conforms to the rules of the ASME Code, Section XI.
	Type Code Symbol Stamp / N/A JN 3-12-94
	Certificate of Authosization NoExpiration Date
	CERTIFICATE OF INSERVICE INSPECTION
i i i i i i i i i i i i i i i i i i i	I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of
	Inspector's Signature Commissions TN-2633  National Board, State, Province, and Endorsements
	Date 1/14 ACH 16, 1994

WORK	د جو بدو د این از در در در در در در در در در در در در در	D-045	36-01-KG
		soul on Bose	_

1. Owner <u>FENNE</u>	Address	DRIVE, KAK	<u>PXYILLE,</u> TN	Sheet/	of	2	
Plant WATT	S BAR NI)	CLEAR 7	PLANT	Unit1			
PO Box	2000 SPRIM	IG CITY,	TN 1	00111	36.0	01-KG	
. Work Performed by	V TVA - MOD	DIFICATION	, <b>c</b>	Repair Org	anization	P.O. No., Job No.	., etc.
	, <u> </u>	Name	3	Type Code Symbo	I Stamp	1A/ 000 -	
WATTS BA	R NUCLEA Address	R PLANT		Authorization No. Expiration Date_	^	1 408 3.	12.74
Identification of Sy	stem_57EAM	GENERA	470A R	(0(-) 00-24	1	×	
				7 TH			_Code Cas
Identification of Co					W (HE	X WM/EE I	781, K
			National			Repaired.	ASME Code Stamped
Name of Component	Name of Manufacturer	Manufacturer Serial No.	Board No.	Other Identification	Year Built	Replaced, or Replacement	(Yes or No)
Component	Manufacturer	Serial No.	No.	Identification	Built	Replaced, or Replacement	or No)
Component		h	No.	Identification	Built	Replaced, or Replacement	1
Component	Manufacturer	Serial No.	No.	Identification	Built	Replaced, or Replacement	or No)
Component	Manufacturer	Serial No.	NO.	Identification  OCA PO 4536-2  /5 4 /4	Built	Replaced, or Replacement	or No)
Component	Manufacturer	Serial No.	No.	Identification  OCA PO 4536-2  /5 4 /4	Built	Replaced, or Replacement	or No)
Component	Manufacturer	Serial No.	NO.	Identification  OCA PO 4536-2  /5 4 /4	Built	Replaced, or Replacement	or No)
Component	Manufacturer	Serial No.	NO.	Identification  OCA PO 4536-2  /5 4 /4	Built	Replaced, or Replacement	or No)
Component	Manufacturer  NA 3-12-99	Serial No.	NO. NO. E	Identification  DCA PO 4536-2,  /S 4 /4	Built	Replaced, or Replacement	or No)
Component  PT. # 1001-1400- 263  Description of Work	Manufacturer  NA 3-12-99  PIPE Su	Serial No.  NONE  NA	NO. NO. E	Identification  0c4 P0 4536-2, 15 4 14	Built	Replaced, or Replacement	or No)

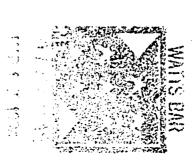
(12/82)

This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

## WORK INSTRUCTION D-04536-01

Page 8 conf. on Page 9

9. Remarks TRACKING # 94-250 @43-12-94	
Applicable Manufacturer's Data Reports to be attached	
CERTIFICATE OF COMPLIANCE	
We certify that the statements made in the report are correct and this RENACEMENT conforms to the rules of the	
ASME Code, Section XI.	
Type Code Symbol Stamp	
A CONTRACTOR OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY O	
Certificate of Authorization NoExpiration Date	
$\sim 0 \sim 100$	_
Signed 3-/2 Date 3-/2 19 94	
Owner of Owner's Designee, Title	_
CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boilgr and Pressure Vessel Inspectors and the Stat	te
or Province of / Law Ess Es and employed by The It of B. J. Es	of
- HARTKORS, CT. have inspected the components describe	d
in this Owner's Report during the period $4-7-93$ to $4-22-94$ , and state the	et
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in th	is
Owner's Report in accordance with the requirements of the ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning th	1e
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employed	er
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with thi	is
inspection.	
10 C Mit 24. +1 2/22 1/2 +1	
Inspector's Signature Commissions TN-2633 NFT National Board, State, Province, and Endorsements	_
National Board, State, Province, and Endorsements	
Date 17 18 12 22 19 9 4	



PG 23 OF 137

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

. Owner	TVA Nam	е		Date3-/	3-94		
400 WEST S	OMMIT HILL Address	LDR. KNOX	VILLE, TN	Sheet/	of	)	
Plant WATT	S BAR NUC	LEAR PL	ANT	Unit	<u>'</u>	•	
P.O. BOX 200	OD SPRING CI	TY, TN		<u>wo 9</u> Repair Org	2-09	220-00	
Work Performed by	TVA	\$					
		Name	<del></del>	Type Code Symbo	i Stamp	N CON	7-17-5
P.O. BOX 2	.000 SPRINC	SCITY, T	<u>~</u>	Type Code Symbo Authorization No. Expiration Date		A	3-75-7
Identification of Sy	stem <u>074/</u>	RHR					
(a) Applicable Con (b) Applicable Edit	struction Code <i>A_</i> ion of Section XI Ut	TSC 19	73 Edition,	JUNE 1973	Addenda,_ IRV W	NIA	_Code Ca
Identification of Co							57
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stampe (Yes or No)
74-14		2	A CON 3-13-94		~NKNOUN	REPLACEMENT	N
							·
			A				
			2DN 3-13-94			·	
			3-13-11				
Description of Work	REPLACE	OCLAMP			<u> </u>		
			N	<u> </u>			<u>.                                      </u>
ests Conducted: F	dydrostatic Pn	eumatic No	minal Operating I				

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

# PG 24 OF 137

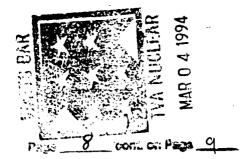
9.	Remarks TRACKING #94-251
	Applicable Manufacturer's Data Reports to be attached
	CERTIFICATE OF COMPLIANCE
	We certify that the statements made in the report are correct and this <u>REPLACEMENT</u> conforms to the rules of the ASME Code, Section XI.
	Type Code Symbol Stamp
	Certificate of Authorization No. Expiration Date  Signed Charles Secretary FE Date 3-/3 , 19 94  Owner or Owner's Designee, Title
	CERTIFICATE OF INSERVICE INSPECTION
	I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of The and employed by The ASME of have inspected the components described in this Owner's Report during the period 3-10-94 to 3-18-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
	Inspector's Signature Commissions TN-2633 National Board, State, Province, and Endorsements  Date MARCH 18, 1994

# D 04632 3U WORKPLAN _____

	~	•	
$\mathbb{P}_{\mathbb{Q}[\mathcal{P}]}^{n}$		ear Loss Pages 8	_

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

1. Owner TENNES	SSEE VALLEY	Authority	·	Date3-	-13-94	-	
	17011	•					
TOOW, SUMI	mit HILL DRI	VE KNUXVIL	LE TW	Sheet/_	of_Z		
	~~~	•	,				
2. Plant WATTS /	THE NUCLEAR	FLANT		Unit			
Pa Rox	ADD Can	a City TA	127201				
1.0,00x 8	2000, Sprin	G C/2//10	31381	WP# Repair Or	D-046	32-30	
	7.14 A161			Repair Or	ganization F	.O. No., Job No.,	etc.
3. Work Performed by	VA NOL	Name	NS	Type Code Symbo	ol Stamp	_/	
				Authorization No		N/A 158 3/	13/94
WATTS B	Address	AR PLAN	7	Expiration Date_		/	
Identification of Su	SA.EE	TO TAITE		<i>(</i>)			
. Identification of Sy	stem	4 INDEC	-110N/0	<i>6</i> 3			
. (a) Applicable Con-	Struction Code	ATSC	.72	-		N/2 2-	
(b) Applicable Constitution (b) Applicable Edit	ion of Section VIII	7/200 19	_ Edition,		Addenda,_	/A 1/28.	_Code Cas
Applicable Eult	ion of Section XI Of	ilized for Hepairs	or Replacement	is 19 <u>80 THRU</u>	1981	3//3/94	
Internation of the				W/1981 W/	UTER	ADDENDA	
. Identification of Co	mponents Repaired	or Replaced and F	Replacement Co	mponents	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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						T	
			j	,			ASME
			ŀ		i		Code
Name of	Name of	Man 4	National			Repaired,	Stamped
Component	Manufacturer	Manufacturer Serial No.	Board	Other	Year	Replaced,	(Yes
,		Serial IVO.	No.	Identification	Built	or Replacement	or No)
					İ		
063-1-63-453	NOT	NONE	NONE	NONE	167	REPLACE-	N
	7300000				KNOWN	MENT	10
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		N/A 13.8 3	13/94				
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				<u> </u>			
Description of Work_	MODIFY C	IDDART N	-0	./# = 5=			
					98-A.		
Tests Conducted: H	lydrostatic Pn	aumatia 🗀 🛦					_ _
	ther Persons	Noi	minal Operating	Pressure			
	other Pressure_	PSi	rest Temp	°F			
NOTE: Cu		y-~/A	195,3/13/	44			
NOTE: Supplementa	sneets in form of	lists, sketches, or	drawings may t	pe used, provided (1)	size is 8%	in. x 11 in., (2) ir	nforma-
tion in items 1 throu	gn o on this report	is included on ea	ech sheet, and (each sheet is nur	nbered and	the number of s	heets is



D 04632 30 WORKPLAN _____

9. Remarks TRACKING NO: 94-252 B8 3/13/94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this LEPLACEMEUT conforms to the rules of the ASME Code. Section XI
ASME Code, Section X1. repair or replacement
Type Code Symbol Stamp
Type Code Symbol Stamp
Certificate of Authorization No Expiration Date
Signed Signed (FIELD ENGINEER) Date 3//3 , 19 94
Owner of Owner's Designee, Title Owner of Owner's Designee, Title
CERTIFICATE OF INSERVICE INSPECTION
1 the undersigned helding a until assess to the same t
or Province of TENNESSEE and employed by HSB IFICE of
or Province of TRNNESSEE and employed by HSB I II of have inspected the components described in this Owner's Report during the period 3/22/74 to 3/22/74 and state that
In this Owner's Report during the period 3/4K//9 to 3/46/7/ , and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
B Emila
Commissions TN 2534 Inspector's Signeture Commissions National Board, State, Province, and Endorsements
in the state of th
Date $3/28$ 19 94
,

D 21328 61

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

					,		
1. Owner TENNO	ESSEE VALL	EY HUTHO	RITY	Date3//.	3/94	<u>{</u>	
	140///	U	,	Sheet/		1	
•	Address	•					
2. Plant WATTS	BAR NUC	LEAR PL	ANT	Unit	,		
~P () P (= 7 o	Name	·	27701	WIP D-	2132	3-6/	
1.U BOX 20	Address	= (1/ y_ /	<u> </u>	Repair Orga	nization	P.O. No., Job No.	. etc.
3. Work Performed by	, TVA			Type Code Symbol	Stamp	INA	,
Po Por 20	on Spails	Name		Type Code Symbol Authorization No.		1-864 0=	lugkig.
1.0.100 LOC	SPRING C.	! / Y ; IN		Expiration Date			
 Identification of Sy (a) Applicable Con (b) Applicable Edit 	stem_ 062/	CHEMIC	CAL ANK	> VOLUME CO	WIRCL	- SYSTEM	
		1151	77	!	· · · · · ·		
5. (a) Applicable Con	struction Code	19	$\frac{75}{2}$ Edition,	JUNE 1973	ddenda,_	NA	_Code Cas
(b) Applicable Edit	ion of Section XI U	tilized for Repairs	or Replacement	ts 19 <u>50</u> THRU	WINTE	R 1981 AUDI	TICN.
6. Identification of Co							
	· · · · · · · · · · · · · · · · · · ·						
						1	ASME Code
Name of	Name of	Manufacturer	National			Repaired,	Stamped
Component	Manufacturer	Serial No.	Board No.	Other Identification	Year Built	Replaced, or Replacement	(Yes or No)
			,				
1062-1-62A-34				DCA-H21328-78			
•				421328-79	UNK	REACENT	NO
							ļ .
	,						_
	Manuelle	C.100.c.				<u>l</u>	L
. Description of Work_	FIOUITIED.	SUPPORTS F	ER OCA'	5-M 21328	-78;7	9:AND80	
		_			,		
	Other Pressure_		minal Operating Test Temp.	Pressure			
		, , , , , , , , , , , , , , , , , , ,		-85K 34KA			

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

Page	8_conf. on Page	9
מ	21222	C 7

FORM NIS-2 (Back)

9. Remarks TRACKING NO 94-253 wm 3/13/94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this AFAINEME conforms to the rules of the
ASME Code, Section XI. repair or replacement
Type Code Symbol Stamp
3/APT
Certificate of Authorization NoExpiration Date
Signed Steplen A Krenzle Engineer Date 3.16 1994
Owher or Owner's Designee, Title
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TENNESSEE and employed by THE HJB, I, & I, Co. of
APPLIFORM CT have inspected the components described
in this Owner's Report during the period $3-2-94$ to $3-18-94$, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
achity
Insector's Signature Commissions TN-2633 N \$ 1
Inspector's Signature National Board, State, Province, and Endorsements
Date A PRIL 14 1994
13-1

TVA MURIEAN MAR 0 3 1994

1. Owner <u>TENNE</u>	SSEE VALLE	Y AUTHO	RITY	Date3/			
400 W. Sum	MIT HILL D.	R. KNOXUIL	LLE,TN	Sheet	of	·	
2. Plant WATTS TO	BAR NUCLEAR	R PLANT		Unit	1		
- P.O. Box 200						35-00	
3. Work Performed by				Type Code Symbol Authorization No. Expiration Date	Stamp		
4. Identification of Sys	Audress		_	_			
 (a) Applicable Cons (b) Applicable Editi Identification of Constant 	on of Section XI Ut	ilized for Repairs	or Replacements	19 <u>80</u> 7 HM	ddenda, u wyw	NA 3/10/19	, ĴCode Case
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1070-1-70-032		N/4+5	3/10/94	DCA PO6109-	UNKALOW	ROPLACOMENT	NO
	-						
			N/A J'S				
			3/10/94				
. Description of Work_	Reputace	SHIM					<u> </u>
	other Pressure_	psi	Test Temp. 3/10		siza is 91/	in v 11 in 10) :	oforma
tion in items 1 throu	igh 6 on this report	is included on e	nob about and C	Ol acab shoot is sur-	314 0 13 0 72	ni. x +1 In., (2) 1	morma-

recorded at the top of this form.

	FORM NIS-2 (Back) W 0 93- 08535-00
۵	Remarks TRACKING # 94-254 PG 21 0F 23
٥.	Applicable Manufacturer's Data Reports to be attached
	·
Γ	OCENTIFICATE OF COMPLIANCE
	We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the ASME Code, Section XI.
	Type Code Symbol Stamp
	~N/A 20 10/24
	Certificate of Authorization No Expiration Date
	Signed Charle Courter FE Date 3-/3 , 19 94
_	
	I, the undersigned, holding a valid commission issued by the Nationaly Board of Boiler and Pressure Vessel Inspectors and the State
	HARTFORD, CT, have inspected the components described
	in this Owner's Report during the period $3-10-94$ to $3-15-94$, and state that
	to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
	Owner's Report in accordance with the requirements of the ASME Code, Section XI.
	By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
	examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
CERTIFICATE OF COMPLIANCE We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rule ASME Code, Section XI. Type Code Symbol Stamp Certificate of Authorization No. Expiration Date Signed Line of Authorization No. Expiration Date CERTIFICATE OF INSERVICE INSPECTION I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Yessel Inspectors and or Province of Tenness and employed by The State of May Inspect to State of May knowledge and belief, the Owner has performed examinations and taken corrective measures describe Owner's Report during the period 3-10-94 to 3-15-94 and to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures describe Owner's Report in accordance with the requirements of the ASME Code, Section XI.	
	Inspector's Signature () National Board, State, Province, and Endorsements
	MABOH 15 1094

WP_D-21328-60

-	As Requi	red by the Pro	visions of the A	ASME Code Section	MXI		
1. Owner TEN	UESSEE V	alley of	JUTHORITY	Date 3-13-	94		
_	MMIT HILL						· <u>- · · · · · · · · · · · · · · · · · ·</u>
_	BAR Nucl	•	•	Unit/			
P.O.Box 70	Name OO SPRING (Address	City, Ti	V37381		1328-	60	
	by <u>TVA MECH. M</u>			Type Code Symbol	Stomp.	/	
	, , <u>, , , , , , , , , , , , , , , , , </u>	Name		Authorization No.	Sterrip	/N/A A	Bap
WATTS B	AR NUCLEAR PL	ANT		Authorization No.		3-1.	3-94
	System <u>CHEMIC</u>		E CONTRU		,	•	
					•		
	enstruction Code <u>Als</u> lition of Section XI Util						
6. Identification of C	Components Repaired o	r Replaced and F	Replacement Con	nponents			
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPING SUPPORT	Na 23.1 3-13-94	NOVE	NONE	1062-1-62A-2	UNKNOWN	Replacement	NO
			MA 82 13-94				
	 	UPPART PA	ERDCAS	M21328-7	4 , - 75	-	
. Description of Wor	k MODIFIED S	UTFULT TE					

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		Bons	8	cont on Page
	WP 1-712	Page		
		CA GO		
		IM NIS-2 (Back)		·
Remarks TRACKIN	6 # 94-255	nufacturer's Data Repo	arte to be ettech	and and
	Applicable Mill			
			-	·
				
		TE OF COMPLIANCE		_
We certify that s ASME Code, Section XI.	the statements made in the repor		<u>(EPLACEMEN</u> epair or replace	
	N/A BAP 3/13/9	<i>a</i> .		
				1 1 2 2 2 4 2
Certificate of Authorizatio	n No. <u>N/A B&P 3/13/9</u>	Expiration	on Date	oh 13,194
Signed Owner or Owner	2 Designee, Title	C Date	. Mar	oh 13, 19 <u>94</u>
, the undersigned, holding or Province of <u>TENN</u> E	a valid commission issued by the	OF INSERVICE INSE e National Board of Bo ルタス エア	oiler and Pressu	ire Vessel Inspectors and the State
	HATTFORD G	5/94 10		of cted the components described
n this Owner's Report du o the best of my knowled	The point of the p		s and taken co	7, and state that rective measures described in this
wner's Report in accorda	nce with the requirements of the	ASME Code, Section	XI.	
	•			ressed or implied, concerning the er the Inspector nor his employer
hall be liable in any manr nspection,	ner for any personal injury or pro	operty damage or a los	s of any kind a	rising from or connected with this
	imal	Tal	2534	
Inspecto	or's Signature	Commissions/_/O Natio	nal Board, Stat	e, Province, and Endorsements
Date 3/30	19 94			



	1. Owner <u>TENN E</u>	SSEE VAL	LEY AUT	HORITY	Date3/11	194	,	
		UMMIT HILL Address			Sheet			
:	2. Plant WATTS BAR NUCLEAR PLANT				Unit ·			
	P.O. Box	2000, SPRIN	6 CITY TA	37771	WP D-4 Repair Ore	43Z-	2Z	-
	3. Work Performed b	Type Code Symbo	ol Stamp		, etc.			
		NUCLEAR A			Authorization No. Expiration Date		NA Jeo 3.	11-94
. 4		ystem <u>SAFET</u>		TION /5	VS 63		•	
5	. (a) Applicable Cor (b) Applicable Edi	nstruction Code <u>A/S</u> tion of Section XI Ut omponents Repaired (C, 7 TA 19	9 <u>73</u> Edition s or Replacemen	n. NA <u>JED 3-1149</u> nts 19 <u>80 ED</u> ITIO	Addenda, 1 N The	NA 122 3-119 WWINTER)	#Code Case
	Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
E	IPE SUPPORT	MAJED 3-11-94	NONE	NoNE	1063-1-63-	No koo and	Replacement	NO
M .		MA fal 3-11-94		NONE	1063-1-63-	UNKNOWN	Replacement	NO
PI	PE SUPPORT	N/A 400 3-11-94	NONE.	NONE	1063-1-63	UNKBOOM	REPLACOMENT	NO
PI	PE SUPPORT	NA \$80 3-11-94	NONE	NONE	1043-1-63-	MKNOW	Replacement	Ne
		NA ged 8-11-94	NONE	NONE	1063-1-63-	ONKHOWN	Replacement	NO
7.	Description of Work	DADOED STIFF	NER PLATE	s (2) - (3	Medified Sug	pports		
8.		Hydrostatic Pne		minal Operating	Pressure			
				Test Temp				

(12/82)

recorded at the top of this form.

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

Page 7A cont on Page 8

WP#D-04632-22

FORM NIS-2 (Back)
gen 3-13-94
9. Remarks TRACKING # 956 94-246 94-256
Applicable Manufacturer's Data Reports to be attached
•
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this RePLACEMEN obnforms to the rules of the
ASME Code, Section XI.
Type Code Symbol Stamp N/A & & 3-11-94
Certificate of Authorization No. NA SCI 3-11-94 Expiration Date NA SCI 3-11-94 Signed Let Davis Date MARCH 3 19 94
Signed Lac & Laws Date MARCH 3 19 94
Owner or Owner's Designee, Title
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of TN and employed by HSRIZICO. of
have inspected the components described
in this Owner's Report during the period 1 - 20 - 93 to 3 - 24 - 94, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
At the second se
Inspector's Signature Commissions National Roard State Province and Endocembers
Inspector's Signature National Board, State, Province, and Endorsements
3
Date

9,89	G Inan		P	age	00	ur ou Leãa -	
	FORM NIS-2 C			PAIRS OR REP		TS	
1. Owner TENDE	SSEE VAU	EY AUTH	lority !!	Date	14-9	4	
	Name MMIT HILL Address						
2. Plant ATT		,	· · · · · · · · · · · · · · · · · · ·				
PDBox Zoor	SPRING (Address	CITY TA	/ 3738/	WP.	# D- Z	21378-59	
3. Work Performed by	Address TVA MOD) 5				O. No., Job No.,	, etc.
				Authorization N	0	NA AC 3	3-14-94
	DSPEING CT Address			Expiration Date			
I. Identification of Sy					.		
i. (a) Applicable Con (b) Applicable Edit	struction Code // ion of Section XI Uti	lized for Repairs	73 Edition, or Replacements	JUNE 1973 19 <u>80 W/A</u>	_Addenda,_ ODENDA	NA GC 3-44. THESE WINTE	Code Cas K 198
. Identification of Co	mponents Repaired o	or Replaced and F	Replacement Con	aponents			
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1074-1-74-7	NA-GIC314-94	NONE	NONE	DCA M-21328-22	- INKNOW!	RODLALEMENT	110
			-NA AC	3-14-94			
	,						
Description of Work	MODIFIED S	UPPORT		·			
-14	Hydrostatic Pne		minal Operating Test Temp	Pressure°F			
NOTE: Supplementation in items 1 throuse	igh 6 on this report	lists, sketches, or is included on e	r drawings may b ach sheet, and (3	e used, provided.(3) each sheet is n	1) size is 8% umbered and	în, x 11 in., (2) i I the number of	nforma- sheets is

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	FORM NIS-2 (Ba	nak)	
	FONIN NIS-2 (Da	ick)	
Remarks TRACKING #	94-257 BOW3/14/59	į.	
	Applicable Manufacturer's Da		1
	····		
	,		
			_
			
-			
•			
·	CERTIFICATE OF COMP	LIANCE	7 7 LH
We certify that the statemen	ats made in the report are correct a		_ conforms to the rules of the
ASME Code, Section XI.		repair or replaceme	
	,		
Type Code Symbol Stamp	NA glc 3-14-94		
Certificate of Authorization No.	<u></u>		
Authorization No.	·	xpiration Date	
Signed_Daris Carle	MECK ENG.	DateMarch_	13 10 94
Owner or Oryner's Designee,	Title		, 13
	CERTIFICATE OF INSERVIO		•
, the undersigned, holding a valid comi	mission issued by the National Boa	ard of Boiler and Pressure	Vessel Inspectors and the State
or Province of TRNUESSEE	and employed by HSB	•	of
n this Owner's Report during the re-	2/20/04	have inspect	ed the components described
n this Owner's Report during the pe o the best of my knowledge and belie	, ,,,,	-to	, and state that
Owner's Report in accordance with the			ctive measures described in this
By signing this certificate neither the			esed or implied concerning the
xaminations and corrective measures			
hall be liable in any manner for any p	ersonai injury or property damage		
hall be liable in any manner for any prospection.	ersonal injury or property damage	•	
•			
•			
•			Province, and Endorsements
Inspections 100 September 100 Signature			
•			



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Dana		n Page	8	

. Owner TENN	ESSEE VAL Name MIT HILL I	LEY AU	THORITY	Date3	-14-9	74	
400 W Sua	miT Hill I	DRIVE, KN	DXVILLE, TA	Sheet	of <u>Z</u>		
. Plant WATT	3 BAR 1	Juclean	PLANT	Unit			
P.O.Box Z	Name SPRING Address	City, T.	N 37581	WP# D-	-2075	8-15	
	y <u>TVA MOD/</u>						
		1491116		Type Code Symbo Authorization No. Expiration Date		N/A BS	3/14/9
	AR NUCLE						
Identification of S	ystem <u>MAIN 4</u>	- AUXILI	ARY FO	EDWATER	e/3		
(a) Applicable Cor	nstruction CodeA	ISC 19	73 Edition	7	Addende	U/A RS 3/14	194
(b) Applicable Edit	tion of Section XI Uti	lized for Repairs	or Replacement	19 80 THE	181 W	1/8/ WINT	ER AL
•	omponents Repaired o						
		· · · · · ·			-		
	<u> </u>			.			ASME
• •			National			Panaissa.	Code
Name of	Name of	Manufacturer	Board	Other	Year	Repaired, Replaced,	Stamped (Yes
Component	Manufacturer	Serial No.	No.	Identification	Built	or Replacement	or No)
903A-1-03A-	BEAGEN PATE	NONE	NONE	NONE	NOT	REGIOCE	
82	LSON/POWER	, , , , , ,	NONE			MENT	~
	_			·			
		4					
	1						
		~/A					1
		N/A 3/1	4/94				1
		N/A 128 3/1	4/94				
·							
Description of Work	PEPLACE U-			VILLE WASH	es Pa	EL DCA'S	. SEE P
		BOLTS An	ID RELLE		es Pa		. SEE P
ests Conducted:		BOLTS AN	ID NELLE	Pressure	ELS PO	EX DCA'S	. SEE P

(12/82)

This form (E00030) may be obtained from the Order Dept., ASME, 22 Law Drive, Box 2300, Fairfield, NJ

FEB 2 1 1994

0789 LIP# D-20758-15
WP# D-20758-15
Rese 8 and an Barra 9
Page 8 conf. on Page 9
FORM NIS-2 (Back)
158 3/14140
9. Remarks TRACKING NO: 94-258 18 2/2 3/14/94 Applicable Manufacturer's Data Reports to be attached
Applicable Manufacturer's Data Reports to be attached /
N/A 128.3/14/94
· · · · · · · · · · · · · · · · · · ·
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this <u>LEPLACEMENT</u> conforms to the rules of the
ASME Code, Section XI.
Type Code Symbol Stamp
Corridings of Australia No.
Certificate of Authorization NoExpiration Date
Signed Small (B. SINGH) FIELD ENGINEER Date 3/14/ 1990
Owner or Owner's Designee, Title
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of TN and employed by HSB I & I Co. of
in this Owner's Report during the period > 21-94 to 4-6-94 , and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
Clair
Inspector's Signature Commissions TN 2537 National Board, State, Province, and Endorsements
Metional Board, State, Florince, and Endorsaments
Date 2 6 109 /

Authorities of the same profession and the state of

And the second section of the section of the section o

PAUE 14 0F 26

•							
1. Owner TENNE	SSEE VALLEY	AUTHORITY	<u> </u>	Date 3-5	-94		
400 W. Sum	MIT HILL DR.	KNOTVILLE,	TU	Sheet/_	of/		
2. Plant WATTS				Unit			
P.O. BOX	2000 Sorin	G CITY, TI	W	WO # 9	4-010	33-07	
		;		Repair Org	anization P	33-07 .O. No., Job No.,	etc.
3. Work Performed by	/ / //A	Name'		Type Code Symbo	ol Stamp	N/A	
P.O. 80x	2000, SPRI Address	NG CITY 7	-N	Type Code Symbol Authorization No.		Eom	3-5-9
	Address	<u> </u>		Expiration Date_		/	
4. Identification of Sy	stemCVC	<u>S</u>	 	·			
 (a) Applicable Con (b) Applicable Edit Identification of Co 					Addenda,_ ພາພາ	N/A ER 1781 A	_Code Ca د م دور ه
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
62-1CVC-R55		N			~~	REPLACED	
66 1416 1435		Z-11.94		NONE	" NKMONN	SHIM	NO
			N A EPM 3.11.94				
Description of Work	REPLACE	SHIM MA	TERIAL				
	Hydrostatic Pn Other Pressure	eumatic Nor	ntnal Operating F	Pressure []	9 <i>4</i>		
NOTE: Supplement	ugn 6 on this report	lists, sketches, or is included on each	drawings may bo	e used, provided (1) each sheet is nur) size is 8½ nbered and	in. x 11 in., (2) i I the number of :	nforma- sheets is

recorded at the top of this form.

WO# 94-01033-07 PAGE 15 or 26

9.	Remarks Vone Tracking # 94-259 BD 3/14/44 Applicable Manufacturer's Data Reports to be attached
	Applicable Manufacturer's Data Reports to be attached
	·
Г	CERTIFICATE OF COMPLIANCE
	We certify that the statements made in the report are correct and thisREPLACEMENT conforms to the rules of the
	ASME Code, Section XI.
	N/ gm
	Type Code Symbol Stamp
	Certificate of Authoritation NoExpiration Date
	Signed Owner of Owner's Ostignee / Kitle
	Child of philas 200 statute of the
	CERTIFICATE OF INSERVICE INSPECTION
	I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TENNESSEE and employed by THE-H.S.B. T. T. Co
	11.4 // 1.5 /
	in this Owner's Report during the period 1-22-94 to 3-15-94, and state that
	to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
	Owner's Report in accordance with the requirements of the ASME Code, Section XI.
	By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
	examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
	shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
	uzbektou./
	(1) = M + 11 = 11 = 12 = 1
	Inspector's Signature Commissions TN-2633 National Board, State, Province, and Endorsements
	MARCH 15 1094
1	Date / //////////////////////////////////
	·

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Carlo managani na kati	FORM NIS-2	OWNER'S REP	ORT FOR R	EPAIRS OR REPL ASME Code Sect	ACEMEI	NTS	
1. Owner TENUE	SSEE VA	LLEY AUT	THORITY	Date 3/	1444		
	1481	ne		Sheet/		/	
2. Plant WATTS					/		
^ -	_			WP D	- 212	78-60	
		SC17, 174	<u> </u>	Repair Or	anization	P.O. No., Job No.	, etc.
3. Work Performed by		Name		Type Code Symbo		11/14	2/14/2
P.O. BOX 200	O SPRING C	M, TN		Authorization No. Expiration Date_		1 7	2/14/14
 Identification of Sy (a) Applicable Con (b) Applicable Edit 	stem 062 /	CHEMIKAL	AND VO	LUME CONTR	20L S	YSTEM	
5. (a) Applicable Con	Arrustian Code A	150	73	ku = 1972		NIA	
(b) Applicable Edit	ion of Section XI U	tilized for Repairs	Edition or Replacemen	ts 19 80 THOU	Addenda,	198/ 1000	_Code Case
6. Identification of Co					• • • • • • • • • • • • • • • • • • • •	- 1101 AUCI)	YON .
		The production of the producti		omponents			
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1062-1-62A-		20K 3/4/91	·····	DAM 21328-90			
345		7-1-117		DZA M 2/328-90 M 2/328-9/ M 2/328-28	UNK	REPLACEMENT	10
3/4/9	4						
	/						
			•				
Description of Work_	MODIFIED	SUPPORT	PER DE	45 D 2132	3-90;	91: AND 1A	8
Description of Work_ Tests Conducted:	lydros etic Prosture		ninal Operating		<u>-</u>	WATTS BAT	2
NOTE: Supplementa	T	lists sketches or	drawings may		size is 8%	in. x 11 in. (2) i	o lorino

recorded at the top of this form.

8.

Page 8 cont. on Page 9
FORM NIS-2 (Back)
9. Remarks TRACKING HO. 94-260 SDIZ 3-14-94
Applicable Manufacturer's Data Reports to be attached
We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp
Certificate of Authorization NoExpiration Date
Signed Stephen N. Kreinsfe Engineer Date 3/14 1994
Owner of Owner's Designee, 11(16)
CERTIFICATE OF INSERVICE INSPECTION I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of <u>TENNESSEE</u> and employed by <u>HSB IFT (D</u> of HAVI FOX CONN: in this Owner's Report during the period 3/29/94 to 3/29/94, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
B Earns TN 2534
Inspector's Signature Commissions TN 2534 National Board, State, Province, and Endorsements
Date

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Page 6		1
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		3 ⁻

				AOME Code Sett			
1. Owner TEULES	SEE VALLEY AV	NTHERITY		Date3	-15-99	}	
400 W. Sum	MIT HILL DAVE Address	E, KNOXVILL	E, TX	Sheet/	of	<u>, </u>	
2. Plant WA775	BAR NUCLEAR		Unit/				
Po Box 2000	SPRING CITE	4, TN 373	81	WP D-0 Repair Org	0453	5-04	
3. Work Performed by	TVA (WA	Name		Type Code Symbo	i Stamp_		
PO BOX 200	O, SPRING CIT	4TN 373	381	Authorization No. Expiration Date		NA 908 3	-/5-77
4. Identification of Sy	stem <u>MAIN AU</u>	K. FEEDWA	TEN, SYS-	003			
5. (a) Applicable Con(b) Applicable Edit6. Identification of Co	non or section XI Of	mized for Repairs	s or Heplacement	s 19 <u>80 – 60</u> 87	Addenda,_	N/A J18 3-12	5-94- _Code Cas
Name of			National			Repaired,	ASME Code Stamped
Name of Component	Name of Manufacturer	Manufacturer Serial No.	Board No.	Other Identification	Year Built	Replaced, or Replacement	(Yes or No)
PIPE SUPPORT				<u> </u>		1.	
1003-4427-6-1	TVA	NONE	NONE	474427-6-1	UNK	REPLACEMENT	No
PIPE SUPPORT 1034-1-034-402 PIPE SUPPORT	TVA	NONE	NONE	1-03.4-402			
003A-1-034-428 PIPE SUPPORT	TVA	NONE	NoNE	1-034-428	UNK	REPLACEMENT	Nο
0034-1-034-416	TVA	NONE	NONE	1-03.4-416	UNK	REPLIKEMENT	NB
			N 988	3-15-94			
. Description of Work_	MODIFIE	D CKISTIN	UG SUPP	orts			
Tests Conducted: 1	Tydrostetic Pno Other Pressure_		minal Operating		3 03	3-15-94	
NOTE: Supplements tion in items 1 throu recorded at the top o	ign 6 on this report	lists, sketches, o is included on e	r drawings may beach sheet, and (ne used, provided (1) 3) each sheet is num	size is 8½ nbered and	in. x 11 in., (2) in the number of s	nforma- heets is
2/02)			•••	Star To	• .	. ·	•

Page 7 cont on Page 8

WI# D-04535-04

9. Remarks NIS-7 TRACKING NUMBER: 94-261 008 3-15-94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this <u>REPAREMENT</u> conforms to the rules of the ASME Code, Section XI.
Type Code Symbol StampNONE
Certificate of Authorization No. None Expiration Date None Sp3 3-15-94
Signed Sohn D. Sampson, MECH. FIELD ENGR Date 3-15-94 Owner or Owner's Designee, Title , 19 99
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TRNNGSEC and employed by HSB TAT CO
HAY FORD CONN. how imposted the company of the comp
in this Owner's Report during the period 4/1/94 to 4/1/94, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector's Signature Commissions TN 2534 National Board, State, Province, and Endorsements
Inspector's Signéture' National Board, State, Province, and Endorsements
2/1 24
Date19



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WP	<u>D-</u>	412	<u> 20-</u>	3 <u>0</u>	

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				PAIRS OR REPLA ASME Code Section		ITS «	
				Date 3-1			
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Plant WHIIS	DAK Name	<u>uclear</u>	MANI	Unit			
PO.Box Zor	o, SPRINC	CITY,7	W 3738	NP D-	Z/3Z	28-5 Z	***
Work Performed by	TVA			Type Code Symbol			, 610.
		Name					
WATTS	BAR N Address 3-12-	UCIEAR	PLANT	Expiration Date			
Identification of Sy	stem	94)m /:	/ 5— ·				
(a) Applicable Con (b) Applicable Edit Identification of Co				3-12-0 M/D J W.D. A is 19 8 OTHRU W	9 <b>4-</b> .ddenda, <u>∧</u> <i>∪i∧TER</i>	14 Jul 3-12.	©€ode Cas
					<del></del>	<del></del>	<del></del>
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
>1-4400-6-196	HONE	NONE	NONE	D-CA- 21326-17 DA-21328-18 F-29674-A	UNIA BELLI	Replacement	Νo
			4/2 3-				
·				15-24 Jus			
Description of Work	Remain	- بينيم الم	11/2				
Kir.	4	MELICALIC	WA SHEA	s & modifi	ED :	Support	
ests Conducted:	Tydrostotic B-Rn	∮uπαεtjc <u>.</u> Nor	minal Operating	Pressure		WAT	IS BAR
c	ther Pressure_		Test Temp.	°F		1 101572141S	EN EN
IOTE: Supplementa	Il sheets in form of	lists, sketches, or	drawings may t	pe used, provided (1)	size is 8½	in. x 14 jc 422	incrna-
on in items 1 throu corded at the top o	f this form.	is included on ea	icii sileet, anu (	s) each sheet is num	bered and	the number of	heets is

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Page 8cont. on Page 9
WP D-21378-52
FORM NIS-2 (Back)
9. Remarks Tracking # 94-262 Bbw 3/15/99  Applicable Manufacturer's Data Reports to be attached
We certify that the statements made in the report are correct and this <u>Replace meal</u> conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp
Certificate of Authorization No. Expiration Mo.
Signed W Deele Date 3-M-94 , 19
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB TIT co.  AATTOTA CONN. have inspected the components described in this Owner's Report during the period 3/29/94 to 3/29/14
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector's Signature Commissions TN 2534  National Board, State, Province, and Endorsements
Date 3/29 19 94



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WORKPLAN		06

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Paga		cont.	on	Page	<u></u>	5

1. Owner TENNES	SEE VALLEY A	authority	·	Date3-/_	5-94			_
	mit HILL DRIVE		TN	Sheet	of			_
2. Plant WATTS B	AR Nuclear	R PLANT		Unit				
_	Nam ODO, Spring		7381	WP# D-	05922	2-06 .O. No., Job No.,		<b>-</b>
3. Work Performed b	TVA-MOD	IFICATIONS	S	Type Code Symbo	Stemn	,		
	AR NUCLEA	1401110		Authorization No. Expiration Date		N/A BS:	3/15/90	<del>,</del> = -
4. Identification of Sy	stem <u>LESID</u>	UAL HEAT	LEMOV			,		
5. (a) Applicable Cor (b) Applicable Edi	struction Code tion of Section XI U	AISC 19 Itilized for Repairs	73 Edition, or Replacement	7 s 19 <u>80 74</u> RU	Addenda,_	N/A BB 3/19 1981 WINT	794 Code Cese ER AL	האפשטים
6. Identification of Co	mponents Repaired	or Heplaced and I	Replacement Con	nponents				
Name of Scanners	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)	
. 74 / 74 0	PACIFIC	<u> </u>		·				
1074-1-74-8	SCIENTIFIC	13/31	NONE	NONE	KNOWN	REPLACE- MENT	N	
		9						\$ 14 P
		MA 138. 3/15/94				į.		2 Tar
							18200	
			<b>-</b> 1		<u> </u>			44.5
. Description of Work		,			UBBER		A NUCI	Parties Carried
	Hydrostatic Prossure_	neumatic No	minal Operating Test Temp.  158 3/1579	Pressure F			IR 0 1 1	-EAK 1994
NOTE: Supplement tion in items 1 thro recorded at the top of	ugh 6 on this repor	f lists, sketches, o	r drawings may b	e used, provided (1)	) size is 8½ nbered and	in. x 11 in., (2) in the number of a	nforme- heets is	· .

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WOR	KPLAN	00

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Lnge			<b></b>		

9. Remarks TRACKING NO: 94-263 B8 3/15/94
Applicable Manufacturer's Data Reports to be attached
N/A 128 3/15/94
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this <u>REPLACEMENT</u> conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp
N/A B8 3/15/94
Certificate of Authorization NoExpiration Date
Type Code Symbol Stamp   WA 138 3/15/94  Certificate of Authorization No.  Expiration Date  Signed Remain (B-SINGH) FIELD ENGINEER Date 3/15/ , 19 94  Owner or Owner's Designee, Title
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of
Hazzlasza, CT have inspected the components described
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
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Inspector's Signature Commissions TN 2557  National Board, State, Province, and Endorsements
Date

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1. Owner IENNE	SSEE VALL	EY AUTHO	RITY	Date	03 –	11 - 94	
400 W SU	Address	R., KNOXVI	LLE,TN	Sheet	of	2// 3	184 3-15-94
2. Plant WA		CLEAR PL	ANT	Unit	1 (0	NE)	
PO.BOX 20	OOO, SPRING	CITY, TH	37771	W.O. 93	- 2	4383 —	12
3. Work Performed by				Type Code Symbo	Stamp	.O. No., Job No.,	etc.
WATTS	BAR NUCLI	EAR PLA	NT	Authorization No. Expiration Date	7	/ N/A JN 3-	11-94
4. Identification of Sy	stem CHE	MICAL	AND VOL	UME CON	TROL	, SYS	062
5. (a) Applicable Con (b) Applicable Edit 6. Identification of Co	tion of Section XI Ut	tilized for Repairs	or Replacement	1941 08 er 2 V 1981 W	Addenda, 1 U 1981 WINTER	N/AJN3-11-94 R ADDEND	Code Case
Name of Component PIPE SUPPORT	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-62A-115	NKNOM	UNKNOWN	UNKNOWN	NONE	KNOWN	REPLACEMT	NO
			NA	JN 3-15-94			
. Description of Work	WELD	SHIM T	O MINIM	ZE GAP R	EQUI	REMENTS	
	Other Pressure al sheets in form of	osi JN 3-10 lists, sketches, o	r drawings may h	F used provided (1)	size is 8½	in. x 11 in., (2) ii	nforma-
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## PAGE 30 OF 32

WOH 93-24383-12

9. Remarks	TRACKING Nº 94 — 264 JN 3-15-94  Applicable Manufacturer's Date Reports to be attached
We certify the ASME Code, Section X	CERTIFICATE OF COMPLIANCE nat the statements made in the report are correct and this REPLACEMENT conforms to the rules of the repair or replacement
Type Code Symbol Sta	
Signed Owner or Ow	(JAYANTA NIYOGI, FE) Date 3 - 15 19 94
in this Owner's Repor	CERTIFICATE OF INSERVICE INSPECTION  ding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State and employed by HSBT&T Co. of have inspected the components described to during the period 3-11-94 to 3-20-94, and state that wledge and belief, the Owner has performed examinations and taken corrective measures described in this
By signing this cert , examinations and corre	ordance with the requirements of the ASME Code, Section XI.  ificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the ective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer nanner for any personal injury or property damage or a loss of any kind arising from or connected with this
Insp	Commissions TN 2537 ector's Signature National Board, State, Province, and Endorsements
Date	- 20 19 QA.

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				PAIRS OR REPL ASME Code Secti		TS	
1. Owner TEWA	JESSEE	VALLEY	AUTHORIT,	/ _{Date} 3-	15-94		
400WSun	MIT HILL Address	DRIVE	Kuchiur, T.	N _{Sheet} /	of/		
2. Plant WATTS	BAR	JucLEAR	PLANT	Unit	/		
PUDA CE	SPRING Address	C114,7	<u> </u>	Repair Org	anization F	0761-61	etc
3. Work Performed by	TVA MODS	Name	<del></del>	Type Code Symbo Authorization No.	l Stamp		
P.O.BOX 7000	SPRING CITY	TN 37381	<u> </u>	Expiration Date_			
4. Identification of Sys	stem_ <i>63_5A</i>	FETY IN	JECT10N				
5. (a) Applicable Cons (b) Applicable Editi 6. Identification of Cons	on or Section XI Uti	lized for Repairs	or Replacement	s 19 <u>80 W</u> Apoze	Addenda, L	NA BOX 3-15 EU WINTER	5-44 Code Cas 1981
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1063-1-63-462	NA 3-15-94	NONE	NONE	DCA - M-20761	UNTAULUA	REPLACEMENT	NO
		•					. , , , ,
			NA OL		<del> </del>		<u> </u>
			an ge	375-94		`	
· ·							
. Description of Work_	Modified	SUPPORT					
Tests Conducted: H IVA g(C 3-15-94	vdrostatic Pne ther Pressure	umatic Nor	minal Operating Test Temp.	Pressure°F			
NOTE: Supplementa tion in items 1 throu- recorded at the top of	an a an ring rebort	ists, sketches, or is included on ea	drawings may b ach sheet, and (	e used, provided (1) 3) each sheet is nun	size is 8½ nbered and	in. x 11 in., (2) ir the number of s	nforma- heets is

## D-20761-61

FORM NIS	§-2 (Back)
9. Remarks TRACICING # 94-765 ale	3-15-64
Applicable Manufactu	rer's Data Reports to be attached
·	
CERTIFICATE OF	
We certify that the statements made in the report are co ASME Code, Section X1.	orrect and this <u>REPLACEMENT</u> conforms to the rules of the repair or replacement
Type Gode Symbol Stamp NA GC 3-15-	94
	Expiration Date  Date March 15 , 19 94
CERTIFICATE OF IN	SERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the Natio or Province of TENNESSEE and employed by HAYT FORD CONN	16.73 7 7 7 (A) of
in this Owner's Report during the period 3/28/9	have inspected the components described to 3/28/94, and state that
to the best of my knowledge and belief, the Owner has performe Owner's Report in accordance with the requirements of the ASME	
By signing this certificate neither the Inspector nor his emplo examinations and corrective measures described in this Owner's shall be liable in any manner for any personal injury or property conspection.	
B Euma - Commis	
Date 3/28 19 94	National Board, State, Province, and Endorsements
The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	THE SPACE OF SPACE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROP

Walter Company	Page_	7	CORI, OR	Page	8
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Plant WATTS	BAR Nur	EAR PLA	WT	Unit/_	<del>-</del>	·-	
P.D.Box Z	SAPILIO Address	City T	√ <u>373</u> 8/	W.P. D-2/.	328 - 3	5 3	
Work Performed b	vIVA, MECH	MODIFICAT	TIONS	Type Code Symbo			, etc.
				Authorization No.	Stamp_	/	
WATTS BAR	NUCLEAR PL	ANT		Authorization No. Expiration Date		MAgai	2-1-0
							-13 /
Identification of Sy	ystem <u>CHEMICAL</u>	- VOLUME C	ENTROL Sys	STEM / SysTem	n #04	Z	
	nstruction Code <u>A/S</u> tion of Section XI Ut omponents Repaired (				`	T	·
	Na-in a	Manufacturer	National Board	Other	Year	Repaired, Replaced,	ASM Code Stamp (Yes
Name of Component	Name of Manufacturer	Serial No.	No.	Identification	Built	or Replacement	or No
Component	Manufacturer				Built	•	
Component			NO.	Identification		•	
Component	Manufacturer			Identification	Built	•	
Component	Manufacturer		NONE	Identification	Built	•	
Component	Manufacturer		NONE	Identification	Built	•	
Component	Manufacturer		NONE	Identification	Built	•	
Component	Manufacturer		NONE	Identification	Built	•	
Component	Manufacturer		NONE	Identification	Built	•	
Component PE SUPPORT	Manufacturer	NONE	NONE N	Identification	Built	•	
PE Support  Pescription of Work  ests Conducted:	Manufacturer  NA 100 3-15-94  RELOCATOR	NONE	NONE NA 8	Identification  10 \( \frac{2}{2} - 1 - 6 \) 24-4	Built	•	

recorded at the top of this form.

tion in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is

Page	8	oceri.	en Page	_8a.

, , , , , , , , , , , , , , , , , , ,
9. Remarks TRACKING # 94-266 5-15-94  Applicable Manufacturer's Data Reports to be attached
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the
ASME Code, Section X!. repair or replacement
Turn Code Sumbal Same 1/1/4 1/900 3-11-00
Type Code Symbol Stamp N/A feel 3-15-94
Certificate of Authorization No. N/A 180 3-15-94 Expiration Date N/A Scal 3-15-94
Expiration Date No. 17/1 425 3 13 14
Signed Gal E Javas  Date 3-15-94  , 19
Owner or Owner's Designee, Title
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of TENNESSEE and employed by THE H.S.B. I AW I CO.
HATTOLD (27,
to trace trial
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector's Signature Commissions TW-2633 NXI National Board, State, Province, and Endorsements
Inspector's Signature National Board, State, Province, and Endorsements
Date_1-10R12 19 1994
• .



7				
F#8~	cont	ON	Page	e

1. Owner TENNES	SEE VALLEY ALLEY	THORITY		Date 3-15	-94		
	nmit HILL DRI		LE, TN	Sheet/_	of/_		
2. Plant WATTS	BAR NUCLEI	ar PLANT	<del></del>	Unit/		<del> </del>	
P.O. Box	2000, Sprim	e City TN	137381	MP D-00 Repair Org	6263-0	7	
3. Work Performed by T.V.A. MECH. MODS						,	
	Name				i Stamp	Jula RID	2-15-04
WATTS BA	NUCLEAR PL	ANT		Authorization No.  Expiration Date		/ Will but	3-73-2 <del>1</del>
4. Identification of St	Address		SISTEM	,			
5. (a) Applicable Cor (b) Applicable Edi  6. Identification of Co	tion of Section XI Uti	lized for Repairs	or Replacemen	its 19 <u>80 ED</u> 1710N	Addenda <u>, i</u> THRU W	<u>v/a B21 3/15/94</u> iw ter 1981	Code Cas
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No,	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT	N/A B2P 3/15/94	NONE	NONE	1068-1-68-031	UNKNOWN	REDUACEMENT	2
		/a # # P		<u> </u>			
		N/A BAP 3-15-94					
					<u> </u>		
					ļ		
. Description of Work	MODIFY Su	PPORT PER	DCA K	06263 - 20 - 0	& DCA	K06263-	19-0
. Tests Conducted:	Hydrostatic Pne Other Pressure		minal Operatin	g Pressure°F^	1/A B213	15/94	

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

# WO# D-06263-07

9. Remarks TRACKING # 94 - 267 BAP 3/15/94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp
Certificate of Authorization No. NA B2P 3/15/94 Expiration Date NA B2P 3/15/94
Signed Bralford. Perdue Date March 15, 1994
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of and employed by HSB
in this Owner's Report during the period 2-12-94 to 4-1-94, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Interestor has his condense and accordance.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any proper for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Str age For
Inspector's Signature Commissions National Board, State, Province, and Endorsements
Date

REPRINT 12/91

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

1. Owner TENNE	SSEE VALLE	Y AUTHORIT	·y	Date 3- 14	-94		
400 W. SUN	Address	INE, KNOX,	TN	Sheet/	_ of/		
2. Plant WATTS  P.O. BOX S  3. Work Performed b	BAR NUCLEAR	PLANT		tinia J			
	Nam	. 3	738/ mr	, Onit			
E.O. Box 5	1000, SPRING C Address	ITY, TN. 3	7771 4/37	HW. P. D.	12669	1-01	
3. Work Performed b	Y TVA MECH	MODIFICA	TIONS	Type Code Symb	ganization ol Stamp	P.O. No., Job No.	., etc.
	NUCLEAR P			Authorization No		,	
4 14 25	Address			Expiration Date_		N/Ages	3-16-44
4. Identification of S	ystem <u>SAFE</u>	Y INJECT	TION / SYS	063	-6		
(a) Applicable Cor     (b) Applicable Edi     (c) Identification of Co	nstruction Code A 15 tion of Section XI Ut omponents Repaired	ilized for Repain	9 <u>23</u> Edition s or Replacemen Replacement Co	. <u>AVA 400 3-16-94</u> ts 19 <u>80 ED) 710</u> mponents	Addenda, N Thei	NA JCD 3-16-1 WINTER 19	#Code Case
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT	N/A \$20 3-16-94	NONE	None	1063- R435- 4-108	ON KNO WA	REPLACEMENT	No.
			N	3-16-94			
			7 900				
						-	ľ
. Description of Work_	INSTALLED P	IPE CLAM	<u></u>				
<b>-</b>							
0	ther Pressure_	ımatig Non	Test Temp.	°F			
NOTE: Supplementa tion in items 1 throu- recorded at the top of	I sheets in form of Ii gh 6 on this report is	ete ekstebet			size is 8½ j	n. × 11 in., (2) in	forma-
recorded at the top of	this form,			A GOCI SIDER IS DOWN	bered and	the number of sh	eets is
2/82)	This Form (E00030)	may be sheating	1 <b>6</b>	D.1	266	9 01	
	This Form (E00030)	Se onteined	i irom the Order	Dept., ASME, 345	E. 47th St.	, New York, N.Y.	10017

### FORM NIS-2 (Back)

. Remarks <u>  RACKIN # 94 - 268</u>	Jel 3-11-94
Applicable Manufa	acturer's Data Reports to be attached
_	
CERTIFICATE	OF COMPLIANCE
	e correct and this Replacement conforms to the rules of the
ASME Code, Section XI.	repair or replacement
	• ,
Type Code Symbol Stamp N/A SEO 3-16-94	
Certificate of Authorization No. NA 352 3-16-9	# Expiration Date # 3-16-94  ### ################################
1.00.	100211-44
Owner or Owner's Designee, Title	Date MARCH 3 16, 19 94
CERTIFICATE OF	INSERVICE INSPECTION
	tional Board of Boiler and Pressure Vessel Inspectors and the State
or Province of ILNUCSSE and ampleted by	His 717 Co.
- HAM FORD CON	have inspected the components described
in this Owner's Report during the period $4/29/94$	have inspected the components described to $\frac{4/29/9}{2}$ , and state that
to the best of my knowledge and belief, the Owner has perfor	rmed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASI	ME Code, Section XI.
	ployer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owne	er's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or propert	ty damage or a loss of any kind arising from or connected with this
inspection.	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
$Q \in \mathcal{A}$	
Com	missions TN2534  National Board, State, Province, and Endorsements
Inspector's Signature	National Board, State, Province, and Endorsements
11/20 011	
Date	

D 12669 01

PG. T CONT. 8

Page 7A cont. on Page 78

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

- 11.0	(40)))	AUTHORIT		Date 3/16	<u>'</u>	,	<del></del>
0 W. SUMMIT 1	4/LL Delv	E, KNOX.	Tw.	Sheet	of/		
2. Plant W4775	BAR NUC	LEAR PLA	WT	Unit/	<b>′</b>		
0. Box 2000	1101111	•		WORKPLAN	<u>,</u> #;	D-2132	8-00
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					.O. No., Job No.,	etc.
3. Work Performed by		Name	<del></del>	Type Code Symbol		<u> </u>	<del></del>
WATTS BAR	NUCLEA.	R PLANT	~	Authorization No Expiration Date		4 3/16/9	1
	Address						
4. Identification of Syste	-						
5. (a) Applicable Constru	ustics CodeA/	C TTH .	73	N/ who	. /	sound!	
(b) Applicable Edition	of Section XI U	tilized for Bensire	or Beolessmant	10 BO THOU	ddenda,	143/6/94 TER 1981	Code Ca
1-7 7 7 7 7 100010 2011101	, or occupin XI of	mized for Repairs	or neplacement	s 19 <u>00 /</u> MRU	- WIW	7EN 1981 /	4000
6. Identification of Comp	onents Repaired	or Replaced and R	Replacement Cor	mponents			
.							
						ļ	ASME Code
Nome of			National			Repaired,	Stampe
Name of Component	Name of Manufacturer	Manufacturer Serial No.	Board	Other	Year	Replaced,	(Yes
		Corier No.	No.	Identification	Built	or Replacement	or No
PIPE SUPPORT #	4// 11= 0			704 - 144 - 4 / 734 / 734			
10034-1-034-280	A 3/16/94	NONE	NONE	DCA-M-2/328-68 DCA-M-2/328-67			
/		770,00	770746		NKNOW	REPLACEMENT	NO
							٠,
		<b> </b>	- NY	ino			
				17////0//- 1		i	
			<i>F</i> 7	3/16/74			
				3/16/74			

work instruction <u>D-2/328-06-K7</u>

Page 78 cont. on Page 7C

### FORM NIS-2 (Back)

9. Remarks TRACKING # 94-269 wm 3/16/94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this LEPACEMENT conforms to the rules of the
ASME Code, Section XI. repair or replacement
Type Code Symbol Stamp M/A www 3/16/94
Type Code Symbol Stamp
Certificate of Authorization No. N/A was 3/16/94 Expiration Date N/A was 3/16/94
Signed ML (2dd, CONST. ENGR. Date 3/16, 19 94
Signed Owner or Owner or Designed Title Date 3/16, 19 94
C. Mai a Designed, 11 Ma
CERTIFICATE OF INSERVICE INSPECTION
t, the undersigned bolding a-valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of TENNESSEE and employed by THE HOB I. # I. Co. of
in this Owner's Report during the period $4-23-93$ to $3-16-94$ , and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report, Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Commissions TN-2633 N + I
Inspector's Signature National Board, State, Province, and Endorsements
DORTI II DO-
Date / 7 / / / 19 / 7



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

WO# 93-24342-00

						7 7461	2 د
1. Owner TENNE	SSEE MUE	Y AUTHORY	<i>TY</i>	Date 3-			
400 W. Soun	Address	e, KNOXU	ILLE TH	Sheet	of/		
2. Plant Warrs	BAR Nucce Name	CAR PLAN	<del>7</del>	Unit	<del></del>		
P.O. Box 20	OO SPRING	GTY, TR	<u> </u>	93-24 Repair Orga	342	-00 P.O. No., Job No.,	
3. Work Performed by	TVA	Name		Type Code Symbol Authorization No. Expiration Date			
P.O. Box 2	1000, SPRING	s LITY T	N	Authorization No.		3.11.9	4
4. Identification of Sy					•		
5. (a) Applicable Cons	struction Code A	ISC 19	2 <u>73</u> Edition, s or Replacements	June 1973 A 19 <u>80 - T</u> HRU	Addenda,_ - <i>wint</i> c	N/A R 1981 Aba	_Code Case
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-63-524		NA 9~ 3.16.94		DCA 509810- 411	"NENOWN	REPLACEMENT	110
			NA 92-16-94				
	İ						
					,		
7. Description of Work_	WELDEDS	SHIM TO	HANGE	<i>R</i> .	<u> </u>		
	lydrostatic Pn Other Pressure	eumatic No	ominal Operating Test Temp.	Pressure :			
NOTE: Supplementa tion in items 1 throu recorded at the top o	igh 6 on this report	lists, sketches, o	or drawings may be each sheet, and (	e used, provided (1) 3) each sheet is num	size is 8½ nbered and	in. x 11 in., (2) i d the number of	nforma- sheets is

wo# 93-24342-00 PAGE 25 OF FORM NIS-2 (Back) NONE TRACKING # 94-270 Applicable Manufacturer's Data Reports to be attached CERTIFICATE OF COMPLIANCE We certify that the statements made in the report are correct and this REPAIR conforms to the rules of the repair or replacement ASME Code, Section XI. Type Code Symbol Stamp Certificate of Authorization N Expiration Date_ CERTIFICATE OF INSERVICE INSPECTION 1, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TENNESSEE and employed by_ have inspected the components described in this Owner's Report during the period. and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this Commissions _ National Board, State, Province, and Endorsements

ROH ZZ 1994

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

As Required by the Provisions of the ASME Code Section XI

PAGE 21A OF 145

. Owner	ESSEE VALLEY	HATHOR!	7	Date 3-1	6-94		<del> </del>
	nmir Hill DR.,	=		Sheet	of1		
Plant WATTS	BAR NUE	LEAR PLAN	<i>~</i> 7	Unit			
P.O. Box 20	200 , SPRING . Address	Corr, TN		92-1	1132-6	00	
Work Performed by						.O. No., Job No.,	
,		Name	,	Authorization No.	otamp	FAM	
P.O.BOX	2000, SPRIN	UG CITY,	77V	Type Code Symbol Authorization No. Expiration Date		3.16.9	y
raining in the	/stem 063	/200	<del></del>	,			
identification of Sy	stemA	SME SECTIO	LNJECTIO	1971		الره.	
(a) Applicable Con	7-24-7 Code	ISC	71	T	W) 3.74	Winter	. ' 7/
(b) Applicable Edit	tion of Section XI Ut	ilized for Repair	Edition, 2	10 PO THE	Addenda,	N/A	Code Cas
(C) Application Edit		mized for Nepairs	or neplacements	19 <u>80 - raku -</u>	WINTER	1981 466	TION
Identification of Co	omponents Repaired (	or Benjaced and	Paninamana Carr				
	mponents mepatied (	or Replaced and	replacement Com	ponents			
					T		<u> </u>
							ASME
		!					Code
	l .		1 11		1	December 1	
Name of	Name of	Manufacturer	National Board	Other	V	Repaired,	Stamped
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	Stamped (Yes or No)
			Board		Year Built	Replaced,	(Yes
Component			Board		Built	Replaced, or Replacement	(Yes
Component - ACUM-			Board No.		Built	Replaced, or Replacement	(Yes or No)
Component - ACUM-		Serial No.	Board		Built	Replaced, or Replacement	(Yes
Component - ACUM-		Serial No.	Board No.		Built	Replaced, or Replacement	(Yes or No)
Component - ACUM-		Serial No.	Board No. E37 3.16.94		Built	Replaced, or Replacement	(Yes or No)
Component - ACUM-		Serial No.	Board No.		Built	Replaced, or Replacement	(Yes or No)
Component - ACUM-		Serial No.	Board No. E37 3.16.94		Built	Replaced, or Replacement	(Yes or No)
Component - ACUM-		Serial No.	Board No. E37 3.16.94		Built	Replaced, or Replacement	(Yes or No)
Component - ACUM-		Serial No.	Board No. E37 3.16.94		Built	Replaced, or Replacement	(Yes or No)
		Serial No.	Board No. E37 3.16.94		Built	Replaced, or Replacement	(Yes or No)
Component ACUM 33 - 0003	Manufacturer	Serial No.	Board No.	Identification	Built	Replaced, or Replacement	(Yes or No)
Component - ACUM-	Manufacturer	Serial No.	Board No.		Built	Replaced, or Replacement	(Yes or No)
Component  - ACUM 3-0003  Description of Work	Repai	serial No.	Board No.	Sequed	Built	Replaced, or Replacement	(Yes or No)
Component  - ACUM3 - 0003  Description of Work	Repai	ed by we	Board No.	Sequed	Built In the Kanana	Replaced, or Replacement	(Yes or No)

tion in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

			WO # 92-11132
1/	FORM NIS-2 (I	Back)	PAGE ZIBO
Remarks / love	Tracking # 94-0	271 Biring-16-54	
	Applicable Manufacturer's (	Data Reports to be attached	
			,
	,		•
<del></del>		<b>*</b>	
We certify that the stat	CERTIFICATE OF CON tements made in the report are correct	Deerie	rms to the rules of the
ASME Code, Section XI.	is include in the report are correct	repair or replacement	inis to the rules of the
		.,	
Type Code Symbol Stamp	4.	NA ES	2.16.94
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Certificate of Authoritation No.		Expiration Date	
Signed Chill.	A.	Date3./6.	, 1994
Owner or Owner's Desig	gnee, Title	Oate	, rs
the undersigned, holding a valid	CERTIFICATE OF INSERV		nenactors and the State
the undersigned, holding a valid	CERTIFICATE OF INSERV d commission issued by the National Board	oard of Boiler and Pressure Vessel	Inspectors and the State
Province of TN	d commission issued by the National B	oard of Boiler and Pressure Vessel	of components described
this Owner's Report during the	d commission issued by the National Brand employed by HS	oard of Boiler and Pressure Vessel  BIRT Co.  have inspected the  to 3-24-94	of components described, and state that
this Owner's Report during the best of my knowledge and	and employed by the National Branch and employed by HS  The period 10-6-9:  d belief, the Owner has performed exceptions.	oard of Boiler and Pressure Vessel  BIRTCO.  have inspected the  to 3-24-94  aminations and taken corrective m	of components described, and state that
this Owner's Report during the best of my knowledge and wner's Report in accordance with	d commission issued by the National Brand employed by HS  The period 10 - 6 - 9  d belief, the Owner has performed exit the requirements of the ASME Code	have inspected the temperature versel have inspected the temperature with the temperature main attentions and taken corrective me, Section XI.	components described , and state that easures described in this
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or Province of TN  In this Owner's Report during the other best of my knowledge and owner's Report in accordance with By signing this certificate neith examinations and corrective mea	d commission issued by the National Brand employed by HS  The period 10-6-9:  The period 10-6-9:  The belief, the Owner has performed exist the requirements of the ASME Code ther the Inspector nor his employer masures described in this Owner's Report	have inspected the have inspected the have inspected the have inspected the haminations and taken corrective me, Section XI.  makes any warranty, expressed or ort. Furthermore, neither the Insign or a loss of any kind arising from	of components described, and state that easures described in this implied, concerning the sector nor his employer

WORK INSTRUCTION D-21328-06

Page 7C

cont. on Page

#### REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Code Section XI

1. Owner TEANESEE VALLEY Authority 400 W. Summit Hill De. KNOXVILLE, TN Repair Organization P.O. No., Job No., etc. Type Code Symbol Stamp_ Authorization No. _ WATTS BAR NUCLEAR PLANT Expiration Date___ 4. Identification of System Main & Auxiliary FEED WATER - 545. 3 A15C 19 73 Edition, Tune, 1973 Addenda, 5. (a) Applicable Construction Code_____ (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 Thru Winter 1981 Addenda 6. Identification of Components Repaired or Replaced and Replacement Components **ASME** Code **National** Repaired, Stamped Name of Name of Manufacturer Board Other Year Replaced, (Yes Component Manufacturer Serial No. No. or Replacement Identification Built or No) SUPPORT DCA . <u>1003A•1•03A•200</u> M·21328-69 7. Description of Work Install Bellville Washers DER DCN - M-21328-A Pneumetic Nominal Operating Pressure 8. Tests Conducted: Hydrostatic

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

WORK INSTITUTE

Page 7D cont. on Page 8

### FORM NIS-2 (Back)

9. Remarks REF. WP. D. 04522.01 FOR MODIFICATIONS DERFORMED
Applicable Manufacturer's Data Reports to be attached
Applicable Manufacturer's Data Reports to be attached  in Conjunction with this installation.
TRACKING # 83-94-272 wm3/16/94
3116/14
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this REPIREMENT conforms to the rules of the repair or replacement
ASIVIC Code, Section A1.
Type Code Symbol Stamp
AA OLV
Certificate of Authorization NoExpiration Date
CADITION Date
Signed
Owner or Owner's Designee, Title
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned belding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of TENNESS'EE and employed by THE HSG I. 7 I. B. of
HACTFORD C1.
in this Owner's Report during the period 4-22-93 to 3-16-94, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report, Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
C. E. Metcatte Commissions IN-2633 NFI Inspector's Signature Commissions National Board, State, Province, and Endorsements
Inspector's Signature National Board, State, Province, and Endorsements
Date APRIL 11, 1994

P-21328-06

Page 6 cont on Page 7

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

4 <u>00 W SUM</u> 2. Plant <u>LNATT</u>	S BAN NO	UEAN P	uant	Sheet			
P.O. OOX  B. Work Performed by  A773 B.  G. Identification of Sy	AR NUCLEY Address	10DS Name R PLAN	<u></u> 17	Repair Orga Type Code Symbol Authorization No. Expiration Date	Stamp	/	-06 etc.
(a) Applicable Cons (b) Applicable Edit Identification of Co	ion of Section XI Ut	lized for Repairs	or Replacement	19 <u>80</u> /HRU	ddenda,	1/43/16/94 Ten 1981	Code Case
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PE SUPPONT # 103A-1-03A-240	N/ wms /A3/16/96	NONE	NOME	DCA-MI1328-69 DCA-MI1328-71	INKNOWN.	REPLACEMENT	No
			N	3/16/94			•,
NOTE: Supplements	Aydrostatic Pne Other Pressure	psi	minal Operating  Test Temp  r drawings may b	Pressure° F	size is 8%	in x 11 in /2) i	nforma-

(12/82)

This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

, FORM NIS-2 (Back)
9. Remarks TRACKING \$ 94-273 wm 3/16/94
Applicable Manufacturer's Data Reports to be attached
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OFFITIE AT A CONTRACT OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE ST
CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this PEDLACEMENT conforms to the rules of the
ASME Code, Section XI. repair or replacement
Type Code Symbol Stamp Auro 3/16/74
Certificate of Authorization No. 74 wm 3/16/94 Expiration Date 1/4 wm 3/16/94
AAT ( ) Al Com Exp
Signed Owner's Designee, Title Ows7. CAC/7/C. Date 3/16, 19 94
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Fig. 1. S. and employed by THE HS I. F
HAVE inspected the components described
in this Owner's Report during the period $4-22-93$ to $3-16-94$ , and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
(() & Mit 11.
Inspector's Signature Commissions TN-2633 N F I  National Board, State, Province, and Endorsements
A P
Date 17 11 19 9 4

5 7 5	1994
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FORM MIS 2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS 4632 As Required by the Provisions of the ASME Code Section XI

400 W. SUI	Address	DR. KNO	<u>CVILLE,</u> TN	· Sheetl	_ of		
2. Plant_WATTS	BAR NUC	CLEAR PL	ANT	Unit			
P.O. BOX 2	.000 SPRIA	ig city	7~37381	D - c	4632	31	
3. Work Performed by	TENNESSE	VALLEY A	UTHORITY	Repair Or Type Code Symbo			, etc.
P.O. Box Zo	00. SPRING	Name /	/	Authorization No		N/A	
P.O. BOX ZO	Address	-4.1,1N 31	<u> 38]                                      </u>	Authorization No Expiration Date_	<del></del>	/ Wyh 3	16/
Identification of Sy	stem63	SAF	ETY IN	JECTION		<u> </u>	
(a) Applicable Cons	struction Code_ A	-15C 10	7.3 Edition	ファル	- د	THRU JRO	4-8-8
(b) Applicable Editi			THE COLUDIA	_ / ())	Addenda L	NINTER 198	<b>∠</b> Code
				, .			
Identification of Cor	mponents Repaired	or Replaced and F	Replacement Con	nponents		•	
							<u> </u>
							ASN Cod
Name of	Name of	Manufacturer	National Board	Other	Year	Repaired, Replaced,	Stam (Y
Component	Manufacturer	Serial No.	No.	Identification	Built	or Replacement	or N
i			V/Δ		DAK		
063-1-63-							
03-1-63-	-TVA	NONE	NONE	NONE	1994	REPLACEMENT	NO
_	TVA		4-08-94	NONE	1994 JR	REPLACEMENT	NO
	TVA		NONE	NONE	1994	REPLACEMENT	NO
_	TVA		NONE	NONE	1994 JR	REPLACEMENT	NO
_	TVA		4-08-94		1994 JR	REPLACEMENT	NO
063-1-63-	TVA		NONE		1994 JR	REPLACEMENT	NO
	TVA		4-08-94		1994 JR	REPLACEMENT	NO
038		Con	4-08-94 ~/A wyh		1994 JR	REPLACEMENT	NO
	MoDIFIE	Con	4-08-94 ~/A wyh		1994 JR	REPLACEMENT	NO

(12/82)

recorded at the top of this form.

This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

	Page_	8_	cont en p	3458
FORM NIS-2 (Back)	Ð	04	content	31
9. Remarks TRACKING NO. 94 - 274	•		J 74,	o 1
Applicable Manufacturer's Data Reports to be a	ttached	<u></u>		
				· · · · · · · · · · · · · · · · · · ·
			•	
CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this REPLACE repair or rep		nforms to	the rules of	the
	·		•.:	
Type Code Symbol Stamp				<u> </u>
Certificate of Authorization NoExpiration Date	a wh	3/16/94	<del>}</del>	
Signed U YAATV (F.E.)  Date 3/16	194		, 19	
CERTIFICATE OF INSERVICE INSPECTION				
I, the undersigned, holding a valid commission issued by the National Board of Boiler and P or Province of Frank SEE and employed by THE H.S. I. A			tors and the	- 1
1/nace all at			onents desc _, and state	
to the best of my knowledge and belief, the Owner has performed examinations and take Owner's Report in accordance with the requirements of the ASME Code, Section XI.	n correctiv	e measures	described in	n this
By signing this certificate neither the Inspector nor his employer makes any warranty				
examinations and corrective measures described in this Owner's Report. Furthermore, n shall be liable in any manner for any personal injury or property damage or a loss of any ki		•	-	
inspection.  Commissions 71-363  Inspector's Signature Commissions National Board,	3 N	£ 1	Endorsemen	
Date APRIL 12, 1994				

MAR 0 6 1994

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D 21328 55

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

				<u> </u>			
1. Owner <u>TENN</u>	ESSEE VA	ILLEY AU	THORITY	Date	17-94	,	
400 W. SCHI				Sheet/	. of	/	·
. Plant WATTS	BAR NU	CLEAR P	LANT	Unit			
P. U. BOX 200	OO SPRIN Address	G City,	7~.37 <u>3</u> 81	<u> WP</u> ≠ D. Repair Org	-2132	8-55 2.0. No., Job No.	etc
. Work Performed by_	TVA ME	H. MODS	5	Type Code Sumba	1.64	411.	
				Authorization No. Expiration Date		D. Res	ک
WATTS BA	Address	R PLAN		Expiration Date		IA 3-1	7-94
Identification of Syst	tem_ <i>RESI</i>	DUAL HE	AT REM	OUAI /	575	74	
(a) Applicable Const (b) Applicable Editio	ruction Code	TSC 7 Th 19	73 Edition	JUNE 1973	A alais	11/4	
(b) Applicable Editio	on of Section XI U	tilized for Repairs	or Replacement	is 19 80 Thru	_,addenda	TEALOGI	_Code C
						EX 1981	ADD
Identification of Com	ponents Repaired	or Replaced and F	Replacement Co	mponents		•	
		<del>,</del>		<del></del>	· · · · · · · · · · · · · · · · · · ·		
				1	1	}	
							ASME Code
Name of	Nome of		National		1	Repaired,	Stampe
Component	Name of Manufacturer	Manufacturer Serial No.	Board No.	Other	Year	Replaced,	(Yes
			140,	Identification	Built	or Replacement	or No
		<u> </u>					
	43	( Charl)					
74-1-74-20	<i>N</i>	D. 12000		DCA-M2/328-	11 DV	PEDINE MENT	L
774-1-74-20	<u>ル</u> #	D. Keeul 3-17-94		DCA-M2/328- 221,-222	UNK	REPINE MENT	N
774-1-74-20				DCA-M2/338- 221,-222	UNK	REPIKE MENT	Ne
774-1-74-20	- N - H			221,-222	unk	REPINE MENT	NO
774-1-74-20	- <del>N</del> <del>-</del> <del>N</del> <del>-</del> <del>N</del> <del>-</del> <del>N</del> <del>-</del> <del>-</del> <del>N</del> <del>-</del> <del>-</del> <del>-</del> <del>-</del> <del>-</del> <del>-</del> <del>-</del> <del>-</del> <del>-</del> <del>-</del>		N D.	221,-222	UNK	REPIALE MENT	Ne
774-1-74-20	N H		N D.	Dea-m2/378- 221,-222 Real 3-17-94	UNK	REPIALE MENT	Ne
774-1-74-20	- N - N - N - N - N - N - N - N - N - N		N D.	221,-222	unk	REPIALE MEJĪ	N
974-1-74-20	NA A		N D.	221,-222	UNK	REPIALE MEJĪ	Ne
074-1-74-20	#	3-17-94		Read 3-17-94			
	#	3-17-94		Read 3-17-94			
Description of Work	MOSIFY	3-17-94 SUPPORT	PER D	Read 3-17-94 CA M-21378	-291,-	M-2/328	
Description of Work	MOSIFY	3-17-94 SUPPORT	PER D	Read 3-17-94 CA M-21378	-291,-	M-2/328	
Description of Work	MOSIFY	3-17-94 SUPPORT	PER D	Read 3-17-94 CA M-21378	-291,-	M-2/328	
Description of Work	MODIFY  Orostatic Property  Pressure	SUPPORT  Bumatic Nor  Psi	PER Dominal Operating	221,-222  Regal 3-17-94  CA M-21328  Pressure  A	-221,- D. Reos	M-21328-2	222
Description of Work	MODIFY  Arostatic Property  Pressure  sheets in form of	Support  Support  Support  Support  Sists, sketches or	PER Dominal Operating Test Temp.	221,-222  Reg of 3-17-94  CA M-21328  Pressure  F N A	D. Roos 3-17-9	M-21328-2	222

Page 8 cont. on Page 9

D 21328 55

### FORM NIS-2 (Back)

9. RemarksTRACKING # 94-275
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this REPIACEMENT conforms to the rules of the ASME Code, Section XI.
Type Code Symbol StampN/A D. Resal 3-17-94
Certificate of Authorization No. NA D. Russ 3-17-94 Expiration Date NA DResol 3-17-84
Certificate of Authorization No. MA D. Rusul 3-17-94 Expiration Date N/A DResol 3-17-54  Signed Dans Rusul  Owner or Owner's Designee, Title  Date 3-17 , 19 94
I, the undersigned holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of AFFORM and employed by AFFORM and employed by AFFORM and employed by AFFORM and employed by AFFORM and employed by AFFORM and employed by AFFORM and employed by AFFORM and employed by AFFORM and employed by AFFORM and employed by AFFORM and employed by AFFORM and employed by AFFORM and employed by AFFORM and employed by AFFORM and employed by AFFORM and employed by AFFORM and employed by AFFORM and employed by AFFORM and employed by AFFORM and employed by AFFORM and employed by AFFORM and employed by AFFORM and employed by AFFORM and employed by AFFORM and employed by AFFORM and employed by AFFORM and employed by AFFORM and employed by AFFORM and employed by AFFORM and employed by AFFORM and employed by AFFORM and employed by AFFORM and employed by AFFORM and employed by AFFORM and employed by AFFORM and Employed by AFFORM and Employed by AFFORM and Employed by AFFORM and Employed by AFFORM and Employed by AFFORM and Employed by AFFORM and Employed by AFFORM and Employed by AFFORM and Employed by AFFORM and Employed by AFFORM and Employed by AFFORM and Employed by AFFORM and Employed by AFFORM and Employed by AFFORM and Employed by AFFORM and Employed by AFFORM and Employed by AFFORM and Employed by AFFORM and Employed by AFFORM and Employed by AFFORM and Employed by AFFORM and Employed by AFFORM and Employed by AFFORM and Employed by AFFORM and Employed by AFFORM and Employed by AFFORM and Employed by AFFORM and Employed by AFFORM and Employed by AFFORM and Employed by AFFORM and Employed by AFFORM and Employed by AFFORM and Employed by AFFORM and Employed by AFFORM and Employed by AFFORM and Employed by AFFORM and Employed by AFFORM and Employed by AFFORM and Employed by AFFORM and Employed by AFFORM and Employed by AFFORM and Employed by AFFORM and Employed by AFFORM and Employed by AFFORM and Employed by AFFORM and Employed by AFFORM and Employed by AFFORM and Empl
Date 7 1 19 94

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

1. Owner	ESSEE VALL	EY AUTH	ORITY	Date3//	1/99		
400 W. Si	AMMIT HILL Address	DR. KNO	XVILLE TH	Sheet/	of		
2. Plant WATTS	BAR Nucle	AR PLANT	-	Unit			
	SPRING CI	Ţ.	<del></del>	Wo#93.	2438:	3.09	
3. Work Performed by			AUT HORITY	Repair Orga	enization F	.O. No., Job No.,	, etc.
	o, SPRING C			Authorization No.		LH4.	J11/cont
	Municis			Expiration Date		<del>/</del>	
4. Identification of Sy	stem	CHEMICA	ac & voca	IMN CONTR	OC	·	
<ul><li>5. (a) Applicable Con</li><li>(b) Applicable Edit</li><li>6. Identification of Co</li></ul>					ddenda,_ u w.	N/A ITER_ 1981	_Code Case
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1062-1-62A-080		1/42	73/14/64	DCA 509820- 138	UNKNOWN	Ren Aceueur	10
						//(0/2)	
	` `		-				
<u>.</u>			LN/L	for 3/14/54			
K	DDED		- <u> </u>				
Description of Work_	-ADD SHI	m PLATE	<u> </u>				-
Tests Conducted: H	lydrostatic Pne	umatic Nor	minal Operating I	Pressure		•	
C	other Pressure	psi La/A Jan		°F			
NOTE: Supplementa tion in items 1 throu recorded at the top of		ists sketches or	drawings may be	e used, provided (1) : () each sheet is num	size is 8½ i bered and	in. x 11 in., (2) in the number of s	iforma- heets is

(12/82)

This form (E00030) may be obtained from the Order Dept., ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300. REPRINT 4/93

### FORM NIS-2 (Back)

9. Remarks 1 RACKING TITE 216	
Applicable Manufacturer's Data Reports to be attached	
•	
CERTIFICATE OF COMPLIANCE	1
We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of t	ne
ASME Code, Section XI.	
Type Code Symbol Stamp	
CN/A +m 3/14/99	
Certificate of Authorization No.	
. ,	4
Signed Signed R.E Date 3/17/' , 19 92	<u>*</u>
Owner's Designee, Title	
CERTIFICATE OF INSERVICE INSPECTION	
I the undergioned, holding a valid commission issued by the National Roard of Roiler and Pressure Vessel Inspectors and the S	tate
or Province of TENNESSER and employed by THE H.S.B. I. AND I. Co.	
/Y/P/FORD (-7) have inspected the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to the components described to	bed
in this Owner's Report during the period 3-/5-94 to 3-2/-94-, and state	that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in	this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning	the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his empl	
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with	this
inspection.	
Inspector's Signature Commissions TD-2633  National Board, State, Province, and Endorsemen	
Inspector's Signature National Board, State, Province, and Endorsemen	18
Date MARCH 2/ 1994	

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

1 Owner TENINE	SSEE VALLE	EY AUTHOR	PITY	- 03	117/9	). V	X( , {	*[#].*1
1. Owner TENNE 400 W. SUM	Nam HII DO	e VALOVILLE	UE TIL	Date	!'// [!]	7		-
700 V4, SOM	Address	IVE, KNEXVIL	IE, IN	Sheet	of	<del></del>		-
2. Plant WATTS P.O. Box 2	BAR NUCLE	EAR PLAN	T	Unit	/			_
P.O. Box :	2000, SPRIN	IG CITY, TI	<b>√</b> .	WP D	-060	34-15		
			····	Repair Orga	nization i	34-15 2.0. No., Job No.,	etc.	•
3. Work Performed by	/. V. A ·	Name		Type Code Symbol	Stamp			٤
P.O. Box 200	O, SPRING	CITY, TN		Authorization No Expiration Date	<del> </del>	N/A BOX	3/17/4	1
4. Identification of Sy	stemO68	REACTOR	COOLAN	T SYSTEM				ı
							<del></del>	•
5. (a) Applicable Cons (b) Applicable Edit	struction Code 7:	<u>ا مجد،</u>	73 Edition,	JUNE HIS	ddenda,_	NIA	_Code Case	1
(b) Applicable Edit	ion of Section XI U	tilized for Repairs	or Replacement	ts 19 <u>80</u> THRO	WINTE	R 1981 ADDI	TION	-eta119
6. Identification of Co.	mponents Repaired	or Replaced and I	Replacement Co	IMPOnents .		∆دادا∈ ا	MTM	
			, opioonioni oo					
,	·						ASME Code	
Ninna a a f			National			Repaired,	Stamped	
Name of Component	Name of Manufacturer	Manufacturer Serial No.	Board No.	Other	Year	Replaced,	(Yes	ļ .
		ociiai ito.	140.	Identification	Built	or Replacement	or No)	
106-1-68-427		90K 3/17/	94	DCA-K-06034-	<del>~</del>	_		
1000-1-60-421		7		147;148;149;150;151	UNK	BERACEHENT	NO	
<b>F</b>	_							
40× 100								
3/1/19								
		<u>.</u>		<u> </u>				
7. Description of Work_	MODIFY.	SUPPORT A	ER OCA!	5 K-0603A	- 47;	148; 149: 150	O'ANO B	5/.
3. Tests Conducted: F		_			, –	, <del>, , ,</del>	, <del></del> -	-
	lydrostatic Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property		minal Operating					
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· ·	Yilei [	psi	Test Temp.	SOK 3/17/94				

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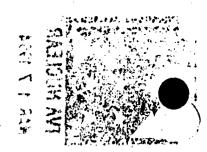
tion in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is



## Pa

WORK INSTRUCTION D-06034-15

Page 8 cont. on Page 9



MAR 1 7 1994

FORM NIS-2 (Back)

Remarks TRACKING NO	94-277	DK 3/17/	94
	Applicable Manufac	cturer's Data Reports to	be attached
			·
		•	• • • • • • • • • • • • • • • • • • • •
	CERTIFICATE (	OF COMPLIANCE	
We certify that the statements	made in the report are		CENENT conforms to the rules of the
ASME Code, Section XI.		repair o	r replacement
Type Code Symbol Stamp	11 1611		
Type dodd bymloor stamp	301719		
Certificate of Authorization No.	31	Expiration Date	
Sta. 0 1 7	0 6	,	
Signed Supken D. Me	ngle Engl	inler Date	03-17 1994
Owner or Owner's Designee, Tit	ie O		, 10
		INSERVICE INSPECTION	
I, the undersigned, holding a valid commi-	ssion issued by the Na	tional Board of Boiler ar	d Pressure Vessel Inspectors and the Stat
or Province of PANESSIEE	and employed by Z	HE HSB. I.	£ I. Co.,
HARTFORD, CT.	2 2 9 4	ha	ve inspected the components describe
in this Owner's Report during the perio			1/-94, and state the
to the best of my knowledge and belief,			taken corrective measures described in th
Owner's Report in accordance with the re-			
			nty, expressed or implied, concerning th
examinations and corrective measures de	scribed in this Owne	r's Report, Furthermor	e, neither the Inspector nor his employe
hall be liable in any manner for any pers	onal injury or propert	y damage or a loss of an	y kind arising from or connected with the
C C C		1	
(O.E. Witten	4	TN-16=	22 N/&T
Inspector's Signature	Comn	nissions / Ab S National Box	ard, State, Province, and Endorsements
- 0			
Date ADRILLI	94-		

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

1. Owner TENNESS	EE VALLEY Auth	Pority		Date3-	17-90	7	
	Name MAILE DRIV		TN	Sheet /			
2. Plant WATTS A				Unit/	/		
P.O. Bex 200			381	WP ♯ Repair Orga	D -	06263 -08	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						etc.
3. Work Performed by	IVA MOD	) Name	<del></del>	Type Code Symbol			A 1-00
P.O. BOX 200	D SPRING CTT	T4.TN 37	73.8 1	Authorization No Expiration Date		\	N-O-M
•	**			· · · · · · · · · · · · · · · · · · ·			
4. Identification of Sys	item <i>68/</i>	REACTOR	COXANT	54STEM			
	on of Section XI Uti	lized for Repairs	or Replacement	s 19 <u>80 W</u> /ADD	ddenda,_ ENDA T	<i>NA SC3-PG</i> HIZY WINTE	2000 Case R 1981
6. Identification of Cor	mponents Repaired o	or Replaced and F	Replacement Co	mponents			
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1068-1-68-				DCA-106263	LAL.		
036	10 00	NONE	NONE	30,31	UNICHOUN.	REPLACEMENT	·:NO
1068-1-68-035	of shad	NONE	NONE	DCA K06263 27, 28, 29	MAKNOWA	REPLICEMENT	No
				cungle 3-17	94		
7. Description of Work_	MODIFIED	SUPPOR	Īs				
3. Tests Conducted:	dydrostatic Pn	eumatic No	WA SIC 3 minal operating Test Temp.	3-17- <i>G4</i> 3 Pressure°E	- #		

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

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Dade Dade	8	c	ort	on	Fags	8A

# U 06263 08 WCEEFLAN

### FORM NIS-2 (Back)

9. Remarks TRACKING # 94-278 glc 3-17-94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this REPURCE MEAST conforms to the rules of repair or replacement  Type Code Symbol Stamp  Castificate of Authorization No.  Expiration Date  Signed  Owner or Ogher's Dysignee, Title  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the Sor Province of ENANCESTE and employed by The Table Town inspected the components described in this Owner's Report during the period  Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning examinations and corrective measures de
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this REPURCE MEAT conforms to the rules of the
Addit Code, Section A1.
Type Code Symbol Stamp
Carrificate of Arms action to the
Lapirotion Bate
Signed Dany Carele MECH ENG, Date MARCH 17 19 94
Owner or Opyner's Dasignee, Title
CERTIFICATE OF INCERVICE MODIFICATION
I, the undersigned, holding a valid commission issued by the National Read of Daily, and D
or Province of TENNESSIEE and employed by THE 170B, T. F. J. O. of
have inspected the components described
and state that
Owner's Report in accordance with the requirements of the ASMF Code, Section XI
examinations and corrective measures described in this Owner's Report. Furthermore neither the Inspector not his employer
shall be hable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
Commissions TN-2633, N & I
Inspector's Signature National Board, State, Province, and Endorsements
- AURILIA OA
Date



### D 05792 13 WORKPLAN

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TYA HUÜLEAR

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

MAR ? 4 1994	As Req	uired by the Pro	ovisions of the	ASME Code Secti	on XI		
1. Owner TENNESS	EE VALLEY AL	thority		Date3	- 17	- 94	
	mit Hill DRI		E, TN	Sheet/			
2. Plant WATTS B	~~~	•	<del></del>	Unit	01		
POBOX 2	Nam	C. T. T.	27201	WP# D			
1.0.000	Address	City IN	7/201	Repair Org	anization	P.O. No. Joh No.	
3. Work Performed by	TVA	····	·				
		Name	22.2	Type Code Symbol Authorization No.		N/A	
1.0, 1502 2	Address	217,70	21381	Expiration Date		/'	
4. Identification of Sy	stem_68	REACT	or coo	LANT			
<ul><li>5. (a) Applicable Con</li><li>(b) Applicable Edit</li><li>6. Identification of Co</li></ul>					\ddenda,_ الكنابات	N/A ER 1981 AI	_Code Ca
	·						ASME Code
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	Stamped (Yes
068-1-68-022		A/6 8 3.17.	) <del>-</del>	DLA-K05792-15,	UNK	REPLACEMENT	NO
068-1-68-025		- 1/2 83 3.13.0	4	DCA · KO5792-33, 34, 35, 36	UNK	REPLACEMENT	NO
				NA SCA-13-9A			
		7					
Description of Work_	Modify Suppo	rts per Do	A-K0579	2-15,16,17,33	34, 35	36,50	
Tests Conducted: H	lydrostatic Pn	_	ninal Operating	•		•	
0	ther Pressure_		Test Temp.				
NOTE -		M/A G	3.17.94				
NOTE: Supplementa tion in items 1 throu recorded at the top of	S	lists sketches or	drawings may k	pe used, provided (1) 3) each sheet is num	size is 8½ bered and	in. x 11 in., (2) in	nforma-

# D 05792 13 WORKPLAN

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FORM NIS-2 (Back)
9. Remarks TRACKING # 94-279 9 3.17.94
Applicable Manufacturer's Data Reports to be attached
* THE RODITIONAL WORK PERFORMED ON SUPT \$1068-1-68.035 PER REV. # 3 NORKPHAN DID NOT IMPACT THE ORIGINAL INFORMATION AS OF 3-17 LISTED ON THIS NIS-Z FORM, OF 3-2-94
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the ASME Code, Section XI.
Type Code Symbol StampN/k 3.17.94
Signed Owner or Owner Designee, Title Constitution Date 3-17, 19 94
CERTIFICATE OF INSERVICE INSPECTION
or Province of TENNESS and employed by THE HIST. And I. Co. of have inspected the components described in this Owner's Report during the period 3-4-94 to 1-21-95
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any present in the concerning the shall be liable in any manner for any present in the concerning the shall be liable in any manner for any present in the concerning the same shall be liable in any manner for any present in the concerning the concerning the same shall be liable in any manner for any present in the concerning the concerning the same shall be liable in any manner for any present in the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning the concerning
inspector's Signature  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  National Board, State, Province, and Endorsements
Date APRIL 21, 1994

WAR O 4 1994



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

As Required by the Provisions of the ASME Code Section XI

Plant WATTS BAR NUCLEAR PLANT  BOX 2000 SPRINK, CITY T.M.  Address  Address  Address  Address  Address  Work Performed by TVA, MODS  Name  WATTS BAR NUCLEAR PLANT  Authorization No.  Expiration Date  Address  Identification of System  ACCOUNTY TO SECTION XI Utilized for Serial No.  Identification of Components Repaired or Replaced and  Identification of Components Repaired or Replaced and  Identification of Components Repaired or Replaced and  Identification of Components Repaired or Replaced and  Identification of Components Repaired or Replaced and  Identification of Components Repaired or Replaced and  Identification of Components Repaired or Replaced and  Identification of Components Repaired or Replaced and  Identification of Components Repaired or Replaced and  Identification of Replaced and  Identification of Replaced and  Identification of Replaced and  Identification of Replaced and  Identification of Replaced and  Identification of Replaced and  Identification of Replaced and  Identification of Replaced and  Identification of Replaced and  Identification of Replaced and  Identification of Replaced and  Identification of Replaced and Identification Replaced and Identification Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Repla	W. Summin	· HILL DEIN	IE KNOX	. Tw.	Sheet	ot/		
BOX 2000 SPRING CTT, TN.  Addres  Work Performed by TVA, MODS  Work Performed by TVA, MODS  Name  WATTS BAR NUCLEAR PLANT  Address  Identification of System  SECONATER SECTION  Address  Identification of System  MECONATER SECTION  Identification of Components Repaired or Replaced and:  Identification of Components Repaired or Replaced and:  Name of Manufacturer Serial No.  No. Identification Built or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced, I'ves or Replaced					,			
BOX 2000 SPRING CTT, TN.  Address  Work Performed by TVA, MODS  Work Performed by TVA, MODS  Name  MATTS BAR NUCLEAR PLANT  Address  Identification of System  Identification of Components Repaired or Replaced and:  Manufacturer  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Serial No.  No.  Manufacturer  Seria	Plant <u>NATT</u>	5 BAR NUC	LEAK PL	4NT	Unit			
Work Performed by TVA MODS  Name  Name  Authorization No.  Expiration Date  Authorization No.  Expiration Date  Authorization No.  Expiration Date  Authorization No.  Expiration Date  Authorization No.  Expiration Date  Authorization No.  Expiration Date  Authorization No.  Expiration Date  Authorization No.  Expiration Date  Authorization No.  Expiration Date  Authorization No.  Expiration Date  Authorization No.  Expiration Date  Authorization No.  Expiration Date  Authorization No.  Expiration Date  Authorization No.  Expiration Date  Authorization No.  Identification of Components Repaired or Replaced and:  National  Repaired,  Replaced,  If yes  Code  Name of Name of Namulacturer Board Other Year Replaced,  Replaced,  If yes  One of Replaced No.  No.  Identification Built or Replaced,  If yes  OsA-1-03A-280 NA SIMPA WONE NONE NONE NONE NONE NAME TO AUTHORIZATION NO.  Description of Work Washers, Lastauch Authorization Provided (1) size is 8% in, x 11 in, (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is numbered and the number of sheets is numbered and the number of sheets is numbered and the number of sheets is numbered and the number of sheets is numbered and the number of sheets is numbered and the number of sheets is numbered and the number of sheets is numbered and the number of sheets is numbered and the number of sheets is numbered and the number of sheets is numbered and the number of sheets is numbered and the number of sheets is numbered and the number of sheets is numbered and the number of sheets is numbered and the number of sheets is numbered and the number of sheets is numbered and the number of sheets is numbered and the number of sheets is numbered and the number of sheets is numbered and the number of sheets is numbered and the number of sheets is numbered and the number of sheets is numbered and the number of sheets is numbered and the number of sheets is numbered and the number of sheets is numbered					hborous.	,#	1 1/100	<i>-</i>
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Address  Identification of System  FEONATCR  Address  Identification of System  FEONATCR  Address  Identification of System  FEONATCR  In 1973 Edition In 3 1/17 Addition 1	. Work Performed by	TVA M	005		Type Code Symbol	Stamo	~/	
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Description of Work WASHERS, METALLED NEW SHUBBER AND PIPE CLAMP  Tests Conducted: Hydrostatic Pneumatic Nominal Operation Pressure  Other Pressure psi Test Temp. °F  NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8% in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is					3).7/94	-		
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#### FORM NIS-2 (Back)

A.	applicable Manufacturer's Data Reports to be attached
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Certificate of Authorization No.	Expiration Date
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Signed Local	CONST. ENGR. Date 3/17 19 94
Owner or Owner's Designee, Title	Date
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the undersigned, holding a valid commission	arrived by the Net and Deced to Della
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HACT FOYE	employed by HSB IFI CO  CONN  have inspected the components described by $\frac{3/25/34}{4}$ to $\frac{3/25/34}{4}$ , and state the
n this Owner's Report during the period	3/25/94 to 3/25/94 and state th
o the best of my knowledge and belief, the C	Owner has performed examinations and taken corrective measures described in th
Owner's Report in accordance with the requirer	ments of the ASME Code, Section XI.
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By signing this certificate neither the Inspe	ector nor his employer makes any warranty, expressed or implied, concerning the
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xaminations and corrective measures describe nall be liable in any manner for any personal in espection.	ped in this Owner's Report. Furthermore, neither the Inspector nor his employ injury or property damage or a loss of any kind arising from or connected with th

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94-01689-00 page 20 of 26

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

1. Owner TENNE	SSEE VALL	ey Autho	reity	Date3/	17/5	4	
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2. Plant <u>WATTS</u>	BAR NUCLEAR	PLANT		Unit/			
	O Speine Co			<i>WO # 94</i> Repair Orga	4-010	689-00	
				Repair Orga	enization I	P.O. No., Job No.,	etc.
3. Work Performed by	TVA MOL	Name	<del></del>	Type Code Symbol	Stamp		
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4. Identification of Sy	stem <i>S<del>{E</del>AM</i>	GENERAT	DR Blow	clown Sy	5. 0	15	
5. (a) Applicable Cons	struction Code	エ う <u>C</u> 19	73 Edition.	JUNE 1973 A	ddenda	N/49 14/8	1,7/94 Sada Sau
(b) Applicable Edit	ion of Section XI Ut	ilized for Repairs	or Replacement	s 19 80 Theou	oh Wi	NTED 1981 A	code casa
	•				,		
6. Identification of Co.	mponents Repaired	or Replaced and R	leplacement Cor	mponents			
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,							ASME Code
			National			Repaired.	Stamped
Name of	Name of	Manufacturer	Board	Other	Year	Replaced,	(Yes
Component	Manufacturer	Serial No.	No.	Identification	Built	or Replacement	or No)
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NOTE: Supplementation in items 1 throu	si sneets in form of	is included on a	drawings may b	oe used, provided (1)	size is 81/2	in. x 11 in., (2) i	nforma-
tion in items 1 throu	tati ta	12 INCIDUEU OIL 69	311661, 8110 (	or each sheet is num	ibered and	a the number of s	heets is

recorded at the top of this form.

94-01689-08 page 21 of 26

### FORM NIS-2 (Back)

9. Remarks	IE TRA	CKING NO.	94-2	81 9/4 3/17/9	<u>/</u>
	Applica	ible Manufacturer's I	Data Reports to I	pe attached	
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					è
			***		
					)
	CER	TIFICATE OF COM	PLIANCE		
We certify that the				EMENT_ conforms to the	e rules of the
ASME Code, Section XI.			repair or	replacement	c (0105 O1 (110
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Tuna Cada Symbol Com-	•	7	_		
Type Code Symbol Stamp_		· · · · · · · · · · · · · · · · · · ·	1.1 -1.2/24	, — —	
Certificate of Authorization	No -		14/5/17/24		
	. /		Expiration Date		
Signed	elles	Encs	Date	March 17	10 94
Owper or Owner's	Designee, Title				, 19
والمال المستحدد المستدر والمال	CERTIF	CATE OF INSERV	CE INSPECTIO	N	•
I, the undersigned, holding a or Province of TENNES	valid commission issued	by the National Booyed by HS/3	ard of Boiler and	Pressure Vessel Inspectors	and the State
01 1 10 1 1 1 0 1 <u>1 1 1 1 1 1 1 1 1 1 1</u>	HAYT FOY O	Oved by 1333	· · · · · · · · · · · · · · · · · · ·		of
in this Owner's Report dur				e inspected the compone	
to the best of my knowledg					and state that
Owner's Report in accordance	e with the requirements	of the ASME Code,	Section XI.		SCHOOL III LINA
By signing this certificate	neither the Inspector	nor his employer ma	akes any warran	ty, expressed or implied, o	concerning the
examinations and corrective	measures described in	this Owner's Repo	rt. Furthermore	. neither the inspector nor	his employer
manne	r for any personal injury	or property damage	or a loss of any	kind arising from or conne	cted with this
nspection.	D			•	
B 8	2 marsh	_	TN 25	₹4	
Inspector'	Signature	Commissions _	National Boar	ر کے d, State, Province, and End	forsements
)	•			-, -1-10,	
Date3/20	19.99				

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

				***			
1. Owner TENA	VESSES VAL	EY AUTH	6ery	Date 3-17-	94		
400 W. 3	SUMMIT HIC	L'DRIVE A	CNOYVILLE TO	V es 1			
	Address	<del></del>		Sneet	. of <i></i> _		
2. Plant WATTS	BAR NUCLET	AR PLANT	7	Unit			
P.O. Box 2	2000 SPRING	CITY, TN		WOLKPLAN	V-v	4527 <del>-</del> 02 -	- <u></u>
		a 1 1		MOEKPLAN Repair Org	enization	P.O. No. Joh No.	<u>~</u>
3. Work Performed !	by TUA - MO	DIFICATION Name	us	Tune Code Comb.		,	•
WATTS B	AR. Allicima	0 0 0 0 0 0	_	Authorization No.		MA da	# 3-17-5
	AR NUCLEAR	PLAN	<del></del>	Expiration Date			
4. Identification of S	System_FEEZ	NATEX	C 54576	(80 mg			
5. (a) Applicable Co (b) Applicable Ed	nstruction Code/	AISC 1	9 73 Edition	7 14		N/2 Lust 3	-17-94
(b) Applicable Ed	ition of Section XI U	tilized for Renain	or Peoless		\ddenda,_	74 0	_Code Case
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6. Identification of C	Omponents Renaime	or Bankand and	<b>5</b>				
6. Identification of C	omponents Hebaned	or Replaced and	Replacement Co	mponents			
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	·	l		· ·			Code
Name of	Name of	Manuface	National		j	Repaired,	Stamped
Component	Manufacturer	Manufacturer	Board	Other	Year	Replaced,	(Yes
		Serial No.	No.	Identification	Built	or Replacement	or No)
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- vara conducted:	mydrostatic Pne	rumatic Nor	minal Operating	Pressure			
	Other Pressure_	psi	Test Temp,	*F			
	Hydrostatic Pne Other Pressure	July AM	3-17-44	<del></del> -			
TIOLE: Supplement	al sheets in form of I	llete skatabas as			laa te oor		
tion in items 1 throuserecorded at the top of	ugh 6 on this report	is included on ea	sch sheet, and (		IXE IS BY	in. x 11 in., (2) in	forma-
recorded at the top of	of this form,			erreet is HUML	MIAG BUQ	the number of sh	eets is
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(12/82)

This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

	a communi		RM NIS-2 (Back)
9. Remarks	TRACICING	- TOUR	
		Applicable Man	nufecturer's Data Reports 70 be attached
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ASME Code	, Section X1.	Towns in the report	repair or replacement
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Certificate of	Authorization No	NONE	Expiration DateExpiration Date
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Signed	and W		TENOR Date MARCH 17 1994
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to the best of Owner's Repo	it in accordance with th	lief, the Owner has per he requirements of the A	rformed examinations and taken corrective measures described in ASME Codo, Section XI.
shall be liable	and corrective measure	es described in this Ow	employer makes any warranty, expressed or implied, concerning wher's Report. Furthermore, neithe, the Inspector nor his employerty damage or a loss of any kind arising from or connected with a
inspection,	the State of		
	2913 Cen	وم. د	ommissions TN 9 537
	Inspector's Signatu		National Board, State, Province, and Endorsements
Date	3-28	19 94.	
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## FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Code Section XI

Owner TENNC				Date			
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Plant <u>UATTS</u>	BAK NUCLE Nom	AR PLANT	<del></del>	Unit	_		
P.O. BOX Z	00 Spring	CITY. TN	3 7381	NO. G	73 - 24	330-14	
	TVA - MO			Type Code Symbo	l Stamp		
				Authorization No.		N/A AC	3.17.9
	Address	77		Expiration Date		<del></del>	
dentification of Sy	stem <u>575.0</u>	063 / SAF	ETY IN	SECTION			
a) Applicable Con	struction Code	ATSC 10	73 Edialor	704		. 10 . 1	
b) Applicable Edit	ion of Section XI U	tilized for Repairs	or Replacement	s 19 <u>80</u> W/AI	Addenda, DDENDA	NONE TURNIGH 1/2	Code Ca
		times for Hepolis	or replacement	s 19 <u>20</u> 772	DENUA	THEDUGH WI	NIEK I
dentification of Co	mponents Repaired	or Replaced and R	eplacement Cor	nponents		•	
				T	<b>,</b>		
							ASME Code
. Name of	Name of	Manufacturer	National Board			Repaired,	Stamped
Component	Manufacturer	Serial No.	No.	Other Identification	Year Built	Replaced, or Replacement	(Yes or No)
						REPAIRED+	
-63-403	TVA	NONE	NONE	NONE	UNKNOWN		NO
	_						
-		NI	<del></del>				·
	<del></del>	AC 3.17.94					
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	4	TO EXIST. ST	ANCHION RE	. ADDED SH	IM R.		
escription of Work_	AUDED WELD						
escription of Work_		_		1	A.		
sts Conducted: F		neumatic Non	ninal Operating Test Temp.	Pressure A	1A C 3.17.94		

tion in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

(12/82) This form (E00030) may be obtained from the Order Dept., ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300. REPRINT 4/93

### FORM NIS-2 (Back)

9. Remarks TRACKING NO: 94 - 283 AC 3.17.94
Applicable Manufacturer's Data Reports to be attached
15
CERTIFICATE OF COMPLIANCE REPAIR
We certify that the statements made in the report are correct and this REPARMENT conforms to the rules of the
ASME Code, Section XI.
Type Code Symbol Stamp
N/A AC 3.17.94
Certificate of Authorization No.
Signed Inthony Citizma, FIELD ENGINEER Date Mar. 17 19.94
Owner or Owner's Designee, Title
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of TN and employed by HSRT&ICO. of
Hartford, CT. have inspected the components described
in this Owner's Report during the period 1-26-94 to 3-31-94., and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
inspection,
Commissions TN 2537
Inspector's Signature National Board, State, Province, and Endorsements
Date319

93 - 24330 - 14 P6 <u>24</u> of <u>26</u>



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Page		0	ont	011	Page	8

### FORM Nie 2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS

As Required by the Provisions of the ASME Code Section XI

				<del></del>			
1. Owner TENNE	ESSEE VAL	LEY AUTI	40Rity	Date 3 -	16-99		
1. Owner <u>TENNE</u>	MINIT HILL Address	DR., KNOX	WILLE TH	. Sheetl	of		
2. Plant WATTS	BAR NUCL	EAR PLA	INT P.O.	Unit			<del></del>
BOX 2000	SPRNG Address	city,	T~373B1	WP# D	- 2076	1-65	
3. Work Performed by	TVA (w	SNP) Name		Type Code Symbo	l Stamp_		
	SPUNG CITY Address		<u></u> .	Authorization No. Expiration Date		N/A SOS	3-16-9
4. Identification of Sy		. •	•		<del></del> -		
<ul><li>5. (a) Applicable Con</li><li>(b) Applicable Edit</li><li>6. Identification of Co</li></ul>	tion of Section XI Ut	ilized for Repairs	or Replacements	s 19 <u>80 - W</u> 8/	Addenda,_	N/4 Gas 3-16	.94 _Code Cas
				T			1
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT				, .			
063-1-63-039	TVA	NONE	NONE	1-63-039	UNK	REPLICEMENT	No
		N A OR	8 3-16-94				
Description of Work			PIPE SUPI	cons		<u></u>	
	Hydrostatic Pne Other Pressure		minal Operating I	Pressure F			
NOTE: Supplements tion in items 1 throu recorded at the top o	ign o on this report	lists, sketches, or is included on ea	r drawings may b ach sheet, and (3	e used, provided (1) B) each sheet is num	size is 8½ bered and	in. x 11 in., (2) in the number of s	nforma- heets is

(12/82)

This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

# D-20761-65

Page	on Page
FORM NIS-2 (Back)	
9. Remarks NIS-2 TRACKING NUMBER: 94-284 July 3-18-91	<i>c</i>
Applicable Manufacturer's Data Reports to be attached	
. 1	
CERTIFICATE OF COMPLIANCE	
We certify that the statements made in the report are correct and this <u>REPLACEMENT</u> corresponds to replacement.  ASME Code, Section XI.	nforms to the rules of the
Type Code Symbol Stamp	
Certificate of Authorization No. LIONE Expiration Date LONE	
Signed She D. Sangao MECH, FIELD ENGR. Date 3-16-3-16-9.	18, 19 <u>94</u> 4
CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned holding a valid commission issued by the National Board of Boiler and Pressure Vession Province of Fig. 1. F. J. Co.	el Inspectors and the Stateof ne components described
in this Owner's Report during the period $3-5-94$ to $4-12-94$	, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective	measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed of	r implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Ir	ispector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from inspection.  Commissions 70-2633 Notional Board, State, Proving the Commissions 10-2633 Notional Board, State, Proving the Commissions 10-26-33 Notional Board, State, Proving the Commissions 10-26-33 Notional Board, State, Proving the Commissions 10-26-33 Notional Board, State, Proving the Commissions 10-26-33 Notional Board, State, Proving the Commissions 10-26-33 Notional Board, State, Proving the Commissions 10-26-33 Notional Board, State, Proving the Commissions 10-26-33 Notional Board, State, Proving the Commissions 10-26-33 Notional Board, State, Proving the Commissions 10-26-33 Notional Board, State, Proving the Commissions 10-26-33 Notional Board, State, Proving the Commissions 10-26-33 Notional Board, State, Proving the Commissions 10-26-33 Notional Board, State, Proving the Commissions 10-26-33 Notional Board, State, Proving the Commissions 10-26-33 Notional Board, State, Proving the Commissions 10-26-33 Notional Board, State, Proving the Commissions 10-26-33 Notional Board, State, Proving the Commissions 10-26-33 Notional Board, State, Proving the Commissions 10-26-33 Notional Board, State, Proving the Commissions 10-26-33 Notional Board, Proving the Commissions 10-26-33 Notional Board, Proving the Commissions 10-26-33 Notional Board, Proving the Commissions 10-26-33 Notional Board, Proving the Commissions 10-26-33 Notional Board, Proving the Commissions 10-26-33 Notional Board, Proving the Commissions 10-26-33 Notional Board, Proving the Commissions 10-26-33 Notional Board, Proving the Commissions 10-26-33 Notional Board, Proving the Commissions 10-26-33 Notional Board, Proving the Commissions 10-26-33 Notional Board, Proving the Commissions 10-26-33 Notional Board, Proving the Commissions 10-26-33 Notional Board, Proving the Commissions 10-26-33 Notional Board, Proving the Commissions 10-26-33 Notional Board, Proving the Commissions 10-26-33 Notional Board, Proving the Commissions 10-26-33 No	<i>‡I</i>
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Page 7 cont. on Page 8

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

400 W Su.	ESSEE VAL Nam WMITT HILL L Address	RIVE KNO	XUILE TN	Sheet	of (	<del></del>	
Plant WATT	SBAR N	Juclian	PLANT	- Unit			
. <u>Po.Box</u> 2	Nam. SPALLY Address	L. Giy, TN	37381	Repair Or	) -0463	33-06	
Work Performed b	DY TVA - MC	DIFICATION	DN.5	Type Code Symbo			, etc.
				Authorization No	or Stamp	N/A	100
	WBNP			Authorization No Expiration Date_	·		AC 3:1
	ystem <u>5y5. (</u>			TON			
(a) Applicable Cor	nstruction Code	AISC19	13 Edition.	754	Addenda	NONE	0-4 5
(b) Applicable Edi	tion of Section XI U	tilized for Repairs	or Replacement	s 19_80 W/At	DENDA T	HEONEH MINTE	_Code Cas
	omponents Repaired					_	
	<del></del>		Topiaccinent Go	mponents		•	
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
-1-63-080	TVA	NONE	NONE	NONE	האגייטאא	REPLACEMENT	NO
		AC 3-18-94					
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escription of Work	Mantet						
scription of Work	MODIFI	ED SUPPO	PRT.		<del></del>		
•	_	_	PRT.	Proseura	I/A		······································

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Page
FORM NIS-2 (Back)
A D. TRANSTIL UN OF THE CO.
9. Remarks TRACKING NO: 94-285 AC 3-18-94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this REPACEMENT conforms to the rules of the
ASME Code, Section XI.
$\dot{v}$
Type Code Symbol Stamp
N/A AC 3.18.94
Certificate of Authorization No.
Signed Inthony Utions, FIELD ENGINEER Date May 18 10 94
Owner or Owner's Designee, Title Designee, Title
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of FANESSEE and employed by THE H.B. I. FI. B., of
in this Owner's Report during the period 3-4-94 to 4-15-94 and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report, Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
iospection
( 0 1) Net const
Inspector's Signature Commissions 10-2633 NF Inspector's Signature National Board, State, Province, and Endorsements
Date HRIL 15 19 94



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. Owner TEUL	NESSEE VAL	LEY AUTI	HORITY	D	2.19 /		
	Nam	ne	167577	Date	2.10.9	4	
400 W Su	MIT HILL Address	DRIVE, KUL	DAVILLETA	Sheet	of		
. Plant WATT	S BAR N	UCLEAR !	PLANT	Unit }			
P.D.Box	Zooo SARII Address	16 C.W. T	N 37381	0-	20761	-64	
	Address		,	Repair Or	ganization f	.O. No., Job No.	etc.
. Work Performed t	w TVA - MC	ODIFICATIO	N5_	Type Code Symbo	ol Stamp	· · · · · · · · · · · · · · · · · · ·	
				Authorization No		NIA	AC 3.18
	Address		<del></del>	Expiration Date_			
Identification of S	ystem5\5.0				~		
(a) Applicable Con	nstruction Code	AISC 19	73 Edition	7 <b>2</b> #	A-4-3.	Inde	
(b) Applicable Edi	ition of Section XI U	tilized for Repairs	or Replacement	19 80 1/4	Addenda,_ DOENDA •	THROUGH WIN	Code Case
Identification of C	omponents Repaired	or Replaced and F	Replacement Cor	nponents			
Identification of C	omponents Repaired	or Replaced and F		nponents			ASME Code
Identification of C  Name of  Component	Name of Manufacturer	or Replaced and F  Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	1
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board	Other		Replaced,	Code Stamped (Yes
Name of Component	Name of	Manufacturer	National Board	Other	Built	Replaced, or Replacement	Code Stamped (Yes or No)
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Built	Replaced,	Code Stamped (Yes or No)
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Built	Replaced, or Replacement	Code Stamped (Yes or No)
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Built	Replaced, or Replacement	Code Stamped (Yes or No)
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Built	Replaced, or Replacement	Code Stamped (Yes or No)
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Built	Replaced, or Replacement	Code Stamped (Yes or No)
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Built	Replaced, or Replacement	Code Stamped (Yes or No)
Name of	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Built	Replaced, or Replacement	Code Stamped (Yes or No)

8.

S. W.

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	Pace	8	_cont on Page _	9
FORM NIS-2 (	Back)			
9. Remarks TRACKING NO: 94-286 AC 3-18-94				
Applicable Manufacturer's	Data Reports to	be attached		
		<del></del>		
CEPTIFICATE OF COL		<del></del>		
We certify that the statements made in the report are correct	IPLIANCE REP	LOCEMENT	nonforms to the sules -	
ASME Code, Section XI.	repair	or replacemen	t	it the
Type Code Symbol Stamp				
Corrificate of Australia NIA AC 3.18.94				
Certificate of Authorization No.	Expiration Dat	te		
att 1 Total	'. _	D		
Signed <u>Williams</u> , <u>FTELD ENGINEER</u> Owner or Owner's Designee, Title	Date	man.	<u> 18, 19 _9</u>	4
		·	· ·	
CERTIFICATE OF INSERV	ICE INSPECTI	ON		
I, the undersigned, holding a valid commission issued by the National Bo	oard of Boiler a	gd Pressure V	essel inspectors and the	State
or Province of TENNESSEE and employed by THE	170.D.	72.0	<b>2</b> 3-1	of
in this Owner's Report during the period 3-5-94-	h	tive inspected $9-/9-94$	the components des	
to the best of my knowledge and belief, the Owner has performed exa	minations and	taken correct	ive measures described	e that in this
Owner's report in accordance with the requirements of the ASME Code	, Section XI.			
By signing this certificate neither the Inspector nor his employer m	akes any warra	inty, expresse	d or implied, concerni	ng the
contractions and corrective measures described in this Owner's Repo	ort. Furthermor	re neither th	Inchestor and his am	-1
shall be liable in any manner for any personal injury or property damage inspection.	e or a loss of an	y kind arising	from or connected wit	th this
(00 Mit	-1.		1 1 -	
Inspector's Signature Commissions	7N-26	33 1	FI	
	National Boi	erd, State, Pro	ovince, and Endorsemen	nts
Date 19/12/9 1994	٠.			

Page	7	<b>્</b> લ્યા	on	Face	
9-		VOI L	VII.		

1. Owner TENNES	SEE VALEY A	dutnority	·	Date 3-18	94		
400 W. Sum			LLE TN	Sheet	of	1	
Plant WATTS	BAR NUCLEA	AR PLANT		Unit			
_	2000 Spr	•	TN37381	WP #	D09	632-2°	——— न
. Work Performed by		Name	<del></del>	* Repair Orga Type Code Symbol		•	, etc.
SDRIN	CITU Address		1281	Authorization No.	/	VIAIR	
	- Address	, 110	1501	Expiration Date		10/10	
Identification of Sys	stem	63					
. (a) Applicable Cons (b) Applicable Editi . Identification of Cor		tilized for Hepairs	or Replacement	is 19 BO THEO D	ww. Addenda,2 YIHTEY	1981 ADD	_Code Ca ピペロ A
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
63-1-63-464	MONE	NONE	NO11 =	Den. A:4632-	ing.	Replacement	
-				61 68 67	JE'N	TE PIACE MEAN	WC
	<del></del>		NA				
			3-18-94				
			<del></del>	·			
Description of Work_	MODIFY	SUPPORT	(Be	HEVILL 1	WASH	ez Remov	AL \
Tests Conducted: H	vdrostatic Pn	eumatic No	minal Operating	•		<del></del>	7
	ther Pressure_		lest Temp.	°E W	A NW.	1, 2 , 5	
NOTE: Complete				7	0	1-18.	
NOTE: Supplemental	I sheets in form of	lists, sketches, or	drawings may t	pe used, provided (1)	size is 8%	in. x 11 in., (2) ir	nforma-

recorded at the top of this form,

tion in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is

Page 8 Out on Page Bay High

WP# D-04632-29

9. Remarks Tracking # 99-287 Bbw 3/18/94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this Replace most conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp N/A yw 2 3-18-94
Certificate of Authorization No. NA AUS 3-18-94 Expiration Date NA 3-18-94
Signed Army V Olub F.E. Date 3-18-94
CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Third State
and employed by 7 HZ HAD 7 T Z
in this Owner's Record of the components described
in this Owner's Report during the period 2-16-94 to 19-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the
The accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied expression the
and corrective measures described in this Owner's Report Furthermore points the Increase and Live and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increase and Increas
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
COE Metcalle Commissions TN-2633NXI
Mational Board, State, Province, and Endorsements
Date APRIL 19, 1994



1.	Owner TENNE	SSEE VALLEY	AUTHORITY	<del></del>	Date	3/93		_
	400 W. Sum	MIT HILL DR. KN	OXVILLE TN.		Sheeti	of1		
2.	Plant WATTS BA			·	Unitl			
		SPRILLS CITY -			WORK ORDEZ Repair Org	# 92	- 07476-00	
_					Repair Org	anization I	O. No., Job No.	, etc.
3.	Work Performed by	, watts bar Nu	LEAR PLANT	· · · · · · · · · · · · · · · · · · ·	Type Code Symbo	l Stamp	N/A Ju	J 10-19-93
					Authorization No.		N/A 1.	10-19-53
	VII 60X 2000	SPRING CITY T	N. 37381	<del></del>	Authorization No.  Expiration Date		N/A JA	10-19-53
4.				FEEDWA	HER SYSTEM			
	(a) Applicable Con (b) Applicable Edit Identification of Co	ion or Section XI U	tilized for Repairs	or Replacement		Addenda,_	N/A -W 10-19	-13 Code Case
	Name of Component	· Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-0	LKV-003-0832-A	WALWORTH	ם-63 טרר	1149		1977	REPLACEMENT	YE5
· · · · · · · · · · · · · · · · · · ·	-							
'. D	escription of Work_	renove sunya	RM AND DISC E	FOOM Z-CKU-O	03-0832-11 AND 1A	istall in	) 1-CKU-003-0	0832-A.
. Te		lydrostatic Pne	eumatic Nor	ninal Operating Test Temp.	Tressure	W 10-19-4: NONE RE		
	OTE: Supplemental on in items 1 through corded at the top of	an a our rilla rebott	lists, sketches, or is included on ea	drawings may b ch sheet, and (	e used, provided (1) : 3) each sheet is num	size is 8½ i bered and	n. x 11 in., (2) ir the number of s	iforma- heets is

S. Remarks TRACKING 94-288
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this EFALENEUT conforms to the rules of the ASME Code, Section XI.
Type Code Symbol StampNIA 18 3/18/94
Certificate of Authorization No. NA D 3/10/94 Expiration Date NAS 3/10/94
Signed Date 3-18-94 , 19
CERTIFICATE OF INSERVICE INSPECTION
or Province of Tenness See
in this Owner's Report during the period 3/28/94 to 3/28/94
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, pointer the learness and the examinations are concerning the examinations.
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector's Signature Commissions TN 2534  National Board, State, Province, and Endorsements
National Board, State, Province, and Endorsements
Date

1. Owner TEN	NNESSEE VALL	EY AUTHO	RITY	Date 3//	6/94		
400 W.	Summit Hill Address	DRIVE KN	OXVILLE	Sheet	,		
2. Plant AT	TS BAL NUCLER	IR PLANT		Unit/			
P.O. Box	2000, SPRINGC	174, TN.31	138)	93-7	7550	/5-08 P.O. No., Job No.	
3. Work Perform	ed by WATTS BAR	JUCLEARN 1A	INTENANCE	Repair Or Type Code Symbol			., etc.
P.O. BO)	(2000, Spring	Ciry, Tu. S	31381	Authorization No Expiration Date_	·/	N/R	
	of System $(5)$			7			
	Construction Code A				Addenda,	N/R	_Code Case
6. Identification of	of Components Repaired	or Replaced and I	Replacement Co	mponents			
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Snubber Pivot Pin	Bergen Paterson	MA	N/A	J-SNUB-015 4006233	N/A	Replecemen t	110-
			/	VIA DIS	3/18/	94	
7. Description of Wo	ork Replace	Snubbo	r Pivot	Pin		·	
8. Tests Conducted:	Hydrostatic Pne	umatic Non	ninal Operating in Test Temp.	Pressure []	1 18/18/ 3/18/	.2	
NOTE: Supplemention in items 1 the recorded at the to	ental sheets in form of I prough 6 on this report in the pof this form.	ists, sketches, or s s included on eac	drawings may b ch sheet, and (3	e used, provided (1) : i) each sheet is num	ا کا ارک : size is 8½ bered and	7 T in. x 11 in., (2) in the number of sh	forma- leets is

9. Hemarks
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANOE
CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this conforms to the rules of the
We certify that the statements made in the report are correct and this Applacement conforms to the rules of the ASME Code, Section XI.
Admit doub, decitor At,
Type Code Symbol Stamp/\/H
Type code symbol stamp
Certificate of Authorization No. /V/A Expiration Date
Signed Date May 18 19 99
Owner or Owner's Designee, Title Date
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TN and employed by HSBISIO,
HOOF AT I
in this Owner's Report during the pariety 3 13 9 4
in this Owner's Report during the period 3-13-94 to 3-19-94, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
CommissionsTN 2537
Inspector's Signature National Board, State, Province, and Endorsements
Date
13

1. Owner LENN	ESSEE VAL	LEN AUTH	INC TH	2/1	0/04		
				Date	8/74		
4 <u>00W.Sun</u>	nmit HILLT	DRIVE KNO	KVILLE	Sheet/	of/		<del></del>
2. Plant ATT	s BAR Nuc	LEAR PLA	ANT	Unit/			
P.O. BOX 21	ODD, SPRING	3 City 11	- U. <i>SAB</i> P)	93-2	797	7-01	
3. Work Performed b	Address	Phlyclege	Mainte				, etc.
O. Mork Ferformed B	<u> </u>	Name	II IHINI ENR	Type Code Symbo Authorization No.	l Stamp	NIR	
P.O. Boy 2	DOO SPRINO	CTY, IN.	<u> 3738)</u>	Authorization No. Expiration Date	^	1/12	
4. Identification of Sy	vstem (63)	Safet	y Injec	fron			
5. (a) Applicable Con							
(b) Applicable Edit	tion of Section XI U	tilized for Repairs	8/18/94 or Replacement	19 <u>80W81</u>	Addenda,_	N/R	_Code Cas
6. Identification of Co	omponents Repaired	or Replaced and i					
· · · · · · · · · · · · · · · · · · ·		T			T		
							ASME
Name of			National			Repaired	Code Stamped
Component	Name of Manufacturer	Manufacturer Serial No.	Board No.	Other Identification	Year Built	Replaced, or Replacement	(Yes
						- vopiacoment	01 110,
Snubber	PSA	18142	NIZ	1-SNUB-63	196 2	Replecement	No
				6345Z	1123	July act + Mismi	200
			<del></del>				
							,
			-CA	VA DLA 3	118/90		
				7	10/17		
7 Description of the	Replac	ra-/ 5					
7. Description of Work_	- i epiet	ec dn	ubber				
_		eumatic Nor	ninal Operating F	ressure . W/	4 Del	<b>∅</b> ,	
. 0	ther Pressure	Psi	Test Temp	°F , *	7 DNE 3/18	19 5	

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

9. Remarks 94-290
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp///C
Certificate of Authorization No. /V/R Expiration Date
Signed
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province ofand employed by
in this Owner's Report during the period 2-17-94 to 5-20-94 and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
\$412-
Inspector's Signature Commissions TN 2537 National Board, State, Province, and Endorsements
Date

1. Owner ENNESSEE VALLEY AUTHORITY  Name  400W Summit HILDRIVE KNONIUE  Address 2. Plant ATTS BAR MUCLEAR PLANT  P.O. BON 2000 SPRING OTY, T.N. 37381  Address 3. Work Performed by WATTS BAR MUCLEAR MAINTENANCE Type Code Symbol Stamp N/R  P.D. BON 2000 SPRING OTY, T.N. 37381  Address  4. Identification of System (68)  Respiration Dire  Address  4. Identification of System (68)  Repaired, Replaced (b) Applicable Edition of Section XI Utilized for Replaced and Replacement 19 20021  6. Identification of Components Repaired or Replaced and Replacement Components  Name of Component Manufacturer Seriel No.  No. Identification Built or Replaced or Replaced No.  Seriel No.  No. Identification Built or Replaced No.  Seriel No.  No. Identification Built or Replaced No.  Samped Or Replaced No.  No.  No. Identification Built or Replaced No.  No.  Shubber PSR 20185 N/R (88415N F93 Replacement No.  No.  No. No. No.  No. No. No.  No. No. No.  No. No. No.  No. No. No.  No. No. No.  No. No. No.  No. No. No.  No. No. No. No.  No. No. No. No.  No. No. No. No.  No. No. No. No.  No. No. No. No.  No. No. No. No.  No. No. No. No.  No. No. No. No.  No. No. No. No.  No. No. No. No.  No. No. No. No. No.  No. No. No. No. No. No.  No. No. No. No. No. No. No. No. No. No.		•	_					
2. Plant(NATTS BAR NUCLEAR PLANT Unit	1. Owner ENN	ESSEE VAL	LEY AUTH	IORITY	Date 3/1	9/94	7	
2. Plant WATTS BAR NICLEAR PLANT  P.O. BOY 2000 SPRING CTY, T.N. 37381  3. Work Performed by WATTS BAR NICLEAR MAINTENANCE Type Code Symbol Stamp NR  P.O. BOY 2000 SPRING CTYLIN. 37381  Address  Authorization No.  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Asme Code Code Code Component  Name of Name of Manufacturer Board  No. Identification Bult or Replaced, Replaced, Replaced, Gress  Asme Code Component  Name of Manufacturer Seriel No.  No. Identification  ASME Code Code Replaced, Replaced, Gress  Asme Code Component  Asme Code Component  Asme Code Component  Asme Code Component  Asme Code Component  Asme Code Component  Asme Code Component  Asme Code Component  Asme Code Component  Asme Code Component  Asme Code Component  Asme Code Component  Asme Code Component  Asme Code Component  Asme Code Component  Asme Code Component  Asme Code Component  Asme Code Component  Asme Code Component  Asme Code Component  Asme Code Component  Asme Code Code Component  Asme Code Component  Asme Code Code Component  Asme Code Code Code Code Code Code Code Cod	4 <u>00W.Su</u>	mmit Hill	DRIVE KN	OXVILLE	•	•		
Authorization No.   N/R   Authorization No.   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/R   N/					Unit/			
Authorization No.   N/R	P.O. BOX 201	OG SPRING C	174, TN. 3	77381	93-/	1853	3-0Z	
Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Add								., etc.
4. Identification of System (68) Reactor Corlespat Coolant  5. (a) Applicable Construction Code MSC 49-7 Edition, N/R Addenda, N/2 Code Cas (b) Applicable Edition of Section XI Utilized for Repair of Replacements 19 BOWB!  6. Identification of Components Repaired or Replaced and Replacement Components  Name of Component Manufacturer Serial No. No. Identification Built or Replaced, Or Replacement Or No.  Snubber PSA 26185 N/R -SNUB-08 GABLEMENT No.  Description of Work Replace of Suubber  7. Description of Work Replace of Suubber  Pneumatic Nominal Operating Pressure NA SUB-1860	P.O. Box2	LOOOSPRING	CITYTN.	37381	Authorization No.		NIR	
5. (a) Applicable Construction Code		Woolass	_		IND SIIDIGA			
Name of Component Name of Manufacturer Seriel No.  National Board Other Identification Pull or Replaced, or Replaced, or Replaced, or No.  Shubber PSA 26185 N/R /-SNUB-068 G8415N F93 Reperent No.  No.   PSA 26185 N/R   PSA 26185N   PSA 26186N   PSA 26186N   PSA 26186N   PSA 26186N   PSA 26186N   PSA 26186N   PSA 26186N   PSA 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 26186N   Psa 261	5. (a) Applicable Co (b) Applicable Ed	nstruction Code	tilized for Repairs	Edition 77859 or Replacemen	<u> </u>		NIS	_Code Cas
Name of Component  Name of Manufacturer Serial No.  Name of Component  Name of Manufacturer Serial No.  No.  No.  No.  No.  No.  No.  No.								Τ
Description of Work Replace Julbou  Tests Conducted: Hydrostatic Pneumatic Nominal Operating Pressure NA DAL 3/18/94	1		I _	Board			Replaced,	Code Stamped (Yes
. Description of Work Replace Soubber  Tests Conducted: Hydrostatic Pneumatic Nominal Operating Pressure NA APA 3/18/50	Snubber	PSA	26185	N/R		1993	Replacement	No
. Description of Work Replace Suubber  Tests Conducted: Hydrostatic Pneumatic Nominal Operating Pressure NA APR 3/18/50								
. Description of Work Replace Suubber  Tests Conducted: Hydrostatic Pneumatic Nominal Operating Pressure NA APR 3/18/90			9-					
. Tests Conducted: Hydrostatic Pneumatic Nominal Operating Pressure NA APA 3/19/90				-N/A L	HA 3/18/9	4		-
. Tests Conducted: Hydrostatic Pneumatic Nominal Operating Pressure NA APR 3/19/90								i 
Normal Tressure   N/H SUH 3/18/90	. Description of Work	Keplece	2 Su	ubber				
		_		ninal Operating Test Temp	Pressure   M/M	Des	3/18/94	

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

Apoliophia Manufactura I. D.
Applicable Manufacturer's Data Reports to be attached
94-291
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this Explanation from to the rules of the
ASME Code, Section XI. repair or replacement
Type Code Symbol Stamp/V/R
Certificate of Authorization NoExpiration Date
Card C C Expiration Date
Signed Date Mar 18 19 94
Owner or Owner's Designee, Title DateDate
CERTIFICATE OF INSERVICE INSPECTION
1, the undersigned holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
and employed by 7373 171 Co
HATTFOY CONN. have inspected the components described to 3/20/94 to 3/20/94
the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
Inspector's Signature Commissions TN 2534 National Board, State, Province, and Endorsements
L
Date 3/20 10 94
1919

1. Owner LEUNE	ESSEE VALLE	EY AUTHO	RITY	Date 3/18	192		
	mmit Hill	•		Sheet	_		
2. Plant WATTS				Unit/			
A .	00,5PRINS	<u> </u>		93-2	256	9-03	
3. Work Performed b	Addi 953			Repair Org Type Code Symbo		.O. No., Job No.	, etc.
	00, SPRING	Name		Authorization No. Expiration Date			
4. Identification of S		A					
<ul><li>5. (a) Applicable Cor</li><li>(b) Applicable Edi</li><li>6. Identification of Co</li></ul>	nstruction Code	AISC 19	Edition,	19 <u>80w8</u> /	Addenda,	MR	_Code Case
						<u> </u>	ASME
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	Code Stamped (Yes or No)
Snubber	Ps A	26182	W/A	1-5NUB-003 427-54	1993	Replacement	No
	-	-		70137			
			C N	A DES 3	11819	ą.	
						-	•
. Description of Work	Replaced	1 Snuk	ber				
	Hydrostatic Pne	eumatic Nor	minal Operating F	Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pressure Pre	A Dae	1 3/18/94	
NOTE: Supplementation in items 1 throuse	agir o on this report	lists, sketches, or is included on ea	drawings may be ach sheet, and (3	e used, provided (1) : ) each sheet is num	size is 8½ i bered and	in. x 11 in., (2) in the number of sl	forma- heets is

Applicable Manufacturer's Data Reports to be attached
99~29Z
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this Conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp/V//R
Certificate of Authorization No. 1/2 Expiration Date N/R  Signed Owner or Owner's Designee Title Date Mer 18 1954
Signed
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TRUNESSEE and employed by HSB T # T CO
in this Owner's Report during the period 3/20/94 to 3/20/94
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector's Signature Commissions TN2534  National Board, State, Province, and Endorsements
ivational Board, State, Province, and Endorsements
Date3/201994

1. Owner ENNE	SSE VALLEY	AUTHORIT	· <u>y</u>	Date3/	18/9	<b>L</b>	
. 4 <u>00W.Su</u>	mmir Hill	DRIVE KNO	KVILLE	Sheet	of/_		
2. PlantWATTS				/ Unit			
P.O. Box 2000	SPRING CIT	y, TD. 31:	381	93-	1559	9-05 P.O. No., Job No.,	
3. Work Performed b	1 ~~~						, etc.
_	00SPRingC	Name		Type Code Symbo Authorization No. Expiration Date	/\/\/\ /\/Z	1/12	
4. Identification of S	ystem (63)	Safety	Injec				
5. (a) Applicable Cor	nstruction Code tion of Section XI U	tilized for Repairs	Edition, 3/6/94 or Replacement	N/R ts 19 <u>86w8</u> 1	Addenda,_	N/R	_Code Case
							<del></del>
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Snubber	PSA	3087.8	N/R	1-5NUB-063 63480	1993	Replacement	No
		-	-N/A	018/3/18/	94		
7. Description of Work	Replace	ed Si	nubbe		1		
	Hydrostatic Pn Other Pressure		ninal Operating	Pressure°F	14/R 3/10	D18 8/94	

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

Applicable	Manufacturer's Data Reports to be attached
94-293	
CERTIF	FICATE OF COMPLIANCE
We certify that the statements made in the re ASME Code, Section XI.	
Type Code Symbol Stamp///Z	· · · · · · · · · · · · · · · · · · ·
Certificate of Authorization No. N/Z	Expiration Date
Owner or Owner's Designee, Title	Date <u>Mar 18</u> , 19 <u>94</u>
CERTIFICA	TE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by or Province of TRNNe 1 See.	the National Board of Boiler and Pressure Vessel Inspectors and the State
HAYTford	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
to the best of my knowledge and helief the Owner has	720/74 to 3/20/74 and state that
Owner's Report in accordance with the requirements of	s performed examinations and taken corrective measures described in this
	his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this	s Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or	property damage or a loss of any kind arising from or connected with this
inspection.	· · · · · · · · · · · · · · · · · · ·
R Earnals	A. AraU
Inspector's Signature	Commissions TN 2534  National Board, State, Province, and Endorsements
	rections busid, State, Flugince, and Endorsements
Date3/20 19 94	
15	

1. Owner ENNI	ESSEE VALL	EY AUTH	ORITY	Date3//	8/99	7	
400 W. Sur	nmit HILL	DRIVE K	MONNITE	Sheet/	-		
2. Plan ATTS				/ Unit	. UI		
P.O. Box 2	, Mau	8		93-	1254	7-02	
3. Work Performed b				Repair Org	anization	P.O. No., Job No.	, etc.
P.O. Box 2	000 SPRING(	Name 174 TU. 3	21581	Authorization No.  Expiration Date	<u>k</u>	1/12	
4. Identification of S	Address ystem (63)	Szfety	Inject	tion	<u>~_</u>	//	
5. (a) Applicable Con	nstruction Codetion of Section XI Ut	AlsC 4	7d Edition	NR	\ddenda,_	N/R	_Code Case
6. Identification of Co	omponents Repaired	or Replaced and F	Replacement Cor	mponents			
	·						ASME Code
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No,	Other Identification	Year Built	Repaired, Replaced, or Replacement	Stamped (Yes
Snubher	PSA	38770	N/R	1-5NUB-063 63196	1992	Beplecement	IVo
		-	- N/	1 DAS 3/	18/94		
					7		
Description of Work_	Replace	ed a	Snubbe	~		·	
_	·	umatic Non	ninal Operating F		IR	3/18/94	
NOTE: Supplements	l choose in fa-	•			WEO		

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

CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this Kepkement conforms to the rules of the ASME Code, Section XI.  Type Code Symbol Stamp  Certificate of Authorization No.  Signed AMADO  CERTIFICATE OF COMPLIANCE  Expiration Date  Many 100  Signed AMADO  CERTIFICATE OF COMPLIANCE  Expiration Date  Many 100  CERTIFICATE OF COMPLIANCE  Expiration Date  Many 100  CERTIFICATE OF COMPLIANCE  Expiration Date  Many 100  CERTIFICATE OF COMPLIANCE  Expiration Date  Many 100  CERTIFICATE OF COMPLIANCE  Expiration Date  Many 100  CERTIFICATE OF COMPLIANCE  CERTIFICATE OF COMPLIANCE  Expiration Date  Many 100  CERTIFICATE OF COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE  COMPLIANCE
CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this hep certify conforms to the rules of the ASME Code, Section XI.  Type Code Symbol Stamp  Certificate of Authorization No.
We certify that the statements made in the report are correct and this Replacement conforms to the rules of the repair or replacement  Type Code Symbol Stamp  Certificate of Authorization No.  Expiration Date
We certify that the statements made in the report are correct and this Replacement conforms to the rules of the repair or replacement  Type Code Symbol Stamp  Certificate of Authorization No.  Expiration Date
We certify that the statements made in the report are correct and this Replacement conforms to the rules of the repair or replacement  Type Code Symbol Stamp  Certificate of Authorization No.  Expiration Date
Certificate of Authorization NoExpiration Date
Certificate of Authorization No. /// Expiration Date /// Expiration Date
Signal MACKE, V V
Signed Mar 18 Date Mar 18 19 94
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB IFI CO of have inspected the components described in this Owner's Report during the period 3/20/94 to 3/20/94 , and state that Owner's Report in accordance with the many interest of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the peri
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the implied and a significant in the
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector's Signature Commissions TN 2534  National Board, State, Province, and Endorsements
Date

1. Owner IENN	ESSEE VAU	LEY AUTHOR	rity	Date 3//	8/9	4	
400 W. Sum	MIT HILL DE	PI'VE KNOXV	jue_	Sheet/	of/		
2. Plant WATTS				/ Unit	_		
	000, SPRING		87381	93-1 Repair Org	5599	7-07	
3. Work Performed by	Address	• • •		,			, etc.
_		IAPLIIA		Type Code Symbol Authorization No.			
	OOD, SPRING			Authorization No. Expiration Date		172	
4. Identification of Sy	ystem <u>63</u>						
5. (a) Applicable Con (b) Applicable Edit	estruction Code	ilized for Repairs	Edition,	N/R A	.ddends,_	N/R	_Code Case
6. Identification of Co	omponents Repaired	or Replaced and F	Replacement Co	mponents			
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Snubber	PSA	30819	N/R	1-5NUB-063	1993	Replanment	No
·		·					>
			-0-	WIA DET	3/18	194	
7. Description of Work	Replace	d Snu	6ber		·		
	Hydrostatic Pne	eumatic Nor	minal Operating	Pressure Pressure	11894		
		P31	. 950 1 GHIP	F		-	

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

9. Remarks	
Applicable Manufacture	er's Data Reports to be attached
94/295	
94) 098	
	,
CERTIFICATE OF C	OMPLIANCE_
We certify that the statements made in the report are corr ASME Code, Section X1.	rect and this repeir or replacement conforms to the rules of the
Type Code Symbol Stamp	
Certificate of Authorization No.	Expiration Date MR
Signed Owner or Owner's Designee, Title	Date Mar 18 , 19 94
CERTIFICATE OF INSER  I, the undersigned, holding a valid commission issued by the National or Province of Texas See	w
11 and employed by 773	7 27 1 20
n this Owner's Report during the period 3/20/94	have inepected the server down
o the best of my knowledge and belief, the Owner has performed a	and state that
The reducing of the Walke Co.	de Section VI
by signing this certificate neither the Inspector nor his employer	males and
hall be liable in any manner for any personal injury or property dama	age or a loss of any kind arising from or connected with this
	National Board, State, Province, and Endorsements
Inspector's Signature	National Board, State, Province, and Endorsements
2/4-	
ate3/2019	

1. Owner TENNE	SSEE VALL	EY AUTHO	RITY	Date3//	8/99	L	
400 W. Sun	mit Hice Di	RIVE KNOYL	PILLE	Sheet	of		
2. Plant WATTS	BAR NUCL	EAR PLA	NT	Unit			
P.O. Box 2	DOU SPRIN	g City, 1	บ.37391	93 -	156	95-04	
3. Work Performed by	Address			Repair Orga  Type Code Symbol		.O. No., Job No.,	etc.
	OU, SPRING	Name		Authorization No.		14/R	
4. Identification of Sy	Address	Safel	by Ins	Expiration Date  State 3/18/	iceti	74	Residu Heat Re
5. (a) Applicable Con-	struction Code	115C_19	7d Edition.	W/P	ddenda		Code Case
	ion of Section XI Ut		3/18/54 or Replacement				,code case
6. Identification of Co	mponents Repaired	or Replaced and F	Replacement Co	mponents			
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Snubber	PSA	30817	NA	1-SNUB-674 43&Z-1	1993	Replacement	1/6
			0	4/1 0 //	- /	,	
				V/A DIS	3/18/	94	
. Description of Work_	Keple	redo	nubbe				
_	Hydrostatic Pno	eumatic No	minal Operating Test Temp.	Pressure   /V	IN DR	7 3/18/9	7-
NOTE: Supplements	igh 6 on this report	lists, sketches, or is included on ea	drawings may t ach sheet, and (	pe used, provided (1) 3) each sheet is num	size is 8½ bered and	in. x 11 in., (2) ir the number of s	iforma- heets is

(12/82)

recorded at the top of this form.

	Remarks
	Applicable Manufacturer's Data Reports to be attached
	94-296
•	
	CERTIFICATE OF COMPLIANCE
1	We certify that the statements made in the report are correct and this Edzemen conforms to the rules of the ASME Code, Section XI.
	.//-
T	Type Code Symbol Stamp//R
С	igned
_	Next 0 0
51	Owner or Owner's Designee, Title  Date Mer /8 , 19 94
_	
	CERTIFICATE OF INSERVICE INSPECTION
ı, or	the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the Star Province of Tennessee and employed by HSB TET Co
_	Province of TENNESSEE and employed by $\frac{HSI3}{IEI}$ TEI Co have inspected the components describe this Owner's Report during the period $\frac{3/20/94}{IEI}$ and state the
n	this Owner's Report during the period $\frac{3/20/94}{\text{to}}$ to $\frac{3/20/94}{\text{to}}$ , and state the
to	the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in the
٥v	wher's Report in accordance with the requirements of the ASME Code, Section XI.
	By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
	annierions and corrective measures described in this Owner's Report. Furthermore neither the Inspector position
X	on be made in any manner for any personal injury or property damage or a loss of any kind arising from or connected with the
	spection.
	, 1
	B Earman Commissions TN 2534 Inspector's Signature Commissions National Board, State, Province, and Endorsements
	Inspector's Signature Commissions TN2534 National Board, State, Province, and Endorsements

.1. Owner <u>Tenne</u> .	SSEE VALLEY	AUTHUR IT)	<u>,                                     </u>	Date 3-19	-94		
	Name MIT HILL DRILL Address			Sheet/_	of		
2. Plant WATTS (				Unit			
	Name 2000, SPRING C Address		7771	Unit / GEO	3-2-	1330-1	 7
3. Work Performed by				Repair Or Type Code Symb	ganization oi Stamp_	P.O. No., Job No.	, etc.
	NUCLEAR PLAN			Authorization No Expiration Date_		/	9-44
4. Identification of Sy			N/SVS			/	
<ol> <li>(a) Applicable Con</li> <li>(b) Applicable Edit</li> <li>Identification of Co</li> </ol>	struction Code <u>AIS</u> tion of Section XI Uti	C, 7 Th 19	23 Edition, or Replacement	N/h fr & 3.19-9. s 19 <u>80 FD</u> JTJO2	Addenda A	ijh fel 219.9 vinter 1981	<u>∲</u> Code Cas
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stemped (Yes or No)
PIPE SUPPORT	N/A JED 3-19-94	None	NONE	1-63-321	naknomn	Replacement	NO
			N 4CO3195	K			
			P 1031				
·							
Description of Work_	INSTALLED S	SHIM PLA	Tes				
Tests Conducted:		umatic No	minal Operating Test Temp	Pressure   N/A C	Q 19-9+		
NOTE: Supplements				e used, provided (1)	sizo ie 814	in v 11 in 10\ :-	
tion in items 1 throu	igh 6 on this roman	المارية المحاسيات المحالما			AITE 12 0/3	111. X LL IN., (2) IF	iiorma-

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recorded at the top of this form.

This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

tion in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is

9. Remarks TRACKING # 94-297
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this RePLACEMENT conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp NA 4CD 3-14-94
Certificate of Authorization No. N/A JED 3-19-94 Expiration Date N/A JED 3-19-94
Signed Jule Land Date MARCH 19 , 19 94 , 19 94
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of
in this Owner's Report during the period 3-8-94 to 3-51-94, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector's Signature Commissions TN 2537  National Board, State, Province, and Endorsements
Date

NO 94-06707-00 PG 21 OF 28

1. Owner	/A Name		<del></del>	Date 3-19-	-94	·	
400 W. Su	VMMIT HILL Address		VILLE, TN	Sheet/	of/		
2. Plant <u>WAT7</u>	S BAR NUI	CLEAR PL	ANT	Unit			
P.O. BOX 2	000 SPRING	G CITY,	TN	<u>wo 94-</u> Repair Org	06707	7 -00	etc.
3. Work Performed by	TVA  OOO SPRIN Address			Type Code Symbol Authorization No. Expiration Date	Stamp	N cpa	
4. Identification of Sy	Address stem 063	SAFE	TY IN			, .	
<ol> <li>(a) Applicable Cons</li> <li>(b) Applicable Editi</li> </ol>	struction Code <u>A</u> ion of Section XI Uti	ISC19	73 Edition, or Replacements	7 <i>TH</i> 19_80_ <i>TH</i>	Addenda,_ IRU W	NONE INTER 19	_Code Case & /
6. Identification of Co	mponents Repaired o	or Replaced and i	Replacement Corr	nponents			
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
47.4435-10-22		NA	CD~3-19-94		UN KNOWN	REPLACEMENT	N
			A				
			19-94				
. Description of Work_	REPLAC	ED SNU	BBER	· · · · · · · · · · · · · · · · · · ·			
. Tests Conducted: H	Hydrostatic Pne	eumatic No	N	1 CO~ 3-19-96 Pressure   **F	<b>4</b>		

WO 94-06707-00 PAGE 22 OF 28

9. Remarks TRACKING #94-298	
Applicable Manufacturer	's Data Reports to be attached
CERTIFICATE OF CO	MADI LA NOC
We certify that the statements made in the report are correct  ASME Code. Section XI	MPLIANCE
ASME Code, Section XI.	ct and this <u>REPLACEMEN</u> conforms to the rules of the repair or replacement
Type Code Symbol Stamp	
Certificate of Authorization No.	3-19-9 Y
	Expiration Date
Signed Charles Olewton	Date 3-/9 19_94
Owner or Owner's Designee, Title	
CERTIFICATE OF INSER	War Morrayia
I, the undersigned holding a valid commission issued by the National E	VICE INSPECTION
I, the undersigned, holding a valid commission issued by the National E or Province ofand employed by	Board of Boiler and Pressure Vessel Inspectors and the State
Tankard, CT.	
in this Owner's Report during the period 3-17-94	have inspected the components described
to the best of my knowledge and helief the Owner has performed as	to S-25 GA, and state that
to the best of my knowledge and belief, the Owner has performed ex Owner's Report in accordance with the requirements of the ASME Cod	aminations and taken corrective measures described in this
By signing this certificate neither the terrories of the ASME COO	e, Section XI.
By signing this certificate neither the Inspector nor his employer r	nakes any warranty, expressed or implied, concerning the
and corrective measures described in this Owner's Ren	10rt Furthermore pointer the target to the transfer to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the target to the
shall be liable in any manner for any personal injury or property dama inspection.	ge or a loss of any kind arising from or connected with this
1	
200	
Inspector's Signature Commissions	TN 2537
	National Board, State, Province, and Endorsements
Date323 10.84.	
Date	

1. Owner JENN	LESSEE VALL	EY AWTHOT	Rity	Date 3//	9/99	7_	
400 W. Sun	nmit Hill T	PRIVE KNI	OXVILLE	Sheet/	of		
2. Plant WATTS	BAR NUCL	EAR PLA	NT	/ Unit/			
P.O. Box 20	00, SPRING	rity, TN.	31 <i>5</i> 91	93-27	676	-22	
3. Work Performed b	WATISBAR	Mucceaess	PAINTENAN	Repair Orga	anization F	P.O. No., Job No.,	etc.
P.O. Bovao	DD.SPRILIS (	Name TI	27881	Authorization No.		NIR	
	Address	<_L	1. 1.	Expiration Date		R	
4. Identification of S							
5. (a) Applicable Co.	nstruction Code/	415C 10	700 Edition,	1V/R	\ddenda,_	N/R	_Code Case
			•	s 19 <u>80 W8</u> /			
6. Identification of C	omponents Repaired	or Replaced and F	Replacement Co	mponents			
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Snubber	PSA	405	N/R	15 NUB-063 515 RZ4Z	1977	Replacement	No
	ľ						
			-	11/2	114 4	1,01	
				N/A E	16× 3	119/94	
Description of Work	Replac	red a	nu bbe	· · · · · · · · · · · · · · · · · · ·			
	Hydrostatic Pnother Pressure		ninal Operating Test Temp	Pressure F	//A 10:	NO 3/19/	94
NOTE: Supplement	al sheets in form of	lists, sketches, or	drawings may b	pe used, provided (1)	size is 8½	in. x 11 in., (2) ir	nforma-

tion in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

Applicable Manufa	acturer's Data Reports to be attached
99-299	
CERTIFICATE	OF COMPLIANCE
We certify that the statements made in the report are ASME Code, Section XI.	e correct and this for seemen conforms to the rules of the
Type Code Symbol Stamp	
Certificate of Authorization No/V/R	Expiration Date
Owner or Owner's Designee, Title	
CERTIFICATE OF	
I, the undersigned, holding a valid commission issued by the Nat or Province of <u>TENNESSEE</u> and employed by	
	have inspected the components described
in this Owner's Report during the period 3/25/94	10 3/20/99
to the best of my knowledge and belief, the Owner has perfore	med examinations and taken corrective measures described to about
The accordance with the requirements of the ASN	ME Code, Section XI.
By signing this certificate neither the Inspector nor his emp	sloyer makes any warranty, expressed or implied, concerning the
of this Owner measures described in this Owner	r's Report Furthermore maisher the Leanness and the
inspection.	y damage or a loss of any kind arising from or connected with this
nispection,	
13 Earmon com	T112574
Inspector's Signature	National Board, State, Province, and Endorsements
,	· · · · · · · · · · · · · · · · · · ·
Date3/2019_94	
	<u> </u>

1. Ow	ner TENNE	SSEE VALLE	Y ANTHO	RITY	Date 3/1	9/94		
		mir Hill DR			Sheet	of		
		BAR NUCLE			Unit/			
<u>P.c</u>	1.Box 20	00, SPRING	ity, TN. S	7381_	93-12	547	-07	
3. Wor	k Performed b	WATTS BARNI	CLEARMAI	NTENANCE	Repair Orga	enization	P.O. No., Job No.	, etc.
<u>P. c</u>	5. Box 20	OO, SPRINGCi	TY, TN. 31	1381	Type Code Symbol Authorization No. Expiration Date		14/É	
		stem 63		_ , ,			,	
5. (a) A	Applicable Con	struction Code	215 C 19	Edition	N/R A	ddenda,_	NR	Code Cass
	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	inerior decident XI Oth	mzed for nepairs	or Replacements	19 <u>70WB</u> J	.,-		_0000 0000
6. Ident	ification of Co	emponents Repaired of	or Replaced and F	Replacement Con	nponents	_		
_	lame of mponent	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Pipe Cl	emp	Bergen Peterson	N/R	N/R	1-5NUB-663 6373	14/12	Replacement	Wa
				P				
·					-N/A DX	\$ 3,	119/94	
							·	
. Descrip	tion of Work_	Replace	red,	Pipe (	Plamp			
. Tests C	_	Hydrostatic Pneu Other Pressure	umatic Non	ninal Operating F	ressure F	V/A	DNA 3/19/94	
	Supplementa items 1 throu d at the top of	I sheets in form of ligh 6 on this report is fthis form.	ists, sketches, or s included on ea	drawings may be the sheet, and (3	used, provided (1) s each sheet is numb			forma- neets is

recorded at the top of this form.

9. Remarks
Applicable Manufacturer's Data Reports to be attached
99-300
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this Color Composition to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp/\//\/Z
Certificate of Authorization No. N/R Expiration Date /V/R  Signed Date /9/Mzr 19 94
Signed Date 19/ Mzr 19 94
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of TN and employed by HSR T & T Co.
in this Owner's Report during the period 3-13-94 to 3-19-94, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector's Signature Commissions National Board, State, Province, and Endorsements
Date

1. Owner TENNE	ESSEE VALU	EY AUTHO	ORITY	Date3	119/	94	
400 W. Sur	MIT HILL D	PRIVE KNO	XVILLE	Sheet/	of/		
2. Plant WATTS F				Unit/		_	
	SOO, SPRING	<i>*</i>	<u>3138 I</u>	93 - Z Repair Org	185-	7-04	
3. Work Performed by	WO 01 6335			Repair Org	anization i	.O. No., Job No.	, etc.
	00,5PRing			Authorization No. Expiration Date	/ V	11/12	
4. Identification of Sy	Address	• • • • • • • • • • • • • • • • • • • •	,		/		
5. (a) Applicable Cons (b) Applicable Editi	struction Code <u></u> ion of Section XI Ut	ISC ilized for Repairs	Edition, 3/17/24 or Replacements	/V //2 /	Addenda,	N/R	_Code Case
6. Identification of Co	mponents Repaired o	or Replaced and F	Replacement Con	mponents			
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Snubber	PSA	2467	N/R	1-5N/18-001 014 428	1992	Replacement	No
					· .		-
				- M/n Dk	4 21	19/94	
		·				11/77	
7. Description of Work_	Replac	ed à	nubbe	»r			
	ydrostatic Pne		ninal Operating f	Pressure F	1/20	LH 3/19/	97
NOTE: Supplemental	sheets in form of I	iete ekstohes or	dmulaa maa ba				

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

9. Remarks
Applicable Manufacturer's Data Reports to be attached
99-301
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this Episcement conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp/\/\R
Certificate of Authorization No. N/R Expiration Date N/R  Signed Owner's Designee, Title  Date 19 Mev , 19 9 4
Signed Skolau Date 19 Mev , 19 9 4
I, the undersigned holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Texas See and employed by HSB III cor of HATI FORD CONN. have inspected the components described in this Owner's Report during the period 3/20/94 to 3/20/94, and state that to the best of my knowledge and balish the Owner's Report during the period to the best of my knowledge and balish the Owner's Report during the period to the best of my knowledge and balish the Owner's Report during the period to the best of my knowledge and balish the Owner's Report during the period to the best of my knowledge and balish the Owner's Report during the period to the best of my knowledge and balish the Owner's Report during the period to the Owner's Report during the period to the Owner's Report during the period to the Owner's Report during the period to the Owner's Report during the period to the Owner's Report during the period to the Owner's Report during the period to the Owner's Report during the period to the Owner's Report during the period to the Owner's Report during the period to the Owner's Report during the period to the Owner's Report during the period to the Owner's Report during the period to the Owner's Report during the period to the Owner's Report during the period to the Owner's Report during the period to the Owner's Report during the period to the Owner's Report during the period to the Owner's Report during the period to the Owner's Report during the period to the Owner's Report during the period to the Owner's Report during the period to the Owner's Report during the Period to the Owner's Report during the Period to the Owner's Report during the Period to the Owner's Report during the Period to the Owner's Report during the Period to the Owner's Report during the Period to the Owner's Report during the Period to the Owner's Report during the Period to the Owner's Report during the Period to the Owner's Report during the Period to the Owner's Report during the
in this Owner's Report during the period 3/20/94 to 3/20/94
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore neither the Inspector and big and leave
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector's Signature Commissions TN 2534  National Board, State, Province, and Endorsements
National Board, State, Province, and Endorsements
Date3/20

1.	Owner TENN	ESSEE VAL	LEY AUTI	HORITY	Date	19/	94	
		inmir Him			Sheet/	<i>,</i> .		_
2.	Plant WATTS	BARNILL	EAR PLAN	<u> </u>	Unit			
	P.O. Box 20	00, SPRING C	ity, TN. 57	1581	93-	2185	7-0 Z	
		NATTS BAR L			Repair Org Type Code Symbo			etc.
		00, SPRING C	Name		Authorization No. Expiration Date		~/,Z	
		Address /stem 6/A	•		<i>(</i> ·	<del></del>	<u> </u>	
5.	(a) Applicable Con (b) Applicable Edit	struction Code Attion of Section XI Ut	ilized for Repairs	Edition Freplecements	19 <u>80W8</u> 1	Addenda,	N/R	_Code Case
			T T T T T T T T T T T T T T T T T T T	- Conscerned Con	nponents	T		
	Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Bu <u>i</u> lt	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
S	nubber	PSA	1395	MR	1-SNUB-001 01A313	1978	Replacement	No.
-								
					V/A DRY	3/19)	190	
						7 7		
'. D	scription of Work_	Replace	ed 5	nubbe	01			
. Te	_	Hydrostatic Pne		ninel Operating F	ressure	IR K	48 3/19/	94
	OTE: Supplementa on in items 1 throu corded at the top o	al sheets in form of I igh 6 on this report f this form,	ists, sketches, or is included on ea	drawings may both ch sheet, and (3	e used, provided (1) each sheet is num	size is 8½ i bered and	in. x 11 in., (2) in the number of sl	forma- heets is

Applicable Manufactured Day D
Applicable Manufacturer's Data Reports to be attached
94-302
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this Replacement - conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp
Certificate of Authorization NoExpiration Date
Signed Date 3/19 , 19 9 4
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TENNESSEE and employed by HSB IFI CO
MATIFORA CONN. have inspected the components described
in this Owner's Report during the period 3/20/94 to 3/20/99 and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate pointer the legence of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property democs are also any manner for any personal injury or property democs are also any manner for any personal injury or property democs are also any manner for any personal injury or property democs are also any manner for any personal injury or property democs are also any manner for any personal injury or property democs are also any manner for any personal injury or property democs are also any manner for any personal injury or property democs are also any personal injury or property democs are also any personal injury or property democs are also any personal injury or property democs and the property democs are also any personal injury or property democs are also any personal injury or property democs are also any personal injury or property democs are also any personal injury or property democs are also any personal injury or property democs are also any personal injury or property democs are also any personal injury or property democs are also any personal injury or property democs are also any personal injury or property democs are also any personal injury or property democs are also any personal injury or property democs are also any personal injury or property democs are also any personal injury or property democs are also any personal injury or property democs are also any personal injury or property democs and also also any personal injury or property democs are also any personal injury or property democs and also are also any personal injury or property democs and also are also any personal injury or property democs are also any personal injury or personal injury or property democs are also any personal injury or personal injury or personal injury or personal injury or personal injury or personal injury or personal injury or personal injury or personal injury or personal injury or personal injury or personal injury o
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector's Signature Commissions 7N 2534  National Board, State, Province, and Endorsements
Inspector's Signature National Board, State, Province, and Endorsements
Date3/20

Page	7	cont. on t	Page	8

400 WSu	MMIT HILL	L DRIVE	KNOXVILLE	7Sheet	of/		
2. Plant WATTS	BAR No	ICLEAR	PLANT	Unit/	·		
P.O.Box Zor	o Sprive	CITY,	TN 3781	WORKPLAN Repair Orga	1#1	D-06017.	- 17
3. Work Performed by	TVA M	005		Repair Orga Type Code Symbol		. /	etc.
WATTS B.	AR NUCLEA	Name P/AA	17	Authorization No.		/ wm	
	Address			Expiration Date		4 3/18/	94
4. Identification of Sy		STEAN	<del></del>	5 001	<del></del>		
. (a) Applicable Con	struction Code Al	SC 7TH 19	73 Edition,	N/ 3/18/94	.ddenda,_	M/ W/18/94	r Code Ca
(b) Applicable Edit	ion of Section XI Uti	ilized for Repairs	or Replacement	s 19 <u>80 THRU</u>	NIN.	TER 1981	4006
i. Identification of Co	mponents Repaired (	or Replaced and I	Replacement Cor	mponents			
				T		·	
							ASME
Name of	Name of	Manufacturos	National			Repaired,	Code Stamped
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	Code
Component			Board	Identification	]	Replaced,	Code Stamped (Yes
Component			Board	Identification	Built	Replaced, or Replacement	Code Stamped (Yes or No)
Component	Manufacturer	Serial No.	Board No.	Identification	Built	Replaced,	Code Stamped (Yes
Component	Manufacturer	Serial No.	Board No.	Identification	Built	Replaced, or Replacement	Code Stamped (Yes or No)
Component	Manufacturer	Serial No.	Board No.	Identification	Built	Replaced, or Replacement	Code Stamped (Yes or No)
Component	Manufacturer	Serial No.	Board No.	Identification	Built	Replaced, or Replacement	Code Stamped (Yes or No)
	Manufacturer	Serial No.	Board No.	Identification	Built	Replaced, or Replacement	Code Stamped (Yes or No)
Component  UPE SUPPORT # DUA-1-01A-424	Manufacturer  N/ (272) /A 3/18/74	Serial No.	Board No.	Identification  004-2060/2-18 004-2060/2-20 3   18 94	Built	Replaced, or Replacement	Code Stamped (Yes or No)
Component	Manufacturer  N/ WAD  /A 3/18/94  MODIFIED SU  WSTALLED PIR	Serial No.	Board No.	Identification  DCA-KOGOIZ-18  DCA-KOGOIZ-28  3   18   94	Built	Replaced, or Replacement	Code Stamped (Yes or No)

D-06012-17

Page ____ S ___ cont. on Page ___

FORM NIS-2 (Back) 9. Remarks TRACKING # 94-303 wm 3/19/94
Applicable Manufacturer's Data Reports to be at CERTIFICATE OF COMPLIANCE We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement Type Code Symbol Stamp, Certificate of Authorization No Owner or Owner's Designee, Title CERTIFICATE OF INSERVICE INSPECTION I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TENNESSEE and employed by THE H.S.B. I. F.I. Co. have inspected the components described in this Owner's Report during the period_ to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection. Commissions _____ National Board, State, Province, and Endorsements

WO# 94-01033-03

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

PAGE 13 OF 30

1. Owner TENNESSEE VALLEY ANTHORIX Name				Date3-9-94			
		•					
400 W. Summit HILL DR. KNOXVILLE, TN				Sheet of/			
2. Plant WATTS BAR NUCLEAR PLANT				Unit/			
	Address			94-0 Repair Orga	enization P	.O. No., Job No.,	etc.
. Work Performed by				Type Code Symbol StampN/A			
P.O. Box 2000, SPRING CITY, TN Address				Authorization No. 27n Expiration Date 3.9.94			
				Expiration Date 3.9.94			
Identification of	System CHEMic	Al. BAIN	Value	- douted	,		
	Dystem On - 1.	7/2 0/14 0	YUUUIII	= CONTROL			<del></del>
(a) Applicable Co	onstruction Code A	ZSC 10	23 Edition	Time 1977 .		/2	
(b) Applicable Ec	onstruction Code <u>A</u> dition of Section XI Ut	ilized for Renairs	or Benjacement	19.80 = 794	Nddenda,	- KO 1001	_Code Ca
			Or replacement	19_00 / /	- ~/~	TER 1481	A661
Identification of (	Components Repaired	or Penineed and i	Dani				
		o. Heplaced allo	replacement Con	nponents			
					<u> </u>	T	1
							ASME
							Code
Name of	Name of	***************************************	National			Repaired,	Stampe
		Manufacturer Serial No.	Board No.	Other	Year	Replaced,	(Yes
Component	Manufacturer						
Component	Manufacturer	Serial 140.	}	Identification	Built	or Replacement	or No)
		Serial NO.					or No)
STRAINT ENB	BERGEN -	Serial NO.	58m				
STRAINT ENB		A A			Built "MKMOWA		ar Na)
STRAINT ENB	BERGEN -	AN AN	58m				
STRAINT ENB	BERGEN -	oenano,	58m				
ESTRAINT ENB	BERGEN -	A)	3.9.54 ESIN				
ESTRAINT ENB	BERGEN -	A)	3.6.64 Edin				
STRAINT ENB	BERGEN -	A A	3.9.54 ESIN				
STRAINT ENB	BERGEN -	A A	8.9.pv 3.9.pv				
ESTRAINT ENB	BERGEN -	NA A	8.9.pv 3.9.pv				
ESTRAINT ENB TACHMENT	BERGEN- PATERSON	N. K.	2.9.94 N A ESM 7.18.79	MCR 62-KNT-R69 B-P P/N 7003-1-5 COMM	Lankajowa	Renaced	N
ESTRAINT ENB TACHMENT	BERGEN- PATERSON	N. K.	2.9.94 N A ESM 7.18.79	MCR 62-KNT-R69 B-P P/N 7003-1-5 COMM	Lankajowa	Renaced	N
ESTRAINT ENB TACHMENT	BERGEN -	N. K.	2.9.94 N A ESM 7.18.79	MGR 62-KNT-R69 B-P 8/N 700-1-1-5 F10-144	Laukaowa T OF	Renaced  MER 62-10	N
ESTRAINT END TACHMENT  escription of Worl	BERGEN- PATERSON REPLACED TH	RESTRA	N A ESM FIBTO	MGR 62-KNT-R69 B-P P/N 7007-1-5 FIDERALL  TOTAL  N/A EST	Lankajowa	Renaced  MER 62-10	N
ESTRAINT END TACHMENT	BERGEN- RATERSON  REPLACED TH  Hydrostatic Price	RESTRACE	N A EMM FIB:19	Pressure Coressure Coressure Coressure	Laukaowa T OF	Renaced  MER 62-10	N
ESTRAINT END TACHMENT  escription of Worl	BERGEN- PATERSON REPLACED TH	RESTRA	N A EM FIB T	Pressure Coressure Coressure Coressure	Laukaowa T OF	Renaced  MER 62-10	N
STRAINT END FACHMENT  escription of Work ests Conducted:	BERGEN- RATERSON  REPLACED TH  Hydrostatic Price	eumatic No.	N A COM TIME TO A  Test Temp.	Pressure Coressure Coressure Coressure Coressure Coressure Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores Cores C	TOF.	Renaces  Mer 62-10	N

WO# 94-01033-03

PAGE 14 or 30

#### FORM NIS-2 (Back)

CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this Acreacement conforms to the rules of the ASME Code, Section XI.  Type Code Symbol Stamp  Certificate of Authorization V6.  Signed  Owner or Owner's Designes. Type  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Authorization Certificate of Authorization Certificate of National Certificate of National Certificate of National Certificate of National Certificate of Authorization V6.  In the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Authorization Certificate of National Certificate of National Certificate of National Certificate of National Certificate of National Certificate of National Certificate of National Certificate of National Certificate of National Certificate of National Certificate of National Certificate of National Certificate of National Certificate of National Certificate of National Certificate of National Certificate of National Certificate of National Certificate of National Certificate of National Certificate of National Certificate of National Certificate of National Certificate of National Certificate of National Certificate of National Certificate of National Certificate of National Certificate of National Certificate of National Certificate of National Certificate of National Certificate of National Certificate of National Certificate of National Certificate of National Certificate of National Certificate of National Certificate of National Certificate of National Certificate of National Certificate of National Certificate of National Certificate of National Certificate of National Certificate of National Certificate of National Certificate of National Certificate of National Certificate of National Certificate of National Certificate of National Certificate of Natio	9. Remarks None Tracking	No. 94-304 BNW 3/19/94
We certify that the statements made in the report are correct and this Renacement conforms to the rules of the ASME Code, Section XI.  Type Code Symbol Stamp  Certificate of Authorization Mo.  Signed  Owner or Owner's Designee, Title  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tables CT.  In this Owner's Report during the period  To Tables CT.  And the inspected the components described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions  Commissions  The Commissions of the ASME Code, Section XI.  Commissions  Commissions  Commissions  Commissions  The Code of the replacement of the ASME Code, Section XI.  Commissions  Commissions  Commissions  The Code of the replacement of the ASME Code, Section XI.  Commissions  Commissions  Commissions  Commissions  Commissions  The Code of the replacement of the ASME Code, Section XI.  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions	Applicable Mandfactu	urer's Date Reports to be attached
We certify that the statements made in the report are correct and this Repeated Conforms to the rules of the ASME Code, Section XI.  Type Code Symbol Stamp  Certificate of Authorization Mo.  Signed  Owner or Owner's Designee, Tipe  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of ANNESSEC and employed by THE H.S.B. THE Components described in this Owner's Report during the period  To STAJ-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions		
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We certify that the statements made in the report are correct and this Reverent conforms to the rules of the ASME Code, Section XI.  Type Code Symbol Stamp  Certificate of Authorization Mo.  Signed  Owner or Owner's Designee, Tipe  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of ANNESSE and employed by THE H.S.B. T.F. T. C. of have inspected the components described in this Owner's Report during the period  3 - 9 - 94  to 3 - 13 - 94  And state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions  Commissions		
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Type Code Symbol Stamp  Certificate of Authorization No.  Signed  Owner or Owner's Designee, Title  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned bolding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Lances and employed by THE LS.B. I. F. I. C.B. of have inspected the components described in this Owner's Report during the period  3-9-94 to 3-23-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions  Commissions  Commissions  Commissions		
Certificate of Authorization No.  Signed  Owner or Owner's Designee, Title  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Automatic and employed by The Inspector of have inspected the components described in this Owner's Report during the period  3-9-94  to 3-23-94  and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions  A-2633	We certify that the statements made in the report are c	orrect and this KEPLACEMENT conforms to the rules of the
CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned bolding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Lawes Le and employed by The M.S.B. T. & Co. of have inspected the components described in this Owner's Report during the period 3-9-94 to 3-23-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions M-2633	ASINC Code, Section X1.	, and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of
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CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FINESSEE and employed by THE H.S.B. T. F. I. Co. of HARTORD, C.T. have inspected the components described in this Owner's Report during the period 3-9-94 to 3-23-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions M-2633		Date3-18 19 94
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Date MARCH 23, 19 94	Inspector's Signature Commis	
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# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Code Section XI

. Owner TEN	NESSEE VA	LLEY AUT	HORITY	Date 3-19	- 94		
			,	Date 3 - 19			
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	Address	G (17/1	<u> 14373</u> 81	Repair Or	ganization	P.O. No., Job No.	atc
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Po.Box Zo	DO SPRING	⁹ , , 1		Authorization No		NA 9.	<b>~</b> 3⋅
	OO SPRING (	-114, IN		Expiration Date_			
Identification of S	System 03 / M	1AIN FEEDWA	ATER_			1	
(b) Applicable Ed	nstruction Code A	tilized for Repairs	73 Edition, or Replacement	June 1973 19 <u>80</u> The	Addenda,_	NA 3.19.94 ER 1981	_Code
						1701	
	omponents Repaired	or Replaced and R	leplacement Cor	nponents			
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Name of Component	Name of Manufacturer	Manufacturer	Board	Other	Year	Repaired, Replaced,	Stam (Ye
	wandacturer	Serial No.	No.	Identification	Built	or Replacement	or N
4-1-03A-361	TVA	NONE					
		NUNE	NONE	NONE	LANKHOWN	REPAIRED	NO
		NA			<del> </del>		
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escription of Work	ADDED WE	ZDS Between	n items#	1 ÷4 on suppo	rt #10	03A-1-03A	.361
		,			rt #10	03A-1-03A Bus 4.25	
		eumatic Nom	inal Operating F		/A 5.19.94		
ests Conducted:	Hydrostatic Pn	eumatic Nom	inel Operating F	Pressure NAC	/A 3.14.94	Bus 4.25	-94

(12/82)

This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

Page 8 cont on Page 9

#### FORM NIS-2 (Back)

CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this REPATR conforms to the rules of the repair or replacement  Type Code, Section XI.  Type Code Symbol Stamp  AIA AC 5-19-94  Certificate of Authorization No.  Certificate of Authorization No.  Certificate of Authorization No.  Certificate of Authorization No.  Certificate of Authorization No.  Certificate of Inservice Inspection  The undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State of Province of Terrificate and employed by HSB JJT O.  The undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State of Terrificate Province of Terrificate (Court Inspector)  The best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in the other best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in the owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the caminations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the caminations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the period.  Language Commissions Available Board, State, Province, and Endorsements National Board, State, Province, and Endorsements National Board, State, Province, and Endorsements National Board, State, Province, and Endorsements National Board, State, Province, and Endorsements National Research Adams National Board, State, Province, and Endorsements National Research Adams National Research National Research National Research National		Applicable Manufacturer's Data Reports to be attached
We certify that the statements made in the report are correct and this REPAIR conforms to the rules of the ASME Code, Section XI.  Type Code Symbol Stamp    A		
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ASME Code, Section XI.  Type Code Symbol Stamp  Certificate of Authorizetion No  Certificate of Authorizetion No  Owner or Oyner's Designee, Title  CERTIFICATE OF INSERVICE INSPECTION  The undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the Start Province of Texas SSS and employed by  ART Ford Commission is have inspected the components describe this Owner's Report during the period 4/25/34 to 4/25/34, and state this owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the seminations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with the spection.  Commissions National Board, State, Province, and Endorsements  National Board, State, Province, and Endorsements	We certify that the state	remonts made in the con-
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Page	cont. on Page	8
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FORM NIS SOWNER'S REPORT FOR REPAIRS OR REPLACEMENTS

As Required big the Provisions of the ASME Code Section XI

04522 08

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1. Owner TENN	ESSÉE VAL	LEY AUTH	HORITY	Date 3-	20-5	<b>&gt;</b> 4	
400 W. SU	ESSEE VAL  Nam  MMIT HILL  Address	DR., KNOX	VILLE, TN	Sheet	of	<i></i>	-
2. Plant_INATT.	S BAR NU	CLEAR P	LANT	Unit/			
P.O. Box 2	Nam LOUU, SPRIN Address	G city, T	TN 37381	WP# D	- 045	80-5S	-
3. Work Performed b	v T VA	, ,					, etc.
		Name		Type Code Symbo			
P.O. Box Z	SPRING Address	CITY, TH 3	1381	Authorization No. Expiration Date	-	<del>//</del> A	
	Address						<del></del>
4. Identification of S	stem 03/N	MAIN Anot	AUXILIARY	FEEDWATE	e 54	SJEM	
5. (a) Applicable Cor	struction Code_A	150 19	73 Edition	JUNE 1973		/0	
5. (a) Applicable Cor (b) Applicable Edi	tion of Section XI U	tilized for Repairs	or Replacement	19 80 THE	Addenda,_ , ಒು∾ಾ	TE 1981 AD	-Code Car
6. Identification of Co	omponents Repaired	or Replaced and F	Replacement Cor	mponents			
	,						Γ
:							ASME
			National			Banaima	Code
Name of	Name of	Manufacturer	Board	Other	Year	Repaired, Replaced.	Stamped (Yes
Component	Manufacturer	Serial No.	No.	Identification	Built	or Replacement	or No)
005-AEO-1-AE00		5~4× 83:44.44		DCA-PO4522-01, 33,34,35,36	ļ		
<del></del>				33,34,35,86	UNK	REPLACEMENT	No
				NA STAS	94		
·				7.40			
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				<u> </u>	<u> </u>		
Description of Work	MODIEY SUPP	ORT PER D	CA. PO4522	-01,33,34	35,30	ρ	
<b>-</b>	~	_		-			
	Hydrostatic Pno Other Pressure		ninal Operating				
,		12 PS 194	Test Temp	°F		•	
NOTE: Supplement	al shoots in form of	. •					
NOTE: Supplementation in items 1 throuse recorded at the top of	ign o on this tehoti	is included on ea	crawings may b ich sheet, and (3	e used, provided (1) 3) each sheet is num	size is 8½ bered and	in. x 11 in., (2) in the number of s	forma- heets is

(12/82)

This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

	Page cont on Page _ 9
FORM NIS-2 (Back)	D 04522 08
9. Remarks TRACKING # 94-306 B 3-24	x.)¢
Applicable Manufacturer's Data Reports	to be attached
CERTIFICATE OF COMPLIANCE	
We certify that the statements made in the report are correct and this KE	PALEMENT conforms to the rules of the
ASME Code, Section XI.	r or replacement
Type Code Symbol Stamp N/A 95 3-20 94	· ·
Certificate of Authorization No. ~/A 3-20-94 Expiration D	Date
0 55	`
Signed Date	<u>3-20</u> 19 94
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OFFITIOATE OF MISTONIAN MANAGEMENT	
CERTIFICATE OF INSERVICE INSPECT.  1, the undersigned holding a valid commission issued by the National Board of Boiler	
or Province of TENNENCE and employed by THE /T. S.B.	Tell Co.
- AMEL PORN CI.	have inspected the components described
in this Owner's Report during the period	4-/3-94 and state that
to the best of my knowledge and belief, the Owner has performed examinations an	d taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any war	ranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furtherm	ore, neither the inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of inspection.	any kind arising from or connected with this
CE Mitcass Commissions TN-	2633 N & I
Inspector's Signature National B	loard, State, Province, and Endorsements
Date APRIL 13, 1994	

MAR O 5 1994

1. Owner Tende	ivame						
400 W. S.	Litt from	Dr. KN	oxville, TN	. Sheet	of2		
2. Plant Watts				Unit			
PD 80x 20	Name OD Sociac	City Tal	37381 ₉₇₇ 71 <del>27771 </del> 3/2/	94 WO-94- Repair Orga	0640	3-00	
	Address	· · · · · · · · · · · · · · · · · ·	<u> </u>				etc.
3. Work Performed by	Tennessee	Valley H	uthorty	Type Code Symbol			
P.D. Box 20	00. Spring	City TN.	37381 771N <del>3777 </del> 3414	Authorization No	NAGG	3-20-94	
	Address	1 - /					
i. (a) Applicable Cons	stem <u> </u>	M OGS/	43 mHz	, m	<del></del>	1/A m/3/	1,104
i. (a) Applicable Cons	truction Code	19 XI	80 Edition,	THE SEVENTHOUT A	<i>\$ 21 94</i> .ddenda <u>,                                    </u>	Trough WINTER 195	Code Ca
(b) Applicable Editi ADD ENDA	on of Section XI Ut	ilized for Repairs	or Replacement	is 19 <u>80 THRU</u>	1981. u	1; TH 1981 0	WINTE
i. Identification of Co		or Replaced and F	Replacement Co	mponents			
		1	•	- <u>r</u>			1
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1- 63-022		A 6463-		FDCN-29454-A	HA 20 14	Roplaced	No
		<u> </u>		1			
Description of Work	INSTACLEDA	NEN EN	D ATTACHM	ENT & Tabesh	eel men	nher -	
Tests Conducted:		eumatic No	minal Operatin	g Pressure			
NOTE: Supplement	al sheets in form of	lists, sketches, o	r drawings may	be used, provided (1	) size is 8%	in. x 11 in (2) i	nforma-

This form (E00030) may be obtained from the Order Dept., ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300. REPRINT 4/93

tion in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is

recorded at the top of this form.

(12/82)

WO-94-06403-08 73-32 & 36

of 22 2

#### FORM NIS-2 (Back)

9. Remarks 7RACKING# 44-307 663-20-44
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this Replacement conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp
Certificate of Authorization No. NON E Expiration Date NON E  Signed Factor Fileson Title  Owner or Owner's Designed Title  Owner or Owner's Designed Title  Owner or Owner's Designed Title  Owner or Owner's Designed Title  Owner or Owner's Designed Title  Owner or Owner's Designed Title  Owner or Owner's Designed Title  Owner or Owner's Designed Title  Owner or Owner's Designed Title  Owner or Owner's Designed Title  Owner or Owner's Designed Title  Owner or Owner's Designed Title  Owner or Owner's Designed Title  Owner or Owner's Designed Title  Owner or Owner's Designed Title  Owner or Owner's Designed Title  Owner or Owner's Designed Title  Owner or Owner's Designed Title  Owner or Owner's Designed Title  Owner or Owner's Designed Title  Owner or Owner's Designed Title  Owner or Owner's Designed Title  Owner or Owner's Designed Title  Owner or Owner's Designed Title  Owner or Owner's Designed Title  Owner or Owner's Designed Title  Owner or Owner's Designed Title  Owner or Owner's Designed Title  Owner or Owner's Designed Title  Owner or Owner's Designed Title  Owner or Owner's Designed Title  Owner or Owner's Designed Title  Owner or Owner's Designed Title  Owner or Owner's Designed Title  Owner or Owner's Designed Title  Owner or Owner's Designed Title  Owner or Owner's Designed Title  Owner or Owner's Designed Title  Owner or Owner's Designed Title  Owner or Owner's Designed Title  Owner or Owner's Designed Title  Owner or Owner's Designed Title  Owner or Owner's Designed Title  Owner or Owner's Designed Title  Owner or Owner or Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner Owner
Owner or Owner's Designee, Title
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned bolding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of 1 Fine 55 FE and employed by 175, 177, 177, 177, 177, 177, 177, 177,
in this Owner's Report during the period $3-10-94$ to $3-24-94$ , and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report, Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.  Commissions TN-363?  Inspector's Signature Commissions National Board, State, Province, and Endorsements
Date MARCH 23, 1994

no 44-06403-06

	SSEE VALLEY Nam			Date3	.20.94	7	<del></del>
400 W. SUM.	MIT HILL DR. Address	KNOX VILLE,	TN_	Sheet	of/_		
. Plant_WATTS	BAR NUCLEA	R PLANT		Unit			
	000 , 5 PICTNG (			O-Repair Org	20761-	-01	
							, etc.
Work renomined b	V TVA - MODI	Name	<del></del>	Type Code Symbo			_
	_ WBNP			Authorization No. Expiration Date		NIA AC	3.20.0
				_			
Identification of Sy	ystem_ <i>5</i>	3 / SAFET	IY INJECT	ION			
(a) Applicable Con	nstruction Code	AISC 10	73 AC 5.20.	94 7 T.H.		. 10.12	
(b) Applicable Edit	tion of Section XI Ut	tilized for Repairs	or Replacement	= 19 80 W/00	Addenda,_	NONE	_Code (
					DENDA	IHKOUGH WIN	TER 1º
Identification of Co	omponents Repaired	or Replaced and F	Replacement Co	mponents			
	<del>T</del>	Τ	T				
							ASMI
No			National			Repaired.	Code
Name of Component	Name of Manufacturer	Manufacturer	Board	Other	Year	Replaced,	(Yes
	ivianuiacturer	Serial No.	No.	Identification	Built	or Replacement	or No
3-1-63-572	TVA	NONE					
	7.44	NONE	NONE	NONE	UNK	REPLACEMENT	NO
		NIA					
		2.20.94					
			1				······································
				],			
				I	L		
Description of Work_	MODIFIED I	PIPE SUPPOR	et				
	_	_					
			ninal Operating	Pressure AC	3.20.44		
	Other Pressure_	psi	Test Temp	°F			
NOTE: Supplement							
ACIE: Subblements	al sheets in form of ugh 6 on this report	lists, sketches, or	drawings may b	e used, provided (1)	size is 8½	in. x 11 in., (2) in	forma-
ion in items 1 throu		19 ILICIDATED OU 68	ch sneet, and (;	3) each sheet is num	bered and	l the momban of a	haate ie
ion in items 1 throu ecorded at the top o	f this form.					tile number of \$1	110019 19

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Paga 6 other on Page 7

#### FORM NIS-2 (Back)

9. Remarks TRACKING NO: 94-308 AC 3.20.94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this <u>REPLACEMENT</u> conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp
Certificate of Authorization Pto.
Certificate of Authorization DipExpiration Date
Signed Inthony Ulliona FIED ENGINEER Date Mai. 20 19 94
Owner or Swner's Designee, fitte
CERTIFICATE OF INCERTION (ADDRESS)
CERTIFICATE OF INSERVICE INSPECTION  1, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
of Province of and employed by HSB_I_ & I of
have inspected the components described
in this Owner's Report during the period 5/19/93 to 25/84, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection,
W. Co
Inspector's Signature Commissions TN 2537  National Board, State, Province, and Endorsements
Date 4-25 1994.

TVA NULLEAR
MAR 2 0 1994

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Page 7 cont. on Page 8

1. Owner TEXNO	ESSEE VALL	EY AUTHO	RITY	Date	/21/	74	
400 W. Summit				Sheet/	of /	′	
2. Plant WATTS	Address	_	147		, oi		
	Name	•		Unit/	,,		
P.O. Box 200	7001048	,	-	WORKPLAN Beneir Ore	/ # Z	D-21401 P.O. No., Job No.	<u>- 03</u>
3. Work Performed by	TVA N.	7005		Type Code Symbo			, etc.
		Name		Authorization No.		/ wm	
W4775 BA	Address	PLANT		Expiration Date		1A 3/21	194
4. Identification of Sys	stem CONTAI	NMENT	SPRAY	_/545#	- - - -	,	, –
5. (a) Applicable Cons		SC TH	Juna	1111	<del>• , =</del>	11/12m	
(b) Applicable Cons	itruction Code 77'-	iliand for Devel	9 <u>73</u> Edition,	NA 3/21/74 1		1/A 3/21/79	_Code Case
(b) Applicable Editi	on or section X1 Ot	ilized for Hepairs	or Replacement	ts 19 <u>50 /</u> HRU	MINTE	N 1981 AT	DENSA
6. Identification of Cor	mponents Repaired	or Replaced and	Replacement Cor	Moonents			
		<del></del>					
							ASME Code
Name of	Name of	<b>1</b>	National			Repaired,	Stamped
Component	Manufacturer	Manufacturer Serial No.	Board No.	Other	Year	Replaced,	(Yes
			140.	Identification	Built	or Replacement	or No)
1072-A437-3-11				DA-M2/401-21		<u> </u>	
PIDE SUPPORT #		NONE	NONE	DEA-MZ/401-22 DEA-MZ/401-23	1996	REA ALEMENT	NO
1072-A437-3-12	N/			XA-M21401-13	7777	REPLAKEMENT	700
PIPE SUPPORT #	Awn	NONE	NONE	DCA-MZ1401-19 DCA-MZ1401-20	1994	REPLACEMENT	No
1072-44-37-3-13	/ M3/21/A4	NONE	NONE .	DA-M21401-15 DA-1421401-16			
		740146	770/40	DA-M21401-17	1994	REALEMEN	710
			·N				•
			Aw,	3/21/94			
	1077-4437-2-1	1- INSTALLEY	MEN PIAS	5,0007		·	
7. Description of Work	1072-4437-3-1 072-4437-3-12 072-4437-3-1	3 - INSTALLED	NEW PIAS	SUPPORT			
			7777	3017421			
	ydrostatic Pne		minal Operating	Pressure			
Aim	ther Pressure_ 03/21/94	psi	Test Temp	°F			
		liees sleenshaa					
NOTE: Supplemental tion in items 1 throug recorded at the top of		is included on e	r crawings may b sch sheet, and is	e used, provided (1):	size is 8½	in. x 11 in., (2) in	forma-
recorded at the top of	this form.		to an array of the	A SECTION STORE IS HUM!	pered and	the number of si	heets is
				Law Drive, Box 2300, (			

Pago IE cont. on Fago IF

WORK INSTRUCTION D-21401-03



#### FORM NIS-2 (Back)

9. Remarks /RACKING # 94 - 309 am 3/21/94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this <u>PEPUACEMENT</u> conforms to the rules of the ASME Code, Section XI.  repair or replacement
Type Code Symbol Stamp N/A wm 3/21/94
Certificate of Authorization No. NA wm 3/21/94 Expiration Date NA 3/21/94
Signed Mil Sald Coust. Eugl. Date 3/21, 19 94
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of I ENDESSEE and employed by III Holb. I. AND I. Co. of
in this Owner's Report during the period 9-30-93 to 4-21-94, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
Inspection.  Commissions TN-2633 NFI  Inspector's Signature Commissions TN-2633 NFI  National Board, State, Province, and Endorsements
Date APRIL 22, 1994

1. Owner IENNE	SSFE VALLE	EYAUTHO	RITY	Date	21-9	4	
400 W. Sum	mirHiLLD	RIVE KNOX	VILLE	Sheet	of		
2. Plant WATTS	BAR NUCLE	AR PLANT	·	Unit			
<u> P.O. Box 20</u>	DD, SPRING Address	g City, TI	<u>บ.375</u> 81	93 -	- <u>2</u> 7	647-	02
3. Work Performed by	WATTS BAR	NUCLEAR MA	HINTEHANCE	Type Code Symbo		.,	, etc.
P.O. Box 20			<u> 87<i>8</i>81</u>	Authorization No. Expiration Date		Pon	274
4. Identification of Sy	stem <u>545</u>	63.	5.15				
(a) Applicable Cons     (b) Applicable Editi     dentification of Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Cons	on of Section XI U	tilized for Repairs		HS 80WB	Addenda,_	NR 3	275 Bode Ca
6. Identification of Co	inponents Repaired	or Replaced and F	Replacement Cor	nponents			
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	P5A	30829	NAGA	1-5408- 063-6318	1993	ZERRE- MENT	NO
·						,	
_							
Description of Work_	REPLACE	50 5A	WBBE	e			
	ydrostatic Pn	eumatic Nor	minal Operating   Test Temp	Pressure	RAG	3-2194	

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

FORM NIS-2 (Back) TRACKING # Applicable Manufacturer's Data Reports to be attached CERTIFICATE OF COMPLIANCE We certify that the statements made in the report are correct and this EVINENTAL conforms to the rules of the ASME Code, Section X1. Type Code Symbol Stamp Certificate of Authorization No. CERTIFICATE OF INSERVICE INSPECTION I, the undersigned holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TENNESSEE and employed by. CONN. in this Owner's Report during the period. 25/94 , and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this National Board, State, Province, and Endorsements

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Page		cont. on F	,9Ĝê	

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

				<del></del>			
1. Owner TEULE	SSEE VAC	LEY AUTH	ORITY_	Date 3 -	21-	94	
400 W Sum	mit Hill	Deive KNO	XVILLE, TN	Sheet	of	1	
2. Plant WATT	S BAR 1	Vuclear	PLANT	Unit		•	· 
P.O.Box Zox	∞ SPRIVA	CITY, TN	37381	WP# D-	045z	4-02	
3. Work Performed by				Type Code Symbo			, etc.
_		Name		Authorization No.		NA	
P.O. Bux Zaco				Expiration Date	····		
4. Identification of Sy	stem <u>03</u>	MAIN AND	AUXILIA	ARY FEED	WATE	2	
(a) Applicable Cons     (b) Applicable Edit     dentification of Constant					Addenda,_ سر ک	N/A ER 1481 ADO	_Code Cas
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
045-Ato-1-AE001		(MAS) 3.4.9	ł .	DCA-P04524-	UNK	REPLACEMENT	No
					ļ. 		
			<del></del>		<del> </del> -		
			· · · · · · · · · · · · · · · · · · ·				
. Description of Work_	Mosifica S	sport per	DCA -P	04524-12	13.14		
Tests Conducted: H		eumatic Nor	Test Temp.				***
NOTE: Supplementa	I sheets in form of	lists, sketches, or	drawings may b	be used, provided (1)	size is 8½	in, x 11 in (2) in	nforma-

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

Page S cont. on Page 9
FORM NIS-2 (Back)  9. Remarks TRACKING # 94-311 833-21-34
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this RePLACEMENT conforms to the rules of the ASME Code, Section XI.
Type Code Symbol StampN/a 9 3-21-94
Certificate of Authorization No. N/A 93 3-21-94 Expiration Date N/A 93 3-21-94
Signed Signed Field Eng. Date 3-21 ,19 94
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Final See and employed by #S B IFI CO
in this Owner's Report during the period 5/4/34 to 5/4/94, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner
inspection,
Inspector's Signature Commissions TN 2534  National Board, State, Province, and Endorsements
Date5/419_94

TVA NUCLEAR MAR 0 5 1994

Name of Components Repaired or Replaced and Replacement Components  Name of Components Repaired or Replaced and Replacement Components  Name of Component Repaired or Replaced and Replacement Components  Name of Component Repaired or Replaced and Replacement Components  Name of Components Repaired or Replaced and Replacement Components  Name of Components Repaired or Replaced and Replacement Components  Name of Components Repaired or Replaced and Replacement Components  Name of Components Repaired or Replaced and Replacement Components  Name of Components Repaired or Replaced and Replacement Components  Name of Components Repaired or Replaced and Replacement Components  Name of Components Repaired or Replaced and Replacement Components  Name of Components Repaired or Replaced and Replacement Components  Name of Components Repaired or Replaced and Replacement Components  Name of Components Repaired or Replaced and Replacement Components  Name of Components Repaired or Replaced and Replacement Components  Name of Components Repaired or Replaced and Replacement Components  Name of Components Repaired or Replaced and Replacement Components  Name of Components Repaired or Replaced and Replacement Components  Name of Components Repaired or Replaced and Replacement Components  Name of Components Repaired or Replaced and Replacement Components  Name of Components Repaired or Replaced and Replacement Components  Name of Components Repaired or Replaced and Replacement Components  Name of Components Repaired or Replaced and Replacement Components  Name of Components Repaired or Replaced and Replacement Components  Name of Components Repaired or Replaced and Replacement Repaired or Replacement Components  Name of Components Repaired or Replaced and Replacement Repaired or Replacement Components  Name of Components Repaired or Replaced Replacement Repaired Or Replacement Components  Name of Components Repaired Or Replaced Replacement Repaired Repaired Repaired Replacement Repaired Repaired Repaired Repaired Repaired Repaired	-		Λ , <b>.</b>		·			
Plant Watts Bar Nuclear Plant  Po. Box 1000, SPRING Cit VTH 3738   94 - 03779-000  Repair Organization P.O. No., job No., etc., Address  Work Performed by Watts Bar Nuclear Maintenance Type code Symbol Stamp  Name Authorization No.  Address  Authorization No.  Expiration, Performed by Address  Identification of System by STAM CID ON M  (a) Applicable Construction Code AIS The Edition of System by Stamp Addends, Address  (b) Applicable Edition of Section XI Utilized for Repairs or Replacement Components  Name of Components Repaired or Replaced and Replacement Components  Name of Component Manufacturer Serial No.  National Board Other Year Built Other Repaired, (Yes or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Repla		Nan	ne i	\	Date ろ	-21-0	14	<del></del>
HO. Box 1000, SPRINI 9 CITY IN 3738   Address   Address   Address   Address   Address   Authorization No. No., Job No., etc.    Work Performed by (1) Affs BAR   Nuclear Maintenance Type Code Symbol Stamp   Authorization No.   Address   Authorization No.   Expiration, Detts   Address   Expiration, Detts   Address   Expiration, Detts   Address   Expiration, Detts   Address   Address   Expiration, Detts   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address		,,,			Sheet	of		<del></del>
Work Performed by 1) Atts BAL Nuclear Maintenance Type Code Symbol Stamp  Name  Authorization No.  Expiration, Dete  Address  Identification of System 6/5/5  Address  Identification of System 6/5/5  Identification of System 6/5/5  Name of Component Name of Manufacturer Serial No.  Name of Component Name of Manufacturer Serial No.  National Other No.  National Other No.  National Other No.  National Other No.  National Other No.  National No.  National No.  No.  No.  No.  No.  No.  No.  No.	. Plant WAHS	BAT NUC	LEAR PLA	JAT				
Work Performed by 1) Atts BAL Nuclear Maintenance Type Code Symbol Stamp  Name  Authorization No.  Expiration, Dete  Address  Identification of System 6/5/5  Address  Identification of System 6/5/5  Identification of System 6/5/5  Name of Component Name of Manufacturer Serial No.  Name of Component Name of Manufacturer Serial No.  National Other No.  National Other No.  National Other No.  National Other No.  National Other No.  National No.  National No.  No.  No.  No.  No.  No.  No.  No.	LO. Box 2	200, 5 PRIM	19 CityT	<del>U 373</del> 8/	94	-0	3779	-00
Authorization No. Expiration, Perte 37  Identification of System (15) 5 TEAM (10) BLOW (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow (15) Blow						anization	P.O. No., Job No.	, etc.
Identification of System 5/5 STEATH CPW, BLOW Down  (a) Applicable Construction Code A/S Ledition, WP93-3-1-4 WA Bloode Case  (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 Bowled  Identification of Components Repaired or Replaced and Replacement Components  Name of Component Manufacturer Serial No. No. Identification Built or Replaced, (Yes or Replaced, or Replaced, or Replacement or No)  DNUSBER PSA 2696 Wash 4015-4006 P93 FERRE MINER  Description of Work REPLACED SWARD			Name ITV TN =	<u>37</u> 3 <i>8</i> /	Authorization No.		RS	200
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements (19 10 10 10 10 10 10 10 10 10 10 10 10 10		Address	576	EAM L	ZI) A	101	(Dougle)	,
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements (19 10 10 10 10 10 10 10 10 10 10 10 10 10	(a) Applicable Con	struction Code A	15/ 1	7 7	NRYD:	3-21-4	N/n3	21-54
Name of Component Name of Manufacturer Serial No.  National Board Other Heplaced, or Replaced, or Replacement or No.  No.  No.  No.  No.  No.  No.  No.			tilized for Repairs	or Replacement	15-44 80 ME	Addenda,_		Cabde Case
Name of Component Name of Manufacturer Serial No.  National Board No.  National Board No.  No.  National Board No.  No.  No.  National Board No.  No.  No.  No.  No.  No.  No.  No.	Identification of Co	mponents Repaired	or Replaced and F	Replacement Con	nponents	•	•	
Name of Component Name of Manufacturer Serial No.  National Board No.  National Board No.  No.  National Board No.  No.  No.  National Board No.  No.  No.  No.  No.  No.  No.  No.						Τ	1	<del>                                     </del>
Name of Component Manufacturer Serial No. Manufacturer Serial No. No. Identification Suilt Pear Replaced, or Replaced, or Replaced, or No. No. No. No. No. No. No. No. No. No.								1
DNUBBER PSA 2696 MAZILADIS-ACOLO PASS REPLACED NUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER DI SNUBBER D		· ·	1	Board		Year	Replaced,	(Yes
Description of Work_REPLACED SNUBBER			Gerial No.	NO.	Identification	Built	or Replacement	or No)
Description of Work_REPLACED SNUBBER	NURBER	PSA	21-196	N/90	1-5103-	193	REPLAKE-	1/
Pescription of Work REPLACED SNUBBER  ests Conducted: Hydrostatic Pneumatic Nominal Operating Pressure Pressure Pressure psi Test Temp. F 3-21-94				, , , , , , , , , , , , , , , , , , , ,	112.	7,70	MENT	70
ests Conducted: Hydrostatic Pneumatic Nominal Operating Pressure Pressure Pressure psi Test Temp. Pressure 3-21-94								
Pressure psi Test Temp					_			
Pressure psi Test Temp. F 3-21-94				<u>.</u>				
ests Conducted: Hydrostatic Pneumatic Nominal Operating Pressure Poly 99  Other Pressure psi Test Temp. F 3-21-94								<b></b>
ests Conducted: Hydrostatic Pneumatic Nominal Operating Pressure PR 3-21-94		ICEPLAC	ED SN	L BBEIL	2			
psi Test Temp. F 3-21-94	ests Conducted: H	ydrostatic Pne	eumatic Non	inal Operating P	ressure DR	2,9		
IOTE: Supplemental sheets in form of lists already as a day i				Test Temp		3-21-	74	

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

FORM NIS-2 (Back)
9. Remarks/2ACK/16#312 99 3-21-94
Applicable Manufacturer's Data Reports to be attached
We certify that the statements made in the report are correct and this EDNORE Conforms to the rules of the ASME Code, Section XI.
repair or replacement
Type Code Symbol StampNA 803-21-54
Certificate of Authorization No. 2/49/03-21-94 Expiration Date 2/49/03-21-64
Signed Date MANCH 21 1994
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TENNESSEE and employed by HSSS IFT CO
in this Owner's Report during the period 3/28/94 have inspected the components described
to the best of my knowledge and belief the Owers has and
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind original.
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector's Signature Commissions TN 2534 National Board, State, Province, and Endorsements
National Board, State, Province, and Endorsements
Date 3/28 Au
19_77

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. . .



TVA NUCLEAR MAR 2 3 1994 5-21328-05-KZ

Page 10 cont. on Page 11

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

: Owner	Nam	10		Date 3-23	-94		
400 W. Sum	Address	L. KNOTUILE	E,TN	Sheet /	of/	•	
400 W. Sum	PAR NUCLEA	R PLANT	<u> </u>	Unit/		<del></del>	
P.O. Box 20				D - 213: Repair Org	2 <i>8-0</i>	S O No. leb No.	
Work Performed by	TVA	Name		T		11/2	
	,			Authorization No.		Egm	
P.O. Box 200	Address,	Cirv, TN	<del></del>	Authorization No.  Expiration Date		.8.23.	74
Identification of Sy	stem_03/F	EEBWATER	·				
(a) Applicable Cons	struction Code <u>A</u>	<u> </u>	23_Edition	JENE 1973	Addende	u/a	0-
(b) Applicable dditi	ion of Section XI U	tilized for Repairs o	r Replacemen	ts 19 <u>80 - THAL</u>	• 444.		_Cow
		T					ASA
Name of Component	Name of Menufacturer	Manufacture: Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	Stam (Ya or N
034-1-034-	:	N N		DCA 421328 -	-a		
		A 60774		(0)61,62+63	Emango	REPLACEMENT	No
33.	<del>/=</del>	1 22			<del></del> -		
'5 J							
33			N _A	E8 3.2 14			
/53			N _A	E87.23.94			
33			N _A	E87.2:3.94			
	MOSIFY S	•	NA A				
Description of Work_	Mosiry s	WEPORT; II	NA A	BELLVILLE			
Description of Work	Mosify 5.  Hydrostatic Price Other Pressure	eumatic Nom		BELLVILLE A EST 3.23			

This form (E00030) may be obtained from the Order Dept., ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300. REPRINT 4/93

05-K2

		D-21328-0
•	FORM NID-2 (Back)	Page 11 cont. on Page 1
9. Remarks NowE		South Of Page
Арр	licable Manufacturer's Data Reports	to be attached
- TRACKING #	94-213	
	772/3	
We certify that the statements made in	RTIFICATE OF COMPLIANCE	
ASME Code, Section XI.	report are correct and this Asset	PLACEMENT conforms to the rules of the
Type Code Symbol Stamp	<b>1</b>	
•		₹1.27.11
Certificate of Authorization No.	Expiration Da	te
Owner or Okner's pelignee, Itie	Dete3	2.23 19.94
7 0 /		., 19
CERTIF	ICATE OF INSERVICE INSPECTI	ON
I, the undersigned helding a valid commission issue or Province of FRAFFE and employed ARTIORS CT.	d by the National Board of Boiler at	nd Pressure Vossel Inspectors and the State
in this Owner's Report during the period	2-/5-02	he inspected the components described
to the best of my knowledge and bolief the Com-		and state that
by signing this certificate neither the Income	, 5551,011 XI.	
examinations and corrective measures described in that be liable in any manner for any personal injury	this Owner's brooms From	nty, expressed or implied, concerning the
that be liable in any manner for any personal injury	or property demage or a loss of an	e, neither the Inspector nor his employer
(0,8 h) + 11	— I	/ ,
mapecter's Signature	Commissions 70-26	33 N & I
m HARIN 14, 1994	• •	
S. Direction		TTS BAR

TVA NUCLEAR MAR 2 3 1994

Page	17	_cont. on Page	18
Page	//	cont. on Page	10

1. Owner TENNE	ESSEE VALL	EY AUTHO	ORITY	Date 3/23	194	,	
	Name	9		2016	<u> </u>		
DO W. SWIMIT	41LL DRIVE	KNOX.	/N	Sheeto	1		
2. Plant <u>WATTS</u>	BAR NUCLE	992 FLAN	7	Unit/	,		
P.O. Bux 2000,	WO OLD SE			WORKF CAN Repair Organ	The Z	7-2/328-2	21-K1
3. Work Performed by	TVA M	1005		Type Code Symbol		N/	• • • • • • • • • • • • • • • • • • • •
1/2 R	an Aliena	Name		Authorization No		/ win	כ
W4173 XX	AL NUCLES	16 / 642	<i>J</i> 7	Expiration Date		A 3/23,	194
4. Identification of Sy  5. (a) Applicable Con-	stem RHR	1545	#074				
		Til 1	TIME	11/12		ul was	
5. (a) Applicable Con-	struction Code <u>A.C</u>	5C 7/19	73_ Edition,	1/1 3/13/94 AI	ddenda	143/23/14	Code Case
(b) Applicable Edit	ion of Section X1 Uti	ilized for Repairs	or Replacement	19 80 THRU	WINTE	R ABÍ AA	WENDA.
							•
6. Identification of Co	mponents Repaired o	or Replaced and I	Replacement Cor	nponents			
							ASME Code
Name of			National	_		Repaired,	Stamped
Component	Name of Manufacturer	Manufacturer Serial No.	Board No.	Other Identification	Year Built	Replaced, or Replacement	(Yes
				i de la la la la la la la la la la la la la	built		
DIPE SUPPORT #	N/			DCA - M2322-20	5		
1074-74-12HG.RIW	1/ wmo	NONE	NOWE	DLA-MZ/328-206		REPOSIEMENT	NO
					2666942X	REPOSE CALLY	
	2		11/ _				
			1/2	7/77/26			-
	J		/ 1	3/3/11			
				<u> </u>		<u> </u>	
7. Description of Work_	MODIFIED SUP AND INSTALLE	OLRT BY LEI D NEW PIP	GE CLAMP A	NO SWAY STRO	LE NA	ASHERS AND	5WAY 57
S. Tests Conducted: H	Hydrostatic Pne Other Pressure	eumatic No	<u>minal Operating</u> Test Temp	Pressure			
Awr	27 F. 6	psi	rest remp	F			
NOTE: Supplement:	al sheets in form of	lists, sketches, o	or drawings may t	pe used, provided (1)	size js R¼	in x 11 in 12) i	nforma-
tion in items 1 throu	ugh 6 on this report	is included on e	each sheet, and (	3) each sheet is num	bered and	the number of s	sheets is
recorded at the top of	of this form,						

#### FORM NIS-2 (Back)

	Applicable Ma	nufacturer's Data F	eports to be assessed	
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		<del></del>		
				•
				····
4·				
	CERTIFICA	TE OF COMPLIA	NCE	
We certify that the state	ments made in the renor	t are correct and th	in PEPI ACEMI-IT	conforms to the rules of the
ASME Code, Section XI.	ments mode in the repor	t are correct and tr	repair or replacement	conforms to the rules of the
•			, , , , , , , , , , , , , , , , , , , ,	•
Type Code Symbol Stamp				
		1/ 1/25	5	
Certificate of Authorization No.		-12 3 P	3 194	·
- 111 (	/ /	txpir	ation Date	
Signed // Cod	d C0+15T	ENGR. D		2/22 91
Owner or Owner's Design	iee, Title		ate	<u> 3/63</u> , 19 74
	CERTIFICATE	OF 11155 D144 of 14		
the undersigned, holding a valid	CENTIFICATE (	OF INSERVICE IN	SPECTION	
the undersigned, holding a valid cor Province of	commission issued by the	National Board of	Boiler and Pressure Ve	essel Inspectors and the State
Hours ord	and employed by.		70,	of
n this Owner's Report during the	poriod 57 's	900	have inspected	the components described
O the best of my knowledge and	period	22-42-1	0-4-4-0	and state that
o the best of my knowledge and to	belief, the Owner has pe	rformed examinati	ons and taken correcti	ve measures described in this
Owner's Report in accordance with	the requirements of the	ASME Code, Section	on XI,	
By signing this certificate neither	er the Inspector nor his	employer makes a	ny warranty, expressed	or implied, concerning the
varing stops and corrective measu	res described in this Ou	wner's Report Fu	rthermore neither the	locoperar and his ampleus.
to the made in any manner for an	y personal injury or prop	perty damage or a l	oss of any kind arising	from or connected with this
spection.			_	
			4	
	<u>حن</u> در	ommissions	THE	537
Inspector's Signat	lure	Nati	onal Board, State, Pro-	vince, and Endorsements
_				

WORK INSTRUCTION D-2/328-21-KI

Page 18 cont. on Page 19

1. Owner	NESSEE VALLE	EY AUTHO	RITY	Date3	/23/9	4	
400W.SU	MMIT HILL DO	e. KNOXUI	LE, TN	Sheet	of/		
	BAR Nucle			Unit /			
	2000 SPRING	l .		W094-	07400	6-00	
	Address by TENNESSEE	•		Repair Org		.O. No., Job No.	, etc.
	000, SPRING	1491116		Authorization No.			
	Address  System <u>063</u>					14/40	7/53/5
(o) Applicable E	onstruction Codedition of Section XI Ut	ilized for Repairs	or Replacement	s 19 <u>80</u> 786	Addenda,_ とく <i>Wルバ</i>	NA ER 1981	_Code Case
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1063-A 435-8-52	2	1/2 m3/2	3/59	DCA 59810- 6954696	4N Kelowy	REPLACEMENT	No
·			M/A.	773/44 Ecut			
7. Description of Wor	k MODIFY	SMPFORT	_				
3. Tests Conducted:	Other Pressure	N/A	minal Operating Test Temp.  3/23/	9 <del>4</del>			
NOTE: Supplemention in items 1 threecorded at the top	ntal sheets in form of rough 6 on this report of this form.	lists, sketches, or is included on ea	drawings may b sch sheet, and (;	e used, provided (1) 3) each sheet is num	size is 8½ nbered and	in. x 11 in., (2) ir the number of s	nforma- heets is

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WO 94-07406-00 Page 23 of 26

FORM NIS-2 (Back)
9. Remarks TRACKING# 94-315 1 3/23/94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this REVIACEMENT conforms to the rules of the
we certify that the statements made in the report are correct and this KECHELITEUT conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp
W/A-sm 3/23/99
Certificate of Authorization NoExpiration Date
Signed function of Owner's Designee, Title  R.E. Date 3/23 , 19 94
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of
Horstord, CT. have inspected the components described
in this Owner's Report during the period 3_21_94 to 3-31_94, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
inspection.
See For Commission TN 2537
Inspector's Signature Commissions National Board, State, Province, and Endorsements
Date $3-31$ 19 $94$

WO 94-07406-00 Page 24 of 26

1.	Owner TENISE	SSEE Valle	y Aureloni	7	Date 3-18	-94		
		MMIT HILL			Sheet/			
2.		BAR NUCLE			Unit			
	F.O. E.O. 2.	DOO SPRINE	CITY, TN	, <del></del>	WO = 9	4.04	159-00	
3.	Work Performed by	Address 1 TVA			Repair Org	anization i	O. No., Job No.,	etc.
	P.O. BOX 2	2000 SPAN	Name Of City, T.	IJ.	Authorization No. Expiration Date			3.94
4.	Identification of Sy	Address stem 062	eves		expiration bate			
5.	(a) Applicable Con (b) Applicable Edit	struction Code Assertion of Section XI Ut	AE SEL III ₁₉	or Replacements	19	Addenda, _^	4 <u>4 ay</u> 31 <del>0</del> 9	Code Case
	Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1.2	(5V-062-05485	KEROTEST	KP23-19	NA	मा ३१३१४	1975	CEP (SCETTEN)	Yes
7. D	escription of Work_	REPLACE O.	Isc on 1-	I-N-062.	-0548.5			
8. T	ests Conducted: F	lydrostatic Pne Other Pressure	eumatic Nom		ressure	43.13	94	
	OTE: Supplements on in items 1 throu scorded at the top o	al sheets in form of a gh 6 on this report f this form,	lists, sketches, or is included on each	drawings may be ch sheet, and (3)				forma- neets is

### FORM NIS-2 (Back)

9. Remarks NONE	
THEIRING # 94-316 25 3(2	ofacturer's Data Reports to be attached
0	
·	
CERTIFICAT	E OF COMPLIANCE
We certify that the statements made in the report a ASME Code, Section XI.	are correct and this KINDINEWT conforms to the rules of the
Type Code Symbol Stamp	3.9L
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	7
Certificate of Authorization No. NA PUF 3.23	94 Expiration Date MARY 3.23.94
XX4 6/1-	Date3-23
Owner or Owner's Designee, Title	Date
·	
CERTIFICATE OF	F INSERVICE INSPECTION  National Board of Boiler and Pressure Vessel Inspectors and the State
and employed by	A) L 141 W .
FAYIFOX CONN	have inspected the components described
in this Owner's Report during the period 3/24 to the best of my knowledge and belief the Owner has part	ormed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the Al	offied examinations and taken corrective measures described in this SME Code, Section XI.
By signing this certificate neither the Inspector nor his en	mployer makes any warranty, expressed or implied concerning the
examinations and corrective measures described in this Own	ner's Report. Furthermore neither the Inspector par his ampleus-
snall be liable in any manner for any personal injury or prope inspection.	rty damage or a loss of any kind arising from or connected with this
Com	nmissions TN 2534
inspactor s Signature	National Board, State, Province, and Endorsements
Date3/24	

1. Owner Tenne	ssee Valley	Authorit	<u>.</u>	Date $3/3$	23/9	4	
400 W. Su	mmit Hill Dy	ive, Knox.	TN	Sheet	of		
	5 Bar Nucle			Unit	1		
	00, Spring Ci	•		WO#93- Repair Org	-035	34-00	
3. Work Performed I	by Watts Bar	Nuclear M	aint,	Type Code Symbo	I Stamp_		, etc.
POBOX ZO	00, Spring (	City IN 3	7381	Authorization No. Expiration Date			
4. Identification of S	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			· ·		NIA OU I	42493
<ul><li>5. (a) Applicable Co</li><li>(b) Applicable Ed</li><li>6. Identification of C</li></ul>					Addenda,_	NJA	_Code Case
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-DRV-001- 0535	Varuay Valve Corp	87 <i>82</i>	NIR	MFR model	77	Replacement	(2) Yes
				·			
					<del></del>		
. Description of Work	Replace	Stem	Disc A	7ssembly			
	Hydrostatic Pne	eumatic Nor	minal Operating Test Temp.	Pressure F	N/I	2/23/54	
NOTE: Supplement tion in items 1 thro	tal sheets in form of lugh 6 on this report	lists, sketches, or is included on ea	drawings may b ich sheet, and (	pe used, provided (1) : 3) each sheet is numi	size is 8½ bered and		forma- neets is

#### FORM NIS-2 (Back)

Applicable	Manufacturer's Data Reports to be attached
	·
CERTIF	ICATE OF COMPLIANCE
We certify that the statements made in the re	
ASME Code, Section XI.	repair or replacement
	1A Deu 3/23/94  1A Deu 3/23/94  Expiration DateNA Deu 3/23/94  DateMarch 23
Type Code Symbol Stamp	7/4
Samificana of A. al	10 00 3/23/94 N/A 01 > 2/22/50
Certificate of Authorization No.	Expiration DateExpiration Date
igned Watto	- Marcia 73 ag
Owner or Owner's Designee, Title	Date
CERTIFICA	TE OF INSERVICE INSPECTION
the undersigned, holding a valid commission issued by	the National Board of Roller and Processes Vocasi Increases and the Sec
and employed	dbv = 7333 + 274 + 20
HATI FORD CO	have inspected the components describe
this Owner's Report during the period $3/2$	8/94 to 3/28/94 and state the
the best of my knowledge and belief, the Owner has	s performed examinations and taken corrective measures described in th
wner's Report in accordance with the requirements of t	the ASME Code, Section XI.
By signing this certificate neither the Inspector nor	his employer makes any warranty, expressed or implied, concerning th
caminations and corrective measures described in this	s Owner's Report. Furthermore, neither the Inspector nor his employe
all be liable in any manner for any personal injury or p	property damage or a loss of any kind arising from or connected with th
spection,	
B. Commonly	TU 253 U
Inspector's Signature	Commissions
	reconst board, State, Province, and Endorsements
te 3/28 199	
19 /	

Page 15 cont. on Page 16

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

7 .			TOVISIONS OF	the ASME Code Se	ction XI		
1. Owner IFNN	ESSEE DAT	ley Auth	ORITU				
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		No.		Type Code Symbol Authorization No Expiration Date	ol Stamp	N/_	
WATTS	Address	lear PL	ANT	Expiration Date	3	- JAR	3-23-54
. Identification of Sy	stem <i>REST</i>	BUAL H	FAT DE	5 44 A 4			
(a) Applicable Co.		71	<u> </u>	PIOUAL	<u> کلاک</u>	74	
(b) Applicable Edit	ion of Section VIII	152 7/4 1	9_23_Edition	n. June 1973 nts 19 <u>80</u> THA	Addo		
•	or Section XI (	filized for Repair	or Replacemen	n, Ju <i>de 1973</i> nts 19 <u>80</u> THA	Ph WI	NTEDIEN	Code Case
Identification of Co	mponents Repaired	or Replaced and	Replacement C			/78/	MODEN
		Τ	7	omponents			
·					7	T	<del></del>
				l			ASME
Name of Component	Name of	Manufacturer	National Board			Repaired	Code Stamped
	Manufacturer	Serial No.	No.	Other . Identification	Year Suit	Replaced, or Replacement	(Yes
			_			Treplacement	Or No)
Y-74-IRHR-ROIT	- 2	D. Rezzi 3-23-94		DA - POSTO9 -	UNK	ļ	
		3-23-74		M-21328-207,20	3	REPLACENT	NO
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Γ			A.D.	Riese			1
				3-23-94			
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cription of Work	MODIFY	SUPPORT	PER De	A PO5709-29	7.0		
ts Conducted: Hyd	rostatic Poeu	•		, - 2101-99	-50	4-21328-20	7 208
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The second second	neets in form of his	ts, sketches, or dr	rawings may be				
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This form code	30) may be obtained	from the Order De	PL, ASME 221	w Drive, Box 2300, Fa			
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WP# D- 21328-31 K-5
Page 16 cont. on Page 5-25-94

### FORM NIS-2 (Back)

to the best of my knowledge and belief, the Owner has performed examinations and triben corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	9. Hemarks / KACKING - 94-3/8
CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this ROME (Section XI).  Type Code Symbol Stamp  NA D. Resul 3-33-94  Certificate of Authorization No.  AD. Data Expiration Data 3-33-94  Certificate of Authorization No.  Owner or Owner's Designee, Title  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of The and employed by Horization And the Code of the third or the best of my knowledge and belief, the Owner has performed examinations and triven corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the xaminations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer hall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this appection.	Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report am correct and this CAPICATE OF conforms to the rules of the ASME Code, Section XI.  Type Code Symbol Stamp  NA D. Read 3-33-94  Certificate of Authorization No.  WAD. Read 3-33-94  Expiration Date 3-23- 19 94  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of and employed by HET 2 TO.  And employed by HET 2 TO.  And state that on the best of my knowledge and belief, the Owner has performed examinations and triven corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the xaminations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer hall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this expection.  Commissions	
We certify that the statements made in the report are correct and this Solate ACD Fonforms to the rules of the ASME Code, Section XI.  Type Code Symbol Stamp    N/A   D. Read   3-33-94	3-23-94
We certify that the statements made in the report am correct and this Splace ACD ronforms to the rules of the ASME Code, Section XI.  Type Code Symbol Stamp    N/A   Result 3-33-94	
We certify that the statements made in the report are correct and this ENDIRECTED Fonforms to the rules of the ASME Code, Section XI.  Type Code Symbol Stamp    NA   Result 3-33-94	CERTIFICATE OF COMPLIANCE
CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of	We certify that the statements made in the report am correct and this APPINEMENT conforms to the relief to
CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of	Type Code Symbol StampN/A D Resul 3-23-94
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of	Signed_ Same Read
Inspector's Signature Commissions TN 2 5 3 7	I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of
Date	National Board, State, Province, and Endorsements

TVA NUCLEAR
MAR 2 3 1994

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	Page	21	cont.	СĦ	Page	22

Owner 7VK	Name	<del></del>	-	Date			
400 W. Sum	mor HILL DR,	KNOXVILL	E, TN	Sheet/c	of		
Plant WATTS	BAR NUCLE	AR FLAN	UT.	Unit/			
	2000 SARIA			D - 2/32	B-05	-KS	
	Address			Repair Orga	nization P.	O. No., Job No.,	etc.
Work Performed by	TYA			Type Code Symbol	Stamp	N/A	
		Name		Authorization No		1 ESM	
	2000, SPRINC			Type Code Symbol Authorization No Expiration Date		<u> 3.23.9</u>	4
Identification of Sys	stem <u>03</u>	EEDWATE	CR	· .		· · ·	
	struction Code. A.C. ion of Section . Citi mponents Repaired o	•			goenga,	TER 1981 AD	Code Cas
			National			Repaired,	ASME Code Stamped
Name of Component	Name of Manufacturer	Manufacturer Serial No.	Board No.	Other Identification	Year Built	Replaced, or Replacement	(Yes or No)
Component		Serial No.		Identification	Built	or Replacement	or No)
Component		Serial No.		1	Built	or Replacement	or No)
Component		Serial No.		Identification	Built	or Replacement	or No)
Component		Serial No.	No.	Identification	Built	or Replacement	or No)
Component		Serial No.	No.	Identification	Built	or Replacement	or No)
Component 203- A 427 - 5	Manufacturer	Serial No.	No.  No.	Identification  DCA M2/328-64, 65 + 2/8	Built ************************************	or Replacement	or No)
Component 203- A 427 - 5	Manufacturer	Serial No.	No.  No.	Identification  DCA M2/328-64, 65 + 2/8	Built ************************************	or Replacement	or No)
_	Manufacturer	Serial No.  N 48m A 2:31-PM  Support	No.  No.  No.  No.  No.  No.  No.  No.	Identification  DCA M2/328-64, 65 + 2/8  2/328-64  m. 3-23-94	Built ************************************	or Replacement	or No)

recorded at the top of this form.

This form (E00030) may be obtained from the Order Dept., ASME, 22 L w Drive, Box 2300, Fairfield, NJ 6,007-2300. REPRINT 4/93

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Page 22 000 FORM NIS-2 (Back)

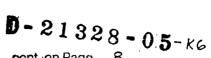
9. Remarks None	
THACKING #94-319 Applicable Manufacturer's Data Reports to be attached	
4 29 3/23/94	
CERTIFICATE OF COMPLIANCE	
We certify that the statements made in the report are correct and this REPLACEMENT conforms and the repair or replacement	
Type Code Symbol Stamp	·
Certificate of Authorization No Expiration Date	
Signed Owner or pwner's Designee, Jitte	
CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inservice Sea	
and employed by H3/3 7 7 (0)	
HART Ford Cour have inspected the comments	
this Owner's Report during the period 3/25/14 to 3/25/154 assume the	
the best of my knowledge and belief, the Owner has performed examinations and roken corrective measure: saced in the Dwner's Report in accordance with the requirements of the ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or imples seminal a xaminations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector and contest the inspector and corrective measures described in this Owner's Report.	
half be liable in any manner for any personal injury or property damage or a loss of any kind arising from or second with the	
respection.	
$Q \in \mathcal{A}$	
Inspector's Signature Commissions TN 2534  National Board, State, Province, and Endemons	
Inspector's Signature National Board, State, Province, and Estatement	
Date 3/25 19.94	
Date 3/23 19 WATE BLA	

TVA NUCLEAR
MAR 2 3 1994

1 Am TENAL	essee in	1 -4 1.71		7 .	/		, , , , , , , , , , , , , , , , , , ,	
1. Owner TENN				Date 3-20		<u> </u>		
400 W. Su	MMIT HILL Address	Deve, Kno	WILLE TH	Sheet/	of <u>/</u>	<del></del>	<del></del> .	
2. Plant WATTS	BAR NUC	LEAR PL	ANT	Unit				
	2000 SPLING	=		WORK PLAN Repair Orga	1 0-1	20758-16		
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					.O. No., Job No.	, etc.	
3. Work Performed by	1 104- 11100	Name	<u> </u>	Type Code Symbol		hl/		
WATTS B	BAR NUCLEATE	2 PLANT		Authorization No. Expiration Date	<del></del>	19 Just 3	-24-44	
	700,000		• 1			<i></i>	<del></del>	
4. Identification of Sy	stem_ODD	Hux. Fee	dwater	<u>.</u> .				
5. (a) Applicable Con (b) Applicable Edit	struction Code	)ISC_19	73 Edition,	7 <u>th</u>	.ddenda,	~/A 3-2494	, _Code Case	
(b) Applicable Edit	tion of Section XI Ut	tilized for Repairs	or Replacement	19 <u>80 80</u> 1710A	THRY	WINTER 1981.		
6. Identification of Co	omponents Repaired	or Replaced and I	Replacement Cor	nnonente				
	<del></del>	<del>,                                     </del>						
					}		ASME Code	
Name of	Name of	Manufacturer	National			Repaired,	Stamped	
Component	Manufacturer	Serial No.	Board No.	Other Identification	Year Built	Replaced, or Replacement	(Yes or No)	
_						,		
					F40.1			
PIPE SUPPORT	TVA-MOOS	NONE	NONE	10038-038-1AFN	Enscrown	REPLACEMENT	NO	
		•		-R175				
			<u> </u>					
			July 3-2494					
							Ì	
					<u>-</u>			
. Description of Work_	MODIFIED S	uppoet By	INSTALLI	NG NEW ITE	ems /	4 AND 15		
	_	/			-			
	Other Pressure	•	minal Operating	Pressure				
		~/A	Test Temp	F	•			
NOTE: Supplements	al sheets in form of	lists, sketches, or	r drawings may h	eused provided (1)	size is 8½ i	in, x 11 in (2) ie	nforma-	
tion in items 1 throu recorded at the top o	age o on this report	is included on e	ech sheet, and (	3) each sheet is num	bered and	the number of s	heets is	

#### FORM NIS-2 (Back)

9. Remarks TRACKING NUMBER 94-320
Applicable Manufacturer's Data Reports to be attached
1
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the
ASME Code, Section XI. repair or replacement
Type Code Symbol Stamp
Certificate of Authorization No. 1/4 July 3-24-94 Expiration Date March 24 19 94  Signed Symbol Stamp No. 24-94 Expiration Date March 24 19 94
12/12 000
Signed Signed Phose Files Date MARCH 24 , 19 94
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TENNESSEE and employed by THE HORIE TO OF
have inspected the components described
in this Owner's Report during the period $3-2/-94$ to $4-/3-94$ , and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
Commissions TN-2633 N & I
Inspector's Signature National Board, State, Province, and Endorsements
Insciector's Signature Commissions National Board, State, Province, and Endorsements  Date 4-13-94
Page <u>GA</u> cont. or: Page
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# Page 7 cont. on Page 8 FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS

As Required by the Provisions of the ASME Code Section XI



TVA MUCLEAR

MAR 2 3 1994

Owner	4			Date 3-2	3-94		
	Name						
400 W. Sum	Address	KNOZVILLE	TN	Sheetc	of		
Plant_WATTS	BAR NACH	EAR PLAN	<i>T</i>	Unit		·	
P.O. Box 2	000 . SPRING	s City, T	<u>~</u>	D - 2132	8 - 09	5 - K6	
. Work Performed by				Type Code Symbol			
				Authorization No.		<i>_</i> .	
P.O. BOX 20	DOO SPRING	G CITY, T	<del>"</del>	Expiration Date	·		
Identification of Sys	Addies	<b>.</b>					
			<u></u>				
(a) Applicable Con-	struction Code A	ISC 10	77 Edition	June 1973 A 19 80 - THRU	ddende	N/A	Code Cerr
(b) Applicable Editi	ion of Service VIIIs	lized for Bonsin	es Penlessment	10 00 -THE	00enus, L = 424427	=0 1981 4.	LOGE CES
tos Abbucacia Editi	ion or section XI On	ilized for Repairs	or neplacement	19_80 11110		710. 76	B1712.0
Identification of Ca	managa a Banatina	on Danisand and C	)				
Identification of Co	mponents Repaired (	or Repisced and P	repracement Cor	nponents			
		·			]		ASME
			National			Repaired.	Code Stamped
Name of	Name of	Manufacturer	Board	Other	Year	Replaced,	(Yes
Component	Manufacturer	Serial No.	. No.	Identification	Built	or Replacement	or No)
1-A400-6-200		N ESM		DCA M-21378 -	the Heater	REPLACEMENT	No
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			A	E8M 3.27.94			
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Description of Work	MODIFY U	·BOLT CL	ame ( Ano 1	Person ubpk	Par D	NE 27047A	) et afi
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Tests Conducted: I	Hydrostatic 🔲 Pn	eumatic 🔲 No	minal Operating	Pressure		_	
Tests Conducted:	Other Pressure_		Test Temp.			•	
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NOTE: Supplement	al sheets in form of	lists, sketches, o	r drawings may	be used, provided (1)	size is 8%	in. x 11 in., (2) i	nforma-
		is included on e	ach sheet, and (	(3) each sheet is num	bered and	the number of	iheets is
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# D-21328-05-K6

Page 8 cont. on Page 9



FORM NIS-2 (Back)

9. Remarks Nowe
9. Remarks Nowe Applicable Manufacturer's Data Reports to be attached Applicable Manufacturer's Data Reports to be attached Manufacturer's Data Reports to be attached Manufacturer's Data Reports to be attached Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this Received conforms to the rules of the repair or replacement
Type Code Symbol Stamp
Certificate of Authorization No.
Sizzed CMI. M. Sizzed Expiration Date
Owner or Owder's Developee, Tiple Date 3-23, 19.74
CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State  Or Province of TN and employed by TST&TO.
in this Owner's Report during the components described
and state that
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
examinations and corrective measures described to the inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
ATT -
Inspector's Signature Commissions National Part
National Board, State, Province, and Endorsements
Date

Par	7	esat.	on	Page	8
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	ESSEE VAL		v	Date				
400W. SU	MMIT HILL Address	DR. KNOX	VILLE, TIL	/. Sheet/	of/			
Plant WATTS	BAR NU	CLEAR P	LANT	Unit	/	·		
P.O. Box 2	ODD SPRIN	G' CITY,	TN37381	₩P# Repair Org	D-/3	991-07		
Work Parformed by	TVA ME	11	<del></del>	Repair Org	anization	P.O. No., Job No.	, etc.	
	TVA MEC		<del></del>	Type Code Symbo	Stamp_	NI		
WATTS BAR NucleAR PLANT Address				Type Code Symbol Stamp N    Authorization No.   D Recol 3-24  Expiration Date   A				
				<u> </u>			·· <u> </u>	
(a) Applicable Cons	truction Code <u>AI</u>	SC 774 19	23 Edition,	JUNE 1973	∖ddenda,_	NIA	Code C	
ar Applicable Editi	on or Section XI U	tilized for Repairs	or Replacement	19 80 The	n WIN	TER 1981	ADDE	
dentification of Cor	nponents Repaired	or Replaced and I	Replacement Cor	nponents				
		T	T	T	·			
							ASME	
			National				Code	
Name of Component	Name of Manufacturer	Manufacturer	Board	Other	Year	Repaired, Replaced,	Stampe (Yes	
	·	Serial No.	No.	Identification	Built	or Replacement	or No)	
10-1-010 347	N/A-		D. Duy	DCA - M13991-01				
1A-1-01A-347			3-24-94	DCA - M13991-01, -02, -03, -04	UNK	Replacement	NO	
			<b>()</b>	Read			<u> </u>	
			70 1					
			$A \rightarrow$	- 3 24 -44 I				
				3-24-94				
			A	374.94				
perinting of Maria	hadrey cua	0.00	A					
scription of Work	ηοδίεχ δαρμ	XRT PER	DCA M-139	91-01,-02,-0	3,-04			
ts Conducted: Hy	drostatic Pne	_		91-01,-02,-0			<u></u>	
ts Conducted: Hy		umatic Non	DCA M-139  ninel Operating P  Test Temp.	91-01,-02,-0				

WP# D-13991-02
FACO 8 COST CE FORD 9

			······································	<del></del>
	Applicable Mani	ufacturer's Data	Reports to be attached	
		···		
		<del></del>		
		E OF COMPLI		
	tatements made in the report	are correct and	this Replacement conforms to the rules	of the
ASME Code, Section XI.			Topan of replacement	
			•	
Type Code Symbol Stamp	N		3-24-94	
	, / A DRees	V	3-24-94 Direction Date 3-24-94	
Certificate of Authorization No	),	Ехр	piration Date	
Signed_ Larrel	Reed FE		Date 3-24-94 19	
Owner or Owner's De	esignee, Title	• • • • • • • • • • • • • • • • • • • •	. Date, 19	
	CERTIFICATE O	F INSERVICE	INSPECTION	
I the undersigned holding a val	lid commission issued by the	National Board	of Boiler and Pressure Vessel Inspectors and th	ne State
The differ signed, fibling a va.	a commission radically line	1100 =		ie otet
or Province of <u>Tennesse</u>	and employed by	HSB 7	17 00.	0
or Province of TENDESSE	and employed by	HSB: I	have inspected the components de	0
in this Owner's Report during	the period 5/5/5	HS13 ]	have inspected the components de to 5/5/9 , and sta	scribe
in this Owner's Report during to the best of my knowledge at	the period 5/5/9 nd belief, the Owner has per	HSIS J	have inspected the components de to 5/5/7 , and stations and taken corrective measures described	oscribe
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400 W. Su. 2. Plant WAπs	BAR NUCLEA	R PLANT		Unit/			
P.O. Box 20	OO SPRING	CITY, TN	1	D-0452	9-08		
3. Work Performed b	Address TVA			Repair Or	anization	P.O. No., Job No	., etc.
O = 5		Name		Type Code Symbo			
P.O. 130x 20	000, SPRING	CITY, TN		Authorization No. Expiration Date_		NA In	3.24.99
4. Identification of S	ystem <u>03 / m.</u>	AIN \$ Aux	FEEDWAT	ER			
5. (a) Applicable Cor	nstruction Code <u>A/</u> tion of Section XI U	5C1 tilized for Repair	9 <u>73</u> Edition rs or Replacemen	<u> Дине 1973</u> ts 19 <u>80</u> тик	Addenda,_ W/W	NA TER 1981	_Code Case
		T	1.	<del></del>	,		
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1003 - A060-3-		AM	<del> </del>	DCA-P04529-	u		
	9m	3.24.94		81, 83, 84, 85, 90, \$ 91	NNKHOWN	REPLACEMENT	NO
			NA				
	· .		8m 3.24.94				
Description of Work_	MODIFY SI	LPPORT					
			3 · 24 · 94 minal Operating F Test Temp.	ressure	<del>-</del>		<del></del>
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NSTRUCTION	D-0452	1-08-V	20(0)   6   90	aw Drive, Box 2300, Fa	irfield, NJ	07007-2300. REPR	INT 4/93
· •			~ U"L	Page 59	cont	on Page 6	7 <u>e_</u>
						en th	

#### FORM NIS-2 (Back)

Remarks TRACKING # 94-324 Applicable Manu	afacturer's Data Reports to be attached	
	E OF COMPLIANCE	
We certify that the statements made in the report	are correct and this REPLACEMENT cor	forms to the rules of the
ASME Code, Section XI.	rapan or replacement	
Type Code Symbol Stamp		
<b>\</b>	gm 3.24.94	
Certificate of Authorization No.	Expiration Date	
igned Jame R. Jouth	Date 3.24.	, 19_94
Owner or Owner's Defignee, Title		
	AS ANGERVIOR INCREASION	
CENTIFICATE U the undersigned, holding a valid commission issued by the	OF INSERVICE INSPECTION  National Board of Boiler and Pressure Vess	el Inspectors and the Stat
	HSBIRICO.	
Harriord, CT		ne components describe
n this Owner's Report during the period	30-93 to $2-14-9$	•
wher's Report in accordance with the requirements of the		measures described in the
By signing this certificate neither the Inspector nor his		or implied, concerning th
xaminations and corrective measures described in this Ov		
nall be liable in any manner for any personal injury or prop espection.	perty damage or a loss of any kind arising fr	om of connected with thi
Inspector's Signature	ommissions TN 24  National Board, State, Provi	nce and Endorsements
mepoden a digitaldia		
ate 2-14 1995.		

WALES BAR

WORK METAUCTION D-04529-08-X3

* 7 * 8 62 * 81

* MMB 2-9-95

Page 13 cont on Page 27

1. Owner TENNE	SSCE VAL	cy AUTH	ORITY	Date 3 ~ Z	4-94	(	
				Sheet			
2. Plant WATTS	BAR NUCL	CAR PLAN	VT_	Unit /			
P.O. BOX	2000 SPR. Address	ING CITY	TN.37.381	Repair Org	£ 93	-24/82-	10
3. Work Performed by							
		Name		Type Code Symbo Authorization No. Expiration Date	I Stamp	7/4	<del></del>
P.O. Box 20	00, SARING	CITY TO	N	Authorization No.		2.24	01/
	Address	/	<del></del>	expiration Date		1 3.24	• 7 %
P.O. Box 20	stem	BLOWDOWN					
5. (a) Applicable Cons (b) Applicable Editi 6. Identification of Con	on or Section XI Ut	ilized for Repairs	or Replacement	is 19 <u>80 - Th</u> Ru	Addenda,_ - いんで	N/A ER 1981 Abb	_Code Cas ਮਾਮਨਮ
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
47A400-7-43		A ESTA	-94	DCA 509813- 155 + 156	K. W. W. W. W. W. W. W. W. W. W. W. W. W.	REPAIR	No
		N A	E8W-94				
Description of Work_	ADDED WELL	S METAL	- ON 5W	PORT LUG	€		
	ydrostatic Pnother Pressure	eumatic No	NA E	87 - 3 - 24 - 94 Pressure .	<del>Z</del>		
NOTE: Supplemental tion in items 1 through recorded at the top of	an o on ruis rebott	lists, sketches, or is included on ea	drawings may bach sheet, and (	e used, provided (1) 3) each sheet is num	size is 8½ bered and	in. × 11 in., (2) ir the number of s	nforma- heets is

wo # 93-24182-10 FORM NIS-2 (Back) 9. Remarks_ CERTIFICATE OF COMPLIANCE We certify that the statements made in the report are correct and this_ REPAIR _conforms to the rules of the ASME Code, Section XI. repair or replacement Type Code Symbol Stamp Certificate of Authorization N **Expiration Date** CERTIFICATE OF INSERVICE INSPECTION I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TENNESSEE and employed by HSB IXI Co. HAYT Ford have inspected the components described in this Owner's Report during the period_ to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection. Commissions TN 2534

National Board, State, Province, and Endorsements

. Owner	TVA			Date 3.24	.94		
	Nam						
400 W. DI	Address	DR. KNOXV	TILLE, TN	Sheet	_ of <i>)</i>		
	BAR NUCLE			Unit	·		
P.O. Box 2	2000, SPRIN Address	G CITY,	TN	D. 04	529 -	08.	
Work Parformed L	TVΔ			Repair Or	ganization	P.O. No., Job No.	., etc.
Mork i entonned f	DY_TVA	Name		Type Code Symbo	ol Stamp	_	
P.O. Box 20	OO SPRING	CITY , TN	•	Authorization No Expiration Date_	•	NA YA	- 3.24.
	Address system $03/N$						
(a) Applicable Co. (b) Applicable Edi	nstruction Code <u>A</u> ition of Section XI Ut omponents Repaired	15C1stillized for Repair	9 <u>73</u> Edition s or Replacemen	JUNE 1973 ts 19 <u>80</u> THR	Addenda,_	NA ER 1981	_Code Cas
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
3A-1-03A-		NA		DCA P04529 -			
03	9~	3.24.94		92 \$ 93	"NOWN	REPLACEMENT	. 40
			NA				
	-		8m 3.24.94				
escription of Work	Modiey Su	PP- AT		<u> </u>			
				<del></del>		<del></del>	
ests Conducted: (	Hydrostatic Pne Other Pressure_	umatic Noi	Jan 3.24.96 minal Operating Test Temp,	Pressure ° F			٠
IOTE: Supplements on in items 1 throu ecorded at the top o	al sheets in form of I agh 6 on this report of this form.	ists, sketches, or is included on ea	drawings may bach sheet, and (	e used, provided (1) 3) each sheet is num	size is 8½ i bered and	n. x 11 in., (2) in the number of si	iforma- heets is
) This form (E	(00030) may be obtained	ed from the Order	Dept., ASMF 22	law Deine B		•	•
			, ,	Dilve, BOX 2300,	rairfield, NJ	07007-2300. REP	RINT 4/93
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### FORM NIS-2 (Back)

Applicable Man	nufacturer's Data Reports to be attached
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	TE OF COMPLIANCE
we certify that the statements made in the report ASME Code, Section XI.	t are correct and this REPLACEMENT conforms to the rules of the
,	
Type Code Symbol Stamp	. 0
Certificate of Authorization No.	NA gm 3.25-94
Settificate of Authorization No.	Expiration Date
igned_tam_X. Dmit	Date: 3.25- 19.94
Owner or Owner's Designee, Title	Date
CERTIFICATE (	OF INSERVICE INSPECTION
, the undersigned, holding a valid commission issued by the	National Board of Boiler and Pressure Vessel Inspectors and the State
	HSBILIGO.
Harrioza, CT.	have inspected the components described $2 - 14 - 95$ and state the
• • • • • • • • • • • • • • • • • • • •	, and state the
wher's Report in accordance with the requirements of the	rformed examinations and taken corrective measures described in this
	employer makes any warranty, expressed or implied, concerning the wner's Report. Furthermore, neither the Inspector nor his employe
	wher's heport. Furthermore, neither the inspector nor his employe perty damage or a loss of any kind arising from or connected with this
spection.	berty contage or a loss or any kind arising from or connected with this
241 300 Ton C	ommissions TN 2537
Inspector's Signature	National Board, State, Province, and Endorsements
<u>_</u>	
ate 2-14 19 95.	•
<u> </u>	

TVA NUCLEAR FEB 0 8 1995 WORK INSTRUCTION D-04529-08-KH MIRE 2995

Page &A cont. on Page & B

1. Owner TENN	ROSCE VALLEY A	Me DUTHORITY		Date8/	13/99	1	
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2. Plant WATTO				Unit			
	, 14011	16					
	O DPRING C			44- C	<u> </u>	7-00 P.O. No., Job No	
3. Work Performed b	y WATTS BAR	NUCLEARP	Ang				, ,
Po by 20	1100 <b>5</b> 00	Name		Type Code Symbol Authorization No			NA
101010	DOO SPRING	CITT , IE	<u> </u>	Expiration Date_			
4. Identification of Sy	/stem	74-	RHR			<del></del>	
5. (a) Applicable Con (b) Applicable Edit 6. Identification of Co	and a cottlem XI C	chized for Repair	s or Heplacement	19 <u>80 W</u> 81	Addenda,_	NIA	_Code Cas
•			T	T		<del></del>	
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
RHR PUMP IA-A	INCERXU - RAMO	067470	Alm	1-PMP-74-	N		
	11/11/10	301410	NONE	0010 - A	SAF	PERACEMENT	γ
					1974	·	
			N/R				
	İ						
Description of Work_	REPLACI	ED MECH	ANICAL S	EAL PLATE			
_	_	umatic Non	ninal Operating P		c 1g	1/25194	
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CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this CLACEMENT conforms to the rules of the repeir or replacement  Type Code Symbol Stamp  ADA  Certificate of Authorization No.  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of The Code Symbol Stamp  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of The Code Symbol State of Management of the State or Province of The Code Symbol State of Management of the State or Province of The Code Symbol State of Management of the State or Province of The Code Symbol State of Management of the State or Province of The Code Symbol State of Management of the State of Management of the State of Management of the State of Management of the State of Management of the State of Management of the State of Management of State of Management of State of Management of State of Management of State of Management of State of Management of State of Management of State of Management of State of Management of State of Management of State of Management of State of Management of State of Management of State of Management of Management of Management of Management of Management of Management of Management of Management of Management of Management of Management of Management of Management of Management of Management of Management of Management of Management of Management of Management of Management of Management of Management of Management of Management of Management of Management of Management of Management of Management of Management of Management of Management of Management of Management of Management of Management of Management of Management of Management of Management of Management of Management of Management of Management of Management of Management of Management of Management of Manage	A FORM NIS-2 (Back)
CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this COUNCE/MENT conforms to the rules of the ASME Code, Section XI.  Type Code Symbol Stamp  Certificate of Authorization No.  Certificate of Authorization No.  Signed  Owner or Owner's Designee, Title  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TANCESTEE  and employed by ASB IFIO On have inspected the components described in this Owner's Report during the period  In this Owner's Report during the period  SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIMPY  To SIM	9. Remarks TRACKING # 94-327 25/194
We certify that the statements made in the report are correct and this CNACEMENT conforms to the rules of the ASME Code, Section XI.  Type Code Symbol Stamp	Applicable Manufacturer's Data Reports to be attached
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Type Code Symbol Stamp  Certificate of Authorization No.  Signed  Owner or Owner's Designee, Title  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Truncessel and employed by MSB TATEO of HATTON CONN have inspected the components described in this Owner's Report during the period  NATION CONN have inspected the components described in the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this	CERTIFICATE OF COMPLIANCE
Certificate of Authorization No.  Signed Date B/3  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Thirds and employed by 15 B 17 Common have inspected the components described in this Owner's Report during the period 2/11/94 to 2/11/94 to 2/11/94 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this	We certify that the statements made in the report are correct and this CILATEMENT conforms to the rules of the ASME Code, Section XI.
CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Thirds and employed by HSB THT CO' of HATFORD CONN have inspected the components described in this Owner's Report during the period 8/11/94 to 8/11/94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this	
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I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of That food and employed by HSB IFI or of HAT food County have inspected the components described in this Owner's Report during the period 8/11/94 to 8/11/94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this	Owner or Owner's Designee, Title
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of That food and employed by 15B If I o of HAT food Cown have inspected the components described in this Owner's Report during the period 8/11/94 to 8/11/94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this	CERTIFICATE OF INSERVICE INSPECTION
in this Owner's Report during the period 2/1/94 to 2/1/94 measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.	I, the undersigned, holding a valid commission insued by the Alexand Day of the undersigned holding a valid commission insued by the Alexand Day of the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned by the undersigned b
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By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this	in this Owner's Report during the period 8/11/94 to 8/11/94
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this	Owner's Report in accordance with the requirements of the ASME Code Courts W.
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this	By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied according to
analities in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this	examinations and corrective measures described in this Owner's Report. Furthermore neither the Inspector per his employee
inspection,	anality be fiable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
Inspector's Signature Commissions TN 2534  National Board, State, Province, and Endorsements	Inspector's Signature National Board, State, Province, and Endorsements
$\mathcal{A}_{\mathcal{D}}$	$\mathcal{A}_{\mathcal{D}}$
Date8/171999	Date1977

1. Owner	TVA			Date 3-2	7-94		
	UMMIT HILL		XVILLE, TN	Sheet/			
2. Plant WAT				Unit			
	Nam OD SPRING Address						
				Mepair Org			, etc.
3. Work Performed b				Type Code Symbo	Stamp	1/	
P.O. BOX 20	00 SPRING	CITY, TA	<u> </u>	Authorization No. Expiration Date_		A CON	3.27-90
4. Identification of S							<del></del>
5. (a) Applicable Cor	nstruction Code <u>A</u> tion of Section XI U	ISC 19	9 <u>73</u> Edition, s or Replacement	7 TH s 19 <u>80</u> TH	Addenda,_	NONE INTER 198	_Code Case
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1074-74-18HR- RL04		~	A 3.27-94		WAN LUN	REPLACEMENT	~
					1		
			A				
			222				<del></del>
			3-27-94				
. Description of Work_	REWORK	SUPPORT	PER DO	W-P-0570	G- C		
. Tests Conducted:				Pressure Conv		·	
NOTE: Supplements tion in items 1 throuse recorded at the top o		lists, sketches, or is included on ea	r drawings may boach sheet, and (3	e used, provided (1) ) each sheet is num	size is 8½ bered and	in. × 11 in., (2) ir the number of s	nforma- heets is

recorded at the top of this form.



D-05709-06
Page 67 cont. on Page 7

9. Remarks //KACK/NG 17 77 - 328
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this <b>REPLACEMENT</b> conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp
Certificate of Authorization No
Signed Charles Newton FE Date 3-27 , 19 94
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TN and employed by HSB TRT Co.
in this Owner's Report during the period 12-9-1 to 5-3-94 and state that
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector's Signature Commissions TN 2537.  National Board, State, Province, and Endorsements
Date

### 921596703

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

1. Owner <u>Tenn</u>	essee Valle	24 Author	ity	Date	3/29/	94	
400 W.	Summit Hi	II Dr. Knoxi	ville TN	Sheet	of /		
2. Plant Watt	5 Bay Nucl	ear Plan	<del></del>	Unit 1			
	Nan 2000, Spyind Address			<u>-</u>			
·	by Watts B	_				P.O. No., Job No	
		Name		Type Code Symbo Authorization No.			IR OW 3/
	2000, Sprine			Expiration Date_			
Identification of	System <u>Ma</u>	in Ste	am (	01)			
(a) Applicable Co	Instruction Code A	SMEII 1	97/ Edition	Summer 73		W/2 005/	19/53
(b) Applicable Ed	dition of Section XI U	tilized for Repair	or Replacemen	nts 1980W8/	Addenda,.		_Code Case
Identification of (	Components Repaired	or Replaced and	Renierement Ce	2mposoo.			
	<del></del>	T	1	Simponents .			
	·						ASME
Name of	Nome of		National			Repaired,	Code Stamped
Component	Name of Manufacturer	Manufacturer Serial No.	Board No.	Other Identification	Year Built	Replaced, or Replacement	(Yes or No)
PCV-001-	-						
030-B	Copes- Vulcan	7520 - 95337-1-	720	None	177	3	(es
				7.07.6	11	Replacement	(62
			<del></del>	<del> </del>	· ·		
				N/R			
escription of Work	Replaced	Trim	Asson	h)			
•			1133614	019		<del></del>	
	Hydrostatic Pne Other Pressure_		ninal Operating				
		Psi	Test Temp	N P	IR ou	3/29194	
OTE: Supplement on in items 1 thro corded at the top o	al sheets in form of a ugh 6 on this report of this form	lists, sketches, or is included on ea	drawings may b ch sheet, and (	e used, provided (1) a 3) each sheet is numb			forma- neets is

(12/82)

This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

Page __ d__

9. Remarks Tracking No. 94-330. DW 3/29/94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE .
We certify that the statements made in the report are correct and this Replacement conforms to the rules of the
ASME Code, Section XI. repair or replacement
Type Code Symbol Stamp
1750 code symbol stamp
Certificate of Authorization No. N/R = Expiration Date N/R 3/25/54
Expiration Date
Signed Date March 29 10 94
Owner or Owner's Designee, Title
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TRUNESSEE and employed by HSB TETCO
the Francisco Court
in this Owner's Report during the period 4/4/94 4/4/94
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report, Furthermore neither the Intractor par his employees
arial be fissile in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
B Earmin TN 2534
Inspector's Signature Commissions TN 2534 National Board, State, Province, and Endorsements
. )
Date

Owner _/ENN	ESSEE VALLEY	AUTHORIT	· <u>Y</u>	Date	1-1-94	·•	
400 W. S.	VMMIT HILL D	RIVE, KNOX.	TN	Sheet/	of/	· .	
Plant <u>WATT</u>	S BAR NUCLEAR	PLANT		Unit/			
P.O. Box -	2000, SPRING C	ITY TN 3	7381	W.O. 93 - Repair Org	/276	Z-00	010
Work Performed	by TVA MECH.	MODIFICAT	TONS			_	
				Type Code Symbo Authorization No. Expiration Date		N/A B	320
	BAR NUCLEAR 1 Address			Expiration Date		3-1	7-94
Identification of	System SAFET	/ NUECT	ION Sys:	TEM SYS	TEM 6	3	
WINTER	dition of Section XI Ut ADDENDA. Components Repaired of				1	1	
		·				·	ASME
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	Code Stamped (Yes or No)
_		l	Board		Built	Replaced, or Replacement	Stamped (Yes or No)
Component	Manufacturer	Serial No.	Board No.	Identification	Built	Replaced, or Replacement	Stamped (Yes or No)
Component	Manufacturer	Serial No.	Board No. NONE	Identification  ///////////////////////////////////	Built	Replaced, or Replacement	Stamped (Yes or No)
Component	Manufacturer	Serial No.	Board No. NONE	Identification	Built	Replaced, or Replacement	Stamped (Yes or No)
Component	Manufacturer	Serial No.	Board No. NONE	Identification  ///////////////////////////////////	Built	Replaced, or Replacement	Stamped (Yes or No)
Component	Manufacturer	Serial No.	Board No. NONE	Identification  ///////////////////////////////////	Built	Replaced, or Replacement	Stamped (Yes or No)
Component  PE SUPPORT	Manufacturer  N/A B2/ 3-/7-94	Serial No.	NONE  NONE  NONE	Identification  ///////////////////////////////////	Built UNKNUUN	Replaced, or Replacement	Stamped (Yes or No)
Component  PE SUPPORT	Manufacturer  N/A B2/ 3-/7-94	Serial No.	NONE  NONE  NONE	Identification  ///////////////////////////////////	Built UNKNUUN	Replaced, or Replacement	Stamped (Yes or No)
Component  PE SUPPORT  Description of World 39;0740, \$	Manufacturer  N/A B2/ 3-/7-94  k <u>ATTACHMENT OF</u> - 07/5, £ -07/6	Serial No.  NONE  INSTRUMENT TO STRUC	BOATD NO.  NONE  N TSF 4- A	Identification  1063-1-63-362  1-44  948 SUPPORTS 1	Built  UNKNOWN	Replaced, or Replacement	Stamped (Yes or No)
Component  PE SUPPORT  Description of Wor	Manufacturer  N/A B2/ 3-17-94  k #TTACHMENT OF -07/5, \$\frac{1}{2} -07/5	Serial No.  NONE  INSTRUMENT TO STRUC	BOATD NO.  NONE  N TSF 4- A	Identification  1063-1-63-362  I-44  ONE SUPPORTS A	Built  UNKNOWN	Replaced, or Replacement	Stamped (Yes or No)

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This Form (E00030) may be obtained from the Order Dept., ASME, 345 E, 47th St., New York, N.Y. 10017

tion in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is

#### FORM NIS-2 (Back)

9. Remarks TRACKING # 44-331
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the ASME Code, Section XI.
V TSF. Lau
Type Code Symbol Stamp
Certificate of Authorization No.
Signed Innutty Salcion Date 4-1 19 94
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Foundation and employed by The Hold T. F. T. Go., of
have inspected the components described
in this Owner's Report during the period $3-/6-94$ to $4-3/-94$ , and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
Inspection.  Commissions TD-2633 N & I  Inspector's Signature Commissions National Roard State Regulater and Sections  National Roard State Regulater and Sections  National Roard State Regulater and Sections  National Roard State Regulater and Sections  National Roard State Regulater and Sections  National Roard State Regulater and Sections  National Roard State Regulater and Sections  National Roard State Regulater and Sections  National Roard State Regulater and Sections  National Roard State Regulater and Sections  National Roard State Regulater and Sections  National Roard State Regulater and Sections  National Roard State Regulater and Sections  National Roard State Regulater and Sections  National Roard State Regulater and Sections  National Roard State Regulater and Sections  National Roard State Regulater and Sections  National Roard State Regulater and Sections  National Roard State Regulater and Sections  National Roard State Regulater and Sections  National Roard State Regulater and Sections  National Roard State Regulater and Sections  National Roard State Regulater and Sections  National Roard State Regulater and Sections  National Roard State Regulater and Sections  National Roard State Regulater and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sections and Sectio
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Date 14 PRIL 21 19 9 4 4.
4-21-94

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1. Owner TEUD	ESSEE VA	LEY AUT	HORITY	Date	4.1.94	•	
400 W. Sum	miT Hill 1	DRIVE, KUDX	VILLE, TN	Sheet/	of/_		
2. Plant WATTS	BAR L	CLEAR F	LANT	Unit/			
PD BCAZOOC	SPRING Address	CITY IN	37381	Repair Org	- 1644	9-39	
3. Work Performed by	TVA - MOD	LFICATION	15	Type Code Symbo			, etc.
	WBNP Address			Authorization No. Expiration Date_		NIA	AC 4.194
4. Identification of Sy	stem <u>575.00</u>	7 / ERC	٨				
<ul><li>5. (a) Applicable Con</li><li>(b) Applicable Edit</li><li>6. Identification of Co</li></ul>	ion of Section XI U	tilized for Repairs	or Replacement	ts 19 <u>80</u> W/AD	Addenda,_ DENDA TI	NONE PROUGH WINTER	_Code Cass 1931,
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1061-A450-22-159	TVA	NONE	NONE	NONE	UNK	REPLACEMENT	NO
		- N .					
		AC 4.1.94					
Description of Work_	_		VIDE CLEA	RANCE WITH	PIPE.		<u> </u>
	ther Pressure_		ninal Operating Test Temp.	Pressure N/	A 4 · 1 · 94		
NOTE: Supplementa tion in items 1 throu recorded at the top of	So a su mus ichoif	lists, sketches, or is included on ea	drawings may b ch sheet, and (	e used, provided (1) 3) each sheet is num	size is 8½ bered and	in. x 11 in., (2) in the number of sl	iforma- heets is

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0-16449-39

8____cont. on Page __ FORM NIS-2 (Back) 9. Remarks TRACKING NO: 94-332 AC 4.1.94 Applicable Manufacturer's Data Reports to be attached CERTIFICATE OF COMPLIANCE We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement Type Code Symbol Stamp. Expiration Date tekona Inthony Owner or Owner's Designee, Title CERTIFICATE OF INSERVICE INSPECTION I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of_ and employed by HSB IRICo. Hard have inspected the components described in this Owner's Report during the period_ 3-25-94 4-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection. _Commissions 5-4 19 94.

> WATTS BAR VAR KUCLEGR WAR 2 5 1994

1. Owner TENA	JESSEE V	Alle AUT	HORITY	D016		9-94	
400 W. SURKT	THIN DRIVE	E, KNOXVII	IE,TN.	Sheet	of	2	
2. Plant WAHS	BAR NUC	LEAR TE	TLA-	Unit	1		
POBOX 20	O SP2, J4 CI	TY, TN. 3	7381	D-2			
3. Work Performed by	TVA - KOT	DIFICATIO	ما ح			.O. No., Job No.,	
WATTS BA	R NUCLE	AR PLA	JT	Type Code Symbol Authorization No. Expiration Date		<i>/</i> .	
4. Identification of Sys	RADIAT	101 /no	12 HORIN	G SYSTER	~ ´ -	545 09	 >0
5. (a) Applicable Cons (b) Applicable Editi 6. Identification of Col	itruction Code Aion of Section XI Uti	196 196 199 199 199 199 199 199 199 199	T3 Edition,, or Replacement	7 th s 19 <u>80</u> THR 11†H 1981 1	uddenda,_ u 1981 u 1981	N/A Z ADDEN	_Code Case
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1090-A600- 105-1	N/A 419/4	NONE	NOWE	N/A 4/19/94	רוסיוץ) האי -	PEHLEMEN	70
			NA	ruts 4/19	194-		
Description of Work	SUPPORT A	DDI FICA	TION - N	Jotch Tu	BE S	STEEL	
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		FORM NIS-2 (B		201
9. Remarks	TRACKING NO.	94 - 3	33 JUL	
	Applica	ble Manufacturer's D	ata Report to be a	ttached
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			<del> </del>	
We	CERT e certify that the statements made in th	TIFICATE OF COMF	IND THIS REPLACE	EAEL Conforms to the rules of the
ASME Code,			repair or rep	lacement
	,			
Type Code Sy	ymbol Stamp	7 Nurs 4/19/	94	•
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Certificate of	Authorization No.		xpiration Date	
SignedOwi	ner or Owner's Designee, Title	ECH. ENG.	Date	4/19 19 94
——————————————————————————————————————	CERTIE	CATE OF INSERVI	CE INSPECTION	
I, the undersig	gned, holding a valid commission issued	d by the National Bo	ard of Boiler and Pr	essure Vessel Inspectors and the State
or Province of	TRUNESSEE and emplo	oved by HSB	INI CO	of
	TRANSSEE and emplo HAYTFORD CO.	NN 1722/04	have i	nspected the components described
	r's Report during the period			
_	ort in accordance with the requirements			r corrective measures described in this
	this certificate neither the Inspector			expressed or implied, concerning the
	and corrective measures described in			
	in any manner for any personal injury	or property damage	or a loss of any ki	nd arising from or connected with this
inspection,				
	55 Earnish	Commissions_	TN 2534	State, Province, and Endorsements
	Inspector's Signature		National Board,	State, Province, and Endorsements
_	4/22 19 94			
Date	7/20 19_/7			

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2. Plant WATT	Summit H Address S BAR No	iclear p	C, KHOYVILLE PLANT	Sheet /	of		,	<del>-</del> -
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5. (a) Applicable Con (b) Applicable Edit i. Identification of Co					Addenda,_	NA	_Code Case	
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)	,
PHR Pump 18-8	INGERSOLL- RAND	067471	None	1-PMP-074- 0020-B	Nove 1974	Replacement	У	
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_	Repute e	umatic Non	inal Operating F	ressure   N/A	= E }			
NOTE: Supplemental ion in items 1 througe ecorded at the top of	sheets in form of I	ists skatchae or	Test Temp, drawings may be the sheet, and (3)	used, provided (1) s each sheet is numb	ize is 8% in	n. × 11 in., (2) int	forma-	

FORM NIS-2 (Back)
9. Remarks TRACKING # 94-334 & 4 /20/94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp
Certificate of Authorization No. N/A Expiration Date N/A
Signed Date 6/21/94 1994
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB III Co
MASTISTO CONN. have inspected the components described
in this Owner's Report during the period 8/11/94 to 8/11/94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Depart.
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection,
Inspector & Signature Commissions TN 2534  National Board, State, Province, and Endorsements
National Board, State, Province, and Endorsements
Date8///

1. Owner TENNESSEE UALLEY AUTHORITY Date 4-25-94  1. Owner TENNESSEE UALLEY AUTHORITY Date 4-25-94  1. Owner THILL DRIVE KNOWN III The Sheet 1 of 1  Address 1 On 1  Name P. O. BOX 2000, SPRING CITY, TN, 37381 WP D-05620-07  Address 1 Type Code Symbol Stamp N/ Authorization P.O. No., Job No.,  1. Work Performed by TVA MECH NAOD 5 Type Code Symbol Stamp N/ Authorization No. Expiration Date Authorization No.  Expiration Date Authorization No.  Expiration Date Authorization No.  (b) Applicable Construction Code ATSC 7th 19 73 Edition, Julie 73 Addenda, N/A  (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 XV THRU WINTER 1991 A.  6. Identification of Components Repaired or Replaced and Replacement Components  Name of Component Name of Manufacturer Serial No.  No. Identification of Components Repaired or Replaced and Replacement Components  Name of Name of Manufacturer Serial No.  No. Identification Of Components Repaired or Replaced and Replacement Components  No. Replaced No. Replacement No. Replacement No. Replacement No. Replacement No. Replacement No. Replacement No. Replacement No. Replacement No. Replacement No. Replacement No. No. No. No. No. No. No. No. No. No.								
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2. Plant WATTS BAR Nuclear PLANT Name  P. O. Box 2000, Spring City TN, 37381 WP D-05620-07  Repair Organization P.O. No., Job No., Address  3. Work Performed by TVA MECH MODS Name WATTS BAR Nuclear PLANT Address  4. Identification of System CONTAINMENT Spray  (b) Applicable Construction Code MISC 7th 19 73 Edition, June 73 Addenda, N/A (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 NO THRU WINTER 1991 A.  6. Identification of Components Repaired or Replaced and Replacement Components  Name of Component Manufacturer Serial No.  Name of Manufacturer Serial No.  Name of Manufacturer Serial No.  Name of Manufacturer Serial No.  No. Identification  No. Replacement  No. Possoco-38 UNK Replacement  No. Replacement  No. Replacement  No. Replacement  No. Replacement  No. Replacement  No. Replacement  No. Replacement  No. Replacement  No. Replacement  No. Replacement  No. Replacement  No. Replacement  No. Replacement  No. Replacement  No. Replacement  No. Replacement  No. Replacement  No. Replacement  No. Replacement  No. Replacement  No. Replacement  No. Replacement  No. Replacement								
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Name of Component Manufacturer Serial No.  Name of Manufacturer Serial No.  Name of Component Manufacturer Serial No.  Name of Component Manufacturer Serial No.  No.  No.  No.  No.  No.  No.  No.		Address	NO CITY,	<u>, , , , , , , , , , , , , , , , , , , </u>	Repair Org	anization	P.O. No., Job No.	. etc.
Name of Component Name of Manufacturer Serial No.  Name of Component Manufacturer Serial No.  Name of Component No.  Name of Manufacturer Serial No.  No.  No.  No.  No.  No.  No.  No.	3. Work Performed by	TVA MEC	H MODS					, 0.0.
A. Identification of System CONTAINMENT SORRY   5Y5 7 2  5. (a) Applicable Construction Code PISC 7 th 19 73 Edition, June 73 Addenda, N/A (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 7/R www. WINTER 1991 R.  5. Identification of Components Repaired or Replaced and Replacement Components  Name of Component Manufacturer Serial No. No. Identification Built or Replaced, or Replaced, or Replaced, or Replacement  1072-72-K5 - R85  1072-72-K5 - R85  1072-72-IC5-R93  1084-P05620-39 W.N. Replacement  1087-72-IC5-R90  1087-P05620 W.N. Replacement  1087-P05620 W.N. Replacement  1087-P05620 W.N. Replacement  1087-P05620 W.N. Replacement  1087-P05620 W.N. Replacement  1087-P05620 W.N. Replacement  1087-P05620 W.N. Replacement			1101110	141 7-				
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Name of Component  Name of Manufacturer Serial No.  No.  No.  No.  No.  No.  No.  No.						Addenda, W.T.V.	N/A TER 1991 A	_Code Ca
172-72-1C5-R95  ND. Road  MA. AS620-39 UNK REPIACEMENT  A 4-25-94  WA-PIS620-42 UNK REPIACEMENT  T2-72-1C5-R90  DA. POS620- UNK REPIACEMENT  40, 41	_	( ·		Board		1	Replaced,	ASME Code Stamped (Yes or No)
12-72-165-R93  A 4-25-94  WA-POS620-42 UNK REPLACEMENT  12-72-165-R90  DA-POS620- UNK REPLACEMENT  40,41	72-72-KS-R85				DCA - POS620-38	unk	Replacement	4/0
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72-72-1C5-R90  DA-P05620- 40,41  UNK REPLACEMENT	72-72-165-893		A	25-94	1	1		
Description of Work MODIFY Supports	72-72-165-R90							
Tests Conducted: Hydrostatic Pneumatic Nominal Operating Pressure  Other Pressure	Tests Conducted. +	lydrostatic Pne	umatic Nor		Pressure			
Other Pressure psi Test Temp. °F N D. Read A 4-23-54		mer rressure	psi	Test Temp:	°F 1	2 D. K	Read	
NOTE: Supplemental sheets in form of lists sketches or drawing and the sketches of drawing and the sketches of drawing and the sketches of drawing and the sketches of drawing and the sketches of drawing and the sketches of drawing and the sketches of drawing and the sketches of drawing and the sketches of drawing and the sketches of drawing and the sketches of drawing and the sketches of drawing and the sketches of drawing and the sketches of drawing and the sketches of drawing and the sketches of drawing and the sketches of drawing and the sketches of drawing and the sketches of drawing and the sketches of drawing and the sketches of drawing and the sketches of drawing and the sketches of drawing and the sketches of drawing and the sketches of drawing and the sketches of drawing and the sketches of drawing and the sketches of drawing and the sketches of drawing and the sketches of drawing and the sketches of drawing and the sketches of drawing and the sketches of drawing and the sketches of drawing and the sketches of drawing and the sketches of drawing and the sketches of drawing and the sketches of drawing and the sketches of drawing and the sketches of drawing and the sketches of drawing and the sketches of drawing and the sketches of drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing and drawing	NOTE: Supplementa	sheets in form of	liete ekotahaa	drawin	<i>بے</i> دور در در ماہ ماہ	4.3	3-94	
NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) inf tion in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of she	tion in items 1 throu	gh 6 on this report	is included on ea	orawings may ich sheet, and	be used, provided (1) (3) each sheet is num	size is 8%	in. x 11 in., (2) in	forma-

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Page _____cont. on Page __8___

9. Remarks TRACKING # 94-335
'Applicable Manufacturer's Data Reports to be attached
•
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this Replacement conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp N/A D. Rosel 4-25-94
Certificate of Authorization No. NA D Read 4-25-94 Expiration Date NA D. Read 4-25-94
Certificate of Authorization No. NA DREED 4-25-94  Signed David Read CONST. FINGENEER Date 4-25-  Owner or Owner's Designee, Title
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Roard of Roiler and Pressure Vessel Inspectors and the State
or Province of AND I. Co., and employed by 7 17th 4 4 3. 2. 400 I. Co.,
in this Owner's Report during the period //-/5-9/ to 6-/5-94 and state that
in this Owner's Report during the period //-/3-9/ to 6-/3-94 , and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commissions  Commi
Date JUNE 15, 1994

1. Owner TENN	165666 110		1				
	Nam	UGY AUT	HONITY	Date <u>4-2</u>	9-94		
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. Plant WATTS	BAR NU	CLEAR A	PLANT	Unit/			
P.O. BOX	2000 SP. Address	RING CIT	Y TN 37384	WO #	94 - C	00588-0	00
. Work Performed by	BOX 2000 SPRING CITY TN WO # 94 - 00588 -  Address 3738 Repair Organization P.O. No., Job No  Type Code Symbol Stamp				, etc. ,		
	Name			Type Code Symbo			
P.O.Box ZO	OO SARING	CITY TO		Authorization No.			ESM
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(a) Applicable Con-		mized for frepairs	or replacemen	, <del>June</del> , 1973 μ ts 19 <u>80 - Th</u> Ru Imponents	Addenda,_ こいい	N/4 FER 1981	_Code Case みるりたいのい
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
62- A406-2-11		N _A		4740406-Z-11	rwknon	REPAIR	N.
62-A406-z-8		E2m 4.29.94		4740406-2-8	CTY KATO M SI	REPAIR	ν.
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			A	E8m- 4.29.94			
Description of Wark_	ADD NEL	A TO SHIM	LS ON THE	SE HANDERS			
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_	lydrostatic Pne		ninal Operating Test Temp.	Pressure  F	, ,		
•			. 201 TOTTP				

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PAGE 13 OF 31

9. Remarks None 94-336 ison 4/25/94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this <u>REPAIR</u> conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Co
Type Code Symbol Stamp 4 29.99
Certificate of Authorization NoExpiration Date
CHAM A 1-
Signed Owner or Owner's Designee, Title
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of TN and employed by HSR T. ST. Co. of
in this Owner's Report during the period 1-13-94 to 5-31-94, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
Inspector's Signature Commissions National Board, State, Province, and Endorsements
and Eliasianitis
Date 5-31-94 19 94.

PG 31 OF 99

	Mit Hill Dell Address			Sheet/	of	+ 2 316m 4/2	1/94
2. Plant WATES	BAR NUCL	EAR PLAN	37.50	l Inia	/		
P.O. Box 21	Nam DO, SPING Address	ITY, TN	3/38/ <del>2777/</del> 820 5/2/2	WO# 94.	- 008	07-00	
. Work remormed	DY/ <i>VH</i>			Type Code Symbo	Stamp		, etc
P.O. Box 20	000 SPRING	Name	3738/3/6,	Authorization No.		NJA PR 2	
	Address	41/	· // 9/99	expiration Date		RB 3-	23.9
Identification of	Address System <u>Olo 2</u>	CHEMICAL	I VOILIME	COUTROL 3	YSTEM		
(a) Applicable Co	onstruction Code <u>A</u> dition of Section XI U	TSC 19	73 Edition,	N/A RB 3-23-9	ddenda, z	YA RB 3-23-9	ZCode C
					3-94		
- Identification of (	Components Repaired	or Replaced and	Replacement Con	nponents			
			National			Repaired,	ASME Code Stampe
Name of Component	Name of Manufacturer	Manufacturer Serial No.	Board No.	Other Identification	Year Built	Replaced, or Replacement	(Yes or No)
		HA	D/A	PWG #	UKKDOL		
, ,	J a		1			DCO4	
•	TVA	PB 3/23/94	PB 3/23/44	47A555-10-51		REPAIRED	NO
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•	TVA	PB 3/23/44	PB 3/23/44	47A555-1D-51		REPAIRED	
•	TVA	PB 3/23/44	PB 3/23/44	47A555-1D-51		KEPAIRED	NO.
1PPDET # 17ASSS-10-51	TVA	PS 3/23/44	<u>PB 3/23/44</u>	47A555-1D-51		KEYAIRED	20

W.O. 94-00807-00 PAGE 31A OF 99

9. Remarks
Applicable Manufacturer's Data Reports to be attached
TRACKING # 337A DF 9/12/94
94-
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this <u>REPAIR</u> conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp N/A MM 4/28/94
Certificate of Authorization No. N/A Byon 4/28/94 Expiration Date N/A Byon 4/28/94
Signed Signed A Matter Date April 28 19 94
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector's Signature Commissions TN 2537 National Board, State, Province, and Endorsements
Date519 94.

<b>~</b>	1/ 1			,	,		
1. Owner TENNESS	EE VALLEY AUT	HORITY		Date 6/25/94			
400 W. SUMM	HIT HILL DR. KN	ONILLE, TH		Sheet/	of_2		-
2. Plant WATTS BAR				Unit 1 WP	2-D-198	66-03	_
		•					
P.O. BOX 200	<u> </u>	<u>r, TN 3738</u>	<u> </u>	TVA WE	2-D-198	66- <u>03</u> P.O. No., Job No.,	
3. Work Performed by	TVA MODS	MECHANIC	A <u>L</u>	Type Code Symbo			etc.
	P.O.BOX ZOOO SPRING CITY, TN 37381 Address						m 6/25/94
_F,U.BUX 20	OO SPRING C	ITY, TN 373	<u>81</u>	Expiration Date			
4. Identification of Sys				062			
<ol> <li>(a) Applicable Cons</li> <li>(b) Applicable Editi</li> </ol>				AL, 7 TH EDITION		N-30A	
(b) Applicable Editi	on of Section XI Ut	ilized for Repairs	s or Replacements	19-N/A M6/25/	<del>часепса,</del> _ <del>94</del> _ <i>РМ</i> 7,	7/99	_Code Cas
				SÉC XI 1980 E	EDITIONI T	HRU WINTER 198	I ADDENI
6. Identification of Co	mponents Repaired	or Replaced and	Replacement Com	ponents			
							46145
							ASME Code
Name of	Name of	Manufacturer	National Board	Other	\ \v	Repaired, Replaced,	Stamped (Yes
Component	Manufacturer	Serial No.	No.	Identification	Year Built	or Replacement	or No)
PIPE SUPPORT	·						
062-555-2-64-2152	TVA	1062-555- 2-64 2152	NONE .	NONE	1994	REPLACEMENT (NEW SUPPORT)	NO
			N/A PM 6/25/9	4	<del> </del> -		
					ļ		
	j						
	PODED	<del></del>	<u> </u>		L		
Description of Work_	ADD NEW SUF	PORT LISTED	ABOVE				
Tests Conducted:  -	lydrostatic Pn	eumatic No	ominal Operating F	Pressure N/A	on do	·loo	
C	other Pressure_	psi	lest Temp.	°F	m/16/25	17 <del>7</del>	
NOTE: Supplement	daharan tarah -			-	•		
NOTE: Supplementation in items 1 throu	sheets in form of gh 6 on this report	lists, sketches, o	or drawings may be	used, provided (1)	size is 8½	in. x 11 in., (2) in	nforma-
recorded at the top of	f this form.		won anect, and (3	, each sheet is nun	npered and	the number of s	heets is
	•					_	

(12/82)

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Page		7
WID:	D 19866 - 03	

SHEET 2 OF 2

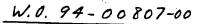
#### FORM NIS-2 (Back)

Remarks SEE BLOCK 7
TRACKING NUMBER - 94-337604 6/27/94
ES 21-1-4
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this REPLACEMENT (NEW) conforms to the rules of the
ASME Code, Section XI. repair or replacement
Type Code Symbol StampN/A PM 625/94
Certificate of Authorization No. N A PM 6/25/94 Expiration Date N A PM 6/25/94
Signed Patrick Medines MECH ENG - 122/04
Owner or Owner's Designee, Title Date Date 17 17 , 19 19
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of
Harthan Control of
in this Owner's Report during the period 1/5/93 to 7-7-94, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Neport in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
day.
Inspector's Signature Commissions National Board State Province and State Province
Inspector's Signature National Board, State, Province, and Endorsements
Date

WATTS BAR

TVA NUCLEAR JUN 2 5 1994 WORKFLAN D-19866-03

Page 7 cont. on Page 8



PACE 31BOF 99

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

. Owner	ESSEE VALLEY Nar	ne		Date	5-2-	. 44	
400 W.S	Nar  UMMIT HILL D	R. KNOXVIL	LE, TN	Sheet2	_ of	2	
. Plant WATT	Address S BAR NUCLE Nam 2000 SPRING Address	EAR PLAN	7	Linia	/		
PO. Box	Nam 2 - CA - CA - LA	ie	3738 / SX	Onit		_	<del></del>
, . UT DUX	Address Address	CITY IN 9	17771-5/2/9	19 W.O. 94	- 0080	7-00	
Work Performed	by TVA			Type Code S	ganization	P.O. No., Job No.	, etc.
		Name		Type Code Symbo Authorization No.		NO	
r.v. box 2	OOD SPRING C	177 TN 37	38/	Expiration Date_		13 Am	5/2/9
Identification of	Summ 112/	, 	d sand				<u> </u>
·	System OG2/ construction Code /	C HEMICAL	TH	ME CONTROL	<u> 54.</u>	STEM	
(a) Applicable C	onstruction Code	15c 19	73 Edition	NA	A alala a a a	ula	
(b) Applicable E	dition of Section XI U	tilized for Repairs	or Replacemen	ts 19_N/A	Addenda,	10/11	_Code Ca
				-/ <del></del>			
Identification of	Components Repaired	or Replaced and F	Replacement Co	mponents			
			<del></del>		т — —		
							4.5345
							ASME
Name of	Name of	Manufacturer	National Board		1	Repaired,	Stamped
Component	Manufacturer	Serial No.	No.	Other Identification	Year Built	Replaced, or Replacement	(Yes or No)
					Built	o. Hepracement	01 110)
PE CLAMP	BERGEN -	N/A	/=	80	<del> </del>	<del> </del>	<del></del> -
	PATERSON	N/A	N/A	BP # 198	MA	REPLACEMENT	NO
							<del></del>
						1	
		77	LA-				
		N	[A				·
		N	<u> </u>				
		N	[A				
		N	[A				
escription of Worl	REMACED E	BOLTING M	AT'L ON	PIDECLAM	P F	OR SUARR	
	REPLACED E	70-70-37			PF	OR SUPPO	RT-
	Hydrostatic Pne	30LTING M. 55-10-51.  Sumatic Nom			PF	OR SUPPO	RT-
escription of Work		eumatic Nom			PF	OR SUPPO	RT-
ests Conducted:	Hydrostatic Pne	pumatic Nom	ninal Operating I	Pressure° F			

(12/82)

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9. Remarks
Applicable Manufacturer's Data Reports to be attached
TRACKING #338A 29 9/12/94
<i>' ' ' ' ' ' ' ' ' '</i>
We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp
Certificate of Authorization No. N/A SAm 5/2/94 Expiration Date N/A SAm 5/2/94
Signed Gung N. Malsings Date May 2 , 19 94
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector's Signature Commissions National Board, State, Province, and Endorsements
Date

pg 14 of 75

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

	NESSEE VAL			Date	21-94	·	
	SummIT HILL Z	•		Sheet/	of	/	
2. Plant <u><i>WATT</i></u>	3 BAZ Nuc	LEAR PLAN	<i>I</i>	Unit/			-
P.O. Box	2000 SANGE	Gry, TN. C	5238/	93-05	580-0	D	
	by <u>PLANT</u> ()					P.O. No., Job No	o., etc.
			S OXOUP	Type Code Symb	ool Stamp_		,
WATTS BI	AR NUCLEAR Address	PLANT		Authorization Ne Expiration Date	0	NA CON	<u> </u>
	Addr <b>ess</b> System <u>REAC7</u>		WT SYSTE				<del>77</del>
	onstruction Code <u>A</u> dition of Section XI U				Addenda, WAD	1493 / DENDA THROUG	Code C
			National			Repaired,	ASME Code Stampe
Name of Component	Name of Manufacturer	Manufacturer Serial No.	Board No.	Other Identification	Year Built	Replaced, or Replacement	(Yes or No)
Component  RES - 068-PR	Manufacturer WESTINGHOUSE	Serial No.	No.	Identification	Built	or Replacement	or No)
Component  RES - 068-PR  WWAY FLANCE	Manufacturer	1	1	1	Built	or Replacement	1
Component  RES - 068-PR  WWAY FLANCE	Manufacturer WESTINGHOUSE	Serial No.	No.	Identification	Built	or Replacement	or No)
Component  RES - 068-PR  WWAY FLANCE	Manufacturer WESTINGHOUSE	Serial No.	No.	Identification	Built	or Replacement	or No)
Component  RES - 068-PR  WWAY FLANCE	Manufacturer WESTINGHOUSE	Serial No.	No.	Identification	Built	or Replacement	or No)
Component  RES - 068-PR  RWWY FLANGE	Manufacturer WESTINGHOUSE	Serial No.	No.	Identification	Built	or Replacement	or No)
Component  RES - 068-PR  RMWAY FLANGE	Manufacturer WESTINGHOUSE	Serial No.	No.	Identification	Built	or Replacement	or No)
Component  PRES - 068-PR  ANWAY FLANCE  SER BOLTING.	Manufacturer  WESTINGHOUSE  ELEC. CORP.	Serial No.	No.	Identification	Built	or Replacement	YES
Component  PRES - 068-PR  PAWAY FLANCE  PER BOLTING.	Manufacturer  WESTINGHOUSE  ELEC. CORP.	Serial No.  /601	NO. WID792	Identification  NONE	Built	or Replacement	YES
Component  PRES - 068-PR  IAWWAY FLANCE  VER BOLTING.  escription of Work	Manufacturer  WESTINGHOUSE  ELEC. CORP.	Serial No.	No.	Identification  NONE	Built	or Replacement	YES

2/82)

8.

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pg 15 of 75 Wo#93.05580-1

FORM NIS-2 (Back)
9. Remarks Lacking 94-3388 m 6/27/94
Applicable Manufacturer's Data Reports to be attached
- Sy 9/12/94
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the repair or replacement.
,
Type Code Symbol Stamp
Type Gode Symbol Stamp
Certificate of Authorization No. A Expiration Date
Signed Mexico Statement FT
Owner or Owner's Designee, Title Date 6/27/94 19
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Trunessee and employed by HSB TET CO
HAYTE Of Of
in this Owner's Report during the period 6/28/94
I will write the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the cont
The requirements of the ASME Code Section YI
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
B Earnis
Inspector's Signature Commissions TN 2534  National Board, State, Province, and Endorsements
//ha
Date19_94

1. Owner TENDESSEE VALLEY AUTHORITY  Name  Nuclear Pouls  Sheet of  Unit Sheet Of  P.O. BOX LOSO SPRING CITY: TN W.D. 94-13871-02  Repair Organization P.O. No., Job No., etc.  Type Code Symbol Stamp  Authorization No.  P.O. BOX LOSO SPRING CITY: TN Authorization No.  Address  Repair Organization P.O. No., Job No., etc.  Type Code Symbol Stamp  Authorization No.  Expiration Date  Address  4. Identification of System O43 SAMPUNG WATHR QUANTY  5. (a) Applicable Construction Code ASMETT 19 80 Edition, WINTER 1936 43 40 AUTONOM  (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 WINTER THRU 81 ADDRESS  6. Identification of Components Repaired or Replaced and Replacement Components  Name of Name of Manufacturer Board Others National Repaired, Stamper Code  Name of Name of Manufacturer Board Others National Repaired, Stamper Code  Name of Name of Manufacturer Board Others National Repaired, Stamper Code  Name of Name of Manufacturer Board Others National Repaired, Stamper Code  Name of Name of Manufacturer Board Others National Repaired, Stamper Code  Name of Name of Manufacturer Board Others National Repaired, Stamper Code  Name of Name of Manufacturer Board Others National Repaired, Stamper Code  Name of Name of Manufacturer Board Others National Repaired, Stamper Code  Name of Name of Manufacturer Board Others National Repaired, Stamper Code  Name of Name of Manufacturer Board Others National Repaired, Stamper Code  Name of Name of Manufacturer Board Others National Repaired, Stamper Code  Name of Name of Manufacturer Board Others National Repaired National Repaired National Repaired National Repaired National Repaired National Repaired National Repaired National Repaired National Repaired National Repaired National Repaired National Repaired National Repaired National Repaired National Repaired National Repaired National Repaired National Repaired National Repaired National Repaired National Repaired National Repaired National Repaired National Repaired National Repaired National Repai	
2. Plant WATTS BAR NUCLEAR PLANT  P.O. BOX LOS SPRING CITY, TN.  Address  Repair Organization P.O. No., Job No., etc.  Type Code Symbol Stamp  Authorization No.  Address  Authorization No.  Expiration Date  Address  4. Identification of System O43 SAMPUNG WATTR QUALITY  5. (a) Applicable Construction Code ASMETT 19 80 Edition, WINTER 1930 Addenda, Up ny 6-28 Mode (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 INITER THRU 81 ADDRESS  6. Identification of Components Repaired or Replaced and Replacement Components  Name of Name of Name of Name of Stampes  National Repaired, Stampes  Name of Name of Name of Name of Stampes  Name of Name of Name of Stampes  Name of Name of Name of Stampes  National Repaired, Stampes  ASME  Code  Code  Name of Name of Name of Stampes  National Repaired, Stampes	
2. Plant WATTS BLR NUCLEAR PLANT  P.O. BOX LOOD SPRING CITY: TN  Address  Repair Organization P.O. No., Job No., etc.  Type Code Symbol Stamp  Authorization No.  Expiration Date  Address  4. Identification of System O43 SAMPUNG WATTR QUALITY  5. (a) Applicable Construction Code ASMETT 19 80 Edition, WINTER 1924 addends, yp per 6-25 Acade (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 WINTER THRU 81 ADDRESS  6. Identification of Components Repaired or Replaced and Replacement Components  Name of Name of Name of Name of Stamper  National Repaired, Stamper  Name of Name of Name of Stamper  National Repaired, Stamper  Name of Name of Name of Stamper  National Repaired, Stamper  Name of Name of Stamper  Name of Name of Stamper  Name of Name of Stamper  Name of Name of Stamper  National Repaired, Stamper  Name of Name of Stamper  Name of Name of Stamper  National Repaired, Stamper	
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3. Work Performed by TVA Name Type Code Symbol Stamp Authorization No. P.O. Box 2000 SPRING CITY TN. Expiration Date Expiration Date Expiration Date Expiration Date Expiration Date Expiration of System OA3 SAMPUNG FWATER QUALITY  5. (a) Applicable Construction Code ASME 11 19 80 Edition, WINTER 1900 Addenda, WAR 6-25-Xode Code (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 INITER THRU 81 ADDENDED CODE  6. Identification of Components Repaired or Replaced and Replacement Components  Name of Name of Name of Name of Stampe	
Type Code Symbol Stamp  Authorization No.  Address  4. Identification of System O43 SAMPUNG FWATHY GUALITY  5. (a) Applicable Construction Code ASMEII 19 80 Edition, WINTER 1924 6-25-24 code (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 in Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name	
4. Identification of System O43 SAMPUNG FWATHR QUAUTY  5. (a) Applicable Construction Code ASME 11 19 80 Edition, WINTER 1934 Addenda, WARY 6-25 Hode C  (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 WINTER THRU 81 ADDITION  6. Identification of Components Repaired or Replaced and Replacement Components  ASME Code Name of Name of Name of Stampe	
4. Identification of System O43 SAMPUNG FWATHR QUAUTY  5. (a) Applicable Construction Code ASME 11 19 80 Edition, WINTER 1934 Addenda, WARY 6-25 Hode C  (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 WINTER THRU 81 ADDITION  6. Identification of Components Repaired or Replaced and Replacement Components  ASME Code Name of Name of Name of Stampe	
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Component Manufacturer Serial No. No. Identification Built or Replaced, (Yes	
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B. 11/2	]
Description of Work Remove Rewar Body BONNET TACK WOLD	
Tests Conducted: Hydrostatic Pneumatic Nominal Operating Pressure	
Other Pressure Psi Test Temp. F	
NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is	
were in thems I through 6 on this report is included as a set of	

(12/82)

This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

1 OTHE 1415-2 (DBCK)
9. Remarks No No
Applicable Manufacturer's Data Reports to be attached
——————————————————————————————————————
Te# 94-339 A 6-28-94
2 by 9/12/94
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp
Certificate of Authorization No. Expiration Date 12 6-18 ord
Signed CAL G:18
Signed Date 6.68 , 19 9.4
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Roard of Roller and Process Vessel Language and the Co
or Province of 12NN 2SS RE and employed by HSS TAT CO.
HATTFORM GOVEN have inspected the components described in this Owner's Report during the period $8/2/94$ to $8/2/94$ , and state to
in this Owner's Report during the period $8/2/94$ to $8/2/94$ , and state ti
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in t
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employees the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Market Control of the Mark
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with tinspection.
Inspector's Signature Commissions TN 2539  National Board, State, Province, and Endorsements
Inspector's Signature National Board, State, Province, and Endorsements
Date

I. Owner TENNE	535= VAI	LEV AUDIO	DIT!	Asi	101		
	Nam	18		Date	2724		
400 W.Su	MMIT HILL	.De. KNOX	VILLE TH	Sheet/	of		
Plant WATTS	BAR NUCL	EAR PLAN	T	Unit /			
	Name	<b>3</b>			, , ,		
P.O. Box 20	Address	a CITY, IN	<u>. 51381</u>	<u> </u>		P.O. No., Job No.	
Work Performed by	TVA	None		Type Code Symbo			, etc.
P.O. Box 2000 SPRING CITY, TN.				Authorization No4			
	Address	11		Expiration Date			<del></del>
Identification of Sys	itēm_030 I	1 CONTAIN	MENT YUN	RGE VENTIL	FTION	SYSTEM	
(a) Applicable Cons	truction Code	45ME 19	71 Edition	SUMMER 1973	\ddanda '	40 BIE 4-19.90	4 _
(b) Applicable Edition	on of Section XI Ut	ilized for Repairs	or Replacement	19 80 THRU L	INTER	1981.	_Code Ca
Identification of Con	nponents Repaired	or Replaced and R	lenlacement Con			•	
				nponents			
							10115
			Maria - I	_			ASME Code
Name of Component	Name of	Manufacturer	National Board	Other	Year	Repaired, Replaced,	Stamped (Yes
Jamponent	Manufacturer	Serial No.	No.	Identification	Built	or Replacement	or No)
NGE BOLTING FOR		215 1 120	,				
-CV-030-0037-B	TVA NA	RLF 4-12.94				REMOKEMEN	No
			NATEL	5/19/94			
		İ					
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escription of Work	REPLACED BY	OLTING MA	TERIAL ON	I FLANGE CO	Nelset	702/5	
		_					
	dr <del>ostatie Pne</del> her Pressure		inal Operating P	_	_	_	
				FNA	•	- •	
OTE: Supplemental on in items 1 through	sheets in form of I	ists, sketches, or o	drawings may be	used, provided (1)	ize is 8¼	in v 11 in (2) in	<b>60</b> -

tion in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

#### FORM NIS-2 (Back)

9. Remarks None
TRACKING #94-3398 July 5/5/9 F
9/12/94
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.
Type Code Symbol StampWA ILLF 4-12-94
Type Code Symbol Stamp
Signed
CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of TN and employed by HSRT&TCO. of
in this Owner's Report during the period 2/23/94 to 6/23/94, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
Still Con To
Inspector's Signature Commissions National Board, State, Province, and Endorsements
Date6_23_19.94.

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

	A3 (100	uned by the Pri	ovisions of the	ASME Code Sect	ion XI	PAGE 12	0F28
1. Owner TENNE	SSEE VAL	EY AUTH	PORITY	Date	9-94		
400 W. SL	MMIT HA	LLDR KNI	XVILLE IN.	Sheet/	of	/	
2. Plant_WATT.	AUGTES		,				
				1// #	02	111100	,
P.O. Box o		MG CITY	14 3/381	Repair Org	70- janization	14408-01 P.O. No., Job No.	, etc.
3. Work Performed by		Name		Type Code Symbo			
P.O. Box 20	00 SPRING	CITY TN.	3 <i>738</i> /	Authorization No. Expiration Date_		NA 9NI	V 6/9/
4. Identification of Sys	Address	TOE	A CALD		<u>-</u>	/	
. Identification of Sys	stem	<u> </u>	CONDE	HUSER			
5. (a) Applicable Cons	truction Code <u></u>	<u> 75C_19</u>	<u>73</u> Edition,	7 SEVENTH,	Addenda	NA	- _Code Cas
IN Applicable FOLD	on of Section XI U ADDENDA	tilized for Renairs	or Replacement	s 19 80 THRU	1981	WITH 19	181
6. Identification of Cor	nponents Repaired	or Replaced and F	Replacement Cor	mponents			
		T		<del></del>	<del></del>		
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes
7 00				, assistance (ion	Built	O. Replacement	or No)
17A462-12-6	P5A	3431	2/02/	1-5NUB-061-	1	REPLACE-	,
777-10-10-10-0		5937	144 7794	462126 W	1977	MENT	No
			<del>.</del>				
			<del></del>		<del></del>		
	·					,	
_	2-2/1	2:	0.0				
Description of Work	RE PLAC	ED DNI	BBER				
Tests Conducted: Hy	ydrostatic Pne	eumatic \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ninal Operating	Pressure -		-	
<u>0</u>	her Pressure_		Test Temp.  MH 4/9/				

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

Wo 93-14408-01 PAGE 12A DF 28

FORM NIS-2 (Back)
9. Remarks IRACKING No. 94-340 B Sy 9/12/94
Applicable Manufacturer's Data Reports to be attached
· ·
CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this EFLACE MENT conforms to the rules of the
We certify that the statements made in the report are correct and this **LEVLACE MEN** conforms to the rules of the ASME Code, Section XI. repair or replacement
ASINE GOUE, SECTION AT.
Type Code Symbol Stamp 1/4 YUL (6/9/94
Certificate of Authorization No. 1/A MH 19/44 Expiration Date NA 4114/9/94
$(\Delta l) + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + $
Signed Mule Autoway Owner or Owner's Designee, Tiffle  Date June 9, 19 94
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of N and employed by HSETATCO of
in this Owner's Report during the period 5-2-94 to 0-9-94, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
inspection.
Commissions TN 2 5 37.  Inspector's Signature National Board, State, Province, and Endorsements
Inspector's Signature National Board, State, Province, and Endorsements
Date 6 _ 9 _19 QA.
18 424.



WORK INSTRUCTION	D-056	77-	<b>∕</b> 13
		<u> </u>	$C' \supset$

	6		7
Page_	<u> ~</u>	_cont. on Page	_/

2. Plant <u>W4775</u>	Address	E, KNOX.	//·	Sheet/	of/	· · · · · · · · · · · · · · · · · · ·	
	BAR NUCLO	EAR PLAN	17	Unit/			
D. BOX 2000,	SPRING C.	ITY, TN.		WORKPLAN Repair Org	1#7	-05672	.03
3. Work Performed by	Audi ess						, etc.
WATTS BAR	Niciona	Name		Type Code Symbo Authorization No.			6/27/
VIII CAR	Address	- CHO!		Expiration Date		/A	
<ul><li>4. Identification of Sys</li><li>5. (a) Applicable Const</li><li>(b) Applicable Edition</li></ul>	tem CONTAIN	IMENT S	PRAY.	SYSTEM #	072		
5 (a) Applicable Co.	A7.	se ath	07	N/wyo,		11 (2000)	<del></del>
(b) Applicable Const	truction Code ///_	19	9 <u>73</u> Edition	1. JA 6/27/74	ddenda,	/A 6/27/74	_Code Cas
(o) Applicable Editio	on of Section XI Ut	ilized for Repairs	s or Replacemen	nts 19 <u>80 Trueu</u>	WINT	P 1881 A	DOW
6. Identification of Com	nnonene Deserter d		_				
6. Identification of Con	iponents Repaired	or Replaced and	Replacement Co	omponents			,
					· · · · · ·	T	· · · · · · · · · · · · · · · · · · ·
							ASME
Name of			National			Repaired	Code Stamped
Name of Component	Name of	Manufacturer	Board	Other	Year	Replaced.	(Yes
Component	Manufacturer	Serial No.	No.	Identification	Built	or Replacement	
OPE SURPE	<del></del>						
1072-72-1CS-R124	Win	1.10.10		DCA-POSWZZ-10 DCA-PCSWZZ-11		·	
PAE SUPPLAT #	1 6/27/94	NONE	NONE	XA-P05622-12	house	ROGENENT	NO
072-72-KS-V143	PATT	NONE	NOME	D:A-105622-13			
	<del></del>	700/00	74026	75	weren	ROPALEMENT	NO
			1/				
			AU	ا			
				6/27/94			
		- 1		' '			
. 10	77-72-KS-R/Z 40/NSTALL MEI	F-MODIFIED JSWAYSTDI	SUPPLUT BY	REMOVING EXIS	TING S	JAY STRUTS	AND U
	77-72-1CS-VI	43 - CHANG	ED SPRING	CAN SETTING			
Description of Work							
<del></del>							
Tests Conducted: Hy	rdrostatic Pne	umatic No	minal Operating	Pressure			
Tests Conducted: Hy		umatic No	minal Operating	Pressure			

recorded at the top of this form.

(12/82) This form (E00030) may be obtained from the Order Dept., ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300. REPRINT 4/93

FORM NIS-2 (Back) 9. Remarks TRACKING CERTIFICATE OF COMPLIANCE We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the ASME Code, Section X1. Hama 6/27/94 Expiration Date MA wm 6/27/94 CERTIFICATE OF INSERVICE INSPECTION I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State HSB I &I C and employed by... have inspected the components described in this Owner's Report during the period. __, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

WORK INSTRUCTION D-05622-03

Date

Page 7 cont. on Page 5

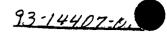
TVA NUCLEAR
JUN 2 7 1994

ATTS BAF

Page 22 Of 24

,	ESSEE VALLE Nam	°	•	Date 5-/0	D-94		
400 DUM	MITT HILL Address,	UR., Ku	OXVILLE	Sheet/	of	<u> </u>	
Plant KATT	5 BAR M	ICLEAR I	LANT	Unit/			
HOBOX 2	2000,50	èins Ci	TYIN	wo# 93	1-14	407-	01
Work Performed b	WATTS BA	Re NUVIER	127381	Repair Orga Type Code Symbol		.O. No., Job No.,	etc.
Po Por 20	(Y) < (D)	Name	5,2726 /	Authorization No.  Expiration Date		N	200
C SO A COS	Addiess	1 100	1 0-	Expiration Date			5-
Identification of S	ystem <u> </u>	<u> </u>	OWELLES	25ER 94 NOW .	MHC	18/94	
(a) Applicable Co		1/50	Edition,		ddenda,_	PROSTA	_Code Cas
	ition of Section XI Ut		n	# 6/8/94	1980 T 11.TH 1	HRU 1981 981 WINTE	77 HG/8
Identification of C	omponents Repaired	or Replaced and F	Replacement Con	nponents A	DUEL	IDA.	R
		· ·		T		<del></del>	<del>,                                      </del>
		]					
							ASME Code
Name of	Name of	Manufacturer	National Board	Other	Year	Repaired, Replaced,	-
Name of Component	Name of Manufacturer	Manufacturer Serial No.		Other Identification	Year Built		Code Stamped (Yes
_	Manufacturer	Serial No.	Board	Identification		Replaced,	Code Stamped (Yes
_			Board			Replaced,	Code Stamped (Yes
_	Manufacturer	Serial No.	Board	Identification		Replaced,	Code Stamped (Yes
_	Manufacturer	Serial No.	Board	Identification		Replaced,	Code Stamped (Yes
_	Manufacturer	Serial No.	Board	Identification		Replaced,	Code Stamped (Yes
_	Manufacturer	Serial No.	Board	Identification		Replaced,	Code Stamped (Yes
_	Manufacturer	Serial No.	Board	Identification		Replaced,	Code Stamped (Yes
_	P5A	Serial No.	Board No.	Identification		Replaced,	Code Stamped (Yes

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



Page 23 Of 24

#### FORM NIS-2 (Back)

9. Remarks TRACKING # 34/Ass 9/12	<u> </u>
Applicable Manufacturer's D	ata Reports to be attached
We certify that the statements made in the report are correct a	LIANCE CON A SENSON
ASME Code, Section XI.	repair or replacement
11/2 969-10	C.I
Type Code Symbol Stamp	76
Type Code Symbol Stamp No. NA 905-10-	Expiration Date
	M = 0
wner or Owner's Designer, Title	Date
	<u> </u>
CERTIFICATE OF INSERVICE	CE INSPECTION
I, the undersigned, holding a valid commission issued by the National Boa	rd of Boiler and Pressure Vessel Inspectors and the State
or Province of TRANGESSEE and employed by HS S	have inspected the components described
in this Owner's Report during the period 6/30/34	have inspected the components described to 6/30/94, and state that
to the best of my knowledge and belief, the Owner has performed exam	ninations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code,	Section XI.
By signing this certificate neither the Inspector nor his employer mal	kes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report shall be liable in any manner for any personal injury or property damage	t. Furthermore, neither the Inspector nor his employer
inspection,	or a loss of any kind arising from or connected with this
B Earright Commissions	
Inspector's Signature Commissions	TN 2534 Netional Board, State, Province, and Endorsements
· · · · · · · · · · · · · · · · · · ·	National Board, State, Province, and Endorsements
Date6/3019_94	

1. Owner <u>TEN</u>	V-SSEE UP	ILLE? AL	FILMOHTC	Date	/28/9	4	
400 W. S	OMMIT HI	UDR K	MOXUILLE	Sheet/	of		
2. Plant WATTS	BAN NI	)CLEAR	BAR_IN	Unit			
	1101110			Wo.94-	00586	-00	
3. Work Performed by	PLANT CON	PLETION G	37381	Repair Org	anization F	.O. No., Job No.	, etc.
	O SPRING CIT			Authorization No.		NAXXX 7/119	9
4. Identification of Sy	Address	0.87/1	APDER LI	Expiration Date			
5 (a) Applicable Com		TSC	77	TAUTANEC	1704		
5. (a) Applicable Con (b) Applicable Edit	ion of Section XI Uti	lized for Repairs	or Replacements	JUNE 1973, 19 <u>80 - WIN</u>	Addenda,_ <i>TER</i> 81	NATER	/ <del>1</del> _Code Case
6. Identification of Co					-		
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1087-A435-					UNKNOON	REPAIRED	NO
				· .			
			NB YK 7/1	194			
. Description of Work_	ADD WEL	0 TO 541	М				
	lydrostatic Pne	umatic Nor	ninal Operating P	ressure			
NOTE: Supplementa	I sheets in form of I	ists, sketches, or	drawings may be	used, provided (1)	size is 8% i	n. x 11 in <i>12</i> ) :-	oforms.

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

#### FORM NIS-2 (Back)

9. Remarks NONE # 94 - 3418 by 9/12/94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this REPAIR conforms to the rules of the repair or replacement
Type Code Symbol Stamp
Certificate of Authorization No Expiration Date
Signed Date 7 - 1 19 9 4
CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Roard of Relies and R.
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TRNNCS3RL and employed by HSB TFT Co of have inspected the components described in this Owner's Report during the period 7/5/34
in this Owner's Report during the period 7/5/34 to 7/5/39, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector's Signature Commissions TN 2534  National Board, State, Province, and Endorsements
Date

1. Owner JENN.	VALLEY	AUTHO	OR 174	Date	0-90		
400 5m	Name		VILLE	Sheet	of		
2. Plant <u>KATTS</u>	BAR NUCL	EAR PL	107	Unit			
He Box 200	C) SPRING Address	4 C174, TA	037381	Repair Orga	3-/	4409-	-O/_
3. Work Performed by	WATTS BA	R NUCCES	rekut	Type Code Symbol			
MBX ZX	D SPRING- Address	City, to	37 <u>36</u> 1	Authorization No. Expiration Date		NE	5-K
4. Identification of Sys	stem <u>061</u>	1 CE	(ONTO	5-10-94			-
5. (a) Applicable Cons (b) Applicable Editi	on of Section XI Ut	15 1973 to	Edition, or Replacement		ddenda,	180 THRU 1	-K-94 Code Case 98/ W/
6. Identification of Co	MADDENDA		Replacement Co	mponents	,/ <b>*</b> / -		
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PSA	4363	1/195) 5-10-14	1-30-B.	1918	LEKKE- MENT	No
			_	100			
				JK God	294-		
				J.			
7. Description of Work	REPLACE	50 SA	NUBBE	e	1	L	<u> </u>
8. Tests Conducted: (	Hydrostatic Protection Procedure	neumatic No	Ominal Operation Test Temp.	Protection Jay S.	1050	1	

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

FORM NIS-2 (Back) 9. Remarks RACKING No CERTIFICATE OF COMPLIANCE We certify that the statements made in the report are correct and this way. ASME Code, Section XI. conforms to the rules of the N/A 985-1094 CERTIFICATE OF INSERVICE INSPECTION I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State in this Owner's Report during the period__ GNN. have inspected the components described to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this TN 2534
National Board, State, Province, and Endorsements . Commissions ___

1		1
Pace 6	oont. on Page	

1. Owner <u>TENN</u>	ESSEE VAL	LEY AUTH	DRITY	Date <u>05</u> –	16-9	4	
<u>400</u> W. SUI	MM/T HILL	DR YMNY	VILLETN		' '	7	
2. Plant WATTS P.D. BOX 2	BAR NUC	LEAR PLA	ANT	Unit 1 (01)	VE)		
P.O. BOX 2	2000 SPRII	NG CITY	373817 TN <del>27771</del>	MM 5/19/94	1390	0 × 10 m	18 5.10
2 Mari Darf	Address	400151 <i>01</i>	TON	Repair Org	anization I	P.O. No., Job No.	, etc.
o. Work renormed by	1 177 71	Name	TIDIU	Type Code Symbo Authorization No.	Stamp	N/A CD	m 5/16
_WA115	BAR NU	CLEAR F	<u>PLANT</u>	Expiration Date			7 9/19
4. Identification of Sy							
5. (a) Applicable Con: (b) Applicable Edit	struction CodeA_	<u> </u>	73 Edition,	SEVENTH ,	Addenda	N/A	Code Case
(b) Applicable Edit	ion of Section XI Ut	ilized for Repairs	or Replacement	s 19 <u>80 THRL</u>	1 1981 ER AD	W/ 1981 DENDA	_000c 00\$e
6. Identification of Co	mponents Repaired	or Replaced and f	Replacement Co	mponents	~1/ YD	DENDA	
					T		
							ASME Code
Name of	Name of	Manufacturer	National Board	Other	Year	Repaired, Replaced.	Stamped (Yes
Component	Manufacturer	Serial No.	No.	Identification	Built	or Replacement	or No)
PIPE SUPPORT	N/0	11/10	1/0	D.CD. 14 10700	UN		
1072-72-1CS-R89	N/A	N/A	N/A	DCH-M13988- 20 4 21	KNOWN	REPLACED	d
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				N/A hup	5-18-	94-	
						77	
					<u> </u>		
. Description of Work_	REPLACE	D THE	SUPPORT	WITH NEW	MA	TERIAL	<u> </u>
Tests Conducted: H	ydrostatic Pne	umatic / Nor	minal Operating	Pressure			
0	ydrostatic Pne ther Pressure	U/A psi	Test Temp	°F			
NOTE: Supplemental	sheets in form of	lists, sketches, or	drawings may b		size is 8½ i	in. x 11 in., (2) in	iforma-
tion in items 1 through	this form	is included on ea	ich sheet, and (	<ol><li>each sheet is num</li></ol>	bered and	the number of si	heets is

Page 7 ours.	en	Page	<u>8</u>
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#### FORM NIS-2 (Back)

9. Remarks TRACKING No. 94-343A AND 5-16-94
Applicable Manufacturer's Data Reports to be attached
- Ly 9/1244
1
CERTIFICATE OF COMPLIANCE MENT
We certify that the statements made in the report are correct and this REPLACED conforms to the rules of the
CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this REPLACED conforms to the rules of the repair or replacement Page 75-18-94
Type Code Symbol Stamp
N/A
Certificate of Authorization NoExpiration Date
Signed Harles March (FIELD ENG) Date 5-16 1994
Signed Owner or Owner's Designee, Title FIELD ENG Date 5-76 , 19 94
Child of Child 7 Datis 100, 11th C
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of TRNNESSEE and simployed by HSB I TEC of
have inspected the components described
in this Owner's Report during the period 6/13/94 to 6/13/94, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
R E. 1/2 TU2534
Commissions TN 2 5 3 4  Inspector's Synature Commissions National Board, State, Province, and Endorsements
6/13 94
Date19/

1. Owner TENNE	SSEE VALL	EY AUTHO	RITY	Date7-/	2-94		
100	Nan	10					
400 W. 5u	MM i THILL	DR, KNOXV	ILLE, TN.	Sheet			
2. Plant WATTS I	BAR NUCLEA	R PLANT	<del></del>	# 1/12/ Unit # 10. 4	94	00746-0	0-1
P.O. BOX 2000	SPRING CIT	4,TN, 377	7/	Wo,#9	4-00	746-00 P.O. No., Job No.	
3. Work Performed by	WATTS BAL	R MODIFICA Name	TION	Type Code Symbo	ol Stamp_		, etc.
P.O. BOX 200	SPRING C Address	ITY, TN. 3	777/	Authorization No. Expiration Date_		/m × 7/2	6/94
4. Identification of Sys						•	,
<ul><li>5. (a) Applicable Cons</li><li>(b) Applicable Editi</li><li>6. Identification of Cons</li></ul>		mzed for Repairs	or neplacement	s 19 <u>00</u> – W/W	TER 81	NAPRO	_Code Cas
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
12		4/A-1/1	47/12/94		<del> </del>		<u> </u>
62-10vc-R191		N 1 &			UNKNOWN	Repaired	No
			·				
			NAKKE 1/	12/94		·	
			-				
7. Description of Work	ADDED	E/0 77 5	(a.) aa		l		
	TIDDED W	ELD TO SI	niM.				
3. Tests Conducted: H	vdrostatic Pno	eumatic Nom	ninal Operating	Pressure ° F			
			. 300 1011111				

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

Applicable Manufacturer's Data Reports to be attached  CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this REPAIR conforms to the rules of the repair or replacement  Type Code Symbol Stamp  NAWM 12/44  Certificate of Authorization No.  Expiration Date  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennesses and employed by Tennesses and employed by Tennesses and employed by Tennesses and employed by Tennesses and employed by Tennesses and employed by Tennesses and employed by Tennesses and the State or Province of Tennesses and pelief, the Owner has performed examinations and taken corrective measures described in this Owner's Report during the period Tennesses described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer than be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this impection.  Commissions TN 3534  Inspector Signeture  To 34			FORM NIS-2	(Back)	م ا م ا م ا م
CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this REPAIR conforms to the rules of the ASME Code, Section X1.  Type Code-Symbol Stamp  NAME TYPE Code-Symbol Stamp  NAME TYPE Code-Symbol Stamp  NAME TYPE Code-Symbol Stamp  NAME TYPE Code-Symbol Stamp  NAME TYPE Code-Symbol Stamp  NAME TYPE Code-Symbol Stamp  NAME TYPE Code-Symbol Stamp  NAME TYPE Code-Symbol Stamp  NAME TYPE Code-Symbol Stamp  NAME TYPE TYPE TYPE TYPE TYPE TYPE TYPE TYP	9. Remarks	None		TRACKING # 94.34	2 NO Dali Jaa
We certify that the statements made in the report are correct and this REPAIR conforms to the rules of the ASME Code, Section XI.  Type Code Symbol Stamp  NATION 12164  Certificate of Authorization No.  Expiration Date  Certificate of Authorization No.  Expiration Date  Owner or Owner's Designee, Title  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB IFICO of HAYTIOY CONT have inspected the components described in this Owner's Report during the period 7/25/37 to 7/25/37, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions TN 2534  Inspector Signature  Commissions No.  Expiration Date  To 12 4 9 4  Province Symbol State Province, and Endorsements  Commissions No.  Expiration Date  To 12 4 9 4  The Province Symbol State Province, and Endorsements  Commissions No.  To 234  National Board, State, Province, and Endorsements			Applicable Manufacturer		3 14 29 4112 194
We certify that the statements made in the report are correct and this REPAIR conforms to the rules of the ASME Code, Section XI.  Type Code Symbol Stamp  NATION 12164  Certificate of Authorization No.  Expiration Date  Certificate of Authorization No.  Expiration Date  Owner or Owner's Designee, Title  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB IFICO of HAYTIOY CONT have inspected the components described in this Owner's Report during the period 7/25/37 to 7/25/37, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions TN 2534  Inspector Signature  Commissions No.  Expiration Date  To 12 4 9 4  Province Symbol State Province, and Endorsements  Commissions No.  Expiration Date  To 12 4 9 4  The Province Symbol State Province, and Endorsements  Commissions No.  To 234  National Board, State, Province, and Endorsements	-		<del></del>		
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Type Code Symbol Stamp  NAWC-1/2/GA  Certificate of Authorization No.  Expiration Date  Owner or Owner's Designee, Title  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB IFI (CO of HAY FOY CONN have inspected the components described in this Owner's Report during the period 7/25/14 to 7/25/14, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions TN 2534  Inspector Signature  Commissions No.  Expiration Date  To 12 GA  Expiration Date  To 12 GA  Expiration Date  To 12 GA  Expiration Date  To 12 GA  Expiration Date  To 12 GA  Expiration Date  To 12 GA  Expiration Date  To 12 GA  Expiration Date  To 12 GA  Expiration Date  To 12 GA  Expiration Date  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 12 GA  To 1	141				
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CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB IFI (0° of Hax For d connected in this Owner's Report during the period 7/25/34 have inspected the components described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions 7N 2534  Inspector Signature  Commissions 7N 2534  National Board, State, Province, and Endorsements					
CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB IFICO of HAY FOY O CONN have inspected the components described in this Owner's Report during the period 7/25/79 to 7/25/79, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions TN 2534  National Board, State, Province, and Endorsements	Type Code S	ymbol Stamp			
Signed Semilar Date 7-12 , 19 94  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB IFI (0° of HAXIFOX CONN have inspected the components described in this Owner's Report during the period 7/25/14 to 7/25/14 , and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions 7N 2534  Inspector/Signature Commissions 7N 2534  National Board, State, Province, and Endorsements			NAM	27/12/4	
CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB TFT (Or of HAYT For O CONN) have inspected the components described in this Owner's Report during the period 7/25/34 to 7/25/34, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions TN 2534  Inspector Signature  Commissions TN 2534  National Board, State, Province, and Endorsements	Certificate of	Authorization No.	<del></del>	Expiration Date	
CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB TFT (Or of HAYT For O CONN) have inspected the components described in this Owner's Report during the period 7/25/34 to 7/25/34, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions TN 2534  Inspector Signature  Commissions TN 2534  National Board, State, Province, and Endorsements	a. 7	THE STATE OF		7 12	64
1, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB IFI CO of HAY For a conversion have inspected the components described in this Owner's Report during the period 7/25/19 to 7/25/19, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions TN 2534  Inspector Signature  Commissions National Board, State, Province, and Endorsements		ner or Owner's Designee,	D	Date	, 19_74
1, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB IFI CO of HAY For a conversion have inspected the components described in this Owner's Report during the period 7/25/19 to 7/25/19, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions TN 2534  Inspector Signature  Commissions National Board, State, Province, and Endorsements					
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have inspected the components described in this Owner's Report during the period 7/25/74 to 7/25/74, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions TN 2534  Inspector's Signature  Commissions TN 2534  National Board, State, Province, and Endorsements	or Province of	gned, holding a valid comr f TENNESSEE	nission issued by the National	Board of Boiler and Pressure Vessel	· ·
in this Owner's Report during the period 7/25/39 to 7/25/39, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions 7N 2534  Inspector Signature  Commissions 7N 2534  National Board, State, Province, and Endorsements		HAY	1310 CONN	A 1	
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Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions  TN 2534  Inspector Signature  Commissions  National Board, State, Province, and Endorsements	to the best of	my knowledge and belie	f, the Owner has performed e	xaminations and taken corrective me	easures described in this
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Inspection.  Commissions TN 2534  Inspector Signature Commissions National Board, State, Province, and Endorsements	examinations	and corrective measures	described in this Owner's Re	port. Furthermore, neither the Insu	ector nor his employer
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7/25	inspection,	$\mathcal{L}$			
7/25	$\mathcal{J}$	Comol	0	TN 2534	
7/25		Inspector's Signature	Commission	National Board, State, Province	, and Endorsements
Date		alar			
	Date	<u>//ふう1</u>	9 <u>74</u>		

W.O. 93 - 26359-00 PAGE 30 OF 56

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

1. Owner TENNY ADD W.SUN	1440	118	JULL TN.	Date <u> </u>	- 94 - of 1	,	
2. Plant WATTS		-:	PLANT	Unit /	_ of <i>I</i>		
PO 100X Z	Nam	e			2/2		
. Work Performed by		<del></del>	- 37301			59-00 P.O. No., Job No.	., etc.
		Name		Type Code Symbo Authorization No.		N/A RB	
P.D. Box 200	,	CITY, TN.		Expiration Date_		2-2-6	74
. Identification of Sys		Rs					
(a) Applicable Const	truction Code <u>A</u>	SME19	Edition.	SUMMER 1972	۸ ططمینات ۸	14. 00/0 0 0	,
(b) Applicable Edition	on of Section XI U	tilized for Repairs	or Replacement	s 19 80 ThRU	Addenda.A いいナビア	<u>VA KB/2-2-74</u> 2 1981	Code Case
Identification of Com	ponents Repaired	or Replaced and I	Replacement Co.	MOOnente		- / / 0 /	
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							ASME
Name of	Name of	Manufacturer	National Board	Other		Repaired,	Code Stamped
Component	Manufacturer	Serial No.	No.	Identification	Year Built	Replaced, or Replacement	(Yes or No)
TING MATERIAL FOR		N .		600 m to 1 51 m m			
I-PCV-68= 340A-A	TVA	RB 2-2-94	RB 2-2-94	F805# 1-068-F8- F-1004	N A	REPLACEMENT	YES
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			O/A RB 2-2-94				
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### W.O. 93-26359-0 PAGE 3/ OF 56

FORM NIS-2 (Back)
9. Remarks TRACK/NG# 94- 3XX A DG 9)13/94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the report of replacement.
Type Code Symbol Stamp
Certificate of Authorization No Expiration Date  Signed Myly Attacky FE Date 4/20/94 , 19
CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB IFI core of HATTFORD CONN.  In this Owner's Report designed to the components described
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code. Section XI
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector's Signature Commissions TN 2534  National Board, State, Province, and Endorsements  Date 6/22 19 94

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WP: D00607-01

Page 8 coat on Page 8A

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

PC. Box 2000, SPRING CITY, TN Address Repair Organization  Name Name  Authorization No. Expiration Date  Address Identification of System STSTEM OW CHEMICAL + VOLUME CONTLOL  (a) Applicable Construction Code AISC. 19 73 Edition, 7th Addenda, (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 W7 ADDENDA	P.O. No., Job No  NONE THROUGH IN	Code C
Repair Organization  Name  Name  Name  Address  Name  Name  Address  Name  Authorization No.  Expiration Date  Address  Identification of System SYSTEM OWS / CHEMICAL & VOLUME CONTLOC  (a) Applicable Construction Code ATSC. 19 73 Edition, 7th Addenda, (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 W7 ANDENDA (CONE CASE A Identification of Components Repaired or Replaced and Replacement Components  Name of Name of Manufacturer Serial No.  National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National Natio	NONE THROUGH W	_Code C
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THE SUPPORT TVA NONE NONE 1002-1-62A-22 "METICAL	REPAILED	No
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This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

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WP: D00607-01

Pege 8A cont. on Page 8B

FORM NIS-2 (Back)
9. Remarks TRACKING NO 94-344 B JUH 7-12-94
Applicable Manufacturer's Data Reports to be attached
THIS NIS-Z IS FOR ADDITIONAL WORK PERFORMED AFTER COMPLETION OF
PREVIOUS NIS-Z (TRACKING NO. 93-384) JUNE 7-12-44
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this <u>REPAIC</u> conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp
Signed Signed PROS ENGINEER Date JULY 12 , 19 94
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of
Inspector's Signature Commissions National Board State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State
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4. Identification of S						77. 000	1/0/14
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		thized for Repairs	or Heplacement	s 19 <u>80 W8</u> [			
6. Identification of Co	omponents Repaired	or Replaced and	Replacement Cor	nponents			
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Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
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Page ___ of ___

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FORM(NIS-2 (Back)	
<b>→</b>	
9. Remarks Tracking # 94-345 B	
Applicable Manufacturer's Data Reports to be attached	_
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CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this VP Dicement.	
We certify that the statements made in the report are correct and this <u>Yeplacement</u> conforms to the rules of the ASME Code, Section XI.	
ASME Code, Section A1.	
Type Code Symbol StampN/A_OW 9/8/94_	
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Certificate of Authorization No. N/A DW9/8/94 Expiration Date N/A DW9/8/94  Signed Date Sept. 08 , 19 94	
Cartificate of Authorization 140,	-
Signed Outabler Date Sept. 08 19.94	
Owner or Owner's Designee, Title	-
CERTIFICATE OF INSERVICE INSPECTION	_
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State	e
or Province of TN. and employed by HSBIRTCO.	f
and employed by	d
in this Owner's Report during the period 7-13-94 to 9-10-94, and state the	t
have inspected the components described in this Owner's Report during the period 7-13-94 to 9-10-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this	t
in this Owner's Report during the period 7-13-94 to 9-10-94, and state the	t
have inspected the components described in this Owner's Report during the period 7-13-94 to 9-10-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this	t s
have inspected the components described in this Owner's Report during the period 7-13-94 to 9-10-94, and state the to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer	t s e
have inspected the components described in this Owner's Report during the period 7-13-94 to 9-10-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this	t s e
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have inspected the components described in this Owner's Report during the period 7-13-94 to 9-10-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	t s e

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3. Work Performed by	WATTS B	AR Nuclear	Part	Type Code Symbo		P.O. No., Job No.	, etc.
A	o, Spring Ci	CVATOR		Authorization No.			
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4. Identification of Sy				•			
5. (a) Applicable Con (b) Applicable Edit	struction Code A	ME II 19	71 Edition,	573	Addenda	NIA KOK SIZI	ME and S
(b) Applicable Edit	tion of Section XI U	tilized for Repairs	or Replacements	19 80 W8/	12001122,_	· /	_Code C
5. Identification of Co	mponents Repaired	or Replaced and F	Replacement Con	ponents			
•				<u> </u>	<del></del>	<del></del>	,
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Name of	None		National			Repaired,	Code Stampe
Component	Name of Manufacturer	Manufacturer Serial No.	Board No.	Other Identification	Year Built	Replaced, or Replacement	(Yes or No)
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NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

#### FORM NIS-2 (Back)

Applicable Manufacturer's Data Reports to be attached
3/5/85
TRACKING # 94-346A KLR 5/21/910
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this Replacement conforms to the rules of the ASME Code, Section XI.
Type Code Symbol StampN/A KH_ 5/21/94
Certificate of Authorization No. N/A KK 5/21/94 Expiration Date N/A KK 5/21/94
Signed Kernett / Kook Date MAY 21 , 19 94
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the Stater Province of TRUNCSCE and employed by HSB IVI CO
HAY for Om have inspected the components describe
o the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in the Dwner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Incomes are big.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
xaminations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employed
nall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with the inspection.
13 Earnold TN 2534
Inspector's Signature Commissions TN 2534  National Board, State, Province, and Endorsements
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1. Owner <u>Tenne</u>	essee Valle	ey Autho	ority	Date 1/26	194		
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2. Plant_Walls				Unit			
_	O, Spring	~		Wo# 93 Repair Org	- 061	568-00	· · · · · · · · · · · · · · · · · · ·
3. Work Performed by	, , , , , , ,			Repair Org			., etc.
	CC, Spring	Name Coty, Tn	,	Authorization No.  Expiration Date			26/24
4. Identification of Sy	stem	/cvcs					
(a) Applicable Con     (b) Applicable Edit     dentification of Co					Addenda,_ Wink	ВС <u>М/Д (рију</u> 4 1981	LCode Cas
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Bottong Material Er Suction Speci Prece Hasures on PMPIA-A	TVA			FBDS-1-62-F-529			
Solting Muterial For- Suction Spool Piece Bayes on PMPIB-8	TVA	MA	NA	FBU-1-62-F-5-30 FBOSI-62-F-6-F	NA	Replacement	Yes
offing Material for uction Spel Piece larges on PMPICE	TVA	1/24/94	BC 1/26/94	FBC5-1-62-F3C8 FBC5-1-62-F3C8 FBC5-1-62-F-3-87	30	Replacement	Yes Yes
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	ydrostatic Pne ther Pressure		umer Operacille i	rressure	ins ic	TO CAN PART	resu_
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//82)	This Form (E00030)	may be obtained	from the Order	Dept., ASME, 345 E	. 47th St.,	, New York, N.Y.	. 10017

### W.O.93-06068-00 PAIC 43 of 92

1 /21/194 FORM NIS-2 (Back) = 89 9/12/94
9. Remarks None Tracking # 94-347A 5/24/94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this Keplacement conforms to the rules of the
ASME Code, Section XI. repair or replacement
Type Code Symbol Stamp
NA7425/7/99
Certificate of Authorization NoExpiration Date
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Signed November of Owner's Designee, Title  Date 5-7 , 19 94
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned helding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of FANESEE and employed by THE TOB I. E. I. Co., of
have inspected the components described
in this Owner's Report during the period 1-36-74 to 6-15-94, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection
( E. W) stants. A/R/1/20 1/2/22 1/47
Inspector's Signature Commissions DC C C N-2633 NF L National Board, State, Province, and Endorsements
T-1
Date UNE / 6, 19 9 4

Page	<u>6</u>	capi.	on P	ode	7
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1. Owner TENNE	SSEE VALV	EY AUTHO	RITY	Date	22-9	4	
HOOW, SUM	MIT HILLT	ORIVE, KHOXY	ILLE TN.	Sheet/	of	2	
2. Plant_WATTS	BAR NUC	LEKR PLA	Tin	Unit			
P.O. BOX ?	Address	C CITY.TN.	ודדרב	- Bonals O	<del> </del>		
3. Work Performed by	, TUA					P.O. No., Job No.	
				Type Code Symbo Authorization No.	م_Stamp ا	NA GG 7-22	-44
P.U. Box 2600	O SPRING (	CITY, TN.	3777/	Expiration Date			<del>y</del>
	Address						
4. Identification of Sy	stem <u>45 FEIM</u>	003, MAIN	# AUXIL	1ARY FEEDIN	MIER		
5. (a) Applicable Cons (b) Applicable Editi 6. Identification of Con		timeso for repairs	or replacement	\$ 19 <u>7700 W</u> NTEX 7	Addenda <u>, 4</u> HELAdder	NA 66 1-22.44 WAA	_Code Ca
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No,	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1003-4401-1-12		A) GG 1-2294		DCN-P-01238-A	N/G/G 1-22-4	Replacement	NA 46 1-12-44
		·					
			N 667-25	7-94			
			N 667-25	7-94			
			N 667-22	2-94			
			N 667-25	7-94			
Description of Work_	Add 1/2" Fla	te and Re	A		3.0.0	и.	

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

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B282.

FORM NIS-2 (Back)
9. Remarks News 9/12/94
TRACKING# 94-347824 7/2294
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and thisconforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp
Certificate of Authorization No. None Expiration Date
Signed Signed Signed, MODS, F.E. Date 7-22 , 19 94
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province ofand employed by
Harthord, CT. have inspected the components described
in this Owner's Report during the period 11-17-92 to 9-10-94, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
WIZ CO
Inspector's Signature Commissions T-N25
Date

1. Owner <u>TE</u> ルム	ESSEE VA	LLEY AUTH	10/2/17	Date	5   23	174	
400 K/. S	umm T HIL Address	L DR, KHOK	VILLE, TW.	Sheet	of		
2. Plant WATT	SBAR NUCL	EAR PLA	t~ T	Unit	1		
Po Box Z	OCO , SPRING Address	CITY, TN.	37381	WP.D	-056	23.01	
3. Work Performed b	AUT ,					O. No., Job No.	, etc.
		Name		Type Code Symbo Authorization No. Expiration Date	Stamp_	V (30)	
MALLS	BAZ WUCL	EAR PLA	~+	Authorization No.	<del></del>	ra CX S	123194
···	Address		· · · · · · · · · · · · · · · · · · ·	Expiration Date			
4. Identification of Sy	/stem	- 60	2 tainn	ient Sp	'2R4		
5. (a) Applicable Con (b) Applicable Edit 6. Identification of Co	inon or occiton XI of	mized for Repairs	or Replacements	5 19 <u>50</u> ( ), y ,	Addenda <u>, h</u> Addenda, <u>h</u>	sla CD 5123 ter 1981 1	
							ASME
		•	i	j	ł	1	Code
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	Stamped (Yes or No)
Component	Manufacturer	Serial No.	Board No.	Identification	Built	Replaced, or Replacement	Stamped (Yes
	Manufacturer	Serial No.	Board	Identification		Replaced,	Stamped (Yes
Component	Manufacturer	Serial No.	Board No.	Identification	Built	Replaced, or Replacement	Stamped (Yes or No)
Component	Manufacturer	Serial No.	Board No.	Identification	Built	Replaced, or Replacement	Stamped (Yes or No)
Component	Manufacturer	Serial No.	Board No.	Identification  TXA -  POS623-07-0	Built	Replaced, or Replacement	Stamped (Yes or No)
Component	Manufacturer	Serial No.	Board No.	Identification  TXA -  POS623-U7-0	Built	Replaced, or Replacement	Stamped (Yes or No)
Component	Manufacturer	Serial No.	Board No.	Identification  TXA -  POS623-U7-0	Built	Replaced, or Replacement	Stamped (Yes or No)
Component	Manufacturer	Serial No.	Board No.	Identification  TXA -  POS623-U7-0	Built	Replaced, or Replacement	Stamped (Yes or No)
Component	Manufacturer	Serial No.	Board No.	Identification  TXA- POS623-U7-0  F 5 23 9 4	Built	Replaced, or Replacement	Stamped (Yes or No)
Component	Manufacturer  12 Marsizoky  Modify So	Serial No.  None  Proct -D	Board No.	Identification  TXA- POS623-U7-0  F 5 23 9 4	Built	Replaced, or Replacement	Stamped (Yes or No)
Component  ICTZ -72-ICS - RI  Description of Work_  Tests Conducted: F	Manufacturer    2	Serial No.	Board No.	Identification  TXA-  POS623-07-0  \$\frac{5}{23} = \frac{9}{9}\$  \$\frac{7}{23} = \frac{9}{9}\$	Built	Replaced, or Replacement	Stamped (Yes or No)
Component  ICTZ -72-ICS - RI  Description of Work_  Tests Conducted: F	Manufacturer  12 Marsizoky  Modify So	Serial No.  None  Propt - D	Board No.	Identification  TXA-  POS623-07-0  \$\frac{5}{23} = \frac{9}{9}\$  \$\frac{7}{23} = \frac{9}{9}\$	Built	Replaced, or Replacement	Stamped (Yes or No)
Component  ICTZ -72-ICS - RI  Description of Work_  Tests Conducted: F	Manufacturer    2	Serial No.  None  Pool - D.  umatic   Non psi	Board No.  No.  No.e  CR - Posc  Ininal Operating Post Temp.	Identification	Built	Replaced, or Replacement	Stamped (Yes or No)

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	Total Lands
	FORM NIS-2 (Back)
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9. Remar	
- TRA	CKING #94-348ADD 52594
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	CERTIFICATE OF COMPLIANCE
ASME	We certify that the statements made in the report are correct and this Parket Conforms to the rules of code, Section XI.
Turn C	ode Symbol Stamp Na S 23 94
Type Co	
Certifica	ate of Authorization No. Na. Na. 5 23 174 Expiration Date Na. 5 25 19 4
Signed_	5/23
	Owner or Owner's Designee, Title
<u> </u>	
	CERTIFICATE OF INSERVICE INSPECTION
I the un	dersigned holding a valid commission issued by the National Based of Burney
I, the un or Provir	idersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the nace of TN and employed by HSB I&I Co.
or Provin	and employed by HSBIRI CO.  have inspected the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the components described the
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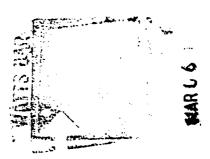
# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Code Section XI

		•					
1. Owner TENNO	ESSEE VAL Nan	LEY AUT	HORITY	Date	22-9	4	
400 W. Sun	MIT HILL D	R. KNOXV	ILLE, TN.	Sheet	_ of		_
2. Plant <u>IN A 77</u>				Unit			
PORCX	Nam	e 	/ = , 3777	1/17 -	7 (6.6		
	2000 S PA Address	CING CITY	<u>/ / / / 3/</u> //	Repair Or	ganization	866-01	
3. Work Performed by	V_TUA	·- <u>·</u> ·		Type Code Symb			
P.C. From 21	ma souk	Name	/	Authorization No	. NA	4G7-22-9	9
	OC, STRING			Expiration Date_			
I. Identification of Sy	stem <u>5957EM</u>	62, CAE	MIPEL AN	D VELUME	Apalt.	E101	
(a) Ameliantica			77				
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to Applicable Euit	ion of Section XI U	tilized for Repairs	or Replacemen	ts 19 <u>80-N'INTER</u>	1461 AL	dend t	
. Identification of Co	mnonente Bensimd	on Danis and the					
. Identification of Co		or Replaced and I	Heplacement Co	mponents			
					<del></del>	T	1
						1	ASMI
			National			Banainad	Code
Name of Component	Name of	Manufacturer	Board	Other	Year	Repaired, Replaced,	Stamp
Component	Manufacturer	Serial No.	No.	Identification	Built	or Replacement	1
%2- <i>555-2-3-</i> 9		146-					
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Tests Conducted: H	ydrostatic Pne	umatic Non	ninal Operating	Processian [7]			
O.	ther Pressure 🗸	AGG 22-94 psi	Test Temp.	1667-2246 E			
NOTE: Supplemental tion in items 1 through	sheets in form of I	ists, sketches, or	drawings may b	e used, provided (1)	size is 8½ i	in, x 11 in (2) in	forma.
tion in items 1 throug recorded at the top of		is included on ea	ch sheet, and (3	each sheet is num	bered, and	the number of si	neets is
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/92)				• •			

(12/82)

This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

REPRINT 12/91



FORM NIS-2 (Back)

TRACKING # 94-34889 7/22/94	<del></del>
We certify that the statements made in the report are correct and this **Sephice men's conforms to the rule	
ASME Code, Section XI. repair or replacement	is or the
Type Code Symbol Stamp	
Certificate of Authorization No. None Expiration Date None	
Certificate of Authorization No. 1000 Expiration Date No. 1000 Expiration Date	
Signed According Mas F.E. Date 7/25 , 19	94
CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and or Province of The and employed by HSB TRITED.	of
in this Owner's Report during the period 12/32/92 to 350/04, and s	described
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures describe	ed in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector has become accordance.	
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Inspector's Signature National Board, State, Province, and Endorsen	nents
Date \$\ \frac{7}{3} \omega  19  4	
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WORKPLAN D-04667-02
Page 6A4cont. on Page 4A
99 6-1-94

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

, , ,								
1. Owner TENNE	SSEE VALLEY	AUTHORNY		Date6 -/	1-94			
GOO W. SUMMIT HILL DRIVE, KNOXVICLE, TN				Sheet / of /				
2. Plant WATTS BAR NUCLEAR PLANT Name Po Box 2000, SPRING CITY, TN 37381 Address'				Unit/ WP D-04667-02				
PO BOX 2000, SPRING CITY, TN 37381				Authorization No. N/A 908 6-1-94 Expiration Date				
	Address	1, 1,4, 01	30./	Expiration Date		/		
4. Identification of Sys	stem <u>5, 7, 5,</u>	(063)			<del>,</del>			
5. (a) Applicable Cons	truction Code $A/^\circ$	5C 77# 10	73 Edition	JUNE 1973 A		16 M= 6-1	.94	
(b) Applicable Editi	on of Section XI Ut	ilized for Repairs	or Replacement	s 19 <u>80 thru</u> was	Addenda,_	N/A GOS	_Code Case	
					IER 1981	100ENDA		
6. Identification of Cor	mponents Repaired	or Replaced and I	Replacement Cor	mponents				
						j .	ASME	
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	Code Stamped (Yes or No)	
PIPE SUPPORT					ļ			
1063-63-15Is-R109	TVA	NONE	None	63-1SIS-R109	UNK	REPLACEMENT	NO	
		A come	( ) 01					
		N A 9009	6-1-74					
		,						
. Description of Work_	MODIFIED	EXISTING	PIPE SUPP	ONT				
-		_						
_	ther Pressure		minal Operating	Pressure				
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NOTE: Supplementa	I sheets in form of	lists sketches o	r drawings may	0-1-74		• • • • • • •	_	
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WORKPLAN D-04667-02
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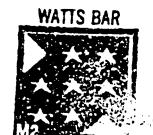


Sq 9/12/94 FORM NIS-2 (Back)

JUN 0 1 1994

9.	Remarks NIS-2 TRACKING NO: 94-349 A 908 6-1-94
	Applicable Manufacturer's Data Reports to be attached
	PER REV 3 OF THIS WORKFRAND D-04667-02, COMPLETION OF PHYSICAL WORK AND
	Q.C. INSPECTIONS WAS NOT PREFORMED. THIS SUPPORT HAS BEEN REDESIGNED BY DON
	F-30810-A AND WILL BE COMPLETLY REMOVED AND MODIFIED BY WP. D-04667-30
	00 6-1-94

We certify that the statements made in the report are correct and this <u>REPLACEMENT</u> conforms to the rules of the ASME Code, Section XI.  repair or replacement
Type Code Symbol Stamp
Certificate of Authorization No. No. No. Expiration Date NONE
Signed Share or Owner's Designee, Title CNGR. Date 6-/ 19 94
CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Transsell and employed by H3B IfI Co of Hart Ford Connormal have inspected the components described in this Owner's Report during the period 7/8/94 to 7/8/94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions TN 253/1  National Board, State, Province, and Endorsements
Date



D-05620-06

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

= JAN 0 6;#	901		DAIZIOUS OF THE	ASME Code Sect	ion XI	· ·	
1. Owner TENNES	SSEE VALLE	Y AUTHORIT	-y	Date 7-22	- 94		•
	AMIT HILL DR			Sheet/	of /		
2. Plant WATTS I				Unit			
	OO SPRING (	_		INP D 05	620-	06	
3. Work Performed b				Repair Org		P.O. No., Job No.	, etc.
WATTS BAR NUCLEAR PLANT Address				Authorization No. NA EL T-22-94			
4. Identification of Sy							
5. (a) Applicable Con (b) Applicable Edit 6. Identification of Co	nstruction Code <u>Als</u> tion of Section XI U	SC 7 Th 19	3_73_Edition, or Replacement	N/A & RO 7-22-9 is 19 80 EDITION	Addenda.	NA 120 9-2 VINTER 1981	z 94 _Code Cas
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPURT	N/A 302 49	NONE -	NONE	1072-72- 1C5-R83	1) MKNo m si	REPLACEMENT	NO
		·	N	100 7-22-94			
				  -			
Description of Work	INSTALLED ST	TRUT CLAI	MP F BA	SE PLATE	<u> </u>	1	
Tests Conducted: 6	Hydrostatic Pn Other Pressure	eumatic   Myor	minal Operating Test Temp. 7 - 2 2 - 9	Pressure			

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

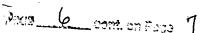


Date

JAN 0 6 1994 FORM NIS-2 (Back) 9. Remarks TRACKING NO. 99-349B Applicable Manufacturer's Data Reports to be attached CERTIFICATE OF COMPLIANCE We certify that the statements made in the report are correct and this REPLACE menT conforms to the rules of the ASME Code, Section X1. repair or replacement Certificate of Authorization No. N/A 100 7-22-94 Expiration Date N/A 100 Owner or Owner's Designee, Title CERTIFICATE OF INSERVICE INSPECTION I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State and employed by_ Har have inspected the components described in this Owner's Report during the period. 11-12-91 10 9-10-94 to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection. Commissions_ tor's Signature National Board, State, Province, and Endorsements

19 94,

### WORK INSTRUCTION D-17837-01





TVA NUCLEAR JUN 0 3 1994

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

3. Work Performed by TVA - MODIFICATION Type Code Symbol Stamp_ Authorization No. ___ WATTS BAR NUCLEAR Expiration Date___ 4. Identification of System_ (a) Applicable Construction Code AISC 19 73 Edition, 7 Addenda, N/A 18.6/2/94
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 7 HRU 81 W / 1981 WINTER ADDENDA 5. (a) Applicable Construction Code____ 6. Identification of Components Repaired or Replaced and Replacement Components **ASME** Code National Repaired, Stamped Name of Name of Manufacturer Board Other Year Replaced, (Yes Component Manufacturer Serial No. No. Identification or Replacement or No) Built 1090 - A600-177 REPLACE NONE NONE UN-NONE No 105-16. G ZINNELL KNOWN MENT 6/2/94 MODIFY PIPE SUPPORT TUSTALL FRICTION ANCHOR 8. Tests Conducted: Hydrostatic Pneumatic Nominal Operating Pressure __psi Test Temp._____°F N/A BS_612190 NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

# WORK INSTRUCTION D-17837-01

Page 7 cont. on Page 8

9. Remarks TRACKING NO: 94-350A 2 9/12/94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this <u>REPLACEMENT</u> conforms to the rules of the ASME Code, Section XI.  repair or replacement
Type Code Symbol Stamp
Certificate of Authorization No
Signed Lynna (FIELD ENGINEER) Date 6/2/, 19.94
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
have inspected the components described
in this Owner's Report during the period 10/4/93 to 6/10/94, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection,
01017300
Inspector's Signature Commissions National Board, State, Province, and Endorsements
Date 6-10 19 9 4.

Page/	cont. on Pag	8
D	21328	72

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1 Owner TEAN	ESCEE WALL	EV AUTO	AB: 50	<b>-</b>	20 01		
. Owner <u>TENN</u>				Date 7- :			
400W. SU	Address	DR KNOX	WILLE TN	- Sheet/	of/		
. Plant_WATTS	BAR NUCL	EAR PLA	PNT	Unit/_		_	
P.O. BOX Z	ODD, SPRING	G CITY,	TN 37381	WP # D	- 2/328	772 P.O. No., Job No.	
. Work Performed by	TENNESSEE VA	uly Authori Name	TY (WBNF)	Type Code Symbo	al Ctamp	/	,
PO BOX 2000, 5	PRING CITY T	W 3738/		Authorization No.	·/	V/A 908 7.2	2-94
Identification of Sy	stemCONTAIN	IMENT SPRA	4 (072)				
(a) Applicable Con (b) Applicable Edit Identification of Co	HOLEOL SECTION X1 OF	ilized for Hepairs	or Replacement	s 19 <u>80 THTUH</u> WINTE	Addenda,_ a. 1981 AD	N/A (AB) 7-22-9 DENDA	'4 _Code Ca
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
IPE SUPPORT 12-A437-5-8	TVA						
L A437-3-6	7 7 7 7	NONE	NONE	474437-5-8	UNK	REPLACEMENT	No
							·
		i in		N 903	7-22-94		
Description of Work_	MODIFIED E	KISTING SUPPL	DET.			L	
Tests Conducted: H	dudana n		94	_			
_	Tydrostatic Po Other Pressure		minal Operating   Test Temp.	Pressure°F		- 4	
NOTE: Supplementa ion in items 1 throu ecorded at the top o	ign o on this report	lists, sketches, or is included on er	r drawings may b ach sheet, and (3	e used provided (1) and sheet is num	size is 8½	in v 11 :- (0) :-	iforma- heets is
(E) This form (E	(00030) may be obtain	ed from the Order	Dept., ASME, 22	Law Drive, Box 2500		57007-2300. REF	'RINT 4/9

	Page	8	cont on F	Page 9
	D	2 1	328	79
FORM NIS-2 (Back)	19/12/94		0 & 0	• 2
9. Remarks NIS-Z TRACKING NUMBER: 94- 350 B DR	7-22-94	<u>_</u>		
Applicable Manufacturer's Data Reports to				
		<del></del>		
•				
CERTIFICATE OF COMPLIANCE				
We certify that the statements made in the report are correct and this <b>REPL</b> ASME Code, Section XI.	or replacement	onforms	to the rules	of the
Type Code Symbol Stamp	<del></del>			<del></del>
Certificate of Authorization No. LONE Expiration Date	. NoNe	E		
			<u> </u>	
Signed Dhu O. Sampton, MECH. FIELD ENGR. Date	7-22		, 19	14
	···			
CERTIFICATE OF INSERVICE INSPECTI	ON			
I, the undersigned, holding a valid commission issued by the National Board of Boiler a or Province of	nd Pressure Ve			
Harth - 1 CT				1
in this Owner's Report during the period 5/13/04 to	ave inspected		ponents de , and sta	
to the best of my knowledge and belief, the Owner has performed examinations and	taken correctiv	e measur	es described	in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.				
By signing this certificate neither the Inspector nor his employer makes any warra	anty, expressed	or impli	ed, concern	ing the
examinations and corrective measures described in this Owner's Report, Furthermore	re, neither the	Inspecto	r nor his em	plover
shall be liable in any manner for any personal injury or property damage or a loss of an inspection.	y kind arising	from or c	onnected w	ith this
mspection.				İ
	This	<b>5</b> 2-		
Inspector's Signature Commissions National Box	ard, State, Prov	ince, and	Endorseme	nts
~ · · · · · · · · · · · · · · · · · · ·				· 1
Date8-221994.				İ



400 W. Su	TVA Nan Nan	ne Kunyu	Til	Date 6-6			
م <u>را المار مي</u>	Nam  LMMIT HILL Z  Address  BAR NUCLE  Nam	NE KNOXVII	LLE /N	Sheet	of1		
Plant WATIS	DAR NUCLEI	AR PLANT	<del></del>	Unit			
P.O. Box 2	000 SPRING	CITY, TN		_Wo# 93.	-1396	3-00	
Work Parformed L	$T\sqrt{4}$	•		Repair Org	anization	P.O. No., Job No.	, etc.
Work Ferrormed 5	/ V 24	Name		Type Code Symbo	l Stamp_		
P.O. Box 2	000 SPRING	CITY T	<b>1</b>	Authorization No.		NA NA	
			~	Expiration Date_		- / F	m 6.6.9
Identification of S	ystem 026 /	HPFP	<del></del>			· · · · · · · · · · · · · · · · · · ·	
(a) Applicable Co	nstruction Code AS	ME TIL 10	74 Edition \	NINTEO 1976		in grange	
(b) Applicable Edi	ition of Section XI U	tilized for Repairs	or Replacements	19 BO THELL	Addenda,_ Wi <i>wten</i>	1981	Code Case
					14:14:12/6	. 1701	
Identification of Co	omponents Repaired	or Replaced and F	Replacement Com	ponents			
	T	Τ	T		<del></del>		
							4 63 45
							ASME Code
Name of			National			Repaired,	Stamped
Component	Name of Manufacturer	Manufacturer Serial No.	Board	Other	Year	Replaced,	(Yes
	, and the second second	Serial IVO.	No.	Identification	Built	or Replacement	or No)
	I						
KV- 026-	Boes	1					
	BORG WARNER	28565	NONE	NONE	1978	REDIACEMENT	VEZ
	· ·	28565	NONE	NONE	1978	REPLACEMENT	YES
	· ·	28565	NoNE	NONE	1978	REPLACEMENT	YES
	· ·		•	NONE	1978	REPLACEMENT	YES
	· ·		NONE NA 96-6-94	NONE	1978	REPLACEMENT	YES
	· ·		•	NONE	1978	REPLACEMENT	YES
	· ·		•	NONE	1978	REPLACEMENT	YES
CKV- 026- 296	· ·		•	NONE	1978	REPLACEMENT	YES
296	WARNER		NA 96-6-94		1978	REPLACEMENT	YES
296	· ·	155ING BOLT	NA 96-6-94	(1 MW7)	1978	REPLACEMENT	YES
296 escription of Work	WARNER REPLACE M	155ING BOLT	NA 96-6-94	(1 MW7)	1978	REPLACEMENT	YES
escription of Wark	WARNER REPLACE M	155ING BOLT	NA 96-6-94	(1 MW7)	1978	REPLACEMENT	YES

EOPM AIR 2 (Pack)	Wo# 93-13963-00
FORM NIS-2 (Back)	
9. Remarks TRACKING # 94 - 351 A	PAGE 14 OF 45
Applicable Manufacturer's Data Reports to b	
	•
· · · · · · · · · · · · · · · · · · ·	
CERTIFICATE OF COMPLIANCE	
We certify that the statements made in the report are correct and this REPLAC	CEMENT conforms to the rules of the
ASME Code, Section XI. repair or	r replacement
Type Code Symbol Stamp	
NA 8~ 6.6.94	
Certificate of Authorization NoExpiration Date	3
( - ) ( )	
Signed Signed FE Date Date	6 - 6 - , 19 <u>94</u>
CERTIFICATE OF INSERVICE INSPECTIO	ON
I, the undersigned, holding a valid commission issued by the National Board of Boiler an	nd Pressure Vessel Inspectors and the State
or Province of TENNESSEE and employed by HSB IFT CA	<u>of</u>
in this Owner's Report during the period 6/35/94 to 6/3	we inspected the components described 3494 and state that
to the best of my knowledge and belief, the Owner has performed examinations and to	
Owner's Report in accordance with the requirements of the ASME Code, Section XI.	aken corrective measures described in time.
By signing this certificate neither the Inspector nor his employer makes any warran	ntv. expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore	e, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any	y kind arising from or connected with this
inspection.	
Inspector's Signature Commissions 7N 2534	4
Inspector's Signature National Boa	ard, State, Province, and Endorsements
Date	

SSEE VALLEY	AUTHORITY		Date 7-28	-94		
1101		V	Sheet	of		
AR NuclEAR T	PLANT		Unit			
D, SPRING CITY Address	,TN. 37381		W. D. 94-	11423-	00 BO No. lob No.	
Y TVA - MODI	IFICATIONS					, etc.
	Name		Authorization No.		.A	<del></del>
NUCLEAR PZ	ANT		Expiration Date		Not 1-1894	
			/			_Code Ca
					, T	
Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
NVD OF	-					
1	263/3	N/A	N/A	1978	REPLACEMENT	YES
			-			
		,				
						!
REPLACEMENT	OF BONNET					,
	Address  AR Nuclear Nam  Address  Address  Address  Address  Y TVA - MoDe  Address  ystem MAIN AM  Instruction Code AS  Ation of Section XI Union  Omponents Repaired  Name of	Name  Name  N. SPRING CITY TN. 3738/ Address  Name  Nuclear Plant Address  Very TVA - MODIFICATIONS Name  Nuclear Plant Address  Very MAIN AND AUXILIARY  Instruction Code ASME II 19  Ition of Section XI Utilized for Repairs  Components Repaired or Replaced and Financiacturer  Name of Manufacturer  Name of Manufacturer  Name of Manufacturer  Name of Manufacturer  Name of Manufacturer  Name of Manufacturer  Name of Manufacturer  Name of Manufacturer	AND AND AUXILIARY FEED WATER  Name  No. SPRING CITY, TW. 3738/ Address  No. TVA - MODIFICATIONS Name  Nuclear Plant Address  System MAIN AND AUXILIARY FEED WATER  Instruction Code ASME II. 19 74 Edition, ation of Section XI Utilized for Repairs or Replacement Components Repaired or Replaced and Replacement Components Repaired or Replaced and Replacement Components Repaired Serial No.  Name of Manufacturer Serial No.  No.	Address  Address  Address  Address  Name  D. SPRING CITY TN. 37381  Address  Name  Name  Name  Name  Name  Authorization No.  Name  Address  System  MAIN AND AUXILIARY FEED WATER SYSTEM  Instruction Code ASME II. 19 74 Edition, Summer '76  Ation of Section XI Utilized for Repairs or Replacements 19 AR 90 Third  Off 7-29-99  Omponents Repaired or Replaced and Replacement Components  Name of Manufacturer Serial No.  No. Identification  NVD 0F	Address  AND SPRING CITY , TW. 3738/  Address  No. 94-11423-  Repair Organization  No. 14. No. 94-11423-  Repair Organization  No. 15. No. 15. No. 15. No. 15. No. 15. No. 15. No. 15. No. 15. No. 15. No. 15. No. 15. No. 15. No. 15. No. 15. No. 15. No. 15. No. 15. No. 15. No. 15. No. 15. No. 15. No. 15. No. 15. No. 15. No. 15. No. 15. No. 15. No. 15. No. 15. No. 15. No. 15. No. 15. No. 15. No. 15. No. 15. No. 15. No. 15. No. 15. No. 15. No. 15. No. 15. No. 15. No. 15. No. 15. No. 15. No. 15. No. 15. No. 15. No. 15. No. 15. No. 15. No. 15. No. 15. No. 15. No. 15. No. 15. No. 15. No. 15. No. 15. 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No., Job No. Name  Nuclear Plant Address  Name  Nuclear Plant Address  Name  Nuclear Plant Address  Very Plant Address  Very Plant Address  Very Plant Address  Very Plant Address  Very Plant Address  Very Plant Address  Very Plant Address  Very Plant Address  Very Plant Address  Very Plant Address  Very Plant Address  Very Plant Address  Very Plant Address  Very Plant Address  Very Plant Address  Very Plant Address  Very Plant Address  Very Plant Address  Very Plant Address  Very Plant Address  Very Plant Address  Very Plant Address  Very Plant Address  Very Plant Address  Very Plant Address  National Address  Name of Manufacturer Manufacturer Serial No.  National Board No.  National Board No.  National Board No.  National Board No.  National Board No.  National Board No.  National Board No.  National Board No.  National Board No.  National Board No.  National Board No.  National Board No.  National Board No.  National Board No.  National Board No.  National Board No.  National Board No.  National Board No.  National Board No.  National Board No.  National Board No.  National Board No.  National Board No.  National Board No.  National Board No.  National Board No.  National Board No.  National Board No.  Repaired Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced Replaced R

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

### 94-11423-00 page <u>22</u> of <u>56</u>

FORM NIS-2 (Back). 9. Remarks TRACKING NUMBER CERTIFICATE OF COMPLIANCE We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement Type Code Symbol Stamp Expiration Date Date 7-28 Owner's Designee, Title CERTIFICATE OF INSERVICE INSPECTION I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of and employed by_ HSRIZICO. Hosel have inspected the components described in this Owner's Report during the period_ 7-22 94 8-24-94 to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection. <u> 24 19 94.</u>

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

				Date 6-13			
400 W. SU	Address	LDR. KN	oxville T	N Sheet	of		
Plant WATTS	BAR NU	ICLEAR P	LANT	Unit			
P.O. BOX 2	.000 SPRI	NG CITY	, TN 3738	NO 94	4-110	636-00	
Work Performed by		VA		Type Code Symbol	Stamp	NΑ	
P.O. Box 2	1000 SPRI	Name VG CITY T	N 37381	Authorization No.  Expiration Date		NA	
	Address	45-5	12	Expiration Date		N#	
				HEMICAL AN			TROL
a) Applicable Cons	struction Code AS	ME III 19	74 Edition,	SUMMER 74 A	ddenda	NA	_Code Case
) Applicable Editi	ion of Section XI Ut	tilized for Repairs	or Replacement	s 19 <u>w8 </u>	,-		_0000 0030
lentification of Co	mponents Repaired	or Replaced and R	eplacement Co	mponents			
				T	Γ -	<del></del>	<del></del>
	i I						ASME
Name of	Name of	<b>A4</b>	National			Repaired,	Code Stamped
Component	Manufacturer	Manufacturer Serial No.	Board No.	Other Identification	Year Built	Replaced, or Replacement	(Yes or No)
TX-062-0066	TVA	NA	NA	DCN	NA	REPLACEME	VT V
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× 2300, Fairfield, NJ 07007-2300. REPRINT 4/93

* TEST MED. TEMP. 83° F PIPE TEMP. 84°F

BJ al 12/94

FORM NIS-2 (Back)

9. Remarks TRAGEINC# 94-35ZADG 6/13/94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this conforms to the rules of the
ASME Code, Section XI.  Conforms to the rules of the
Type Code Symbol Stamp NonE
Certificate of Authorization No. NONE Expiration Date NoNE
Expiration Date
Signed Lennio C. Blackword Mods FE Date 6-13-94
Owner or Owner's Designee, Title
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State of Province of Tennessee and employed by HSB III Co
HAT Ford CONNS have inspected the components described
in this Owner's Report during the period $\frac{6/4/99}{}$ to $\frac{6/4/99}{}$ , and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
$\beta$ , $m$ $\epsilon$ -/
Commissions TN2534
Inspector's Signature Commissions TN2534  National Board, State, Province, and Endorsements
Date 6/14 19 94
19_//

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	1.	Owner TENNE	SSEC VALLE	BY Autho	IRITY	Date	6-17	.94	
		400 W. Sun	MAIT HILL	DR. KNOX	UILLE TN	Sheet	of	1	
	2.	Plant WATT	BAR Nu	CLEAR PL	ANT	Unit			
		P.O. Box	2000, SPRII	UG CITY,	TN	Wo# 94-0	9916-	02	
					_	Wo# 94 - O	nization P	.O. No., Job No.,	etc.
	3.	Work Performed by	1 / VA			Type Code Symbol		<b>_</b>	
	+1.	DO BOY	2000 - 200	Name	<u> </u>	Authorization No.		N/ TS	
٠, ٠	27	1.0.002	2000, SPRI,	06 3119,	<u> </u>	Expiration Cata		11 6-1	7-54
	4.	Identification of Sy	stem0+3_/	SAMPLI	UG AND U	UNTER QUALL	TY	/	
• •		(a) Applicable Cons (b) Applicable Editi Identification of Co					ddenda, 7∼4∀	6-17-94	_Code Case
					Natione!			Repaired.	ASME Code Stamped
		Name of Component	Name of Manufacturer	Manufacturer Serial No.	Board No.	Other Identification	Year Built	Replaced, or Replacement	(Yes
	<u> </u>								
.	1-	FSV-043·0251A	4		N/A TSF 617-94	>	uncen	RESLACEMENT	Yes
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8	3. T	Fests Conducted: 7	Tydrostetic Pne Other Pressure	numatic No	minal Operating	Pressure°F			<del>.</del>
	•	NOTE: Supplementation in Items 1 throusecorded at the top o	al sheets in form of i	lists, sketches, o	r drawings may b	m send provided (1)	size is 8½ nbered and	in. x 11 in., (2) in the number of s	nforme- heets is

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This form (E00030) may be obtained from the Order Dept., ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300. REPRINT 4/93

1517 26 PAGE HAJOF 22 TSF 6-17-94

PAGE ISB OF 26

-29 1/2Alas

Applica	able Manufacturer's Data Reports to be attached
	Data Reports to be attached
We certify that the statements made in the	TIFICATE OF COMPLIANCE
OME Code, Section XI.	TIFICATE OF COMPLIANCE  The report are correct and this REPLIEMENT conforms to the rules of the repair or replacement
·	
0.489 <del>0</del>	
ype Code Symbol Stamp	
ertificate of Authorization No.	NATSF G-17-94 Expiration Date
and limothy S. Farrier	Expiration Date  Date  19 94
Owner or Owner's Designee, Title	Date0-1/
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CERTIFI	
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the undersigned, holding a valid commission issued Province of TRNNESSEE and employed this Owner's Report during the period the best of my knowledge and belief, the Owner wher's Report in accordance with the requirements. By signing this certificate neither the Inspector in aminations and corrective measures described in all be liable in any manner for any personal injury pection.	CATE OF INSERVICE INSPECTION  I by the National Board of Boiler and Pressure Vessel Inspectors and the State yed by #SB I I C of of have inspected the components described to 8/22/95 , and state that has performed examinations and teken corrective measures described in this of the ASME Code, Section XI.  For his employer makes any warranty, expressed or implied, concerning the this Owner's Report. Furthermore, neither the Inspector nor his employer or property damage or a loss of any kind arising from or connected with this
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the undersigned, holding a valid commission issued Province of TRNNESSEE and employed this Owner's Report during the period the best of my knowledge and belief, the Owner wher's Report in accordance with the requirements. By signing this certificate neither the Inspector in aminations and corrective measures described in all be liable in any manner for any personal injury pection.	CATE OF INSERVICE INSPECTION  I by the National Board of Boiler and Pressure Vessel Inspectors and the State very deby #SBIFT CO.  have inspected the components described to 8/22/95, and state that has performed examinations and taken corrective measures described in this of the ASME Code, Section XI.  for his employer makes any warranty, expressed or implied, concerning the ship Owner Of Section XI.

Wo#94.11664-00 PAGE 30 OF 48

1. Owner <u>TENNES</u>	SEE VALLEY A	ATHORITY		Date 7- 28-	94		
400 W. Summ	Address	KNOXVILLE, TI	v	Sheet/	_ of	·	
2. Plant WATTS J	BAR NUCLEAR	PLANT		Unit/			
	Name O SPRING CT: Address	•	?/	W.O. 94-	11664-	00	
				Repair Or	ganization	P.O. No., Job No.	etc.
3. Work Performed by	1_TVA - MOD.	IFICATIONS		Type Code Symbo	ol Stamp_		
				Authorization No Expiration Date_	·	NK Ogy	
WATIS BAK	Nuclear PLA	FN /	<del></del>	Expiration Date_		Det 220 1	
4. Identification of Sy	stem MAIN AN	D AWILIAR	Y FEFD W	ATER SYSTEM	154578	<u> </u>	
5. (a) Applicable Con		mE III. 19	74 Edition	Simula 186		./.	_Code Cas
6. Identification of Co				1-18-44		,	112021
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
	NVD OF						
WBN-1-CKV-003-0444	BORG-WARNER	2632/	N/A	N/4	1978	REPLACEMENT	YES
					<del> </del>		
							· · · · · · · · · · · · · · · · · · ·
·							
. Description of Work_	REPLACEMENT	OF BONNE	7				
_	Hydrostatic Pno		minal Operating Test Temp. 8-94	Pressure  F	_	·	
NOTE: Supplements tion in items 1 throu recorded at the top o	igir o lon tina report	lists, sketches, or is included on ea	drawings may b ch sheet, and (3	e used, provided (1) 3) each sheet is num	size is 8½ nbered and	in. x 11 in., (2) ir d the number of s	nforma- heets is

Wo#94-11664-00 PAGE 31 OF 48

FORM NIS-2 (Back)

9. Remarks TRACKING NumBER 94-352 C
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this REPACEMENT conforms to the rules of the
ASME Code, Section XI.  REPORT SIE COFFECT and this KEPLACEMENT Conforms to the rules of the repair or replacement
Type Code Symbol S.
Type Code Symbol Stamp N MH 8/2/94
Certificate of Authorization No.
Expiration Date
Signed Date 7-28
Owner or Owner's Designee, Title Date
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of
Hardard CT of
in this Owner's Report during the period 7-22-94 to 6-11-94, and state that
The Country will be the country the Owner has performed examinations and taken as well.
The requirements of the ASME Code Section XI
by signing this certificate neither the Inspector nor his employer makes any warrange and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant and the significant
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by possential injury of property damage or a loss of any kind ariging from an accompany with the
inspection.
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Inspector's Signature Commissions National Board, State, Province, and Endorsements
Date

1. Owner <u>TEN</u>	NESSEE V	BLLEY A	WTHORITY	Date	- 17-	9.4	
	IMMITT HIL	e		Sheet			
2. Plant WATTS				Unit			·
0 0 0	Name	, ,	7,10 1				
P.O. Box	5000, SPRI	UG CLTY	, TN	Wolf 94	- 100-	10-02	
2 Monte Donte	TILA	,	•	Repair Org	anization	P.O. No., Job No.	, etc.
3. Work Performed by	y	Name		Type Code Symbo			<del></del>
P.O. Box	2000 SPRI	NG CITY	TN	Authorization No.			
	Address	/ .	<del></del>	Expiration Date		/ A 6-1	7-94
4. Identification of Sy	vstem 043	1 SAMPLA	16 AND W	ATER QUAL	ITY		
5. (a) Applicable Con (b) Applicable Edit 6. Identification of Co			,	617-91		W/A 75F 6-17-44	_Code Cas
					T		
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
I-FSV-043-0342-A	4		N/ATSF 647	-94	עאנייסייי	REPLACEMENT	Yes
							·
							.
Description of Work_	REMOVE /	RE INSTAL	L S&AL	WELD			
Tests Conducted: H	ydrostatic Pne	umatia / TSF 6				-	
NOTE: Supplementa	I sheets in form of I gh 6 on this report i	/T ists, sketches, or	drawings may be	used, provided (1)	size is 8½ bered and	in. x 11 in., (2) in	forma-

(12/82)

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PAGE 1/ A OF 22 WO: 94-10070-02

FORM NIS-2 (Back)

emarks TRACUING #	Applicable M	ianufacturer's Data f	Reports to be attache		
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				- <del></del>	
		· · · ·			
We certify that the st	CERTIF	ICATE OF COMPL	IANCE OF OLVERNE	T_conforms to the	rules of the
	tements made in the I	eport are correct an	d this <u>Report</u> repair or replac	ement	•.
We certify that the sti	atements was				
ASME Code, Section XI.			,		
	.*		TSF		
Type Code Symbol Stamp		N/A	6-17-94		
Type Code Syllison			xpiration Date	<u>-</u>	., 19_94
Certificate of Authorization No	Faceinie	-	Date6	. 17	, 19
Owner or or	esignée, Title				
I, the undersigned, holding a		ICATE OF INSERV	ICE INSPECTION		rs and the State
	CERTIF	ICATE OF HOLI	oard of Boiler and Pr	essure Vessel Inspects	of
be undersigned, holding a	valid commission issue	a by the read HS	oard of Boiler and P	inspected the compo	nents described
I, the undersigned, holding a or Province of Tennes	HANT FOND	com	have	4/94	_, and state that
in this Owner's Report duri to the best of my knowledg	— HA Period —	6/24/94	totak	n corrective measures	described in till
in this Owner's Report dur	e and helief, the Own	er has performed ex	caminations XI.		·
to the best of my knowledg Owner's Report in accordance By signing this certificat	e with the requiremen	nts of the ASME Cou	makes any warrant)	, expressed or implies	or his employ
to the best of my knowledge Owner's Report in accordance By signing this certificate examinations and corrective shall be liable in any manner.	e neither the Inspecto	or nor his employer	nort. Furthermore,	neither the inspector	nnected with th
By signing this certification	e measures described	in this Owner's He	age or a loss of any	kind arising from or or	
examinations and correction	er for any personal inj	ury or property			
shall be hable in any			TN 25	34	- treements
inspection.	4	Commissio	ons National Boar	d, State, Province, and	Endorsement
53 Ca	mgh or Signature	-	(Anglesia)		
Inspecti	19 94			2	•
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PAGE 11 B OF 22

WO: 94-10070-02

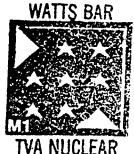


TVA NUCLEAR

_cont. on Page____

Owner TENNESSEE VALLEY AUTHORITY  Name  W. SUMMIT HILL DRIVE, KNOX. TN.  Address  Plant WATTS BAR NUCLEAR PLANT  Name  BOX 2000, SPRING CITY, TN.  Address  Nork Performed by TVA, MODS  Date 7/29/94  Unit  Date 7/29/94  Unit  WORKPLAN # D-06009-0  Repair Organization P.O. No., Job No., etc.  Type Code Symbol Stamp_N/
W. SUMMIT HILL DRIVE, KNOX. TN. Sheet of I  Address  Plant WATTS BAR NUCLEAR PLANT Unit  Name  Box 2000, SPRING CITY, TN. WORKPLAN # D-06009-C  Address  Repair Organization P.O. No., Job No., etc.
Box 2000, SPRING CITY, TN. WORKBLAN # D-06009- C  Address  Repair Organization P.O. No., Job No., etc.
BOX 2000, SPRING CITY, TN. WORKPLAN # D-06009-C  Address  Repair Organization P.O. No., Job No., etc.
Address Repair Organization P.O. No., Job No., etc.
Vork Performed by 14, 1005 Type Code Symbol Stamp
ATTS BAR NUCLEAR PLANT Expiration Date 17/29/9
Address  dentification of System MAIN STEAM SYSTEM # 001
THE NI LIMB AND AND AND AND AND AND AND AND AND AND
Applicable Construction Code AISC, 7 TH 1923 Edition, 1/4 7/29/94 Addenda, 1/4 2/29/94 Cod
Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981 ADD
entification of Components Repaired or Replaced and Replacement Components
AS C
National Repaired, Star
Name of Name of Manufacturer Board Other Year Replaced, (1)
Component Manufacturer Serial No. No. Identification Built or Replacement or
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9-1-01A-308 /A 7/29/94 /A 7/29/94 NONE DA-K-06009-30 WIKINWA REPLACEMENT A
THE RESULT SUNKAMUNKEPLACEMENT /
N/
- Land
A 7/29/94
MUDICIED SUPPORT BY REMOVING Z SWAY STRUTS, T.S. W SELTION FIRETON OF WORK U-BOLTS AND BELLEVILLE WASHERS. INSTALLED ONE SWAY STRUT, PU

WORK INSTRUCTION 2-06009-09



WORK INSTRUCTION D-06009-09

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	Page 8 cont. on Page 9
TVA AULCUEAD	-gc/
TVA NUCLEAR	
JUL 2 9 1994	ΛΛ -1 -1 -
FOR	M NIS-2 (Back)
9. Remarks TRACKING # 94-	IVI IVIS-2 (Back)
	1/6///
Applicable Man	sufacturer's Data Reports to be attached
CERTIFICAT	TE OF COMPLIANCE
We certify that the statements made in the report ASME Code, Section XI.	are correct and this REPLACEMENT Conforms to the rules of the
TOME Gode, Section XI.	repair or replacement
W/ www	
Type Code Symbol Stamp A 7/29/9	4
N/1 cmo,	1// 1/200
Certificate of Authorization No. 4 7/29/9	Expiration Date
Signed ATT SIGNED COUST	EUGR. Date 7/29 19 94
Owner or Owner's Designee, Title	CONSE. Date 7/29, 19 94
CERTIFICATE O	F INSERVICE INSPECTION
1, the undersigned, holding a valid commission issued by the f	National Board of Boiler and Pressure Vessel Inspectors and the Second
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3. Work Performed by_				Repair Org Type Code Symbo			., etc.
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Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
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7. Description of Work <u></u>	deped Su	yort					
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NOTE: Supplemental st tion in items 1 through recorded at the top of th 12/82) This form (E000	is form.	morado on ea	ch sheet, and (3	used, provided (1) s each sheet is number aw Drive, Box 2300, a	ered and	n. x 11 in., (2) in the number of s	nforma- heets is

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1/0//-	Address		\		. •		
2. Plant WAHS	Name	CLEAR M	LANT	Unit			
P.O. BOX 70	Address	, c C:+	T. 1 37361				
	Address	<u> </u>	10. 31381	Repair Ore	anization	533-01	
3. Work Performed b	AUT_V						, etc.
		Name		Type Code Symbo Authorization No.	Stamp	1/9	
matte B	AR NUCLE	AR PLAN.	<del></del>	Expiration Date		81319	<del>1' '</del>
4. Identification of Sy	ystem						
<ul><li>5. (a) Applicable Con</li><li>(b) Applicable Edit</li><li>6. Identification of Con</li></ul>			•		Addenda <u>, 1</u>	ter 1981 A	'DDE'∩ DC _Code Cese
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
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1003A-1-03A-581	NG 3/3/94	None	None	DCA-PO453-	العالم	Replusement	20
1003A-1-03A-582	Na @ 8/3/94	None	None	04,0533-	UNKUON	BERREMENT	
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WORKPLAN D-04533 -01 - 88 9/19/94 FORM NIS-2 (Back) 94-0354 B ここ Applicable Manufacturer's Data Reports to be attached CERTIFICATE OF COMPLIANCE We certify that the statements made in the report are correct and this Replacement conforms to the rules of the ASME Code, Section XI. repair or replacement Certificate of Authorization No. 1/4 Expiration Date _____ Owner or Owner's Designee, Title CERTIFICATE OF INSERVICE INSPECTION I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State and employed by___ have inspected the components described in this Owner's Report during the period_ to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection. Commissions. 9-16 1994.

Page 6 cont. on Page



1. Owner TEPN	ESSEE VALLEY	AUTHORITY		Date	3-11-94	<u>.</u>	
•	Address			Sheet			
				Oncet	OT		
2. Plant WATTS	DAR NUC	LEAR PLA	INT	Unit			
P.O. Box	2000 SPRIN	c	-K.)	44.0	27 A	·	
	Address	6 C177, 1	74	Repair O	73-09	519-00	
3. Work Performed b	DYTVA						., etc.
7 A P -		Name		Type Code Symb	ol Stamp_	N/Å	
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	ystem over C	HEMICAC A	PD VOCUME	CONTROL	SYSTE	EM	
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(b) Applicable Edi	tion of Section XI U	tilized for Repair	s or Benjacement	10 90 4-	Addenda,_	N/A 3-11-94	_Code Case
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6. Identification of Co	omponents Repaired	or Replaced and	Replacement Con	ODonents			
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				·			ASME
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			BAC 3-11-94				
			pi-C 3-/1-74				
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No#93-09519-00 Pg 33 of 56

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	FORM NIS-2 (Back)
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. Remarks Salthurg	17-2004 704 /22/97
$U_{i}$	Applicable Manufacturer's Data Reports to be attached
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	CERTIFICATE OF COMPLIANCE
We certify that the states ASME Code, Section XI.	ments made in the report are correct and this <u>REPLACEMENT</u> conforms to the rules of the repair or replacement
ASMIL CODE, Section X1.	repair of replacement
•	
Type Code Symbol Stamp/	N/A ROC 3-11-94
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Wo#94-13750-02 PAGE 28A OF 31

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

			<del></del>				
1. Owner FAINES	SEE VALLEY	<u>AuTHORIT</u>	У	Date	2.4-90	<i>t</i>	
400 W. Sy	MMIT HILL D	RIVE KNOX	VILLE, TAL.	Sheet/	of	,	
2. Plant LATTS	BAR NUCL	EAR PLAN	II	Unit/			
P.O. Box 2	LOOD SPRING	& CITY, TN	3738/	Wo Th	94. 13	750-02	
3. Work Performed b	V TVA-CO	MPLETION	<u>ls</u>	Type Code Symbo	ganization i	.O. No., Job No.,	etc.
WATTS	BAR Nucl.	EAR PLA	TNT	Authorization No.		N/A my 8	3/4/94
4. Identification of S	A		1 - /	PUALITY		043	
5. (a) Applicable Cor (b) Applicable Edi ADDENDA 6. Identification of Co	t.				Addenda,_   ASI	NA WITH 1981	Code Cass
Name of	Name of	Manufacturer	National Board	Other	Year	Repaired, Replaced.	ASME Code Stamped (Yes
Component	Manufacturer	Serial No.	No.	Identification	Built	or Replacement	or No)
1-FSV-043- 0309-B	TARGET ROCK	#10	NA 8/494	NA 8/4/94	A83	PEPAIRED	YES
'n					·		
<del> </del>							
Description of Work	LINEAR -	ENDICAT:	ON REPA	HIRED ON	VALV	E BODY	
	Hydrostatic Pn Other Pressure	eumatic No	minal Operating F	Pressure			
NOTE: Supplement tion in items 1 thro	al sheets in form of ugh 6 on this report	lists, sketches, or is included on e	r drawings may be	used provided /1	) size is 8½ nbered and	in. x 11 in., (2) in I the number of s	nforma- heets is

recorded at the top of this form.

9/12/94
FORM NIS-2 (Back)
9. Remarks TRACKING # 94-3558 mx8/4/94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this <u>EFFAR</u> conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp
Certificate of Authorization NoExpiration Date
Signed Mule Arlaway FE Date august 4 , 19 94
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province ofand employed by
in this Owner's Report during the period 6-14-92 to 8-4-94 and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
\$1800 =
Inspector's Signature Commissions National Board, State, Province, and Endorsements
Date

	1/all	-, 0					
1. Owner TENNE				Date	9-94		
400 W. SUN	MIT DR. K	NOX VILLE	,IN.	Sheet/	_of		
2. Plant WATT	S BAR XLUI	LEAR PL	ANT	Unit/			
P.O. Box &	2000 SPRING	3 CITY, TW	37381	K/0 # 94 Repair Or	- 1351	44-02	
3. Work Performed b	v <u>TENNESSE</u>	E VALLEY AL	11HORITY	Type Code Symbo	ganization i ol Stamn	P.O. No., Job No. , /	, etc.
4 .	R NuclE	Name /	•	Authorization No Expiration Date_		A/A MI	16/20
Identification of S	50mp/:	JA AUNI	1/25-0	7. <i>1</i> .—		m 043	
. (a) Applicable Cor	estruction Code A	150. 10	73 -	17 SEVENTH 15 19 80 THE		./1	
(b) Applicable Edi	tion of Section XI U	tilized for Repairs	or Replacemen	ts 19 80 THE	Addenda,_ U 1981	WITH 19	_Code (
Identification of Co	HUDENU	† •			. ,0 .		
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				·			ASM Code
Name of	Name of	Manufacturer	National Board	Other	Year	Repaired, Replaced,	Stamp (Yes
Component	Manufacturer	Serial No.	No.	Identification	Built	or Replacement	
BN-1- FCY-	TARAET			44.5	1 4.2	·	
13-0208-B	ROCK	NONE	NONE	MOD. NO. N94491-137	WPDATE	DEPAIR	VES
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Description of Work_	JACK KIEL	DED BUI	DY TO B	ONNET			
Foots County at 1	lydrostatic Pno	Burnatic No.	ninal Onessa				
Tests Conducted: +		1401	minar Operating	Pressure 🔟			
	other Pressure_	psi	Test Temp	°F			
C	other Pressure_			pe used, provided (1)			

FORM NIS-2 (Back) 9. Remarks IRACLING CERTIFICATE OF COMPLIANCE We certify that the statements made in the report are correct and this REPAIR conforms to the rules of the ASME Code, Section XI. 9nd 6/29/94 Type Code Symbol Stamp Certificate of Authorization No. __ Expiration Date _ 6-29 CERTIFICATE OF INSERVICE INSPECTION I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Trivessel Inspectors and the State of Province of Trivessel Inspectors and the State of Province of Trivessel Inspectors and the State of Province of Trivessel Inspectors and the State of Province of Trivessel Inspectors and the State of Province of Trivessel Inspectors and the State of Province of Trivessel Inspectors and the State of Province of Trivessel Inspectors and the State of Province of Trivessel Inspectors and the State of Province of Trivessel Inspectors and the State of Province of Trivessel Inspectors and the State of Province of Trivessel Inspectors and the State of Province of Trivessel Inspectors and the State of Province of Trivessel Inspectors and the State of Province of Trivessel Inspectors and Province of Trivessel Inspectors and Province of Trivessel Inspectors and Province of Trivessel Inspectors and Province of Trivessel Inspectors and Province of Trivessel Inspectors and Province of Trivessel Inspectors and Province of Trivessel Inspectors and Province of Trivessel Inspectors and Province of Trivessel Inspectors and Province of Trivessel Inspectors and Province of Trivessel Inspectors and Province of Trivessel Inspectors and Province of Trivessel Inspectors and Province of Trivessel Inspectors and Province of Trivessel Inspectors and Province of Trivessel Inspectors and Province of Trivessel Inspectors and Province of Trivessel Inspectors and Province of Trivessel Inspectors and Province of Trivessel Inspectors and Province of Trivessel Inspectors and Province of Trivessel Inspectors and Province of Trivessel Inspectors and Province of Trivessel Inspectors and Province of Trivessel Inspectors and Province of Trivessel Inspectors and Province of Trivessel Inspectors and Province of Trivessel Inspectors and Province of Trivessel Inspectors and Province of Trivessel Inspectors and Province of Trivessel Inspectors and Province of Trivessel Inspec in this Owner's Report during the period 6/29/94 have inspected the components described 6/29/54 _, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection, 3 Earmal

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Work Performed b	ov TVA mo.	DIFICATIO	NS	Type Code Sym	hol Stamp	, , , , , , , , , , , , , , , , , , ,	O., etc.
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4-1 4			7-1-6	EDWATER	<del>-, S</del> 4	STEM 03	<u> </u>
(a) Applicable Cor	nstruction Code	AISC 1	73 Edition	7	A 444	N/A BS 8/	4/94
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	omponents Repaired	or Replaced and	Replacement Co	mponents			
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		1	1			-	ASME
Name of	Name of	Manufacturer	National		1	Repaired,	Code Stamped
Component	Manufacturer	Serial No.	Board No.	Other	Year	Replaced,	(Yes
·	•		140.	Identification	Built	or Replacemen	or No)
B-03B-1AFW	· N/A				1	1	
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Remarks TRACKING NO:	01 - 7-10 A	8 20100		
Аррі	licable Manufacturer's D	Data Reports to be	attached	
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CE	RTIFICATE OF COMP	LIANCE		
We certify that the statements made in	the report are correct a	and this REPLACE	EMEUT contor	na en elsa alla e . i
ASME Code, Section XI.		repair or re	placement	ns to the rules of the
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uno Codo Cira Latio	/			
ype Code Symbol Stamp	<del>/</del>			· .
	W/A 138	8/9/92		
ertificate of Authorization No.		XDiration Date		
ignedBBmgh (B.SING) F	FIFTA FNGO	_	Elai	
gned Bengh (B. SING) F Owner or Owner's Designee, Title	COD CIOSIA.	Date	0/47	, 19 <u>.90</u>
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Province of TRNNESSEE and emp	alough HIR	To To Soller and Fi	essure vessei in:	pectors and the State
HAXT FORTH O	10 4 / 1/2	272 1.2		
Province of TRNNESSEE and emp  this Owner's Report during the period  the best of my knowledge and belief, the Own	9/0/04	have i	nspected the co	omponents described
this Owner's Report during the period	<del>-//?///</del>	to <i>7/8/7</i>	7	, and state tha
,	was beingillied eXall	unduons and takei	COrrective mea	ures described in thi
vner's Report in accordance with the requiremen	its of the ASME Code	Section XI		area ocacribed in till
By signing this certificate neither the Inspector	5 Dor his ampleuss —-			
By signing this certificate neither the Inspector	i nor ms employer mai	kes any warranty,	expressed or im	plied, concerning the
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pection.				
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D) Carma/-1	Commissions	TN 2534	Í	
Inspector's Signature		National Board S	tate. Province =	nd Endorsements
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1. Owner TENNES	SEE VALLEY	AUTHOLITY	<u> </u>	Date 8-9-	4		
	Name MMIT HILL D Address			Sheet $\chi_2$			
2. Plant WATTS	7,00,000			Unit			
_	DO, SPLING C Address			D-04531-	01	.O. No., Job No.,	
3. Work Performed by			······	Type Code Symbo	Stamp	- 1 / exts	
WATTS BA	R NUCLEAR	PLANT		Authorization No. Expiration Date		NA FELO	18-93
4. Identification of Sy	stem_FEEDW/	ATER - 5	15TEM a	03			
5. (a) Applicable Con (b) Applicable Edit ADDENDA 6. Identification of Co	tion of Section XI Ut	ilized for Repairs	or Replacements	19 <u>80 TH</u> EU (	Addenda,_ ろしい	NA TH 1981 WIII	_Code Case UTEE
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1003-A401-9-2	N/A 6894	NONE	NOVE	N/A EUGH	UNIL	REPLACEMENT	NO
1003-19401-9-3	N/A EBA4	MONE.	NONE	N/A way	Nava	REARCHENT	МО
			N/A F	busea			
				80			
. Description of Work	PIPE SUPPOR	LT MODIF	ILATION	<u> </u>			
Tests Conducted:	Tydrostatie Pne Other Pressure		minal Operating I	Pressure	fxb A 889	4	

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

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### WP 10-0453101

9. Remarks	FORM NIS-2 (Back)  SA-357 CHI VILL
	Applicable Manufacturer's Data Reports to be attached
,	CERTIFICATE OF COMPLIANCE
ASME Coo	We certify that the statements made in the report are correct and this <u>repair or replacement</u> conforms to the rules of the report are correct and this repair or replacement
Type Code	Symbol Stemp
Certificate o	of Authorization No
Signed For	sold Amena felda Expiration Date B-B 19 54
	CERTIFICATE OF INSERVICE INSPECTION
	and employed by HSRIR TRICO.
wner's Repo	f my knowledge and belief, the Owner has performed examinations and taken corrective measures described examinations and taken corrective measures described in the corrective measures described in the corrective measures described in the corrective measures described in the corrective measures described in the corrective measures described in the corrective measures described in the corrective measures described in the corrective measures described in the corrective measures described in the corrective measures described in the corrective measures described in the corrective measures described in the corrective measures described in the corrective measures described in the corrective measures described in the corrective measures described in the corrective measures described in the corrective measures described in the corrective measures described in the corrective measures described in the corrective measures described in the corrective measures described in the corrective measures described in the corrective measures described in the corrective measures described in the corrective measures described in the corrective measures described in the corrective measures described in the corrective measures described in the corrective measures described in the corrective measures described in the corrective measures described in the correction of the correction of the correction of the correction of the correction of the correction of the correction of the correction of the correction of the correction of the correction of the correction of the correction of the correction of the correction of the correction of the correction of the correction of the correction of the correction of the correction of the correction of the correction of the correction of the correction of the correction of the correction of the correction of the correction of the correction of the correction of the correction of the correction of the correction of the correction of the correction of the correction of the correction of the correction of
aminations:	this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
	any kind arising from or connected with this
	Inspector's Signature Commissions TN 2537  National Board, State, Province, and Endorsements
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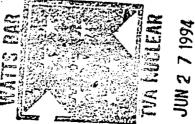


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1. Owner TENN	ESSEE VALL	EY AUTH	ORITY	Date <u>8/9</u>	194																					
400 W. SC	Address	L DR. ICA	NOXVILLE, TN	· SheetL	_ of1																					
2. Plant WATTS	BAR NUCL	EAR PO	ANT	Unit																						
P.O. BOX	ZOOD SPRI Address	NG CITY	TN37381	WP # I	J-045	35-09																				
3. Work Performed b	YTVA MODIF	CATIONS		Type Code Symb			, etc.																			
		***************************************	•	Authorization No		N	Klo																			
TO BUX II	Address	C179, TK		Expiration Date_		A &	19/04																			
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<ul><li>(a) Applicable Con</li><li>(b) Applicable Edit</li><li>Identification of Con</li></ul>					Addenda,_ WINT	N/A ER 1981 A	_Code Ca ODITIOL																			
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)																			
003A-1-03A-			N/A -		Us.	0																				
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### FORM NIS-2 (Back)

Remarks TRACKING # 94 - 358	
Applicable Manufacturer's Data Re	ports to be attached
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CERTIFICATE OF COMPLIANCE	CE
We certify that the statements made in the report are correct and this	REPLACEMENT conforms to the rules of the
ASME Code, Section XI	repair or replacement
Type Code Symbol Stamp	
NI	
Certificate of Authorization No.	FK 84-94
expirati	ion Date
Signed trunk Thurange Str / FIELD ENGINEER Dat	10 8/9 10 94
Owner or Owner's Designee, Title	te
CERTIFICATE OF INSERVICE INS	
I, the undersigned, holding a valid commission issued by the National Board of B	Boiler and Pressure Vessel Inspectors and the State
or Province of	ILI Co
Hartford, CT.	have inspected the components described
in this Owner's Report during the period 6-24-04 to.	
to the best of my knowledge and belief, the Owner has performed examination	ns and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section	n XI.
By signing this certificate neither the Inspector nor his employer makes any	y warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report, Furt	hermore, neither the Inspector nor his employer
hall be liable in any manner for any personal injury or property damage or a log	ss of any kind arising from or connected with this
nspection.	
Chi.	
Commissions	TN 2537
	nal Board, State, Province, and Endorsements
Inspector's Signature Natio	nal Board, State, Province, and Endorsements
	onal Board, State, Province, and Endorsements



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	FORM NIS-2 As Re	OWNER'S RE	PORT FOR R	EPAIRS OR REP ASME Code Sec	LACEME	ENTS D (	0 4 6 6
1. Owner TEX	INESSEE VA	CLEY AL	THORITY	Date	-9-94		
	SUMMIT HI Address					,	
2. Plant WAT	TS BAR NU	CLEAR P	Laur	1			
P.O. BOX	Name ZOCO SPR Address by TVA MODIC	ing city	TA127201	1.10 # 0	041.4		
3 Most Post	Address	/	1 <del>7 1 N 3/3</del> 81	Repair Or	<u>اعاما 40</u> ganization	7-32 P.O. No., Job No.	etc.
		Name		Type Code Symb	ol Stamp_		
PU BOX 20	DOO SPEING Address	CITY, TN		Authorization No		NA FLO	
4. Identification of S	Address System <u>63 /5</u>	AFETT INS	ECTION	Expiration Date_		64	
(a) Applicable Co     (b) Applicable Ed     Identification of C			o rreplacement	s 19 <u>80 1 m</u>	Addende <u>,</u> W/NT	N/4 Ee 1981 40	_Code Case
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
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FORM NIS-2 (Back)		
9. Remarks TRACKING # 94-359		
Applicable Manufacturer's Data Reports to be attack	ched	
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CERTIFICATE OF COMPLIANCE	1	
We certify that the statements made in the report are correct and this <u>repair or replace</u> ASME Code, Section XI.	conform	ns to the rules of the
Type Code Symbol Stamp		
Certificate of Authorization NoExpiration Date	·	
Signed Frank Sharen Designee, Title / FIELD ENGINEER Date 89-0	<del>3</del> 9	, 19
CERTIFICATE OF INSERVICE INSPECTION		
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Press or Province of TRNUSSE and employed by HSB TOTO have inspin this Owner's Report during the period 9/15/194 to 9/15/194	ure Vessel Ins	pectors and the State
in this Owner's Report during the period 9/10,74 to 9/10/9	ected the co	mponents described, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken co	orrective meas	ures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.		
By signing this certificate neither the Inspector nor his employer makes any warranty, expectations and corrective measures described in this Owner's Report. Furthermore, neith		
shall be liable in any manner for any personal injury or property damage or a loss of any kind a		
inspection.		
Commissions TN2534 Inspector Signature Commissions TN2534		
Inspector Signature Commissions National Board, Star	te, Province, s	and Endorsements
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NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

8.

WORK INSTRUCTION	D-20761.



Page 7 cont. on Page 8

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sheet 2 of 2

TRACKING NUMBER 94-360 89 8/9/84 9. Remarks CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this REHACEMENT conforms to the rules of the repair or replacement ASME Code, Section XI. N/A MB B-9-94 Type Code Symbol Stamp Certificate of Authorization No. _Expiration Date_ Signed Roman Ponnial
Owner or Owner's Designee, Title MECH, ENGR. Date 8-9

FORM NIS-2 (Back)

CERTIFICATE OF INSERV	ICE INSPECTION
or Province of Tenne SSEE and employed by HSA.  HAST FOOD CONN.	pard of Boiler and Pressure Vessel Inspectors and the State ろ エダエ co・ of
in this Owner's Report during the period9/7/94	have inspected the components described to, and state that
to the best of my knowledge and belief, the Owner has performed exa Owner's Report in accordance with the requirements of the ASME Code	, Section XI,
By signing this certificate neither the Inspector nor his employer mexaminations and corrective measures described in this Owner's Reposhall be liable in any manner for any personal injury or property damaging personal injury or property damaging personal injury or property damaging personal injury or property damaging personal injury or property damaging personal injury or property damaging personal injury or property damaging personal injury or property damaging personal injury or property damaging personal injury or property damaging personal injury or property damaging personal injury or property damaging personal injury or property damaging personal injury or property damaging personal injury or property damaging personal injury or property damaging personal injury or property damaging personal injury or property damaging personal injury or property damaging personal injury or property damaging personal injury or property damaging personal injury or property damaging personal injury or property damaging personal injury or property damaging personal injury or property damaging personal injury or property damaging personal injury or property damaging personal injury or property damaging personal injury or property damaging personal injury or property damaging personal injury or property damaging personal injury or property damaging personal injury or property damaging personal injury or property damaging personal injury or property damaging personal injury or property damaging personal injury or property damaging personal injury or property damaging personal injury or property damaging personal injury or property damaging personal injury or property damaging personal injury or property damaging personal injury or property damaging personal injury or property damaging personal injury or property damaging personal injury or property damaging personal injury or property damaging personal injury or property damaging personal injury or property damaging personal injury damaging personal injury damaging personal i	ort. Furthermore neither the locasetar are his annulause
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Inspector's Signature Commissions	National Board, State, Province, and Endorsements

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Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
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Type Code Symbol Stamp  Certificate of Authorization No.  Expiration Date  Certificate of Authorization No.  Expiration Date  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tenness Conn.  In this Owner's Report during the period  In this Owner's Report during the period  Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions  Commissions  National Board, State, Province, and Endorsements	We certify that the statements made in the report are correct and this TELACEMENT
CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessel and employed by HCB TITCO of HART Ford Conn. have inspected the components described in this Owner's Report during the period 19/144 to 19/144 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions The 334  Inspector's Signature  Commissions The 334  National Board, State, Province, and Endorsements	ASME Code, Section XI. repair or replacement
CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessel and employed by HCB TITCO of HART Ford Conn. have inspected the components described in this Owner's Report during the period 19/144 to 19/144 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions The 334  Inspector's Signature  Commissions The 334  National Board, State, Province, and Endorsements	
CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessel and employed by HCB TITCO of HART FORD CONN. have inspected the components described in this Owner's Report during the period 19/1/44 to 19/1/44, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions 70 234  National Board, State, Province, and Endorsements	
Signed Admorpation No. Expiration Date  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB TITCO of HART FORD CONN. have inspected the components described in this Owner's Report during the period 9/9/44 to 9/9/44, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions TN 2534  Inspector's Signature  Commissions National Board, State, Province, and Endorsements	Type Code Symbol Stamp
Signed Admorpation No. Expiration Date  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB TITCO of HART Ford Conn. have inspected the components described in this Owner's Report during the period 9/9/44 to 9/9/44, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions The 234  National Board, State, Province, and Endorsements	~ ~ 8/6/94
CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB TITCO of have inspected the components described in this Owner's Report during the period 9/1/94 to 1/9/94 to 1/9/94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions The 334  Inspector's Signature  Commissions The 334  National Board, State, Province, and Endorsements	Certificate of Authorization NoExpiration Date
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tenne's See and employed by HCB TITCO of HART For Connection have inspected the components described in this Owner's Report during the period 9/1/14 to 9/19/14, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions The 234  National Board, State, Province, and Endorsements	Signed Jeffy X Dubs: R.E. Date 8/10 , 19 94
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400 WEST	SUMMIT HILL Address	LDR. KNO	XVILLE, TN	Date	of	2	·
Plant WATT	S BAR NUC Name	LEAR PL	ANT	Unit (			
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(a) Applicable Con	estruction Code A	TSC	. 72 -	, , ,		. B8 8/	11/90
(b) Applicable Edit	tion of Section XI III	ilized for Beneiro	Edition,	<u> </u>	Addenda,_	N/A	_Code Case
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#### FORM NIS-2 (Back)

CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this LEPLACE  ME Code, Section XI.  De Code Symbol Stamp  Lificate of Authorization No.  Expiration Date  Owner or Owner's Designee, Title  CERTIFICATE OF INSERVICE INSPECTION  The undersigned holding a valid commission issued by the National Board of Boiler and Preservince of TENNESSEE  and employed by HSB ITT CO  HATT FOR CONN.  have in his Owner's Report during the period  Par's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, a minations and corrective measures described in this Owner's Report. Furthermore, neither the liable in any manner for any personal injury or property damage or a loss of any kind section.  Commissions  TN 2 5 34  National Board, St.	
We certify that the statements made in the report are correct and this LEPLACE repair or repl  ME Code, Section XI.  Dec Code Symbol Stamp  tificate of Authorization No.  Expiration Date  CERTIFICATE OF INSERVICE INSPECTION  The undersigned, holding a valid commission issued by the National Board of Boiler and Preservince of Tennessee and employed by HSB I FT Community in the Designer of Mart Ford County have in the best of my knowledge and belief, the Owner has performed examinations and taken ther's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, eninations and corrective measures described in this Owner's Report. Furthermore, neither the liable in any manner for any personal injury or property damage or a loss of any kinderction.	
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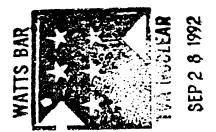


WP D-07014-01 PAGE SA CUNTO ON SB

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

1. Owner <u>TENNES</u>	SEE VALLEY A	<i>UTHORITY</i>		Date	-94		
400 W. SUMM	MIT HILL DRIVE, Address	KNOXVILLE.	TN	Sheet	of		
2. Plant WATTS B.	AR NUCLEAR Name	PLANT		Unit	· · ·	<del>-</del>	
	<i>D. SPRING CIT</i> Address		7/	WORK DL	# Inization P	D-07	014-0
3. Work Performed by				Type Code Symbol Authorization No.		W	
	BAR NUCLE Address		y T	Expiration Date		N O	8-11-9 g
4. Identification of Sy	•		73 Edistri	Alla a Chame	<i>a</i>	u Glur	94-
5. (a) Applicable Cons (b) Applicable Edit	ion of Section XI U	tilized for Repairs	or Replacement	ts 19 80 THR	ddenda 🍂 U, W in	1762 1981	Code Case
6. Identification of Co	mponents Repaired	or Replaced and F	Replacement Co	mponents			
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
070-76-16C-RJA	Nowe	HOYE	HONE	DCA: 5-407614 01-0 \$ 02-0	CUAUXEN	Pants and T	NO
						NESTALE BEAT	70
		A/A	tus.				
				8-11-04			
			-				
Description of Work_	ADDED	STIFF	YER PLA	ITES PER	7CA-A	07014 - 01	.∪Ė 0Z -
Tests Conducted	lydrostatic Pn	eumatic No	minal Operating				
C	Other Pressure_	psi	Test Temp.	°F			

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



WP D-D7014-01 PAGE 5B CONT'D ON 6

9. Remarks TRKKING # 94 135 36'3
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this Report conforms to the rules of the ASME Code, Section XI.
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Type Code Symbol Stamp
Certificate of Authorization No. A Swa Expiration Date
Signed Date 8-11. Under or Owner's Designee, Title
CERTIFICATE OF INSERVICE INSPECTION
1, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TENNESSEE and employed by HSB TETE
have inspected the components described
in this Owner's Report during the period 7/// 94 to 9/// 94 and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report, Furthermore, neither the Inspector per his employee
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector's Signature Commissions TN 2539  National Board, State, Province, and Endorsements
National Board, State, Province, and Endorsements
Date

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Plant WATTS	BAR HUCL	EAR PLAN	τ,	Unit			
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Work Performed by	2000	Name 0		Type Code Symbo Authorization No.			6/12/0
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Identification of Sy	vstem_063	SAFETY	INJECT	now	· -		
(o) Applicable Edit	ion of Section XI U	tilized for Repairs	or Replacemen	Juie (973 ) ts 1980 // ADDEN	Addenda,_ 104 Trix	MA US SIZI JA	Code Ca
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
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corded at the top of	an a an mis rebolf	is included on ea	cn sheet, and (	3) each sheet is num	bered and	the number of s	hoets is
This form (El	00030) may be obtain	ed from the Order	Done 45115				
14.	, 50 05.611	oraer	оери, ASME, 22 	Law Drive, Box 2300,	Fairfield, N	J 07007-2300 REF	TIME TO SE

## Page 7 cont on Page 7A

#### WORKPLAN D-2014-54

FORM NIS-2 (Back)
9. REMARKS YRACKING # 94-364 89 8/12/91
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.
Type Code Symbol StampA Rus 8/12/94
Certificate of Authorization NoExpiration Date
Signed MS aura FIELD ENGINEER Date 8/12/94 19
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TRANSSEE and employed by HSP I FI CO of HANT FORD CONN. have inspected the components described
in this Owner's Report during the period 8/23/94 to 8/23/94, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
55 Earnel 2 11 2534
Inspector's Signature Commissions TN 2534 National Board, State, Province, and Endorsements
Date \(\begin{align*} \frac{\23}{19} & 94 \\ \end{align*}

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1. Owner	TVA			Date <u>8</u> -	15-9	<u></u>	
	Nan	ne		Date	13- 1	<del></del>	
400 W. SU	MMIT HILL Address	DR. KNOX	VILLE TN	Sheet/	_ of/		
2. Plant WAT	TTS BAR Nom	NUCLEAR	2	Unit/	·		
<u>P.O. BOX 2</u>	DOD SPRIN	G CITY T	n/	D-2132 Repair Or	8-31		
3. Work Performed by	y	VA	,	Repair Or	ganization	P.O. No., Job No.	., etc.
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PO. BOX 201	DD SPRING Address	CITY To	/	Funisation No	•———	- YH	<del>- 15- 50</del>
	Address			Expiration Date_			-15-74
4. Identification of Sy	/stem	074/	RESIDU	AL HEAT	REM	DVAL	
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5. (a) Applicable Con (b) Applicable Edit	tion of Continue VIII	19	Edition,	JUNE 1973	Addenda,_	NIA	Code Ca
(a) Applicable Edit	tion of Section XI U	tilized for Repairs	or Replacement	s 19 <u>80</u> <i>TH</i>	RU WI	NTER 1981	
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6. Identification of Co	mponents Repaired	or Replaced and I	Replacement Con	nponents			
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							ASME
Name of		1	National			Repaired.	Code
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	ther Pressure	umatic Non	ninal Operating P	ressure 🔲 8-75	77		
	Pressure_	Psi	Test Temp	°F			
NOTE :							
NOTE: Supplemental tion in items 1 through	sheets in form of I	ists, sketches, or	drawings may he	used provided (4)	alan I- Ott		
tion in items 1 throug recorded at the top of	h 6 on this report	is included on ea	ch sheet, and (3)	each sheet is no-	parad 1	n. x 11 in., (2) in	forma-
recorded at the top of	this form.		, 10,	energe 19 HOLD	PEISO BUQ	the number of st	neets is

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	FORM NIS-2 (Back)
9. Remarks TRA	CKING # 94-365
	Applicable Manufacturer's Data Reports to be attached
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We certify that th ASME Code, Section XI.	CERTIFICATE OF COMPLIANCE  restatements made in the report are correct and this REPLACEMENT conforms to the rules of the repair or replacement
Type Code Symbol Stamp_	
Signed Charles Owner's	No H CDN 8-15-94 Expiration Date  Date 8-15  Designee, Title  Date 8-15  Date 8-15
in this Owner's Report during to the best of my knowledge Owner's Report in accordance By signing this certificate examinations and corrective	valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State and employed by HSRIRITO. of have inspected the components described the period 10-21-93 to 9-3-94, and state that and belief, the Owner has performed examinations and taken corrective measures described in this with the requirements of the ASME Code, Section XI.  neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer for any personal injury or property damage or a loss of any kind arising from or connected with this
Inspector's	National Board, State, Province, and Endorsements
1 0	19 <u>94</u> .



Wo#93_23348_0/ PAGE 46 OF 50

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1. Owner TENN	ESSEE VALL	ey Author	114	Date <u>/D- Z(</u>	,-43		
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2. Plant WA++	BAR Nu	LEAR PL	ANT	Unit <u>1</u>	•		RB IC
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3. Work Performed b	v_TVA	Name		Type Code Symbo			, 810.
P.O. Box 2	2000, SPZING Address		37381	Authorization No Expiration Date_		PLA RB 10	-24-93
4. Identification of Sy				PAY.			
5. (a) Applicable Con (b) Applicable Edit	struction Code	19 T	71_Edition	1973	Addenda, J	N/A RB 10-26	_93 _Code Case
(2) Applicable Edit	tion of Section XI U	tilized for Repairs	or Replacemen	ts 19 80 THRU	WINTER	2 OF 1981	
6. Identification of Co	mponents Repaired	or Replaced and f	Replacement Co	mponents			
Name of Component	Name of Manufacturer	Manufacturer	National Board	Other	Year	Repaired, Replaced,	ASME Code Stamped (Yes
	iviand acturer	Serial No.	No.	Identification	Built	or Replacement	or No)
14"DIAM. BOITS							
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NOTE: Supplementation in items 1 througe	sheets in form of I	ists sketches or	denuine may b	e used, provided (1) l) each sheet is num	ID-Z6- size is 8% i bered and	43 in. x 11 in., (2) in the number of sk	forma-
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FORM NIS-2 (Back)
9 Bemarks Tacking 99-366 27 8/17/99
Described with a Data Reports to be attached
CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this REPLICEMENT conforms to the rules of the repair or replacement  Type Code Symbol Stamp NA RB 10-26-93  Certificate of Authorization No. NA RB 0-26-93 Expiration Date NA RB 10-26-93  Signed Owner or Owner's Designee, Title  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennesses and employed by 15 B 12 Certificate Of Inservice of Navi Navi Inspected the components described in this Owner's Report during the period 1/6/94 to 9/6/14 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in the
We certify that the statements made in the report are correct and this REPLACIMENT conforms to the rules of ASME Code, Section XI.  Type Code Symbol Stamp NA RB 10-26-93  Certificate of Authorization No. NA RB D-26-93  Signed Totald P. Brandon Date NA RB 10-26-93  Signed Totald P. Brandon Date NA RB 10-26-93  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the Sor Province of Tennesses and employed by 15 B 11 Companies of the Sor Province of Tennesses of the Connormal Province of Tennesses of the Connormal Report during the period 1/6/94 to 9/6/17 and state to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning
CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this RPINEMENT conforms to the rules of the ASME Code, Section XI.  Type Code Symbol Stamp PAR RB 10-26-93  Certificate of Authorization No. N/A RB D-26-93  Expiration Date N/A RB 10-26-93  Signed Owner or Owner's Designee, Title  CERTIFICATE OF INSERVICE INSPECTION  1, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State of Province of Tenness State and employed by Hart Ford Owner's Report during the period 1/5/94  To 1/6/17  The windersigned of the Components described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning to examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning to examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning to examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning to examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning to examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning to examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning to examinations and corrective measures described in this Owner's Report.
Signed Owner or Owner's Designee, Title  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State the to the best of my knowledge and belief, the Owner has performed examinations and corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  Signing I and Pressure Vessel Inspectors and the State the to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
CERTIFICATE OF COMPLIANCE
Applicable Manufacturer's Data Reports to be attached  CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the repair or replacement  Type Code Symbol Stamp NA RB 10-26-93  Certificate of Authorization No. NA RB 0-26-93 Expiration Date NA RB 10-26-93  Signed Personal Personal Commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TEAMS SEC and employed by 15 B 15 C have inspected the components describe in this Owner's Report during the period 15/94 to 9/6/24 and state the to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in the Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his emplo
CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the ASME Code, Section XI.  Type Code Symbol Stamp NA RB 10-26-93  Certificats of Authorization No. NA RB 8-26-93 Expiration Date NA RB 10-26-93  Signed Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Parallel Par
Certificate of Authorization No. N/A RB D - 26-93 Expiration Date N/A RB 10-26-93
Signed Owner's Designee Title Date 10-26 , 19 93
1, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
No. IF Comments
The components described
, and state that
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
63 Emmily 7N 2534
Applicable Manufacturer's Data Reports to be ettached  CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this REPLACIATION forms to the rules of the repair or replacement  Type Code Symbol Stamp AB 10-26-93  Expiration Date NA RB 10-26-93  Signed Owner or Owner's Designee, Title  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Texas State and employed by AS 15 15 00 10 10 10 10 10 10 10 10 10 10 10 10
Applicable Manufacturer's Data Reports to be attached  CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this REPLACIANT Conforms to the rules of the ASME Code, Section XI.  Type Code Symbol Stamp AR 10-76-93  Certificate of Authorization No. NA RB 0-26-93 Expiration Date NA RB 10-26-93  Signed Owner or Owner's Designee, Title  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TRANSSEC and employed by As Designee, Title Owner is Designee, The ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Date 9/6 10 94

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1. Owner <u>TENNES</u> <u>400 Ш. SUm</u> 2. Plant <u>WATTS 1</u>	MIT DIZ.		E TN	DateS	19 9	1	
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Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
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ests Conducted: Hye							

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FORM NIS-2 (Back)  9. Remarks TRACKING # 94 - 367 July 8/19/94  Applicable Manufactbed/s Data Reports to be attached  CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this PERACEMEN Conforms to the rules of the report of replacement  Type Code Symbol Stamp July Biggy Expiration Date No. 19/19/19/19  Certificate of Authorization No. 19/19/19/19  Certificate of Authorization No. 19/19/19/19  Certificate of Authorization No. 19/19/19/19/19/19/19/19/19/19/19/19/19/1		
CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this CERTACEMENT conforms to the rules of the ASME Code, Section XI.  Type Code Symbol Stamp  Certificate of Authorization No. No. No. No. No. No. No. No. No. No.		
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FORM NIS-2 (Back)  Remarks TRACKING # 4 - 367 Mg 8   9 4  Applicable Manufactive/* Date Reports to be attached  CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this PERACEMEN Conforms to the rules of the repair or replacement  Type Code Symbol Stamp		
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ASME Code, Section XI. repair or replacement	o the rules of the	
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to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measure	s described in this	
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#### FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Code Section XI

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Component	Name of Manufacturer	Manufacturer Serial No.	Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	Stamped (Yes or No)
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This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

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Certificate of Authorization No. DA SIP 94 Expiration Date Date Signed Owner or Owner's Designee, Title  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and to Province of Tennessee and employed by HSB ISI Cor have inspected the components of this Owner's Report during the period 1/6/34 to 1/6/97	ASME Code, Section XI	hade in the report are corr		the rules
Certificate of Authorization No. Did 8 19 94 Expiration Date 8 19	dede, booken xi,		Topali of Teplacement	
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Owner or Owner's Designee, Title  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and to Province of Tennessee and employed by HSB I 31 Co'  HAYT Ford Connormal have inspected the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of the components of	Certificate of Authorization No. 11/4	(X 8/19/94	Expiration Date Ya	8 199
Owner or Owner's Designee, Title  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and to Province of Tennessee and employed by HSB I I Co'  HAYT Ford Common have inspected the components of this Owner's Report during the period 9/6/94	عمس کے کے است		,	
CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and to Province of Tennessee and employed by HSB I 31 Co'  HAYT Ford Connormal have inspected the components of this Owner's Report during the period 9/6/94 to 9/6/94	Owner or Owner's Designee, Title		Date	, 19 <u>9</u>
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and to Province of Tennessee and employed by HSB I I Co'  HAYT Ford Rown have inspected the components of in this Owner's Report during the period 9/6/14 to 9/6/14/				
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and to Province of Tennessee and employed by HSB I I Co'  HAYT Ford Community to Province of Tennessee Inspectors and to Province of Tennessee Inspectors and to Province of Tennessee Inspectors and to Province of Tennessee Inspectors and to Province of Tennessee Inspectors and to Province of Tennessee Inspectors and to Province of Tennessee Inspectors and to Province of Tennessee Inspectors and to Province of Tennessee Inspectors and to Province of Tennessee Inspectors and to Province of Tennessee Inspectors and to Province of Tennessee Inspectors and to Province of Tennessee Inspectors and to Province of Tennessee Inspectors and to Province of Tennessee Inspectors and to Province of Tennessee Inspectors and to Province of Tennessee Inspectors and to Province of Tennessee Inspectors and to Province of Tennessee Inspectors and to Province of Tennessee Inspectors and to Province of Tennessee Inspectors and to Province of Tennessee Inspectors and to Province of Tennessee Inspectors and to Province of Tennessee Inspectors and to Province of Tennessee Inspectors and to Province of Tennessee Inspectors and to Province of Tennessee Inspectors and to Province of Tennessee Inspectors and to Province Inspectors and to Province Inspectors and to Province Inspectors and to Province Inspectors and to Province Inspectors and to Province Inspectors and to Province Inspectors and to Province Inspectors and to Province Inspectors and to Province Inspectors and to Province Inspectors and to Province Inspectors and Inspectors and Inspectors and Inspectors and Inspectors and Inspectors and Inspectors and Inspectors and Inspectors and Inspectors and Inspectors and Inspectors and Inspectors and Inspectors and Inspectors and Inspectors and Inspectors and Inspectors and Inspectors and Inspectors and Inspectors and Inspectors and Inspectors and Inspectors and Inspectors and Inspectors and Inspectors and Inspectors and In		CERTIFICATE OF INCE	DVIOT INCOSOS	
in this Owner's Report during the period 9/6/94 to 9/6/94	I, the undersigned, holding a valid commissi	ion issued by the National	A Posed of Daily	
in this Owner's Report during the period 9/6/94 to 9/6/94	or Province of TENNESSEE	nd employed by	Board of Boiler and Pressure Vessel Inspect	tors and ti
in this Owner's Report during the period 7/6/99 to 7/6/99	• •			
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures describe	- HAYT			onents de
		9/6/94	· 9/2/09	

shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this

Commissions 7N 2534

National Board, State, Province, and Endorsements

JUN 2 5 1993

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rage		cont.	CD	٥٢هـ٦	

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

2. Plant WATTS	MMIT HILL D Address BAR NUCLE			Sheet			
	Name 2000 5771 Address	,		WP - D -		1-02	
3. Work Performed b							, etc.
		Name		Type Code Symbo Authorization No.	Stamp	Ja al	1894
S ZTTAW	AIZ NUCLEA Address	IZ PLAN	<u> </u>	Expiration Date			
4. Identification of S	_			_			
5. (a) Applicable Co. (b) Applicable Edi 6. Identification of Co.	tion of Section XI Of	ilized for Hepairs	or Replacemen	ts 19_ <u>50_</u> [H12	לא ולהו ר	TE12 1981	. <i>I_D[</i> .
							ASME Code
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	Stamped (Yes or No)
003B-03B-1AFW-	2172 8/19/94	None	MPE	DCA-PO4521-	UNKWOWA	Replacement	D0
2-E-55PA-5-00	11a QD 8/19/174	NONE	NONE	DA. PO4521-	UNKEROWN	Replacement	มอ
2030 220 100	1 4 819h4	NOWE	NowE	DCA. (704521-	UWKerre	Replacement	- 20
		[					
	modily Su	upports					
1003B-03B-1AFU 2-197						· · · · · · · · · · · · · · · · · · ·	

recorded at the top of this form,

tion in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is

Page
WORKFIAN D-04521-02
FORM NIS-2 (Back)  9. Remarks TIZACKINC # 94-369 2/8/19/94
Applicable Manufacturer's Data Reports to be attached
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•
We certify that the statements made in the report are correct and this ロロルドル conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp_ Na CD BIB 94
Certificate of Authorization No. Na CD BIB94 Expiration Date Na BIB94
Signed Owner's Designee, Title  Date 8 19 , 19 94
CERTIFICATE OF WARMAN AND AND AND AND AND AND AND AND AND A
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector's Signature Commissions National Board, State, Province, and Endorsements
Date



#### D 06012 18 WOREPLAN

Page 7	cont on Page	8
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Plant WATTS P. D. Box 2  Work Performed by WATTS B	Name PODO, Spring Address  TVA, M  Address  Address  Address  Address  estem MAI	R PLANT G CITY, TA ODS Name GAR PLA W STEX	137381 9NT 9M / S	Unit	Stamp	P.O. No., Job No.,	etc.	- - - - -
(a) Applicable Con (b) Applicable Edit	struction Code <u>A</u>	SC 7 TH 19	23 Edition, or Replacement	19 80 TARU	ddenda.	N/A 8/22/99 12 1981 AD	ĹCode Car ハ <i>テルロ</i> ろ	— 18 7
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)	
PESJ. 49427 # WA-1-01A-435	14 8/22/74	NONE	NONE	DCA-KOGO17-43 DCA-KOGO17-52	WK HOW	REPLACEMENT	NO	
			1Y	1 8/22/94				
Description of Work_	REMINE EXIST, INSTALLED NEW	NG U-BUT PIPE CLA	T.S. & Ba	EVILLE WASHE	×5. €			LEAN
IOTE: Supplementa	Other Pressure  8/22/94	psi	minal Operating Test Temp	F Pused provided (1)	ize is 8%	in x 11 in 12)	tomate.	TVA. RUG

Page 8 cont on Page 9
D = 06012 - 18
WOREPLAN
FORM NIS-2 (Back)
9. Remarks TRACKING # 94-370 wm 8/22/94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this REPLACINE Conforms to the rules of the
ASME Code, Section XI. repair or replacement
Type Code Symbol Stamp
Type code Symbol Stamp /A COTT & B/CC/14
Certificate of Authorization No. 1/4 wm 8/22/94 Expiration Date 1/4 wm 8/22/94
12 C C C C C C C C C C C C C C C C C C C
Signed Const. ENGR. Date 8/22, 1994
Owner's Designee, Title
CERTIFICATE OF INSERVICE INSPECTION .
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Towns See and employed by HSB I I I To
HAVI FOXA SOULL
in this Owner's Report during the period 9//3/94 9/3/0 4
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
13 Earmon 2 1 Tu 2534
Inspector's Signature Commissions TN.2534 National Board, State, Province, and Endorsements
Date9/1019_94



Page 6A	cont. on Page	6B
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	MMIT DR. Address S BAR NUC Nam	LEAR PLA		Unit			
P.D. BOX 20	DDD SPRINC Address	CITY . TN	١	WP-0	4531	- <u>07</u> P.O. No., Job No.	
3. Work Performed							, etc.
		Name		Type Code Symbo Authorization No		17 -	1,01
2TTAW_	BAR NUCLE	AR PLAN	דנ	Expiration Date_		700	13/
4. Identification of S	***************************************		•	_			
4. Identification of S	systemD3			AM (3 9-20-99	ī	ken 13 a 3	
5. (a) Applicable Co	nstruction Code (A)	SC 7+4 15	コろ Edition	NIA	/ 	NIA	-79
(b) Applicable Ed	ition of Section XI U	tilized for Repairs	or Replacemen	ts 19 80 THR	Addenda,_   WIW L	ER 1981 0	າ ປາປາ TCoqi
							· DIN
6. Identification of C	omponents Repaired	or Replaced and	Replacement Co	mponents			
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						1	AS
			<u> </u>				Co
Name of	Name of	Manufacturer	National Board	0.5		Repaired,	Stan
Component	Manufacturer	Serial No.	No.	Other Identification	Year Built	Replaced, or Replacement	(Y
1003A-1-03A-	na,			DCA- PU4531-	C _A	<del> </del>	
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546				DCH-1204531-	Leto.	0 1	
i -	who Bloggy	NOWE	W14"10			1 Leplacement	7 1
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Page 68 cont. on Page 7

WORKFLAN 04531-02

FORM NIS-2 (Back)
9. Remarks TRACKING # 94-37  JJ 8/22/94  Applicable Manufacturer's Data Reports to be attached
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this <b>Leptucement</b> conforms to the rules of the ASME Code, Section XI.  repair or replacement
Type Code Symbol Stamp N/4 CP 8/19/24
Certificate of Authorization No. N/4 P8/19/94 Expiration Date N/4 P8/19/94
Signed Owner's Designee, Title  NECH. ENG. Date 819 , 19 74
CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TENNESSE and employed by HSB I FI COMMISSION OF
in this Owner's Report during the period 10/10/94 to 10/10/94 and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
13 Emmi
Inspector's Signature Commissions TN 2534  National Board, State, Province, and Endorsements
Date 10/10 19 94





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

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1. Owner TENNE	BLIAU BEZZE	V AUTH	<u> भूगाज्ञ</u>	Date	s-19- <u>0</u>	<b>7</b> 4	
400 W. Si	MMIT DIZ.	KNDXNITTE	. TN.	SheetL	. of	<u> </u>	
2. Plant WATTS	BAR NUCL	EAR PLAN	70	Unit	1		
P.D. BOX 2	ODO SPRIN	CCITY.	TN	Repair Org	- 056	22-02	
3. Work Performed b	AVT_v	Name		Type Code Symbo	Stamp_	16	
WATTS BE	AR NUCLEAR	PLANT		Authorization No. Expiration Date		3 8	7174
4. Identification of S	Address ystem7_Z						
5. (a) Applicable Cor (b) Applicable Edi  6. Identification of Co	tion of Section XI Ut	ilized for Repairs	or Replacemen	ts 19 <u>80</u> THR	Addenda, <u>t</u>	ilm Blaiah TES ADDE	つりせ Code Case
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No.)
1072-4437-5-1	U/a 8/19/94	None	NONE	DEA-DO5622- 02, 03		Replacement	120
1072-72-165- B-121	1/4 08/19/24	NONE	NONE	02, 63 02, 67, 68	U SKLERY.	Replacement	
. Description of Work	Mobily	Support	3				
Tests Conducted:	Hydrostatic Pne	umatic Nor	minal Operating	Pressure			
C	Other Pressure_		Test Temp.	. ressure	nda (	J 8/19/	14
NOTE: Supplements	al sheets in form of i	ists, sketches or	drawings may l	De used, provided (1)		•	

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

7 and on Part 7A

FORM NIS-2 (Back)	D	0562	2 2
9. Remarks TRACKING # 94-372 DU 8/22/94			
Applicable Manufacturer's Data Reports to be attached			
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		·	
CERTIFICATE OF COMPLIANCE			<del></del>
We certify that the statements made in the report are correct and this Ventuement ASME Code, Section XI.		ms to the rules	of the
Type Code Symbol Stamp N/4 S 8/19/44	· · · · · · · · · · · · · · · · · · ·		
Certificate of Authorization No. N. C. S. 19/94 Expiration Date N.		<b>9</b> 8/19	164
Signed Date 8/19		10 0	74
Owner or Owner's Designee, Title		, 19	·
CERTIFICATE OF INSERVICE INSPECTION	<del></del>		
1, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure or Province of TENNESSEE and employed by HSB IFI CO	Vessel i	nspectors and ti	
	d the	components de	
in this Owner's Report during the period 9/16/94 to 9/16/94		, and st	
to the best of my knowledge and belief, the Owner has performed examinations and taken correct Owner's Report in accordance with the requirements of the ASME Code, Section XI.	tive me	esures describe	d in this
By signing this certificate neither the Inspector nor his employer makes any warranty, expres	sed or i	molied concer	ning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither t			
shall be liable in any manner for any personal injury or property damage or a loss of any kind arisin	ng from	or connected v	vith this
inspection.			
13. Earnel TV2534			
Commissions TN2534 Inspector's Signature Commissions TN2534	rovince	, and Endorsem	nents
Date 9/16 19 94			



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WORK INSTRUCTION	D	2	1 3	328	17
	<b>D</b>				

ORM NIS-2 OWNE	R'S REPORT F	OR REPAIRS	OR REPLACEMEN	ΓS
			Code Section XI	

				ASIME Code Sect			
1. Owner TENN	UESSEE DI	ALLEY A	F <u>LINCHT</u> C	Date	<u>8-22</u>	-94	
	Address						·
2. Plant WATT:	SAR NI	sucan (	TURN	Unit			
50 BOX S	Name SPIUS Address	100 cus	12771	WP# D	-213	28-17	
3. Work Performed by	TVA-MOD	IFICATIO	NS	Type Code Symbo	I Stamp		
	R NUCLEAR Address					~/+ 19	8 8/22/9
4. Identification of Sy	Address stem <u>Cov</u>	HUMENT	SPRAY	/ Suste	m 72		
<ol> <li>Identification of Sy</li> <li>(a) Applicable Con</li> <li>(b) Applicable Edit</li> </ol>	struction Code	FISC 19	73 Edition	774	0 elekarada	N/A 138.81	22/91
(b) Applicable Edit	ion of Section XI Ut	ilized for Repairs	or Replacements	19 80 THRE	)	W/1981 W.	_Code Case /NTEX AD.
. Identification of Co	mponents Repaired (	or Replaced and i	Replacement Con	ponents		,	
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
72-72-105-193	KNOWN	NONE	NONE	NONE	NOT	REPLACE -	No
		9					
		N/A RS/	8/22194				
			7 117				
0	ydrostatic Pne ther Pressure	umatic / Nor	minal Operating P Test Temp	ressure []			
NOTE: Supplemental tion in items 1 through recorded at the top of	an a an ting lebott	ists, sketches, or is included on ea	drawings may be ich sheet, and (3)	used, provided (1) each sheet is num	size is 8½ i bered and	n. x 11 in., (2) in the number of sl	forma- heets is

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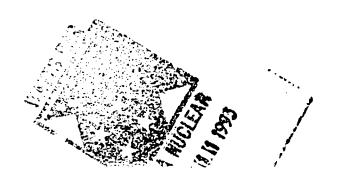
8.

This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

#### D 21328-17

Production Page 8

Only Mis-2 (Back)
9. Remarks TRACKING NO: 94-373 DE 822/94
Applicable Manufacturer's Data Reports to be attached
Ł
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this <b>EPLALEMENT</b> conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp
Certificate of Authorization No
Signed Bongh (FIELD ENGINEER) Date 8/22/ , 1994 .
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
and employed by TRTR
in this Owner's Report during the period 5-11-93 to 9-11-94, and state that
in this Owner's Report during the period 5-11-93 to 9-11-94. and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report, Furthermore, neither the Inspector and his countries
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection,
क्या है।
Inspector's Signature Commissions TN . 2537 National Board, State, Province, and Endorsements
Date9_1119 94



## WORK INSTRUCTION D-06009-08 PG 7 CONT'D ON \$

				- Admir Code Section			
1. Owner <u>TENNES</u>	148111	•		Date 8/23	/94		
00 W. Sunm	17 HILL D	RIVE, KIN	ox. Tw.	Sheet	of/	·	
Plant WATT	700,000			Unit/			
0. Box 2000	SPRING	CTY	TN.	WORKPLA. Repair Orga	N#	D-06009	-06 -06
. Work Performed by	TVA , M	0D5		Repair Orga Type Code Symbol			etc.
2			•	Authorization No.	•	/wms	
WATTS B	AR /VUCLEM	e PLAN	7	Expiration Date		A 8/23/	74
. Identification of Sys	stem MAIN	STAM	/575		,		
(a) Applicable Cons (b) Applicable Editi Identification of Con					ddenda,	<u> [A 8/13/94</u> ER 1981 /	Code Case
		1			<del>,</del>	<del></del>	
Name of	Name of	Manufacturer	National Board	Other	Year	Repaired, Replaced,	ASME Code Stamped (Yes
Component	Manufacturer	Serial No.	No.	Identification	Built	or Replacement	
IPE SUPPORT B				DEA-KO6009-37			
01A-1-01A-3i3	11 Juns	NONE	NONE	DEA-KO6009-38		RÉRINGMENT	NO
NA-1-DIA-315	A 5/23/74	NONE	NONE	DA-KOGOOJ-04 DA-KOGOOJ-45		REPLACEMENT	NO
				7 70	MEROUN	KEPUKEMENT	700
			~				
			1	8/23/°	74		
				0/25/			
	m 8/2/74						
ر Description of Work تر	001A-1-01A-313 001A-1-0112-315	REAL BRA BRACKET	CKET. INSTA	S. U-BCLT SHIN	CLAM	AND BELLE	VILLE WAS ERIST
		3 5 TI FF EN	EX PLATES.	MINTAIN GAP	ABOVE	PIPE AND	PLATE.
A ways	ther Pressure		minal Operating Test Temp.	ressure°F			
5/4/							
NOTE: Supplementa	sheets in form of	lists sketches o	r drawings mass	be used, provided (1)			

# PG & CONT'D ON 9

FORM NIS-2 (Back)
9. Remarks TRACKING # 94-374 wms 8/24/94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this REPUREMENT conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp N/A wmo 8/23/94
Certificate of Authorization No 1/4 com 8/23/94 Expiration Date 1/4 com 8/23/94
Signed Mar or Owner's Designee, Title / CONST. ENGR. Date 8/23, 19 94
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of D.
or Province of TENNESSEE and employed by HSB III Co of HART FORD COM. have inspected the components described
in this Owner's Report during the period 9/10/94 9/10/94
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
that mations and corrective measures described in this Owner's Report. Furthermore neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neither the Inspector neith
and be hable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
B Paral
Inspector's Signéture Commissions TN 2534  National Board, State, Province, and Endorsements
ivational poard, State, Province, and Endorsements
Date9//819_94



# WORK INSTRUCTION D-86012-20 PG Z CONT'D ON S

Plant National Section XI Utilized for Replacements 19 BO THAN No. 1981 ADDE Identification of Components Repaired or Replaced and Replacement Components  Name of Component Manufacturer Serial No. No. No. No. No. No. No. No. No. No.	l. Owner <u>/ENNE</u>	SSEE VALLE	Y AUTHORI	TY	Date 8/2	13/94	1	<del></del>
P.O. Box 2000, SPANIC CTY IN Address  Repair Organization P.O. No., Job No., etc.  Repair Organization P.O. No., Job No., etc.  Repair Organization P.O. No., Job No., etc.  Type Code Symbol Stamp IN  Authorization No.  Expiration Date A B/23/94  Authorization No.  Expiration Date A B/23/94  Authorization No.  Expiration Date A B/23/94  Authorization No.  Expiration Date A B/23/94  Authorization No.  Expiration Date A B/23/94  Authorization No.  Expiration Date A B/23/94  Authorization No.  Expiration Date A B/23/94  Authorization No.  Expiration Date A B/23/94  Authorization No.  Expiration Date A B/23/94  Authorization No.  Expiration Date A B/23/94  Authorization No.  Expiration Date A B/23/94  Authorization No.  Expiration Date A B/23/94  Authorization No.  Authorization No.  Expiration Date A B/23/94  Authorization No.  Authorization No.  Feel Components  Assume of Components Repaired or Replaced and Replacement Components  Name of Name of Name of Manufacturer Serial No.  No. Identification Built Or Replacement or No.  Authorization No.  Expiration Date A B/23/94  Authorization No.  Expiration Date A B/23/94  Authorization No.  Authorization No.  Authorization No.  Authorization No.  Authorization No.  Authorization No.  Authorization No.  Authorization No.  Authorization No.  Authorization No.  Authorization No.  Authorization No.  Authorization No.  Authorization No.  Authorization No.  Authorization No.  Authorization No.  Authorization No.  Authorization No.  Authorization No.  Authorization No.  Authorization No.  Authorization No.  Authorization No.  Authorization No.  Authorization No.  Authorization No.  Authorization No.  Authorization No.  Authorization No.  Authorization No.  Authorization No.  Authorization No.  Authorization No.  Authorization No.  Authorization No.  Authorization No.  Authorization No.  Authorization No.  Authorization No.  Authorization No.  Authorization No.  Authorization No.  Authorization No.  Authorization No.  Authorization No.  Authorization No.  Authorization No.  Aut	40 <u>0 W. SUMM</u>	AIT HILL I	DEIVE, KING	ox, TN	Sheet	of/	<u> </u>	
Work Performed by IVA MODS Name    Authorization P.O. No., Job No., etc.	Plant WATTS	BAR NUC Name	LEAR PL	ANT	Unit/			
Address  Identification of System    Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address	P.O. Box 20	00, SPRIM Address	16 CITY	TN	WORKPLA Beneix Orea	4N A	D-060/	12-20
Address  Identification of System	Work Performed by	TVA, M	9005		Type Code Symbol	Stamp	.O. No., Job No.	, etc.
Identification of System MAIN STEAM SYSTEM # 001  (a) Applicable Construction Code ASC, 7th 19 73 Edition, 1/4 8/23/14 Addenda, 1/4 8/23/14 Code (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 7HRW WINTER 19 81 ADDE (c) Applicable Edition of Section XI Utilized for Repairs or Replacement Components    Name of   Name of   Components Repaired or Replaced and Replacement Components   Repaired, 1/4 8/23/14   No.   Identification   Replaced, 0 Replacement   No.   Identification   Replaced, 0 Replacement   No.   Replaced, 0 Replacement   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.   No.	_	· · · · · · · · · · · · · · · · · · ·	INSTITUTE	UT	Authorization No.		Jun	9
(a) Applicable Construction Code ABC, 7th 19 73 Edition, ABJ3794 Addenda, ABJ3794 Code (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 0 7HRU WINTEN 1981 ADDE Identification of Components Repaired or Replaced and Replacement Components  Name of Component Manufacturer Serial No. No. Identification Built or Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es Replaced, 17es		Address		,			H 8/23	194
Identification of Components Repaired or Replaced and Replacement Components  Name of Component Name of Manufacturer Serial No.  No. Identification Built Repaired, Code Replaced Other Replaced, Cycs or Replacement or No.  No. Identification Built Of Replacement or No.  No. Identification Built Of Replacement or No.  No. Identification Built Of Replacement or No.  No. Identification Built Of Replacement or No.  No. Identification Built Of Replacement or No.  No. Identification Built Of Replacement or No.  No. Identification Built Of Replacement Of Replacement Of Replacement Of Replacement Of No.  No. Identification Built Of Replacement Of Replacement Of Replacement Of Replacement Of No.  No. Identification Built Of Replacement Of Replacement Of Replacement Of Replacement Of No.  No. Identification Built Of Replacement Of Replacement Of Replacement Of No.  No. Identification Built Of Replacement Of Replacement Of Replacement Of No.  No. Identification Built Of Replacement Of Replacement Of Replacement Of No.  No. Identification Built Of Replacement Of Replacement Of Replacement Of No.  No. Identification Built Of Replacement Of Replacement Of Replacement Of No.  No. Identification Built Of Replacement Of Replacement Of Replacement Of No.  No. Identification Built Of Replacement Of Replacement Of Replacement Of No.  No. Identification Built Of Replacement Of No.  No. Identification Built Of Replacement Of No.  No. Identification Built Of Replacement Of No.  No. Identification Built Of Replacement Of No.  No. Identification Built Of Replacement Of No.  No. Identification Built Of Replacement Of No.  No. Identification Built Of No.  No. Identification Built Of No.  No. Identification Built Of No.  No. Identification Built Of No.  No. Identification Built Of No.  No. Identification Built Of No.  No. Identification Built Of No.  No. Identification Built Of No.  No. Identification Built Of No.  No. Identification Built Of No.  No. Identification Built Of No.  No. Identification Built Of No.  No. Identification Built Of	Identification of Sy	stem_ <i>MAIN</i>	' STEAM	15X3	Tem # 00	2/		
Identification of Components Repaired or Replaced and Replacement Components  Name of Component Name of Manufacturer Serial No.  No. Identification Built Repaired, Code Replaced Other Replaced, Cycs or Replacement or No.  No. Identification Built Of Replacement or No.  No. Identification Built Of Replacement or No.  No. Identification Built Of Replacement or No.  No. Identification Built Of Replacement or No.  No. Identification Built Of Replacement or No.  No. Identification Built Of Replacement or No.  No. Identification Built Of Replacement Of Replacement Of Replacement Of Replacement Of No.  No. Identification Built Of Replacement Of Replacement Of Replacement Of Replacement Of No.  No. Identification Built Of Replacement Of Replacement Of Replacement Of Replacement Of No.  No. Identification Built Of Replacement Of Replacement Of Replacement Of No.  No. Identification Built Of Replacement Of Replacement Of Replacement Of No.  No. Identification Built Of Replacement Of Replacement Of Replacement Of No.  No. Identification Built Of Replacement Of Replacement Of Replacement Of No.  No. Identification Built Of Replacement Of Replacement Of Replacement Of No.  No. Identification Built Of Replacement Of Replacement Of Replacement Of No.  No. Identification Built Of Replacement Of Replacement Of Replacement Of No.  No. Identification Built Of Replacement Of No.  No. Identification Built Of Replacement Of No.  No. Identification Built Of Replacement Of No.  No. Identification Built Of Replacement Of No.  No. Identification Built Of Replacement Of No.  No. Identification Built Of Replacement Of No.  No. Identification Built Of No.  No. Identification Built Of No.  No. Identification Built Of No.  No. Identification Built Of No.  No. Identification Built Of No.  No. Identification Built Of No.  No. Identification Built Of No.  No. Identification Built Of No.  No. Identification Built Of No.  No. Identification Built Of No.  No. Identification Built Of No.  No. Identification Built Of No.  No. Identification Built Of	(a) Applicable Cons	struction Code AL	SC THE	73 5400	N/ was		N/ wmo	1
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Name of Component Name of Manufacturer Serial No. National Board Other Heplaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or No. No. No. No. No. No. No. No. No. No.	4					<b># 4</b> // <b>4</b> /0	7617017	1006
Name of Component  Name of Manufacturer  Serial No.  No.  National Board  Other Identification  No.  No.  No.  No.  No.  No.  No.  N	Identification of Co	mponents Repaired	or Replaced and F	Replacement Co	mponents			
Name of Component  Name of Manufacturer Serial No.  No.  No.  No.  No.  No.  No.  No.						Τ		<del></del>
Name of Component Name of Manufacturer Serial No. Manufacturer Serial No. No. Identification Plant Pear Built No. No. No. No. No. No. No. No. No. No.								ASME
Name of Component  Name of Manufacturer Serial No.  No.  No.  No.  No.  No.  No.  No.				National		1	Bonnisad	Code
DELETED BASERATES, AMENCES, Z SAUBBERS, REAR BEACUETS, T.S., U-BOLT PIPE CLAMP.  Description of Work AND BRIEVILLE WASHERS. INSTALLED NEW T.S. STRUCTURE SAUBBERZ PARES  Description of Hydrostatic Pneumatic Nominal Operating Pressure  No. Identification Built or Replacement or No. Identification Built or Replacement or No. Identification Built or Replacement or No. Identification Built or Replacement or No. Identification Built or Replacement or No. Identification Built or Replacement or No. Identification Built or Replacement or No. Identification Built or Replacement or No. Identification Built or Replacement or No. Identification Built or Replacement or No. Identification Built or Replacement or No. Identification Built or Replacement or No. Identification Built or Replacement or No. Identification Built or Replacement or No. Identification Built or Replacement or No. Identification Built or Replacement or No. Identification Built or Replacement or No. Identification Built or Replacement or No. Identification Built or Replacement or No. Identification Built or Replacement or No. Identification Built or Replacement or No. Identification Built or Replacement or No. Identification Built or Replacement or No. Identification Built or Replacement or No. Identification Built or Replacement or No. Identification Built or Replacement or No. Identification Built or Replacement or No. Identification Built or Replacement or No. Identification Built or Replacement or No. Identification Built or Replacement or No. Identification Built or Replacement or No. Identification Built or Replacement or No. Identification Built or Replacement or No. Identification Built or Replacement or No. Identification Built or Replacement or No. Identification Built or Replacement or No. Identification Built or Replacement or No. Identification Built or Replacement or No. Identification Built or Replacement or No. Identification Built or Replacement or No. Identification Built or Replacement or No. Identification Built or Replacement or No. Id			Manufacturer		Other	Year	1 _ '	Stamped (Yes
DELETED BASEPLATES, ANCHOLS, Z SNUBBERS, REAL BRACKETS, T.S., U-BCLT PIPE CLAMP.  Description of Work AND BRIEVILLE WASHERS. INSTALLED NEW T.S. STRUCTURE, SNUBBERZ ANCHOLS AND BRIEVILLE WASHERS. INSTALLED NEW T.S. STRUCTURE, SNUBBERZ ANCHOLS AND BRIEVILLE WASHERS. INSTALLED NEW T.S. STRUCTURE, SNUBBERZ ANCHOLS AND BRIEVILLE WASHERS. INSTALLED NEW T.S. STRUCTURE, SNUBBERZ ANCHOLS AND BRIEVILLE WASHERS. INSTALLED NEW T.S. STRUCTURE, SNUBBERZ AND BRIEVILLE WASHERS. INSTALLED NEW T.S. STRUCTURE, SNUBBERZ AND BRIEVILLE WASHERS.	Component	Manufacturer	Serial No.	No.	Identification	1	or Replacement	or No)
DELETED BASERIATES, ANCHES, Z SHUBBERS, REAR BRACKETS, T.S., U-BUT PIPE CLAMP.  Tests Conducted: Hydrostatic Pneumatic Nominal Operating Pressure  NONE DCA-KOGOIZ-32  WILKNOW, REPLANDENT / NO  NONE DCA-KOGOIZ-32  WILKNOW, REPLANDENT / NO  NONE DCA-KOGOIZ-32  WILKNOW, REPLANDENT / NO  NO DCA-KOGOIZ-32  WILKNOW, REPLANDENT / NO  NO DCA-KOGOIZ-32  WILKNOW, REPLANDENT / NO  NO DCA-KOGOIZ-32  WILKNOW, REPLANDENT / NO  NO DCA-KOGOIZ-32  WILKNOW, REPLANDENT / NO  NO DCA-KOGOIZ-32  WILKNOW, REPLANDENT / NO  NO DCA-KOGOIZ-32  WILKNOW, REPLANDENT / NO  NO DCA-KOGOIZ-32  WILKNOW, REPLANDENT / NO  NO DCA-KOGOIZ-32  WILKNOW, REPLANDENT / NO  NO DCA-KOGOIZ-32  WILKNOW, REPLANDENT / NO  NO DCA-KOGOIZ-32  WILKNOW, REPLANDENT / NO  NO DCA-KOGOIZ-32  WILKNOW, REPLANDENT / NO  NO DCA-KOGOIZ-32  WILKNOW, REPLANDENT / NO  NO DCA-KOGOIZ-32  WILKNOW, REPLANDENT / NO  NO  NO DCA-KOGOIZ-32  WILKNOW, REPLANDENT / NO  NO  NO DCA-KOGOIZ-32  WILKNOW, REPLANDENT / NO  NO  NO  NO  NO  NO  NO  NO  NO  NO		N/ um			Dein Kolonia			
DELETED BASEPLATES, ANCHELS, Z SNUBBERS, REAR BRAILETS, T.S., U-BOLT PIPE CLAMP.  JOSECTIPTION OF WORK AND BRIEVILLE WASHERS. INSTALLED NEW T.S. STRUCTURE, SNUBBERZ P.  JOSECTIPTION OF WORK PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY P.  JOSECTIPTION OF WORK P. SNUBBERZ P.  JOSECTIPTION OF WORK P. SNUBBERZ P.  JOSECTIPTION OF WORK P. SNUBBERZ P.  JOSECTIPTION OF WORK P. SNUBBERZ P.  JOSECTIPTION OF WORK P. SNUBBERZ P.  JOSECTIPTION OF WORK P. SNUBBERZ P.  JOSECTIPTION OF WORK P. SNUBBERZ P.  JOSECTIPTION OF WORK P. SNUBBERZ P.  JOSECTIPTION OF WORK P. SNUBBERZ P.  JOSECTIPTION OF WORK P. SNUBBERZ P.  JOSECTIPTION OF WORK P. SNUBBERZ P.  JOSECTIPTION OF WORK P. SNUBBERZ P.  JOSECTIPTION OF WORK P. SNUBBERZ P.  JOSECTIPTION OF WORK P. SNUBBERZ P.  JOSECTIPTION OF WORK P. SNUBBERZ P.  JOSECTIPTION OF WORK P. SNUBBERZ P.  JOSECTIPTION OF WORK P. SNUBBERZ P.  JOSECTIPTION OF WORK P. SNUBBERZ P.  JOSECTIPTION OF WORK P. SNUBBERZ P.  JOSECTIPTION OF WORK P. SNUBBERZ P.  JOSECTIPTION OF WORK P. SNUBBERZ P.  JOSECTIPTION OF WORK P. SNUBBERZ P.  JOSECTIPTION OF WORK P. SNUBBERZ P.  JOSECTIPTION OF WORK P. SNUBBERZ P.  JOSECTIPTION OF WORK P. SNUBBERZ P.  JOSECTIPTION OF WORK P. SNUBBERZ P.  JOSECTIPTION OF WORK P. SNUBBERZ P.  JOSECTIPTION OF WORK P. SNUBBERZ P.  JOSECTIPTION OF WORK P. SNUBBERZ P.  JOSECTIPTION OF WORK P. SNUBBERZ P.  JOSECTIPTION OF WORK P. SNUBBERZ P.  JOSECTIPTION OF WORK P.  JOSECTIPTION OF WORK P.  JOSECTIPTION OF WORK P.  JOSECTIPTION OF WORK P.  JOSECTIPTION OF WORK P.  JOSECTIPTION OF WORK P.  JOSECTIPTION OF WORK P.  JOSECTIPTION OF WORK P.  JOSECTIPTION OF WORK P.  JOSECTIPTION OF WORK P.  JOSECTIPTION OF WORK P.  JOSECTIPTION OF WORK P.  JOSECTIPTION OF WORK P.  JOSECTIPTION OF WORK P.  JOSECTIPTION OF WORK P.  JOSECTIPTION OF WORK P.  JOSECTIPTION OF WORK P.  JOSECTIPTION OF WORK P.  JOSECTIPTION OF WORK P.  JOSECTIPTION OF WORK P.  JOSECTIPTION OF WORK P.  JOSECTIPTION OF WORK P.  JOSECTIPTION OF WORK P.  JOSECTIPTION OF WORK P.  JOSECTIPTION OF WORK P.  JOSECTIPTION OF W	4A-1-01A-4ZY	1A 8/23/74	NONE	NONE	DCA-KO6012-32			
ests Conducted: Hydrostatic Pneumatic Nominal Operating Pressure		<del></del>				VIIK NOWY	REPLACEMENT	140
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ests Conducted: Hydrostatic Pneumatic Nominal Operating Pressure				N				
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ests Conducted: Hydrostatic Pneumatic Nominal Operating Pressure				A	8/23/74			
ests Conducted: Hydrostatic Pneumatic Nominal Operating Pressure				A	8/23/94		·	
Tests Conducted: Hydrostatic Pneumatic Nominal Operating Pressure				A	8/23/94		·	
Nominal Operating Pressure	Description of Work	Deleteo Base	PLATES, AM	CHC25, Z SA	8/23/94	Bescu	75, T.S., U	-8cUTS
A/	Description of Work	DELETED BASE WAS BELEVILL DIFFE CLAMP.	FLATES, AME WASHERS.	CHORS, Z SA	8/23/94 JUSSENS, REAR D. NEW 7.5. ST	Bes W.	75, T.S., U 26, SHUBBE	-BOLTS 92 PM
Al Campbi	_		_			Bes we	75, T.S., U 26, SHUBBE	-BOUTS
8/23/14  NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each above and (0)	_	ydrostatic Pne	eumatic Non	ninal Operating	Pressure	Besuce	75, T.S., U 26, SHUBBE	BOLTS BL AN

## WORK INSTRUCTION <u>D-06012-20</u> PG <u>8</u> CONT'D ON <u>8A</u>

FORM NIS-2 (Back) 9. Remarks TRACKING # 94-375 wmo 8/24/94
Applicable Manufacturer's Data Reports to be attached CERTIFICATE OF COMPLIANCE We certify that the statements made in the report are correct and this REPIACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement Certificate of Authorization No. 14 am 8/23/94 Expiration Date 1/4 am 8/23/94

MM Date 8/23, 19 94 CERTIFICATE OF INSERVICE INSPECTION I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TENNESSEE and employed by HSIS INT TO have inspected the components described in this Owner's Report during the period_ to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection. TN2534

National Board, State, Province, and Endorsements Commissions ___



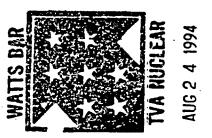
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1. Owner <u>TENNE</u>	SSEE VALLET	AUTHOR	2174	Date8/3	23/94	Ĺ	
400 W. Sunn	117 HILL DE	IVE, Kido,	x TN	Sheet /		, .	
2. Plant WATT.	S BAR N	ruen F	EANT	Unit/	OT		·
P.O. Box 200	Name	•	TN.	WOEVELA	W #	D-060/2	
_	Address	10		Repair Org	anization	P.O. No., Job No.	, etc.
3. Work Performed by	1014 10	Name		Type Code Symbo	l Stamp	~/	
WATTS B	AR NUCLE	AR PLA	WT	Authorization No.		/ wy	<del>~</del>
	Address			Expiration Date		IA BIZ	3/94
4. Identification of Sy	stem MAIN	1 STEAN	1/5y	57EM	90/		
5. (a) Applicable Cons	estruction South A14	SC , 7TH 15	. 73	N/4 8/23/94		N/ wms	
	ion of Section XI Ut	ilized for Renaire	9 <u>/ン</u> Edition	/ <del>/ / / / / / / / / / / / / / / / / / </del>	مرارز سند ارزر	1A 8/23/94	Code Case
		mized for Repairs	s or meplacemen	ts 19 <u>00 /HRU</u>	WINTE	# 1981 ADI	DENOA.
6. Identification of Co.	mponents Repaired	or Replaced and	Replacement Co	mponents			•
			T	·	·		
·							
							ASME Code
Name of	Al-		National		ĺ	Repaired,	Stamped
Component	Name of Manufacturer	Manufacturer Serial No.	Board	Other	Year	Replaced,	(Yes
		00/12/140.	No.	Identification	Built	or Replacement	Or No)
PIPE SUPPERT #	1//						
1001A-1-01A-437	14 x 63 194	NONE	NONE	19 49		REPAIR/	
	7 . 0/w/11	710110	VAOVAE	DCA-KOGOIZ-51	UNKNOWN	REPLACEMENT	No
				-DCN 2-21372-4			
			./				<u> </u>
			N	ima.			
			A	8/23/94			
			<u> </u>				
	INCREPSED NE	20 SIZE FOR	ITEM # 22	TO /TEM # 3	3.		
7. Description of Work_	REMOVE 2 E.	XISTING 57	TIFFEN GAS	ON EAST SINE	- OF 1	Tem # 3 2	240
Toota Conductor de 14					NENT	LOCATION	1.
. Tests Conducted: H		umatic No				4	
A 20/2	Pressure	psi	Test Temp	°F			
		iete ekotahaa a-	r dmininas				
NOTE: Supplemental tion in items 1 through recorded at the top of	and a contrate report	is included on ea	ach sheet, and (	oe used, provided (1) : 3) each sheet is num!	size is 8½ i bered and	in. x 11 in., (2) in	forma-
recorded at the top of	this form.					the number of si	reets is

# WORK INSTRUCTION D-06012-19 PG 8 CONT'D ON I

FORM NIS-2 (Back)

9. Remarks TA. TRACKING # 94-376 wm 8/24/94
8/23/94 Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE REPAIR
We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp NA wmo 8/23/94
Certificate of Authorization No. 1/4 cm 8/23/94 Expiration Date 1/4 cm 8/23/94
Certificate of Authorization No. 1/4 cm 8/23/94 Expiration Date 1/4 cm 8/23/94  Signed 1/4 cm 8/23/94 Expiration Date 1/4 cm 8/23/94  Owner or Owner's Designee. Title
Julian Scanding, Title
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TENNESSEE and employed by HSB I FI CO o
THE TOP CNN have inexceed the companies described
in this Owner's Report during the period 9/19/94 to 9/19/14, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employe shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
Inspector's Signature Commissions TN 2534  National Board, State, Province, and Endorsements
Inspector's Signature Commissions 7/02337 National Board, State, Province, and Endorsements
Date 9/19 19 94



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	FORM NIS-2 ( As Requ	OWNER'S REP	ORT FOR RE	PAIRS OR REPLA ASME Code Section	ACEMEN	ITS	
							· · · · · · · · · · · · · · · · · · ·
1. Owner TEUL	JESSEE VI	ALLEY F	luTHORITY	Date 8-4.	94	<u> </u>	
400 W Su	MAT HIL	L BRIVE	KNONVILLE	Sheet	of		
2. Plant WATTS	BAR	JUCLEAR	PLANT	Unit			
P.O.Box 20	Name SPRINC Address	· City	[ <u>W 373</u> 8]	KLORKPLAN	-47	06010-	05
3. Work Performed by	TVA M	ECH. ME	7D3	Repair Orga Type Code Symbol		P.O. No., Job No.,	, etc.
WATTS P	PAR NUCLE	Name		Authorization No.		KK	
	Address			Expiration Date		IA B-4	1-94
1. Identification of Sy						1	
5. (a) Applicable Cons	struction Code A/S	5C, 7TH 19	73 Edition,	NA KKBY.WA	\ddenda, <u>∕</u>	NA KKE-41	Code Case
	ion of Section XI Ut				DUG H	KINTER	<i>1</i> 981
. Identification of Co	mponents Repaired o	or Replaced and I	Replacement Con	nponents			
							ASME
		-	National			Repaired,	Code
Name of Component	Name of Manufacturer	Manufacturer Serial No.	Board No.	Other Identification	Year Built	Replaced, or Replacement	(Yes
				·			
001A-1-01A-3S2	N/A 8-4-94	None	NONE	DCA K-06010-27 -26	MKHOM	REPLACEMENT	No
						KEPLACEMENT	.40
			CALL KK	8-494			
			Z 14 JA		·		
				•			100 mg
Description of Work_	MODIFY	SUPPORT	PER D	CAS.			
			minal Operating				· · · · · · · · · · · · · · · · · · ·
	Other Pressure_	NAKK		ressure []			
NOTE: Supplementa	al sheets in form of	•••	•	e used provided (1)	eiza ie 01/	in v 11 :- /n) :	
tion in items 1 throuse	ign to on this report	is included on e	ach sheet, and (3	3) each sheet is num	bered and	the number of s	neets is
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Page 8 cont. on Page 9

#### FORM NIS-2 (Back)

TOTAL (BACK)
9. Remarks TRACKING NO: 91-377 BS 8/25791
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the
ASME Code, Section XI.
Type Code Symbol Stamp N/A KK 8-4-94
Type code Symbol Stamp
Certificate of Authorization No. NA KK 8-4-94 Expiration Date NAKK 8-4-94
Certificate of Authorization No. All KK 8-4-94 Expiration Date NIAKK 8-4-94  Signed 19man (FIELD ENGINEER) Date 8/25/ 1994  Owner or Owner's Designee, Title
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned holding a valid commission issued by the black and D
or Province of
have inspected the components described
in this Owner's Report during the period 2-25-94 to 9-19-94, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection,
De Bara
Inspector's Signature Commissions National Board, State, Province, and Endorsements
Date 9 - 19 9 4.

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work	MSTRUCTION	<i>D</i> –	•

D - 21328 - 54

	. 12 .0	e [®] r se s	orest or	age	con	t. on Page	8
	FORM NIS-2 ( As Requ	OWNER'S REP	ORT FOR RE	EPAIRS OR REPLA ASME Code Section	ACEMEN on XI	TS	
1. Owner EUUE	SSEE VAL	LEV Auī	HORITY	Date 8	5-94	<u>(</u>	
400 W Sun	mit Hill I	Seive, Kw	OXVILLE, TA	Sheet	of/		
2. Plant ATTS	BAR A	IndEAR	PLANT	Unit	1		
P.D. Box Zo	2 Skills	CITY, T	N 3738	NORKPL Repair Orga	# 9 <u>\/</u> enization F	D-2132	<u>e - 54</u>
3. Work Performed by	TVA, MA	ECH_ MC	DOS	Type Code Symbol	Stamp	N/	
WATTS E	BAR NUCL	EAR PLA	WT	Authorization No. Expiration Date		1A 8-5.	94
4. Identification of Sys	:tem <u> </u>	EM OC	SIA M	MAINSTEAM The way	2		
5. (a) Applicable Cons (b) Applicable Edition 6. Identification of Cons	truction Code <u>A13</u> on of Section XI Uti	ilized for Repairs	73 Edition	15 19 80 THRE	ddaada	VAN BES	
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1001A-1-1A-34B	NABSON	None	NONE	CA-MZ1328-40	UNKNOWN	REMACEMENT	No
				N			
				A 85-14			
		<u>,</u>			<del></del>		
. Description of Work_	MoDIFY	SUPPORT	PER 1	pcas.			
. Tests Conducted: Hy	ydrostatic Pne	psi	minal Operating Test Temp. 8-5-94	Pressure T			

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

D = 21328 - 54 WORK INSTRUCTION 8 ____ cont. on Paga __ FORM NIS-2 (Back) 9. Remarks TRACKING NO: 94-378 B9 8/25794

Applicable Manufacturer's Data Reports to be attached CERTIFICATE OF COMPLIANCE We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the ASME Code, Section X1. Certificate of Authorization No. N/A KK 8-5-94 CFIELD ENGINEER) CERTIFICATE OF INSERVICE INSPECTION HAYTFORD have inspected the components described in this Owner's Report during the period_ to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection. 



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

								•
1. Owner TENNES	SEE VALLEY	AUTHORITY	~	Date Date	6/24/9	ý.		=
400 W. Sugar	17 How Der K	NOXVILLE TH	<i>f</i>	Sheet	_ of/			-
2. Plant WATTS A	BAK NUCLEN	c haut		Unit	· <del>- · · </del> - · · -			<b>-</b>
1.0. Box	7000 SPLI	UG. CITY 7	4	D-14941-	•			_
3. Work Performed by	TVA	Mods	<del></del>	Repair Or		P.O. No., Job No.	, etc.	<del>-</del>
1.0. Box 2	000 SPRING	City TH	, .	Authorization No Expiration Date_	•	is A long	, <del>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del>	ATTS BAB
l. Identification of Sys	stem COUTA	MARKET SP.	aay /	072		111111111111111111111111111111111111111		
. (a) Applicable Cons (b) Applicable Editi . Identification of Cor	on of Section XI U	tilized for Repairs	or Replacement	s 19 80 4000	Addenda,_ IDA THO	4/2 614 1/2 8/20/04 1981	Coordinate	A NIICI FA
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No,	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASMB Code Stamped (Yes or No)	IN 1 6 199
10	N/A	r/A	1/14	4/4	U HUUUML	PERACEMENT	CN	
				·				
						·		
Description of Work_	MODIFIED .	supports	Espac PLAK	E				
Tests Conducted: Hy		umatic Non	ninal Operating I		KU1 8/24/94			
			Test Temp	°F				
NOTE: Supplemental tion in items 1 throug recorded at the top of	a an inia ichaif	lists, sketches, or is included on ea	drawings may b ch sheet, and (3	e used, provided (1) i) each sheet is num	size is 8½ inbered and	in. x 11 in., (2) in the number of sl	forma- heets is	

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recorded at the top of this form.

This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

### D-14941 47

PG. 7 CONT. 8

FORM NIS-2 (Back)
9. Remarks TRACKING # 94-379 NS 8125794
Applicable Menufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this COUNTY conforms to the rules of the ASME Code, Section XI.
Type Code Symbol StampA Run 8/24/90
Signed West Field Engineer Date 08/24   19 94
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TENNESSEE and employed by HSB IFT Co. of
HAYT ford Co.NN: have inspected the components described
in this Owner's Report during the period 9/10/94 to 9/10/94, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warments.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspection.  Commissions TN 2534  Inspector's Signature Commissions National Board, State, Province, and Endorsements
Inspector's Signature National Board, State, Province, and Endorsements
Date9/1019_94

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

	As Requ	ired by the Pro	visions of the	ASME Code Section	on XI		
1. Owner FUDES	SEE VALLEY	AUTHOR	CITY	Date8	-4-94	f	
	Mame MiT Hill	l		Sheet	of I	1	
2. Plant WATTS				Unit	1		
PDBx7m	SPRING C	TY TN	37381	WORKTLAN Repair Orga	1 D-	06011-	
3. Work Performed by	Address	ENU MOT	\<			.O. No., Job No.,	etc.
	R NUCLEA	ivame_		Type Code Symbol Authorization No. Expiration Date		A Soul	-a.l
4. Identification of Sys	Address						<u> </u>
<ul><li>5. (a) Applicable Cons</li><li>(b) Applicable Editi</li><li>6. Identification of Cons</li></ul>	ion of Section XI Ut	lized for Repairs	or Replacemen	ts 19 <u>80</u> THA			
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1001A-1-01A-394	NA 8494	NONE	NONE	DCA KOWCII-34 2 -35 -34	U HKNOW,	RERACEMENT	No
		N SKK	N4				
						·	
7. Description of Work_	MODIFY S	UPPORT	1001 A-1	-0/A-394	`	8	
			minal Operating				
	Other Pressure_	NA KK	Test Temp B-4-94	°F			

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

ພ	p# b - 0 6011 - 08 s 8 cont. on Page 9
Pag	s Com. Cit : 035
FORM NIS-2 (Back)	
9. Remarks TRACKING NO: 94-380 1888	12-7790
Applicable Manufacturer's Date Re	ports to be attached
CERTIFICATE OF COMPLIAN	CE_
We certify that the statements made in the report are correct and thi ASME Code, Section XI.	repair or replacement
who we prod	,
Type Code Symbol Stamp NIFI KK 8-4-94	
Certificate of Authorization No. NA KK B-4-94 Expirat	ion Date NA KK 8-4-94
Type Code Symbol Stamp NA KK 8-4-94  Certificate of Authorization No. NA KK 8-4-94  Expirat  Signed Symbol Stamp NA KK 8-4-94  Owner or Owner's Designee, Title	te8/25/
CERTIFICATE OF INSERVICE INS	PECTION
I, the undersigned, holding a valid commission issued by the National Board of For Province of	
in this Owner's Report during the period $2-16-94$ to	have inspected the components described
to the best of my knowledge and belief the Owener has perfected to	9 - 22 - 94, and state that
to the best of my knowledge and belief, the Owner has performed examinatio Owner's Report in accordance with the requirements of the ASME Code, Section	ns and taken corrective measures described in this
By signing this certificate neither the Inspector nor his employer makes an	Warranty expressed or implied concerning the
The string of the corrective measures described in this Owner's Report Furt	hermore neither the Incommon nor his amalause
shall be liable in any manner for any personal injury or property damage or a lo inspection.	ss of any kind arising from or connected with this
die	
Inspector's Signature Commissions	TN 2537
Natio	nel Board, State, Province, and Endorsements
Date 9 - 2 2 19 9 4.	

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

1. Owner TENN							
	ESSEE VALLE	edfua vi	aity_	Date 8	30 94		
	mmit De.	•	•	•			
	AU (1 085			Sheetl	of		
Plant Wath	S BAR NUCL	PAR PLA.	<del>+</del>	Unit	1		
		•		7			
7,01,00 X	2000 SP211 Address	SE CITY, 1	J. 57381	D-05	anization F	2.0. No., Job No.,	
Work Performed	AUT vd			Type Code Symbol			etc.
		Name	· · · · · · · · · · · · · · · · · · ·	Authorization No.	Stamp	NE al	10/94
WATTS	ASJOUN SAE	5 Brunt		Expiration Date		1000	
			· · · · · · · · · · · · · · · · · · ·				
	System		<del></del>	<del></del>			
(b) Applicable Ed	onstruction Code A\S lition of Section XI U Components Repaired	tilized for Repairs	or Replacemen	ts 19 <u>80</u> THD	ی ساتی	व्यत्य १९७१	POOE
Name of	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASM Code Stamp (Yes
Component			•				
	WILL CO						
72-72-165		None	None	OCA - POS620-	U MOKENGE.		20
72-72-165- 95 12-72-165-	wia CO		NONE	0ca - Posezo- 43-0	U wo Keen	Replacement	
72-72-125- 12-72-125- 12-72-125- 12-72-125-	21000000000000000000000000000000000000	None		0ca - Posezo- 43-0	U wo Keen	Replacement	
72-72-125- 12-72-125- 12-72-125- 12-72-125-	8150A4 8150A4 8130A4	None		0ca - Posezo - 43-0 0ca - Posezo - 44-0 0ca - Posezo -	Usekson	Replacement	00
72-72-125- 95 12-72-125- 13-72-125- 97 12-72-125-	21000000000000000000000000000000000000	None	NONE	0ca - Posezo - 43-0	Usekson	Replacement	<b>U</b> 0
72-72-125- 95 12-72-125- 13-72-125- 97 12-72-125-	210 B 2150A4 210 B 21501A4 210 B 21501A4	NONE NONE	NONE	0ca - Posco - 43-0 0ca - Posco - 44-0 0ca - Posco - 45-0 0ca - Posco - 50-0	Usaksine.	Replacement Replacement	<b>U</b> 0
72-72-125- 95 12-72-125- 296 12-72-125- 97 12-72-125-	210 B 2150A4 210 B 210 B 210 B 210 B 210 B	NONE NONE	NONE	0ca - Posco - 43-0 0ca - Posco - 44-0 0ca - Posco - 45-0 0ca - Posco - 50-0	Usaksine.	Replacement Replacement	<b>U</b> 0
12-12-125- 295 12-12-125- 296 12-12-125- 291 12-12-125- -96	210 BP 2150194 210 B130194 210 B130194 210 DP 2130194 210 DP 2130194	NONE NONE NONE	NONE	000-005650- 000-005650- 000-005650- 000-0-05650- 000-0-05650- 000-0-05650-	Usaksine.	Replacement Replacement	00
Component  DIZ-IZ-ICS-  295  IZ-IZ-ICS-  296  IZ-IZ-ICS-  297  IZ-IZ-ICS-  Description of Worl	210 BP 2150194 210 B130194 210 B130194 210 DP 2130194 210 DP 2130194	NONE NONE NONE Suppost	NONE	000-005650- 000-005650- 000-005650- 000-0-05650- 000-0-05650- 000-0-05650-	Usaksine.	Replacement Replacement	30 30 30

recorded at the top of this form.



Page 573 cont. on Page 6

9. Remarks TEACKING # 94.0381 SUMY
Applicable Manufacturer's Data Reports to be attached
We certify that the statements made in the report are correct and this Replacement conforms to the rules of the
ASME Code, Section XI. repair or replacement
Type Code Symbol Stamp 2/4 S 30/94
Certificate of Authorization No. 24 B 8 20174 Expiration Date 14 B 8 180 Hy
Signed Date 8 70 , 19 9 4
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of
in this Owner's Report during the period 1) - 14-91 to 9-17-94, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
Inspector's Signature Commissions TN 2537  National Board, State, Province, and Endorsements
Date

93-23348-00 Pg 37 & 38

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

1/8" Diam. BOLTS	Repaired, Replaced, or Replacement or No)  REPLACED ND
Plant Warrs BAR NUCLEAR PLANT Name  Ro. Box 2000 SRING CITY TAL, 37381  Address  Repair Organization P.O. No., Job No.  Work Performed by TVA  Name  Ro. Box 2000, SRING CITY, Tal, 37381  Address  Address  Identification of System D72; Containment SPRAY  Summer  (a) Applicable Construction Code ASME 19 72 Edition, 1973 Addenda, NA RB 10-22  (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 30 THRU WINTER OF 1981.  Identification of Components Repaired or Replaced and Replacement Components  Name of Component Manufacturer Serial No.  Name of Manufacturer Serial No.  No. Identification Built Replaced, or Replacement No.  No. Identification Built Replaced, or Replacement No.  No. Identification Built Replaced, or Replacement No.  No. Identification Built Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.	Repaired, Replaced, or Replacement or No)  REPLACED ND
Plant Watts BAR NICLEAR PLANT Name  Ro. Box 2000 SRING CITY TN., 37381  Address  Repair Organization P.O. No., Job No. Work Performed by TVA  Name  Ro. Box 2000, SFRING CITY TN., 37381  Address  Address  Identification of System D72; Containment SPRAY  (a) Applicable Construction Code ASME 19 72 Edition, 1973 Addenda, NA RB 10-26  (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 30 THRU WINTER OF 1981.  Identification of Components Repaired or Replaced and Replacement Components  Name of Component Manufacturer Serial No.  Name of Manufacturer Serial No.  No. Identification Built Replaced, Or Replaced or Replaced.  No. Identification Built Replaced.  Repaired, Replaced, Or Replaced.  Replaced, Or Replacement No.  No. Identification Built Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.  Replaced.	Repaired, Replaced, or Replacement or No)  REPLACED ND
Repair Organization P.O. No., Job No.  Work Performed by TVA  Name  Name  Authorization No. P/A RB  Repair Organization P.O. No., Job No.  Name  Authorization No. P/A RB  Repair Organization P.O. No., Job No.  Name  Authorization No. P/A RB  Expiration Date  Authorization Obsection No. P/A RB  Expiration Date  Address  Identification of System O72; Containment SPRAY  (a) Applicable Construction Code ASME 19 72 Edition, 1973 Addenda, NA RB ID-226  (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 BO THRU WINTER OF 1981.  Identification of Components Repaired or Replaced and Replacement Components  Name of Manufacturer Serial No. No. Identification Built Or Replaced or Replaced.  No. No. No. Replaced.  Repaired, Or Replaced.  Replaced.  Or Replacement No. No. No. No. No. Replaced.  Replaced.  No. No. No. No. Replaced.  Replaced.  No. No. No. Replaced.  Replaced.  No. No. Replaced.  Replaced.  No. Replaced.  No. Replaced.  Replaced.  No. Replaced.  Replaced.  No. Replaced.  Replaced.  No. Replaced.  Replaced.  No. Replaced.	Repaired, Replaced, or Replacement or No)  REPLACED ND
Work Performed by TVA  Name  Name  Authorization No. D/A RB  RD. Box 2000, SFRING (STY TW., 3738)  Address  Identification of System D72; Containment SPRAY  (a) Applicable Construction Code ASME 19 71 Edition, 1973 Addenda, NA RB 10-24  (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER OF 1981.  Identification of Components Repaired or Replaced and Replacement Components  Name of Manufacturer Serial No. No. Identification Built or Replacement  No. No. No. No. Replacement  No. No. No. No. Replacement  No. No. No. No. Replacement  No. No. No. No. Replacement  No. No. No. No. Replacement  No. No. No. No. Replacement  No. No. No. No. Replacement  No. No. No. No. Replacement  No. No. No. No. No. Replacement  No. No. No. No. No. Replacement  No. No. No. No. No. Replacement  No. No. No. No. No. No. Replacement  No. No. No. No. No. No. Replacement  No. No. No. No. No. No. Replacement  No. No. No. No. No. No. Replacement  No. No. No. No. No. No. Replacement  No. No. No. No. No. No. Replacement  No. No. No. No. No. No. No. Replacement  No. No. No. No. No. No. Replacement  No. No. No. No. No. No. Replacement	Repaired, Replaced, or Replacement or No)  REPLACED ND
Name  Name  Name  Name  Authorization No.  D/A RB  PD. Box 2000, SFRING CITY TN., 3738/  Address  Identification of System  D72; Containment  System  D72; Containment  System  D72; Containment  System  D72; Containment  System  D72; Containment  System  D72; Containment  System  D72; Containment  System  D72; Containment  System  D72; Containment  System  D72; Containment  System  D72; Containment  System  D73; Addenda, Na RB 10-22  System  System  D73; Addenda, Na RB 10-22  System  System  D74; Edition,  1973; Addenda, Na RB 10-22  System  System  Addenda, Na RB 10-22  System  System  System  Addenda, Na RB 10-22  System  System  System  System  Addenda, Na RB 10-22  System  System  System  System  Addenda, Na RB 10-22  System  System  System  Addenda, Na RB 10-22  System  System  System  Addenda, Na RB 10-22  System  System  System  System  Addenda, Na RB 10-22  System  System  System  Addenda, Na RB 10-22  System  System  Addenda, Na RB 10-22  System  System  System  Addenda, Na RB 10-22  System  Addenda, Na RB 10-22  System  System  Addenda, Na RB 10-22  System  System  Addenda, Na RB 10-22  System  System  Addenda, Na RB 10-22  System  System  Addenda, Na RB 10-22  System  Addenda, Na RB 10-22  System  Addenda, Na RB 10-22  System  Addenda, Na RB 10-22  System  Addenda, Na RB 10-22  System  Addenda, Na RB 10-22  System  Addenda, Na RB 10-22  System  Addenda, Na RB 10-22  System  Addenda, Na RB 10-22  System  Addenda, Na RB 10-22  System  Addenda, Na RB 10-22  System  Addenda, Na RB 10-22  System  Addenda, Na RB 10-22  System  Addenda, Na RB 10-22  System  Addenda, Na RB 10-22  System  Addenda, Na RB 10-22  System  Addenda, Na RB 10-22  System  Addenda, Na RB 10-22  System  Addenda, Na RB 10-22  System  Addenda, Na RB 10-22  System  Addenda, Na RB 10-22  System  Addenda, Na RB 10-22  System  Addenda, Na RB 10-22  System  Addenda, Na RB 10-22  System  Addenda, Na RB 10-22  System  Addenda, Na RB 10-22  System  Addenda, Na RB 10-22  System  Addenda, Na RB 10-22  System  Addenda, Na RB 10-22  System  Addenda,	Repaired, Replaced, or Replacement or No)  REPLACED ND
Authorization No. D/A RB  RESPIRATION DATE  Address  Identification of System D72; Containment SPRAY  (a) Applicable Construction Code ASME 19 71 Edition, 1973 Addenda, NA RB 10-22  (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER OF 1981.  Identification of Components Repaired or Replaced and Replacement Components  Name of Component Manufacturer Serial No. No. Identification Built or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, in No. Bolts  § Diam. Bolts  § Nuts  N/A N/A N/A REPLACED	Repaired, Replaced, or Replacement or No)  REPLACED ND
Identification of System	Repaired, Replaced, or Replacement or No)  REPLACED ND
(a) Applicable Construction Code ASME 19 71 Edition, 1973 Addenda, NA RB 10-26 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER OF 1981.  Identification of Components Repaired or Replaced and Replacement Components  Name of Component Manufacturer Serial No. No. Identification Built Replaced, or Replaced, or Replaced, or Replaced or Replaced No. No. Replacement No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No. Replaced No	Repaired, Replaced, or Replacement or No)  REPLACED ND
Name of Components Repaired or Replaced and Replacement Components  Name of Component  Name of Manufacturer Serial No.  National Board Other Year Replaced, or Replaced, or Replaced, or Replacement  Name of Manufacturer Serial No.  No.  No.  No.  No.  No.  Repaired, Repaired, Replaced, or Replacement  No.  No.  No.  No.  No.  Replacement  No.  No.  No.  Replacement  No.  No.  No.  No.  No.  No.  No.  No	Repaired, Replaced, or Replacement or No)  REPLACED ND
Name of Components Repaired or Replaced and Replacement Components  Name of Component Manufacturer Serial No.  National Board Other Year Replaced, Or Replaced, or Replaced, or Replaced, or Replaced, or Replacement No.  No. Identification Built Of Replacement No.  No. Replacement No. Replacement No. Replacement No. Replacement No. Replacement No. Replacement No. Replacement No. Replacement No. No. Replacement No. Replacement No. Replacement No. Replacement No. Replacement No. No. Replacement No. Replacement No. No. Replacement No. No. Replacement No. No. Replacement No. No. Replacement No. No. Replacement No. No. No. No. Replacement No. No. No. No. No. No. No. No. No. No.	Repaired, Replaced, or Replacement or No)  REPLACED ND
Name of Component Name of Manufacturer Serial No.  Name of Manufacturer Serial No.  National Board Other Year Replaced, or Replaced, or Replacement No.  No. Identification Built Other Properties of Replacement No.  No. No. No. Replacement No. Replacement No. Replacement No. Replacement No. No. Replacement No. No. Replacement No. No. Replacement No. No. No. No. No. No. No. Replacement No. No. No. No. No. No. No. No. No. No.	Repaired, Replaced, (Yes or Replacement Or No)
Name of Component Name of Manufacturer Serial No.  National Board Other Year Replaced, No. Identification Built or Replacement No.  Name of Manufacturer Serial No.  No. Identification Built or Replacement No.  No. No. No. No. No. No. No. No. No. No.	Repaired, Replaced, (Yes or Replacement Or No)
Name of Component Name of Manufacturer Serial No.  Name of Manufacturer Serial No.  No.  Other Year Replaced, or Replacement No.  No.  No.  No.  No.  No.  No.  No.	Repaired, Replaced, (Yes or Replacement Or No)
Name of Component Name of Manufacturer Serial No.  No.  No.  No.  No.  No.  No.  No.	Repaired, Replaced, (Yes or Replacement Or No)
Name of Component Name of Manufacturer Serial No.  Name of Manufacturer Serial No.  No.  Other Year Replaced, or Replacement No.  No.  No.  No.  No.  No.  No.  No.	Replaced, (Yes or Replacement Or No)
Manufacturer Serial No. No. Identification Built or Replacement South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South South So	Or Replacement Or No)
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ENUTS N/A N/A N/A N/A REPLACES	
N/A FR 10-26-93	
N/A RB 10-26-93	
escription of Work REPLACED ALL BOLTING MATERIAL ON THE SUCTION SIDE OF WBN-1-F	WBN-1-PMP 07
ets Conducted: Hydrostatic Pneumatic Nominal Operating Pressure	<u> </u>
Other Pressure psi Test Temp. °F	
DTE: Supplemental sheets in form of lists absolute a land to 10-26-93	
OTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (T) size is 8½ in x 11 in., (2) is corded at the top of this form.	x 11 in., (2) informa-

9. Remarks TRACKING # 94-382
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this <u>LEPLACEMENT</u> conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp N/A RB ID-ZG-43
Certificate of Authorization No. N/A R8 10-2L-93 Expiration Date N/A R8 10-2L-93
Signed Fond P. Brown Jr. Date 10-26- , 19 93
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB TET Components described in this Owner's Report during the period 21/6/194 to 2/3/39 and state that
in this Owner's Report during the period 9/16/114 to 9/18/114 , and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector's Signature Commissions TV2.534  National Board, State, Province, and Endorsements
Date 19 34

Page 7 cont. on Page 8

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

1. Owner	TVA			Date8-3	1-94		
	Nam	e	<del> </del>		·		
400 W. SU	IMMIT HILL E	R. KNOXVII	LE, TN	Sheet/	of/		
Plant	ATTS BAR	NUCLEAR	2	Unit			
	2000 SPRIN			0-6	)450R	-05	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Repair Org	anization (	O. No., Job No.	, etc.
Work Performed by	TVA	N		Type Code Sumba	1 04-	_	
00000		Name	- 1	Authorization No.		N/CX	N 8-31
F. U. BOX 20	DOD SPRING Address	CITY, T.	<u> </u>	Authorization No.  Expiration Date		A	
Identification of Sy	/stem	/ FEED	WATER				
157 Applicable Coll	struction Code <u>ATS</u> ion of Section XI Ut imponents Repaired	illized for Repairs	or Replacements	19 <u>80</u> THR	Addenda,_ ע לעווער	N/A TER 1981 AL	_Code Case
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
3B-D3B - 					UNKNOWN	REPLACEMENT	NO
3B-03B-			A		N		
ω - R33			CON 8-31-44				
			7/1	_			
			CDN 8-31-94				
		ŀ	8-31-14				
escription of Work_	MODIFY SU	IPPORTS P	ER DOUP	04508-B			
	lydrostatic Pne	umatic Nor	ninal Operating P	ressure			
. 0	ther Pressure_	N PSI	Test Temp	°F		-	
OTE: e=!		•	, , ,				
on in items 1 throu corded at the top of	I sheets in form of I gh 6 on this report I this form	lists, sketches, or is included on ea	drawings may be ch sheet, and (3)	used, provided (1) each sheet is num	size is 8½ i bered and	n. x 11 in., (2) in the number of st	forma-

Page 8 cont. on Page 6	}
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### WORK INSTRUCTION D-4508-05

TRACKING # 94-384A Kus 9/1/94 Applicable Manufacturer's Data Reports to be attached CERTIFICATE OF COMPLIANCE We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the ASME Code, Section XI. Type Code Symbol Stamp, CERTIFICATE OF INSERVICE INSPECTION I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TENNESSEE and employed by HSB TETCO of HAYTFOYD CONN. __have inspected the components described 9/17/9 U in this Owner's Report during the period_ to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection. . Commissions _

	7-11-41		Visions of the	ASME Code Secti	10N	D - 21	320
Owner LENUE	ERET VALL	EY AUTHE	KTY	Date9/1	/94		
400 W. S.	Address	Dz Kuon	nue TH.	Sheet	of(		
Plant WATTS	BAK NUC	ione Pur	<i>س</i> ۲	Unit			
P.O. Box	2000 Sp	LING CITY	TH	WP# 3-	1328-	ч	
Nork Performed by	TVA N	1000				.O. No., Job No.,	etc.
P.O. Box 7	2000 SA	Name	TH	Type Code Symbo Authorization No. Expiration Date		N/A Re 8/1/59	s & Pe
dentification of Sys	tem LESIDUA	HEAT D	EMOVAL	074			
dentification of Cor				19 <u>80 9/4006</u>	-67 177	July Civier	731
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
4 · 74 · IRHL - 2131	H/A	4/A	4/A	¥/A	UMKHOW	DEPLACEMENT	HO
escription of Work_			NA	Bus 41./44			
_	ydrostatic Pn		ninal Operating Test Temp.		EAR		and a

recorded at the top of this form.

Prop 7	cont	Oñ	Pags	8
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9409119194
9. Remarks TEACKING #384 Bfus 4144
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this <b>EFFLECTION</b> conforms to the rules of the
ASME Code, Section XI.
Type Code Symbol Stamp
Type Code Symbol StampA EZS 7/1/54
Certificate of Authorization NoExpiration Date
Signed ALS FIEW ENGINEER Date 9-1 1994 Owner or Owner's Designee, Title
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of TRNNESSEE and employed by HSB I II CC of  HAYTFORD CONN have inspected the components described
in this Owner's Report during the period 9/17/94 to 9/17/94, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report, Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Commissions TN2534
Inspector's Signature Commissions National Board, State, Province, and Endorsements
Date 9/17 19 94



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	WIL	On Pa	

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

	SEE VALLEY Name	-		Date 9-			<u> </u>
400 W. SUMMIE	HILL DRIVE	. KNOXVILLE :	TN.	Sheet	of	··········	
2. Plant WATTS				Unit/	· · · · · · · · · · · · · · · · · · ·		
P.O. BOX 2001				WP # D-C	4667	-26	
. Work Performed by				Type Code Symbol		/	
	OO SPLING			Authorization No.			24.4
				Expiration Date		4-60	14
Identification of Sys	stem63/	SAFETY IN	JECTION	<u></u>			
(a) Applicable Cons (b) Applicable Editi . Identification of Con					U WIN	ITEC 1981	ADDE
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
R		N/A GELLIGHT		DCA P04667-89 DCN F-30634-A	טעי		
63-63-15IS \$29		74 40		CN F-30634-A	- HOWY	REPLACEMENT	NO
المحطام							
4°		1		!			
4-							
4-							
4-							
Description of Work	MODIFY PIPE	E SUPPORT					

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D-04667-26

	Applicat	ble Manufacturer's	Data Reports to be attach	ed
	1	<del></del>		
			•	
	CERT	IFICATE OF COM	IPLIANCE	
We certify that the st ASME Code, Section XI.	atements made in the	report are correct	and this <u>REPLACEMENT</u> repair or replacem	conforms to the rules of the ent
· ·		•		
Type Code Symbol Stamp				
The second of moor stamp		N FK	<u></u>	
Certificate of Authorization No.		A 6.	649	
~ a 0)	000		Expiration Date	
igned trank Drungry	lelde FI	ELD ENGINEE	R Date	9/6,1994
Owner or Owner's Del	Ignee, Title		Date	, 19
	CERTIFIC	ATE OF INSERV	ICE INSPECTION	
the undersigned, holding a vali r Province of <u>TENNESSE</u>	d commission issued (	by the National Bo	ard of Boiler and Pressure	Vessel Inspectors and the State
Province of 700005356	and emolov	ed by 7737.	3 7 17 00	0
this Owner's Report during t	HART FORD	9/17/01/	have inspect	ed the components described
		71/ //77	to	, and state that
vner's Report in accordance wi	th the maniference	nas performed exam	minations and taken corre	ctive measures described in this
By signing this certificate poi	the requirements o	IT THE ASME Code,	Section XI.	
aminations and corrective me	ther the inspector no	or his employer ma	akes any warranty, expres	sed or implied, concerning the
all be liable in any manner for	and December in the	nis Owner's Repo	rt. Furthermore, neither t	he inspector nor his employed
all be liable in any manner for pection,	Sity personal mighty o	ir property damage	or a loss of any kind arisi	ng from or connected with this
$\rho$ c	٠.//			
B came	z L	Commission	T.1 2534	
Inspector's Sig	nature	commissions _	National Board, State, P	rovince, and Endorsements
a /1 m			,,	,
	2			
te	19 94			2.3



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		Second Car		

D-84087-25

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

1. Owner <u>TENNE</u> 400 W. SUM	SSEE VALLE. Name MIT WILL DR. Address			Date 9-			
2. Plant WATTS	BAR NUCLEA Name	R PLANT		Unit 1		·	
3. Work Performed by		CATIONS Name	· · · · · · · · · · · · · · · · · · ·	Repair Org  Type Code Symbo  Authorization No.  Expiration Date	Stamp	,	
4. Identification of Sy	,	AFETY INJ	ECTION				
<ul><li>5. (a) Applicable Con</li><li>(b) Applicable Edit</li><li>6. Identification of Co</li></ul>					Addenda,_ EU WIN	N/A TEK 1981 A	_Code Case  DOENDUX
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1063-63-15I5-RZVB		N 647344		DCAPONOS-87 DCNF-32634-A	UNENOWA	REPLACEMENT	NO
. Description of Work_	MODIFY PIPE	SUPPORT			·		
	Hydrostatic Pne Other Pressure		ninal Operating Test Temp:	Pressure  F WA d	iu 1294	्य -	
NOTE: Supplementa tion in items 1 throu recorded at the top o	ight of our fills report	ists, sketches, or is included on ea	drawings may b ch sheet, and (	e used provided (1)	eizo ia 81/	in. x 11 in., (2) in the number of s	forma- heets is

# D-04687-25

9. Remarks TRACKING #94-386	
Applicable Manu	facturer's Data Reports to be attached
	· ·
CERTIFICATE	OF COMPLIANCE
We certify that the statements made in the report a	
ASME Code, Section XI.	repair or replacement
	1 2-94
Type Code Symbol Stamp	Ann +2 9-13-94
Type dode Symbol Stamp	
Gertificate of Authorization No.	Euroinesia - Davi
	Expiration Date
signed thank Thunanfolder / FIELD ENGINE	Date 9-7, 19 94
Owner or Owner's Designee, Title	, 19_1
CERTIFICATE OF	INSERVICE INSPECTION
, the undersigned, holding a valid commission issued by the N	ational Board of Boiler and Pressure Vessel Inspectors and the State
and employed by	H305 1 9 2 CO
1118.700	have inspected the components described
this Owner's Report during the period 9/1	9/94 to 9/19/94 , and state that
the best of my knowledge and belief, the Owner has perfo	ormed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the AS	ME Code, Section XI.
by signing this certificate neither the Inspector nor his em	nployer makes any warranty, expressed or implied, concerning the
xaminations and corrective measures described in this Own	er's Report, Furthermore neither the Inspector nor his employer
tall be hable in any manner for any personal injury or proper	ty damage or a loss of any kind arising from or connected with this
Aspection.	
6 Summer of a	T10524
Inspector's Signature Com	missions 70 2539 National Board, State, Province, and Endorsements
, <u> </u>	ivational Board, State, Province, and Endorsements
ate 9/19 10 94	
19	₫!





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Page	cont. on	Page	_4	

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

1. Owner TEAIN	ESSEE UALL	EY FUTHO	Z/T/Y	Date 9-8	.94		
	IH TIMMUZ					••.	
2. Plant WATTS	A001 883		<del></del>	Unitl			
PO. BOX 2	<u>ロア・D</u> Repair Org	- <u>DAS</u>	33-DZ				
3. Work Performed b	y			Hepair Org			, etc.
WATTS BE	Name  WATTS BAR NUCLEAR PLANT  Address						9 8 94
4. Identification of Sy							
5. (a) Applicable Con (b) Applicable Edit 6. Identification of Co					t Addenda,_ UUIN	ија Ø918 1Elz 1981 A	3/94 _Code Case DOEND
Name of Component	Name of Manufacturer	Manufacturer Serial No,	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1003A-1-03A-	N/a CQ 918194	NONE	NONE	N/A HAR Shelge	Vul(um	Replucement	40
1003A-1-03A- 58A	. 918194	NONE	None	N/4 mg 4/28/10	ن بدارس	Replacement	<del></del>
1003A-1-03A- 509	918/14	NONE	NOWE			Replacement	DU
		- No	- (SP 9	804			
						-	
Description of Work_	MODIFY S	SUPPORTS					
_	Hydrostatic Pne Other Pressure		minal Operating I	Pressure	Na	<u> </u>	·
NOTE: Supplements tion in items 1 throu recorded at the top o	ign o on this report	lists, sketches, or is included on ea	drawings may b ach sheet, and (3	e used, provided (1) (1) each sheet is num	size is 8½ i bered and	in. x 11 in., (2) in the number of sl	iforma- heets is

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This form (E00030) may be obtained from the Order Dept., ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300. REPRINT 4/93

Page 4 cont. on Page 5

WORKPLAN D -04533-02

FORM NIS-2 (Back)
9. Remarks TRACKING # 94-387 1991844
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this Replacement conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp Na 2 9894
Certificate of Authorization No. Na @ 9/8/94 Expiration Date Na @ 9/8/94
Signed Owner or Owner's Designee, Title Date 98 , 19 94
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector's Signature Commissions TN 2 5 37  National Board, State, Province, and Endorsements
Date



Wo #93-23513-00 PAGE 18 OF 36

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

	14011	<u>AUTHORIT</u>		Date 9-1-	74		
4 <u>00 SUMMI</u>	IT HILL DR	'. KNOXVI	UE TN.	Sheet /	or_2		
2. Plant <i>WATT</i>	S BAR NUC	LEAR PLI	9.01	Unit <u>I</u>			
	ZOOO SPRI Address			Wo# 93.	2357:	3-20	
			- J/201	Repair Or	ganization	P.O. No., Job No.	., etc.
. Work Performed t	by	Name		Type Code Symbo	ol Stamp_		
P.O. BOX	2000 STRING		37381	Authorization No Expiration Date_		N/A Git	3 <i>8-4-</i>
	System <u>CON TA-1)</u>			SISTEM #7	72		•
(a) Applicable Co	enstruction Code	56 772	9 73 Edition	NIAG R GU SU	'A adada	1.10 C 3 G S.	Code C
(b) Applicable Ed	lition of Section XI U	tilized for Repairs	s or Replacemer	nts 19 <u>80 EDII</u>	LON TH	ROUGH WIN	TER 19
	Components Repaired						
	<del></del>	Τ	T		Υ		
							ASME
			National				Code
Name of	Name of	Manufacturer	National Board	Other	Year	Repaired, Replaced.	Stamped
Component	Manufacturer	Serial No.	No.	Identification	Built	or Replacement	or No)
PE CUPOLAT	W. C. D. C.			1070-			
1464-3-137	NA G.B8-494	NONE	NONE	JAA64-3-137	LAKE AN	BERALEMENT	NO
	7			Ref 8-594	Univ		
				Ref 8-5 94	Vare		
				JUF 8-5 9-4	LAN		
			:	JUE 8-5 9-4	LARC		
				JUF 8-5 9-4	(Marc		
				MF 8-5 9-4	Man		
escription of Work.	INSTALLEDA	IEW BOL	TS, NUTS		A no		
	TNSTALLED A		•	, WASHEDS.	Manue		
ests Conducted: 1		umatic Nor	ninal <u>Operatina</u>	Pressure	Manue		

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recorded at the top of this form.

8.

This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

tion in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is

### Wo#93-235/3-00 PAGE 11 OF 36

FORM NIS-2 (Back) 9. Remark Tracking CERTIFICATE OF COMPLIANCE We certify that the statements made in the report are correct and this DEPLACEMEN I conforms to the rules of the ASME Code, Section XI. NA MH9/19V Type Code Symbol Stamp Certificate of Authorization No. Expiration Date CERTIFICATE OF INSERVICE INSPECTION I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TENNESSPE HSB TE CC. and employed by. in this Owner's Report during the period_ to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection,

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

400	HESSEE VAL	lame		Date	1-12-9	74	
<u></u>	SUMMIT HILL	DR KNO	YVILLE, TA	/- Sheet/		1	
2. Plant_INATI	S BAR NUCL	FAR DIAUT				<u>'</u>	
PAR	Ne	ime		Unit			
1.0. BOX 2	.000, SPRING	CITY, TN	3738/	W.o. # 9	<i>a</i>		
3. Work Performed	Nacion SPRING Addres  Description of the second spring Address  System Spring	R Plant		Repair C	rganizatio	7 P.O. No. John	
P. 5		Name	MPLETION GR	Type Code Sym	bol Stamp	1-110., 30B M	o., etc.
1,0,130X	2000 SPRING	CITY TN	37381	Authorization N	ō	MARK 9/12/	94
4. Identification of	SystemO	67/-		Expiration Date			
				<u> </u>	٠,		
b) Applicable C	onstruction Code 'A	LSC	19.73 Edis:	Tune		al:-	40.
(C) Applicable E	dition of Section XI (	Itilized for Repai	rs or Replacemen	15 19 80 74	Addenda,	NATHE 4/12/	<i>44</i> Code
. Identification of (	Components Repaired	la-D- i		W W	NTERE	37	
	- T	or neplaced and	l Replacement Co	omponents			
,				T	<del></del>		
Name of	Name of		National		1 .		ASMI Code
Component	Manufacturer	Manufacturer Serial No.	Board	Other	Year	Repaired, Replaced,	Stamp
			No.	Identification	Built	or Replacement	(Yes or No
IBN - I - HTX-	ATLAS						
62-0121	MFG.Co.	# 3151	# 2529	SPIN#	16.75	PEPLACEMENT	
				WAT- CSAHEL	1973		YES
			NATIO	<b>3</b> /			<del></del>
			NATH	1/12/99			
						$\longrightarrow$	
	Rest						
escription of war	NEFLACE DA	MAGED	STUDS	AND NUTS			_
escription of Work_				7,07,3			
	vdrostatic Pneu		inal Operation	Assura 🗀			
ests Conducted; H	vdrostatic Pneu ther Pressure	Matic Non	pinal Operating P	-ing.e			
Sts Conducted: H			Test Temp.	· · · · · · · · · · · · · · · · · · ·			

This form (E00030) may be obtained from the Order Dept., ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300. REPRINT 4/93

W.o.94-11264-0-

9. Remarks TRACKING # 389
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp
NA JKL 9/12/90
Certificate of Apthorization NoExpiration Date
2
Signed Owner's Designee, Title Date 9-/2 1994
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HCB TET Co.
and employed by H313 173 Car of
in this Owner's Report during the period 9/26/94 to 9/20/94 and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By singles this confidence solders to the second section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore neither the Inspector por his employees
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
15 Emmet
Inspector's Signature Commissions TN 2534  National Board, State, Province, and Endorsements
Date 9/20 10 99

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D-04667-27

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

				<del></del>			
1. Owner TENNES	SEE VALLEY	AUTHORIT!	<u> </u>	Date 9/12	194	<del></del>	
	NIT HILL DA			Sheet1	of		
2. Plant WATTS IS		R PLANT	···	Unit 1			
PIDIBOX 2000				WP D-04 Repair Orga	ldo7-	27	
3. Work Performed by		CATIONS		Type Code Symbol	•		
PO BOX 200	O SPRING (	CITY, TN		Authorization No Expiration Date		1 4 FKL 9-12	
4. Identification of Sys							
5. (a) Applicable Cons (b) Applicable Editi 6. Identification of Cons		•			ddenda,_ WINT€	N/A PE 1981 ADD	_Code Case
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1063-63.15I5-8227		- N/A 506		DCA P-04667-95 DCA P-04667-96	UNEWAY	PEPLECEMENT	NO
							1,70
. Description of Work_	MODIFY PIP	E SUPPOR	Ť				
_	lydrostatic Pos Other Pressure	pumatic No	minal Operating		frb 4nac		
NOTE: Supplementa	gir o on this report	lists, sketches, or is included on e	r drawings may b ach sheet, and (	eused provided (1)	eizo ie DV	in 44 in . (0) :	nforma- heets is

Page 8 cont on Page 9

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9. Remarks TRACKING = 94-390
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this <u>replacement</u> conforms to the rules of the ASME Code, Section XI.  **Replacement**
Type Code Symbol Stamp
Corridians of Authorized A and a
Owner's Dasignee, 11tte
CERTIFICATE OF INSERVICE INSPECTION
or Province of TENNESSEE and employed by HSB I FI CO of
in this Owner's Report during the period 7/24/7 to 9/22/49 and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this replacement conforms to the rules of the ASME Code, Section XI.  Type Code Symbol Stamp  Certificate of Authorization No.  Respiration Date  Signed Figure Province of Downer's Designee, Title  CERTIFICATE OF COMPLIANCE  Expiration Date  Signed Figure Province of Island Province of Texas See.  April Ford Communication issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Island See.  April Ford Communication have inspected the components described.
CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this **Leplacement** conforms to the rules of the ASME Code, Section XI.  Type Code Symbol Stamp  Certificate of Authorization No.  Certificate of Authorization No.  Certificate of Authorization No.  Certificate of Authorization No.  Certificate of Authorization No.  Certificate of Mathorization No.  Certificate of Mathorization No.  Certificate of FINE PURCHED Date  Certificate of Authorization No.  Certificate of Inservice Inspection  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of **Terrificate Components described or Province of **Terrificate Components described in this Owner's Report during the period **Jezziyy*
CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this replacement conforms to the rules of the repair or replacement  Type Code Symbol Stamp  Certificate of Authorization No.  Certificate of Authorization No.  Certificate of Authorization No.  Certificate of Authorization No.  Certificate of Authorization No.  Certificate of Muthorization No.  Certificate of Muthorization No.  Certificate of Muthorization No.  Certificate of Muthorization No.  Certificate of Expiration Date  Expiration Date  Expiration Date  Certificate of Instruction  Owner or Owner's Designee, Title  Certificate of Instruction  Owner or Owner's Designee, Title  Certificate of Instruction  A
CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this <u>Peplacenent</u> conforms to the rules of the repair or replacement  Type Code, Section XI.  Type Code Symbol Stamp  Certificate of Authorization No.  Certificate of Authorization No.  Certificate of Authorization No.  Certificate of Authorization No.  Certificate of Authorization No.  Certificate of Authorization No.  Certificate of Authorization No.  Certificate of Authorization No.  Certificate of Report of Notice of Section XI.  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennesses.  April 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Inspector's Signature Commissions 7x 2539
National Board, State, Province, and Endorsements
Date



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D-04667-29

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

1. Owner TENNESS	EE VALLEY	AUTHERITY		Date <u>9/13/</u>	194		
400 W. SUMMI				Sheet1	, 1		
				Office L	OI		
2. Plant WATTS L	BAR NUCLEA	2 PLANT		Unit/			
				1.10 # D			
P.D.BOX 2000	SPKING CIT Address	ע ,TN, 373	81	WP ≇ D-	046	67-29 2.0. No., Job No.,	
3. Work Performed by	IVA MODIA	PLATIONS		Type Code Symbol	Stamp		, etc.
POBOX 2	000 SPRING	S CITY TA	1 37932	Authorization No. Expiration Date	<del></del>	10'	<del></del>
	Address	<del></del>	1 0	expiration Date	<del></del>	<del>- 40</del>	
4. Identification of Sys	stem <u>63/5</u>	AFETY IN	JECTION	J			
<ul><li>5. (a) Applicable Cons</li><li>(b) Applicable Editi</li><li>6. Identification of Constant</li></ul>					ddenda,_ W/NTE	N/A 2 1981 AD	_Code Case
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No,	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
		ملاع بر		DCA P 04067-80, 81, 0 82 PLN F-30809-A	/2		
1063-63-15IS-RZOG		A 9-13-94	<del></del>	80000	MY.	REPLACEMENT	
				PCN F-30801-11	- JUN		NO
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. Description of Work_	MODIFY PI	of suppor	T 1069	3-63-15IS-1	206	>	
_	ydrostatic Pm ther Pressure	Pontie Non	ninal Operating Test Temp.		1/4 FKL	-9 - <b>94</b>	
NOTE: Supplementation in items 1 througened at the top of	an a on this tebout	lists, sketches, or is included on ea	drawings may ch sheet, and	be used, provided (1) (3) each sheet is number	size is 8½ bered and	in. x 11 in., (2) in the number of s	heets is

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A	pplicable Manufacturer's Data Reports to be attached
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	CERTIFICATE OF COMPLIANCE
We certify that the statements made	e in the report are correct and this repacement conforms to the rules of the
SME Code, Section XI.	repair or replacement
min on the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the con	
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ertificate of Authorization No.	Expiration Date
my Frenk Theren had	Leite Our Come
Owner or Owner's Designee Title	FIELD ENUMEER Date SEP 13 1994
CER	RTIFICATE OF INSERVICE INSPECTION
Province of	issued by the National Board of Boiler and Pressure Vessel Inspectors and the Stat
and e	employed by HSR I. & I. Co.
this Owner's Report during the period	have inspected the components described
the best of my knowledge and but it	5-2-94 to 9-17-94 and state that
ner's Report is assemble and belief, the Or	wher has performed examinations and taken correction measures described
and the secondaries with the tedutielt	nents of the ASME Code, Section XI
by signing this certificate neither the Inspec	ctor nor his employer makes any warranty, expressed or implied, concerning the
The section integrates describe	U ID This ()Wher's Report European
ection.	njury or property damage or a loss of any kind arising from or connected with this
ection.	
Tres	
	Commissions TH 2537
Inspector's Signature	
inspector's Signature	National Board, State, Province, and Endorsements
Inspector's Signature	National Board, State, Province, and Endorsements



WO 94.06643-00. PAGE 18 OF 80

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

1. Owner TENNE	SSEE VALLE	Y AUTHOR	eiTy	Date 9-19	9-94		
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2. Plant MATTS	BAR NUCL	EAR PL	ANT	Unit/			
	DOD SPRING Address			<u> </u>	obb;	43_00 .O. No., Job No.,	etc.
. Work Performed by	TVA	Name		Type Code Symbol	Stamp		1 2
WATTS B	AR NUCLEY	AR PLAN	1	Authorization No Expiration Date		MA TOK	7/19
. Identification of Sy	Address	RCS		· —			
(a) Applicable Cons     (b) Applicable Edit     Identification of Co		•			ddenda,_ WiNT	<u>NA 9/19/9</u> ER 1981	Code Ca
						,	
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stampe (Yes or No)
DRV-68-550-5	KERNIEST	NA 9/3/94	NA 8/9/94	5/4 HX2-4	1975	REPLACEMENT	YES
		!					
Description of Work	REPLACED DIAPHRAGN	Disc Dis	SC CAP SI	PRING GUIDE	57e.	NG PILL A	-110
	DIAPHICAGN	1 FOR L	DRV. 68-	530. 3.	,		<u> </u>
	Hydrostatic Pne Other Pressure	eumatic No.	minal Operating  Test Temp  # 9/, 9/94	Pressure°F			
NOTE: Supplement	al sheets in form of	lists, sketches, or	r drawings may b	e used, provided (1)	size is 8%	in, x 11 in (2) in	nforma-
tion in items 1 throu	ugh 6 on this report	is included on e	ach sheet, and (	3) each sheet is num	bered and	the number of s	heets is

recorded at the top of this form.

FORM NIS-2 (Back)
9. Remarks TRACKING 94-392 79/19/94
Applicable Manufacturer's Data Reports to be attached
We certify that the statements made in the report are correct and this REPLACE NEW Conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp NA MH 9/19 /74
Certificate of Authorization NoExpiration Date
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Texas See and employed by HSB TFT co of Mart Form Conn. have inspected the components described in this Owner's Report during the period 9/23/94 to 9/23/94 , and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector's Signature Commissions TN 2534  National Board, State, Province, and Endorsements
National Board, State, Province, and Endorsements
Date

# WORK INSTRUCTION D-04522-06

Page 6 cont on Page 7

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

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SPRING	CITY T	W	WOLKPLA	~ ≠		722-06
TVA A	1005				.O. No., Job No.,	etc.
	Name	<del></del>		Stamp	()0-0	
AR NUCLE	TAR YU	427	Expiration Date		7 9/16/	94
Address	- 	-0 /51	15-2- #	- ~~ 2		
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		or Replacements	1980 THRU	KIN	EN 1981.	ADDEN
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ponents Repaired	or Replaced and F	Replacement Con	nponents			
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Name of Manufacturer		Board No.	Other Identification	Year Ruilt	1 ' '	(Yes or No)
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/A 9/16/74	NONE	NONE	DCA-P04522-27	ILLY MAN I ME	RAPPIR /	NO
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	Name of Manufacturer  Name of Manufacturer  Name of Manufacturer  Name of Manufacturer	Name  O, SPRING CITY, TO  Address  TVA, MODS  Name  Address  Tem AUX. FEDINATE  Cruction Code AISC 7 TH Son of Section XI Utilized for Repairs  Appendix Repaired or Replaced and II  Name of Manufacturer  Manufacturer  Serial No.  MA 9/16/F4 NONE  ADDED STIFFFINES TO  DOITIONAL WILL META	Name  Name  Name  Name  Name  Name  Name  Name  Address  Name  Address  Name  Address  Name  Address  Name  Address  Name  Address  Name  Address  Name  Address  Name  Address  Name  Address  Name  Address  Name  Address  Name  Address  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Name  Nam	BAR NUCLEAR PLANT  Name  O SPRING CITY TN.  Address  TVA MODS  Name  Authorization No.  Expiration Date  Address  Authorization No.  Expiration Date  Address  Authorization No.  Expiration Date  Address  Authorization No.  Expiration Date  Address  Authorization No.  Expiration Date  Authorization No.  Expiration Date  Authorization No.  Expiration Date  Authorization No.  Expiration Date  Authorization No.  Expiration Date  Authorization No.  Expiration Date  Authorization No.  Expiration Date  Authorization No.  Expiration Date  Authorization No.  Expiration Date  Authorization No.  Expiration Date  Authorization No.  Expiration Date  Authorization No.  Expiration Date  Authorization No.  Expiration Date  Authorization No.  Expiration Date  Authorization No.  Expiration Date  Authorization No.  Expiration Date  Authorization No.  Expiration Date  Authorization No.  Expiration Date  Authorization No.  Expiration Date  Authorization No.  Expiration Date  Authorization No.  Expiration Date  Authorization No.  Expiration Date  Authorization No.  Expiration Date  Authorization No.  Expiration Date  Authorization No.  Expiration Date  Authorization No.  Expiration Date  Authorization No.  Expiration Date  Authorization No.  Expiration Date  Authorization No.  Expiration Date  Authorization No.  Expiration Date  Authorization No.  Expiration Date  Authorization No.  Expiration Date  Authorization No.  Expiration Date  Expiration Date  Authorization No.  Expiration Date  Expiration Date  Expiration Date  Expiration Date  Expiration Date  Expiration Date  Expiration Date  Expiration Date  Expiration Date  Expiration Date  Expiration Date  Expiration Date  Expiration Date  Expiration Date  Expiration Date  Expiration Date  Expiration Date  Expiration Date  Expiration Date  Expiration Date  Expiration Date  Expiration Date  Expiration Date  Expiration Date  Expiration Date  Expiration Date  Expiration Date  Expiration Date  Expiration Date  Expiration Date  Expiration Date  Expiration Date  Expiration Date  Expiration D	Address  BAR NUCLEAR PLANT Name  D. SPRING CITY, TN.  Address  TVA, MODS  Name  Authorization No.  Expiration Date  Address  THE DINATER SYSTEM  Address  Truction Code AISC 7 TH 19 73 Edition, A 9/16/94 Addenda, on of Section XI Utilized for Repairs or Replacements 19 80 THRU WIND  Apponents Repaired or Replaced and Replacement Components  Name of Manufacturer Serial No.  No. Identification Built  None of Manufacturer Serial No.  No. Identification Built  None of Manufacturer Serial No.  No. Identification Built  None of Manufacturer Serial No.  No. Identification Built  None of Manufacturer Serial No.  No. Identification Built  None of Manufacturer Serial No.  No. Identification Built  None of Manufacturer Serial No.  No. Identification Built  None of Manufacturer Serial No.  No. Identification Built  None of Manufacturer Serial No.  No. Identification Built  None of Manufacturer Serial No.  No. Identification Built  None of Manufacturer Serial No.  No. Identification Built  None of Manufacturer Serial No.  No. Identification Built  None of Manufacturer Serial No.  No. Identification Built  None of Manufacturer Serial No.  No. Identification Built  None of Manufacturer Serial No.  No. Identification Built  None of Manufacturer Serial No.  No. Identification Built  None of Manufacturer Serial No.  No. Identification Built  None of Manufacturer Serial No.  No. Identification Built  None of Manufacturer Serial No.  No. Identification Built  None of Manufacturer Serial No.  No. Identification Built  None of Manufacturer Serial No.  No. Identification Built  None of Manufacturer Serial No.  No. Identification Built  None of Manufacturer Serial No.  No. Identification Built  None of Manufacturer Serial No.  No. Identification Built  None of Manufacturer Serial No.  No. Identification Built  None of Manufacturer Serial No.  No. Identification Built  None of Manufacturer Serial No.  No. Identification No.  No. Identification No.  No. Identification No.  No. Identification No.  No. Identification No.  No. Identificat	BAR MICLEAR PLANT Name  O. 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NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

### WORK INSTRUCTION D-04522-06

Page Z cont on Page 8

FORM NIS-2 (Back)
9. Remarks TRACKING # 94-393 wm 9/16/94
Applicable Manufacturer's Data Reports to be attached
·
CERTIFICATE OF COMPLIANCE REPAIR  We certify that the statements made in the report are correct and this REPACEMENT conforms to the rules of the ASME Code, Section XI.  repair or replacement
Type Code Symbol Stamp /A wwo 9/16/94
Type Code Symbol Stamp A am 9/16/94  Certificate of Authorization No. A am 9/16/94  Signed Const. Eagl. Date 9/16, 19 94
CERTIFICATE OF INSERVICE INSPECTION
the undersigned held:
or Province of PNNLSSEE and employed by HS13 IFI CO of have inspected the components described in this Owner's Report during the period 9/23/94 to 5/23/94, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied accession that
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspectors Signature Commissions 7.02.534  National Board, State, Province, and Endorsements
National Board, State, Province, and Endorsements
Date 9/23 19 94



WO 794-11431.00 PAGE DE OF 52

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

	/						
1. Owner TENNE.	SSEE VALLE	EY AUTHO	RITY	Date9-	19. 94	<u>,                                      </u>	
400 W. SUR	nm: THILL	KNOX VILLO	E, TN	Sheet	of/		
2. Plant WATTS	BAR NU	LEAR TH	ANT	Unit/			
_	Name Name Name		,	Wo# 94-	11431	00	
3. Work Performed by	Address	1		Repair Org	anization	P.O. No., Job No.,	, etc.
,	:	Name		Type Code Symbo Authorization No.		1/2 mx	9/.4/94
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4. Identification of Sy	stem	Y THIE	CTION-	063			
<ul><li>5. (a) Applicable Con.</li><li>(b) Applicable Edit</li><li>6. Identification of Con.</li></ul>					Addenda,_ WiNTE	NA R 1981	_Code Case
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
LCKV-063.555	KEROTEST	LA 5-23	NA 9/19/94	NoNE	1976	DEPLACEMENT	YES
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7. Description of Work	REPLACE	VALVE	Disc		1	<b></b>	
. Tests Conducted: F		eumatic A No	MH 9/19/9 minal Operating I	ressure°F			
NOTE: Supplementation in items 1 throu	an a on this tehatt	lists, sketches, o is included on e	r drawings may be ach sheet, and (3	e used, provided (1) ) each sheet is nur	) size is 8½ nbered and	in. x 11 in., (2) in the number of s	nforma- sheets is

recorded at the top of this form.

FORM NIS-2 (Back)
9. Remarks TRACK: NG 94-394 mg/19/94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE  We certify that the statements made in the space of a compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the com
We certify that the statements made in the report are correct and this FPLACE MENT conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp
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Signed / WWW FRUMWAY FE Date 9-19 19 94
OF DELICATE OF MACHINE
CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the Neticard Board of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Contr
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB IFI co
HATTFORD CO.N.V. have inspected the components described
in this Owner's Report during the period 9/27/94 to 9/27/94
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
The state of the corrective measures described in this Owner's Report. Furthermore, peither the Introduction and Corrective measures described in this Owner's Report.
and the street of any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
B Emmil 749534
Inspector's Signature Commissions TN 2.534  National Board, State, Province, and Endorsements
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Date9/27
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				PAIRS OR REPL ASME Code Sect		TS		
. Owner TENNE		10 1		Date			<del></del>	
400 W Sur	MIT HILL Address	DRIVE, Ku	OXYILL TN	Sheet/	of/			
Plant WATTS	BARN	uclear	PLANT	Unit/				
P.O. Box Zoo SPRING CITY, TN 37381				WP# D-04667-22				
				,		.O. No., Job No.,	etc.	
Work Performed by_	TVA-MCH)	Name	05	Type Code Symbo		4//		
WATTS BA				Authorization No.		11 11001	10/04	
				Expiration Date		7 7	19/94	
Identification of Syst	tem SAFE	TY INJE	CTION/	SUSTEME	53			
Identification of Syst		TTh		* N/A+MAB	104	. A0 a/	19/9/	
(a) Applicable Const	ruction Code	AISC 19	73 Edition,	* <del>-774-</del>	ر جار Addenda	N/A 125.71	7/74 Code Cese	
(b) Applicable Edition	on of Section XI U	tilized for Repairs	or Replacement	19.80 THRU	1'81 W	1991 WINTE	EN ANNE	
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Identification of Com	nponents Repaired	or Replaced and R	Replacement Cor	nponents		ř		
		T		1	<del>                                     </del>		·	
							ASME	
į.							Code	
Name of	Alama a d		National			Repaired,	Stamped	
Component	Name of Manufacturer	Manufacturer Serial No.	Board No.	Other	Year	Replaced,	(Yes	
		Gerial No.	140.	Identification	Buift	or Replacement	or No)	
(2-0 1050								
63-63-1515	KNOWN	NONE	M/A	MONE	NOT	REPLACE -	No	
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		17						
		با مه من	2/2/					
		1 MA 195 F	4191an		1 1			
		N/A 128.	9/19/94					
		MA 155.	1/19/94					
		MA 158.	9/19/94					
escription of Work	MAD (Ca)	ED.		Dati 6				
escription of Work_	map/Fy	ED SUPPORT		DCA'S				
	V	ED SUPPORT	T PER.				WAITS	
ests Conducted: Hy	ydrostatic 🔲 Pn	ED SUPPOR	T PER			r	WATTS	
ests Conducted: Hy	V	SUPPORTAGE Nor	T PER,	Pressure  F			WAITS	
Ot	ydrostatic Pn ther Pressure	SUPPORTOR Nor	ninal Operating Test Temp.  - 18 9/10	Pressure	size is CV	in v 11 := (n)E	WATTS	
ests Conducted: Hy Ot NOTE: Supplemental ion in items 1 throug	ydrostatic Pn ther Pressure  sheets in form of	ED SUPPORTO	minal Operating Test Temp.  - 18 9/19 drawings may be	Pressure	size is 8%	in. x 11 in., (2)	WATTS	
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Commissions TN2534

National Board, State, Province, and Endorsements

Owner TENNESSEE VALLEY AUTHORITY Date 9-19-1994  HOOW Summit HILL DRIVE KNOXVILLETN Sheet 1 of 1  Plant NATTS BAR NUCLEAR PLANT Unit 1  P.O. Box 7000 SPRING CITY, TN 37381 WP# D-20761-62  Repeir Organization P.O. No., Job No., etc.	
Plant WATTS BAR NUCLEAR PLANT Unit 1	
P.O. Box 2000, SPEING CITY, TN 37381 WP# D-20761-62	
Work Performed by TVA - MODIFICATIONS Type Code Symbol Stamp	c.
Authorization No.	9/19/94
Address  Identification of System SAFFTY TALTECTION   SUSTEM 63	
Identification of System SAFETY INTECTION   SYSTEM 63  (a) Applicable Construction Code AISC TTh 1973 Edition, 774 Addenda, N/A 9/19/94	<del></del>
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980 7HRU'81 W/178/ WINTER	ode Case R ADDE.
Identification of Components Repaired or Replaced and Replacement Components	, ==
	<del></del>
	ASME
Name of Name of Manufacturer Board Other Year Replaced, Component Manufacturer	Code tamped (Yes or No)
63-61-15IS- NOT NONE N/A NONE NOT REPLACE-	No
N/A 18.9/19/94	

### D - 20761 - 62

No.

FORM NIS-2 (Back)  9. Remarks TLACKING NO: 94 - 396 RB 9/19/94  Applicable Manufacturer's Data Reports to be attached  CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this LEPLATIMENT conforms to the rules of the repair or replacement  Type Code Symbol Stamp  Certificate of Authorization No.  Expiration Date  Certificate of Authorization No.  Signed Planch (FIELD FUGINETE)  Owner or Owner's Designee, Title  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennic St.C. and exployed by HIS IST.C. of of HAT FAST COUNTY. have inspected the components described in this Owner's Report during the period 10/4/94 to 10/4/94 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report during the period 10/4/94 to 10/4/94 and state that to the best of my knowledge and belief, the Owner has performed examinations and corrective measures described in this Owner's Report during the period 10/4/94 to 10/4/94 and state that to the best of my knowledge and belief, the Owner has SME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this impoction.  Commissions Tables Province, and Endorsements  National Board, State, Province, and Endorsements  Commissions Tables Province and Endorsements		Page S cond. on Page
Applicable Manufacturer's Data Reports to be attached  CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this LEVILLEMENT conforms to the rules of the repair or replacement  Type Code Symbol Stamp  Certificate of Authorization No.  Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure	FORM N	IIS-2 (Back)
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We certify that the statements made in the report are correct and this LEPLACEMENT conforms to the rules of the ASME Code, Section XI.  Type Code Symbol Stamp  Certificate of Authorization No.  Expiration Date  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TENNESSE E and employed by HSB TIT CO of have inspected the components described in this Owner's Report during the period 10/19/19 to 10/19/19 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions NA State, Province, and Endorsements		Luier's Date Reports to be attached
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Type Code Symbol Stamp  Certificate of Authorization No.  Expiration Date  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSD TFT Co of have inspected the components described in this Owner's Report during the period in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions  Commissions  National Board, State, Province, and Endorsements	CERTIFICATE O	DF COMPLIANCE
Type Code Symbol Stamp  Certificate of Authorization No.  Expiration Date  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSD TFT Co of have inspected the components described in this Owner's Report during the period in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions  Commissions  National Board, State, Province, and Endorsements	We certify that the statements made in the report are	correct and this <b>LEPLACEMENT</b> conforms to the rules of the
CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and epiployed by HSB TTCO of Mart Fort Common have inspected the components described in this Owner's Report during the period in the State of the State of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind erising from or connected with this inspection.  Commissions To 234  Inspector's Signature  Commissions To 2534  National Board, State, Province, and Endorsements	ASME Code, Section XI.	repair or replacement
CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and epiployed by HSB TTCO of Mart Fort Common have inspected the components described in this Owner's Report during the period in the State of the State of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind erising from or connected with this inspection.  Commissions To 234  Inspector's Signature  Commissions To 2534  National Board, State, Province, and Endorsements		
Signed Plans (FIELD ENGINEER)  Owner or Owner's Designee, Title  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TENNISSE and employed by HSB TET CO of have inspected the components described in this Owner's Report during the period 10/4/14 to 10/10/40 , and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions TN 2534  National Board, State, Province, and Endorsements	Type Code Symbol Stamp	
CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennesse e and employed by HSB TET CO of HAT FORM when inspected the components described in this Owner's Report during the period in the Dest of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions To 2534  National Board, State, Province, and Endorsements	Certificate of Authorization No.	V/A 158. 9/19/9 C Expiration Date
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennesse and employed by HSB Test Common of HAT Foot Common have inspected the components described in this Owner's Report during the period 10/4/94 to 10/10/04, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions Two 33 4  Inspector's Signature  Commissions Two 33 4  National Board, State, Province, and Endorsements	Signed Plangh (FIELD ENGINEER) Owner or Owner's Designee, Title	
Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions  Commissions  National Board, State, Province, and Endorsements	CERTIFICATE OF IN	NSERVICE INSPECTION
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shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions TN 253 Y  Inspector's Signature  Commissions TN 253 Y  National Board, State, Province, and Endorsements	owner's Report in accordance with the requirements of the ASMI	E Code, Section XI.
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions TN 253 Y  Inspector's Signature  Commissions TN 253 Y  National Board, State, Province, and Endorsements	By signing this certificate neither the Inspector nor his employee	oyer makes any warranty, expressed or implied, concerning the
Inspector's Signature Commissions TN 2534  National Board, State, Province, and Endorsements	examinations and corrective measures described in this Owner's	s Report. Furthermore neither the Incomes are his ampleus.
National Board, State, Province, and Endorsements	inspection.	damage or a loss of any kind arising from or connected with this
National Board, State, Province, and Endorsements	B Emil	
	Inspector's Signature Commi	ssions 7N 253 Y
Date	,	reactional poard, State, Province, and Endorsements
	Date 18/4 19 9 4	

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	As Req	uired by the Pro	ovisions of the	ASME Code Sect	ion XI		
1. Owner TEMM	FSSEE VAL	CEY AUTH	ORITY	Date9/20	0/94		
400 W. SUM	METHILL DI	z, KNOXVI	ILE, TH	Sheet	,		
2. Plant WATTS				Unit 1			-
	2000 S PR			Repair Org	-1986	06-12	
3. Work Performed b	YTVA MODIFIC	ATIONS		Type Code Symbo			
		1441110		Authorization No.			70-94
FU BUI ALL	SPRING CI	TY, TN 3	7771	Expiration Date_			
<ol> <li>Identification of Sy</li> <li>(a) Applicable Con</li> <li>(b) Applicable Edit</li> </ol>	stem <u>62 / C</u>	EMICAL A	AUD VOLUA	1E CONTROL	_		
<b>5</b> () •		7th		N/A* pur	159-29-9	+ Franks	1-29-94
b. (a) Applicable Con (b) Applicable Edit	struction Code Al	<u>6C 19</u>	73 Edition	JUNE, 1973	Addenda,_	N/A*	_Code Case
(a) Applicable Luii	Section XI Of	ilized for Hepairs	or Replacement	is 19 <u>80 TH</u> RU (	NINTER	1981 A <del>001</del> 4 br	HION ?
6. Identification of Co	emponents Repaired	or Replaced and F	Replacement Co	mponents		7.70	,020/
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
					Built		0, 110,
061-A555		N/ stare	aA	DLA M-19866-	υ, ·		
-2-1		- /A -		1,405	"ENOW,	REPLACEMENT	NO
	·				~	ACTORES TEXT	- 1
							-
Description of Work_	MODIFY PIPE	SUPPORT					
	lydrostatic Pne	umatic Non	ninal Operating	Pressure 🗌 °F M	pub	o.	
NOTE: Supplementa tion in items 1 throu recorded at the top of	a. a an mis reboil	ists sketches or	drawings may h	A read manifes 4 (4)			forma- neets is
/82)	This Form (E00030)	may be obtained	from the Orde	Dept., ASME, 345	() () E. 47th St	New York NY	10017

7.

8.

#### FORM NIS-2 (Back)

	Applicable Manufacture	er's Data Reports to be attached	
•	·		
	,	<u> </u>	
	CERTIFICATE OF C	COMPLIANCE	
We certify that the statement ASME Code, Section XI.	nts made in the report are cor	rect and this replacement conforms to	the rules of th
Advic Code, Section XI.	•	repair or replacement	
	•		
Type Code Symbol Stamp			
	N	CKb.	<del></del>
Certificate of Authorization No.		CKD 44 CH-20-44 Expiration Date	
7 BOL JAA			
signed trank Thomas elob	1, FIELD ENGINEE	PR Date 9-20-94	40
Owner or Owner's Designee,	Title		, 19
	CERTIFICATE OF INSE	RVICE INSPECTION	
the undersigned, holding a valid comi	mission issued by the Nationa	d Doord of Batter   LB	ore and the Ct.
——————————————————————————————————————	KYTFORT CONIN	have inspected the compo	onents describ
this Owner's Report during the per	riod	to	_, and state th
the best of my knowledge and belie	et, the Owner has performed	examinations and taken corrective measures	described in th
wher s neport in accordance with the	requirements of the ASME Co	ode, Section XI.	
By signing this certificate neither th	he Inspector nor his employe	r makes any warranty, expressed or implied	Concerning ti
	described in this Owner's R	eport. Furthermore neither the Inspector of	os bis ammis.
difficulty and corrective measures		The state of the poster i	ioi ilia employ
difficulty and corrective measures	ersonal injury or property dan	nage or a loss of any kind arising from or con	mected with th
all be liable in any manner for any pe	ersonal injury or property dan	nage or a loss of any kind arising from or cor	nected with th
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spection.  Inspector's Signature	ersonal injury or property dan	nage or a loss of any kind arising from or con	

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. Plant WATTS	BAR NUC	LEAR PY	TUR	Unit	<u> </u>		
P.O. BO	Address	SPRING C		O - (	4527	04 P.O. No., Job No.	., etc.
. Work Performed b	V TVA- MODIF	ICATIONS Name		Type Code Symbo	of Stamp_		
	WBNP			Authorization No. Expiration Date_			1.20.44
Idonéiticosico et o	Address	A 4:					
	ystem <u>575.003</u>						
(a) Applicable Cor	nstruction Code	AISC 19	13_Edition,	7 <u>т#</u>	ા Addenda	NONE	Cada Ca
(b) Applicable Edi	ition of Section XI U	tilized for Repairs	or Replacements	19 <u>80 W</u> /ADI	DENDA TH	ROUGH WINTER	_Code Cas
	omponents Repaired						
			Topicodinent Con	ibolieliß		· · · · · · · · · · · · · · · · · · ·	
·			Nacional				ASME Code
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No,	Other Identification	Year Built	Repaired, Replaced, or Replacement	Stamped (Yes or No)
	TVA	NONE	NONE	NONE	NHK	REPACEMENT	120
3A-1-03A-206	TVA				1 101 -11	THE PROPERTY	NU_
3A-1-03A-206	IVA			•	l		
23A-1-03A-206	·	N/A AC 9:2094		· .		·	
3A-1-03A-206	·	N/A AC 9.20 94				·	
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		AC 9-2094					
escription of Work	REBUILT SUPP	AC 9-2094	BECK VALVE				
escription of Work	REBUILT SUPP	DET FOR CH	NECK VALVE		20.94		

	RACKING NO: 94-398		Data Reports to be attached
			,
	c	ERTIFICATE OF COM	PLIANCE
We			and this REPLACEMENT conforms to the rules of the
	. Section XI.	The report are correct	repair or replacement
	, 555.5.7.7.		
Cuna Coda S	ymbol Stamp		
ype Code 3	JA AC 9:20	.04	
Certificate of			
er (Hicale III	Authorization No.		Expiration Date
/	late de la latera	-	
igned Ow	vner or Owner's Designee, Title	- FLELD ENGINE	EK Date <u>SEP. 20</u> , 19 <u>94</u>
	<u> </u>		
	orn;	FIELDATE OF INCERN	10-110-1-1
Abodat		TIFICATE OF INSERV	
	gned, notding a valid commission is	sued by the National Bo	pard of Boiler and Pressure Vessel Inspectors and the Sta
r Province o		nployed by	BIRICO.
	ford, CT.		have inspected the components describe
	r's Report during the period	•	, and state the
			minations and taken corrective measures described in th
wner's Repo	ort in accordance with the requirement	ents of the ASME Code	, Section XI.
By signing	this certificate neither the Inspec	tor nor his employer m	akes any warranty, expressed or implied, concerning the
			ort. Furthermore, neither the Inspector nor his employ
all be liable	in any manner for any personal in	jury or property damag	e or a loss of any kind arising from or connected with th
spection.			
	This con ton	Commissions	TH2537
	Inspector's Signature		National Board, State, Province, and Endorsements

			Page_	<u>7</u>	ont. on	Page8	/
			ORT FOR RE	PAIRS OR REPLA ASME Code Secti	ACEMEN		
I. Owner TENN	ECSEE VA	ILEV A	TU-0.71	0/1	21/01		
				Sheet /	of		
. Plant WATTS				Unit			
4.0.Box 7000	SPENOS Address	CITY, TN	1 <u>3878</u> /	WP#DO	0601	1-07	
. Work Performed by	TVA IV	10DS		Type Code Symbol		.O. No., Job No.	, etc.
	2000 SPA	Name	V TA/	Authorization No.		N/A 9RE 4/21/	
	7001688			Expiration Date	<del></del>	/ 4/21/	
Identification of Sys		01 N				· · · · · · · · · · · · · · · · · · ·	
(a) Applicable Cons	struction Code A	ISC 70 19	73 Edition	JUNE 1973	Adanda	N/A Oliver	
(b) Applicable Editi	ion of Section XI Ut	ilized for Repairs	or Replacement	s 19 <u>80 W/AD</u>	odends,_ DENDA	THROUS-H	Code Case
Identification of Cor						· mough	WINIER
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-							1.0115
							ASME Code
Name of	Name of	Manufacturer	National Board	Other	Year	Repaired, Replaced.	Stamped (Yes
Component	Manufacturer	Serial No.	No.	Identification	Built	or Replacement	1 ' ' '
01A - 1-01A-	. /			DCA-K-06011-			
392	N/A	N/A	N/A	30,31,32,433	UNKNOWN	REPLACEMENT	NO
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		$\longrightarrow$	- AC	19/21/94			
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		<u></u>					
escription of Work_	MODIFIX	D PIPE	SUPPOR	eT			
ests Conducted: H	ydrostatic Pne	eumatic Non	ninal Operation	N 9RF	) . la . t	<b>.</b>	
م.	ther Pressure_		Test Temp.	°F	1174	į. T	No. 18
NOTE: Supplements	l sheets in form of	linen alanaak:				la de la companya de la companya de la companya de la companya de la companya de la companya de la companya de La companya de la companya de la companya de la companya de la companya de la companya de la companya de la co	
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i I nis torm (Fi	30030) may be obtain	ed from the O-de-	Do-+ +	Law Drive, Box 2300,		7:3	and the second

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Page 8 cont. on Page 9
FORM NIS-2 (Back)
9. Remarks TRACKING # 94-399 km 9/4/94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the
ASME Code, Section XI. repair or replacement
Type Code Symbol Stamp
N 9 8 9/21/44
Certificate of Authorization NoExpiration Date
Signed Jack R. R. LIND FIELD ENGINEER Date SEPTEMBER 21 19 94
pwiler or Owner's Designee, Title
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a yalid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of PLOTION and employed by Hartford Steam Builer I. + I. Co. of
in this Owner's Report during the position of the components described
in this Owner's Report during the period $\frac{D/29/9+}{D/29/9+}$ to $\frac{D/29/9+}{D/29/9+}$ , and state that to the best of my knowledge and belief the Owner has performed over instance and the state of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the con
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied accoming the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
this any market for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
- Ama A. Sowell commissions F1 - 29%
Inspector's Signature Commissions FL - 291 National Board, State, Province, and Endorsements

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Page	7	cont. on Page 8
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2. Plant WAT	Summit HILL J Addr TS BAR NUCLE N	EAR PLANT	ILLE, TW	_	_ of_ <u>· /</u>		
P.O. Bo.	N X 2000, Sprin Addre	iame	27201	Unit			· · · · · · · · · · · · · · · · · · ·
3. Work Perform			21281	Repair Or	)-060 ganization	011-09 P.O. No., Job No	
		A MODS Name	<del></del>	Type Code Symbo	ol Stamp_		o., etc.
<u> P.O. BC</u>	X 2000 , SPI	RING CIT	Y, TN.	Authorization No. Expiration Date_		N/A	4/21/94
4. Identification	of System	MAIN	STFAM				
5. (a) Applicable	Construction Code	ATER	70			1.000	
(b) Applicable	Edition of Section XI	Utilized for Repair	S or Replacemen	15 19 80 W/AT	Addende,_	N/A 4/21/94	Code Cas
. Identification (	of Components Repairs	ed or Replaced and	Pentago		OENZIA	HROUGH	WINTE
<del></del>		The same of the same	Lebiacement Co	mponents			
; ;							
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
DDIA - 1-01A 389	N/A			DYA-KOLOU			
	NIA	N/A	N/A	DCA-KOGOII- 26, 27, 29,+39	LINKNOWN	REPLACEMENT	NO
			·				
			A 9#	29/21/94			
			N	7-7-7			···
	_		·				
	1//0 075.4			·			
Pecription of W	rk_ <i>MODIFY</i>	PIPE 4	SUPPORT	•	-i		
Description of Wo			N	A 9R89/21/96			

Page 8 cont. on Page 8A

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FORM NIS 2 (Back)
9. Remarks TRACKING # 94-400A9RD9/21/94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the
ASME Code, Section XI.
The same of the first of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the s
Type Code Symbol Stamp
Certificate of Authorization No. A 9RD 9/21/94 Expiration Date
Expiration Date
Signed Jack & Dunlap FIELD ENGINEERDate SEPTEMBER 21, 19 94
Owner or Owner's Designee, Thie
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of
have inspected the components described
in this Owner's Report during the period 3-5-94 to 10-13-94, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property demand on a local feature for any personal injury or property demand on a local feature for any personal with this
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
<u></u>
Commissions TN 2537
Inspector's Signature National Board, State, Province, and Endorsements
Date 10-13 19 94.

WATTS BAR
TVA NUCLEAL
MAR 0 5 1994

Page 19 or 94

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

	SEE VALLOY A			Date 9 - 2			
400 0. Sum	Address	LIVE KNOXVII	16 TN	Sheet/	of		
	BAR NUCLCARE Nom	e		Unit/			
1-0. BOX :	Zeco Spring (	14, TN.	37381	N.O. 90	f-10	2/7 - 00 P.O. No., Job No.	
B. Work Performed I	by WAHS BAR	Nuclian	Plant	Type Code Symbo			ett.
<i>^</i>				Authorization No.		N	Wr.
P.O. BOX 20	500 Spring Cit	y, TN. 37:	381	Expiration Date			
Identification of 6	System <u>068</u>	Com	L. 0-	1.5	_	.•	
. Identification of S	System D G G		TE CO	01 AN 1	5157	Em	
	nstruction Code <u>ASA</u> lition of Section XI U			•		4/23/94	
	1	T					
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	Code Stampe (Yes
Component			Board No.		Built	Replaced,	Code Stampe (Yes or No
	Manufacturer KERCTOST MF 6	Serial No.	Board No.	Identification	Built	Replaced, or Replacement	ASME Code Stampe (Yes or No
Component	Manufacturer KERCTOST MF 6	Serial No.	Board No.	Identification	Built	Replaced, or Replacement	Code Stampe (Yes or No
Component  DRV-c68 - 0554-S	Manufacturer KERCTOST MF 6	Serial No.	Board No.	Identification N/Aとした *//23/54	Built	Replaced, or Replacement	Code Stampe (Yes or No

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

Page 20 of 9

FORM NIS-2 (Back)
1 pt 16(94
9. Remarks
Applicable Manufacturer's Data Reports to be attached
TRACKING # 94-400B KLR 9/23/94
1 RACKING 94-400B KLR 9/23/94
CERTIFICATE OF COMPLIANCE
We certify that the statement made in the
We certify that the statements made in the report are correct and this Replacement conforms to the rules of the ASME Code, Section XI.
ASIVIC Code, Section XI.
Type Code Symbol Stamp N/A OW 9/23/94
Certificate of Authorization No. N/A DW 9/23/94  Signed Dwner or Owner's Designee, Title  N/A DW 9/23/94  Expiration Date N/A DW 9/23/94  Date 9/23/94  , 19 94
Certificate of Authorization No. N/A DW 9123/74
Expiration Date
Signed 7 1 200
Owner or Owner's Designee Title DateDate
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of
Hartland CT.
in this Owner's Benort during the paried 10 6 9 4
to the beautiful tries period 10-33-94 to 10-19-94, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
inspector's Signature  Commissions TN 2 5 37  National Board, State, Province, and Endorsements
National Board, State, Province, and Endorsements
Date1 @ - 19 9 4 .

Page 6 cont. on Page 7	7
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Owner TENNE	SSEE VALL	EY AUTHO	DRITY	Date9_	/21/	94	<del></del>
400 W S	Name LINWIT HIL Address	L DR., KNO	XVILLE, TN.	Sheet	of		
Plant WATTS	BAR NUL	LEAR PL	LANT	Unit			
P.O. Box 2	2000, SPRI Address	NG CITY	, TN.	WP # D-L	06010	0-04	
Nork Performed by	TVA M	ODS		Type Code Symbol	Stamp	1	•tc.
	2000, SPRI			Authorization No. Expiration Date		N/A 4/2	1/94
•	stem <u>DD /</u>					7	
a) Applicable Cons b) Applicable Editi	struction Code $AT$ :	SC 19	73 Edition, or Replacements	JUNE 1973 A	ddenda,	NIA GIZIAY THROUGH W	Code Case
b) Applicable Editi  dentification of Con  Name of	mponents Repaired o	ized for Repairs or Replaced and R	or Replacements Replacement Com National Board	nponents Other	Addenda,	Repaired, Replaced,	ASME Code Stamped (Yes
b) Applicable Editi	mponents Repaired o	lized for Repairs	or Replacements Replacement Com	19 <u>80 W</u> /ADI	DENDA	THROUGH I	ASME Code Stamped
b) Applicable Editi dentification of Cor Name of Component	mponents Repaired o	ized for Repairs or Replaced and R	or Replacements Replacement Com National Board	Other Identification	Year Built	Repaired, Replaced,	ASME Code Stamped (Yes or No)
Name of Component	Name of Manufacturer	Prized for Repairs or Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced	or Replacements Replacement Com National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Name of Component	Name of Manufacturer	Prized for Repairs or Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced	or Replacements Replacement Com National Board No.	Other Identification  DCA - KOGOIO-24, 25, 4 26	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Name of Component	Name of Manufacturer	Prized for Repairs or Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced and Replaced	or Replacements Replacement Com National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)

7.	Description of Work		SUPPORT.
8.		Hydrostatic Pneumatic Other Pressure	NOMinal Operating Pressure Design Test Temp

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



### D-06010-04

Page 7 cont. on Page 8

FORM NIS-2 (Back)	
9. Remarks TRACKING # 94-401 7289/21/94	
Applicable Manufacturer's Data Reports to be attached	
	•
CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this <u>REPLACEMENT</u> conforms to the rules of ASME Code, Section XI.  repair or replacement	the
Type Code Symbol Stamp	
Signed Signed Pullan FIEID ENGINEER Date SEPTEMBER 21, 19 94	
CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the S or Province of Tennessee and employed by HSB IFT 60	State
in this Owner's Report during the period 9/28/94 to 9/28/94	ibed
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning examinations and corrective makes.	
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employed shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with inspection.	
Inspector's Signeture Commissions TN 2534  National Board, State, Province, and Endorsements	
Date	

**杨**联 广告有效

WO-94-07996-00 PG \$6 0 48

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

1. Owner TENNO	SSEC VALLE Nam	AUTHOR	174	Date 9-6	21-94		
400 W. Sumo	Address	KNOXUILLE,	Tw.	Sheet/	of	ζ	
2. Plant <u>WATTS</u>	BAR MUCL	SAR PLAN	<u> </u>	Unit/			
POBOX > 0	EO SPRI~9 Address	CITY TN.	<u> 3725/</u>	NB-94 - Repair Org	079	96-06 P.O. No. Joh No.	
3. Work Performed by	TVA						
$\mathcal{D} \wedge \mathcal{A}$	_	Name	,	Type Code Symbo Authorization No. Expiration Date	A	A 164 22	<u>079</u>
TO' ROX	2000 5 Address	PRIOSE CITY	4 TN	Expiration Date	Ń	A	
4. Identification of Sy	stem (68) R 6.467	OR COOLANT,	(6) HEATER	DRAINS & VENTS	(63)	SA Pely IN	VECTION)
5. (a) Applicable Con	struction Code <u>A</u>	<u> ISC 19</u>	73 Edition	Duce 73	Addanda	NA 1/24-23-9	Anda Cara
(b) Applicable Edit	ion of Section XI Ut	ilized for Repairs	or Replacemen	ts 19 30 - WINTER	1981 .4	denety	
6. Identification of Co	mponents Repaired	or Replaced and F	Replacement Co	mponents			
			National			Repaired.	ASME Code Stamped
Name of Component	Name of Manufacturer	Manufacturer Serial No.	Board No.	Other Identification	Year Built	Replaced, or Replacement	(Yes
068-1-68-363				DON-F- 3 0240-F		Repaired	
068-1-68-364		1		DIN - F - 30240-A	1	Repaired	
62 62		A		DCN-W-30042-A	CG A . 1344	Repaired	4
63-1-63-159		469-23-44	<del>\</del>		4.1344	Ketarres	4.23 84
				OCN-F-32673-A	13-44 1-13-44	Kerkikta Repaced	
		N AGG4-23-14					
	1003-1-63-159		075 1 151		7-		
Description of Work_ Tests Conducted:	Shorten Item #4	& POINSULLED	1068-1-68	363, MODIFY SURPOR	I Per Don Lui III	17-30240-4, 180	1-4400-
Tests Conducted: H		. [		<i>(</i>	ma	10/10/94	
Conducted: F	lydrostatic	eumatic ∐ Nor <i>A GG+21 ¶</i> psi	ninal Operating Test Temp. <u>ø</u>	Pressure   VA Gan 114			
NOTE: Supplementa	•			·			

(12/82)

recorded at the top of this form.

This form (E00030) may be obtained from the Order Dept., ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300. REPRINT 4/93

tion in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is

WO-94-07996-00 PG 47 J 48

9. Remarks
TRACKING # 94-402 Manufacturer's Data Reports to be attached
· · · · · · · · · · · · · · · · · · ·
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this YOUR conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp
Certificate of Authorization No. NA GG9-25-94 Expiration Date NAGG4-25-94
Signed Square PCG, F.E. Date 9-25, 19 94
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province ofand employed by
in this Owner's Report during the period 328-94 to 10-14-94, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report, Furthermore, neither the inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Commissions TN 2537
Inspector's Signature National Board, State, Province, and Endorsements
Date 10-14 19 94.

		<b>A</b> .					
1. Owner Tenne				Date <u> 9-23-</u>	94 R	fewsp890	DOPER
HOU WIS	Cummit Hil	Dr. Knox	Wille, TA.	Sheet	of2		
2. Plant Wotts				Unit			
	DO Spring Cit			WOTKPI	an 82	.58	
3. Work Performed by						.O. No., Job No.	, etc.
		*******	<del>\                                    </del>	Type Code Symbo			
	Spring City			Authorization No.	KC	NP	
4. Identification of Sy	stem <u>68/Re</u>	actor ca	elina				
<ul><li>5. (a) Applicable Con.</li><li>(b) Applicable Edit</li><li>6. Identification of Co</li></ul>	- Section XI Off	lized for Hepairs	or Replacement	ts 19 <u>80 tha</u> . ம்	Addenda, N&+CT \	N/A 981 ADDA	_Code Case
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
iols-1-18-002			NONE -		MEROUP	Replacement	ATD .
		- 1					
		41					
		A6	ME	l			
		1					
	<del></del>						_
. Description of Work_	Pipe Su	con trage	oification	<b>D O</b>			
_	`					<del></del>	<del></del>
	lydrostetic Pne ther Pressure_	metic Nor	minal Operating	Pressure			
NOTE: Supplementa tion in items 1 throu recorded at the top of	sheets in form of figh 6 on this report i	ists skatcher or	<b>d</b>	e used, provided (1) 3) each sheet is num	size is 8% i bered and	n. × 11 in., (2) in the number of sh	forma- neets is

9. Remarks
TRACK ING 94-403 24 9/23/94
- 1 FICE 120 17 - 405 201 - 4123144
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this Reput exect conforms to the rules of the
ASME Code, Section XI.
·
Type Code Symbol Stamp
NUMP
Gertificate of Authorization NoExpiration Date
- Aprilotion Date
Signed Matte 9. Dipott Fing. ASSAC. Date September 29, 1994
Owner or Owner's Desides Tier
- State of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the sta
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of TENNESSEE and employed by HSB LIT CO of
HAYTES
HAYT FOY CONN. have, inspected the components described
in this Owner's Report during the period
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
13 Emanda Tun 134
Inspector's Singeries Commissions 702357
Inspector's Signature Commissions TN2534  National Board, State, Province, and Endorsements
Date19919

1. Owner Tenne	ser Valley	Authorite	<del> </del>	Date <u>9-24-9</u>	4 Re	+ WBP890	020 P
HOD W. SU	11+1 timms	Dr. Know	بالجتام	Sheet	of_2		
Plant Watt	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_		Unit			•
	Nome DDD Spring	•	•	F-501	13-1		
	~00.00	_		E-580 Repair On	ganization P	.O. No., Job No.	etc.
Work Performed by	v TVA Cor	estruction	Λ	Type-Code Symby	al Stemn		
		Name		Authorization No.		ION -	
7.5. 20X 2.0	DOD Sor no	Cty; TN		Expiration Date_			
Identification of Sy	vstem 72/CDA	tainment!	Sprax				
(a) Applicable Con (b) Applicable Edit Identification of Co	tion of Section XI U	tilized for Repairs	or Replacement	19 <u>80 + 4</u> در س	Addenda, )\n\c\ \	N/A 1981 RECH	_Code Ci
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
			410415		Helicon		
72-A437-1-1			HOHE		MONE	Deleted	NO
			NONE				
<u>.</u>							
							,
Description of Work	Pipe Si	cpport mo	ditiatio	<b>V</b>			
_							
	Other Pressure	Williams No	minal Operating	Pressure			
			I DAY - A-BEEFF				
NOTE: Supplement tion in items 1 through recorded at the top a	age o on this report	lists, sketches, o t is included on e	r drawings may i ach sheet, and (	pe used, provided (1 3) each sheet is nu	) size is 8½ mbered and	in. x 11 in., (2) in the number of s	nforma- heets is

recorded at the top of this form.

Pg 2052

9. Remarks	·
TRACKING 44-404 Se 9/23	urer's Date Reports to be attached
<b>U</b>	
•	
CERTIFICATE O	correct and this Repair or replacement 107 9/2 1/44
We certify that the statements made in the report are c ASME Code, Section XI.	correct and this conforms to the rules of the
ASME Code, Section A1.	repair or replacement. Of 419 414 d
Type Code Symbol Stamp	
NONE	
Gertificate of Authorization No.	Expiration Date
Signed Watter O. D. pott Eng. Assoc	
Signed J. A. DOWNER or Owner's Designee, Title	Date 9/29/94 19 94
	/
CERTIFICATE OF IN	
I the undersigned holding a valid commission issued by the above	SERVICE INSPECTION
or Province of TENNESSEE and employed by	Phal Board of Boiler and Pressure Vessel Inspectors and the State
HATTFORD CONN.	have inmented the components described
or Province of TRNNESSEE and employed by  HATTFORD CONN.  in this Owner's Report during the period 10/11/34	to 10/11/9 and state that
to the best of my knowledge and belief, the Owner has perform	ed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME	Code, Section XI.
By signing this certificate neither the Inspector nor his employee	over makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's	Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property (	damage or a loss of any kind arising from or connected with this
inspection.	
R Eggs !	ssions TN 2534  National Board, State, Province, and Endorsements
Inspector's Signature Commit	usions 7N 2337
· · · · · · · · · · · · · · · · · · ·	National Board, State, Province, and Endorsements
Date /0/1) 10 94	
Date19	

1. Owner Ten	nessee	Valley 1	-Ment	Date 9-23-9	74 R	ef. WBP 890	020PE
400 W.S	Ummit H	III Dr. Kao	wille To.	Sheet	. of	2	
2. Plant Watts				Unit			
P. D. Box 20		=		WorkPlan Repair On	No. 82	52 .O. No., Job No.	
3. Work Performed by	TVA Cons	trustion	Λ	Type Code Symbo			, 4.0.
		Name	· · · · · · · · · · · · · · · · · · ·	Authorization No.		115	
THU DUX	2000 Sphil	1961+X		Expiration Date			
1. Identification of Sy	stem 72/CD	itainmen!	-Spray			· · · · · · · · · · · · · · · · · · ·	
6. (a) Applicable Cons	struction Code AI	<u>'SC 19</u>	73 Edition	June 1973	8 alalaa ala	41/0	
(b) Applicable Editi	ion of Section XI Ut	ilized for Repairs	or Replacement	19 80 th Tu	Addenda,	WAT VOCA	ـ Code Cas . ک. ک.خ. م
					w\m⁻	rer 1481	HOO (1)
i. Identification of Co	mponents Repaired (	or Replaced and I	Replacement Cor	nponents			
			T	T	T	Т	
							ASME
			National			Bassina	Code
Name of	Name of	Manufacturer	Board	Other	Year	Repaired, Replaced,	Stamped (Yes
Component	Manufacturer	Serial No.	No.	Identification	Built	or Replacement	or No)
25-24 205 0						,	. :
72-12-105-R114	·		LOUE				
			NONE		Mexicans	Replacement	AD
72-72-125-Riah			NONE		LANKAGE	0 )	
						Reducement	WD_
ĺ			NONE				
				•			
Descript day of	D 6	•			·		
Description of Work_	4146 DI	rbbott u	vo Difice.	FIDA			
Tests Conducted:  -	_	_	minal Operating	,			
	ther Pressure_		Test Temp.				
NOTE: Supplementation in items 1 throu	sheets in form of	lists, sketches, o	r drawings may b	e used, provided (1)	size is 8%	in. x 11 in (2) in	iforma-
tion in items 1 throu	B. o ou tills toboit	s included on e	ach sheet, and (	3) each sheet is nun	nbered and	the number of	héets is

9. Remarks
TRACKING # 94-405 44 9123194
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this Replace ment conforms to the rules of the
ASME Code, Section XI.
Type Code Symbol Stamp
NONE
Certificate of Authorization NoExpiration Date
mutting or all x according to Saturburgo a 94
Signed Mattie Jupath Eng. ASSOC Date September 29, 1994
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of TENNESSEE and employed by HSB IFT CO of HAYTFORD CONN. have inspected the components described
in this Owner's Report during the period $\frac{10/11/94}{10/11/94}$ to $\frac{10/11/94}{10/11/94}$ and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
Commissions TN 2539 Inspector's Signature  National Board, State, Province, and Endorsements
Inspector's Signature National Board, State, Province, and Endorsements
. 1) ou

1. Owner Tenne	ssee Valley	Authority		Date8	/12/9	4	
	mmit HILL DI		,TN	Sheet/	_ of /	,	
2. Plant Wetts B			<del></del>	Unit			
P.O. Box 2	000 SPRIN	G City, TA	37381	Wo# 92-03	3286-0	00	
3. Work Performed b	Address			Repair Or		P.O. No., Job No.	, etc.
	DOO SPRING	1401114		Authorization No Expiration Date_			
4. Identification of Sy	7001633						
5. (a) Applicable Con (b) Applicable Edit	estruction Code <u>AS</u> tion of Section XI U	SME II 19 Itilized for Repairs	7/ Edition, or Replacement	SUMMET 1972 s 19 80 WBI.			_Code Ca
5. Identification of Co	omponents Repaired	or Replaced and i	Replacement Cor	mponents			
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stampe (Yes or No)
-RFV-74-505-S	cRosBy	56904 - 00- 000 5	N/A	N/A	1975	Replaced	YES
			1				
Description of Work_	Replaced	Parts					<del> </del>
_	Hydrostatic Pn Other Pressure		ninal Operating	Pressure Pressure F	ONE A	lequined ylgy .	-

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

9. Remarks TRACKINC# 94-409 90 9/26/94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this <u>YEP ACEMENE</u> conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp
Certificate of Authorization No. N/A OW 10/24/94  Signed Date Oct. 24 19 94
Signed Date OCT 24 , 19 94
CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a yalid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
and employed by $\frac{127707}{127707}$ and employed by $\frac{1277707}{127707}$ Steam Boller 1. +1. Co. of have inspected the components described in this Owner's Report during the period $\frac{10/24/94}{10/24/94}$ , and state that to the best of my knowledge and belief the Owner has not been stated as $\frac{10/24/94}{10/24/94}$ .
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
James A. Smill and Fl. 301
Inspector's Signature Commissions FL 29/, National Board, State, Province, and Endorsements
Date 0ct 24 1994

	SSEE VALLE	FIUINOR	_	Date	6/7 <del>4</del>		
W. SUMM	Address,	VE, KNOX.	/N.	Sheet	of/		
. Plant <u> </u>	S BAR NU	CLEAR F	LANT	Unit/	<del></del>		
P. Box 200	O, SPRING	CITY, 7	W.	WORKPLA) Repair Orga	#_	D-0466	7-3/
Work Performed b		1005		Type Code Symbol	Stamp	14/	
WATTS B	AR NUCLO	R PLAN	17	Authorization No Expiration Date		A 9/2	6/94
Identification of S	Address ystem <u>SAFE</u> 7	/	TION	LSYSTEM	# 00	63	7
	nstruction Code			7 7 5 5 11	ddenda,_	1/4 9/20/19	L _Code Case のフランロイ
Identification of C	omponents Repaired	or Replaced and f	Replacement Co	mponents			
							ASME Code
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	Stamped (Yes or No)
PE SUPPORT 4 3-63-1545-1012		NONE	NONE	DEA-PO4667-34 DEA-PO4667-34 DEA-PO4667-114	· YKKNOWY	LEPLACEMENT	No
				-0611 27-30825	A 		
<u> </u>			N	1200			·
			A	9/26/94			
						!	
				·			
Description of Work	REMOVE ENTIR PLATES 6" B P ANCHORS TUS	E EXISTING PIPE REAR R SE STEEL ,	SUPPORT G BRACKETS A OLPE CLAM	DUSISTING OF MO ANCHORS. P. REINSTAU	2 PSA WISTALL I EXIS	10 SAUSBERG ED HEW BA	S, CHAN SEPLAT
		eumatic No	minal Operating	DUSISTING OF- MO ANCHORS. A. REINSTAU	2 PSA WSTAU I EXIS	IO SNUBBERT ED NEW BA TING PSA	S, CHAR SEPLAT 10 WITH
ests Conducted:	Hydrostatic Processure Processure	eumatic No	minal Operating Test Temp		•		

WORK INSTRUCTION D-04667-31



FORM NIS-2 (Back)

9. Remarks TRACKING # 94-410 wms 9/27/94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this REASCEMENT conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp / A como 9/26/94
Certificate of Authorization No. Aumo 9/26/94 Expiration Date MA wm 9/26/94  Signed Const. Engr. Date 9/26, 19 94
Signed Const. ENGR. Date 9/26, 19 94
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of
in this Owner's Report during the period
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector's Signature Commissions The 2537  National Board, State, Province, and Endorsements
Date

WORK INSTRUCTION <u>D-04667-31</u>

Page 4 cont. on Page 5

才 在 数 《转音》的 (B.C.Y.)。

WO #94-18927-00 PAGE 23 OF 35

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

1. Owner IENN	ESSEE VAL	LEY AUTH	HORITY	Date9_	27-9	4	
400 W. SU	Mm, THU Address	DR. KNOX	VILLE IN.	Sheet/	of /		
2. Plant WAT	S BAR 1	luclone	PLANT	Unit /			
	Name 000 SPRING	3		W/0 # 94	1891	7-00	
3. Work Performed		1		Repair Or	ganization i	P.O. No., Job No.	, etc.
,	BAR Nucl	Name FAD P	10.1	Type Code Symbo Authorization No		A/A MH	9/27/9
	Address	- CHEM	inn) E	Expiration Date_	0 -	<del></del>	<del></del>
4. Identification of S			IUAU,	TULUTTE	CONI	ROL	<del> </del>
<ol><li>(a) Applicable Co</li><li>(b) Applicable Ed</li></ol>	enstruction Code <u>AS</u> lition of Section XI Ut	ME # 19	Edition	SUMMER 1973	Addenda	NA9/37/	Code Case
	Components Repaired o				m wj	1101 WILLE	MOBENDI
		Treplaced and P	Teplacement Co	mponents	·		
			National				ASME Code
Name of Component	Name of Manufacturer	Manufacturer Serial No.	Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	Stamped (Yes or No)
1-RFV-062- 0688-5	NA 1/27/94	NA 9127 HJ	LONE	NoNE	UNINEAN	REPLACEMENT	
		72 1 1/0 1		NUMB			No
Description of Work	KEPLACED	BOLT: NO	& MATE	RIAL			
			minal Operating	71/94 Pressure			
,	Other Pressure_	Psi	Test Temp	°F			

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

8.

, FORM NIS-2 (Back)
9. Remarks Tracking 94-411 mg/27/94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this   We certify that the statements made in the report are correct and this   repair or replacement
2
Type Code Symbol Stamp NA MH 9/27/94
Certificate of Authorization NoExpiration Date
Signed Merle Halaway, FE Date September 27, 1994
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of
in this Owner's Report during the period 9-27-94 to 9-28-94, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
Commissions TN 2537
Inspector's Signature National Board, State, Province, and Endorsements
Date

WP D= 13988=05

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

1. Owner TENNE	SOEE VALLEY A	NUTHORITY		Date 9-28	94		· · · · · · · · · · · · · · · · · · ·
	MIT HILL DE K	="	<u>N</u>	Sheetl	of		
	BAR NUCLEA			Unit			
	Address			WP D-136 Repair Org	988 - ( anization P	05 .0. No., Job No.,	, etc.
3. Work Performed b				Type Code Symbo Authorization No.		11	
PO BOX WC	O SPEING CI	TY,TH		Expiration Date		/ A 9-28.	44
4. Identification of S	ystem <u>72 / CO</u>	NTAINMENT	SPEAY				<del></del>
<ul><li>5. (a) Applicable Co.</li><li>(b) Applicable Edi</li><li>6. Identification of C</li></ul>	tion of Section XI Of	ilized for Hepairs	or Replacemen	ts 19 <u>80 - 14</u> 80 -	Addends,_ WINTE	N/A R 1981 AOI	_Code Case 기가이시
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1072-72-105-261		M A sui	9-18-44		UNLY		
703 20.		, , , , ,	4-00	DCA-M 13988-14	avy	REPUCEMENT	טא
							JUL
		·					
7. Description of Work	MODIFY P	IPE SUPPL	DET	·			
	Hydrostatic Pne Other Pressure	<del>romatic                                    </del>	minal Operating Test Temp.	Pressure F W/A	EKG 9-1892	1	
NOTE: Supplement tion in items 1 thro recorded at the top	tal sheets in form of ough 6 on this report of this form.	lists, sketches, or is included on ea	drawings may ach sheet, and	be used, provided (1) (3) each sheet is num	size is 8½ abered and	in. × 11 in., (2) ir the number of s	nforma- heets is

	7	<b>d</b>
808	conf. on Page	0

WP D-13988-05

9. Remarks TRACKING # 94-413
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this replacement conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp
Certificate of Authorization No.  Expiration Date
Signed Trank Shundholder FIELD ENGINEER Date 9/28, 1994
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned holding a valid commission issued by the National Board of Boiler and Pressure Voscol Inspectors and the Santa
or Province of TENNESSEE and employed by $HSBIFI$ co of $HACTFORD$ CONN have inspected the components described in this Owner's Report during the period $10/10/94$ to $10/10/94$ , and state that
in this Owner's Report during the period 10/10/44 to 10/10/44, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
13 Emms 1 2534
Inspector's Signature Commissions TN 2534  National Board, State, Province, and Endorsements
Date

	EODM NIC 2	OWNED'S DED	00T F00 D			ont. on Page	
Samuel Samuel Samuel	FORM NIS-2	uired by the Pro	ORT FOR Ri	EPAIRS OR REPL ASME Code Sect	ACEMEN	TS	
Owner PUDE	SEEE VAL	LEY HUTH	HAZITY	Date 9/28	194		
400 W. Sum	mit Hill De	zive Kwoni	ILLE, TN	Sheet	of		
i i	BAR NAME			Unit			
P.O.Box Za	Nam	6 C:TV 7	1 2720	NP # D	-04/	2 101	
	Address	O CITY	<u>v 511)</u> 0	Repair Org	anization F	.O. No., Job No.,	etc.
Work Performed by	TVA MODI	FICATION S	<u> </u>	Type Code Symbo			
PO BOX 200	O SPEING C	CITY, TH 3	37381	Authorization No. Expiration Date_		N FKC	8-94
Identification of Sv	stem 63 / s	BAFETY IN	DECTIO			/	
(-) A	^	ice 7th	1-29 9-29	0.94 N/4 1 <del>.7UNE,1973</del> 15 1980 THEU	9-29-94	بسر .و	39-94
(a) Applicable Con (b) Applicable Edit	struction Code/1 tion of Section XI U	tilized for Repairs	73 Edition	1000 THE	Addenda,_	N/A	Code Ca
					WINTE	1981 A	001116
Identification of Co	emponents Repaired	or Replaced and R	leplacement Co	emponents		•	
			National			Repaired,	ASME Code Stamped
Name of Component	Name of Manufacturer	Manufacturer Serial No.	Board No.	Other Identification	Year Built	Replaced, or Replacement	(Yes or No)
63-63-		N		DCA- PO4667	e)		
<b>A</b>				· · ·	I W.L.		ı
IS-R131		A CHG	1844	-43	MENCON	REPLACEMENT	NO
IS-R131		A CHU F	1644	1 ⁻	MEMONA	Replacement	10
IS-R131		A CHL	-16-44	1 ⁻	A KNOW M	REPLACEMENT	110
IS-R131		A SHC	1644	1 ⁻	" AKAKIWA	REPLACEMENT	200
J5-R131		A SHC	+16-44	1 ⁻	akaciw N	REPLACEMENT	NO
IS-R131		A SHC	1844	1 ⁻	- AKAGAN	REPLACEMENT	<b>N</b> O
	MODIFY P			1 ⁻	akaciw N	REPLACEMENT	<b>N</b> O
escription of Work		IPE SUPPO	er	-43	akaciw N	REPLACEMENT	<b>N</b> 0
Description of Work_ ests Conducted:	MODIFY P.  Hydrostatic Prossure_	PE SUPPO	er	-43			<b>N</b> O
escription of Work_ ests Conducted:	Hyd <del>rostatic P.</del> Other Pressure	PE SUPPO	ピア ninal Operating Test Temp.	-43	9 9/18/4	73	

Nago ga de region de region de	mark se	ng Property of Property Service Section (1994) in the service		Ge <u>e</u>			
					Page_	7	cont. on Page
				FORM NIS-2	(Back)		;
. Rema	arks TRACKI	NG NUMBER	94-1	4/4			
			Applicat	ole Manufacturer'	Data Reports to	be attached	
			<del></del>				
	-				· · · · · · · · · · · · · · · · · · ·		
<del></del>				-			
	We certify	that the statements	CERT	IFICATE OF CO	MPLIANCE		
ASME	Code, Section	XI.	made in the	report are correc	t and this <u>repid</u> repair o	r replacement	conforms to the rules of the
ype C	code Symbol Si	amp					
ertific	ate of Authori	zation No		AI PE	ンジャイ - Expiration Date	_	
igned_	Frank S	June falle wner's Debignee, Tit	/ FIELD	ENGINEER	Date		9-28, 19 <u>94</u>
			CERTIFIC	ATE OF INSERV	ICE INSPECTIO	)N	
Provin	ndersigned, hol nce of <u>Rwy</u>	ding a valid commis ४८८६०	sion issued t	by the National B ed by <u> </u>	oard of Boiler an	d Pressure Ve	ssel Inspectors and the Stat
		t during the period		<u> </u>	ha	ve inspected	the components describe
the be	est of my kno	wledge and belief, to produce with the req	the Owner h	nas performed ex	minations and t	aken correctiv	e measures described in thi
By sig	gning this cert	ificate neither the I	nspector no	r his employer m	akes any waren	nty, expressed	or implied, concerning th
	liable in any m	correct the against Offi	cribea in ti	his ()wher's Ren	art Eurobassass		or implied, concerning the Inspector nor his employed from or connected with thi
	B.	Earnie		Commissions	TN25	34	
	inspe	ictor's Signature		OOMMISSIONS	National Boa	rd, State, Prov	rince, and Endorsements
e	10/5	19	94				
``		· · · · · · · · · · · · · · · · · · ·		<del></del>			



WP# D-11561-16

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

1. Owner TENNE	SEEE VALLEY A	<i>UTHORIT</i> Y		Date 9/2	8/94		
	MMIT HUL DE		LLE, TN.	Date	. of/		
2. Plant <u>WA775</u>				Unit			
P.O. Box 200	OLSPRING CIT	- Y. TN: 373)	61	WP-D	-1156	1-16	· · · · · · · · · · · · · · · · · · ·
3. Work Performed by	Address	VALLEY AUT	HORITY (WAA	Repair Org	anization	<i> - 6</i> P.O. No., Job No.	, etc.
P.O. Box 2000	J SPRING CIS	Name	a.	Authorization No.	Stamp_	N/A	
	Address		8/	Expiration Date		/	
4. Identification of Sy	stem_ <u>CVC</u> (	62)					
<ul><li>5. (a) Applicable Con.</li><li>(b) Applicable Edit</li><li>6. Identification of Con.</li></ul>	ion of Section X1 Of	inized for Hepairs	or Replacement	ts 19 <u>80</u> THRU	Addenda,_ WINTER	N/A IC 1981 ADDEN	_Code Ca
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT							
1062-62-1CVC-V199	TYA	NONE	NONE	62-1CVC-V199	UNK	REPAIRED	NO
			N/A JJ				
·							
Description of Work_	ADDEDWELD	TO EXISTIN	6 SUPPORT	<u> </u>			
Tests Conducted: H		umatic Non	ninal Operating I		JIC 5	7/28/94	
NOTE: Supplemental tion in items 1 throug recorded at the top of		ists, sketches, or is included on ea	drawings may be ch sheet, and (3	e used, provided (1) s i) each sheet is numb	size is 8½ i pered and	in. x 11 in., (2) in the number of st	forma- neets is
·/82) •	FLI. F			4.8			•

(12/82)

This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

PG. 2E CONT. ON PG. 29

REPRINT 12/91

W8# D-11561-16

FORM NIS-2 (Back)

9. Remarks TRACKING # 94- 415 99 7/27/94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this REPAIR conforms to the rules of the ASME Code, Section XI.
Type Code Symbol StampNONE
Certificate of Authorization No. NONE Expiration Date NONE  Signed Charles MECH. FLD. ENG. Date 9/28 , 19 94
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector's Signature Commissions TN 2537  National Board, State, Province, and Endorsements
Date

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#### 13988 09

	Page 6	cont. c	•				
	FORM NIS-2	OWNER'S REP	ORT FOR R	EPAIRS OR REPL	ACEMEN		
	As Re	quired by the Pro	visions of the	e ASME Code Secti	on XI		
1. Owner TENNES	SSEE VALL	Y AUTHORIT	Υ	Date9-2	8-94		
400 W SUM	MIT HILL R	D KNOXVIII	E, TN	Sheet 1	of		
2. Plant WATTS				Unit			
PO BOX 201				<u>D-13988</u> Repair Org	-09 anization I	P.O. No., Job No.	. etc.
3. Work Performed by	TVA MODI	PICATIONS		Type Code Symbo			,
PO BOX 200				Authorization No.	<del></del>	N FKG	
	Address	SCIII J. I.	<u> </u>	Expiration Date		/ H 9-28	.94
4. Identification of Syst  5. (a) Applicable Const  (b) Applicable Edition	tem_ <u>72 / C</u>	ONTAINME	INT SPA	244	•		
5. (a) Applicable Const		ICC 7th	10-	3-94 NA *	Addenda,_	*	¥ 1001
6. Identification of Com				omponents	W/N R	K 1981 AD	adition
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Component		Serial No.	Board	Identification	Built	Replaced, or Replacement	Code Stamped (Yes
		Serial No.	Board	Identification	Built	Replaced, or Replacement	Code Stamped (Yes
Component		Serial No.	Board	Identification	Built	Replaced,	Code Stamped (Yes or No)
Component		Serial No.	Board	Identification	Built	Replaced, or Replacement	Code Stamped (Yes or No)
Component		Serial No.	Board	Identification	Built	Replaced, or Replacement	Code Stamped (Yes or No)
Component		Serial No.	Board	Identification	Built	Replaced, or Replacement	Code Stamped (Yes or No)
Component	Manufacturer	Serial No.  N/A G-78-674	Board No.	Identification	Built	Replaced, or Replacement	Code Stamped (Yes or No)

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

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Page_

FORM NIS-2 (Back)  9. Remarks TRACKING # 94-416  Applicable Manufacturer's Date Reports to be attached  CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this **CPIOCEMENT** conforms to the rules of the repair or replacement  Type Code Symbol Stamp  Certificate of Authorization No.  FIELD ENGINEER** Date  Signed Track Duman Lower FIELD ENGINEER** Date  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of The Administration of Province of The Administration of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the S	
CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this replacement conforms to the rules of the repair or replacement  Type Code Symbol Stamp  Certificate of Authorization No.  Signed Figure Diction Figure  Certificate of Authorization No.  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of and employed by Harton April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April 100 April	FORM NIS-2 (Back)
CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this replacement  ASME Code, Section XI.  Type Code Symbol Stamp  Certificate of Authorization No.  Signed Tank June FELD ENGINEER  Date  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of and employed by HSSTT FLOW And State that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  National Board, State, Province, and Endorsements  National Board, State, Province, and Endorsements	9. Remarks TRACKING # 94-416
We certify that the statements made in the report are correct and this replacement conforms to the rules of the ASME Code, Section XI.  Type Code Symbol Stamp  Certificate of Authorization No.  Expiration Date  Expiration Date  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of and employed by have inspected the components described in this Owner's Report during the period  Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions  National Board, State, Province, and Endorsements	Applicable Manufacturer's Data Reports to be attached
We certify that the statements made in the report are correct and this replacement conforms to the rules of the ASME Code, Section XI.  Type Code Symbol Stamp  Certificate of Authorization No.  Expiration Date  Expiration Date  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of and employed by ASTALL Components described in this Owner's Report during the period  Owner's Report during the period  Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  National Board, State, Province, and Endorsements	
We certify that the statements made in the report are correct and this replacement conforms to the rules of the ASME Code, Section XI.  Type Code Symbol Stamp  Certificate of Authorization No.  Expiration Date  Expiration Date  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of and employed by have inspected the components described in this Owner's Report during the period  Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions  National Board, State, Province, and Endorsements	
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Type Code Symbol Stamp  Certificate of Authorization No.  Signed Frank Jurania FIELD ENGINEER  Date  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of and employed by have inspected the components described in this Owner's Report during the period 7-27-93 to 10-15-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  National Board, State, Province, and Endorsements	
CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of	
CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of	
Signed FIELD ENGINEER Date 4/29, 19 94  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of and employed by HSTTTTC have inspected the components described in this Owner's Report during the period 7-2793 to 10-15-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions National Board, State, Province, and Endorsements	Type Code Symbol Stamp
Signed Figure Support of Owner's Designee, Title  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of	NA FK6 94
CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of	Certificate of Authorization NoExpiration Date
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of	Signed trank Thunonfolds FIELD ENGINEER Date 4/29, 1994
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of	
and employed by HST2 I Commissions  have inspected the components described in this Owner's Report during the period 7-27-93 to 10-15-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions  National Board, State, Province, and Endorsements	CENTIFICATE OF INSERVICE INSPECTION
have inspected the components described in this Owner's Report during the period 7-27-93 to 10-15-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions National Board, State, Province, and Endorsements	or Province of
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Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions  Commissions  National Board, State, Province, and Endorsements	, , , , , , , , , , , , , , , , , , , ,
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions  Commissions  National Board, State, Province, and Endorsements	Owner's Report in accordance with the manifement of the ASME Code, Seeding VI.
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions  Commissions  National Board, State, Province, and Endorsements	
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions Commissions National Board, State, Province, and Endorsements	
Inspector's Signature Commissions National Board, State, Province, and Endorsements	shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
Inspector's Signature Commissions National Board, State, Province, and Endorsements	inspection.
Inspector's Signature National Board, State, Province, and Endorsements	
Date10_94.	
	Date10-15 19.94.

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Pege	7	cont. on Page.	0

1. Owner TENNES								
	SEE VALLEY	Authority		Date 9-29	-94		<u>.</u>	
	umit Hill Address			Sheet/_	of/			
2. Plant WATTS	BAR NUCLE Name	AR PLANT	·-··	Unit/				
P.O. Box	2000 Sprin	us City, Th	V37381	WP - D	÷0560	0/-04 P.O. No. Joh No.	***	
3. Work Performed by TYA (WBNP) Name				Repair Organization P.O. No., Job No., etc.  Type Code Symbol Stamp  Authorization No.  IVA 903 9-29-9				
PO BOX 2000, 5	PRING CITY, T Address	N 37381		Expiration Date		/ / /		
l. Identification of Sys					-210#	•		
(a) Applicable Const (b) Applicable Edition	truction Code <u>A/S</u> on of Section XI Ut	ilized for Repairs	73 Edition	JUNE, 1973 Is 1980 THRU WIN	Addenda,_	N/4903 9-29-4 ADDENDA	Code Ca	
. Identification of Con	nponents Repaired (	or Replaced and F	Replacement Co	mponents				
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)	
PIPE SUPPORT	11				<u> </u>			
072-72-1CS-R3	TVA	NONE	NONE	72-1CS-R3	UNK	REPLACEMENT	No	
		N 903	9-29-94					
						· 1		
Description of Work_	MODIFIED E	YISTING PIP	re Suppons					

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

### D 05601 04

WORKPLA

WORKPLAN _____

9. Remarks NIS-2 TRACKING NUMBER: 94-417 908 9-30-94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this RENACEMENT conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp No NE
Certificate of Authorization No. NoNE Expiration Date NONE  Signed Owner or Owner's Designee, Title  Expiration Date 9-29 30 19 94
Col 10 C
Owner's Designee, Title  Owner's Designee, Title  Owner's Designee, Title
027 72°17
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Province of ANT FOND (ONN have inspected the components described in this Owner's Report during the period 10/5/94 to 10/5/94, and state that
HATTFORD CONN have inspected the components described
to the best of my knowledge and belief the C
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
R E W
Inspector's Signature Commissions TN 2534  National Board, State, Province, and Endorsements
National Board, State, Province, and Endorsements
Date
19 / /



### WORK INSTRUCTION

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

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1. Owner TENN	Nam	EY AUTHO	בידו חכ	Date 9-30	-94	·		
400 W. SI	MMIT FILL Address	DN. KNO	DXOILE	Sheet/	of			
2. Plant_WATT	S BAR N	NATION	PUANT	Unit/		•		_
<u>PO. Box</u>	ZOO 5 Address	PRING C	MT. <u>677</u>	WORKPLA	4N 7	)-2/328	107	<del></del>
3. Work Performed by	Address TVA, M	1005	37771				, etc.	_
		Name		Type Code Symbo Authorization No.		N/ KK 9-:	3c-44	-
	R NOCLEA	1		Expiration Date	· ·	IA		- -
4. Identification of Sy	stem <u>C'HEMIC</u>	AL VOLU	me Con	ITACL SYSTE	Em	SYS # OU	62	
5. (a) Applicable Con (b) Applicable Edit	struction Code $\underline{\mathcal{A}}$	<u>5c 774</u> 19	73 Edition,	N/A 9-30-9-1	ddenda '	N/A 9.30.91	Codo O	<del>-</del>
(b) Applicable Edit	ion of Section XI Ut	ilized for Repairs	or Replacement	s 19 80 THRU	1981	WINTER	ADDEN	o SDA
6. Identification of Co	mponents Repaired	or Replaced and I	Replacement Cor	mponents				
			<del>                                     </del>		I	1	1	1
					,	-	ASME	
Name of	Name of	Manufacturer	National			Repaired,	Code Stamped	
Component	Manufacturer	Serial No.	Board No.	Other Identification	Year Built	Replaced, or Replacement	(Yes or No)	
PIPE SUPPLICE #	, , KK							
262-62-1CVC-272	N/A 9.32.94	NENE	HONE	XAM.2132B.122 XAM.2132B.123 F.34015-A	JAKAGYL	REPLACEMENT	No	•
62-62-10 VC-R73	N/A 9-30-94	Novie-	1- 1-			_	70	
		7-0/02	None	F-/30615-A KK 9-30-114	M	REPLACEMENT	No	
				. K.K				
			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	A 4-30-94				
Description of Work	MORIECO	<	Δ					
Description of Work	NOGINIEB.	STRRIS	TER DOA	15 M.213ZE	· 12Z, 1	23,124,125	ANDF	30615-A
	ydrostatic Pneu	matic Non	ninal Operating F		• .			
		NAKKA	Test Temp -3い94	°F				
NOTE: Supplemental tion in items 1 throug recorded at the top of	sizects in torm of it	ete ekotebas ar	describer and an artist	e used, provided (1) si each sheet is numb	ize is 8½ in ered and t	n. x 11 in., (2) int the number of sh	forma- eets is	

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8.

This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

D-21328-07

9. Remarks TRACKING # 94-418 KIK 9-30-94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this <u>FERLACEMENT</u> conforms to the rules of the ASME Code, Section XI.  repair or replacement
Type Code Symbol Stamp N/A KK 9-30-94
Type Code Symbol Stamp N/A KK 9-30-94  Certificate of Authorization No. N/A KK 9-30-94 Expiration Date N/AKK 9-30-94  Signed No. Court ENG'R Date 9/3c , 19 94
Signed Tour County ENG'R Date 9/3c, 1994
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of
in this Owner's Report during the period $4-22-93$ to $11-2-94$ , and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector's Signature  Commissions TN 2537  National Board, State, Province, and Endorsements
Date 11 - 2 - 19 9 4



WO# 94-18912-10 PAGE 17A OF 21

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

				-			
1. Owner TENNE	ESSÉE VAL	LEY Aut	HORITY	Date	4-9	4	
400 W. Su	um: THILL	DR. KNOX	VILLE, IN.	Sheet	of		
2. Plant WATTS	BAR L	LuchEAR	PLANT	Unit/			
_	100, SPRING	^		_ Wo#	94.1	8912-00	
3. Work Performed by	/A	//	<u></u>	Repair Orga		2.O. No., Job No.,	, etc.
٠	BAR NUCLE	Name AR PLA	NT	Type Code Symbol Authorization No. Expiration Date		A MH	14/94
4. Identification of Sy	stem MAIN +	PuxiLiAR)	Y FEEDY	LATER -	003		
5. (a) Applicable Cons (b) Applicable Edit	struction Code A ion of Section XI Uti ADDENDA.	15C 19	73 Edition,	THE SEVENTH A 1988 THE	.ddenda	NA WITH 19	_Code Case 981
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1003A-1-03A. 548	NA 500 194	NONE	NONE	NA 19494	Woon	REPAIR DANGENENT	*No
		_					
	·						
7. Description of Work_	MELDED	CAP ON	YERTICA	L SUPPOR	T		,
	Hydrostatic Page Other Pressure	matic No	10/4/94 minal Operating I Test Temp.	•			
NOTE: Supplementation in items 1 throu	al sheets in form of i	lists, sketches, or is included on ea	r drawings may b ach sheet, and (3	e used, provided (1) 3) each sheet is num	size is 8½ bered and	in. x 11 in., (2) in I the number of s	nforma- heets is

recorded at the top of this form.

FORM NIS-2 (Back)
9. Remarks Lucking 44-419 910/4/94
9. Remarks Sukking 94-417 /0/4/94  Applicable Manufacturer's Data Reports to be attached
We certify that the statements made in the report are correct and this EFPACE MENT conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp NA MA MA 10/4/94
Type Code Symbol Stamp
Signed — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date — Date —
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TENNESSEE and employed by HSB IFI CO of HAYI FOR COMMISSION have inspected the components described
in this Owner's Report during the period 15/13/37 to 13/13/47 and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
Inspector's Signature Commissions TN 53 4  National Board, State, Province, and Endorsements
Date 10/10 19 94

#### D-20761-71

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

1. Owner TENN	ESSEE VALU Nam	EY AUTHOR	177	Date	10-	1-94	
400 W. Su	mm IT HILL D Address	R., KNORVIL	w,TN	Sheet			
2. Plant WATTS				Unit	<del></del> -		
	o, SPRINGCI Address	•		WP# D.			
3. Work Performed by	TVA MOD	IFICATION	S.	Type Code Symbo			etc.
				Authorization No	n stamp	N/A BS	10/4/91
WATTS BA.	R NUCLEAR	PLANT		Expiration Date_		/	
4. Identification of Sy	stem <i>SAF6</i>	574 INJ	ECTION	1 54576	m 63		
<ol> <li>Identification of Sy</li> <li>(a) Applicable Cons</li> <li>(b) Applicable Edition</li> </ol>	struction Code <u>A</u>	ISC 19	7. Edition, or Replacement	77H	Addenda,_	N/A 18 16/	2/94 Code Case
5. Identification of Co	mponents Repaired	or Replaced and F	Replacement Cor	nponents	778.	1 W/1981 W	IPTEIL ,
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1063-A435-3-5	NO7 KNOWN	MA	NONE	NONE	NOT	REPLACE- MENT	No
		9					
·		NIA				,	
		18 10/4/94					
Description of M. I	N 44 - 1 - 514	<u> </u>					
Description of Work_	MODIFY	SUPPORT	PER DO	AS.		<u> </u>	
O	ydrostatic Pne	9-10/A psi 18 10/4	Test Temp	°F			
NOTE: Supplemental tion in items 1 throug recorded at the top of	sneets in form of l th 6 on this report	ists sketches or	describes many by		size is 8½ i bered and	n. × 11 in., (2) in the number of sl	forma- neets is

ing parameter and state of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the c

Page 8 cont. on Page 9

Remarks TRACKING NO: 94-920 138 10/4/94

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp

Certificate of Authorization No.

Signed

Certificate of Authorization No.

Signed

Certificate of Owner's Designee, Title

Certificate OF COMPLIANCE

Type Code Symbol Stamp

Certificate of Authorization No.

Date

10/4/

19 94

FORM NIS-2 (Back)

CERTIFICATE OF INSERVICE INSPECTION I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of_ and employed by HSBIRICO. have inspected the components described in this Owner's Report during the period_ 4-22-94 to 10-20-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection. .Commissions _ Inspector's Signature National Board, State, Province, and Endorsements 10-20 1904. Date.



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### EORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS

		1,,,					
Owner <u>  ENA</u>	V <i>ESSEE</i> (	IMILLEY AUT	THORITY	Date/0 - 4	- 94	·	<del></del>
	UmmiT HILL Address		KNOX, TH.	Sheet/	of/		·
lant <u>·WBA</u>	/ P	е		Unit/			
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Work Performed b	Y TVA M	10.05					
				Type Code Symbo	o Stamp	MANNE 1	0/4/94
WBNI	Address			Type Code Symbo Authorization No. Expiration Date		140	<del>-</del>
entification of Sy	stem062	I CHEMI	CAL AH	D VOLUMA	CONT	ROL	
	emponents Repaired			mponents			- ·
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		ĺ		1	1 .		ASME
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	Code Stamped (Yes or No)
_			Board	I	Year Built	Replaced,	Stamped (Yes
Component			Board	Identification	Built	Replaced, or Replacement	Stamped (Yes or No)
Component			Board	I	Built	Replaced, or Replacement	Stamped (Yes or No)
Component	Manufacturer	Serial No.	Board No.	Identification  DCA. P046 26-	1	Replaced, or Replacement	Stamped (Yes or No)
_	Manufacturer	Serial No.	Board No. No.	Identification  DCA. posts 26-	Built	Replaced, or Replacement	Stamped (Yes or No)
Component	Manufacturer	Serial No.	Board No. No.	Identification  DCA. posts 26-	Built	Replaced, or Replacement	Stamped (Yes or No)
Component 1-62-10/0-	Manufacturer	Serial No.	Board No. No.	Identification  DCA. posts 26-	Built	Replaced, or Replacement	Stamped (Yes or No)
Component	Manufacturer	Serial No.	Board No.	Identification  DCA. posts 26-	Built	Replaced, or Replacement	Stamped (Yes or No)
Component	Manufacturer	Serial No.	Board No. No.	Identification  DCA. posts 26-	Built	Replaced, or Replacement	Stamped (Yes or No)
Component	Manufacturer	Serial No.	Board No. No.	Identification  DCA. posts 26-	Built	Replaced, or Replacement	Stamped (Yes or No)
Component L-62-1CVC- R49	Manufacturer	Serial No.	Board No.	Identification  DCA. possoze-  o 7	Built	Replaced, or Replacement	Stamped (Yes or No)
Component  L-62-1CVC- R 4 9	Manufacturer  NONE  AD DED NE	Serial No.  NONE  NID  STRUT	Board No.	Identification  DCA. posseze-  o 7  2-94  ORT 4 /662-	Built	Replaced, or Replacement	Stamped (Yes or No)
scription of Work	Manufacturer  NONE  ADDEDNIE  Hydrostatic Pn	Serial No.  NoN C  NON C  STRUTION  Bumatic Non	Board No.  No N =	Identification  DCA. posseze-  o 7  2-94  ORT 4 /662-	Built	Replaced, or Replacement	Stamped (Yes or No)
cription of Work	Manufacturer  NONE  ADDEDNIE	Serial No.  NoN C  NON C  STRUTION  Bumatic Non	Board No.	Identification  DCA. posseze-  o 7  2-94  ORT 4 /662-	Built	Replaced, or Replacement	Stamped (Yes or No)

(12/82)

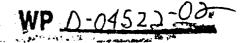
This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

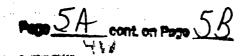
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# WORK INSTRUCTION

WOIL
TAACK NO
FORM NIS-2 (Back)
9. Remarks 94-421 291 1014 94
Applicable Manufacturer's Data Reports to be attached
Applicable Manufacturer's Data Reports to De attached
·
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this Replacement conforms to the rules of the
ASME Code, Section XI.
No.
Type Code Symbol Stamp
NIA JUL 10-2-01
Certificate of Authorization NoExpiration Date
and Atalan
Owner of Owner's Designee, Title  Date 10-4  , 19  94
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of
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in this Owner's Report during the period 5-19-93 to 11-10-94
in this Owner's Report during the period 5-19-93 to 11-10-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employed that is any warranty, expressed or implied, concerning the
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with thi
inspection.
Commissions TN 2537
Inspector's Signature National Board, State, Province, and Endorsements
Date





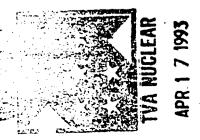
2. Plant_WATTO BAR NUCLEAR PLANT Name  P.O. BOX 2000 , SPRING CITY, TH  Address  3. Work Performed by TVA - MODIFICATIONS Name  Name  Authorization No. N/A  WBNP  Address  4. Identification of System SYS.003 / MATH + AUX FEEDWATER  5. (a) Applicable Construction Code AISC 19 73 Edition, 71th Addends, HONE (b) Applicable Edition of Section XI Utilized for Replacements 19 80 W/ADDENDA THROUGH WINT  6. Identification of Components Repaired or Replaced and Replacement Components	O., etc.
Name  Name  Authorization P.O. No., Job N  Name  Authorization No. N/A  WBNP  Address  Identification of System SYS.003 / MATH AUX FEEDWATER  (a) Applicable Construction Code ATSC 19 73 Edition, 7TH Addenda, NONE  (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 W/ADDENDA THROUGH WINT	AC 10.9
Authorization No. N/A  WBNP Address  Identification of System SYS.003 / MATH AUX FEEDWATER  (a) Applicable Construction Code ATSC 19 73 Edition, 7TH Addenda, NONE  (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 W/ADDENDA THROUGH WINT	Codo
Expiration Date  Address  Identification of System SYS.003 / MATH AUX FEEDWATER  (a) Applicable Construction Code ATSC 19 73 Edition, 714 Addenda, NONE  (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 W/ADDENDA THROUGH WINT	Codo
(a) Applicable Construction Code ATSC 19 73 Edition, 7TH Addenda, NONE  (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 W/ADPENDA THROUGH WINT	Code
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	EK 140
Identification of Components Repaired or Replaced and Replacement Components	
	ASM
Name of Name of Manufacturer Board Other Year Replaced	Stam
Component Manufacturer Serial No. No. Identification Built or Replaced,	(Ye
	+
SA-1-03A-526 TVA NONE NONE UNK REPLACEME	ת אכ
3A-1-03A-5Z7	
	+
5A-1-03A-528	
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20 1 00 0 00 0	1 1
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DA-1-03A-531 N/A AC 10.5.94	+

Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

# WP 104522-02 B 10/10/94



9. Remarks TRACKING NO: 94-422 AC 10-5-94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this KEPLACEMENT conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp
Certificate of Authorization No AC 10-5-94.  Signed Sthand uttons, FIELD ENGINEER Date Sct. V 5  Owner or Owner & Designee, Title  AC 10-5-94.
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector's Signature Commissions National Board, State, Province, and Endorsements
Date19



Page		of_	
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1. Owner Tenr				Date	9/9/	194	
400 W.	Summit HI	11 OR. K	Noxville, TN	Sheet	_ of.	1	
2. Plant Watts T	Bar Nuclear	Plant		Unit	1		
P.O. B	Name Name Name Name Name Name Name Name	DPRING CI	TY TN 3726)	W/094	-0871	g-00	<del></del>
3. Work Performed b	Watts Bar	Nuclear P	lant	Repair Or	ganization	P.O. No., Job No.	, etc.
P.O. Box	2000 SPRI	Name VG CiTy	TN 37381	Type Code Symb Authorization No Expiration Date_	ol Stamp	N/A OW IC	76/94
4. Identification of S	Address ystemRes/D//	AL Heat	Removal	RHR	74	MA DWI	0/6/94-
<ol> <li>(a) Applicable Cor</li> <li>(b) Applicable Edi</li> </ol>	nstruction Code <u>AS</u>	ME II 1	9 <u>71</u> Edition,	Summer 72	Addenda	None	Code C
					WINTE	2 1981	_Code Case
6. Identification of Co	omponents Repaired	or Replaced and	Replacement Con	nponents			
•							ASME Code
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	Stamped (Yes or No)
1-PMP-74-10-A	Ingersoll-Rand	067470	74785W	NONE	1971 S/ 1971 S/ATS	Replacement	485
		·	, , , , ,		9-22-94 D.W.		
				· · · · · · · · · · · · · · · · · · ·			
Description of Work_	Replaced Ungu	valified S	eal Assem	9-22-9 612-AUD S	4 D.W. Tuffix	. Ray E	XTeusion
Tests Conducted: H	_ <	umatic Nor	minal Operating Pr	ressure			<u>NCN</u> ION
NOTE: Supplemental tion in items 1 throu- recorded at the top of	I sheets in form of I gh 6 on this report this form.	ists skatches on	, dans to see		(A OW II size is 8½ i bered and		forma- leets is

Page ___ of __

FORM NIS-2 (Back)
9. Remarks Tracking No. 94-0423 Dw 10/6/94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this Replacement conforms to the rules of the ASME Code, Section XI.  repair or replacement
Type Code Symbol StampNA OW 10/6/94_
Certificate of Authorization NoNA OW 10/b/94 Expiration DateNA OW 10/b/94 Signed
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of
in this Owner's Report during the period 9-0-94 to 10-6-94, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal lating or recovery described.
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector's Signature Commissions TN 2537  National Board, State, Province, and Endorsements
Date10_G

1. Owner TENNE	SSEE VALLE	Y AUTHORI	TY	Date	10.6.	94	
	IT HILL DR. Address			Sheet 1			
2. Plant WATS				Unit			
PA BOY 200	Nam	•					
1.0. DOX 200	O, SPRING ( Address	TITY, TN		Repair Org	-045	22-01	
3. Work Performed by	VIVA, MODI	FICATION:	5	Type Code Symbo			., etc.
				Authorization No.			C 10 · 6 · 9
	WBNP Address			Expiration Date_			10 10 11
4. Identification of Sy				EDWATER		-	
5. (a) Applicable Con	struction CodeA	<u> </u>	73 Edition	7121		.lm.15	
(b) Applicable Edit	ion of Section XI U	tilized for Repairs	or Replacement	s 19 80 W/AD	Nodenda,_ DENDA	THROUGH WITH	_Code Case
						THE WIN	15 1701.
6. Identification of Co	mponents Repaired	or Replaced and	Replacement Cor	mponents			
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				·			ASME
			N			İ	Code
Name of	Name of	Manufacturer	National Board	Other	Year	Repaired, Replaced.	Stamped (Yes
Component	Manufacturer	Serial No.	No.	Identification	Built	or Replacement	
				İ			
10034 1-034 500						<del> </del>	<del>                                     </del>
1003A-1-03A-522	TVA	NONE	NOHE	HONE	UNK	REPLACEMENT	NO
1003A-1-03A-523							
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1003A-1-03A-524	4	Ψ .	<u> </u>	+	↓	1 1	
				NIA			
				AC 10.6.94			
7. Description of Work_	MODIFIED	PIPE SUPF	PORTS.				
8. Tests Conducted: H	ydrostatic Pne	eumatic Nor		_ ,	/Δ		
0	ther Pressure_		minal Operating I Test Temp	Prossure AC	10.6.94	•	
	<b>-</b>			F			
NOTE: Supplementation in items 1 through	sheets in form of	lists, sketches, or	drawings may be	e used, provided (1)	eiza ie 81/	in 44 :- /m;	_
tion in items 1 throu- recorded at the top of	gh 6 on this report	is included on ea	sch sheet, and (3	each sheet is num	bered and	the number of s	itorma- heets is
	ans lum,						
(12/82) This form (EC	100301 may be about		_				
	occor may be obtain	ea from the Order	Dept., ASME, 22	Law Drive, Box 2300,	Fairfield, N	J 07007-2300. REF	'RINT 4/93

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#### FORM NIS-2 (Back)

	Applicat	ble Manufacturer's Da	ta Reports to be attached	
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		TIFICATE OF COMPL		
We certify that the si ASME Code, Section X1.	atements made in the	e report are correct an	nd this REPLACEMENT conformation conformation conformation replacement	orms to the rules of the
_				
Type Code Symbol Stamp				
Certificate of Authohization No	NIA AC 10.6.	94		
Authorization No	7),	E>	xpiration Date	
ignedInthom	1 whoma	ETEID ENGTHEE	R Date Oct. 6	10 04
Owner or Owner's De	signee, Title		S. Date	, 19
		CATE OF INSERVIC		
			rd of Boiler and Pressure Vessel	
Province of Th	and emplor	yed by	BIQI Co.	
<del></del>	<u> </u>	5-19-93		components describe
this Owner's Report during				
			inations and taken corrective m	easures described in th
wner's Report in accordance w				
			kes any warranty, expressed or	
			. Furthermore, neither the Insp	
spection.	r any personal injury	or property damage o	or a loss of any kind arising fron	n or connected with th
,				
Sti Boom	-20v	Commissions	TN 25	<b>3</b> フ
Inspector's Si	gnature	Commissions	National Board, State, Province	e, and Endorsements
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Page 7 cont. on Page 8

1.	Owner TENN	ESSEE VALLEY	' AUTHORIT	Y	Date 10/7/9	a		
		Nam		<del></del>	Date	7		
	400 W. SUM	MIT HILL DRIV	/E, KNOXVII	LE, TN	SheetI	of I		
	•	Address			0,1001	UI		
2.	Plant WA	TTS BAR NUCL			Unit1			
	DO DOVO	Name				•		
	P.O. BOX 20	000 SPRING CIT	Y, TN		NO# 94-	08807-	00	
		Address	DIELG (MIC)		Repair Orga	nization	P.O. No., Job No.	, etc.
3.	Work Performed by	TVA - MO	Name	<u>S</u>	Type Code Symbol			
	WATTE DAI	R NUCLEAR PL			Authorization No.		N/A Am	0/7/94
	- WAITS BAI	Address	71/1		Expiration Date			
4.	Identification of Sy	stem VENT	LATION				•	
5.	(a) Applicable Con	struction Code	AISC 19	73 Edition	7 th A s 19 80 EDITION TH	ddende	N/A	_Code Cas
	(b) Applicable Edit	ion of Section XI Ut	ilized for Repairs	or Replacement	19 80 EDITION TH	RU WINT	ER 1981	_Code Cas
6.	Identification of Co	mponents Repaired	or Replaced and I	Replacement Con	nponents			
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		1		1				
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				National	1	ĺ	Banatara	Code
	Name of	Name of	Manufacturer	Board	Other	Year	Repaired, Replaced.	Stamped (Yes
	Component	Manufacturer	Serial No.	No.	Identification	Built	or Replacement	1
1-1	30-A915-3-60	TVA	NONE	NONE	1=3 0.40 . = 6	1904	Pro	1
			TORE	NONE	1-30-4915-360	1174	REPLACEMENT	No
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				10/7/94				
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. ,D	escription of Work_	MODIFIED	SUPPORT 1-	30-A915-3.	-60			
						<del></del>		
. <del></del>	ests Conducted:	lydrostatic Pne	eumatic 🔲 No	minal Operating I	Pressure 🗌			
	C	Other Pressure_	psi	Test Temp.		m 0/7/94		
							·	
N	IOTE: Supplements	al sheets in form of	lists, sketches, o	drawings may b	e used, provided (1)	size is 8½	in. x 11 in., (2) ir	nforma-
	On in items i fulof	ign o on this report	is included on e	ach sheet, and (3	) each sheet is num	bered and	the number of s	heets is
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(12/82)

This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

### Wo # 94-08807-00 PAGE 16 OF 54

9. Remarks SUPPORT NO. 1-30-A915-3-60 HAS BEEN MODIFIED
Applicable Manufacturer's Data Reports to be attached
TRACKING NO. 94-425 pm 10/8/94
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this <u>REPLACEMENT</u> conforms to the rules of the ASME Code, Section XI.  repair or replacement
Type Code Symbol StampNONE
Certificate of Authorization No. NONE Expiration Date  Signed Polick Mulmb F(ELDENGINEER Date 10/7 , 19 94
CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
and employed by HSRT Co.
in this Owner's Report during the period 5-2-94 to 10-14-94 and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
owner's neport in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
Inspector's Signature Commissions National Board, State, Province, and Endorsements
Date



Page 5 Cont. on Page 5

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

							===
1. Owner TENA	IESSEE VA	LEY AUT	HORITY	Date	10-94		
					_ of/		
2. Plant <u>以 外77丁</u>	BAK NUCL Nam	CAR PLA	~ <del></del>	Unit/			
POBOx 2	Z 000 SPR. Address	NG CITY	TH 373:1	W.P. D-	16469-	13	
_	Address			Repair Or	ganization	P.O. No., Job No.	, etc.
3. Work Performed b	vTVA, mech m	ODIFICATION S Name		Type Code Symb	ol Stamp_		
WATTE BAR	Nilolana Dia	سوم		Authorization No	·	-MA	
2111	NUCLEAR PLA			Expiration Date_		MAJE	10-1
. Identification of Sy	ystem <i>WA57</i>	E DISI	205AL/	SVS. 77	T-		
(a) Applicable Con (b) Applicable Edit					Addenda,	WINTER 19	> -94 _Code C: \$1
. Identification of Co	omponents Repaired	or Replaced and	Replacement Co	mponents	. •		
							ASME
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	Code Stamped (Yes or No)
PIPE SUPPORT	NA Jelana	No out		1077-A482-	Jankalang		
	1 10-17	HUNE	NONE	1-21	75/2	REPLACE MOST	NO
					<del> </del>		
						,	
Description of Work_	DELETED W	45heps Ed	20m	<del>-</del>	<u> </u>		
ests Conducted: H		umatic 🖵 🚜	minal Operating  Test Temp.  4.2.4.76-7	Pressure			
NOTE: Supplementation in items 1 through the corded at the top of		ists sketches or	dmudaa mad b		size is 8½ bered and	in. × 11 in., (2) in the number of sh	forma- leets is
22)	· .			,			

7.

8.

Page 8 cont. on Pege 1

9. Remarks TRACKING # 94- 426 fal 10-10-94  Applicable Manufacturer's Data Reports to be attached
Applicable Manufacturer's Data Reports to be attached
OFFITIGATE OF COMPLIANCE
CERTIFICATE OF COMPLIANCE  We certify that the statements made in the most an account and the Paragraph of Table 1.
We certify that the statements made in the report are correct and this Replace ment conforms to the rules of the ASME Code, Section XI.
- 11 600
Type Code Symbol Stamp MA JEQ 10-10-91
Certificate of Authorization No. MA feel 10-10-94 Expiration Date N/4 feel 18-10-94  Signed Signed Source or Owner's Designee Title  Date No V 10 19 94
Expiration Date 11/4 4 Expiration Date 14/4
Signed See See Date No V 10 19 9 4
Owner or Owner's Designee, Title
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of
Hosethard CT. have inspected the component described
in this Owner's Report during the period 10-10-94 to 10-12-94, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Commissions TN 2537
Inspector's Signature National Board, State, Province, and Endorsements
Date 10-12 19 9 4
19 19



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WOR	KPLAN	

Page 7	cont. on Page8	ı
		-

	SSEE VALLE Nom MM HILL Address			Date <u>10 ~11</u>	of 1		
P.O. Box ?	OBO Spriac	- City MI	N3738/	Unit	6 D-	4 21328 -6	08
3. Work Performed by	TVA MODIFIC	Name		Type Code Symbo	ol Stamp	10.110., 300 140.	, etc.
P.O. BOX 200	O SPRING Address	CITY, TN 3	37381	Authorization No. Expiration Date		The two	10-11-4
4. Identification of Sys	stem_62/	CVCS		· :			
5. (a) Applicable Cons (b) Applicable Edition	truction Code A)	SC19	23_Edition,	JUNE, 1973,	Addenda,_	N/A	_Code (
i. Identification of Con	mponents Repaired	or Replaced and R	eplacement Co	mponents	T	· T	
							ASMI
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	Stamp (Yes
Component		Serial No.	Board	Identification	Built	Replaced, or Replacement	Stamp (Yes
Component		Serial No.	Board No.	Identification	Built	Replaced,	Stamp (Yes
Component		Serial No.	Board No.	Identification	Built	Replaced, or Replacement	Stamp (Yes or No
		Serial No.	Board No.	Identification	Built	Replaced, or Replacement	Code Stampe (Yes or No
Component		Serial No.	Board No.	Identification	Built	Replaced, or Replacement	Stamp (Yes or No
Component	Manufacturer	Serial No.	Board No.	Identification	Built	Replaced, or Replacement	Stamp (Yes or No

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

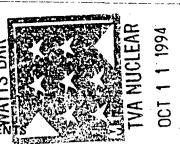
### D 21328 68

WORKPLAN

Page 8 cont. on Page 9

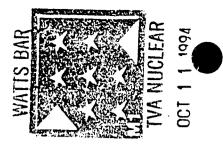
FULLIFICATION FORM NIS-2 (Back)
9. Remarks TRACKING # 427 94-427
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this repacement conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp
Certificate of Authorization No Expiration Date
Signed Frank Shunandella, FIEW ENGILIEER Date 10-17-94
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of
have inspected the components described in this Owner's Report during the period $4-13-94$ to $10-17-94$ , and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector's Signature Commissions TN . 2537  National Board, State, Province, and Endorsements
Date1994





1. Owner TEHNE	SSEE VALLE	Y AUTHORIT	Υ	Date	10 - 11 - 9	4	
	IT HILL DR			Sheet	of		
2. Plant WATTS				Unit <u>Ol</u>			
	20 , SPRING ( Address		· · · · · · · · · · · · · · · · · · ·	D-0	4527-	02	
				Repair Org	anization	02 P.O. No., Job No.	etc.
3. Work Performed by	/ IVA - MODIF	ICATIONS Name		Type Code Symbo	ol Stamp_		
				Authorization No.		NIA	AL
	Address			Expiration Date_			10-11-94
4. Identification of Sy				EDWATER			
5. (a) Applicable Con	struction Code	AISC 19	13 Edition	714	Addenda,_	HOHE	_Code Cas
tar the readic Edit	ion or section X1 O	tilized for Repairs	or Replacemen	ts 19 <u>80 W</u> /ADI	ADM A	HROUGH WINT	TER 1981.
6. Identification of Co	mponents Repaired	or Replaced and F	Replacement Co	mponents			
				<del></del>	T	7	<del></del>
						·	ASME
							Code
Name of	Name of	Manufacturer	National			Repaired,	Stamped
Component	Manufacturer	Serial No.	Board No.	Other Identification	Year	Replaced,	(Yes
			110.	identification	Built	or Replacement	or No)
1003A-1-03A-327	AVT	HOHE	HOHE	HOME			<del> </del>
			HONC	NONE	UNK	REPLACEMENT	NO
		N/A AC 10.11.94					
				-			
				1.			
		<u> </u>			L		
7. Description of Work_	MODIFIED :	SUPPORT.					
	_						
8. Tests Conducted: H	lydrostatic Pn	eumatic Non	ninal Operating	Pressure AC	10.11.94	-	
0	ther Pressure		Test Temp	°F	,0		
	• •						
NOTE: Supplementa tion in items 1 throu	I sheets in form of	lists, sketches, or	drawings may b	e used, provided (1)	size is 8½	in. x 11 in (2) in	nforma.
tion in items 1 throu recorded at the top of		is included on ea	ich sheet, and (	3) each sheet is num	bered and	the number of s	heets is
(12/82) This form (E	00030) may be obtain	ned from the Order	Dept., ASME. 22	Law Drive, Box 2300,	Faller in		
			, 22	Dive, Box 2300,	rairfield, N	IJ 07007-2300. REI	PRINT 4/93

04527 02



#### FORM NIS-2 (Back)

9. Remarks TRACKING NO: 94-429 AC 10-11-94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the ASME Code, Section XI.
ASME Code, Section XI. repair or replacement
Type Code Symbol Stamp
Certificate of Authorization No. 11A AC 10-11-94
Certificate of Authorization NoExpiration Date
Signed Milhand Whoma ETFIDENATIVEER S. Oct 11 As
Signed MINAMY Ulana, FIELD ENGINEER Date () Ct. // 19 94
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
and employed by the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th
in this Owner's Report during the period 10-19-91 to 11-5-94. and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report, Furthermore, neither the Inspector nor his employer
stall be flable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
DEBRUE TO THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STAT
Inspector's Signature Commissions National Board, State, Province, and Endorsements
Date19_Q4.

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Page 7 cont on Page 8

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400 WSUM	MIT HILL D	R., KNOXY	ILLE,TN.	Sheet	of	2	·
Plant WATTS	BAR NUC		ANT 3738/	Unit	(	ONE)	
PO.BOX 200	O, SPRING	CITY, TN-	3777170/12	WO. 94	<u> </u>	738 — 0	00
Work Performed by	TVA	MODIFICAT	FIONS 1/2/2	Type Code Symbo		O. No., Job No.	, etc.
WATTS	BAR NUCL		NT	Authorization No. Expiration Date		N/A JN	10-11-9
Identification of Sy	stem CHEMI	CAL AND	VOLUME	CONTROL	SYS	062	
(a) Applicable Cons (b) Applicable Edit			Edition, or Replacements	SEVENTH A	Nddenda, <u>N</u>	W/1981 W	LCode Cese
Identification of Co	mponents Repaired	or Replaced and	Replacement Con	nponents			
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PPORT 62A - 085	NKNOWN	UNKNOWN	NKNOWN	NONE	UN KNOWN	REPL.	NO
62A - 50	UNKNOWN	UNKNOWN	UNKNOWN	NONE	KNOWN	REPL.	NO
		·		NA JN10-11-94		<u> </u>	
escription of Work_	ADDED	SHIM T	SITA 2 O	SFY GAP	CRIT	TERIA	
	Other Pressure_	psi NA J	minal Operating  Test Temp.  N 10 — 11 — 9	Pressure°F			
NOTE: Supplementation in items 1 throuse recorded at the top of	an a au ruis lebolf	lists, sketches of	r drawings may b		size is 8½ i bered and	in. x 11 in., (2) in the number of s	nforma- sheets is

FORM NIS-2 (Back)
9. RemarksTRACKING Nº 94 430 70/0/12/94
Applicable Manufacturer's Data Reports to be attached
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We certify that the statements made in the report are correct and this REPLACEMI, conforms to the rules of the ASME Code, Section XI.  Type Code Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symbol Symb
Type Code Symbol Stamp N/A JN 10 - II - 94
Signed Owner's Designee, Jitle (FIELD ENG.)  Date 10 — 11 — 19 94
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector's Signature Commissions National Board, State, Province, and Endorsements
Date16-131994,

			-				
1. Owner	A Nam		· · · · · · · · · · · · · · · · · · ·	Date/	10/12/9	4	
400 W. Su	MMIT HILL Address		ILLE TX/	Sheet/	,		· · · · · · · · · · · · · · · · · · ·
				Sneet/	_ of	· · · · · · · · · · · · · · · · · · ·	<del></del>
2. Plant <u>WATTS</u>	Name	HE PLANT		Unit		· .	
POBOX 200	SPRING C	ITY, TN		_ NO 94	-204	64-00	,
3. Work Performed by	A			Repair Or	ganization (	O. No., Job No.	, etc.
		Name		Type Code Symbo Authorization No			<u> </u>
PO1304 200	O, SPRING ( Address	CITY TX	<u>/</u>	Expiration Date		NA In	210/0/4
4. Identification of St	ustom Oli	2 / 1/16	mane d	Volume		•	/ /
5. (a) Applicable Con	struction CodeA	/SC 19	73 Edition	JUNE 1973 ts 19 <u>80</u> 74	A al-11-	W Are	o Polizina Code Case
Name of Component	Name of	Manufacturer	National Board	Other	Year	Repaired, Replaced,	ASME Code Stamped (Yes
Component	Manufacturer	Serial No.	No.	identification	Built	or Replacement	or No)
1062-62-1000-		MA L	क्रिशिव	· / /	<del> </del>		
R163			र जायम्	N/4 10/12/94	4NKWERON!	REPLACEMENT	NO
		·	- CAYAL	m 10/12/14			
			7-	7			
7. Description of Work_	MODIFIED MODIFYS	UPPORT			<u></u>	·	
O	ther Pressure	umatic Non	inal Operating Test Temp	zlad °F			
NOTE: Supplementa tion in items 1 throu recorded at the top of		ists sketches or	drawinas mau'h		size is 8½ i bered and	n. × 11 in., (2) in the number of sh	forma- neets is

12/82)

This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

WO 94-20464-00 Page 13 of 15

REPRINT 12/91

TRACKING # 99-43218 CERTIFICATE OF COMPLIANCE We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement Type Code Symbol Stamp CERTIFICATE OF INSERVICE INSPECTION I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State and employed by HSB. T have inspected the components described in this Owner's Report during the period_ 9-28-94 to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this Commissions

> W094-20464-00 Page 14 of 15



WORKPLAN D-20758-10

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

1. Owner TENNE	ESSE VALL	EY AUTH	ORITY	Date 10-1	3-94	•	
	1401110						
400 W. Su.	MAIT HILL D	R KNOXV	ILLE TA	Sheet	of		
2. Plant WATTS	740,000			Unit/			
0 0 0	Name				> -	2-750-1	
	E SPRING CI			Repair Orga	nization P.	.O. No., Job No.,	etc.
3. Work Performed by	TVA Ma	Name	<u>√ ≤ </u>	Type Code Symbol	Stamp	N/	
P.O. Bex 20	DO SPEING	CITY TN	3777/	Authorization No., Expiration Date		A	043 <del>-9</del> /
	Addiese	_		,			
4. Identification of Sys							
5. (a) Applicable Cons	truction Code A	 [5 <u>C</u> 19	73 Edition	JUNE 73	Addenda	N/A 12-13.4	Code Care
(b) Applicable Editi	on of Section XI Util	lized for Repairs	or Replacements	19 80 WINTE	R 198	ADDEND	A
.,						,	•
6. Identification of Cor	mponents Repaired o	r Replaced and F	Replacement Com	ponents	•		
				- · · · · ·			ASME
			National			Repaired,	Code Stamped
Name of Component	Name of	Manufacturer	Board	Other	Year	Replaced, or Replacement	(Yes or No)
Component	Manufacturer	Serial No.	No.	Identification	Built	Or replacement	Or May
PIDE SUPPORT 10038-038-	N/ KK	N/ KK	N/ KK	DCA M. 20158-74	N/KK		
IAFW-RII3	A 10-13.44	A 10-13-94	12 12-43-41	DCA M. 20158-7	IA MA	REPLACEMENT	No
			~ N/A KK	0.1			
			7 IA IOIS	14			
						-	
				- -			·
				L	<u> </u>		
7. Description of Work	REMOVE U.	BOLT AN	ID INSTA	u Piac C	LAMP		
3. Tests Conducted:	Hydrostatic Pn	eumatic No	minal Operating	Pressure			
	Other Pressure_	psi psi	Test Temp.		KK 10-1	3-94	
٠	•			N//1.		,	
NOTE: Supplement	al sheets in form of						nforma-

recorded at the top of this form.



WORKPLAN D-20758-10 KK 10-13-14 Page 76 cont on Page 8

9. Remarks TRACKING		
	Applicable Manufacturer's Data Re	ports to be attached
-		
		•
·	CERTIFICATE OF COMPLIANCE	CE
We certify that the staten	ents made in the report are correct and thir	s REPLACEMENT conforms to the rules of the repair or replacement
ASME Code, Section XI.	. /.	repair or replacement
<b>.</b> '	* hen o	310-14-94
Type Code Symbol Stamp	<u> </u>	
	1.*	tion Date _N/A *
Certificate of Authorization No.	Expirat	tion Date N/A
Signed Keith Kell	FIELD ENG'R DO	nte
	CERTIFICATE OF INSERVICE INS	SPECTION
I, the undersigned, holding a valid co	mmission issued by the National Board of E	Boiler and Pressure Vessel Inspectors and the State
or Province of	and employed by	I & I Co. of
Hardford, C		have inspected the components described
in this Owner's Report during the	period to	and state that
to the best of my knowledge and be	lief, the Owner has performed examinatio	ons and taken corrective measures described in this
	ne requirements of the ASME Code, Section	
By signing this certificate neitner	the Inspector nor his employer makes and	y warranty, expressed or implied, concerning the
examinations and corrective measur	s described in this Owner's Report, Furt	thermore, neither the Inspector nor his employer
inspection.	personal injury or property damage or a lo	oss of any kind arising from or connected with this
SH 3 Ca	Commissions	TN 2537
Inspector's Signatu	re Natio	onal Board, State, Province, and Endorsements
<b>.</b>		
Date1110	19 <u>94.</u>	

1.	Owner	VESSEE VAC Name LIMMIT HILL Address	CEY AUT	HORITY	Date	10/13/	74	
	400 W. S	UMMIT HILL	DR KNO	XVILLETN	Sheet			
2.	Plant WATTS	BAR NUCLE	AR PLAN	<u> </u>	Unit			
	_	Name 200, SPRING Address			M094-1	8933 -	00	
3.		TAWESSEE			Repair Org		.O. No., Job No.,	etc.
		DOO, SPRING (			Authorization No. Expiration Date		( 1/0, mt 4/4)	3/94
4.	Identification of Sy	stemCH	EMICAL &	VOLUMA				
		struction CodeA tion of Section XI Ut emponents Repaired o				Addenda, Ei: IUIN	N/2 1981	ઝ /ને ઃ∔ _Code Case
	Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
100	2-62-KUC-R147			(A)	la lau	LINKNOW	Replacement	. / -
				- 7ª m	10/13/94	-41	NETCHEMENT	N.C.
				Luja	10/13/94			
				<i>9.11</i>	9/13/7			
	escription of Work_	TODIFIED FOR FY						
		Hydrostatic Pne Other Pressure	umatic Nor	ninal Operating F Test Temp い <i>10/13   9</i> 4	Pressure°F			
	OTE: Supplementa on in items 1 throu corded at the top o	al sheets in form of ligh 6 on this report f this form.	lists sketches or	drawings may be	e used, provided (1) ) each sheet is num	size is 8½ i bered and	in. × 11 in., (2) in the number of si	forma- heets is

(12/82)

This form (E00030) may be obtained from the Order Dept., ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300. REPRINT 4/93

FORM NIS-2 (Back)
9. Remarks TRACKING # 94 - 434 - 18/4/54
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this KEPCACEMENT conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp
Certificate of Authorization No.
Signed fuffy & Duck R.E. Date Oct 13 , 19 94
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Roller and Pressure Vessel Inspector and the Control
or Province of The and employed by HSBT&T Co. of
have the second at a second at a
in this Owner's Report during the period 4-7-94 to 10-20-94
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector per his employer makes any market and a significant and a significant per his employer makes any market and a significant per his employer makes any market and a significant per his employer makes any market and a significant per his employer makes any market and a significant per his employer makes any market and a significant per his employer makes any market and a significant per his employer makes any market and a significant per his employer makes any market and a significant per his employer makes any market and a significant per his employer makes any market and a significant per his employer makes any market and a significant per his employer makes and a significant per his employer makes and a significant per his employer makes and a significant per his employer makes and a significant per his employer makes and a significant per his employer makes and a significant per his employer makes and a significant per his employer makes and a significant per his employer makes and a significant per his employer makes and a significant per his employer makes and a significant per his employer makes and a significant per his employer makes and a significant per his employer makes and a significant per his employer makes and a significant per his employer makes and a significant per his employer makes and a significant per his employer makes and a significant per his employer makes and a significant per his employer makes and a significant per his employer makes and a significant per his employer makes and a significant per his employer makes and a significant per his employer makes and a significant per his employer makes and a significant per his employer makes and a significant per his employer makes and a significant per his employer makes and a significant per his employer makes and a significant per his employer makes and a significant per his employer makes and a significant per his employer makes and a significant per his employer makes and a significant p
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner for any manner
and the same for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
Still Rea The
Inspector's Signature Commissions National Board, State, Province, and Endorsements
Date

W094-18933-00 Page 25 f 135

v.1094-18933-01 page 24 of 118

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

1. Owner TENNES	SEE VALLEY AL	THORITY		Date/	0/17/	194	
400 W. SUM	MIT HILL DR.	KNOXVILLE,	TN.	Sheet	of/	<u> </u>	
	BAR NUCLEAR			Unit	1		<del></del> -
PO BOX 2000	SPRING CITY Address	TN. 37771		WO 94-18 Repair Orga	433-C	P.O. No. Joh No.	
	by WATTS BAR NO			Type Code Symbol Authorization No.	Stamp		
PO BOX 2000	SPRING CITY	TN. 37771	·	Expiration Date		N/A A	20/0
	System_CVCS (C					, 	
(b) Applicable Ed	instruction Code At lition of Section XI U	tilized for Repairs	or Replacement	s 19 <u>80 EDITION</u> T	iddenda,_ 7tRU Wi	NONE NTER 1981	_Code Ca
Name of	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or Ng)
Component		'			55	or reprocentent	- · · · · · · · · · · · ·
	PACIFIC				June		
CHARGING		48590	(3	1-PMP-62-108-A	1974	REPLACEMENT MR 9-7-14 REPAIR	YES
CHARGING	PACIFIC	48590		i-PMP-62-108-A		REPLACEMENT	
CHARGING PUMP IA-A	PACIFIC	48590				REPLACEMENT	
CHARGING PUMP IA-A	PACIFIC PUMPS	48590		i-PMP-62-108-A		REPLACEMENT	
CHARGING PUMP IA-A	PACIFIC		TA/ELY	1-PMP-62-108-A	1974	REPLACEMENT NEW 9-7-14 REPAIR	YES

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

### Wo 94-18933-01 Page 25 f 118

9. Remarks TRACKING # 94 - 435 +10/17/54
Applicable Manufacturer's Data Reports to be attached
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CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the
ASME Code, Section XI. repair or replacement
Type Code Country Co.
Type Code Symbol Stamp
Certificate of Authorization NoExpiration Date
Signed Define Provider's Designed Title R.E. Date Oct 17th 19 94
To the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of th
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of the MY I A A and and the Way the I dear Keeling Tool Tool Tool
in this Owner's Report during the period 10/26/94 to 10/26/94 , and state that
in this Owner's Report during the period $10/20/94$ to $10/20/94$ , and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
1 - my d Could
Inspector's Signature  Commissions FL-291, National Board, State, Province, and Endorsements
1
Date 0 C t Z L 19 9 t

Fage 7 cont on Fage	8
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D-04667-24

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

1. Owner IENNE	SSEE VALLE	Y ALTHOR	עדו	Date	19/9	É	
				Date			
400 W. Sun	VIMIT HILL D Address	RIVE, KNO	(VILLE . TN.	Sheet/	_ of	/	
				,			
2. Plant WATTS	Nam	THE PLANT		Unit/			
P.O. BOY 21	000 - SPRIN	6 (177		WORKPLA Repair Ore		t - 1	
	Address	3 <u>[ ] ] ]                              </u>	0.37381	WORKPLA	~ "	D-0466	7-24
3. Work Performed b	V TVA X	1005		,	,	F.O. NO., JOB NO	., etc.
. /	1	Name		Type Code Symbo		N/	
WATTS BAR NUCLEAR PLANT			Authorization No.				
			Expiration Date		/H 10/	19/94	
4. Identification of S	ystem_ <i>SAFE</i>	TY INJE	27/02/	5157Em	# 06	53	,
5. (a) Applicable Cor	1	ICC ATH		stl ismo		1/ 1/200	
5. (a) Applicable Cor	ostruction Code <u>#/</u>	3C /11	9 <u>73</u> Edition	1/A 10/19/94	ebnebb&	10/19/9	£
(b) Applicable Edi	tion of Section XI U	tilized for Repair	s or Replacemen	ts 19 <u>80 THRU</u>	WIN	ten 1961	Code Case
						C/C / / ///	~ DUENC
6. Identification of Co	omponents Repaired	or Replaced and	Replacement Co	mponents			
	T	<del></del>					
		1				Ť	T
•		(	ł		•		ASME
		-			ĺ		Code
Name of	Name of	Manufacturer	National Board	04-		Repaired,	Stamped
Component	Manufacturer	Serial No.	No.	Other Identification	Year	Replaced, or Replacement	(Yes
	i .	İ	1		Built	o. rieplacement	or No)
	i	1					1
PIPE SUPPORT	NIV						
	1/ wmg 1/4 10/19/64	Ninker	4 1- 11-	DCA-POGGG-36 DCA-POGGG-27	Unika.		
	1/4 W/19/94	NONE	NONE	DCA-PC4667-31 DCA-PC4667-37 DCA-PC4667-38	UNKNOW,	BARFAGA	NO
	1 10/19/94	NONE	NONE	DIA-POGEN-31 DIA-POGEN-37 DEA-POGEN-36 FOCH & E-304	VAKNOWN -B-A	ROLLEMENT	NO
	10/19/94	NONE	NONE	DXA-POHUU-36 DXA-POH667-37 DXA-POH667-36 FOXXI# E-304	VAKNOWN -8-A	RPLACEMENT	NO
	10/19/94 A 10/19/94	NONE	NONE	DCA-POGLU-36 DCA-POGET-37 DCA-POGET-38 FOCKI# E-304	B-A	REXAMENT	NO
	1 w 10/19/94	NONE	NONE	DCA-POGED-36 DCA-POGED-37 DCA-POGED-36 FOCKIE -304	24kmoun	RAKEMONT	NO
	14/ WT79/44	NONE	NONE	DCA-POCKUS-36 DCA-POCKG7-35 FOCKIFE-304 FOCKIFE-304	B-A	RENAGMENT	NO
	10/19/94	NONE	NONE	DIA-POLLUS-36 DIA-POLEGT-37 DIA-POLEGT-36 FOXN# E-304	B-A	RNAGMENT	NO
43-43-15Z3-			N A wx	0/19/99			
43-43-15Z3-			N A wx	0/19/99			
43-43-1525- 2114-	McOIFY SURPO	27 BY REN	N A wx	20/19/99			
43-43-1525 - 2114	McOIFY SURPO	27 BY REN	N A wx	20/19/99			
Description of Work	MCDIFY SURPO REAL BRACKETS, BASEPLATE, ALL	27 BY REM U-BULT CA ICHORS, PLTA	A war	STING BASEP PESTANCHINA SNUBBOL AL			
Description of Work	MCOIFY SURPO REAL BRACKETS, RASEPLATE, ALL lydrostatic Pne	27 BY REM U-BULT CA ICHORS, PUTA Umatic Nor	A WAY EXT	STING BASEP PESTANCHINA SNUBBOL AL			
Description of Work	MCOIFY SURPO REAL BRACKETS, RASEPLATE, ALL lydrostatic Pne	27 BY REM U-BULT CA ICHORS, PLTA	A WAY EXT	STING BASEP PESTANCHINA SNUBBOL AL			
Description of Work	MCOIFY SURPO REAL BRACKETS, BASEPLATE, ALL lydrostatic Pne ther Pressure	27 BY REM U-BULT CA ICHORS PUTA umatic Non	CVING EXIMALES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES, PARENCES,	57/14 BASEP PE STANCHION / SNUBBER AL	LATE, SI	Anemors (2) ARES. INSTA DE CLAMP.	SANGSET IL NEW
Description of Work	ydrostatic Pne Pressure  0/19/94	U-BULT CA	CVING EXI WALNE'LS, P. R BOACKST Minal Operating Test Temp.	37/26, 895 EP PE STANCHION / SNUBBER AC	LATE, SI	ANCHORS (Z) ATES. INSTA DE CLAMP.	SANGSET IL NEW

Form 8 contains for

D-04667-20

FORM NIS-2 (Back)
9. Remarks TRACKING # 94-436 wm 10/19/94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this REPLACIATION to the rules of the
ASME Code, Section XI.
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Type Code Symbol Stamp /4 (3) no 10/19/99
Certificate of Authorization No. 14 cano 10/19/94 Expiration Date 1/4 cano 10/19/94
Signed When to all Coulst ENGR. Date 10/19, 19 94
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of FLOTICA and employed by Marttord Steam Bolly I. 4 I. Co.
have inspected the components described
in this Owner's Report during the period $10/28/94$ to $10/28/94$ and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate peither the Inspector per his applicate and the section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection,
Inspector's Signature Commissions 1 - 296 National Board, State, Province, and Endorsements
Date 01 t ===== 1994
15 z
THE REPORT OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF

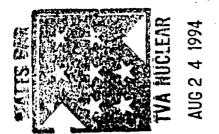


Faye 7 cont on Page 8

D-04667 - 30

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

1. Owner TENNES	SEE VALLEY	AUTHORIT	<u> </u>	Date	119/9	4	
400 W. SUM	MIT HILL DRI	VE . KNOXU;	LLE TN.	Sheet	of/		
2. Plant <u>WATTS</u>		Z PLANT	-	Unit/			· · · · · · · · · · · · · · · · · · ·
	SPRING CIT			NORKPLA Repair Orga	1.J. 7.	D-0460	67-30
3. Work Performed b	V TVA	MODS					etc.
1./2 D	2 11	Name	· · · · · · · · · · · · · · · · · · ·	Type Code Symbol Authorization No		- X	
WATTS BA	R NUCLER	e MLAN	7	Expiration Date		14 101	19/94
4. Identification of Sy	ystem <u>54-7</u>	EY INS	TECTION	, <u>5</u> 457	Em	#-063	
4. Identification of Sy  5. (a) Applicable Cor  (b) Applicable Edi	struction Code Al	SC 7TH 19	9 <u>73</u> Edition,	N/410/19/14 A	ddenda,_	1/A " [] 18 /54	Code Case
(o) Applicable Edi	tion of Section XI Of	ilized for Repairs	s or Replacement	s 19 80 THRU	WIL	ITER 1981	ADDENO
6. Identification of Co	omponents Repaired	or Replaced and	Replacement Cor	mponents			
Name of	Name of	Manufacturer	National Board	Other	Year	Repaired, Replaced.	ASME Code Stamped (Yes
Component	Manufacturer	Serial No.	No.	Identification	Built	or Replacement	1 ' 1
063-63-15IS-	NIwno		<del></del>	DCA-P04667-30			
7/09	10/19/14	NONE	NONE	DCA-POGE67-31		DEPLACEMENT	NO
			A/	1,2000			
				10/19/94			
					<del></del>		
Description of Work	MODIFY SUPPLE REAL BLACKET WEW T.S. BAS BLACKETS!	ET BY REMINIS, U-BOLT, SEPLATES,	VING EXISTIN CHANNEUS AUCHORS	NG BASEPLATER, PIPE STANCH SWBBER AND	S ANCO	MORS (2) SAM ID PLATES.	JBBETES, VIJSTALL VIJ REDR
Tests Conducted:		eumatic 🗀 🛝					
*/ (	Other Pressure	eumatic No	minal Operating Test Temp.	Pressure			
A	-1818/AF	P31	. cat lemp.				
NOTE: Supplementa	al sheets in form of	lists, sketches, o	r drawings may b	e used, provided (1) s	ize is 8½	in v 11 in /2\:-	·forme
tion in items 1 throusercorded at the top o	-2. O OU THIS TEDOLE	is included on e	ach sheet, and (	3) each sheet is numb	pered and	the number of sl	neets is



Property on Page 9

D-04667-30

	Applicable Manufacturer's Data Reports to be attached
144	CERTIFICATE OF COMPLIANCE
vve certify	y that the statements made in the report are correct and this PERACHENT conforms to the rules of the
ASME Code, Sectio	n XI. repair or replacement
Tuno Code Control	Stamp 10/19/94
Type Code Symbol	Stamp /A 654 70/19/19
Certificate of Augh-	rization No. 14 cm 10/19/94 Expiration Date 10/19/94  Expiration Date 10/19/94  Downer's Designee, Title
Cer (incate of Autho	rization No /4 Como 10/14/14 Expiration Date /4 como 10/14/94
Sinns////	e Id Court Exp
Owner or	Owner's Designee, Title / Date
	CERTIFICATE OF INSERVICE INSPECTION
, the undersigned h	olding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of	and employed by HSBT&TCO.
11	and employed by
n this Owner's Rep	have inspected the components described ort during the period $1-28-92$ to $11-1-94$ , and state that
o the best of my kr	nowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in ac	cordance with the requirements of the ASME Code, Section XI.
xaminations and co	rtificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
hall be liable in any	rrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer manner for any personal injury or property damage or a loss of any kind arising from or connected with this
rspection.	this say personal milety of property damage or a loss of any kind arising from or connected with this
	Real Ser Commission This 9 277
lni	pector's Signature Commissions National Board, State, Province, and Endorsements
	• •

140 # 94-21289-00 PAGE 10 OF 20

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

1. Owner IENNE	EESSEE VAL	LEY AUTI	HORITY	Date DC 10	BER	19, 1994	
	mmiT HiLL			Sheet/_	_ of/		
. Plant WAITS	BAR NUCL	EAR PL	ANT	Unit/	<del> </del>		
P.D. Box 2	ODD, SPRING	City, TN.	<u> 37381</u>	Heneir Or	14.21	289_00 2.0. No., Job No.	
Work Performed by	VIVA					-	etc.
		Name		Type Code Symbo	ol Stamp	11/0 7	21
MALTS	BAR Nucle Address	PAR PLAN	11	Authorization No Expiration Date_			0/19/9
*	stem <u>SAFET</u>			063			
WINJEK	istruction Code <u>A15</u> tion of Section XI Uti 1981. Imponents Repaired c				Addenda,_ ioN u	NA VADDENDI	_Code Ca
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
7A 435-8-	NA YON HIO/19/90			-	MIKU.		,
2 <b>6-</b> [H	75N10/1994	·			7847	REPAIRED	NO
				·			
Description of Work	REPAIRED	BASE 1	METAL		<u></u>		
ests Conducted:			ninal Operating	mH 10/19/94 Pressure []			
اب							
NOTE: Supplementation in items 1 throuse ecorded at the top o	al sheets in form of I ugh 6 on this report if f this form	ists, sketches, or is included on ea	drawings may b sch sheet, and (;	e used, provided (1) 3) each sheet is nur	size is 8½ nbered and	in. x 11 in., (2) in the number of s	forma-

recorded at the top of this form.

, FORM NIS-2 (Back)
9. Remarks TRACKING # 94-438 10/19/94
Applicable Manufacturer's Data Reports to be attached
·
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this REPAIR conforms to the rules of the
ASME Code, Section XI.
Type Code Symbol Stamp
H // [[V 10]11]11
Certificate of Authorization NoExpiration Date
Marle Antonia E
Signed V PWWW FE Date UTW 17 19 94
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of FC 173 a and employed by Harttold Steam Boyler T, + T. Co of
have inspected the components described
in this Owner's Report during the period $10/24/94$ to $10/24/94$ , and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
- Commissions FL 296
Inspector's Signature National Board, State, Province, and Endorsements
Date0CT2419_94

'n		• •
Page/	cont. on Page	8

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

1. Owner	Nam	18		Date 10-1	9-94	<del></del>	<del></del>
400 W. SUN	MMIT HILL DA	Z. KNOXVILLI	= TN	Sheet/	of		
2. Plant <u>WATT</u>				Unit			
P.O. BOX 20				₩₽# Repair Org	10-04	667-34	
3. Work Performed by				Repair Org			, etc.
P.O. BOX 20	00 SPRING	CITY TA	. J	Authorization No. Expiration Date		N CTH 10	16-94
4. Identification of Sy	Address	45 M/03/	CAEFTU	Expiration Date		74 220 10	-17-74
5. (a) Applicable Cons (b) Applicable Editi  6. Identification of Cons	on or occupin XI O	unzed for nepairs	or Replacements	19 <u>80</u> TH	RU WIN	TER 1981 A	DDEN
Name of	Name of	Manufacturer	National Board			Repaired,	ASME Code Stamped
Component	Manufacturer	Serial No.	No.	Other Identification	Year Built	Replaced, or Replacement	(Yes or No)
i i			A CON				
		2	A CON 10-19-94		NKNO	REDIATEMENT	מנג
		N	11 10-19-94		"NKNOW!	REPLACEMENT	NO
		~ A	11 10-19-94		NKNOW.	REPLACEMENT	NO
		~ A	10-19-94		NKNOW.	REPLACEMENT	NO
063-63-15IS- R221		N N	11 10-19-94		NKNOW!	REPLACEMENT	NO
		~ A	11 10-19-94		JNKNGW!	REPLACEMENT	NO
R221	Mobify S	₽ ^A	11 10-19-94 10-19-94			REPLACEMENT	NO
Description of Work_		SUPPORT PE	11 10-19-94 10-19-94	2-04667-		REPLACEMENT	NO

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

### WORK INSTRUCTION D-04667-34

Page 8 cont. on Page 9



OCT 1 9 1994

9. Remarks TRACKING 494.439
Applicable Manufacturer's Data Reports to be attached
CEDTIEIDATE DE COMPLIANCE
CERTIFICATE OF COMPLIANCE  We certify that the statements made in the second are necessarily and the statements made in the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the second are necessarily as the se
We certify that the statements made in the report are correct and this <u>REPLACEMENT</u> conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp cov 10-PT-9Y
$\sim$
Certificate of Authorization No. 14 Expiration Date
Signed Charle Selection FE Date 10-19 19-94
Owner or Owner's Designee, Title
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Roller and Browner Vessel Increases and the Commission issued by the National Board of Roller and Browner Vessel Increases.
or Frovince of 1 10 10 A and employed by Hartford Steam Roller T. + T. Ro.
The troval 16 NNC free to be proposed the component described
and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection,
- Ahmy A. Sawell Commissions F1 - 791,
Inspector's Signature Commissions F1 - 291 National Board, State, Province, and Endorsements
, t
Date

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Page 5A cont on Page 5B

# D 21328 34

20 80219

	SSEE VALLEY,	AUTHORITY		Date//	0-19-9	4	
	Address		TN	Sheet/	_ of/		
2. Plant <u>WATTS</u>	BAR NUCLEA	R PLANT		Unit/			
PO BOX 2000	, SPRING CIT	Y, TN 37	38/	WP #D	-Z/3Z	8 - 34 P.O. No., Job Ng.	
. Work Performed by	TVA (WE	VP)		Repair Or Type Code Symbo			., etc.
			_	Authorization No	or Stamp_	N/A 908 /	0-10-90
2 - 602 2000	SPRIKE CIT	Y, TN 373	81	Expiration Date_			_/7_/7
. Identification of Sy			·	_			-
(a) Applicable Con     (b) Applicable Edit     Identification of Co					Addenda <u>,</u> 1784. 1981	<u>N/4 GB\$ 10 19 9</u> 1 AODENDA	4Code C
		<del>                                     </del>					
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other	Year	Repaired, Replaced,	ASME Code Stamped
				Identification	Built	or Replacement	or No)
PE SUPPORT				Identification	Built	or Heplacement	or No)
PE SUPPORT	TVA	NoNE	NONE	Identification 74 - IRHR - R 130	Built UNK	REPLACEMENT	or No)
PE SUPPORT		NONE					
PE SUPPORT		NoNE N 803					
PE SUPPORT			NONE				
PE SUPPOUT 14-14-IRHR-R130			NONE				
PE SUPPORT			NONE				
PE 54 PPORT 14-14-IRHR-R130	TVA	N 808 A	NONE 10-19-94	74-1RHR-R130			
PE SUPPORT 14-14-IRHR-RI30  escription of Work	TVA  MOOIFIED I	N 808 A 808 EXISTING	NONE 10-19-94 PIPE SUPI	74-1RHR-R130			
PE SUPPORT 74-74-IRHR-RI30  rescription of Work ests Conducted: Hy	TVA  MOOIFIED I	N 808 A 808 EKISTING	NONE 10-19-94	74-1RHR-R130	ииқ	REALEMENT	

-	 e Ab a	"‡	2000	****	5254	

Page 58 cont. on Page 6

D 21328 34 WORKPLAN ____ 40 82812.4

9. Remarks NIS-Z TRACKING NUMBER: 94-440 98 10-19-94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this BEPLACEMENT conforms to the rules of the
ASME Code, Section XI. repair or replacement
Type Code Symbol Stamp NONE  Certificate of Authorization No. NONE  Expiration Date NONE  Signed Ohn D. Sampson, Math. Field ENGR. Date 70-19  Where or Owner's Designee, Title
Certificate of Authorization No. No. No.
908 10-19-94
Signed John O. Dompton, MEH. FIELD ENGR. Date 7-0 10-19 19 94
Josephies, 1 (te
OF DETICAL TO A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE ST
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Florida and employed by Hartford Stam Boiler I. + I. Co. of Hartford Connected the components described in this Owner's Report during the period 10/21/94 to 10/21/94, and state that to the best of my knowledge and bolish the Connected the Connected that
Hartford Connecticut
in this Owner's Report during the period $\frac{10/24/94}{10/24/94}$ to $\frac{10/24/94}{10/24/94}$
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report, Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection,
James A. Dowell Commissions FL - 296
National Board, State, Province, and Endorsements
Date Oct 21, 1994
Date 064 64 19 7 4



# WORKPLAN D-05709-13

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Page	6	cont. on Page	

	SSEE VALL Nan			Date			
400 W. Summ	Address	· 1)NOXVILL	E,TN	Sheet/	of	<del></del>	
2. Plant WATTS	BAR NU	<u>clear P</u>	LANT.	Unit/	·		<del></del>
P.D.Box 2000	SPRING C	ity, TN.	37381	WP #D	-0570	9 -/3 P.O. No., Job No.	•
3. Work Performed by	TVA (WBN	(P)					, etc.
			,	Type Code Symbol Authorization No	ol Stamp_ 	NA 903 1	0-19-
Po Box 2000,				Expiration Date_			
. Identification of Sys						•	
(a) Applicable Cons (b) Applicable Editi	struction Code <u>AIS</u>	$c 7^{77}$	73 Edition	JUNE 1973	Addenda	N/4 908 10·19	.94 Code
(b) Applicable Editi	ion of Section XI U	tilized for Repairs	or Replacemen	ts 19 BO THRY WI	JIER 198	I ADDENDA	_code
Identification of Cor	mponents Repaired	or Replaced and I	Replacement Co	) Omponents			
		Τ		1	<del></del>	·	<del>,</del>
							ASM
			National			Bo-sing d	Cod
Name of	Nome of		ivational	ł	1	Repaired,	1 oranii
Name of Component	Name of Manufacturer	Manufacturer Serial No.	Board No.	Other Identification	Year Built	Replaced, or Replacement	(Ye
Component		1	Board	- 1		Replaced,	(Ye
1		1	Board	Identification	Built	Replaced, or Replacement	(Ye or No
Component  SUPPORT	Manufacturer	Serial No.	Board No.	- 1		Replaced,	(Ye
Component  SUPPORT	Manufacturer	Serial No.	Board No.	Identification	Built	Replaced, or Replacement	(Ye or No
Component  PE SUPPORT	Manufacturer	Serial No.	Board No.	Identification	Built	Replaced, or Replacement	(Ye
Component  SUPPORT	Manufacturer	Serial No.	Board No.	Identification	Built	Replaced, or Replacement	(Ye or No
Component  PE SUPPORT	Manufacturer	Serial No.	Board No.	Identification	Built	Replaced, or Replacement	(Ye or N
Component  PE SUPPORT  14-74-1RHR-R5	Manufacturer TVA	Serial No.  **ModE  N 908   10-19-	Board No.	1dentification 74-IRHR-RS	Built	Replaced, or Replacement	(Ye or N
Component  PE SUPPORT  14-74-IRHR-R5	Manufacturer TVA	Serial No.	Board No.	1dentification 74-IRHR-RS	Built	Replaced, or Replacement	(Ye or N
Component  PE SUPPORT  14-74- RHR-R5	Manufacturer  TVA  Modified E	Serial No.  NONE  NONE  NONE  NONE  PI	Board No.	1dentification 74-IRHR-R5	Built	Replaced, or Replacement	(Ye or No

# WORKPLAN D-05709 = 13

Page _____ cont. on Page ____ 8

#### FORM NIS-2 (Back)

	Applicable Manufacturer's Data Reports to be attached
	CERTIFICATE OF COMPLIANCE
We	certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the
ASME Code, S	
Type Code Syr	mbol Stamp_NoNE
Certificate of A	Authorization No. NONE Expiration Date No NE
$\sim$ 6	D. Songoon, MCH. FIELD ENGR. Date 10-19 19 94
Signed Own	- U. Dangeson, MECH. FIELD ENGR. Date 10-19 19 94
	an of Owner's Designee, 11tte
	CERTIFICATE OF INSERVICE INSPECTION
, the undersign	ned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the Sta
or Province of_	TN and employed by HSRIRTCO.
n shin Owner'	have inspected the components describes Report during the period $9-29-93$ to $1)-2-94$ , and state the components describes the components describes the components describes the components describes the components describes the components describes the components describes the components describes the components describes the components describes the components describes the components describes the components describes the components describes the components describes the components describes the components describes the components describes the components describes the components describes the components describes the components describes the components describes the components describes the components describes the components describes the components describes the components describes the components describes the components describes the component describes the component describes the component describes the component describes the component describes the component describes the component describes the component describes the component describes the component describes the component describes the component describes the component describes the component describes the component describes the component describes the component describes the component describes the component describes the component describes the component describes the component describes the component describes the component describes the component describes the component describes the component describes the component describes the component describes the component describes the component describes the component describes the component describes the component describes the component describes the component describes the component describes the component describes the component describes the component describes the component describes the component describes the component describes the component describes the component describes the component describes the component describes the component describes the component describes the component descri
o the best of	Report during the period 4 - 24 to 1) - 2 - 44 , and state the
	my knowledge and belief, the Owner has performed examinations and taken corrective measures described in t
	t in accordance with the requirements of the ASME Code, Section XI.
	his certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning t
xaminations a	nd corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employ
	n any manner for any personal injury or property damage or a loss of any kind arising from or connected with t
nspection,	
	Tel 200 = -
	Inspector's Signature Commissions National Board, State, Province, and Endorsements
)ate	11-2 1994.

TVA NUCLEAR

#### D 04667 23 WORKPLAN _____

Page / cont. on Page 8	
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# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Code Section XI

	SEE VALLEY A			Date10-19 -	1-7	<del></del>	
400 W. Sup	nmit HILL DRI Address	VE, KNUXVILL	E,TN	Sheet	of		
Plant WATTS A	BAR NUCLEAR	PLANT		Unit	···		
_	200, Spring		<u> 381</u>	D-04667	7-23	.O. No., Job No.,	
Work Performed b	Y TVA N	10DS		Tuna Carla Russi.		, .	
	OO SPRING		/	Authorization No.		N/A 910/19	194
				Expiration Date		/	
Identification of Sy	ystem	RESIDU	AL HEA	T REMOVAL			
	omponents Repaired			s 19 <u>80 W/ADE</u>	,	THEOLIGIN I	NINIEK
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
74-A432-1-5	N/A	N/A	NA	DCA-P04667-13 DCN-F-29861-A	UNKNOWN	REPLACEMENT	NO
		•				· · · · · · · · · · · · · · · · · · ·	
			s OF	રાબાવ/કપ			
			N				
<del></del>	-						
				<u> -</u>			
escription of Work	MODIFY	PER DUN-	P-04667	-B .			

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

# WORK INSTRUCTION B 04 667 28 FORM NIS-2 (Back) 9. Remarks TRACKING # 94-442 Applicable Manufacturer's Data Reports to be attached CERTIFICATE OF COMPLIANCE We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the repair or replacement Type Code Symbol Stamp Type Code Symbol Stamp Certificate of Authorization No. Expiration Date

Signed Lack R. Dunlan FIELD ENGINEER Date OCTOBER 19 TH , 19 94
I, the undersigned, holding a valid commission
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Florida and employed by Hartfold Stram Kn. Vr I. + I. en of this Owner's Report during the period 10/29/94 to 10/29/94, and state that Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
Inspector's Signature Commissions FL - 296
National Board, State, Province, and Endorsements
Date 0ct. 29 1994

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

Wo	-93	-2431	17-09
S	PG	35 J	27,66

1. Owner TENNE.	ssee Valley	Authorn	74	Date	-/7-	94	
P.O. Box 20	000 SPRIM	16 C174,	TN.	Sheet	of		
2. Plant <u>MAT75</u>	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			Unit /			
	Name			110 113	212	17-00	· · · · · ·
ZaDi XWX	2000 54 Address	KING CITY	1 N.	WO-43 - Repair Orga	190 Inization P	.O. No., Job No.,	etc.
3. Work Performed by	TUA	N		Type Code Symbol	Stamp	VAGGOO	7-99
PD BOX	- 2000 ~	Name SOR-ALC	1.711 51	Authorization No.			
	Address			Expiration Date		_	·
4. Identification of Sy	stem_ <i>5A+e</i>	ty INSECT	TION Sy	54em / 59	15TEN	1 63	
5. (a) Applicable Cons	·			-			94
(b) Applicable Edit	ion of Section XI Ut	ilized for Repairs	or Replacements	1980 -WINTER	∖ddenda <u>,∠</u> <i>&lt; _/9.R/</i>	Addayd 2	Code Case
					( ) , () ,	1140 6704 77	
6. Identification of Co	mponents Repaired	or Replaced and F	Replacement Con	ponents			
					Γ		
,							ASME
			National			Repaired,	Code Stamped
Name of Component	Name of Manufacturer	Manufacturer Serial No.	Board No.	Other Identification	Year	Replaced, or Replacement	(Yes or No)
			,,,,	Identification	Built	Of Heptacement	01 1407
1063-1515-		100000		Ded = 2 men A	14		
R 157	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	AGG 10-17-	74	OCN-F-32458-A	NA GGR 74 FA	Replaced	N. 76
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			6610-17-94				
				<u> </u>			
7. Description of Work_	Replacea	Shim	between	support,	and Ti	pe Seeve	; 
3. Tests Conducted: F		eumatic No			,		
	Other Pressure	Alden 11-940si	Test Temp.	166 101194F			
				7			
NOTE: Supplementation in items 1 throa	al sheets in form of	lists, sketches, or	r drawings may b	e used, provided (1)	size is 8%	in. x 11 in., (2) ir	nforma-
tion in items 1 throu	ran o on ana report	is included on 6	acii sileet, and (3	o, each sheet is num	bered and	the number of s	heets is

recorded at the top of this form.

Wo-93-24347-09 PG = 35 38 10 20 19

9. Remarks 91-443 84 10/20/94
Applicable Manufacturer's Data Reports to be attached
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CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this Replace conforms to the rules of the
ASME Code, Section X1. repair or replacement
Type Code Symbol StampNONE
Certificate of Authorization No. None Expiration Date None
Expiration Date
Signed Tancia Date 10 -17 , 19 94
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLocide and employed by Hartford Stram Boiler I. + I. Co. of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 10/26/94 to 10/26/94, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector's Signature Commissions FL - 296 National Board, State, Province, and Endorsements
Date0 Ct. Zb1994

NOW SU	nmiTHiLL Address	DRIVE K	DOXULE, TX	Sheet/	_ of/		
2. Plant WATT	S BAR A	Juclear	PLANT	Unit	<u>'</u>		
LOBoxZa	Name of SPRINT Address Address TVA - N	City ,7	N 37381	1_WP#	D-20	761-07	
3. Work Performed b	y_ TUA - N	10:D) FICA-	TITATO	Repair O	rganization	P.O. No., Job No	., etc.
				Type Code Symbox Authorization No.		<del></del>	
WATIST	BAR NUCL Address	EAR PL	4207	Expiration Date		MA BS.	10/19
2.	<b>C</b> -					/	•
Identification of State     (a) Applicable Cor     (b) Applicable Edit  Identification of Co		1.		<u> </u>	1 / 6	763	10/10
(b) Applicable Edit	istruction Code tion of Section XI LI	tilized for Bonsin	9 <u>73</u> Edition,	77H	Addenda,_	N/A 153.1	<i>O//号/</i> _Code (
		mized for Repairs	s or Heplacement	s 19 <u>80 7</u> HRI	11981	W/1981C	UINT
Identification of Co	mponents Repaired	or Replaced and	Replacement Cor	nponents			υνεκ
		•				· · · · · · · · · · · · · · · · · · ·	
							ASME
Name of	No.		National			Repaired,	Code
Component	Name of Manufacturer	Manufacturer Serial No.	Board	Other	Year	Replaced,	Stampe (Yes
			No.	Identification	Built	or Replacement	or No
3-63-1SIS-	NOT	NAX		· · · · · · · · · · · · · · · · · · ·	NOT		
238 63-63-15IS-	KNOWN	IOLA \$	NONE	MAY	KNOSN	REPLACE-	No
248	KNOWN	N/A+	NONE	MIAX	KNOWN	REPLACE-	,,,,
63-63-1SIS-	NOT	4.14	112.0		NOT	MENT	NO
274	KNOWN	MAY	NONE	MAY	KNOWN	REPLACE- MENT	No
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		NA					
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escription of Work_	MODIEY S	UPPBLIC	PED M	410			
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	ydrostatic Pne	umatic 🗌 Non	ninal Operating P	ressure [			
ests Conducted: H	ther December		Tact Town	ے ۰			
ests Conducted: H	ther Pressure	umatic Non	R INCO 10				

Page 58 cont. en Page 6

#### FORM NIS-2 (Back)

9. Remarks TRACKING NO: 94-444 1/8 10/19/91
Applicable Manufacturer's Data Reports to be attached
·
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this <u>REPLACEMENT</u> conforms to the rules of the ASME Code, Section XI.  Tepair or replacement
Certificate of Authorization No
Signed 19mgs (FIELD ENGINEER) Date 10-19-, 1999
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of Florida and employed by Hartford Stlam Boiler Total
in this Owner's Report during the period 10/26/94 to 10/26/94 and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
Commissions FL - 296 Inspector's Signature Commissions FL - 296 National Board, State, Province, and Endorsements
National Board, State, Province, and Endorsements
Date
p 0 0 0 0 0 A

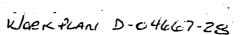
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1. Owner TENNE	ESSE VALLE	Y AUTHO	RITY	Date 10 - 2	1-94	·	
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	700,000				·		
2. Plant MATT.	S BAR No	ICLEAR F	LANT	Unit	· · · · · · · · · · · · · · · · · · ·		
Po. Box	2500 SPRIA	ug City T	N 37771	Repair Orga	D D	-04667	-28
	Word ess			Repair Orga	nization P	.O. No., Job No.,	etc.
3. Work Performed by	1 1114 11101	Name	21/23	Type Code Symbol Authorization No Expiration Date	Stamp	N/	···
P0 30 2	lean Koam	C C - T		Authorization No		KK 10	21-44
· . (). (SE)X 2	Address	7 6179 11	4 3///	Expiration Date		1A	
4. Identification of Sy	stemSAFE	MY INJE	CTION	1 375 6	3		
5. (a) Applicable Con (b) Applicable Edit 6. Identification of Co		•			ddenda <u>, ^</u> IT∈R	14 16.21-94 1981 ADZ	_Code Case
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built .	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT 1063-63-726	N/A 10-21-94	HONE	NONE	PCA P 04667-1766 ) P 04667,141 8 P 04667-148	NAMALI	REPLACEMENT	Νο
					^	retenency (	7410
			J & V				
			[N/A KK				.
							.
Description of Work_	MODIF	y <u>Sup</u>	Part				
Tests Conducted: T	Tytrostatic Pne						
_	Other Pressure		minal Operating I	Pressure			
		- Psi	Test Temp	°F			
NOTE: Supplementation in items 1 throurecorded at the top o	ign o on this report	N/A ists, sketches, or is included on ea	KK 10-21 r drawings may b ach sheet, and (3	Pused provided (1)	size is 8% pered and	in. x 11 in., (2) ir the number of sl	oforma- heets is
aca at the tob o	· will form.						



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FORM NIS-2 (Back)



OCT 2 1 1994

9.	Remarks TRACKING # 94-445
	Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE We certify that the statements made in the report are correct and this REPLA CEMENT Conforms to the rules of the ASME Code, Section XI. repair or replacement Type Code Symbol Stamp_ Expiration Date W/A KK 10-21-94 Certificate of Authorization No. FIELD ENGIR Date 10-21

CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler, and Pressure Vessel Inspectors and the State
or Province of FLORIDA and employed by Hartford Steam Boiler I. + I. Co. of
Hartford, Connecticut have inspected the components described
in this Duman's Dance of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the s
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection,
- James A. Swill commissions FL - 296
Inspector's Signature Commissions / L / / / / / / / / / / / / / / / / /
/ National Board, State, Province, and Endorsements
Lan a
Date

#### WORK PLAN D-04667-33

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

1		•					
	JESSE VALL			Date 10-21	-94		
400 W. S.	UMMIT HILL Address	DR KNG	XVILLE TN	Sheet			
2. Plant WATT	S BAR NU	CLEAR R	ANT	Unit	1		
** -	2000 SPRINE	•		WORKALA Repair Org	M D	-0466	7-33
3. Work Performed b	Y TVA M	DIFICATI	らんら			. 4 4	
	Cour Spring	1401116		Type Code Symbo Authorization No.		KK 10	-21-94
				Expiration Date			
4. Identification of S				1 sys ic			
<ul><li>5. (a) Applicable Cor</li><li>(b) Applicable Edi</li><li>6. Identification of Co</li></ul>					Addenda <u>, ^</u> FER 19	NA 10-21-94 BI ADDE	_Code Case
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1515-2230	NA 10- 21-94	NONE	NUSE	XA PO4667-47 XA PO4667-48 F. 36830-A	UNK MENN	RAA ACEMENT	No
						res 211 Epo 1	,40
			CHI. KK				
			CHA KK	21-94			
Description of Work_	MODIFY	SUPPOR	Т				
	lydrostatie Pne Other Pressure	PSI	ninal Operating F	°_			
NOTE: Supplementa tion in items 1 throu recorded at the top of	I sheets in form of I gh 6 on this report i f this form,	ists skatcher or	KK に 21-らし drawings may be ch sheet, and (3		ize is 8½ ir pered and 1	n. x 11 in., (2) in the number of sh	forma- leets is

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WORKPLAN D-04667-33

Page 8 cont. on Page 9



TVA NUCLEAR OCT 2 1 1994

9. Remarks TRACKING # 94-446
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this Repulsement Conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp N/ KK 10-ZI-44
Certificate of Authorization No. A
Expiration Date NIA KK 18.2144
Signed South Field FIELD ENGIR Date 10-21 1994
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of
Hartland, CT.
in this Owner's Report during the period 3-50-94 to 1) - 2-94
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, paither the Interest and Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linear Linea
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
70)
Inspector's Signature Commissions National Board, State, Province, and Endorsements
Date19 <u>9</u> 4

#### WORKPUAN D. 20 761-45

#### Page SA cont on Page SB-





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

1. Owner TENNESS	EE VIALLO	EY AUTHER	RITY	Date	20.9	4	
400 W. Summi				Sheet	of		
o 2. Plant WATTS	BAR NJ	CLEAR P	ANT	Unit		- <u> </u>	
P.o. Bex 2000 -	PRING CIT	Y TN 37	1771	WORKALAN	1 0	-20761-	45
3. Work Performed by				Type Code Symbol	Stamp	2.0. No., Job No.	, etc.
P.c. Box Zuca				Type Code Symbol Authorization No.		A KK I	0-20.4
4. Identification of System	SAFET	Y IN JE	ETION /	1 545 06	3		
<ul><li>5. (a) Applicable Construct</li><li>(b) Applicable Edition of</li><li>6. Identification of Component</li></ul>	Section XI Ut	ilized for Repairs	or Replacements	5 19 80 ININTO	addenda <u>, A</u> ER 19	1/A 10.22.94 BI ADDEN	Code Case ルンA
Name of Component M	Name of anufacturer	Manufacturer Serial No,	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUFFORT 1063-63-15IS NI	KK 9 10-20-94	NONE	NONE	M-ZUTU1-ZZT M-ZOTU1-ZZB F- 309Z6-A	NA SAY	REALEMENT	- Ni
			KK 10-20-14				
7. Description of Work	MODIFY	/ Suppose	5				
8. Tests Conducted: Hydro Other	· aica	mmaria 🗆 🐧	MIA KK 10 . minal Operating I	20-94			

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

# WERKPLAN D. ZETEI.45





TVA NUCLEAR OCT 2 0 1994

9. Remarks 1 RACKING # 94 - 447
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the ASME Code, Section XI.
Type Code Symbol StampN KK 10-20-94
Certificate of Authorization No. A Expiration Date N/A KK 10-20-94
Certificate of Authorization No. A Expiration Date N/A KK 10-20-94  Signed Heil Heller Field ENG!R Date 10-20- 19 94
CERTIFICATE OF INSERVICE INSPECTION
I the undersigned holding a valid assertion
or Province of Florida and employed by Hartford Steam Boiler II, Lo of Hartford Connection of Connection of the State of the Connection of the State of the Components described in this Owner's Report during the period 10/28/94 to 10/72/94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the province of the National Board of Boiler and Pressure Vessel Inspectors and the State of Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province of Total Province
The ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector's Signature Commissions FL 296 National Board, State, Province, and Endorsements
Date

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	TS BAR NUC			Unitl			•	<del></del>
	2000 SPRI			WP#1	161	5 Z- 55		
3. Work Performed	by TVA - N	10D IFICATI	ONS	Type Code Symi	rganization	P.O. No., Job No	•	_
WATTS B	AR NUCLEA	HR PLANT		Authorization No	0	N/A BS	10/21	194
. Identification of	System <u>CHE</u>	MICAL VO	LUME C	ENTROL S	54576	Dry 162		·
(a) Applicable Co	Address System CHEN  Onstruction Code  dition of Section XI L  Components Repaired	ATSC 19  Jtilized for Repairs  for Replaced and F	Edition, or Replacement	7 TH s 19 80 TH mponents	.Addenda,. ピロリタケ	N/A ^{B.3} .11 B1 W/198	0/21/90 _Code C (U/) (ADD)	4 850 WTEA GUDA.
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)	d
062-62-20VC- 14.	NCT KNEWN	NONE	NONE	12/A	NOT	REPLACEMENT	NO	
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escription of Work	MODIFY	SUPPORT I	PER DC	915				
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ests Conducted:   ( OTE: Supplement:	al sheets in form of l ugh 6 on this report of this form,	is included on each	h sheet, and (3)	each sheet is num	bered and	the number of sh	eets is	

FORM NIS-2 (Back)
9. Remarks TRACKING No: 94-448 BS 10/21/94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this <u>LEPLACEMENT</u> conforms to the rules of the ASME Code, Section X1.
Type Code Symbol Stamp
Type Code Symbol Stamp  Certificate of Authorization No.  Signed Bungh CFIELD ENGINEER)  Date 18/21/ 19 94
Signed Brugh CF(ELD ENGINEER) Date 10/21/, 19 94
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of and employed by HS IRICO.
in this Owner's Report during the period $1-9-9$ to $11-8-9$ , and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report, Furthermore, neither the Inspector par his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector's Signature Commissions TN2537
Inspector's Signature National Board, State, Province, and Endorsements
Date

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As Requ	uired by the Provisions of	REPAIRS OR REPLACEMENTS the ASME Code Section XI	

					ection X	i	
1. Owner To	enhessee	VALLEY AUT	HORITU				
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Pa :2	IS BAR NUC	AME PLAN	<u></u>	Unit			
10 150x 21	DOO SPIRING	CITY TN 3	37771	IIID - P			
3. Work Performe	DUT vdb	988 //		Repair	rganizatio	296-03 pn P.O. No., Job N	
		Name		Type Code Sym	bol Stamn	10. 10., 366 N	etc. وO
watts !	BAR NUCLE	EAR PLANT	•	Authorization N	0	2/9	
4. Identification of	Addre			Expiration Date			21/74
	SystemO		FEEDW	Ater			
5. (a) Applicable C	onstruction Code A	احد علم	72	n, w/a Colors	<del></del>		
(b) Applicable E	dition of Section XI	Utilized for Rensi	19_13_Editio	u no cholsila	Addenda	Ma Colar	14
6 Idonalista a			rs or Replaceme	nts 19 <u>80</u> thru	min	er 1981 AD	<u>ስ</u> ይ <i>ላንስ∀</i> 一coqe ር፥
o. Identification of	Components Repaire	d or Replaced and	Replacement C	Omponent			
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					T	T	<del></del>
							ASME
Name of Component	Name of	Manufacturer	National Board	1 _		Repaired,	Code Stamped
	Manufacturer	Serial No.	No.	Other Identification	Year	Replaced,	(Yes
×3A-1-03A-	ļ.,				Built	or Replacement	or No)
328	10/21/94			DEA MIBERGET		<b>-</b>	
×>3A-1-03A-	NIG COO	5400	NONE	PORIOZIAY	Nla	Replacement	
329	10/21/94	None		DCA - M18646-19		156 blacement	170
•		130.00	None	<del> </del>	سالد	Lack sacement	100
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Description of Work_	0.00-1						
- Work Work	Mooily	20000x7					
ests Conducted: H	Ydrostatic p					· 	<del></del>
	ther Pressure	ımatic Nom	inal Operating P	ressure			
		psr	Fest Temp	°F	ار ر	1 - La. 05	
OIE: Supplemental	sheets in form of li	sts, sketches, or d	rawinos	used, provided (1) siz	y a c	D iolzilar	1
Corded at the top a	h 6 on this report is	included on each	speed and to	used, provided (1) siz	e is 8½ in	. x 11 in /2\:nea	

tion in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is

This Form (E00030) may be obtained from the Order Dept., ASME, 345 E, 47th St., New York, N.Y. 10017

Pegs 7 cont on Page 8

9. Remark	is
	TRACKING#94-449 21 10/21/94
ASME	CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this <b>Zeplacement</b> conforms to the rules of the repair or replacement
Type Co	ode Symbol Stamp ula S 10/21/94
Certifica	ate of Authorization No. N/a D 10/21/94 Expiration Date N/a D 10/21/94
Signed_	Owner or Owner's Designee, Title
	CERTIFICATE OF INSERVICE INSPECTION
or Provi	ndersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State nce of
to the b	est of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this  Report in accordance with the requirements of the ASME Code, Section XI.
By s	igning this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the tions and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be inspection	liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this on.
<del></del> -	Inspector's Signature  Commissions  National Board, State, Province, and Endorsements
Date	11-4 1994.





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# NIS 2 DWNER'S REPORT FOR REPAIRS OR REPLACEMENTS

	As	Required by the	e Provisions of	R REPAIRS OR R	EPLACE Section N	MENTS	
1. Owner <u>Ta</u>	NYESSEE VA	LLEN DUT	7-0-				
2. Plant WAT	SUMMIT HILL Addr	OSE CONTRACTOR	wille, TH.	Sheet	of	(	
E.O. Bex	S BAR NUC	ame	VI	Unit	1		
3. Work Performe	2000, SPRING Addre DDA	CITY, TiV.	3777/	Bepair	186	96.01	
	SAR NUCLE	Name AR PLAN	+	Authorization I	nbol Stamp No	تر عوله	lo., etc.
4. Identification of	System	_	FEEDWA		-		10/21/04
5. (a) Applicable C (b) Applicable E  6. Identification of (	onstruction Code <u>(1)</u> dition of Section XI ( Components Repaired	SC 7HL 1	19 73 Editions or Replacement	n, ula (2) 71/94	Addenda	Na Glazila Her 1931 AD	Y Code Case
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-ISLS-997- 1546A		None	None		Na	Behrmement	NO
1-ISLS-997-	Mas	pope	None		Na	Replacement	- PO
1-1365-997-	1921/94	NOIDE	none		Na	Replacement	wa )
1-ISCS-947-		BODE	Done		<u> </u>		DO
Description of Work	mooify	SURPOR	towe		Na	Peplacement	( مد
Tests Conducted: Hy Oth	drostatic Pneun	natic Nomin	al Operating Pre				
NOTE: Supplemental s tion in items 1 through recorded at the top of the			est Temp.		e is 8½ in.	× 11 in., (2) infor	∼( ma-

This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

1934 7 orac or Fogo 8

Remarks
Applicable Manufacturer's Data Reports to be attached
TRACKING # 99- 450 July 10/2/190
0
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this Replacement conforms to the rules of the
ASME Code, Section XI.
ASME Code, Section A1.
Type Code Symbol Stamp Wa CR 10/21/94
Certificate of Authorization No. w/a D w/21/94 Expiration Date w/a D 10/21/94
Certificate of Authorization No. 100 Expiration Date Expiration Date
Signed
Signed Date Date 19
Owner of Owner's Designee, Title
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of TENNESSEE and employed by HS 13 I F = (D)  HATTFORD CONN have inspected the components described in this Owner's Report during the period 12/7/14 to 12/7/14 and state that
have inspected the components described
III tills Ottiliot a richard annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual a
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning th
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employe
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with thi
inspection, A
Inspector's Signature Commissions TN 2534  National Board, State, Province, and Endorsements
Inspector's Signature National Board, State, Province, and Endorsements
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Date191

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

1. Owner TENNES	SEE VALLEY	AUTHORITY		Date &	- 20 - 9	14	·
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2. Plant WATIS				Unit			
	, SPRING LITY,			94-1	410	Z-00	
	, 120, 020			Repair Org	anization P	.O. No., Job No.,	etc.
3. Work Performed by	Y WATTS BAR NUCL	an Maintena	nke	Type Code Symbo	I Stamp	NIR	
PAGAY 2000	SPRING CITY,	Name	•	Authorization No.			
**************************************	Address	110 51381		Expiration Date_		NIN	
4. Identification of Sy	/stem_ 615	STEAM GEN	ERATOR B	LOWDOWN			
5. (a) Applicable Con (b) Applicable Edit	struction Code A	ISC 79	7 TH Edition,	N/K	Addenda,_	NIR	_Code Case
6. Identification of Co							
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-5N48 015-4006101	P5A	26186	N/A	NONE	1993	REPLACE - MENT	N
·					į		
			N				
			. ^				
. Description of Work	REPLACE	SNUBBER					
. Tests Conducted:			minal Operating I		IN 6-20	-54	

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

9. Remarks
Applicable Manufacturer's Data Reports to be attached
•
We certify that the statements made in the report are correct and this Code, Section XI.  CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this repair or replacement
Type Code Symbol Stamp
Certificate of Authorization No. Expiration Date
Signed Date 10-25 19 94
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Florida and employed by Hartford Steam Boiler J. & J. Co. of Hartford, Cannot Province of Steam Boiler J. & J. Co.
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
Inspector's Signature  Commissions FL - 291  National Board, State, Province, and Endorsements
Date

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Owner TENN				Date		94	<del></del>	
400 W. SU	11- TIMM	LOR KNY	oxoirté'	Sheet/	. of	· .		
Plant WATTS	BAR NO	CLEAN PU	ANT	Unit	1			
P.O. BOX	2000 58 Address	enno co	OT 61	WP# PRepair Org	0-21	328-11		
Work Parta d bu	Address	15101-1-	3777				, etc.	
Work Performed by				Type Code Symbo Authorization No.				
	AR NUCL Address			Expiration Date_		MA 15	8 10/24	194
Identification of Sy	stem CHEMI	CAL AND	2 VOLUN	1E CONTR	ol/	67		
(a) Applicable Cons	struction Code	AISC 19	23 Edition	7TH	/. Addenda	N/A BB 10/	24/94	
(b) Applicable Editi	ion of Section XI U	tilized for Repairs	or Replacements	s is ou HA	19	<b>5</b> /		
Identification of Cor	mponents Repaired	or Replaced and F	Replacement Con	mponents	1981	WINTER	ADDEND	A
•		T					<del>,</del>	
Name of	Name of	Manufacturer	National Board			Repaired,	ASME Code Stamped	
Component	Manufacturer	Serial No.	No.	Other Identification	Year Built	Replaced, or Replacement	or No)	
52-62-1CVC-	KNOWN	NONE	P/A	NONE	NOT	REPLACE-	NO NO	•
76		-	<u> </u>		NOREN	MENT	<u> </u>	
				ľ			1 1	
		9			<u></u> i			
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9. Remarks TRACKING NO: 94-452 B8 16/25/94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this <b>EPLACEMENT</b> conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp
Certificate of Authorization NoExpiration Date
Type Code Symbol Stamp  NA 138 10/24/94  Certificate of Authorization No.  Expiration Date  Signed  Owner or Owner's Designee, Title  NA 138 10/24/94  Expiration Date  (0/24/, 19 94
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TENNESSE.  and employed by HSB IFI 6- of
in this Owner's Report during the period 11/19/94 to 11/19/94, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector's Signature Commissions TN2534  National Board, State, Province, and Endorsements
Date



2. Plant WAHS BAR NUCLEAR FLANT  2. Plant WAHS BAR NUCLEAR FLANT  BOD BOX 2000 SPEING City, Tw 37381  3. Work Performed by TVA  Name  Name  Name  Name  Name  Name  Address  Address  4. Identification of System  Address  Address  Address  4. Identification of System  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Addres	125194
2. Plant WAHS BAR NUCLEAR TRANT  Name  P.D. Box 2000 SPRING City, Tw 37381  3. Work Performed by TVA  Name  Name  Address  Name  Authorization No. Expiration Date  Address  4. Identification of System O3 FEEDwatev  5. (a) Applicable Construction Code Also TH 19 T3 Edition, Was Colored Address  (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 BO Thro Winter 19 BI 19 Bo Thro Winter 19 BI 19 Bord Other Name 19 Board Name 19 Board No. Replaced, or Replaced, or Replaced, or Replacement Serial No.  Name of Component Manufacturer Serial No. No. Identification Built Or Replacement Components  No. Repaired, Replaced, or Replacement Components  No. Repaired, Replaced, or Replacement Components  No. Repaired, Replaced, or Replacement Components	125194
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Description of Work Mobily Support	<u> </u>
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MPLAN D-18 401-03	
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FORM NIS-2 (Baċk)	
P. Remarks TRAKLING NO. #94-453	
Applicable Manufacturer's Data Reports to be attached	
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Type Code Symbol Stamp Na CX (075/94	
Certificate of Authorization No. N/4 D 10/25/94 Expiration Date N/4 CB 10/25/94	
Signed Course	1
Owner or Owner's Designee, Title	1
	- -
CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State	
and employed by TSSA	
in this Owner's Report during the period 12-23-02 to 11-3-04 and state that	
of the contest of the country has performed examinations and taken corrective measures described in this	
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.	1
Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the	Į.
Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this	
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Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)		
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373	Ma rolssky	None	NONE	05		Replacement	20		
1003A-1-03A-	(50)		10000 €	DCA-PO4521-	Carking	<u> </u>	100		
332	Ma 10/22/61	None	None	13	UNKNOW	Replacement	20		
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. Tests Conducted:	Hodernesia 🗀 🙃								
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NOTE: Supplement tion in items 1 thro recorded at the top of	tal sheets in form of lugh 6 on this report	lists, sketches, or is included on ea	drawings may bach sheet, and (	pe used, provided (1) 3) each sheet is num	size is 8½ obered and	in. × 11 in., (2) ir the number of s	nforma- heets is		

#### Asgo<u>8</u> (2013), on Pago <u>9</u>

9. Remarks TRACKING NO 74. 454
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this Certify that the statements made in the report are correct and this Certify that the statements of the ASME Code, Section XI.  repair or replacement
Type Code Symbol Stamp Na CT 10/25/94
Certificate of Authorization No. Na CO 10/25/44 Expiration Date Na CO 25/2-1
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB III car of HAST FOR CONN have inspected the components described in this Owner's Report during the period 12/15/74 to 12/15/74 , and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions TN 2 534  Inspector's Signature  Commissions TN 2 534  National Board, State, Province, and Endorsements
Date

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4. Identification of System O72 CONTAINMENT SPRAY.  Name Of Component Manufacturer Serial No.  Name of Component Manufacturer Serial No.  Name Of Component Manufacturer Serial No.  Name Of Component Manufacturer Serial No.  Name Of Component Manufacturer Serial No.  Name Of Component Manufacturer Serial No.  Name Of Component Manufacturer Serial No.  Name Of Component Manufacturer Serial No.  No.  No.  No.  No.  No.  No.  No.	5/94
P.D. Box 2000, Spring City 7N37361  Repair Organization P.O. No., Job No.  Work Performed by TVA MODS.  Name P.D. Box 2000, SPRING CITY, TN.  Address  Identification of System D72 CONTAINNIENT SPRAY.  (a) Applicable Construction Code ATSC 19 73 Edition, JUNE 1973 Addenda, N/A 967254  (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 WADDENDA THROUGH W.  Identification of Components Repaired or Replaced and Replacement Components  Name of Component Name of Manufacturer Serial No.  Name of Component Name of Manufacturer Serial No.  National Board Other Year Replaced, Or Replaced or Replaced and Replacement Components	5/94
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## D 21328 69 WORKPLAN ____

FORM NIS-2 (Back)
9. Remarks TRACKING # 94-455 QRP 10/26/94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE  We carriefy that the statements made in the process of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of the Compliance of th
We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp
A OPP NAV
Certificate of Authorization No. A 9 LP 16/26/44 Expiration Date
$\sim$ $\sim$ $\sim$
Signed Jack R.D. unlap FIELD ENGINEER Date OCTOBER 26 , 19 94
CERTIFICATE OF INSERVICE INSPECTION
1, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of and employed by
or Province of
in this Owner's Report during the period 5-20-94 to 11-2-94 and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
All Son Es
Inspector's Signature Commissions National Board, State, Province, and Endorsements
Date



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## WORKPLAN D-04525-01

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

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Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No,	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
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This form (E00030) may be obtained from the Order Dept., ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300. REPRINT 4/93

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	FORM NIS-2 (Back)	
9. Remarks TRACKING	NU 94.456 PIOIZEITE	
J. Hellians	Applicable Manufacturer's Data Reports to be attac	hed
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	CERTIFICATE OF COMPLIANCE	
	ements made in the report are correct and this Replaceme	
ASME Code, Section XI.		
	1/4 (1) 10/24/04	
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Type Code Symbol StampCertificate of Authorization No	ULA CS 10/26/94 Expiration Date N	
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# WORK INSTRUCTION Pege 7 cont. on Page 8 FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Code Section XI

Owner TENNE	SSEE VA	LLEY Au	THORITY	Date/ <u> </u>	27-9	<i>4</i>	· · · · · · · · · · · · · · · · · · ·
YOU W SU	MMI HILL Address	DRIVE DU	OXVILLE I A	Sheet/	of		
Plant WATTS	BAR NO	ICLEAR A	AUT	Unit	·		
POBOX 2	$\sim 5 \rho e^{i}$	V. CITY T	TN 3728	/ D-2 Repair Org.	07/01-	67	
	Address		<u> </u>	Repair Org	enization P	O. No., Job No.,	etc.
Work Performed by	TVA MOD	DS.		Type Code Symbo	Stamp		
			TN/ 27201	Authorization No.			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Expiration Date		/ 🛂 🔎	
Identification of Sys	tem <i>D74</i>	RESIDUAL	HEAT	REMOVAL	1	918	/
(b) Applicable Editi	on of Section XI Ut	tilized for Repairs o	or Replacement	JUNE 1973 A s 19 <u>80 WADDA</u> mponents		THROUGH WI	
(b) Applicable Editi	on of Section XI Ut	tilized for Repairs o	or Replacement	mponents Other	Year	Repaired, Replaced,	
(b) Applicable Editi Identification of Cor  Name of Component	nponents Repaired  Name of  Manufacturer	or Replaced and Ro	or Replacement eplacement Co National Board	Other Identification	ENDA	THROUSH WI	ASME Code Stamped (Yes
(b) Applicable Editi Identification of Cor  Name of Component	on of Section XI Ut	or Replaced and Ro	or Replacement eplacement Co National Board	Other Identification	Year Built	Repaired, Replaced,	ASME Code Stamped (Yes
(b) Applicable Editi Identification of Cor  Name of Component	nponents Repaired  Name of  Manufacturer	or Replaced and Ro	Preplacement Co  National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
(b) Applicable Editi Identification of Cor  Name of Component	nponents Repaired  Name of  Manufacturer	or Replaced and Ro	Preplacement Co  National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
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(b) Applicable Editi Identification of Con	nponents Repaired  Name of  Manufacturer	or Replaced and Ro	Preplacement Co  National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)

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

Pneumatic ____

8. Tests Conducted: Hydrostatic

recorded at the top of this form.

Nominal Operating Pressure

D-20761-67

	rege cont. on Page
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	•
FORM N	IIS-2 (Back)
9. Remarks TRACKING # 94-4579k Applicable Manufac	18 10/27/94
Applicable Manufac	turer's Data Reports to be attached
CERTIFICATE O	F COMPLIANCE
We certify that the statements made in the report are	correct and this REPLACEMENT conforms to the rules of the
ASME Code, Section XI.	repair or replacement
•	
Type Code Symbol Stamp	N 92 P/10/27/94
	A 7 10, 01, 19
Certificate of Authorization No.	Expiration Date
Signed Jak R Dunlas FIELD ENG Owner or Owner's Designee, Title	INEER Date OCTOBER 27 , 19 94
CERTIFICATE OF IN	SERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Province of TONNESSEE and employed by HATTONESSEE	Shall Board of Boiler and Pressure Vessel Inspectors and the State
111111111111111111111111111111111111111	have inspected the components described
in this Owner's Report during the period	toto
to the best of my knowledge and belief, the Owner has perform	ed examinations and taken corrective measures described in this
owner's report in accordance with the requirements of the ASM	Code, Section XI.
examinations and correction measures the inspector nor his emple	oyer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's shall be liable in any manner for any personal injury or property	Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property inspection.	partiage of a loss of any Kind arising from or connected with this
REI	
Inspector's Signature Commi	National Board, State, Province, and Endorsements
	National Board, State, Province, and Endorsements
* / - · ·	

WORK INSTRUC

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1. Owner JENNES	SE VALLE	Y AUTHO	DRITY	Date	10 -	- 27 —	94
400 W SUM	AMIT HILL	DR. KNOXV	LLE,TN.	Sheet	of	2	
2. Plant WATT	S BAR N	UCLEAR	PLANT	Unit		(ON)	E )
P.O. BOX 2000, SPRING CITY, TN 37381 W.O. 93 — 05795 — 00							
3. Work Performed by TENNESSEE VALLEY AUTHORITY  Type Code Symbol Stamp							
P.O. BOX 2000, SPRING CITY, TN 37381  Address  Authorization No.  Expiration Date  NA JN 10-27-94							
4. Identification of Sy	stem SAF	ETY	INJE	CTION -		/	163
5. (a) Applicable Construction Code ASME III 19 71 Edition, 1973, WINTERAddenda, NA Code Case (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU 1981 JN 10-27-94  W/1981 WINTER ADDENDA.							
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification  DS JN 10-27-	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PUMP ' IA - A'	NONE	NONE	NONE	FB-1-63-FB		REPLACEM	NO
PUMP 6"IA - AI	NONE	NONE	NONE	FBDS-1-63-FB FII- 38		REPLACEME	
PUMP 4 I'IR - B'	NONE	NONE	NONE	FBDS-1-63-F		REPLACEMT	NO
PUMP IB-B'	NONE	NONE	NONE	FBDS-163-F	NONE	REPLACENT	
						JA: LACLIN	
Description of Work REPLACED BOLTING MATERIAL SUCTION SIDE 4" & 6" BOLTED  Tests Conducted: Hydrostatic Preumatic And IB-B'.							
. Tests Conducted: H O	ydrostatic Pne	unatic   Nor	minal Operating Test Temp  11 - 01 - 94	Pressure [ .]	15-	υ,	
NOTE: Supplemental tion in items 1 through recorded at the top of		ists sketches or	deswines may b		size is 8½ bered and	in. x 11 in., (2) in the number of si	iforma- heets is

recorded at the top of this form.

FORM NIS-2 (Back)
9. Remarks TRACKING NO. 94 — 458 11/1/94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE  We certify that the statement made in the
We certify that the statements made in the report are correct and this <b>REPLACEMENT</b> conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp
Certificate of Authorization No.
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Signed Owner's Designee, Title (FIELD ENG.) Date 10 — 27 — 19 94
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province ofand employed by
have inspected the components described
in this Owner's Report during the period 1-27-34 to 11-2-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
maperion,
Inspector's Signature Commissions TN 9537  National Board, State, Province, and Endorsements
- Ivational poars, State, Province, and Endorsements
Date

		_							
1. Owner TENNS		ORITY	Date	1-94	<i>!</i>				
	EAR FOWER	_		Sheet/_ of/					
2. Plant WATTS	BAR NULL	EAR PLA	UT	Unit/					
P.O. BOX 2	DOC SPRIN	6 CITY, TI		W.O. 93	3-258	356-00			
	Address			Repair Org	anization F	O. No., Job No.	, etc.		
3. Work Performed by		Name		Type Code Symbo	Stamp	./			
P.O. Box	2000 SPRIN	16 C17V 7	7/	Authorization No.	~~~~~	Rif 11-1	1.94		
	Address			Expiration Date		4			
4. Identification of Sys	stem 79, F	JEL HANG	OLING AN	10 STORAGE	Ē.				
5. (a) Applicable Cons (b) Applicable Editi 6. Identification of Cons	on of Section XI Ut	ilized for Repairs	or Replacement	ts 19 <u>80 Apoi 110</u> .	Addenda, N WiN	NA 168 1981 AC	_Code Case		
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)		
2-TUBE-079-1		iV		DLA-W-22321-	NA				
2-1412-019-1		A Ref	11-1.94	07-0	PLF 11-1.94	REPLACEMENT	NO		
,									
. Description of Work	DELETE VALV	E 2- ISV-	078-060	O AND IN	STALL	BLINDFL	ANGE		
. Tests Conducted: "A	VO 2-TUBE  Varostatic Pour  ther Pressure	umatic No	minal Operating	Pressure					
NOTE: Supplements	•	psi	rest remp.	N°F RO	E 11-1.9	94			

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

9. Remarks NONE franking	(Back) 94-459 mxt 194
Applicable Mahdfacturer	's Data Reports to be attached
CERTIFICATE OF CO	DMPLIANCE .
We certify that the statements made in the report are corre	ct and this REPLACEMENT conforms to the rules of the
ASME Code, Section XI.	repair or replacement
Type Code Symbol Stamp	Ref 11-1.94
A	Ret 11-1.94
Certificate of Austorization No.	Expiration Date
Signed	Date
Owner or Oyvner's Designee, Title	Date
CERTIFICATE OF INSER	
I, the undersigned, holding a valid commission issued by the National or Province of	Board of Boiler and Pressure Vessel Inspectors and the State
	ETRICO. of
in this Owner's Report during the period 10 - 25-0	have inspected the components described
to the best of my knowledge and belief, the Owner has performed e	xaminations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Con	de, Section XI.
By signing this certificate neither the Inspector nor his employer	makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Re	port. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damainspection.	age or a loss of any kind arising from or connected with this
	•
Inspector's Signature Commission	
Company Carpinates	National Board, State, Province, and Endorsements
Date 11-72-94-19-094-	

1. Owner TENNE	SSEE VALLEY	Authority	<u>/</u>	Date//- /	1-94		
7.0, Box 20	000 SPRI	NG C/TY,	TN.	Sheet	of	2	
2. Plant WATTS	BAR NUCLEA	R FLANT	-	Unit/			
P.O. Box a				<i>₩8-93-</i> Repair Org	243	17-08	
3. Work Performed by	TVA						etc.
P.O. Box 2		Name	, TN.	Type Code Symbo Authorization No. Expiration Date	/	A 6611-1-	99
4. Identification of Sys	74401488					3	
<ul><li>5. (a) Applicable Cons</li><li>(b) Applicable Editi</li><li>6. Identification of Cons</li></ul>	struction Code $AZ$	SC19	73 Edition, Gor Replacements	DUNE 73 1 18 1980-WINT 6611-44	Addenda /	)AGG11-2-44	Code Case
		Τ	r		<del></del> -		<u> </u>
			Necional				ASME Code
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	Stamped (Yes or No)
1063-063-1515-		, 6G	•		, (i.C)		1)4
K103 1063-063-15E5	·	N1-1-94		NONE	W11-1-4	Replaced	NA Xi 11-1-44
R87		A		NONE	A	Replaced	06 NA 11-1-94
			•				
			N 66	11-1-94			
7. Description of Work_	Remove/X	PeiNSTALL	Shim F	take.	<u></u>		
3. Tests Conducted: H	lydrostatic Pnotther Pressure	eumatic Nor	minal Operating I	Pressure			
NOTE: Supplementa	I sheets in form of gh 6 on this report	lists, sketches, or is included on ea	drawings may bach sheet, and (3	e used, provided (1) B) each sheet is num	size is 8½ obered and	in. x 11 in., (2) in the number of s	nforma- heets is

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recorded at the top of this form.

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PG 39 J 40

PG 40 57 40

#### FORM NIS-2 (Back)

9. Remarks 94-460 DJ 11/2/94	
Applicable Manufacturer's Data Reports to be attached	
We certify that the statements made in the report are correct and this Republic conforms to the rules of the ASME Code, Section XI.	
Type Code Symbol Stamp	_
Certificate of Authorization No. NONE Expiration Date NONE	-
Signed Ficuria Floor FIG F. E. Date 11-2 , 19 94	6 -
CERTIFICATE OF INSERVICE INSPECTION	-
1, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of	
in this Owner's Report during the period 10-27-94 to 11-9-94, and state that	;   •
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this	s
Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the	
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employe shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	- 1
Del Zan S	
Inspector's Signature Commissions National Board, State, Province, and Endorsements	.
Date	

PG 2 \$ 2

44	THILL DR. Name		110,	Sheet/	_ of <del></del>		
	5 BAR NUCLE:			Unit			
P.O. BOX	2000 5pr/ Address	NG City,	IN:	WO-93	3-24	347- /	0
3. Work Performed	by TVA			Type Code Symb			
		Name	<del></del>	Authorization No	. NAE	G 11-1-94	
10100	2000 Sp Address	KING CITY	$N_{i}$	Expiration Date_	NAG	611-1-44	
4. Identification of	System 5.46	ty INJOCTI	10N Sys1	tem / 54	STEIN	63	
,	onstruction Code A.  dition of Section XI U  Components Repaired	tilized for Repairs	or Replacemen	ts 19 <u>80 - WI</u> NTE	Addenda, <u>1</u> & 1981	SA 66 11-1-9 4 SADEN AL	_Co
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	A Sta
1063-063-15IS	5-	NGG11-1-94			1.0	214	-
R258	·	Ā		None	NA 6G 11-1-94	Replaced	N
			•				
			NGG 11-2-94				_
			A 11-2-94		<del> </del>		_
			<u> </u>				
		,					
7. Description of Wa-	rk Remove/9	Paid	66/1-1-45	B. ( " "		<u> </u>	
To be seen perior of wor		_	minal Operation		tem +	<i>‡3</i>	

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PG30 8 31

PG 31 8 31

FORM NIS-2 (Back)	PG 2 8 3
9. Remarks 94-461 SSI 11/2/94	74 2 70 =
Applicable Manufacturer's Data Reports to be attached	
CERTIFICATE OF COMPLIANCE We certify that the statements made in the report are correct and this <u>REPLACEMENT</u> co	enforms to the rules of the
ASME Code, Section XI. repair or replacement	
Type Code Symbol Stamp	
Certificate of Authorization No. None Expiration Date None	
Signed Hours Hope Pig F.F. Date 1/-	2, 19 <u>_94</u>
CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vess	sel Inspectors and the State
or Province of TN and employed by HSR IRICO.  Harthard, CT.	the components described
in this Owner's Report during the period 10-27-94 to 11-8-90	and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective Owner's Report in accordance with the requirements of the ASME Code, Section XI.	measures described in this
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed	or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the I shall be liable in any manner for any personal injury or property damage or a loss of any kind arising for	nspector nor his employer
inspection.	om or connected with this
Commissions TN 25	:マ <del>ァ</del>
Inspector's Signature National Board, State, Provi	nce, and Endorsements
Date11	

7714 194411	1. Owner <u>TENN</u> 400 W. SUMM; T 2.0. BOX 2					of	2	
		Name 2000 S	e		Unit	-243	347-//	
	3. Work Performed by		Name		Type Code Symbol Authorization No	ol Stamp		
	4. Identification of Sy	2000 S Address stem SA FE			Expiration Date_		<u> </u>	
	5. (a) Applicable Con	struction Code <u>A7</u> ion of Section XI U	19 tilized for Repairs	<u>73</u> Edition, or Replacement	<u> Uwe 73</u> s 19 <u>80 - W</u> W	, 	VA B.C. 161-9-	
•	Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
•.	1063-063-15IS- R59 1063-263-15IS-		)GG-1-1	q&	None	W	Replaced	NA GG
••	765-263-7513- 761		A		None	4 A	Ruplaced	NA AG-41 NA GG-1-42
				NGG A	11-1-94			
7	. Description of Work_	Removed/4	PINSTALL	Shin Z	Do La			
	_			ninal Operating				

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Pa 30 8 38

FORM NIS-2 (Back)	0 -
9. Remarks 94-462 99 11/2/94	PG 287
Applicable Manufacturer's Data Reports to be attached	
CERTIFICATE OF COMPLIANCE	
144	nforms to the rules of the
Type Code Symbol StampNONG_	
Certificate of Authorization No. None Expiration Date Non	0
Certificate of Authorization No. NGNC Expiration Date NON  Signed Authorization No. PCG F.E. Date 11-2  Owner or Owner's Designee, Title	
CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vess or Province of	el Inspectors and the State
in this Owner's Report during the period 10-27-94 to 11-8-9	he components described
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective	measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed	or implied, concerning the
examinations and corrective measures described in this Owner's Report, Furthermore, neither the I	nspector par his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising frinspection.	om or connected with this
- Sti San San San San San San San San San San	-7
Inspector's Signature Commissions National Board, State, Provi	nce, and Endorsements
,,	

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		<i>t</i>	•				
1. Owner TEXNE	ESSEE VALI Nam	LEY AUTH	DRITY	Date	<u>z - s</u>	94	
400 W. SUMI	MIT HILL DA	Z. KNOXVI	LE TN.	Sheet	of	1	
2. Plant WATTS	BAR NU	CLEAR PL	ANT	Unit			
				₩P # /	0-11	561-51	
		//	<del>, , , , , , , , , , , , , , , , , , , </del>			.O. No., Job No.,	etc.
3. Work Performed by		Name	<del></del>	Type Code Symbol Authorization No.	Stamp_	1/11 1	
WATTS BI	AR Nucle	AR HAN	<u></u>	Expiration Date			-2-50
4. Identification of Sys	stem	RHR			·	<del></del>	
5. (a) Applicable Cons (b) Applicable Editi	struction Code <u>A12</u> on of Section XI Ut	SC 77H 19	73 Edition,	#WL #/4 //-2-94 A \$ 19 <u>80 TH</u> EU U	ddenda, 仏 ジパイモド	1981,403	_Code Case Deud A
6. Identification of Co	mponents Repaired	or Replaced and F	Replacement Cor	nponents			
							ASME Code
· Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	Stamped (Yes
1074 - 74-1RHE-VIV	NONE	MONE	HONG	DCA-11561-177	CARTE	Replacement	
1074-74-12HR-US	NONE			DCD-11561-178	JALTINE	Replacement	~ ~
	NORE	NONE	NOHE				NO
			NA	<b>Y</b> L.			
				two 11-2	99		
. Description of Work_	INSTANCE	5. 94 11.5. 94	-141 57	-ING CA	2 //		
	K/n		•		<u>,                                    </u>	· · · · · · · · · · · · · · · · · · ·	<del>, , u</del>
_	Tydrostatic Prossure_		Z- 9   minal Operating  Test Temp	Pressure F			
		b	rest remp	F			

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

#### FORM NIS-2 (Back)

	Apr	plicable Manufacturer's Data f	Reports to be attached
	``		
<del></del>			
	•		•
	^ C	ERTIFICATE OF COMPLIA	NCE
We	certify that the statements made in	in the report are correct and ti	his Replacement conforms to the rules of the repair or replacement
ASME Code,	Section XI.		repair or replacement
· ·		·	
Type Code Sy	mbol Stamp		
Certificate of	Authorization No.	- N/A SWR	11-2-92
L	Authorization No.	Ехріг	ation Data
Signed 1	in wo	ech.	Date 11-2-94 19 94
Owr	er or Owner's Designee, Title	<del></del>	Date
		<u>.</u>	
	CERT	TIFICATE OF INSERVICE II	USPECTION
, the undersig	ned, holding a valid commission is:	sued by the National Board o	f Boiler and Pressure Vessel Inspectors and the State
of Province of	and em	mployed by HSB	S'). 6.
HOSA !	Ded, CT.		have inspected the component describes
	s Report during the period	8-10-94	$10 \frac{11 - 01 - 9.4}{1}$ and state that
o the best of	my knowledge and belief, the Ow	vner has performed examinat	ions and taken corrective measures described in this
wher's repor	t in accordance with the requireme	ents of the ASME Code, Secti	on XI.
By signing	this certificate neither the Inspect	tor nor his employer makes a	ny warranty, expressed or implied, concerning th
xaminations a	ind corrective measures described	in this Owner's Report, Fu	irthermore, neither the Inspector nor his employe
ian be nable i	n any manner for any personal inj	jury or property damage or a	loss of any kind arising from or connected with thi
spection.			
	Sel -		
······································	Inspector's Signature	Commissions	tional Board, State, Province, and Endorsements
	•	(14.81)	combi bosio, state, Flovince, and Endorsements
ate	11-9 0		
	10 4/1		

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D	04602 11

		//						
. Owner TEINN	_			Date//-				
400 W. SUM	Address Address	R. KNOXV	ILE TN.	Sheetl	of/		<del></del>	
. Plant WATTS				Unit		•		
P.O. BOX 2	ODO, SPRING	G City, T	<u>N37381</u>	ア Ħ Repair Orga	O - O	4602-	<u>/  </u>	
. Work Performed by								
WATTS	BAR NO	clear F	XAHT	Type Code Symbol Authorization No. Expiration Date		TALL SIND	11-1-20	
. Identification of Sys								
(a) Applicable Cons (b) Applicable Editi Identification of Col					WINTO	FR 1981 A	-DDENDA	a
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)	
62-62-1CKRIO	,			11-1-70 june	44.			
	NONG	NONG	HONE	28 04602-	UNKELL N	REPLEMENT	NO	
			NA	11-2- 70				
				11-5- 2			34.40	<u>ئ</u>
Description of Work_	Modi = jed	SUPPORT	Per L	X4- P04607	25 - 28	AND FOLH	F27 <i>S</i> 2	38
Tests Conducted; C	Hydrostatic Pnu Other Pressure	eumatic Nor	minal Operating Test Temp.	Pressure ° F				
NOTE: Supplementa tion in items 1 throu recorded at the top o	igh 6 on this report	lists, sketches, or is included on ea	drawings may bach sheet, and (	pe used, provided (1) 3) each sheet is num	size is 8½ bered and	in. x 11 in., (2) in the number of s	nforma- theets is	
top o	· (1113 101111),	•		•			JUL 2 0	19

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D	0 4	4602	11	•

## FORM NIS-2 (Back)

9. Remarks TEK, 0 94- 464
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this Replace ment conforms to the rules of the ASME Code, Section XI. repair or replacement
Type Code Symbol Stamp
Certificate of Authorization A
Certificate of Authorization NoExpiration Date
Signed Immy W Olecle Date 11-1 , 19 94
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Impactors and the Sacra
and employed by
in this Owner's Report during the period 7-19-94 to 11-25-94, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
transmitters and corrective measures described in this Owner's Report. Furthermore, neither the largester par his amplicant
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
\$1.7 -
Inspector's Signature Commissions National Board, State, Province, and Endorsements
Date

•	D - 2	1	32	8 \$	- 6	7
WP					-	

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	4. 4	Q 0		· ugo	

	SSEE VALLE			Date			
400 W. SUMM	Address	KNOXVILLE	= , $TN$	Sheet/	of/		
. Plant WATTS	BAR NUCE	LEAR PLAN	T	Unit	1		
P.O. BOX 2000	SPRING CITY	T, TN		D - Z Repair Org	1328-0	07	
Work Performed by	TV	'A		Type Code Symbo			, etc.
P.O. BO 2000				Authorization No.		NA CD	n -Z-94
Identification of Sys	tem	CVC					
(b) Applicable Edition					<del></del>	T	
							1
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No	Other Identification	Year Built	Repaired, Replaced, or Replacement	Code
Component 92-102-1000-	= :		Board No.	Identification	Built	Replaced, or Replacement	Code Stamped (Yes
Component 02-102-1000 -	= :		Board	Identification		Replaced, or Replacement	Stamped (Yes
Component	= :		Board No.	Identification	Built	Replaced, or Replacement	Code Stamped (Yes or No)
Component	= :		Board No.	Identification	Built	Replaced, or Replacement	Code Stamped (Yes or No)
Component 02-102-1000 -	= :		Board No.	Identification	Built	Replaced, or Replacement	Code Stamped (Yes or No)
	= :		Board No.	Identification	Built	Replaced, or Replacement	Code Stamped (Yes or No)
Component 62-162-1606-	= :		Board No.	Identification	Built	Replaced, or Replacement	Code Stamped (Yes or No)
Component 02-102-1000 -	Manufacturer	Serial No.	Board No.	Identification	Built	Replaced, or Replacement	Code Stamped (Yes or No)

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

D-21328-.67

8 cont. on Page 9 FORM NIS-2 (Back) TRACKING # 94-465 20 112/94 Applicable Manufacturer's Data Reports to be attached CERTIFICATE OF COMPLIANCE We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the ASME Code, Section X1. repair or replacement Type Code Symbol Stamp Certificate of Authorization No. CERTIFICATE OF INSERVICE INSPECTION I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of HSBIRIC and employed by___ have inspected the components described in this Owner's Report during the period_ -14-94 to_ to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection. _Commissions __ Inspector's Signature National Board, State, Province, and Endorsements 19 Q 4.



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

	As nequi	red by the From	Visions of the A				
1. Owner	NEDSKE 1	MILLEY	AUTHUNT				
400 W.SUM	MT HILL DI	C. KNOY)	LUE TU	Sheet	of		
2. Plant INATT	S BAL NU	CLAL PI	ANT	Unit			<del></del>
PO. 50X	2000 SPI	ICIO(, CII	<del>1</del> 1/0	Repair Org	- <u>8-78</u> enization P	O. No., Job No.,	etc.
3. Work Performed by	TI	/A Name		Type Code Symbol	Stamp	_	
P.O. BOX 2000	SPRING CIT	TY, TN	<u>-</u>	Authorization No.  Expiration Date		A 11-2-	114
4. Identification of Sy				4			
<ul><li>5. (a) Applicable Cons</li><li>(b) Applicable Edit</li><li>6. Identification of Co</li></ul>	ion of Section XI Uti	lized for Repairs	or Replacement	5 19 <u>80</u> THA			-
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1072-72-1C5-R13					NKNOWN	REPLACEMENT	$\sim$
1072-72 - 1C5 - R31		2	A CDV 11-2-94		NA KASUSU	REPLACEMENT	N
			~A	CPV 11-2-94			
. Description of Work	MODIFY SUP		EPLACE U	1-BOLTS W)	TH CLA	MPS.	
	Hydrostatic Pn	eumatic No	minal Operating	Pressure			NATTS BAR
	Other Pressure	17	Test Temp 2-44	°F		The second	
, .	al sheets in form of ugh 6 on this report of this form.	lists, sketches, o	r drawings may	• •		11 2.1	

(12/82)

This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York N.

REPRINT 12/91 1994

VICEN INSTRUCTION ______ 21 328 18

Page 58 cont. on Page 10

FORM NIS-2 (Back)

9. Remarks TRACKING #94-466 Self 11/2/94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this REPLACEMENTS conforms to the rules of the
ASME Code, Section XI. repair or replacement
Type Code Symbol Stamp
N CDN 11-2-94
Certificate of Authorization NoExpiration Date
Signed Charles Rewin FE Down 1/2 2 24
Signed <u>(Nanyer) (Ull) fr</u> <u>FE</u> Date
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province ofand employed by
Harriord, CT.
in this Owner's Report during the period $\frac{5-13-93}{10-11-9-94}$ , and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection,
Allea ser
Inspector's Signature Commissions National Board, State, Province, and Endorsements
Date

IAY 1 3 199.

A 10 10 10 10	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			<del>-</del> -
Page	7	cont. on	Page	. 0
	-	• • • • • • • • • • • • • • • • • • • •		
	•			

## D 05709 16

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

i. Owner <u>raya</u>	VESSEE VAL	-LEY AUTA	HORITY	Date/	1/- 3-9	4	
400W. SUI	VESSEE VAL Nam MMIT HILL Address	DR., KNOX	VILLE TH.	Sheet/	_ of		
. Plant_WATTS	S BAR NUC Nam	LEAR PL	ANT	Unit			
P.O. BOX	ZOOU, SPRI Address	NG CITY	<u>7~373</u> 81	WP#.	D-05	709-16	000
. Work Performed b	y TVA MOD	Name	NS_	Type Code Court	-10.	/	
	AR NUCL Address			Authorization No Expiration Date_		1	11/3/6
Identification of S	ystem_ <i>RESID</i>	UAL HEA	t Rem	OVAL SYS	7Em	174	
(a) Applicable Cor	nstruction Code	ATSC 19	<u>73</u> Edition,	2TH	Addenda,	U/A BB 11/3	/94 Code Ca
(b) Applicable Edi	tion of Section XI U	tilized for Repairs	or Replacement	s 19 <u>00 CHPC</u>	T' 1981	,	
Identification of Co	omponents Repaired	or Replaced and F	Replacement Cor	mponents	381 W.	NTERADO	END.
			National			Repaired.	ASME Code Stamped
Name of Component	Name of Manufacturer	Manufacturer Serial No.	Board No.	Other Identification	Year Built	Replaced, or Replacement	(Yes or No)
	- NOT	NONE	NA	NONE	NOT		No
	KNOWN			· .	NOUN	MEUT	
	PACIFIC SCIENTIFIC	30847	NIA	NONE	N07		No
	PACIFIC	30847	P/A	NoNE	N07	REPLACE	No
774-74-1RHR 2-17	PACIFIC	30847	PIA	NoNE	N07	REPLACE	N _O
	PACIFIC	7	P/A	NONE	N07	REPLACE	No
-17	PACIFIC SCIENTIFIC	N/A RS	11/3/94		N07	REPLACE	No
Pescription of Work_	PACIFIC SCIENTIFIC MODIFY	SUPPORT	11/3/94	oea's	N07	REPLACE- MENT	No

Page 8 cont. on Page 9

D U 5 7 U 9 1 6

#### FORM NIS-2 (Back)

Apr	94-467 18 11/3/94  Plicable Manufacturer's Data Reports to be attached
	,
C	CERTIFICATE OF COMPLIANCE
We certify that the statements made in	in the report are correct and this <b>REPLACEMENT</b> Conforms to the rules of the
ASME Code, Section XI.	repair or replacement
	/
ype Code Symbol Stamp	N/A 138 11/3/94 Expiration Date
	N/A B 11/3/94
ertificate of Authorization No.	Expiration Date
$p_{\alpha} = \lambda$	
igned FIE	ZB ENGINEER) Date 11/3/1994
Owner's Designee, Title	710-710
CERT	FIFICATE OF INSERVICE INSPECTION
the undersigned, holding a valid commission iss	sued by the National Board of Boiler and Pressure Vessel Inspectors and the Star
7. Prince ofand em	nployed by HOBIRT Co.
	have inspected the components describe
The second section	and state the
the best of my knowledge and belief, the Ow	vner has performed examinations and taken corrective measures described in the
vner's Report in accordance with the requireme	ents of the ASME Code, Section XI.
Decision to the second second	tor nor his employer makes any warranty, expressed or implied, concerning the
by signing this certificate neither the Inspect	
differentiations and corrective measures described	in this Owner's Report Furthermore paither the Inspector per his annual and
described	in this Owner's Report Furthermore paither the Inchestor per his annual and
all be liable in any manner for any personal injury	in this Owner's Report Furthermore paither the Inspector per his annual and
all be liable in any manner for any personal injury	in this Owner's Report. Furthermore peither the Inspector per his annulum
difficulty and corrective measures described	in this Owner's Report. Furthermore, neither the Inspector nor his employed in the property damage or a loss of any kind arising from or connected with the
all be liable in any manner for any personal injury	in this Owner's Report Furthermore paither the Inspector per his annual and
all be liable in any manner for any personal injugaction.	in this Owner's Report. Furthermore, neither the Inspector nor his employed bury or property damage or a loss of any kind arising from or connected with the Commissions.
pection.  Inspector's Signature	in this Owner's Report. Furthermore, neither the Inspector nor his employed bury or property damage or a loss of any kind arising from or connected with the Commissions.
all be liable in any manner for any personal injurpection.	in this Owner's Report. Furthermore, neither the Inspector nor his employe in the property damage or a loss of any kind arising from or connected with the commissions.

## D 12673 04 WORKPLAN

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MAR 0 8 1994

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

				ciU	1244		
1. Owner TENNE	SSEE VALLE	y Authoria	74	Date 10	•	14	
	mmit HILL			1			
"/	Address	PRIVE, NOON	VILLE, IN	Sheet1	of		
2. Plant WATTS B				Unit1			
P.O. Box 20	00, SPRING	City TN3	7381	WP#D	-1267	12-04	
				Repair Org	anization	13-04 P.O. No., Job No	., etc.
. Work Performed by				Type Code Symbo	Stamp_		
PO BOX 20	DO, SPRING	CITY, TN	37932	Authorization No. Expiration Date		NA FKL	,
. Identification of Sy	Address ムス /	SNETTH I	VI Cotion			11-5-	94
(a) Applicable Cons (b) Applicable Editi	struction Code Al	SC19	9 <u>73</u> Edition	JUNE , 1973	ا ماماد ۸	11 10	
(b) Applicable Editi	ion of Section XI U	tilized for Repairs	or Replacemen	ts 19 BO THRU	чadenda,_ しょ//ルア[	P Jaga n	_Code Case
Identification of a					40 174 1 C	~ 1-101 A	אטידוטא
Identification of Co	mponents Repaired	or Replaced and	Replacement Co	mponents			
				T .	<del></del>	Ţ	·
							ASME
			National				Code
Name of Component	Name of	Manufacturer	Board	Other		Repaired,	Stamped
Component	Manufacturer	Serial No.	No.	Identification	Year Built	Replaced, or Replacement	(Yes or No)
63-63-15I5-R142		2		O(N F-27977-A O(A M12673-26	444	REPLACEMENT	
		A Fu	11-3-94	OCA M12673-26	- WKY	RES FKL 3-74	KO
			N _a	ELL			j
			• • • •	11-344			
				·			1
escription of Work	MANAGER	1000	<del></del>		<del></del>		
- TOTAL OF WORK	MODIFIED SOF	TOKT.					
ests Conducted: Hy	drostatic Pne	umatic Non	alaal Oak	_		¥.	20115
Ot	her Pressure_	Psi Psi	Test Temp.	Pressure		975	
				FN	EXC		
		ists skatabaa aa	drawings may b	F used provided (1)	ina in Ov	<b>7</b> -€	
OTE: Supplemental	sneets in form of I	ists, sketches, or			14 E 15 8 % i	n v 15 in 1914 🚭	2.7
IOTE: Supplemental: on in items 1 through corded at the top of t	sneets in form of the form of the form of the form	is included on each	ch sheet, and (3	) each sheet is numb	ered and	the number of	OLUMB
OTE: Supplemental and in items 1 through corded at the top of t	sheets in form of the form of the form of the form.	is included on each	ch sheet, and (3	) each sheet is numb	ered and	the number of the	een is
corded at the top of t	his form,		, (2	each sheet is numb	ered and	the number of th	een ti

Pegs 8 cont on Page 9

## D 12673 04 WORKPLAN

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-468
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.
en en en en en en en en en en en en en e
Type Code Symbol Stamp
N FKG
Certificate of Authorization NoExpiration Date
Signed Front Thunarfolde, FIELO ENGINEER Date NOV 3, 19 94
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Fressure Vessel Inspectors and the State
and employed by HSS121Co.
in this Owner's Report during the period $3-7-94$ to $11-9-94$ ., and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore neither the torontor par his owner's
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
inspection.
_ All See an
Inspector's Signature Commissions TN 2537 National Board, State, Province, and Endorsements
Date



Mo	D	19866	
Page 6		on Page 7	_02

1. Owner TEMM	ESSEE WAL	LEY AUTHO	RITY	Date	4-94		
400 W. Sum	MIT HILL D	R, KHOXVII	UE, TN.	Sheet	. of	<u> </u>	
2. Plant WAT				Unit			
	00, SPRIN	-		NORKPLI Repair Org	AN D	- 19866	s -0Z
3. Work Performed b				Hepair Org	anization     Stamp	.00 doL ,.00 .0.9 \    \    \	, etc.
	00 SPRING Address	IVame		Type Code Symbo Authorization No. Expiration Date		KK II	-4-94
A below to the	Address	C. C.	- 04 0				
4. Identification of Sy							
5. (a) Applicable Con (b) Applicable Edit	struction Code_A	15019	73 Edition,	JUNE 73 ,	Addenda, <u>≠</u>	1/A KK 114-9	Code Case
	tion of Section XI Ut				ER 19	BI ADDENT	PA
6. Identification of Co	omponents Repaired	or Replaced and F	Replacement Cor	nponents			
			National			Remained	ASME Code
Name of Component	Name of Manufacturer	Manufacturer Serial No.	Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	Stamped (Yes or No)
PIAE SUPPORT 2062-ASSS- 2-2	N/A 114-94	N/ KK A 11-4-94	N/ KK A 11494	DCA M1986-6	1994	2.	./
						REPLACEMENT	No
			-N/A				
	<u> </u>		KIK11-4-94				
Description of Work_	NEW PIA	= Suppor	eT				
_			ninal Operating F				
<b>-</b>	Other Pressure_	LNIA A	Test Temp くと 1+4-44				
NOTE: Supplementa tion in items 1 throu recorded at the top or	an a an tina report	lists, sketches, or	drawings may be	e used, provided (1) : ) each sheet is numi	size is 8½ i bered and	in. x 11 in., (2) in the number of sh	forma- neets is

(12/82)

This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

	9866 .	<b>) 2</b>	•			
7	6	•				,
COSI	L on Page 9	-			•	•
			FORM NIS-2	(Back)		
	TRACKING	# 01/-	_			
9, Remarks	1 KHEKING		cable Manufacturer	's Data Reports to	be attached	
						·
						· · · · · · · · · · · · · · · · · · ·
	·	CEI	RTIFICATE OF CO	OMPLIANCE		· · · · · · · · · · · · · · · · · · ·
We ASME Code,	certify that the states			ect and this <u>ReA</u>	ACOMENT confo	rms to the rules of t
		,	,			
Type Code S	mbol Stamp	N/ KK	11-4-94			
Comitions of		$\int_{A}$			· NA KK	1,1,0,1
Certificate of	Authorization No	7				11-4-74
Signed Se	ul Kell	FIE FIE	ELD ENG'R	Date	-4	19_94
	ner or Ownér's Desig	inee, Title		·		
		CERTII	FICATE OF INSER	RVICE INSPECTION	ON .	
I, the undersign or Province of	gned, holding a valid	commission issue	ed by the National	Board of Boiler a	nd Pressure Vessel I	nspectors and the St
Han			loyed by	<u>575.).2</u> hi		components descri
in this Owner	's Report during th	ne period1	2-19-9	<u>≥ to 1</u>	-7-95	and state t
to the best of	my knowledge and	belief, the Own	er has performed e	examinations and	taken corrective me	asures described in
Owner's Repo	rt in accordance with	h the requiremen	ts of the ASME Co	de, Section XI.		
By signing	this certificate neiti	her the Inspector	nor his employer	makes any warra	nty, expressed or i	mplied, concerning
shall be liable	and corrective meas	sures described in	n this Owner's Re	eport. Furthermoi	e, neither the insp	ector nor his emplo
inspection.	in any manner for a	my personal mjul	A or brobetty gam	leye or a loss of an	y Kind arising from	or connected with 1
	du >	<b>~</b>				
	-651 2 Com	7 سلام	Commission	ns	TN253	Z
	Inspector's Sign	lature			ard, State, Province	, and Endorsements
	Inspector's Sign	nature			ard, State, Province	, and Endorsements



WP# D-05620-03 Page 5 com en Page 5A

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

	ESSEE VALL Nan			Date	11-7-	-94	·
400 WEST SI	MMIT HILL DA	., KNOKVILLE	E,TN_	Sheet	_ of		-
Plant WATTS	BAR NUC	LEAR PLA	HUT	Unit			
P.O. Box 20	OD SPRING	CITY, TH 3	1777	WP# D Repair On	- 056	20-03	
Work Performed by	-TVA MOI	IFICATION	JS	Type Code Symbo			, etc.
				Authorization No.		$\mathcal{L}$	
WA 173 15A	R NUCLEAR Address	2 PLANT		Expiration Date_		/A 123	11/7/9
Identification of Sy	stem <u>CONTA</u> struction Code <u>/</u> ion of Section XI U	INMENT	SPRAY /	SYSTEM	72		
(a) Applicable Con	struction Code /	4-ESC. 10	73 Edicina	774	•	الإلم الله	
(b) Applicable Edit	ion of Section XI U	tilized for Repairs	or Replacements	1980 74011	Addenda,_	-/A 11/7/94	_Code Ca
					01 0	&I WINTEK	ADDE
Identification of Co	mponents Repaired	or Replaced and R	leplacement Con	nponents			
				1			
							ASME Code
Name of	A. S. S. S. S. S. S. S. S. S. S. S. S. S.		National			Repaired.	Stamped
Component	Name of Manufacturer	Manufacturer Serial No.	Board	Other	Year	Replaced,	(Yes
		Serial IVO.	No.	Identification	Built	or Replacement	1
						·	
2-72-165-	NOT	410112	4 1 4 1 7 1 7 1				ł
38	NOT	NONE	NONE	NIA	NOT	REPLACE-	NO
38 2-72-165-	KNOWN	NONE	NONE	NIA	KABWA	REPLACE- MENT	N0
72-72-1CS- 38 2-72-1CS- 40	NOT KNOWN	NONE	NONE	~/A			
38 2-72-165- 60 12-72-165-	KNO WN	11	//		KNOWN	MENT	NO //
38 2-72-1CS- 40 12-72-1CS- 1-2	KNOWN				KNOWN	MENT	
38 2-72-1CS- -0 2-72-1CS- -2 2-72-1CS-	KNO WN	"	//	"	KABWA	MENT	(1
38 2-72-1CS- 10 12-72-1CS- 12-72-1CS-	KNOWN II	11	"	"	KARWA	MENT	(1
38 2-72-1CS- 10 12-72-1CS- 12-72-1CS-	KNOWN II	"	"	"	KABWA	MENT "I	11
38 2-72-1CS- 12-72-1CS- 1-2 2-72-1CS- 4-4	11 11	" " " " " " " " " " " " " " " " " " "	11 11 11 11 11 11 11 11 11 11 11 11 11	"	KABWA	MENT "I	11
38 2-72-1CS- 12-72-1CS- 12-72-1CS- 4-4	KNOWN  II  II  MODIFY	"  NA  SUPPORTS	11 11 11 11 11 17/94 PER DO	"	KABWA	MENT "I	11
38 2-72-1CS- 12-72-1CS- 12-72-1CS- 4-4	KNOWN  II  II  MODIFY	"  NA  SUPPORTS	11 11 11 11 11 17/94 PER DO	"	KABWA	MENT "I	11
38 2-72-/CS- 2-72-/CS- 12-72-/CS- 4-4	KNOWN  II  II  MODIFY	"  NA  SUPPORTS	11 11 11 11 11 17/94 PER DO	"	KABWA	MENT "I	11
38 2-72-1CS- 2-72-1CS- 12-72-1CS- 44	KNOWN  II  II  MODIFY	"  NA  SUPPORTS	11 11 11 11 11 17/94 PER DO	"	KABWA	MENT "I	11
38 2-72-/CS- 2-72-/CS- 1-2 2-72-/CS- 4-4  escription of Work  sts Conducted: H	II  II  MoDIFY  ydrostatic Pressure	SUPPORTS  Bumatic Norm  Psi  RS. 11	" " " " " " " " " " " " " " " " " " "	// // // // // // // // // // // // //	// // //	MENT	11
38 2-72-1CS- 40 72-72-1CS- 1-2 72-72-1CS- -44	MODIFY  ydrostatic Pressure  sheets in form of	SUPPORTS  PSi PSi PSi PSi PSi PSi PSi PSi PSi P	1/7/94 PER Dominal Operating P Test Temp.	// // // // // // // // // // // // //	// // //	MENT	11

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WP# D-05'620-03

Page 5A cont on Page 6

FORM NIS-2 (Back)

Applicable Manufacture No. 194 - 470 /	20 11 17 14
Applicable Manufacturer	's Data Reports to be attached
,	
CERTIFICATE OF CO	MPLIANCE
We certify that the statements made in the report are correct	ct and this REPLA CEMBUT conforms to the sules of the
ASME Code, Section X1.	repair or replacement
ype Code Symbol Stamp	
ype code symbol Stamp	1-1-4
ertificate of Authorization No.    Second Symbol Stamp	77/94-
2	Expiration Date
gned 18mgh (FIELD ENGINEER)	D-11/ D OA
Owner or Owner's Designee, Title	
CERTIFICATE OF INSER	VICE INSPECTION
the undersigned, holding a valid commission issued by the National B Province of TRURESSER and employed by HS I HATTFORD CONV.  this Owner's Report during the period 12/13/94  the best of my knowledge and belief, the Owner has performed.	Board of Boiler and Pressure Vessel Inspectors and the Sta
and employed by Hard	5 1 6 2 00.
this Owner's Report during the period 12/12/04	have inspected the components describe
the best of my knowledge and belief the Owner has performed as	to /2//3/// , and state th
the best of my knowledge and belief, the Owner has performed ex vner's Report in accordance with the requirements of the ASME Cod	caminations and taken corrective measures described in th
By signing this certificate neither the Inspector nor his employer	re, Section XI.
aminations and corrective measures described in this Owner's Rep	makes any warranty, expressed or implied, concerning to
all be liable in any manner for any personal injury or property dama	port. Furthermore, neither the Inspector nor his employ
pection.	ge of a loss of any kind arising from or connected with the
1) Carmaly Commissions	. TN2534
Inspector's Signature	National Board, State, Province, and Endorsements
1	
e 12/13 19.94	

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

1. Owner TENNO	essee Va	lley Au	thority	Date	11/	8/94	
<u>400 W. S</u>	unnit Hill Address	Dr. KNOX	ville, TN.	Sheet	of		
2. Plant Watts				Unit	1		
	DOD, SPring			W09	4-080	37-00	
3. Work Performed by				Repair Org	anization F	.O. No., Job No.	, etc.
_				Type Code Symbo Authorization No.			
	DO, Spring (			Expiration Date	•	/ N/A	~ 11/2/9
4. Identification of Sy	stemRHK	Sy	S. 074				.,,,,,
<ul><li>5. (a) Applicable Con:</li><li>(b) Applicable Edit</li><li>6. Identification of Co</li></ul>					Addenda,_ W W/N	N/A	n∥g 94 _Code Case
						<u> </u>	<u> </u>
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1074-74-1RHR- ROOL				DCA 26954-01	UNKNO	_	
71000		18/11mla A/W	94	402.	176/01	REPLACED	NO
			- Tay	4-Jm 11/8/94			
. Description of Work_	<u>_</u>						
. Tests Conducted: H	lydrostatic Pne	umatic Nor					
	ther Pressure		minal Operating I Test Temp. M/8/9<				
NOTE: Supplementa tion in items 1 throu recorded at the top of		ists sketches or	drawings may be	, 0.11000   2000   2000   2000   2000	size is 8½ i bered and	in. x 11 in., (2) in the number of si	forma- heets is

WO 94-08037-00

Page 27 of 35

#### FORM NIS-2 (Back)

9. Remarks TRACKING # 94-4	71 7178/99
Applicable Manufac	turer's Data Reports to be attached
	·
CERTIFICATE O	F COMPLIANCE
We certify that the statements made in the report are ASME Code, Section XI.	correct and this REPLACEMENT conforms to the rules of the repair or replacement
Type Code Symbol Stamp	sn 11/8/94
Certificate of Authorization No.	Expiration Date
Signed for Dwner's Designee, Title	
CERTIFICATE OF II	NSERVICE INSPECTION
I the undersigned holding a valid commission issued by the New	onal Board of Boiler and Pressure Vessel Inspectors and the State  #5 B
in this Owner's Report during the period 11/14/9	have inspected the components described
to the best of my knowledge and belief, the Owner has perform	ned examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASM By signing this certificate neither the Inspector nor his empl	E Code, Section XI. Oyer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner shall be liable in any manner for any personal injury or property inspection.	's Report. Furthermore, neither the Inspector nor his employer
	issions
Date	

1. Owner TENN	ESSEE VALLE	Y AUTHORIT	<u>-</u>	Date1	1-10.	-94	
400 W. Sun  2. Plant WATT	Address	ivet, KNOXV	LLE TH	Sheet		1	
2. Plant WATT	SATZ NUCLEA	R PLANT		Unitİ			
	SPRING CI			94 - Z	2557	- 00	
3. Work Performed by		Name		Type Code Symbo	ol Stamp	C/A	, etc.
P.O Box 2	OCO, SPRIN Address	c-City-T	<u>~</u>	A GRIOTIZACION 140.			
4. Identification of Sy  5. (a) Applicable Con (b) Applicable Edit	struction Code This	ATSC SME 19	73 mH//10 THEdition	19 EO THU	Addenda,_	N/A HE	/o-% _Code Cas
6. Identification of Co			•				
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
311 PIDE SUPPORT				1062-62-	-		<del> </del>
	Bulgen PATERON	N/A	NA	1CVC- R141	AEI	REPAIR	No
<u> </u>							
Description of Work_ Tests Conducted:	REPLACED	1 La m	H11/16/94	CLAMP FO	r str	۳-	
_	Other Pressure	psi psi	ninal Operating Test Temp.	Pressure°F			
NOTE: Supplementa	al sheets in form of I	ists, sketches, or	drawings may	be used, provided (1)	size ie 8½	in x 11 in /2) :-	nforms

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

#### FORM NIS-2 (Back)

9. Remarks
TRACKING NO. 94-472 CHB 11-10-94
CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this REPAIR conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp N/A CHB 10-11-44
Type Code Symbol Stamp N/A CHB 10-11-44  Certificate of Authorization No. N/A CHB 10-11-44 Expiration Date N/A 19-11-94  Signed halls burgs Date 11-10-94
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of National Board of Boiler and Pressure Vessel Inspectors and the State or Province of National Board of Boiler and Pressure Vessel Inspectors and the State or Province of National Board of Boiler and Pressure Vessel Inspectors and the State or Province of National Board of Boiler and Pressure Vessel Inspectors and the State or Province of National Board Pressure Vessel Inspectors and the State or Province and the State or Province and the State or Province and the State or Province and the State or Province and the State or Province and the State or Province and the State or Province and the State or Province and the State or Province and the State or Province and Endorsements or Province or Province and Endorsements or Province or Province and Endorsements or Province or Province and Endorsements or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province or Province
Date 101, 22 1994

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

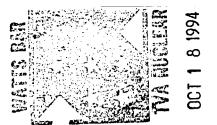
1. Owner	TVA	9		Date	-94		
400 W. Sur	1MIT HILL DI	C. KNOXVII	LLE, TOU	Sheet/	of/_		
2. Plant				Unit/	·		
P.D. BOX 2000	SPRING CIT	Y, TN		<u>D-05</u>	620-	09	
3. Work Performed by		IA Name		Repair Org		P.O. No., Job No.	, etc.
P.O. BOX 2000	O SPRING CI	TY, TN	,	Authorization No. Expiration Date_		N/ CM/	V w-45
4. Identification of Sy				PRAY			
5. (a) Applicable Cons (b) Applicable Edit  6. Identification of Cons	on or Section X1 Ut	ilized for Repairs	or Replacements	s 19 <u>80    </u> Тн	Addenda,_ RV win	NIA ITER 1981.	_Code Case A ロジラミルム
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1072-72-165-R100					UNKN,	CEPI ACCIDENT	A10
072-72-165-R101				,	JAKNOUN	REPLACEMENT REPLACEMENT	NO
012-72-1C5-R103		2	A cov /		~	REPLACEMENT	NO
072-72-1C5-R105	-				MKNCM	REPLACEMENT	סעי
072-72-1C5-R106			·		Nrchyorn,	REPLACEMENT	NO
Description of Work_ Tests Conducted: H	_	_		N-P-0562			
0	ther Pressure	PSi PSi	ninal Operating f Test Temp -44	°F			
NOTE: Supplemental	sheets in form of I	ists, sketches, or	drawings may be	used, provided (1)	size is 8½ i	in, x 11 in., (2) in	forma-

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

D-05620,-09



9. Remarks
Applicable Manufacturer's Data Reports to be attached
·
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the season was a season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the se
We certify that the statements made in the report are correct and this <u>REPLACEMENT</u> conforms to the rules of the ASME Code, Section XI.
ASIVIC Code, Section XI.
Type Code Symbol Stamp
N
Certificate of Authorization No Expiration Date
Signed Charles Clourtin FE Date WOV. 16 19 94
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Teuressee and employed by HSB III (a of hart force was have inspected the components described in this Owner's Report during the period 12/15/94 to 12/15/94, and state that to the best of my knowledge and balliof the Description.
HART FORD CONN.
in this Owner's Report during the posicion (2/15/94)  Inaye inspected the components described
to / 4/- // and state that
the best of my knowledge and benef, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any parental initial country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in this country described in the country described in the country described in the country described in the country described i
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
/
Inspector's Signature Commissions TN 2534  National Board, State, Province, and Endorsements
Date 12/15 10 94
Jate191919



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ā	04535	10

1. Owner TENA	IESSEE VAL	LEY AUTH	DRITY	Date 11/17	194		
				Sheet			
2. Plant KIATTS	S BAR NU	CLEAR P	LANT	Unit			
P.O. Box	ZOOD, SPRI Address	NG CITY	TN37381	WP # D.	-045	35-10	
3. Work Performed by	TVA MODIF	ICATIONS		Type Code Symbol	Stamp	/	
PO BOX 2	OOO SPEIN	16 CITY,	TN	Authorization No Expiration Date	_/	N EKL	144
4. Identification of Sy	stem_ <u>03A</u> //	MAIN FE	EOWATER	2	·····		
<ul><li>5. (a) Applicable Cond</li><li>(b) Applicable Edit</li><li>6. Identification of Cond</li></ul>					ddenda,_ W/NT	N/A ER 1981 A	_Code Case IDOITION
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1003A-1-03A-		N_		DCA P.04535-27	Ulle		
421		A FKG	11-17-94	DCA P.O.4535-25 DLA P.O.4535-28	- Charki	REPLACEMENT	NO
			N/A				
		K	273	1417-94			·
		7	· ·		<u> </u>		
Description of Work_	MODIFY PIP	E SUPPO	et				
	ydrostatic Pne Other Pressure			Pressure C	1 516		
NOTE: Supplementation in items 1 throu	gn 6 on this report	lists, sketches, or is included on ea	r drawings may b ach sheet, and (3	e used, provided (1) «	ize is 8%	in v 11 in /2\ :-	oforma- heets is

Page_	g	cont. on	Page 9
D	0 4	1535	1 0

	Applicable Manufacturer's Data Reports to be attached
	;
	CEPT(EICATE OF COMP) (AND
We certify the	CERTIFICATE OF COMPLIANCE that the statements made in the report are correct and this replacement conforms to the rules of the
ASME Code, Section >	KI. repair or replacement
Type Code Symbol Sta	mp
	Na FLIDIA
ertificate of Authoriza	ation NoExpiration Date
F 4 01	10()
igned Mank J	wastada FIELO ENCINEER Date 11/17/94 19
Owner or Ow	ner's Designee, Title
	CERTIFICATE OF INSERVICE INSPECTION
the undersigned, hold	ling a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the Sta
Province of	and employed by HSBIRIO.
THE STATE OF	
this Owner's Report	during the period $10-16-94$ to $12-3-94$ .
rue perror my know	ledge and belief, the Owner has performed examinations and taken corrective measures described in the
THE STREPORT IN ACCOM	dance with the requirements of the ASME Code, Section XI
by signing this certif	icate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
Summarious and Collect	ctive measures described in this Owner's Report Furthermore painter the leasures and the
in be hable in any ma Dection.	anner for any personal injury or property damage or a loss of any kind arising from or connected with th
pection.	
27013	20.5
Inspec	Commissions National Board, State, Province, and Endorsements
	ivational Board, State, Province, and Endorsements
e_ 1 <b>2</b> _	3 19 94.



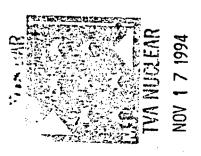
	758-06	<b></b>
Page 6	_ cont. on Page _	7

1.	Owner TENN	ESSE VALLE	Y AUTHO	RITY	Date	17-9	<i>+</i>	
		Address			Sheet/	of	1 .	
2.	Plant WATTS	BAR NUC	LEAR PL	ANT	Unit			-
		Name Spender Address			WOCKPLAN Repair Orga	1 D-	20758-	E40
3.	Work Performed by				Repair Orga	enization P	11.	
			, , , , , , ,		Authorization No.	Stamp	KK II	-17-94
		Address			Expiration Date		/A	
4.	Identification of Sy	stem_ <i>038</i>	AULILIA	RY FE	EDWATER		_	
	(a) Applicable Cons (b) Applicable Editi	ion of Section XI Of	ilized for Hepairs	or Replacement	TUNE 73 A	uddenda <u>, /</u> 2 <i>1981</i>	VA 11-17-94 ADDENDA	Code Case
	Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIF	E SUPPORT				200 m 2025 41			
119	733-038- FW-8191		N		DEAM 2078-41 " 42 F-30620-A DEAM 2788-37	Who was	REPLACEMENT	16
TIP DO	138 -038 - FW - R197		A KK11-17-94		DCA 32-758-37	WKK		1
			22111114		F-30620-A  DEAMZETSE-37  DEAMZETSE-37	שוא	REPLACEMENT	No
. D	escription of Work_	MODIFY	· <	RTS				
. То		ydrostatic Pressure	m 12-4-94 umatic Non	ninal Operating	Pressure ° F	<del></del>		
			WIA I	KK 11-17	-94			

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

D-20758.26		
Page cont. on Page _	8	

FORM NIS-2 (Back)
9. Remarks TRACKING #-475 1/1/17/94
Applicable Manufacturer's Data Reports to be attached
We certify that the statements made in the report are correct and this <u>REALCEMEN</u> Conforms to the rules of the ASME Code, Section XI.
We certify that the statements made in the report are correct and this KERACEMEN Conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp
Certificate of Authorization No. A KK 11-17-94 Expiration Date N/A 11-17-94  Signed Kent Kelley FELD ENGIR Date 11-17-94 19
Lat XM
Signed Yelley FIELD ENGIR Date 11-17-94 19
CERTIFICATE OF INSERVICE INSPECTION
the undersigned holding a valid agenticiant
or Province of Tennesson issued by the National Board of Boiler and Pressure Vessel Inspectors and the State  or Province of Tennessoe  and employed by HSB IFI 6.  of  HAYT FOR A CONN.  have inspected the components described in this Owner's Report during the period 12/7/34
in this Owner's Report during the period $\frac{12}{7/i9}$ to $\frac{12}{7/i9}$ and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
Inspectors Signature Commissions TN 2534
Inspectors Signature Commissions 7,112539  National Board, State, Province, and Endorsements
12 / 2
Date1919



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D-20758-07

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

758-07 P.O. NO., JOB NO.,  N/A 1/8  . 03  N/A 1/8  N/A 1/8  ETL ADDEN.	//////////////////////////////////////
N/A 153 . 03 N/A 158 11/11	//////////////////////////////////////
N/A 138 . 03 N/A 138 11/1.	7/94 _Code C
. 03 N/A 158 11/11	7/94 _Code C
. 03 N/A 158 11/11	7/94 _Code C
EK ANDER.	<b>У</b> Д .
	ASME
1	Code
,	Stampe
1 - ' 1	(Yes or No)
	J. 110,
2 - 2 - 2 - 2	
, REPLACE MOUT	No
PRIACEINE	
) resultement	No
REKKEMENT	No
	$\sim$
ta	
HEPVACETY ENT	W9-
METINGET TO THE	<del>- NO -</del>
HEPLACET LENT	<del></del>
	Repaired, Replaced, or Replacement  **LEPLACE MOUT  REPLACEMENT  REPLACEMENT

(12/82)

This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

Page 7 cont. on Page 8

#### D-20758-07

#### FORM NIS-2 (Back)

9. Remarks TRACKING No: 94-476 BS 11/17/94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this <b>REPLACEMENT</b> conforms to the rules of the ASME Code, Section XI.  repair or replacement
Type Code Symbol Stamp
Certificate of Authorization No. A 18 11/17/94 Expiration Date
Certificate of Authorization No. A 18 11/17/94 Expiration Date  Signed Propries (FIELD ENGINEER) Date 11-17-, 1994
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by 153 TFT Co- of Hartford Common have, inspected the components described in this Owner's Report during the period 125/94 to 12/5/94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Commissions TN 2534 Inspector's Symature Commissions National Board, State, Province, and Endorsements
Date

D 13988 01

1. Owner	TV A			Data //-	- //- 0		
				Date		<del></del>	
	mmiT Hill Dr Address			Sheet	of	<u> </u>	
	TS BAR N			Unit	·		· <del></del>
P.O. Bex	2000 Spring Address	CITY, TH.	37381	トレッセ Repair Orga	D - 13	3988-01	
3. Work Performed	by TVA	MOD 5					
WATTS I	BAR NUCLE	AIZ DLAA	u F	Type Code Symbol Authorization No. Expiration Date		A Sur A	
A lelomoter is a	Address	73/	<del></del> .	expiration Date	·		74
	System	,					`
<ul><li>5. (a) Applicable C</li><li>(b) Applicable E</li><li>6. Identification of</li></ul>	onstruction Code 415 dition of Section XI U Components Repaired	C 77H 19  tilized for Repairs  or Replaced and F	73 Edition or Replacemen	HA JUL 11-11-96 At 19 BO THRU W	ddenda,_ 'NTER	4/0 AW 11-1 1981 AD:	Code Case > ⊂~レ A
·				T	· · · · · ·	<u> </u>	
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	l ' l
1072-72-105-R3	2			DCA-M13988-04	V		
	NONE	NONE	NONE		- When it	Replacement	סע
			V/AE	1/2 4			
				1-11-40			
7. Description of Work	MODIFY P	PIPE S.	upport				
8. Tests Conducted:	Hydrostatic T	94 _		·			
	Other Pressure		ninal Operating Test Temp.	Pressure W/B Hu	11-11-	4-	
NOTE: Supplemen tion in items 1 thro recorded at the top	tal sheets in form of lough 6 on this report of this form.	ists, sketches, or a is included on eac	drawings may b th sheet, and (3	e used, provided (1) si 3) each sheet is numb	ize is 8½ i ered and	n. x 11 in., (2) in the number of sl	forma- neets is
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(12/82) This form (	E00030) may be obtained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained by the contained	d from the Order (	Dept., ASME, 22	Law Drive, Box 2300, Fa	airfield, NJ	l 07007-2300. REP	RINT 4/93

# D 13988 01

FORM NIS-2 (Back)

CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this Repair Center I conforms to the rules of the repair or replacement  Type Code Symbol Stamp  Certificate of Authorization No.  Expiration Date  Signed John Date  CERTIFICATE OF INSERVICE INSPECTION  It, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State of Province of Tennessee and employed by His James inspected the components describe in this Owner's Report during the period 12/1994 to 12/1994 to 12/1994 and state this to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in the Downer's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the xaminations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the xaminations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the xaminations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the xaminations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the xaminations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the xaminations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the xaminations and corrective measures descri	Remarks TRACKING NO: 94-47 Applicable N	Manufacturer's	Data Reports to be attached
We certify that the statements made in the report are correct and this Repited medicance Conforms to the rules of the repair or replacement  Type Code Symbol Stamp  Certificate of Authorization No.  Expiration Date  Certificate of Authorization No.  Expiration Date  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State of Province of Tennessee and employed by Heart Day have inspected the components describe in this Owner's Report during the period 12 May to 12 May may inspected the components described to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in the Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employed hall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this propertion.			
We certify that the statements made in the report are correct and this Repited medicance Conforms to the rules of the repair or replacement  Type Code Symbol Stamp  Certificate of Authorization No.  Expiration Date  Certificate of Authorization No.  Expiration Date  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State of Province of Tennessee and employed by Heart Day have inspected the components describe in this Owner's Report during the period 12 May to 12 May may inspected the components described to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in the Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employed hall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this propertion.			
We certify that the statements made in the report are correct and this Repited medicance Conforms to the rules of the repair or replacement  Type Code Symbol Stamp  Certificate of Authorization No.  Expiration Date  Certificate of Authorization No.  Expiration Date  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State of Province of Tennessee and employed by Heart Day have inspected the components describe in this Owner's Report during the period 12 May to 12 May may inspected the components described to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in the Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employed hall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this propertion.			
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Type Code Symbol Stamp  Certificate of Authorization No.  Expiration Date  Date 11-11-  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB ITT (20)  HATTON (2NN).  have inspected the components described in this Owner's Report during the period 12 Mg4 to 12 Mg7 and state the to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in the Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer hall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this propertion.			
Certificate of Authorization No.  Expiration Date  Date  Date  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee.  And employed by  HATTON CANN.  have, inspected the components describe in this Owner's Report during the period  Owner's Report during the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the plant in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer hall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this pspection.	ASME Code, Section XI.	Joil are correct	repair or replacement
Certificate of Authorization No.  Expiration Date  Date  Date  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee.  And employed by  HATTON CANN.  have, inspected the components describe in this Owner's Report during the period  Owner's Report during the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the plant in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer hall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this pspection.			
Certificate of Authorization No.  Expiration Date  Date  Date  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee.  And employed by  HATTON CANN.  have, inspected the components describe in this Owner's Report during the period  Owner's Report during the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the plant in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer hall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this pspection.			
CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB III Co have inspected the components describe in this Owner's Report during the period 12/194 to 12/194 to 12/194, and state the other best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in the Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer hall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this pspection.	Type Code Symbol Stamp	SIM OW	
CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSD ITT (20)  That For Cann have inspected the components described in this Owner's Report during the period 12/0/94 to 12/0/94 to 12/0/94 and state the to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in the Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employed hall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this propection.	·		
CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee.	Certificate of Authorization No.		Expiration Date
CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee.	a A A A		
CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee.	Dwner or Owner's Designee, Title		Date
the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee.  ————————————————————————————————			
the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee.  ————————————————————————————————	OFFICIAL		
m this Owner's Report during the period 12/94 to 12/8/94 no the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in the Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employed hall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this aspection.			
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the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in the Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employed hall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this properties.	HAYTFORD O	WN.	have inspected the components describ
the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in the Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employed hall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this properties.	n this Owner's Report during the period	19134	to 1218191 and state th
Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employed hall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this nespection.	o the best of my knowledge and belief, the Owner has	performed ex	aminations and taken corrective measures described in the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employed hall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with the inspection.			
xaminations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employed hall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with the aspection.	By signing this certificate neither the Inspector nor I	his employer r	nakes any warranty, expressed or implied, concerning t
hall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with th Anspection,			
f	hall be liable in any manner for any personal injury or p	property damag	ge or a loss of any kind arising from or connected with th
Inspector's Signature Commissions TN 2534  National Board, State, Province, and Endorsements  ate 12/8/ 19 94	nspection.		
Inspector's Signature  Commissions 7/0 2339  National Board, State, Province, and Endorsements  ate 12/3/ 19 99	Q 5. 11		P311
National Board, State, Province, and Endorsements  ate 12/3/ 19 99	13. annex	_ Commissions	7/2334
late 12/8/ 19.54	Inspector's Signature		National Board, State, Province, and Endorsements
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	Pate /2/6/ 19 99		

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WATTS BAR

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1. Owner TENNES	SEE VALLE	) AUTHORITS	עע	Date//-	<u> </u>	۲	
	MIT HILL DRI			Sheet /			
2. Plant WATTS	BAR NUCLA	FAR FLAN	Τ	Unit	/		
P.O. BOX 2000				ルラ ^j / Repair Org	) - 16	152-0	8
3. Work Performed by				Type Code Symbo		,	
WATTS B	Address Address	ear FLAN	<i>T</i>	Authorization No.  Expiration Date		/v/A-3	
4. Identification of Sys	stem	662/0	VC5				
<ul><li>5. (a) Applicable Cons</li><li>(b) Applicable Editi</li><li>6. Identification of Cons</li></ul>	on or occupin X1 O	inized for nepairs	or Replacement	is 19 <u>FC 7H</u> 30 K	Addenda, <u>(</u> //wTER	<u>  A gull-109</u> 1981 .400ca	Code Case
		<del></del>					
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
20L2-62-2Cri-	NONE	NONE	HONE	DCA MIGITZ-03 DCA MIGITZ-04	UNKIEWN	Repixe ment	40
	•						AU
			In Au	11-11-76			
			-HIH-0		,		
			•				
	MaDIF	Y PIPE SU	DODOT				
. Description of Work_	ADD	711-21-94	57 AT.	PER DCA	MILL	57 -03 ¢	24
Tests Conducted: H	ydrostatic Pne	eumatic Non	ninal Operating	Pressure 🗍/a	Λ4	·	
	ther Pressure_	psi	Test Temp.	°F/	y wit	11-11-94	

Page 8 cont on Page 9

D-16152-08

9. Remarks TRACKING NO: 94-478 BS 11/17/94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this Replacement conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp
Certificate of Authorization NoExpiration Date
Signed W Allecke Date 11-11 , 19 5%
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Runessee and employed by HEB IFI CO of HARTFORD COND have inspected the components described in this Owner's Report during the period 12/2/24 to 12/2/14 and state that to the best of my knowledge and belief the Owner have the state of my knowledge and belief the Owner have the state of my knowledge and belief the Owner have the state of my knowledge and belief the Owner have the state of my knowledge and belief the Owner have the state of my knowledge and belief the Owner have the state of my knowledge and belief the Owner have the state of my knowledge and belief the Owner have the state of my knowledge and belief the Owner have the state of my knowledge and belief the Owner have the state of my knowledge and belief the Owner have the state of my knowledge and belief the Owner have the state of my knowledge and belief the Owner have the state of my knowledge and belief the Owner have the state of my knowledge and belief the Owner have the state of my knowledge and belief the Owner have the state of my knowledge and belief the Owner have the state of my knowledge and belief the Owner have the state of my knowledge and belief the Owner have the state of my knowledge and belief the Owner have the state of my knowledge and belief the Owner have the state of my knowledge and belief the Owner have the state of my knowledge and belief the Owner have the state of my knowledge and belief the Owner have the state of my knowledge and belief the Owner have the state of my knowledge and belief the Owner have the state of my knowledge and belief the Owner have the state of my knowledge and belief the Owner have the state of my knowledge and belief the Owner have the state of my knowledge and belief the Owner have the state of my knowledge and belief the Owner have the state of my knowledge and belief the owner have the state of my knowledge and belief the owner have the state of m
in this Owner's Report during the period 12/2/20 to 12/3/19 and state that
the Owner has performed examinations and taken corrective measures described in the
The port in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
Inspection.  Commissions TN2534  Inspector's Signature Commissions National Board, State, Province, and Endorsements
Inspector's Signature National Board, State, Province, and Endorsements
Date

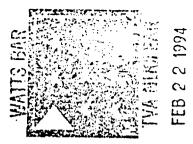




WORKPLAN	D-05620-04
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_	SSEE VALLEY Nan		;	Date	- 14		
900 W. Sur.	MIT HILL DIC Address	LIVE, KNOXVII	LETN	Sheet/	of/_		
2. Plant <u>WATTS</u>	BAR NUCLEAR	R PLANT		Unit/			
POBOX ZOO	00, SPRING C. Address	174, TN 37	38/	WP NO	D-0:	5620-04 P.O. No., Job No.	
. Work Performed by	TENNESSEE.	VALLEY ANTHO	RITY (WBNP)	Type Code Symbo		,	, etc.
				Authorization No.			11-17-9
PO BOX ZOOD	O, SPIGNG CI Address	74, TN 3738	<u> </u>	Expiration Date_			
. Identification of Sy				•		:	
(-) A	4.	ca T#					
. (a) Applicable Cons	struction Code HI	19	73_Edition	JUNG 1973 1	Addenda,_	N/A 908 11-17-	<i>97</i> _Code Ca
(o) Applicable Editi	ion of Section XI U	tilized for Repairs	or Replacemen	ts 19 80 7746 W	NTER 19	1814DDENOA	
Identification of Co	mponents Repaired	Or Replaced and F	Ranissames Ce				
			replacement Co	mponents			
							Τ
					1	•	
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	(Yes
Component		1	Board	Identification	i .	Replaced,	Code Stamped (Yes
Component  PIPE SUPPORT  72-72-/CS-K47		1	Board	Identification	Built	Replaced, or Replacement	Code Stamped (Yes or No)
Component	Manufacturer  TVA	Serial No.	Board No.	Identification	Built	Replaced, or Replacement	Code Stamped (Yes
Component  OIPE SUPPORT  12-12-1CS-R47  PE SUPPORT	Manufacturer	Serial No.	Board No.		Built	Replaced, or Replacement	Code Stamped (Yes or No)
Component  PIPE SUPPORT  12-12-1CS-K47  172-12-1CS-K48  11E SUPPORT  12-72-1CS-K49	Manufacturer  TVA	Serial No.	Board No.		Built	Replaced, or Replacement	Code Stamped (Yes or No)
Component  PIPE SUPPORT  12-12-1CS-K47  17E-5UPPORT  172-12-1CS-K48  INE SUPPORT	Manufacturer  TVA  TVA	Serial No.  **Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Alonger   Al	Board No. NoNE NoNE	Identification	Built  UNIC  UNIC	Replaced, or Replacement  REPLACEMENT	Code Stamped (Yes or No)
Component  PIPE SUPPORT  12-12-1CS-R47  12-12-1CS-R48  PIE SUPPORT  12-72-1CS-R49  PE SUPPORT	TVA TVA TVA	Serial No.  NONE  NONE	Board No.  NoNE  NoNE  NoNE  NoNE  NoNE	DCA-PO5620-25 DCA-PO5620-25 DCA-PO5620-25	Built  UNIC  UNIC  UNIC	Replaced, or Replacement  REPLACEMENT  REPLACEMENT	Code Stamped (Yes or No)  Mo  Mo
Component  PIPE SUPPORT  12-12-1CS-R47  12-12-1CS-R48  PIE SUPPORT  12-72-1CS-R49  PE SUPPORT	TVA TVA TVA	Serial No.  NONE  NONE	Board No. NoNE NoNE NoNE		Built  UNIC  UNIC  UNIC	Replaced, or Replacement  REPLACEMENT  REPLACEMENT	Code Stamped (Yes or No)  Mo  Mo
Component  PIPE SUPPORT  12-12-1CS-R47  12-12-1CS-R48  PIE SUPPORT  12-72-1CS-R49  PE SUPPORT	TVA TVA TVA TVA	Serial No.  NONE  NONE  NONE  NONE	Board No. NoNE NoNE NoNE NONE	Identification  DCA-P05420-23  DCA-P05420-25  DCA-P05620-21  DCA-P05620-27	Built  UNIC  UNIC  UNIC	Replaced, or Replacement  REPLACEMENT  REPLACEMENT	Code Stamped (Yes or No)  Mo  Mo
Component  OIRE SUPPORT  12-12-ICS-R47  12-12-ICS-R48  11E SUPPORT  12-12-ICS-R49  12-72-ICS-R54  Description of Work	Manufacturer  TVA  TVA  TVA  TVA  TVA  TVA	Serial No.  NONE  NONE	Board No. NoNE NoNE NoNE NONE	Identification  DCA-P05420-23  DCA-P05420-25  DCA-P05620-21  DCA-P05620-27	Built  UNIC  UNIC  UNIC	Replaced, or Replacement  REPLACEMENT  REPLACEMENT	Code Stamper (Yes or No)  Mo  Mo

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



# WORKPLAN D-05620-04 Page 44 continuou 5

9. Remarks NIS-Z TRACKING NUMBER: 94-479 ODS 11-18-94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this <b>REVICEMENT</b> conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp
Signed John D. Sampson MECH. FIELD ENGLIER Date 11-18 19 94
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Fruncssee and employed by HSB TOTIO of
in this Owner's Report during the period 12/9/94 to 12/9/94, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector's Signature Commissions TN 2534  National Board, State, Province, and Endorsements
Date 12/9 19 7 4

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1. Owner TV	A					4.	
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400 W. S.	Addres	R. KNOXVILL	E,TN	Sheet	_ of		
2. Plant WATTS		EAR PLANT		Unit			
P.O. Box 2	Address	IC CITY T	N 3738,	D-0570	9-08	P.O. No., Job No	
3. Work Performed by				TOPEN O	ganization	P.O. No., Job No	., etc.
P.O. Box Zo	NO , SPRING	Name	37381	Expiration Date	·	N/A LMEY	1-30-9
1. Identification of Sy	stem 74/	RESIDUAL	HEAT	REMOUAL			
i. (a) Applicable Con:	struction Code ion of Section XI U	tilized for Repairs	73 Edition	JUNE 1973		N/A 11-30 ER 1981 AD	_Code (
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASMI Code Stampe (Yes or No
4-74-IRHR-RZI5		· 1/2 /2 11.0.7.		DIA-POS709-73 DIA-POS709-04	UNK	REPLACEMENT	20
4-74-IRHR-R220		N/a & anam		DA-POSTOS-C5 DA-POSTOS-T5 DA-POSTOS-76 DCA-POSTOS-86	UNK	REPLACEMENT	20
			·				
Description of Work_(	vajiried 2	upports Per	DCA - P.C	5709-04,05	73 7	75.76 EL	
	MaDıFi€T S drostatic Pne	umatic Nomi	DcA - P.c.  nal Operating (  Cest Temp.		73, 7	75,76,86	)

Page 6 A cont. on Page 7

	FORM NIS-2 (Back)
9.	Remarks_TRACKING NUMBER # 94-480 JED 1118 29
	Applicable Manufacturer's Data Reports to be attached
	· ·
	CERTIFICATE OF COMPLIANCE
,	We certify that the statements made in the report are correct and this REPACEMENT conforms to the rules of the ASME Code, Section XI.
	ype Code Symbol Stamp
s	igned Owner or Owner's Designed Mile   ENGINEER   Date   11-18   19-94
	CERTIFICATE OF INSERVICE INSPECTION
I, or	the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State  Province of TRNNESSEE and employed by HSB IFI co-  of HATTFORD CONN. have inspected the components described this Owner's Report during the period.
	to 1/3/1/7
Ov	the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this wner's Report in accordance with the requirements of the ASME Code, Section XI.
e x	By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the aminations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer all be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this pection.
	1 Semme Commissions TN 2534  Inspector's Signature Commissions National Board, State, Province, and Endorsements
Dat	te

D - 0 4527 - 0 4

Page 7 cont. on Page 8

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

Sheet	of	/	
Unit	<u> </u>		
D-049	527-C	7.4 . Job No.	atc
Authorization No.		/A	
Expiration Date		N/ CON	
EDWATER		/ 11-23-94	
	Addenda,_ Nu WiNT	N/A 11-23: ER 1981 Add	94Code Cas
Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
	مرمر المال	REPLACEMENT	NO
13 <i>090-</i> B			
°F	-		
	Type Code Symbo Authorization No. Expiration Date  TUNE 1973  Its 19 80 THE  mponents  Other Identification  13090-B  Pressure  F	Unit	Type Code Symbol Stamp  Authorization No.  Expiration Date    CDD    -23-94

2/82}

This form (E00030) may be obtained from the Order Dept., ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300. REPRINT 4/93

Page 8 cont. on Page 9

9. Remarks IKHCKING TO 12	7-481
Applicab	e Manufacturer's Data Reports to be attached
	· · · · · · · · · · · · · · · · · · ·
CERTI	FICATE OF COMPLIANCE
ASME Code, Section XI.	report are correct and this <u>REPLACEMENT</u> conforms to the rules of the repair or replacement
Type Code Symbol Stamp	
Certificate of Authorization No.	N A CDN 11-23-94 Expiration Date
Signed Charles (Que to Owner or Owner's Designee, Title	FE Date NOV. 23 , 19 94
CERTIFIC	ATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued b	ty the National Board of Boiler and Pressure Vessel Inspectors and the State and by HSIS1.81.00.
in this Owner's Report during the period 11	have inspected the components described to 10-94 to 11-30-94, and state that
to the best of my knowledge and belief, the Owner h	as performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements o	
examinations and corrective measures described in the	r his employer makes any warranty, expressed or implied, concerning the his Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury o	r property damage or a loss of any kind arising from or connected with this
inspection.	
THI 300-500	CommissionsTN 2537
inspector's Signature	National Board, State, Province, and Endorsements
Date11_3019.94.	
· · · · · · · · · · · · · · · · · · ·	

Paga_	7_cont. on Page 8
D	06012 21

1. Owner <u>7E/v/v</u>	ESSEE VAL	LEY ALITH	ORITY	Date 12/	194		
40011. SUM	Address	RIVE KNO	<u>xville,</u> TIU	Sheet/	_ of		
2. Plant <u>ル/<i>A</i> アプ</u> ら			•	Unit /			
	Name OOO SPENC Address	•		WORKPLA	#	D 0000	2 2 /
			<u>4 3/36.1</u>	Repair Or	ganization F	.O. No., Job No.	, etc.
3. Work Performed by				Type Code Symb		~/	
WATTS BA	AR NUCLET	AR PLA.	W7	Authorization No Expiration Date_		A 12/2	794-
4. Identification of Sy	stem MAIN	1.STEAN	1, 5rs	TEM # 0	01		
5. (a) Applicable Con (b) Applicable Edit i. Identification of Co					Addenda,_	14 12/194 TOR 1981	_Code Case ADDCTND
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
01A-1-61A-431	1 w 12/2/94	NONE	NONE	DEA-KOGUZ-30	UNKION	V LEPLACEMENT	NO
		,		3 5	7744	ACTOICEMENT	7
	11			XA-K0602-59	3	_ :	
	A	12/2/94				N/A	12/2/51
				- N	ums		14414
				A	12/2/14		
Description of Work _	MODIFY T.S. AND 18" &	BY NOTCH	NG TO PIP	ROMDE CLE	MAN(	BETWEE	~ T.S.
Tests Conducted: H	ydrostatic Pne	umatic No	minal Ozzazi				
			minal Operating I Test Temp	*ressure °F			
NOTE: STATE	ther Prossure			•			
NOTE: Supplementation in items 1 throu	sheets in form of I gh 6 on this report this form,	lists, sketches, or is included on ea	drawings may be sch sheet, and (3	e used, provided (1 ) each sheet is nu	) size is 8½ inbered and	in. x 11 in., (2) ir the number of s	iforma- heets is

Page _	8	_oont. on Pa	9
D	0 (	3012	27

FORM NIS-2 (Back)
9. Remarks TRACKING \$ 94-482 wms 12/2/94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the ASME Code, Section XI.  repair or replacement
Type Code Symbol Stamp 12/2/94
Certificate of Authorization No. NAwno 12/2/4 Expiration Date NAwno 12/2/4- Signed W. Cowst. Eugh. Date 12/2, 1994
Signed Lower's Designee, Title  Signed Lower's Designee, Title  Owner or Owner's Designee, Title
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TRUNCSCE and employed by HSB TRUET CO
I, the undersigned holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TONNESCE and employed by HSB IFE of have inspected the components described in this Owner's Report during the period (2/13/194) to (12/13/194), and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the inspector nor his employer makes any marrows.
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
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R Emil
Inspector's Signature Commissions 7N2534
Commissions 7N2534 Inspector Signature Commissions National Board, State, Province, and Endorsements
Date
19



WO-94-08024-00

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

Owner /CP/C	ssee Valley	Authorit	(ر		1-10	- Gd	
40044	Nam	18	<del>/</del>	Date/	10	17	
700 W. S	summit His	L Drive Ki	NOXVILLE TON	Sheet	of	2	
DIST WATE	BAD Nice	mo Prant		Unit/ W0 - 94 - Repair Orga			
Plant	Nam	B CAPE	37381	Unit			
P.O. Box	2000 SpRi	NE City, T.	N37774 MH	1, WO-94.	- 088	24-00	)
	Address		12/3/9	Repair Orga	nization P	O. No., Job No.,	etc.
Nork Performed b	y_TVA	Name		Type Code Symbol			
O. Box	2000 500	VALC ALTIL	7.1	Authorization No.		N/AGGII-	18.44
	2000 <i>SPR</i> Address			Expiration Date			
dentification of S	ystem <u>MAIN</u>	ZAUX. FE	END WATE	R / 54	15	05	
	omponents Repaired			s 19 <u>8   WINTER</u> nponents			
		T			τ	<del></del>	
Name of	N		National			Repaired,	ASME Code Stamped
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	Code Stamped (Yes
Component	1	Serial No.	Board No.	Identification	Built	Replaced, or Replacement	Code Stamped (Yes or No)
Component	1	I .	Board No.	1	Built	Replaced,	Code Stamped (Yes or No)
Component	1	Serial No.	Board No.	Identification  BUNW - 300 42-A	Built	Replaced, or Replacement	Code Stamped (Yes
Component	1	Serial No.	Board No.	Identification  BUNW - 300 42-A	Built N.4	Replaced, or Replacement	Code Stamped (Yes or No)
Component	1	Serial No.	Board No.	Identification  BUNW - 300 42-A	Built N.4	Replaced, or Replacement	Code Stamped (Yes or No)
Component	1	Serial No.	Board No.	Identification  BUNW - 300 42-A	Built N.4	Replaced, or Replacement	Code Stamped (Yes or No)
Component	1	Serial No.	Board No. 94	Identification  BUNW - 300 42-A	Built N.4	Replaced, or Replacement	Code Stamped (Yes or No)
_	1	Serial No.	Board No. 94	Identification  BUNW - 300 42-A	Built N.4	Replaced, or Replacement	Code Stamped (Yes or No)
Component	1	Serial No.	Board No. 94	Identification  BUNW - 300 42-A	Built N.4	Replaced, or Replacement	Code Stamped (Yes or No)
Component  BB-43B- W-R239	Manufacturer  McDIFIED 50	Serial No.	Board No. 94 11-13-94	Identification  BUNW - 300 42-A	N.4 Signary	Replaced, or Replacement	Code Stamped (Yes or No)
Component  SB-C3B- W-R239  scription of Work	McDified So	Serial No.	Board No. 94 166 11-13-94 A	Identification  BUNW-30042-A- DUNF-30240-A	N.4 Signary	Replaced, or Replacement	Code Stamped (Yes or No)

recorded at the top of this form.

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

WO-94-08024-73 74 25 g 26

↑ ↑ FORM NIS-2 (Back)
9. Remarks 94-483 12/2/94
VApplicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this <u>Replaced</u> conforms to the rules of the ASME Code, Section XI.  repair or replacement
Type Code Symbol Stamp NA GG11-18-94
Certificate of Authorization No. NA GG 11-18-94 Expiration Date NA GG 11-18-94  Signed Harcia Coon Plb FE Date 11-18 - , 19 9 4
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB I FI Co of HATT Ford CONN have inspected the components described
in this Owner's Report during the period 12/3/99 to 12/3/79 , and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
1 Commissions TN2534 Inspector Signature Commissions TN2534 National Board, State, Province, and Endorsements
Inspector Signature National Board, State, Province, and Endorsements
Date 12/8 19 94

1. Owner TENN	essee VAIIE	y Authori	ty	Date	8-99	c	
400 W	SUMMIT HIL	(DR, KNO)	XVILLE, TN	Sheet/	of		
2. Plant_WATTS	BAR Nu	WEAR PLA	ant_	UnitZ			·
7.0, Box 2	000 JORIN	& City TN	.3738/	WO-94-	02	782-02 96-00-6	612-8.
3. Work Performed b	v_TVA	,		Repair Org	anization	P.O. No., Job No	., etc.
74 7 . 4		Name		Type Code Symbo Authorization No.			894
	900 SPRIN			Expiration Date_		A	
4. Identification of Sy	ystem <u>5'457</u>	EM 062	[ CHEM!	CAL AND	Jolum	e Nowth	0/
5. (a) Applicable Con	estruction Code <u>A.J.</u>	5 <u>C</u> 19	7 <u>3</u> Edition,	DUNE'73	Addenda, <b>⊴</b>	VA 66 12-8 9	Code Case
(O) PHIODE EG	tion of Section XI Ut	ilized for Hepairs	or Replacement	s 19 <u>80 - Wi</u> wife	R 1981	Addend A	
6. Identification of Co	omponents Repaired	or Replaced and F	Replacement Cor	mponents			
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1062-4655-			1 66	12-8-94	ļ	·	-,
10-43			<u> </u>	72-0-74		Replaced	NA GG 12-8-44
	1			· .			
Removeds Description of Work	BINSTALLE S	41m TO (	CORRECT G	SAPS			
_	tydrostatic Pne Other Pressure		ninal Operating F	ressure	bNe G	6612-894	<u> </u>
NOTE: Supplementa tion in items 1 throu recorded at the top of	an a on mis rebott	ists, sketches, or is included on ea	drawings may be ch sheet, and (3	e used, provided (1) : ) each sheet is numi	size is 8½ i bered and	n. x 11 in., (2) in the number of si	forma- neets is

(12/82)

This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

REPRINT 12/91

PG 25 2 28

Wo-94-02782-02 PG 26 3 28

9. Remarks 94-484 GG 12-8-94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this <u>REPLACE</u> conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp
Certificate of Authorization No. Nowe Expiration Date None
Signed Owner or Owner's Designee, Title  Signed Date 12 - 8 , 19 94
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>Tennessee</u> and employed by HSB I II CO
in this Owner's Report during the period 2/9/95 to 2/9/95 and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manage for any manage for the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the conten
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector's Eveneture Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements
Date

1. Owner TENNESSE Y∞ W. SUULL 2. Plant WATTS BA	E VAUCY	AUTHORIT	<u>Y</u> Da	11-13-94				
4m 10 5444	IT HILL DR.	KNONVILLE	TN SI	of	2_			
i i	Address	a DIANT	- u	nit			<u> </u>	
2. Plant WATTS BA	R NUCLEAR	C PCRALL		02 74.20	)-D(			
7.0.Box 2000	SPRING CIT	ry TN. 3	1381 _		tation P.O.	No., Job No., et		
3. Work Performed by	TVA	ame	T	ype Code Symbol St authorization No		GG 16	1-294	
PD. Box 7000 S	PRING CITI	4 TH 3	<u> </u>	xpiration Date				
4. Identification of Systematics		CONTAINA	reni ope	T.O. I 14 4 4 10	AL			
	<b>d</b> :	ISC. 180	The Edition	A0	denda,	(	Code Case	
5. (a) Applicable Consti (b) Applicable Editio	n of Section XI Utili	zed for Repairs o	Replacements	19				
		,					•	
F Identification of Com	ponents Repaired of	- Neplaced one		<del></del> -			·	
						Mark of the	ASME Code	_
	200 AP		••	e e ester i i i i i i i i i i i i i i i i i i i		Repaired,	Stamped	ed and
g g g say naga mangan gan san san g g g g g g g g g g g g g g g g g g g	NACON AND AND AND AND AND AND AND AND AND AN	Manufacturer	Board	Other	Year "	Replaced, or Replacement	or No)	
Name of Component	Name of Manufacturer	Serial No.	No.	Identification	Built	Or Habiacement		
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47A060-72-3			AGG	1.294		REPAIRED	as r	
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			<del> </del>	<u> </u>				
					20-T 14	41D		
7. Description of World	REPAIRED GM	BETWEEN B	ase plate a	D BY HOM OF	DOLL D	F-75U 4		
	Hydrostatic F	_	Nominal Operatir	no Pressure				
8. Tests Conducted:	Other Pressure		si Test Temp	°F	NAVE	DER H-13-94		
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NOTE: Suppleme	ntal sheets in form rough 6 on this repo	of lists, sketches	, of drawings me n each sheet, and	y be used, provided 1 (3) each sheet is n	umbered .	and the number (	of sheets is	
tion in items 1 th	rough 6 on this imp	OLT IR INCIDENCE	) ( OBC:   \$1.000		•			
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(12) This form	n (E00030) may be ob	tained from the O	rder Dept., ASME.	, 22 Law Drive, Box 2	300, Fairfiel	u, NJ 07007-2300. WO - 43-	REPRINT 4723	9-01
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						PAGE	<u>/</u> UF	0 0 0 16
						3	332-Y	15ac1
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#### FORM NIS-2 (Back)

Manufacturer's Data Reports to be attached

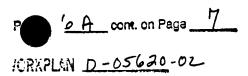
94-485 GG12-8-96 Applicable

CERTIFICATE	OF COMPLIANCE  correct and this Repair conforms to the rules of the
We certify that the statements made in the report an	e correct and this conforms to the reliable repair or replacement
ME Code, Section XI.	
ME COCC, STORING	· ·
(2.14)	
pe Code Symbol Stamp	ما مراج
NANG	Expiration Date NONE  FE Date 12 - 2 - 19 94
rtificate of Authorization No.	7 - 2 - 94
Sico Don Fla	F.C. Date J.A.
Owner or Owner's Designee, Title	talian (17 p.) (4 f.) (2 p.)
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By signing this certificate neither the Inspector nor his examinations and corrective measures described in this Canall be liable in any manner for any personal injury or properties.  Barry Inspectors Signature	have inspected the components described to 12/30/9/9, and state that to 12/30/9/9, and state that rformed examinations and taken corrective measures described in this ASME Code, Section XI.  employer makes any warranty, expressed or implied, concerning the whar's Report. Furthermore, neither the inspector nor his employer perty damage or a loss of any kind arising from or connected with this commissions.  The 2.53 4 National Board, State, Province, and Endorsements
Date12_ 3019_94	
	PG 282 WO-93-24429-0
	WO-93-24429-0 PAGE 18 OF
	PAGE // OF
10 A	



Page ______

	We Uedn	med by the Pro	AISIONS OF THE	ASME Code Secti	ON A1		
1. Owner LENHES	SEE VALLEY	AUTHORITA	7	Date 12/2	194		
400 W. Sum	MIT HILL DR Address	. LNORVILLE	-TU.	Sheet	of		
2. Plant WATTS	BAX DUCLE	AL PLANT	·	Unit			
	000 SPRING			D-056	20-0	2	
	Address	_		Repair Org	anization P	.O. No., Job No.,	etc.
3. Work Performed by	IVAN	7005 Name		Type Code Symbo			
10 box 70	000 SPLINE	CITA T	W	Authorization No.		N/A /2/1/4	24
	,	_		Expiration Date		1 19119	94
4. Identification of Sys	stem_072	CONTAINA	ENT SPA	44			
	1	Ka	72	1 1000		. lun	
5. (a) Applicable Cons	truction Code <u>H1</u>	<u> </u>	_/3_Edition,	JUNE 14/3	Addenda,	4/A 7218/94	Code Cas
(b) Applicable Editi	on of Section XI Ut	ilized for Repairs	or Replacement	s 19 90 W/ADDE	UPA THICO	NUGH WINTER	1981
6 Identification of Co	maanata Banaissala	na Banka and and					
<ol><li>Identification of Co</li></ol>	mponents Repaired (	or Replaced and f	Replacement Co	mponents		, -	
		T -				<del>                                     </del>	Γ -
							ASME
							Code
Name of	Name of	Manufacturer	National Board	Other		Repaired, Replaced,	Stamped (Yes
Component	Manufacturer	Serial No.	No.	Identification	Year Built	or Replacement	
1072-72-1CS-	4/	1//	-	DC4 - PO5620 -	ļ		<u> </u>
R33	4/A	4/A	"/A	09,10,-11	المستوسي	LEGIACEMENT	No
1072-72-1CS-	(		1	WA-POSURO-	17		
E35				12,-13		(	(
	)		)	DCA- POSGZO -			1
R36,		-/-	(	14,-15			
E37	4/1	4/2	N/a	DCA-P05620-	UMENIAL	LEMMEMENT	110
		1/4	1111	16		LEVINCEMEN	110
			12/2/94	ļ. —————		!	
				1			
. Description of Work_	REMOVE/ REA	ALE EXIS	TING SUP	PORT MEMB	જાર		
			1 per	12/2/2/2			
Tests Conducted:	Hydrostatic Pn		minal Operating	· · · · —			
	Other Pressure_	_	Test Temp	_			
			• •	<del></del> ·			
NOTE: Supplement	al sheets in form of	lists, sketches, o	r drawings may	be used, provided (1	) size_is 8%	jn, x 11 in (2) id	nforma-
tion in items 1 throu	ign 6 on this report	is included on e	ach sheet, and	(3) each sheet is mu	nbered and	the mumber of	heets is
recorded at the top of	τ this torm.				\$		
_					A Section		
2/82) This form (§	E00030) may be obtain	ned from the Orde	r Dept., ASME, 2	2 Law Drive, Box 2302	, Fairfield, N	ນີ້ 07007-2300. RE	PRINT 4/9:



FORM NIS-2 (Back)

9. Remarks TRACKING # 94 - 486 QQ 12 94

Applicable Manufactures Data Reports to be attached

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this Lenguage conforms to the rules of the repair or replacement

Type Code Symbol Stamp

Certificate of Authorization No.

Expiration Date

Owner or Owner's Designee, Title
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector's Signature Commissions National Board, State, Province, and Endorsements
Date15



140 = 94-14208-00 PAGE 31_ OF 40_

	······································						
1. Owner TENNE	SSEE VALLE	EY AUTHOR	ZITY	Date <u>~ 2 - 8 -</u>	94		
400 W. Sur	miT Hill T	DR. KNOKVi	LE, TN.	Sheet/	of		
2. Plant WATT	S BAR Y	UCLEAR T	LAUT	Unit/			
P.O. BOX 2	000, SPR;	NG CITY TA	1.37381	Wo# 9	74-14	208-00 P.O. No. Job No.	
3. Work Performed by	TVA					P.O. No., Job No., . <i>1</i>	, etc.
WATIS BI	aiz Nuclei	Name AR TLAN		Type Code Symbo Authorization No. Expiration Date		/A mx	12/8/4
4. Identification of Sy	stem CONTAIN	IMENT S	SPRAY -	- 072			
5. (a) Applicable Cons (b) Applicable Edit ADDENDA	struction Code Al	5C19_ ilized for Repairs	73_Edition, or Replacement	5 19 80 THEU	Addenda,_ 1981 (	NA N:TH 1981	_Code Ca
6. Identification of Co	mponents Repaired	or Replaced and R	eplacement Cor	mponents			
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
17A 437- 4-77	NA -				>	REPLACED	2/2
47A437-4-112	NA				->	PERACES	No
Description of Work_	REPLACED	Missine	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	OF Suit	PORT		·
_	lydrostatic Pne	Non	TH 12/8/9 ninal Operating Test Temp.	≠ Pressure □ °F			
NOTE: Supplementa	I sheets in form of gh 6 on this report	lists, sketches, or is included on each	drawings may b	e used, provided (1) 3) each sheet is num	size is 8½ bered and	in. x 11 in., (2) in	forma- neets is

FORM NIS-2 (Back)
9. Remarks IRACKING 94-487 72/9/94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this EFFACENEU conforms to the rules of the
ASME Code, Section XI. repair or replacement
Type Code Symbol Stamp
m# 12/8/94
Certificate of Authorization NoExpiration Date
Signed Melle Artaway FE Date 2/8/94 19
Owner or Owner's Designee / title /
OFFITIGATE OF INCEPTION
CERTIFICATE OF INSERVICE INSPECTION  1, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of and employed by HSRT&T © of
have inspected the components described
in this Owner's Report during the period 62494 to 12-20-94, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
Inspector's Signature Commissions National Board, State, Province, and Endorsements
Mational Board, State, Province, and Endorsaments
Date12-23 19 94.
14-14-14-14-14-14-14-14-14-14-14-14-14-1



WP	-D-04	166	5	-03	•
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(a) Applicable Cor (b) Applicable Edi	nstruction Code tion of Section XI U	AISC 19	73 Edition or Replacemen	Ly INYOCH'S JUNE 1973 15 19 80 WADDE	ddenda, I	y Run A 17/14/94 HROUGH WI	_Code (
Name of Component	Name of Manufacturer	or Replaced and F  Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stampe (Yes or No
63-A060- 63-Z8	^u / _A	N/A	~/A	DCA-P04665-01	UNIFICAL A	lepiacement	ے کیر
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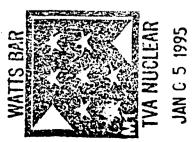
NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

(12/82)

This form (E00030) may be obtained from the Order Dept., ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300. REPRINT 4/93

# WP-D-04665-03

FORM NIS-2 (Back)
9. Remarks TRACKING 94-488 Rus 12/14/94
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this <u>PEPLACEMENT</u> conforms to the rules of the ASME Code, Section XI.
Type Code Symbol StampA LUN 12/14/94
Certificate of Authorization No.
Signed Authorization 1902 Expiration Date Signed FIELD ENGINEER Date DECEMBER 14 TH 19 94
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province ofand employed by
in this Owner's Report during the period 10-20-91 to 1-8-95, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report, Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
SN 300 Commissions TN 2537
Inspector's Signature National Board, State, Province, and Endorsements
Date1_9_95.



Page	26	₽F	164	
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400 W. SI	AMMIT HILL D	RIVE, KNO	XVILLE, TN.	Sheet	of(		<del></del>	_
. Plant WATTS	S BAR NUCLE	AR PLAN	<u>T</u>	Unit	1			_
P.O. Box 2	OGO, SPRING	CITY TH	37381	94-Z	5181-	O O	<del></del>	_
. Work Performed I	byTVA	Name	· .	Type Code Symbo	ol Stamp	7.0. No., Job No.	, etc.	
P.C. Box 2	ODO, SPRING	- CITY, TN	37351	Type Code Symbol Authorization No. Expiration Date				
	System 068/f	mized for nepairs	or neplacemen	is 19 <del>00 0000</del>	Addenda, ER 8 +	NA XXL 12-9-	-94 Code Cas	
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)	
1BN-1- 5GEN- 68-5G3	WESTINGHOUSE ELEC. CURP.	1593	141 0261			2584	YESY	m 1 /30
30 343	CORP.	1313	W10286	MODEL D3	1975	REPLACEMENT	4 <del>55</del> *	149184
			N424C 12-	4-44				
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	1			<u> </u>	L	STEAM GE		L

# 194-25181-00

Page 27 0F 164
FORM NIS-2 (Back) 70 1/5/95
9. Remarks NONE TRACKING # 489 94-489
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp
NA KRE 12-9-94
Certificate of Authorization NoExpiration Date
A Au D
Signed
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
and employed by 7333 1 F1 (8)
in this Owner's Report during the period 1/26/95 to 1/26/95 and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
sammetions and corrective measures described in this Owner's Report. Furthermore, peigher the Inspector for his complete
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection,
inspection,
Inspector's Signeture Commissions TN2534
Inspector's Signature Commissions National Board, State, Province, and Endorsements
Date

1. Owner Te	nnessee V	alley /	<del>futhority</del>	Date	94		
400 U	1. Summit Hil	Drive, KM	oxuille, TN	Sheet	of		
2. Plant Wa	Hs Bar Nucle	ar Plant	·		/		
P.O. B	Nar 0x 2000, 5 p. Addres	RING GTY,	TN 37381	W/0 94	-01/7	72-00	
3. Work Perform	Address ned by Walls Bar	Nuclear M	Paint.				, etc.
				Type Code Symbol Authorization No.			
	x 2000, SPRI	NG Criy,	110 5/38/	Expiration Date			
	of System 4						
5. (a) Applicabl	Construction Code A:	SME III 15	$\frac{7}{}$ Edition,	Summer, 173	.ddenda,_	NA	_Code Cas
(a) (a)	. Lattion of Section XI (	otilized for Hepairs	or Replacement	s 19 <u>0, Wi</u> nter	81	,	
6. Identification	of Components Repaired	d or Replaced and i	Replacement Cor	nponents			
							T
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-TTV-141-C	596 Kerotest	FAG-38-18	UNA	NONE TTV TH SSG	-UNA	0.	NO
				RG 1-19-94		Repair	NO
	· · · · · · · · · · · · · · · · · · ·				·		
* <u>-</u> -		NRRS	119/94				
					,		
Description of W	ork Re-Weld	Valve B	connet S	eal Weld			J
Tests Conducted	_	eumatic Nor	ninal Operating F	ressure	Nome	Required	?
NOTE: Supplen	ental sheets in form of	lists, sketches, or	drawings may be	used, provided (1) s	ize ic 8¼ i	n v 11 in <i>12</i> 1 in	forms

ort is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this Repair conforms to the rules of the report are correct and this Repair conforms to the rules of the report are correct and this Repair conforms to the rules of the report are correct and this Repair conforms to the rules of the report conforms to the rules of the report conforms to the rules of the report conforms to the rules of the report conforms to the rules of the report conforms to the rules of the report conforms to the rules of the report conforms to the rules of the report conforms to the rules of the report conforms to the rules of the report conforms to the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of the rules of	9. Remarks 94-490 89 18/1	cable Manufacturer's Data Reports to be attached
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1. Owner TENNESS	EE VALLEY	ANTHORITY		Date/	<u> 2- 23</u>	- 1994	
	MITHILL DRIVE,			Sheet/	of/_		
2. Plant WATTS B	AR Nuclear	PLANT		Unit	Í		
	Sppine C	-	738/	WO. 94- Z Repair Orga	0271	- 00	
3. Work Performed b				Type Code Symbol	Stamp	//	etc.
	000 SPRING			Authorization No Expiration Date	,,,,	/A MH 12/2	1/94
4. Identification of S							
<ul><li>5. (a) Applicable Cor</li><li>(b) Applicable Edi</li><li>6. Identification of Co</li></ul>	tion of Section XI U	tilized for Repairs	or Replacement	s 19 <u>80-W</u> INTE	ddenda,_ R.81	NA NRY 12	7.23-94 _Code Case
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-TRNK-63-36	SOUTH WEST FABRICATING	WAT. SIATB-01	291	BORON DNJECTION TANK	1975	SEE TRELOIL	YES
		,					
		9	NA MRY 1223 94				
7. Description of Work	PEPULE EXISTINE	CWISHERS W	ITH WELDED	PLATE WASHERS	ON TIL	NIK LEG BASC	PUTES
3. Tests Conducted:		eumatic No	minal Operating	Pressure		?-23-94	
NOTE: Supplement tion in items 1 throc recorded at the top of	-2 o on this ichoif	lists, sketches, or is included on ea	r drawings may b ach sheet, and (3	e used, provided (1) a 3) each sheet is num!	ize is 8½ pered and	in. x 11 in., (2) ir the number of s	iforma- heets is

. Remarks	TRKG NUM 94	- 491
	Арр	olicable Manufacturer's Data Reports to be attached
		ERTIFICATE OF COMPLIANCE
		n the report are correct and this EPACEMENT conforms to the rules of the
ASME Code	, Section XI.	repair or replacement
Type Code S	ymbol Stamn	
		NA MRY 12-23-94
Certificate o	Authorization No.	Expiration Date
Signed MILI Ov	HELE YANGY WAREN Designee, Title	Cfansus Date 12.23 , 19 94
	CERT	TIFICATE OF INSERVICE INSPECTION
I, the unders	igned, holding a valid commission is	eried by the National Board of Bailer and Brown Variation and Astronomy
or Province of	FTENNESSEE and em	nployed by HSB IFICO
<del></del>	HAY	have inspected the components describe
	r's Report during the period	$\frac{12/35/94}{10}$ to $\frac{12/35/94}{10}$ and state th
to the best of	f my knowledge and belief, the Ow	vner has performed examinations and taken corrective measures described in th
		ents of the ASME Code, Section XI.
By signing	this certificate neither the Inspect	tor nor his employer makes any warranty, expressed or implied, concerning the
examinations	and corrective measures described	I in this Owner's Report, Furthermore, neither the Inspector nor his employ.
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inspection,		
	13 Eumal	Commissions TN 2 53 4  National Board, State, Province, and Endorsements
	Inspector's Signature	Commissions // National Board, State Province, and Endorsements
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2. Plant WATTS	BAR NUL	EAR PLAN	JT	Unitl			<del>-</del>
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3. Work Performed b	TVA- MO	DIFICATIO	الح	Repair Org Type Code Symbo		P.O. No., Job No.	•tc.
WATTS P	DAR NUCL	EAR PA	+JT	Authorization No.	<del></del> ,	~J/A	2-24-94
4. Identification of Sy	ystem SYS	# 03	FEEDL	ATER			
4. Identification of St  5. (a) Applicable Con (b) Applicable Edit	estruction Code A	15C (TTH)	) 9 <u>73</u> Edition s or Replacemen	12 19 80 thru L	9.94- Addenda,_ Liuter	N/A 1981 ADD	/z - 29 · 9 9 _Code Case E NDA
6. Identification of Co	omponents Repaired	or Replaced and i	Replacement Co	mponents		•	
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1003A-1-03A- 286	N/A MARY 12-29-94	NONE	NONE	DEA-PO4525- 09,08,10,17,18	22 - KMOWA	REPLACEMENT	No
				J/a nu		2-29-94	
·				6	19 1	2-27-94	
Description of Work	MODIFIED S	UPPORT					
Tests Conducted:		eumatic No	minal Operating Test Temp.	2-29-97 Pressure   °F			<del></del>

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



#### WORK INSTRUCTION D-04525-02

Page 14 cont. on Page 2

FORM NIS-2 (Back)

•	Applicable Manufacturer's Data Reports to be attached
	CERTIFICATE OF COMPLIANCE
We certify that the sta	stements made in the report are correct and this REPACEMENT conforms to the rules of the repair or replacement
ASME Code, Section XI.	repair or replacement
	<b></b>
	N/A MMP2/2-29.94
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ertificate of Authorization No	Expiration Date
Place to - 1	
ionad Tom Bonno	
Ourse Sure 1	Date
Owner or Owner's Desi	IGNECH. ENGINEER Date 12-29 , 19 94
Owner or Owner's Desi	ignee, Title Date
o Comer s Desi	CERTIFICATE OF INSERVICE INSPECTION
the undersigned, holding a valic	CERTIFICATE OF INSERVICE INSPECTION
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the undersigned, holding a valid Province of TN Harthard, this Owner's Report during the	CERTIFICATE OF INSERVICE INSPECTION  d commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the Statement of the Components described inspected the components described inspected in period 10-16-91 to 1-8-95, and state that
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the undersigned, holding a valid Province of this Owner's Report during the best of my knowledge and owner's Report in accordance with By signing this certificate neither aminations and corrective measured by liable in any manner for	CERTIFICATE OF INSERVICE INSPECTION  d commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the Statement of the period have inspected the components described the period have inspected the components described the period have inspected the components described the period have inspected the components described the period have inspected the components described in the period have inspected the components described in the period have inspected the components described in the period have inspected in the second period have inspected in the second period have inspected in the second period have inspected in the second period have inspected in the second period have inspected in the second period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period per

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• = .	Address			Repair Or	anization	- <i>00</i> P.O. No., Job No.	, etc.
3. Work Performed b	Y/\/_	Name		Type Code Symbo			
P.O.BOX 2000	SPRING CIT Address	4 701 37	1381	Authorization No.			CDN 2-31-94
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4. Identification of S	ystemO/	MAIN S	TEAM				
5. (a) Applicable Cor (b) Applicable Edi  6. Identification of Co	tion of Section XI U	tilized for Repairs	s or Replacement	s 19	Addenda,_	NIA	_Code Case
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-FCV-001-014-A	TARGET ROCK	14	~	A 12-31-94	1983	REPLACEMENT	4
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			A				
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7. Description of Work_	REPL.	ACE VAL	VE				
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NOTE: Supplementa tion in items 1 throu recorded at the top o	.a. o on ans report	lists, sketches, or is included on ea	drawings may be ach sheet, and (3	e used, provided (1) ) each sheet is num	size is 8½ bered and	in. x 11 in., (2) in the number of sl	forma- heets is

This form (E00030) may be obtained from the Order Dept., ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300. REPRINT 4/93

9. RemarksTRACKING # 94 -493
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this REPALEMENT conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp
Certificate of Authorization NoExpiration Date
Signed Charles RE Date 12-31 1994
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB IIICO of HARTFord CONN have inspected the components described in this Owner's Report during the period 2/9/95 to 2/9/95
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector's Signature Commissions TN 2534  National Board, State, Province, and Endorsements
Date 2/9 19 9-5

WO NO. 94-12827-00 PAGE 39 OF 40

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	Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
I-F	2V-001-07-B	TARGET ROCK	13		A CON 1-94	1983	REPLACEMENT	ņ
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9. Remarks TRACKING #94 -494	
Applicable Manufacturer's D	)ata Reports to be attached
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CERTIFICATE OF COMP	PLIANCE
We certify that the statements made in the report are correct a ASME Code, Section XI.	and this REALACEMENT conforms to the rules of the repair or replacement
Type Code Symbol Stamp	
Certificate of Authorization No.	A 12-31-94 Expiration Date
Signed Charles RE Owner or Owner's Designee, Title	Date
AEDTIFICATE OF WORLD	
I, the undersigned, holding a valid commission issued by the National Boa or Province of Tennesse and employed by HSB HATFORD CONN.	ard of Boiler and Pressure Vessel Inspectors and the State $\mathcal{I} \mathcal{I} \mathcal{I} \mathcal{L} \mathcal{S}$
in this Owner's Report during the period 2/10/95 to the best of my knowledge and belief, the Owner has performed exam	
Owner's Report in accordance with the requirements of the ASME Code, S	Section XI.
By signing this certificate neither the Inspector nor his employer make examinations and corrective measures described in this Owner's Report shall be liable in any manner for any personal injury or property damage of	rt. Furthermore, neither the Inspector nor his employer
inspection.  3 Earmach  Commissions	TN 2534  National Board, State, Province, and Endorsements
Inspector's Signature	National Board, State, Province, and Endorsements
Date 2/10 19 95	

WD NO. 94-12827-07

PAGE 39 OF 40

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

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Signed Charles Hewton Owner or Owner's Designed	P. Title	Date	2-31 19 94	
Signed Charles Hewart Owner or Owner's Designed	P. Title	Date/	2-31 .19 94	
Owner or Owner's Designed	. Title		Comme marine,	
Owner or Owner's Designed	. Title		Comme marine,	
Owner or Owner's Designed	CERTIFICATE OF INSEI		Comme marine,	
I, the undersigned, holding a valid cor or Province of	CERTIFICATE OF INSEI mmission issued by the National and employed by	RVICE INSPECTION  Board of Boiler and Pressure  B IFI Co	e Vessel Inspectors and the State	
I, the undersigned, holding a valid cor or Province of	CERTIFICATE OF INSEI  mmission issued by the National  and employed by  ##S	RVICE INSPECTION  Board of Boiler and Pressure  B IFI Co  have inspec	e Vessel Inspectors and the State	
I, the undersigned, holding a valid cor or Province of Tennessee  HAY  in this Owner's Report during the part of the best of my knowledge and ball	CERTIFICATE OF INSEI  mmission issued by the National  and employed by	RVICE INSPECTION  Board of Boiler and Pressure  B IFI Co  have inspecto  to F/22/P	e Vessel Inspectors and the State	
I, the undersigned, holding a valid cor or Province of Texas See  In this Owner's Report during the plot the best of my knowledge and bell owner's Report in accordance with the	CERTIFICATE OF INSEI  mmission issued by the National and employed by	RVICE INSPECTION  Board of Boiler and Pressure  B If I Co have inspecto 1/22/22  examinations and taken corre	ted the components described and state that	
i, the undersigned, holding a valid cor or Province of	CERTIFICATE OF INSEI  mmission issued by the National and employed by HS  T FOY CONN  eriod S/22/95  ief, the Owner has performed a requirements of the ASME Co the Inspector nor his employer	RVICE INSPECTION  Board of Boiler and Pressure  B I I Co  have inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective inspective ins	ted the components described and state that active measures described in this	
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WO-94-12827-06 PG37J30

4	6_	OF	47
		· ·	- 1 /

1. Owner Lennes	See Valley 1	Juthority	•	Date	31-94		
400 W. Sum	mit Hill Drive	, Knoxville	Tn	Sheet/	of/	,	
2. Plant WAHS				Unit	•		
	Name C. Address	•	1381		<del>'</del>	-01	
	Address	<del>// /:                                 </del>	1.71	WO 94-1 Repair Org	anization	P.O. No. Joh No.	
3. Work Performed b	y	VA					., etc.
			<del></del>	Type Code Symbo			
P.O. BOX 2000	, SPRING CITY Address	TAL 3738	3/	Authorization No.		- /2	CDN 2-31-94
	Address	<del>,</del>	<del></del>	Expiration Date			- 21 14
4. Identification of S	ystem <u>CI/r</u>	TAIN STE	AM				
<ul><li>5. (a) Applicable Cor</li><li>(b) Applicable Edi</li><li>6. Identification of Co</li></ul>	tion of Section XI U	ilized for Repairs	or Replacement	s 19	Addenda,_	NA	_Code Case
		1	<del></del>	<del></del>			
Name of Component	Name of 'Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-FCV-001-182-B	TARGET ROCK	10		A 12-31-94	1983	REPLACEMENT	4
			_ A				
			N				
			12-31-94				
·							
			<del></del>	,			
Description of Work_	REPLA	CE VALV	E				
	Hydrostatic Pne	umatic Non	ninal Operating 1	ressure			
NOTE: Supplementation in items 1 throurecorded at the top o		ists, sketches, or is included on ea	drawings may be ch sheet, and (3	e used, provided (1) : ) each sheet is num	size is 8½ bered and	in. x 11 in., (2) in the number of si	forma- heets is

recorded at the top of this form,

. Remarks	TRACKING	# 94-496	<i>y</i>	
	· Appli	cable Manufacturer's D	ata Reports to be attached	
			·	
<del></del>				
			,	
		RTIFICATE OF COM		
		the report are correct a	and this <i>REPLACEMENT</i> conform repair or replacement	s to the rules of the
ASME Code, Section	n XI.		repair or replace(nem)	
	•			
Type Code Symbol	Stamp			
•			NA CON 94	
Certificate of Autho	rization No.		Expiration Date	
since l'han	1. Can +	RE	Date	94.
Owner or	Owner's Designee, Title		Date	, 19_ <del>77</del>
	CERTI	FICATE OF INSERVI	CE INSPECTION	
I, the undersigned, h	olding a valid commission issu	ed by the National Bo	ard of Boiler and Pressure Vessel Ins	pectors and the State
or Province of 72	UNESSEE and emp	ployed by HS	IdI to	of
in this Owner's Ren	ort during the period	2/9/05	have inspected the co	emponents described
	• • • • • • • • • • • • • • • • • • • •	ner has performed ever	minations and taken corrective meas	
	cordance with the requiremen			ares described in this
			akes any warranty, expressed or imp	olied, concerning the
			rt. Furthermore, neither the Inspec	
			or a loss of any kind arising from o	
inspection,				
3	Samo		Tel 2 52U	
In	spector's Signature	Commissions _	TN 2534 National Board, State, Province, a	nd Endorsements
	· · · · · · · · · · · · · · · · · · ·		• • • • • • • • • • • • • • • • • • • •	
Date 2/9	9 <i>5</i>			
		_		

WO NO. 94-12827-01

47 OF 47

1. Owner <u>TENIN</u>	ESSEE VALL	EY AUTH	10RITY	Date/	8/93	5	
400 N. SUMN	NIT HILL J	YEIVE KI	NOX. TN.	Sheet/	of/	,	
2. Plant <u>W477</u>	5 BAR /V	UCLEAR ,	PLANT	Unit			
20. Box 20				WO# 94	1-120	827-02 P.O. No., Job No.	
3. Work Performed b	700,000			Repair Org		,	., etc.
WATTS	BAR NUCCE Address	Name	1,17	Authorization No.			<u> </u>
7-775	Address	THE / CA	<del>1</del> ~ /	Expiration Date		1 A 1/8/	95
4. Identification of Sy	/stem_ <i>5767AN</i>	n GENER	RATOR A	Blanow	1/	5×5 ×015	5
5. (a) Applicable Con (b) Applicable Edit	struction Code	E SECT. TILL 10	980 Edition	WW. 50 1981		N/ wmp	
(b) Applicable Edit	tion of Section XI U	tilized for Repair	s or Replacement	ts 19 <u>80 THELL</u>	Addenda,_ WW76	<u> 14 118175</u> 2 1981 AD	_Code Cas
						/ / // / / // / // / / / / / / / / /	~~ <i>0)</i> 4
6. Identification of Co	mponents Repaired	or Replaced and	Replacement Cor	mponents			
					<del>.</del>	<del></del>	<del></del>
							ASME
Name of	,		National			Repaired.	Code Stamped
Component	Name of Manufacturer	Manufacturer Serial No.	Board No.	Other	Year	Replaced,	(Yes
			140.	Identification	Built	or Replacement	or No)
ALVE #	TARGET		Muro	578AM GEN #3			
-FCY-001-0025-B	ROCK CURP	15	1A 1/8/95	BLOW DOLL N ISOL	1983	REALACEMENT	YES
·					7 705	KEPCACEMONI	123
			۸/				
				wmo			
1			71	1/8/95			
Description of M.	Promon Fi	1/	4 4				
Description of Work	TENTOVED CXT	SING VALV	re HNO /L	ISTALLED NE	W /A	1/5	
Tests Conducted: H	lydrostatic Pne	eumépic Nor	minal Operatine (	Pressure [	•		
0	ther Pressure	A psi	Test Temp	°F			
NOTE: Supplemental	l shapte in form =4.1	1/8/	95				
NOTE: Supplemental tion in items 1 through recorded at the top of	3	is included on ea	orawings may be sch sheet, and (3	e used, provided (1) s  i) each sheet is numb	ize is 8½ pered and	in. x 11 in., (2) in	forma-
recorded at the top of	this form,		. ,		-orca and	the number of sh	ieets is
i							

This form (E00030) may be obtained from the Order Dept., ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300. REPRINT 4/93

40 OF 43

1. Remarks TRACKING # 95-00/ wms 1/8/95
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this <b>REPORTION</b> conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp
Certificate of Authorization No. Expiration Date
Signed Const. Engl. Date 1/8, 1995
CERTIFICATE OF INSERVICE INSPECTION
1, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>TENNESSER</u> and employed by <u>HSB</u> IFE (E' of
HART Ford CONN have inspected the components described
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspectors Eignature Commissions TN 2534  National Board, State, Province, and Endorsements
Date 2/10 19 95

WO NO. 94-12827-02

41 OF 43

PAGE 32 0 F 41

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

100W.Sum	Name HILDER Address	Pive, KNO	LUIILE IN	Sheet	of	/	
2. Plant WATT	5 BAR NUCI	CAR PLA	107	Unit	) 	<del></del>	
11. Boy 200	SPRING C	Ity, TN,	37351	WO# 94 Repair Org	1-12	827-0	4
. Work Performed b	OY TVA, N	10DIFICA	TIDNS	Type Code Symbo		. /	, etc.
	BAR NUCL			Authorization No. Expiration Date		1 wm	2
	Address system <i>STEAP</i>				/_		<i>-</i>
						15 4 0/	5
. (a) Applicable Co.	nstruction Code <u>ASV</u>	16 SECT. 11 19	9 $80$ Edition,	WINTER 1980,	Addenda,_	M/A 1/8/99	Code Case
(o) Applicable Edi	ition of Section XI Ut	ilized for Repairs	s or Replacement	s 19 <u>BO_/HR</u> L	L WIL	17en 1981	ADDET
Identification of C	omponents Repaired	or Replaced and	Replacement Cor	nponents			
						T	
							ASME
. Name of	Name of		National			Repaired,	Code Stamped
Component	Manufacturer	Manufacturer Serial No.	Board No.	Other Identification	Year Built	Replaced, or Replacement	(Yes or No)
-	17001		W/a	- A		<del>                                     </del>	
9LVE # FCV. 1-0032 - A	ZOCK	16	14 1/2	STEAM GEN. #4 RECONOUN ISS			
9LVE # FCV. 1-0032 - A	ZORP.	16	mo 1/8/95	DIEAM GEN. 79 Biodown ISCL. VALVE.	1984	REPLACEMENT	YES
9LVE # FCV. 1-0032-A	JAKGET BORP	16	Umo 1/8/95	SIEAN GEN. 79 BIODOWN ISCL. VALVE.	1984	REPLACEMENT	YES
9LVE # FCV. 1-0032 - A	ZOEP	16	M N N	SICAM GEN. 79 Biangon Isa. VALVE.	1984	REPLACEMENT	YES
9LVE # FEV. 1-0032-A	ZORP.	16	14 pro/8/95	SICAM GEN. 79 Biaspan Isa. VALVE.	1984	REMALEMENT	YES
9LVE # FEV. 1-0032-A	ZORP.	16	Monoil8/95	STEAM GEN. 49- BLOSOWN ISCL. VALVE.	1984	REPLACEMENT	YES
9LVE # FCV. + 0032 - A	JAKGET BORP.	16	14 NO 1/8/95	STEAM GEN. 49 BLOWE ISCL. VALVE	1984-	REPLACEMENT	YES
	REMOVED 6		14 Droi/8/95	1/8/95			YES
Description of Work	REMOVED &		A A	1/8/95			YES
Description of Work	_	umatic No	MILVE AND  Test Temp.	1/8/95			YES

## Wo# 94-12827-04

PAGE 33 OF 41

#### FORM NIS-2 (Back)

CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this LENACEMENT Conforms to the rules of the repair or replacement  Type Code Symbol Stamp  Certificate of Authorieston No  Expiration Date  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennesses and employed by HSB TITE  in this Owner's Report during the period  To Supply Service of Authorieston Romand State (Service Report Designee, Title)  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennesses of the Application of Hartford Commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennesses of the Application of the Inspector of the Application of the Inspector of the Application of the Application of the Application of the Application of the Application of the Application of the Application of the Application of the Application of the Application of the Application of the Application of the Application of the Application of the Application of the Application of the Application of the Application of the Application of the Application of the Application of the Application of the Application of the Application of the Application of the Application of the Application of the Application of the Application of the Application of the Application of the Application of the Application of the Application of the Application of the Application of the Application of the Application of the Application of the Application of the Application of the Application of the Application of the Application of the Application of the Application of the Application of the Application of the Application of the Application of the Application of the Application of the Application of the Application of the Application of the Ap	9. Remarks TRACKING \$ 95-002 wm 1/8/95
We certify that the statements made in the report are correct and this PENACEMENT Conforms to the rules of the ASME Code, Section XI.  Type Code Symbol Stamp  Certificate of Authorization No.  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB Tellar of HATTPSY ON have inspected the components described in this Owner's Report during the period  1. And the period of Authorization No.  2. 1995  And state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions TND 39  National Board, State, Province, and Endorsements	Applicable Manufacturer's Data Reports to be attached
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Type Code Symbol Stamp  Certificate of Authoriestion No.  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB TITA of HATTOR and have inspected the components described in this Owner's Report during the period 2/9/95 to 2/9/95, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions Tu2534  National Board, State, Province, and Endorsements	CERTIFICATE OF COMPLIANCE  We certify that the management is at the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of the compliance of th
Certificate of Authoriestion No.  Signed Owner or Owner's Designee, Title  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB TITA of HATTEN and employed by have inspected the components described in this Owner's Report during the period 29/95 to 29/95 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions Thu 534  National Board, State, Province, and Endorsements	ASME Code, Section XI.
CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB TITES of have inspected the components described in this Owner's Report during the period 2/9/95 to 2/9/95 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions TN2534  National Board, State, Province, and Endorsements	
CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB TITA of have inspected the components described in this Owner's Report during the period 2/9/95 to 2/9/95, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions TN2534  National Board, State, Province, and Endorsements	
Signed Owner or Owner's Designee, Title  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Trunessee and employed by HSB TFT of have inspected the components described in this Owner's Report during the period 2/9/95 to 2/9/95, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions TN2534  National Board, State, Province, and Endorsements	
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I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB TFT of April 1985 of HAFTFOYD CONN have inspected the components described in this Owner's Report during the period 2/9/95 to 2/9/95, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions Two 534  National Board, State, Province, and Endorsements	Signed A Coust Eugl Date 1/8, 19 95
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB TFT of April 1985 of HAFTFOYD CONN have inspected the components described in this Owner's Report during the period 2/9/95 to 2/9/95, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions Two 534  National Board, State, Province, and Endorsements	CERTIFICATE OF INICEDITION
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in this Owner's Report during the period 2793 to 2793, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions Two 534  National Board, State, Province, and Endorsements	MATIPOYO CONN' have inspected the components described
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions  Tu2534  Inspector's Signedre  Commissions  Tu2534  National Board, State, Province, and Endorsements	in this Owner's Report during the period 2/9/95 to 2/9/95 and state that
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions  Tu2534  Inspector's Signedre  Commissions  Tu2534  National Board, State, Province, and Endorsements	to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
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Inspector's Signed re Commissions TN2534 National Board, State, Province, and Endorsements  Date 19 9 5	inspection.
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Inspector's Signestire  National Board, State, Province, and Endorsements  Date	Commissions TN2534
Date 2/9 19 9 5	Inspector's Signerare National Board, State, Province, and Endorsements
	Date 2/9 19 9 5

1. Owner TENNE	SSEE VALLA	ey AUTHI	SRITY	Date	-95		
400 W.Sur	mmit Hill Dr	ine, know	11e, TN	Sheet/	of/		
2. Plant WATT	S BAR NUCI	ear Pla	TUE	Unit/	1		
3. Work Performed b  P.O. BOX 2000  4. Identification of S  5. (a) Applicable Col	SPRING CITY Address  SPRING CITY Address  ystem 01/	Name TN 3738/ MAIN STA	373 \$ 1	Type Code Symbo Authorization No. Expiration Date	I Stamp	NA 3-13	etc.  J 1-8-9  95  Code Cas
6. Identification of C	omponents Repaired (	or Replaced and f	Replacement Cor	nponents		·	
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
I-FCV-001-184	TARGET ROCK	12		A 1-8-95	1983	REPLACEMENT	Y
			A CDN 1-8-95				
	·		1012				
. Description of Work	REPLACET	VALVE					
. Tests Conducted:	Hydrostatic Pne Other Pressure	eumatic	minal Operating	Pressure Dev 1-8-95° F			
NOTE: Supplemention in items 1 thro	tal sheets in form of ough 6 on this report	lists, sketches, o is included on e	r drawings may b ach sheet, and (	e used, provided (1) 3) each sheet is nur	size is 8½ nbered an	in. x 11 in., (2) indicated the number of s	nforma- theets is

(12/82)

recorded at the top of this form,

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PAGE 37 OF 39 5600 22-45

9. Remarks TRACKING No. 95-003 inm 1/8/95
Applicable Manufacturer's Data Reports to be attached
CERTÍFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the
ASME Code, Section XI.
Tuna Coda Sumbal Com
Type Code Symbol Stamp
Certificate of Authorization No. A con 1-8-95  Expiration Date
Signed Nanual Clubs RE Date 1-8 19 95
Owner or Owner's Designee, Title
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TENNESSEE and employed by HSB TITO of
HSB I II CO have inspected the components described
in this Owner's Report during the period $\frac{2/9/9.5}{2/9/9.5}$ to $\frac{2/9/9.5}{2/9/9.5}$ and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Commissions TN 2534
Inspector's Signature Commissions TN 2534 National Board, State, Province, and Endorsements
210
Date1919

PAGE 38 07 38 5 5 5 7 WO# 94-12827-05

1. Owner <u>TEXWES</u>	SEE VALLEY	AUTHORITY		Date	12/4/	194	
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	Address	Africa	-6,710	Sheet(_	of		<del></del>
2. Plant WATTS	BAR NUCL	BAR PLAN	JT	Unit			
Do Boy Zon			24201	WO# 94.	-2249	7-00	
P.O. Box 200	Address	CITY, TN	37381	DCU F-3 Repair Org	33778-	A-AA-02	
3. Work Performed by	TENNESSEE	VALLEY AL	KTHORITY				, etc.
		. 101110		Type Code Symbol Authorization No.			
P.O. Box 200	O, SPRING C	ITY, TN 3	738/	Expiration Date		Wa m	12/1/04
	, , , , , , ,				-		19011
4. Identification of Sys	temR	ESIDUAL	HEAT T	REMOVAL S	45 <u>/</u>	074	
5. (a) Applicable Const	truction Code A	(SC 10	73	T. WE 1973			
<ol> <li>(a) Applicable Const</li> <li>(b) Applicable Edition</li> </ol>	on of Section XI Ut	ilized for Repaire	Edition	JUNE 1175 A	\ddenda,_	N/A	_Code Cas
		meda for frepairs	or neplacemen	ts 19_00_ TH	eu wint	ER 1981	
6. Identification of Con	nponents Repaired	or Replaced and R	Replacement Co	MDODente			
				imponents			
					Ī	1	<del> </del>
							ASME
							Code
Name of	Name of	Manufacturer	National Board	Other		Repaired,	Stamped
Component	Manufacturer	Serial No.	No.	Other Identification	Year Built	Replaced, or Replacement	(Yes or No)
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1-24 24 12114 BID4							<u>L.</u>
1074-74-1RHR-R134		a) sich	40	DCA SA84-134 4 F33778-A-AA-	WKum		
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<ol> <li>Description of Work</li> </ol>	KEPLACE	ED Support	1074-74-	1RHR-R134	PER D	XN F 337	78-A
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		eumatic Noa	ninal Operating	Pressure			
Ot	ther Pressure_	Psi	Test Temp,	°F			
NOTE	/	1 /A -A	m12/0/94				
NOTE: Supplemental tion in items 1 through	sheets in form of	lists, sketches, or	drawings may (	be used, provided (1)	size is 8½	in. × 11 in., (2) ir	iforma-
tion in items 1 throug recorded at the top of	in a an ting tebalt	is included on ea	ch sheet, and (	<ol><li>each sheet is num</li></ol>	bered and	the number of s	heets is
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WO. 94-22497-00
Fage 19 51 32

FORM NIS-2	(Back)
9. Remarks TRACKING # 95-004	11/0/95
	s Data Reports to be attached
CERTIFICATE OF CO	MPLIANCE
We certify that the statements made in the report are correct	t and this RECACEMENT conforms to the rules of the
ASME Code, Section XI.	repair or replacement
Type Code Symbol Stamp	
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Certificate of Authorization No.	Expiration Date
Signed Merle Asturay FE Owner or Owner's Designed Title	Date
CEDTIEICATE OF INICED	
CERTIFICATE OF INSER  1, the undersigned, holding a valid commission issued by the National 1	Roard of Roiler and Prossure Vessel Inspectors and the Sesse
or Province of and employed by	13 I f 2 co of
in this Owner's Report during the period 1/23/75	have inequated the components described
to the best of my knowledge and belief, the Owner has performed ex	
Owner's Report in accordance with the requirements of the ASME Coc	le, Section XI.
By signing this certificate neither the Inspector nor his employer	makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Rep	port. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property dama inspection.	ge or a loss of any kind arising from or connected with this
	•
13 tamph Commission	National Board, State, Province, and Endorsements
Inspector's Signature	National Board, State, Province, and Endorsements
Date 1/23 19 95	

W.O.94-22497-00

Page <u>20</u> of <u>32</u>

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2. Plant Watts	Bar Nuclear P	lant	· · · · · · · · · · · · · · · · · · ·	Unit/	<del></del>		
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(b) Applicable C	onstruction Code <u>A</u> dition of Section XI U	ilized for Day R	Edition	. D/R	Addenda,	MR	Co
.,	or occupit XI O	unzed for Repair	s or Heplacemen	ts 19 <u>0008</u> ]			
6. Identification of	Components Repaired	or Replaced and	Replacement Co	mponents			
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		·					A
Name of	Name of	Manufacturer	National Board	Other	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Repaired,	Sta
Component	Manufacturer	Serial No.	No.	Identification	Year Built	Replaced, or Replacement	Or
SHUBBER							
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	1371	20760	171 1/10/95	1-5NUB-072-08	A N/A	MENT	_^
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. Description of Work	DE 0: 4 cc						
. Description of Work	REPLACE	) SNUBBEI	2				
. Tests Conducted:	Hydrostatic Pne	umatic Nor	minal Operating	B			
	Other Pressure_	psi	Test Temp.		. a. ·		
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9. Remarks		
	Applicable Manufacture	r's Data Reports to be attached
	CERTIFICATE OF C	OMPLIANCE A
We certify that the state ASME Code, Section XI.	ements made in the report are corre	ect and this <u>KEPLACEMENT</u> conforms to the rules of the repair or replacement
Type Code Symbol Stamp	N/A Enm 1/10	0/95
Certificate of Authorization No	N/A EAM 1/10/95	Expiration Date N/A ENT 1/10/95
Signed Sward N. M. Owner or Owner's Design	10 Oct	Date
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9. Remarks 95-06	
Applicable Manufacture	er's Data Reports to be attached
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We certify that the statements made in the report are corre	ect and this REVICEMENT conforms to the rules of the
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## FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Code Section XI

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#### D 05709 15 WORKPLAN

FORM NIS-2 (Back)

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this Application of the repair by replacement

Type Code Symbol Stamp

NAGG 1-13-45

Expiration Date

NAGG 1-13-95

Expiration Date

NAGG 1-13-95

CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TENNESSEE and employed by HSB IFT (0- of
in this Owner's Report during the period 1/18/15 to 1//3/15, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
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Date

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2. Plant WAHS	Ber Nuclean	Plant	<del></del>	Unit			
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3. Work Performed by	Y_TVA						, etc.
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Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
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NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

9. Remarks	
Applicable Manufacture	r's Data Reports to be attached
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CERTIFICATE OF CO	OMBLIANCE
We certify that the statements made in the report are corre	ect and this REPLACEMENT conforms to the rules of the
ASME Code, Section X1.	repair or replacement
Tree 0. 4 a	
Type Code Symbol Stamp	
Certificate of Authorization No.	A CON 1-13-95
	Expiration Date
Signed Chierly hlew for FE	
Owner or Owner's Designee, Title	Date
CERTIFICATE OF INSER	VICE INSPECTION
I, the undersigned, holding a valid commission issued by the New York	• · · · · · · · · · · · · · · · · · · ·
in this Owner's Report during the period 2/20/95	have inspected the components described
to the best of my knowledge and belief the O	to $\frac{2/20/9.5}{}$ , and state that
to the best of my knowledge and belief, the Owner has performed ex Owner's Report in accordance with the requirements of the ASME Coo	xaminations and taken corrective measures described in this
By signing this certificate neither the Interests of the ASME Coc	de, Section XI.
By signing this certificate neither the Inspector nor his employer xaminations and corrective measures described in this O	makes any warranty, expressed or implied, concerning the
xaminations and corrective measures described in this Owner's Rephall be liable in any manner for any personal injury or property.	port. Furthermore, neither the Inspector nor his employer
hall be liable in any manner for any personal injury or property dama	age or a loss of any kind arising from or connected with this
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Inspector's Signature	National Board, State, Province, and Endorsements
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## FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Code Section XI

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have inspected the components described in this Owner's Report during the period 2/20/95 to 2/20/95, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer		CKING # 95-009	
CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this Conforms to the rules of the repair or replacement  Type Code Symbol Stamp  Certificate of Authorization No.  Expiration Date  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennesses and employed by HSB TITO  In the undersigned in this Owner's Report during the period.  April 1995  And state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions  Commissions  National Board, State, Province, and Endorsements  National Board, State, Province, and Endorsements		Applicable Manufacturer's Data Reports to be attached	
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By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions  TN 2534  National Board, State, Province, and Endorsements	I, the undersigned, holding a va or Province of TENNESSE in this Owner's Report during	CERTIFICATE OF INSERVICE INSPECTION  alid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the Second employed by  HSBIFEO  HAYTFOX  ONN  have inspected the components descript the period  2/20/95  to  2/20/95  and state	of ribed that
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#### FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS

1. Owner <u>TEMME</u>	SSEE VALLE	EY AUTHON	RITY	Date//	14-/2	5	
0 W. Simm	Address	,		Sheet	of/	/	
2. Plant 1477	S BAR NO	CLEAR	PIANT	Unit/			
D. Box 200	O SPRINCE Address	a CITY,	TN.	WORKPE Repair Org			198-0
. Work Performed by				Type Code Symbo	I Stamp	P.O. No., Job No.	, etc.
WATTS B	AR NUCC	ion Pi	ANT	Authorization No.  Expiration Date		A war	4/95
J. Identification of Sy		OWATE		xs # 003			
5. (a) Applicable Con (b) Applicable Edit	struction Code Al.	SC 7TH 19	23 Edition	NA 1/14/95	Addenda,_	1/4 1/10/93	Code Cas
					a M	NTAC 196	31 AD
. Identification of Co	The second second	or Replaced and	Replacement C	omponents	· · · · · ·		
	1		1		}	Į	
			National	·			ASME Code
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	Code Stamped (Yes
Component		Serial No.	Board No.	Identification  DCA-Mi8978-	1 _	Replaced,	Code Stamped (Yes
Component  172-5-17-0-27 10-3-10-34-242		Serial No.	Board No.	DCA-MIS978- DCA-MIS978- DCA-MIS978- DCA-MIS978-	Built	Replaced,	Code Stamped (Yes or No)
Component  PES 300007  103A-103A-242  10ES 30,00,07  10A-1-03A-244		Serial No.  NONE	No.  No.	DCA-MIB978- 21,-02,-03, 24,-02,-03, 26,-123, 26,-10,-25, 26,-26,-10,-25, 26,-26,-10,-15,	Built	Replaced, or Replacement	Code Stamped (Yes or No)
Component  1/25 1/2027  1/25 31/2027  1/25 31/2027  1/25 31/2027  1/25 31/2027  1/25 31/2027	Manufacturer	NONE NONE	NONE NONE	DCA-MIB978- DCA-MIB978- DCA-MIB978- DCA-MIB978- DCA-MIB978-11 -12,-13,-14,-15 -16 f -17 DCA-MIB978-18	Built  [[KKN-m]	Replaced, or Replacement	Code Stamped (Yes or No)
		NONE NONE NONE NONE	Board No. NONE NONE NONE	DCA-MIB978- DCA-MIB978- DCA-MIB978- DCA-MIB978- DCA-MIB978- 12,-13,-14,-15 -16 \(\frac{1}{2}\)  DCA-MIB978-18 -17,-20,-21 \(\frac{1}{2}\)  FOCH #F35710-	Built	Replaced, or Replacement  **REPLACEMENT	Code Stamped (Yes or No)
Component  1/PES 300027  1003A-103A-244  1005 50,00027  1005 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  1007 50,00027  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tion in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

This form (E00030) may be obtained from the Order Dept., ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300. REPRINT 4/93

** IDD3A-I-03A-246 - REMOVED EXIST. CLAMP WITH LUG WEDED TO IT, T.S.; AND PLATE. INSTALLED NEW T.S., PLATE, CLAMP WITH LUG WEDED TO IT.

1003-A401-9-5 - REMOVED EXIST. SUPPORT. INSTALLED NEW CLAMP, SNUBBED, AND PLATES.

## WORK INSTRUCTION D-18918- OZ Page 8 cont. on Page 8A

FORM NIS-2 (Back)	
9. Remarks TRACKING # 95-010 wm //14/95	
Applicable Manufacturer's Data Reports to be attached	
CERTIFICATE OF COMPLIANCE	
We certify that the statements made in the report are correct and this <b>LECAMEMENT</b> conforms to the rules of the	
ASME Code, Section XI.	
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Type Code Symbol Stamp	
Cartificate of Authorization A word 1/14/95	
Certificate of Authorization NoExpiration Date	_
Signed Mike Sold, CONIST. EXCR. Date 1/14 19 95	
Owner or Owner's Designee, Title	_
CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State	
or Province of and employed by HSR 1-81.Co.	ie of
have inspected the components describe	ed
in this Owner's Report during the period 11-20-92 to 2/1/95, and state the	at
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in th	
Owner's Report in accordance with the requirements of the ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the	1e
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employed	er
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with th	is
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Inspector's Signature Commissions National Board, State, Province, and Endorsements	_
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TO THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERT	escription of Work	Other Pressure  1/14/9.5	RESTRAINT F5 eumatic No	MED EXIST. PLATE IN minal Operating Test Temp.	BASEPLATE THE Y BYEN	ANCHAR.	S AND PL	ATÉ. /N

# WORK INSTRUCTION D-1898-02 Page 88 cont on Page 9

FORM NIS-2 (Back) 9. Remarks TRACKING # 95-011 wmo 1/14/95
Applicable Manufacturer's Data Reports to be attached CERTIFICATE OF COMPLIANCE We certify that the statements made in the report are correct and this REPLACATED Conforms to the rules of the ASME Code, Section XI. Type Code Symbol Stamp Certificate of Authorization No. CONST. ENGL Date Owner or Owner's Designee, Title, CERTIFICATE OF INSERVICE INSPECTION I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of. and employed by HSB 1.21.Co have inspected the components described 11-20-95 10 in this Owner's Report during the period. 2-1-95 _, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection. Commissions nspector's Signature National Board, State, Province, and Endorsements <u> 2-1 1995.</u> Date

TVA NUCLEAR

Page 6 cont. on Page 6A

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

	SSEE VAL			Date	1/25		
400 W. Simn	NT HILL	DEIVE K	WOX. TN	Sheet	, , /		
2. Plant <u>W477</u>	700.633		_	Tunia /	01		
_	Nam	ne		/ Unit	-	<del></del>	
70. Bcx 2	Address	CING CIT	γ <u>/</u> /	WORKPL,	4N 2	D-191	<u> 18. o</u>
3. Work Performed by	TVA N.	100 FRA	TIONS	Type Code Symbo	Stamp	.U. No., Job No. メ/	, etc.
WATTS R	10 Alice	Name EAR PL		Authorization No.		/ www	
	Address			Expiration Date		1/14/	9 <u>5</u>
. Identification of Sys	stem_ <i>FEEL</i>	DWATER	2 /54	5 # 003			
i. (a) Applicable Cons	truction Code Al	15C 2TH	, , 73	My wing		N/ wm	
(b) Applicable Editi	on of Section XI U	tilized for Repair	Edition s or Replacemen	1: 19 80 THOUS	Addenda,_	14 1/14/95	_Code Ca
					,,	-1- /70/	MODET
. Identification of Cor	mponents Repaired	or Replaced and	Replacement Co	mponents			
			· T	<del></del>	7	<del></del>	
							ASME
		}		,	ľ		Code
1	Name of	Manufacturer	National Board	Other		Repaired,	Stamped
Name of	Name of		1 50010			Replaced.	(Yes
Name of Component	Manufacturer	Serial No.	No.	Identification	Year Built	or Replacement	
Component	· · · · · · ·	ī	No.	Identification		1 _ '	
Component	· · · · · · ·	Serial No.		Identification		1 _ '	
Component  1055-3149011  1054-1-034-284	· · · · · · ·	ī	No.	Identification  DCA - M17/78-01 - 02 , - 03 , - 04		1 _ '	
Component  1055-3149011  1054-1-034-284	· · · · · · ·	Serial No.	NONE	Identification	Built	1 _ '	or No)
Component  105 34 9027  106 3 000 000 000 000 000 000 000 000 000	· · · · · · ·	Serial No.		Identification  DCA - M17/18-01 -02, -03, -04 -05 -06, -07 - 08	Built	1 _ '	or No)
Component  105 34 4011  2034 - 1-034 - 284  105 4 - 1-034 - 288	· · · · · · ·	None	NONE NONE	DCA - M17/78-01 -02, -03, -04 5-05 DCA - M19/78- DCG, -07 \$ -08	Built	or Replacement	or No)
Component  105 34 4011  2034 - 1-034 - 284  105 4 - 1-034 - 288	· · · · · · ·	Serial No.	NONE	Identification  DCA - M17/18-01 -02, -03, -04 -05 -06, -07 - 08	Built	1 _ '	or No)
Component  105 344011  106 344034  106 3404037	· · · · · · ·	None	NONE NONE	DCA - M17/78-01 -02, -03, -04 5-05 DCA - M19/78- DCG, -07 \$ -08	Built Chrevous	or Replacement	or No)
Component  PE 3440/21  034-1-034-284  1PE 34P0/27	· · · · · · ·	None	NONE NONE	DCA - M17/78-01 -02, -03, -04 5-05 DCA - M19/78- DCG, -07 \$ -08	Built Chrevous	or Replacement	or No)
Component  105 314 1017  2034 - 1-034-284  105 3 1-034-288  106 51 1027  1034 - 1-034-290	Manufacturer	NONE NONE	NONE NONE NONE	Identification  DCA - M17/18-01 -02, -03, -04 -05 DCA - M19/178- 06, -07 = -08  DCA - M19/178- 09, -10, -11 = -12	Built  Chrevous  Wherein	or Replacement  REPLACEMENT  REPLACEMENT  REPLACEMENT	or No)
Component  195 31140117 2034-1-034-284  196 3044027 1034-1-034-280 196 3044027	Manufacturer	NONE NONE	NONE NONE NONE	Identification  DCA - M17/18-01 -02, -03, -04 -05 DCA - M19/178- 06, -07 = -08  DCA - M19/178- 09, -10, -11 = -12	Built  Chrevous  Wherein	or Replacement  REPLACEMENT  REPLACEMENT  REPLACEMENT	or No)
Component  1/PE 311490117 1003A-1-03A-284  1/PE 31/PP0127 103A-1-03A-290	Manufacturer	NONE NONE	NONE NONE NONE	DCA-M17/78-01-02,-03,-04 5-05 DCA-M19178-06,-07 6-08 DCA-M19178-09,-10,-11 6 -12 1/14/95	Built  Chresoly  WKNOWK	Or Replacement  REPLACEMENT  REPLACEMENT  REPLACEMENT	or No)
Component  1025-34-9017 2034-1-034-284 2025-1-034-288 2025-1-034-29  Description of Work	Manufacturer  1003A - /-03A - 1003A - /-03A	NONE  NONE  NONE  2#4 - MODE  2#4 - MODE  2#8 - MODE  290 - MODE	NONE NONE NONE	DCA-M17/78-01-02,-03,-04 5-05 DCA-M19178-06,-07 6-08 DCA-M19178-09,-10,-11 6 -12 1/14/95	Built  Chresoly  WKNOWK	Or Replacement  REPLACEMENT  REPLACEMENT  REPLACEMENT	or No)
Component  195 32490427 2034-1-034-284  196 32490427 2034-1-034-29 o  Description of Work/	Manufacturer  003A - / - 03A - 003A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A - / - 03A	Serial No.  NONE  NONE  2#4 - MODE  2#4 - MODE  2#8 - MODE  -290 - MODE	NONE NONE NONE	DCA-M17/78-01-02,-03,-04 6-05 DCA-M19/78- DCA-M19/78- DCA-M19/78- 09,-07 \$ -08  DCA-M19/78- 1/14/95 1/14/95 1/14/95 1/14/95 1/14/95	Built  Chresoly  WKNOWK	Or Replacement  REPLACEMENT  REPLACEMENT  REPLACEMENT	or No)
Component  PE 3149017  2034-1-034-284  PE 3149027  234-1-034-290  Description of Work  Tests Conducted: H	Manufacturer  1003A - /-03A - 1003A - /-03A	Serial No.  NONE  NONE  2#4 - MODE  2#4 - MODE  2#8 - MODE  -290 - MODE	NONE NONE NONE NONE NONE NONE NED RESTRI	DCA-M17/78-01-02,-03,-04 6-05 DCA-M19/78- DCA-M19/78- DCA-M19/78- 09,-07 \$ -08  DCA-M19/78- 1/14/95 1/14/95 1/14/95 1/14/95 1/14/95	Built  Chresoly  WKNOWK	Or Replacement  REPLACEMENT  REPLACEMENT  REPLACEMENT	or No)

2/82)

## WORK INSTRUCTION D- 19178-01

## Page 6A cont. on Page 6B

P. Remarks TRACKING \$\frac{\pm}{95-012} \text{complicable Manufacturer's Data Reports to be attached}  CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this Reports to the rules of the repeir or replacement  Type Code Symbol Stamp
Applicable Manufacturer's Data Reports to be attached  CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this PERACEMENT conforms to the rules of the ASME Code, Section XI.
CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this **ZEPTACEMENT** conforms to the rules of the ASME Code, Section XI.  repair or replacement
We certify that the statements made in the report are correct and this <b>REPLACEMENT</b> conforms to the rules of the ASME Code, Section XI.  repair or replacement
We certify that the statements made in the report are correct and this <b>REPLACEMENT</b> conforms to the rules of the ASME Code, Section XI.  repair or replacement
We certify that the statements made in the report are correct and this <b>PERACEMENT</b> conforms to the rules of the ASME Code, Section XI.  repair or replacement
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We certify that the statements made in the report are correct and this <b>PERACEMENT</b> conforms to the rules of the ASME Code, Section XI.  repair or replacement
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We certify that the statements made in the report are correct and this <b>PERACEMENT</b> conforms to the rules of the ASME Code, Section XI.  repair or replacement
We certify that the statements made in the report are correct and this <b>PERACEMENT</b> conforms to the rules of the ASME Code, Section XI.  repair or replacement
repair or replacement
Type Code Symbol Stamp
Type Code Symbol Stamp
A second
Certificate of Authorization No.
Expiration Date
Signed like & bodd Const ENGLOW 1/14 95
Owner or Owner's Designee, Title
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
and employed by
HAYT FORD GNN: have inspected the components described
in this Owner's Report during the period 2//93 to 2//23
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
While I shapping in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
The second corrective measures described in this Owner's Report Furthermore anishes the learness and the second corrective measures described in this Owner's Report Furthermore anishes the learness and the second corrective measures described in this Owner's Report Furthermore anishes the learness and the second corrective measures described in this Owner's Report Furthermore anishes the learness and the second corrective measures described in this Owner's Report Furthermore anishes the learness and the second corrective measures are second corrective measures.
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
$\mathcal{R} \in \mathcal{I}$
Commissions TN 2534
Inspector's Signature Commissions TN 2534  National Board, State, Province, and Endorsements
, , , , , , , , , , , , , , , , , , , ,
Date <u>9//</u> 19 95
1 V



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P809	φ	_ cont. on Page	7
·		cont. on Fage,	

1. Owner	TVA Nam	8		Date <u>1-15</u>	-95		
400 W. SUM	MIT HILL DR	, KUOX VILL	E, TIV	Sheet/	of/_		<del> </del>
2. Plant WATTS A				Unit	<u> </u>		·
P.O. BOX 2000	SPRING CI	TY, TN		WP D- Repair Org	1869	6-02	<del></del>
3. Work Performed by	7	VA Name		Type Code Symbo	l Stamp_		·
P.O. Box 200	O, SPRING CI Address	TY, TN	·	Authorization No. Expiration Date		N CD   H 1-1	n 5-95
4. Identification of Sys	stem03	MAIN AN	D AUX. FE				
5. (a) Applicable Cons (b) Applicable Editi 6. Identification of Cons	ion of Section XI U	tilized for Repairs	or Replacement	s 19 <u>80</u> THA	Addenda,_ SU WIN	NIA 1981 ITER 1981	-9 <i>5</i> _Code Ca
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
003A-1-D3A-325		2	A COV-95		UNKNSUN	REPLACEMENT	NO
		·				·	
			A				
			N 40N 1-15-95				
			·				
. Description of Work	MODIFY SUP	PORT PER	DCN-M	-18696-A		.,	
Tests Conducted: H		eumatic // No		Pressure			

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



Page 7 cont. on Page 8

9. Remarks TRACKING # 95-13
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the ASME Code, Section XI.  repair or replacement
Type Code Symbol Stamp
Certificate of Authorization No. Expiration Date
Signed Charles Clearer FE Date 1-15 , 19 95
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province ofand employed by
in this Owner's Report during the period 11-14-92 to 2-7-95, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or insplied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector's Signature Commissions National Board, State, Province, and Endorsements
Date 2 - 7 - 19 9 5 .

	,						
1. Owner <u>Tenne</u>	essee Vaue.	1 AUTHOR	eity	Date	16-93	5	<u>.</u>
400 W.	SUMMITT HILL Address	Drive, Knox	wille, TN	Sheet/	_ of <i>_</i>	·	<del> </del>
2. Plant <u>W411</u>	S BAT Nuc	LIEAR Pla	NT	Unit/			
P.o. B	ox <u>2000, S</u> Address	pring Ciry,	TN, 37381	M.O. S	3-100	087-03	
3. Work Performed	by T.V.A. MEC	H. MODIFIC.	ATIONS				
	AR NUCLEAR PO		<del>.</del>	Type Code Symbour Authorization No Expiration Date_		/V/A BA	P 1/16/9
4. Identification of	System SysTE	m 63;	SAFETY				
. (b) Applicable Ed	onstruction Code <u>A15</u> dition of Section X1 Un Components Repaired	tilized for Repairs	s or Replaceme	nts 19 <u>80 E</u> DITTO	Addenda, c	<u>/ABRP 1/16/95</u> WINTER 198	_Code Cas
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No,	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT	N/A B2P	NONE	NONE	1063-63- ISIS-R35	MIKNOW N	REPLACEMENT	NO
			WA BOP	1-16-95		·	
Description of Work	REPLACED STA	RUT, BEVELL	ED WASHER	S, & BOLTING	<u> </u>		
Tests Conducted:		eumatic No	minal Operating	NA	BAP 1	116/95	
NOTE: Supplemention in items 1 throrecorded at the top	tal sheets in form of ough 6 on this report of this form.	lists, sketches, or is included on e	r drawings may ach sheet, and	be used, provided (1) (3) each sheet is nur	size is 8½ nbered and	in. x 11 in., (2) in the number of si	iforma- heets is

WO-93-10087-03 PAGE 23 of 44

9. Remarks = 014
Applicable Manufacturer's Data Reports to be attached
·
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this <u>REPLACEMENT</u> conforms to the rules of the ASME Code, Section XI.  repair or replacement
Type Code Symbol Stamp
Certificate of Authorization No. w/A B2P 1/16/95 Expiration Date _ w/A B2P 1/16/95
Signed Bradfuel 2. Rendre Date January 16, 1995
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TENNESSEE and employed by HSB IFI (6)
in this Owner's Report during the period 2/10/95 to 2/10/95 and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector's Signature Commissions TN 2534  National Board, State, Province, and Endorsements
National Board, State, Province, and Endorsements
Date 2/10 19 95

1. Owner TENNESS	EE VALLEY AUT	HORITY		Date 12-10-5	14		
400 W. SUM	MIT HILL DR.	KNOXVILLE,	TN.	Sheet	. of		
2. Plant WATTS B				Unit			
	SPRING CIT	=	81	<u> WO - 9:4 -</u> Repair Org	-196	49-02	
3. Work Performed by				Type Code Symbo			, etc.
B07-4-5-		Name	<del></del>	Authorization No.			
CO DOX 2000	SPRING CITY	,TN. 3738	<u> </u>	Expiration Date			
4. Identification of Sy							
5. (a) Applicable Con	Al	SC STEEL C	CONSTRUCTI	ON MANUAL,	TA ED	MONT	<del></del>
(b) Applicable Edit	ion of Section XI U	19	Edition	ts 19 <u>80 - W</u> INTE	Addenda,_		_Code Case
					× 1481	AddeNdA	
6. Identification of Co	mponents Repaired	or Replaced and F	Replacement Co	mponents			
	T	T					
Name of	Name of	Manufacturer	National Board			Repaired,	ASME Code Stamped
Component	Manufacturer	Serial No.	No.	Other Identification	Year Built	Replaced, or Replacement	(Yes or No)
SUPPORT		1111					
1074-A435-1-45		NIA 35 MIL	<u> </u>	DCA-W3004Z-07	UNK	REPLACEMENT	20
		į					
				ŀ			
Description of Mark F						L	
7. Description of Work	KILHUED SI	ZUT/CLAMP	WITH SN	lubber/clam	Ρ		
3. Tests Conducted: H	ydrostatic Pne	umatic Non	ninal Operating	Penanum			
0	ther Pressure_		Test Temp.				
NOTE: Committee					4DR 12-1		
NOTE: Supplemental tion in items 1 throug recorded at the top of		ists, sketches, or is included on eac	drawings may b ch sheet, and (3	e used, provided (1) s 3) each sheet is numb	ize is 8½ pered and	in. x 11 in., (2) in the number of sh	forma- leets is
20 100 100 01	and form,						-

This form (E00030) may be obtained from the Order Dept., ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300. REPRINT 4/93

WO-94.19649-02 PG 15 of 41

9. Remarks TRACICIFIC # 95 - 015 5
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this REPORT CONFORMS to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp
Certificate of Authorization No Expiration Date ~/ s & ALT- 95
Signed Date 1-17 19 95
CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of
in this Owner's Report during the period 12-14-94 to 1-27-95, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection,
Commissions TN 2537
Inspector's Signature National Board, State, Province, and Endorsements
Date 1-27 19 9 5.

WO-84-19649-02 PG 16 8 11

1. Owner <u>TENNE</u>	ESSEE VALLEY /	AUTHORITY	<del></del>	Date / Z -	3-94	1	
	MIT HILL DR			Sheet/	of (		
				Unitl	U		
	Name	7	11.95°	Uniti			
2. Plant <u>WATTS</u> E	SPRING CIT	Y, TN 3777	T 37381	WO. 94-	25182	-00	
						.O. No., Job No.	, etc.
3. Work Performed b	WITH S DAK	Name MH	95	Type Gode Symbol Authorization No.	Stamp	NA Wale	116160
P.O. BUX 200	o SPRING CITY Address	TN. 3777	4-37381	Expiration Date		1011012	-11>174
A Idon+ifi	Address	./c==1.4	<b>-</b>				
4. Identification of S	ystem 068	/ SIEHM (	SENERATOR .	<del>#4</del>			
5. (a) Applicable Co. (b) Applicable Edi	nstruction Code A	156 ×100 11	9 73 Edition	SUMMIR June 1973 a	ddenda	NA KE 12/1	1/94
(b) Applicable Edi	ition of Section XI Ut	ilized for Repair	s or Replacement	15 19 80 - WINT	TEK 81		_Code Cas
	•			•			•
6. Identification of C		or Replaced and	Replacement Co	mponents		,	
					<u> </u>	T -	<del> </del>
N I							ASME
<b>N</b>			National			Repaired.	Code Stamped
Name of Component	Name of Manufacturer	Manufacturer Serial No.	Board	Other	Year	Replaced,	(Yes
		Serial NO.	No.	Identification	Built	or Replacement	or No)
WBN-1-5GEN-	WESTINGHOUSE					·	
068-564	ELEC. CORP.	1594	W10289	NA KKC12/15/49	1975	REPLACEMENT	- 1/2
				77 0.410,44	. 770		748
			NATRIZI	-/05			
			110141	5/77			
							İ
	,						
7. Description of Work	Replaced 1 5	THE AND I	NUT FOR :	INST/INSPEA	TON OF	ENING	
B. Tests Conducted:							<del></del> ,
	Other Pressure	umatic No	minal Operating	ے ہے			
		psi	rest remp.	<u>'T</u> °F			
NOTE: Supplement	al sheets in form of I	ists, sketches, o	r drawings may b	e used, provided (1) s	size is R% i	in. x 11 in /2) :-	forms
tion in items 1 throi	uch 6 on this renort	is included on a	aab abaaa a	.,	0/2	···· ^ · · · · · · · · · (2) In	iiurma-

tion in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is

recorded at the top of this form.

2/82)

	FORM NIS-2 (Back) _95-0/6
9.	Remarks NONE TRACKING # 016 5=1-18-15
٠.	Applicable Manufacturer's Data Reports to be attached
	•
_	
İ	CERTIFICATE OF COMPLIANCE
	We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the
	ASME Code, Section X1. repair or replacement
•	Type Code Symbol Stamp
(	Certificate of Authorization NoExpiration Date
	J. And J. C. I.
S	Owner or Owner's Designee, Title / Date /2-/3 , 19 94
_	
	CERTIFICATE OF INSERVICE INSPECTION
ŧ,	the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
0	r Province of and employed by HSRT 2.T Co of
-	have inspected the components described
	this Owner's Report during the period 12-13-94 to 2-7-95, and state that
to O	the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Ü	wner's Report in accordance with the requirements of the ASME Code, Section XI.
ex	By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the caminations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
sh	all be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
in	spection.
	Commissions National Board, State, Province, and Endorsements
	- Total Basis, State, 1 Total Basis and Elitarismits
Da	nte

1. Owner TENN	ESSEE VALLEY	AUTHORITY		Date	11-18-	94	-
	Nai	me	···			· /	
400 W.SU	MMIT HILL DRI	VE, KNOXVIL	LE, TENN.	Sheet/	_ of)		
2 Plant WATT	S BAR NUCLEAR	יזייזא <u>מ. ס</u> ד		1			
z. rient	Nan			Unit/			
P.O.	BOX 2000 SPR	ING CITY, T	ENN. 37381	94.	-2022	5-05	
	Address			Repair Or	ganization	P.O. No., Job No	., etc.
3. Work Performed	by WATTS BAR 1	NUCLEAR MAI	NTENANCE	Type Code Symbo	ol Stamp	N/R	
•				Type Code Symbol Authorization No		N/R	
	BOX 2000 SPR	ING CITY, T	ENN. 3/381	Expiration Date_		NR	
4. Identification of	System	- CONTAIN	MENT S	PRAY		, –	
	onstruction Code Addition of Section XI U				Addenda,_	N/R	_Code Cas
•					T	T	<del></del>
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-5NUB-072-	200		<del></del>		ļ	7	
C51218	PSA	30866	N/A	NONE	1994	ment	Y
<del></del>							
			.				
Description of Work	REPLACED SA	NUBBER					
•	Hydrostatic Pne Other Pressure	umatic Nom	inal Operating P	ressure	Rb u fre	e/ay	
NOTE: Supplement tion in items 1 thror recorded at the top of	al sheets in form of I ugh 6 on this report i of this form,	ists, sketches, or a s included on eac	drawings may be th sheet, and (3)	used, provided (1) :	size is 8½ i bered and	n. x 11 in., (2) in the number of sh	forma- leets is

This form (E00030) may be obtained from the Order Dept., ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300. REPRINT 4/93

9. Remarks	95-017
	Applicable Manufacturer's Data Reports to be attached
<del></del>	
	CERTIFICATE OF COMPLIANCE
ASME Cod	We certify that the statements made in the report are correct and this <u>REPLACEMENT</u> conforms to the rules of the de, Section XI.
Type Code	Symbol Stamp N/A EMM 1/19/95
Certificate	of Authorization No. N/A Enm 1/19/95 Expiration Date N/A ENM 1/19/95
Signed O	of Authorization No. N/A ENM 1/19/95 Expiration Date N/A ENM 1/19/95  Church 1. Mc Oy  Where or Owner's Designee, Title  Date January 19, 19 95
<del></del>	CERTIFICATE OF INSERVICE INSPECTION
I, the under	signed, holding a valid commission issued by the National Board of Boiler and Browner Vessel Lances and Browner
OI I FOUNCE	and employed by 73 3 2 2 (A
in this Own	HAYTFOYO CONN. have inspected the components described er's Report during the period 1/20/95 to 1/20/95 and state that
to the best o	the Course and Deliet, the Owner has performed examinations and taken corrective measures described in this
Owner 3 Mep	ort in accordance with the requirements of the ASME Code, Section XI.
By signin	g this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
. va	and corrective measures described in this Owner's Report. Furthermore neither the Inspector not his employee
inspection.	e in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
	$o c \cdot f$
	5 Earnesh Commissions TV 2534
	Inspector Signature Commissions TN 2534  National Board, State, Province, and Endorsements
<b>3</b>	1/20 95
Date	19_/



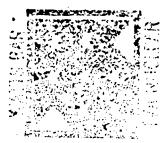
		1 -1 1	/				
1. Owner TENNE	255€€ VA/104 Non	Huthorita	<u>,                                     </u>	Date/_	20-4	9	
400 W1.54	ininit Hill I	Rive, KNOX	i TN.	Sheet			
		l e e e e e e e e e e e e e e e e e e e		0.1001	. 011		
2. Plant 1.1.4 TT.5	DAR Nucle	<u>PR ILAN</u>	<u> </u>	Unit/			
PO Box 20	000, Ene 1	is C.f. Tw	37281	410 7	64 ~	21.01	
	1.4	14 (114 170	<u> </u>	Wg-D. Repair Org	anization	27 - 27 P.O. No., Job No.	
3. Work Performed by				Type Code Symbo			., <del>e</del> tc.
WATTS BA	a alundana	Name		Authorization No.		N 661	1-28-45
<u> </u>	Address	Thyn I		Expiration Date_		A	
4. Identification of Sy	stem <i>OC</i> .	3/ Fee	dunfer	<u> </u>			
5 (a) Applicable Co-		rea 74	7				
5. (a) Applicable Cons (b) Applicable Edit	ion of Section VIII	19	$\frac{Z_1 Z_2}{Z_1 Z_2}$ Edition,	NAGG1-20-45	Addenda,_	NAGG 1-2545	_Code Case
Applicable Edit	ion of Section XI U	tilized for Repairs	or Replacement	ts 19 <u>80 Hir</u> u 20,	NYER 19	181 Aldens	W
6. Identification of Co.							
	T			mponents			0
					T		<del></del>
							ASME
Name of	_		National			Repaired.	Code
Name of Component	Name of Manufacturer	Manufacturer	Board	Other	Year	Replaced,	Stamped (Yes
,	wondracturer	Serial No.	No.	Identification	Built	or Replacement	
10034-1-034-						·	
			- <b>1</b>	OCA PO 45,4-	NA	REPLACEMENT	NA
247	1/210			101 - 10- 1	7.	,cmen	1661-20
247	None	None.	NENC.	01,04,05 \$15			G. 16.12
247				DAL BURGE			
247	None	NONE		DAL BURGE			
247				01, 64,08			
247				DCh-704524- 01,06,07,08,09,17 18,74,02			
247 16034-1-034-			NONC	DCh-704524- 01,06,07,08,09,17 18,74,02			
247			NONC	DCh-704524- 01,06,07,08,09,17 18,74,02			
247 16031-1-031- 248	None	NONE	NONC NGGI-	DCh-704524- 01,06,07,09,0417 18,14,00 20-95	J.4 66+20 44	Replacement	NA 661-30 X
247 16034-1-031- 248	None	NONE	NONC NGGI-	DCh-704524- 01,06,07,09,0417 18,14,00 20-95	J.4 66+20 44	Replacement	NA 661-30 X
247 26034-1-034- 248 Description of Work_	None	NONE	NONC NGGI-	DCh-704524- 01,06,07,09,0417 18,14,00 20-95	J.4 66+20 44	Replacement	NA 661-30 X
Description of Work_	Modify S	NONE	NONC NGGI- A	1006-704624- 01,06,07,09,09,17 18,14,00 20-95 Pressure	1.1 66-30 94 4534-6	Replacement  1,04,05,06,0	NA 661-30 X
247 16034-1-C34- 248  Description of Work Tests Conducted: Hi	None	NONE  Experse	NONC NGGI-	1006-704624- 01,06,07,09,09,17 18,14,00 20-95 Pressure	1.1 66-30 94 4534-6	Replacement  1,04,05,06,0	NA 661-30 X
Description of Work  Tests Conducted: He	Modify C	NONE  PSI	NONC  NGGI- A  PR DO	20.95 Pressure - A	1,4 66-20 94 4534-6	Replacement  1,04,05,06,0 19 4,20,	17.03, 89, 10
Description of Work_	Modify C	NONE  Supposet  psi	NONC  NGGI- A  PR DO	20.95 Pressure - A	1,4 66-20 94 4534-6	Replacement  1,04,05,06,0 19 4,20,	1,03,69,10

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8.

(12/82)

Page 6 A cont. on Page 6B



9. Remarks 95-018 661-20-45
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this <u>Replacement</u> conforms to the rules of the ASME Code, Section XI.
Certificate of Authorization No. NAGG (-20-95 Expiration Date NAGG (-30-95
Certificate of Authorization No. NAGG 1-20-95 Expiration Date NAGG 1-20-95
Signed Owner or Owner's Designee, Title  Date 1-28-45
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province ofand employed by
have inspected the components described
in this Owner's Report during the period 10-10-91 to 2-7-95, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Commissions TH 2537
Inspector's Signature National Board, State, Province, and Endorsements
Date

WARRENT D-04524-01

Penso 6 6 cont on Page 6 C

	Nam  UMMIT HILL D	-	Ta	Sheet/	of /		
	Address SAR NUCLE			Unit/	OI		
OA RAJ	Name 2000 Co. A		7024		·		
. v. 20x	Address	CITY, IN _	<u>37381                                   </u>	WORKPLAN Repair Orga	2/8 enizetion P	401-04 2.0. No., Job No.,	, etc,
ork Performed b	ON T.V.A. MEC.	4. MODIFICA Name	TIONS	Type Code Symbol	Stemp	// //20	<del>-//</del>
WATTS B	BAR NUCLEAR	PLANT	****	Authorization No. Expiration Date		ZMA BOXY 1	121/95
	Address System		•				
				. m/a B2 / /21/95 A		1 200 / /	
Applicable Co	ition of Section XI U	illized for Repairs	<u> ∠⊃</u> Edition, or Replacemen	, <u>n/a 02/ Yzi/95                                    </u>	Addenda, と	<u>10 62 1/21/95</u> WINTHE 1991	_Code Case
	Components Repaired						•
	T Topaneo	T TEPIBORG BING P	repracement Co	mponents		·	
Name of	Name of	Manufacturer	National Board	Other	Year	Repaired,	ASME Code Stamped (Yes
Component	Manufacturer	Serial No.	No.	Identification	Built	or Replacement	or No)
SUPPERT	N/A B28 1/21/25	NONE	NONE	1003A-1-03A- 205	こそべてりとし	REPLACEMENT	No
				N/A 82P 1/21/95			
				N/A 1/21/95			
	_		_				
ription of Work	SUPPORT MO	DOIFIED TO	COMPENS	ATE FOR CH	CCV VA	INE SIAM	UN FIFE
	Hydrostatic . Po						
	Hydrostatic Processure	eumatic Non			NA BAF		
Conducted:	Hydrostatic Pno	eumetic Non	ninal Operating Test Temp.	Pressure°F	NA BAS	1/21/95	
ts Conducted: # TE: Supplement	Hydrostatic Pnotestare  Other Pressure  Ital sheets in form of pugh 6 on this report	Psi  lists, sketches, or	Test Temp.		NA BAF	1/21/95	•
TE: Supplements in items 1 throporded at the top	Hydrostatic Pnotestare  Other Pressure  Ital sheets in form of bugh 6 on this report of this form.	Psi lists, sketches, or is included on ea	Test Temp drawings may lich sheet, and (	be used, provided (1) (3) each sheet is num	N/A BALL	2 1/21/95 in. × 11 in., (2) in the number of s	nforma- h <del>ee</del> ts is
TE: Supplement in items 1 throwarded at the top	Hydrostatic Pnotestare  Other Pressure  Ital sheets in form of bugh 6 on this report of this form.	Psi lists, sketches, or is included on ea	Test Temp drawings may lich sheet, and (	Pressure F	N/A BALL	2 1/21/95 in. × 11 in., (2) in the number of s	nforma- h <del>ee</del> ts is
FE: Supplement in items 1 through	Hydrostatic Pnotestare Other Pressure  Ital sheets in form of bugh 6 on this report of this form, (E00030) may be obtain	Psi lists, sketches, or is included on ea	Test Temp.  drawings may the chamber, and ( Dept., ASME, 22	be used, provided (1) (3) each sheet is num	N/A BALL	2 1/21/95 in. × 11 in., (2) in the number of s	nforma- h <del>oe</del> ts is

TVA PUBLISHER

FORM NIS-2 (Back)

	# 95-019 ⁸	le Manufacturer's D	ata Reports to be attache	d	
•					
<del></del>	<del></del>				
	0507	IFICATE OF COM	DITANCE		
We certify that the	UEN II e statements made in the	Proort are correct (	and this REPLACEMEN	conforms to the rules of t	:he
SME Code, Section X1.	. atotements more in the	, , , , , , , , , , , , , , , , , , , ,	repair or replacem	ent	
,	1 000 1	1.10			
pe Code Symbol Stamp_	N/A GRP 1/2	21/25		,	
	Ma RAP 1/2	1/25	Eunisation Data W/	4 <i>BRP 1/21/05</i> 21	
rtificate of Authorization	No. NA DI	-/	Expiration Date		
ned Budfan	L &. Kerdu	۷	Datelan.	21	
Owner or Owner's	Designee, Title				
		CATE OF INSERV			°
	valid commission issued	by the National Bo	pard of Boiler and Pressur	e Vessel Inspectors and the S	of
Province of 1	C-+-		ham inme	ted the components descr	ribed
this Owner's Report dur	ing the period	2_22-9	<u> 3 10 2 - 9</u>	_ 45 , and state	that
the best of my knowledg	e and belief, the Owner	has performed exa	minations and taken cor	rective measures described in	this
mer's Report in accordance	e with the requirements	of the ASME Code	, Section XI.		
By signing this certificate	neither the Inspector (	nor his employer m	akes any warranty, exp	essed or implied, concerning	3 the
aminations and corrective	measures described in	this Owner's Repo	ort. Furthermore, neithe	r the Inspector nor his empl	oyer
	r for any personal injury	or property damag	e or a loss of any kind ar	ising from or connected with	THIS
pection.	2				
13 Eur	mah	Commissions	TN 2534 National Board, State		
· Inspector	s Signature	COIIRIIISSIONS	National Board, State	, Province, and Endorsemen	ts
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				
· * 8/23/95	19				

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WORK INSTRUCTION D18401-04



Sect 7 miles age 8

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

1. Owner TENNE	SSE VALLES /	ALTHORITY		Date	1/95		
400 N. Supp	Address	UE, KNUXVIO	LE, TN.	Sheet/	of/		
	BAR Núclear -		·	Unit/			
P.D. BOX 201	DO, Spein G Ci	Ty , TN 37	3 <u>6</u> /	WOREPLAN Repair Org	D05	620-11	
3. Work Performed b	Y TVA MECH.	MODIFICATI		Repair Org  Type Code Symbo  Authorization No.	Stamp		, etc.
WATTS B	BAR NUCLEAR A	PLANT		Expiration Date		/ ~/~ 0	1/21/9
4. Identification of S	ystem_ CONTA	NMENT S	PRAY				
5. (a) Applicable Col (b) Applicable Edi  6. Identification of C	ition of Section XI Ut	ilized for Hepairs	or Replacemen	ts 19 <u>80 EDITION</u>	Addenda <u>, A</u> J THRU	<u>SA BAP 1/2, /95</u> WIN TEX 1991	⊆Code Case
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT	NA BAP 1/21/95	NONE	NONE	1072-72-1C5 R 44	でちたてららって	REMACEMENT	.No
				N/A BAP 1/21/95		·	
. Description of Work				<u></u>			
	Hydrostatic Pne	umatic No	minal <u>Operating</u> Test Temp,	Pressure°F		, 21/95	

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

treat the sort in steel I ...

### D-95020-11

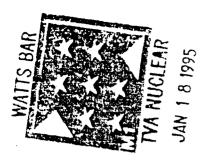
FORM NIS-2 (Back)
9. Remarks TRACKING # 95-020 BAP 1/22/95
Applicable Manufacturer's Data Reports to be attached
· · · · · · · · · · · · · · · · · · ·
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the
ASME Code, Section XI.
Tuno Corto O 1110
Type Code Symbol Stamp N/A B2P 1/21/95
Certificate of Authorization No. ~/A B3P 1/21/95 Expiration Date/A B3P 1/21/95
Expiration Date _N/A BAT 1/21/95
Signed Bralfard B. Perline Date Jan 21 1995
Owner or Owner's Designee, Title
CERTIFICATE OF INSERVICE INSPECTION
the undersigned holding a valid commission is not be at a second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the
or Province of TENNESSEE and employed by HSB IFI (a) have inspected the components described in this Owner's Report during the period 1/23/95 to 1/23/95, and state that
have inspected the components described
in this Owner's Report during the period 1/23/95 to 1/23/95, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
15 Carmala TN 2534
Inspector's Signature Commissions TN 2534  Netional Board, State, Province, and Endorsements
Date



Page	7	co	nt. on i	Page <u>8</u>	
		•		12	

1. Owner <u>TENN</u>	<i>∨ESSEE ∨A</i>	LLEY ALIT	HOICITY	Date 1-23	5-95		
401 W. SUI	MAIT HILL I	DRIVE, KNO	xville, Ti	V Sheet	of		
2. Plant in ATT	S. P. A. M. Name	ceir pli	in T	Unit			
P. C. Box	Name Z. ('', Spring Address	· C. C.Ty,	7/12/38/	WP# D-0	5620	-12	
3. Work Performed b	, TVA MI	DOS.		Type Code Symbo  Authorization No	ganization P	.O. No., Job No.	, etc.
	2000 SPRIA		/	Authorization No Expiration Date_		N/A	
	,	•				/ Kun 1-23.	-95
4. Identification of Sy	ystem	CONTAIN	MENTS	PRAY			
<ul><li>5. (a) Applicable Con</li><li>(b) Applicable Edit</li><li>6. Identification of Co</li></ul>	•				Addenda, <u>M</u>	4 fin 1-23.95 WINTER 198	_Code Case
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1072-72-105 - 233	MA	4/1	M/A	72-1CS-R33	กุทสาใชกว่า	REPLACEMENT	ilo
1072-72-165 -235 1072-72-165	. (			72-165-R35		REPLACEMENT	/
-RZ				72-1C5-RZ		REPLACEMENT	
- 217 1072-72-105		)		72-1CS-R17		Peplacement	
- 254	N/A	N/A	4/A	72-165-R54	UMENOUN	Replacement	No
7. Description of Work	REWORKED /	REPLACES	SUPPORTS	S TO REPAI	R DA	MAGE	
_	Hydrostatic Pne	eumatio Non	,		٠		

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



Page 8 cont. p.s. Page 9
D 0 5 6 2 0 1 2

9. F	Remarks TRACKING # 95-21 01/24/95
	Applicable Manufacturer's Data Reports to be attached
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1	CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are proven and this [Fig. Acentral].
A	We certify that the statements made in the report are correct and this <b>Revision</b> conforms to the rules of the ASME Code, Section XI.
	i h
13	ype Code Symbol Stamp
l	ertificate of Authorization NoExpiration Date
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Sig	gned Library FIEW ENGINEER Date JANUARY 73, 19 95
<b></b> _	Owner or Owner's Designee, Little
	CERTIFICATE OF INSERVICE INSPECTION
l, 1	the undersigned, holding a valid commission issued by the National Roard of Rolling and Roards Vessel Language and the State
or	Province of
	have inspected the components described
to	this Owner's Report during the period 1-17-9 to 1-27-9, and state that the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
	wher's Report in accordance with the requirements of the ASME Code, Section XI.
	By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
	aminations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
sha	all be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
11124	pection,
	Commissions TN 2-537 Inspector's Signature National Board, State, Province, and Endorsements
	Inspector's Signature National Board, State, Province, and Endorsements
_	
Dat	ie119_4 <del>5</del> .

	ESSEE VALLEY	Ime		Date/	1-16-	95	
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2. Plant WATT	S BAR NUCLEAR			Unit/	<u> </u>		
P.O.	BOX 2000 SPR	ING CITY,	<u> TENN.</u> 3738.	1 • 93-	2234	6-05	
3. Work Performed	by WATTS BAR	NUCLEAR MAI	INTENANCE	Repair O	rganization poi Stamp	N/R	o., etc.
	BOX 2000 SPR Address System 066	•		Authorization No Expiration Data	o	N/R N/R	
i. (a) Applicable Co (b) Applicable Ed	instruction Code	TSC TREPAIR	9 7 JH Se 1- 16- 95 s or Replacemen	N/A 19_80W8	Addenda,	N/a	_Code Ca
•	The paired	or neplaced and	Replacement Co	mponents			
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
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	ydrostatic Pnac	Imatic Nom	inal Operating Po	essure   P	8./16/9		
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9. Remarks 05-023	
Applicable Manufacturer's Data Reports to be attached	
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CERTIFICATE OF COMPLIANCE	
We certify that the statements made in the report are correct and this <u>VEPLACEMEN</u> conforms to the rules of ASME Code, Section XI.	of the
Type Code Symbol Stamp N/A Enm 1/26/95	
Certificate of Authorization No. N/A ENM 1/26/95 Expiration Date N/A ENM 1/26/95  Signed Edward N ME/oy Date Line 26, 19 9.	125
Edward n meh	
Owner or Owner's Designee, Title Date San. 26, 19 9.	<u>s</u>
CERTIFICATE OF INSERVICE INSPECTION  1. the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the performance of $\frac{16NNESSE}{MAYTFOYO}$ and employed by $\frac{HSB}{S}$ $\frac{IFICO}{S}$ have inspected the components design this Owner's Report during the period $\frac{1/28/95}{S}$ to $\frac{1/28/95}{S}$ , and states the best of my knowledge and belief the $\frac{1}{S}$	State
HAYT FORD CONN. have inspected the components des	cribed
In this Owner's Report during the period $\frac{1/28/95}{to}$ to $\frac{1/28/95}{to}$ , and start	e that
o the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described	in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning	na the
xaminations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his emp	niover
hall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with	th this
aspection,	
13 cample Commissions TN2534	
inspector's Signature National Board, State, Province, and Endorsement	nts
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1. Owner TENN	ESSEE VALLEY	AUTHORITY		Date	-16-95		
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2. FIERT NATE	S BAR NUCLEAR			Unit/			
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3. Work Performed	by WATTS BAR I	Viici fad mat	`\TT!!!'\T \ \T\			P.O. No., Job No	., etc.
	by the late i	Name PIAL	NIENANCE	Type Code Symb	xxI Stamp_	N/R	
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	Address			Expiration Date_		NIR	
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(b) Applicable Ed	lition of Section XI U	tilized for Repair	or Replacement	19 80W81	Addenda,_		_Code Cas
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6. Identification of C	Components Repaired	or Replaced and	Replacement Co.	Mponents			
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Component	Manufacturer	Serial No.	No.	Identification	Year Built	Replaced, or Replacement	(Yes
					Built	or rieplacement	or No)
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. 0	ther Pressure	psi	Test Temp.		//4		
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MO 1 C. Supplements	sheets in form of the				-		
tion in items 4 st	gh 6 on this report is	sts, sketches, or c	drawings may be	used, provided (1)	iza je 01/ t.		

This form (E00030) may be obtained from the Order Dept., ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300. REPRINT 4/93

9. Remarks 73 C
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this REPLACEMEN tonforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp N/A Enm 1/26/95
Certificate of Authorization No. NA EMM 1/26/95 Expiration Date NA EMM 1/26/95
Type Code Symbol Stamp N/A ENM 1/26/95  Certificate of Authorization No. N/A ENM 1/26/95 Expiration Date N/A ENM 1/26/95  Signed Edward N. McCoy Date Jan 26 , 19 95
CERTIFICATE OF INSERVICE INSPECTION  1, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
HAYT FOY O CONN
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TONNESSEE and employed by HSB TETCO of HART FORD. CONN have, inspected the components described in this Owner's Report during the period 1/28/95 to 1/28/95, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or account described.
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector Signature Commissions TN2534  National Board, State, Province, and Endorsements
Inspector Signature Commissions National Board, State, Province, and Endorsements
Date

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2. Plant WATT	S BAR NUCLEAR	<del>-</del>		Unit /			
р. с	Ner						
P.O.	BOX 2000 SPR	ING CITY, 1	ENN. 3738		27677	-06	
3. Work Performed	by WATTS BAR	='	NTENANCE			P.O. No., Job No	o., etc.
		Name		Type Code Symb	ol Stamp_	n/n	
P.O.	BOX 2000 SPR	ING CITY, I	ENN. 37381	Authorization No Expiration Date_		NR	
4. Identification of	System <u>63</u>	SAFETY	INJECTION	SYSTEM			
5. (a) Applicable Co	onstruction Code	AISC ;	======================================	~/i	A -1 -1 - 1	ile	
(b) Applicable Ed	lition of Section XI U	tilized for Repair	s or Replacement	19_80W8/	Addenda,_	-7~	_Code Ca
Identification of C	Components Repaired	or Replaced and	Replacement Co	mpanents		·	
1						•	ASME
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other identification	Year Built	Repaired, Replaced, or Replacement	Code Stamped (Yes
NUBBER	PSA	30867	N/A	1-5NUB-063- SISR14Z	1994	REPLACEMENT	NO
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ests Conducted: "F	lydrostatic Pnar	ımatic 🗀 Na—	inal O			· · · · · · · · · · · · · · · · · · ·	<del></del>
	ther Pressure	MONIC   140M	unal Operating P	essure []			



Remarks 95-025	
Applicable Manufacturer	Data Reports to be attached
	<del> </del>
CERTIFICATE OF CO	MPLIANCE
We certify that the statements made in the report are correct	t and this REPLACEMEN Conforms to the rules of the
ASME Code, Section XI.	repair or replacement
ula som bilat	
Type Code Symbol StampN/A 277 C 1/26/93	
Type Code Symbol Stamp N/A ENM 1/26/95  Tertificate of Authorization No. N/A ENM 1/26/95  igned Edward N Mc Cory  Owner or Owner's Designee, Tipps	ula mm declas
ertificate of Authorization No. 14/14 27/70 1/20/13	Expiration Date N/H 27/7C 1/26/93
in Edward H. Milay	· T 7/ 05
Owner or Owner's Designee, Tixe	Date
CERTIFICATE OF INCERN	VAC INCREASE.
CERTIFICATE OF INSERV the undersigned, holding a valid commission issued by the National B	
Province of TENNESCE and employed by HE	Oard or Boller and Pressure Vessel Inspectors and the Stat
HAYTFOYD CONN.	Oard of Boiler and Pressure Vessel Inspectors and the State  LTT CO  have inspected the components describe
this Owner's Report during the period 1/28/95	
the best of my knowledge and belief, the Owner has performed exa	aminations and taken corrective measures described in thi
vner's Report in accordance with the requirements of the ASME Code	
by signing this certificate neither the inspector nor his employer m	
By signing this certificate neither the Inspector nor his employer maminations and corrective measures described in this Owner's Repo	ort. Furthermore, neither the Inspector nor his employe
aminations and corrective measures described in this Owner's Repo	ort. Furthermore, neither the Inspector nor his employe
aminations and corrective measures described in this Owner's Reposit be liable in any manner for any personal injury or property damage spection.	ort. Furthermore, neither the Inspector nor his employe
aminations and corrective measures described in this Owner's Repo all be liable in any manner for any personal injury or property damag spection.	ort. Furthermore, neither the Inspector nor his employe se or a loss of any kind arising from or connected with this
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aminations and corrective measures described in this Owner's Repo all be liable in any manner for any personal injury or property damag spection.	ort. Furthermore, neither the Inspector nor his employe to or a loss of any kind arising from or connected with this

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2. Plant WATT	S BAR NUCLEAR		-	Unit			
P.O.	BOX 2000 SPR		TENN 37391	93_	2226	// 57	
	Addres	•		Repair O	225	16 - 03 n P.O. No., Job No	
. Work Performed	by WATTS BAR	NUCLEAR MA]	INTENANCE	Type Code Symb	oi Stamo		•
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(a) Applicable Co	nstruction Code <u>A</u> ition of Section XI U	ISC N	9 77# Edition.	N/A	A	11/4	
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Identification of C	omponents Repaired	or Replaced and	Replacement Cor	TD00000			
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			Alas:				ASME Code
Name of Component	Name of Manufacturer	Manufacturer	National Board	Other	Year	Repaired, Replaced,	Stampe
	.vandiacturer	Serial No.	No.	Identification	Built	or Replacement	(Yes or No)
SNUB-062-	0 - 0						
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cription of Work	REPLACED E	3=00,00	C is		1		
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Ot.	her Pressure	psi 7	est Temp.	essure []	4 Rb 1/1	7/95	
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rded at the top of t	his form.		. sileat, and (3) 6	sacu sneet is numbe	red and t	he number of she	ets is

yr. built on snubber. 1-24-45 7mg.

We certify that the statements made in the report are correct and this NEPLACENEN ASME Code, Section XI. Owner or Owner's Designee, Title CERTIFICATE OF INSERVICE INSPECTION I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State and employed by HSB IFI Coor Province of TRNNESSEC have inspected the components described in this Owner's Report during the period_ to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection. TN 2534
National Board, State, Province, and Endorsements Commissions_

32 of 38 PAGE

	SSEE VAILEY			Date	1-94		
400 W. Sum	MIT HILL DRIV	E, KNOX. TI	Ý	Sheet/	_ of/		
2. Plant WATTS	BAR NUCLEA	R PLANT	<del></del>	Unit/			
P.O. Box. 20	200, SPRING /	iTY Tw., <del>37</del>	7381	W. O. # 94 Repair Or	-2253	4-00	
. Work Performed I			21-27-95	Type Code Symb		/	, etc.
	•	Name 37	381	Authorization No			
P.O. Box. 200	O SPRING C	ITY, TN., 37	771	Expiration Date_		RPB 11-01-	94
. Identification of S	ystem <u>074/ F</u>	RESIDUAL, H	-27-95 EAT REM	DVAL SYS.			
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(a) Applicable Co	nstruction Code_A	mE	71_Edition	SummER , 1973 ts 19 <u>80 T</u> HRLI	Addenda, <b>1</b>	N/A RPB	_Code Ca
(O) Applicable Ed	ition of Section XI U	tilized for Repairs	or Replacemen	ts 19 <u>80 T</u> HRLI	WINTER 1	981. 11-01-94	•
	omponents Repaired						
		or Replaced and I	replacement Co	mponents			
						Τ	T
	1.						ASME
		1	Alsaissal	•		1	Code
Name of	. Name of	Manufacturer	National Board	Other	Year	Repaired, Replaced.	Stamped (Yes
Component	Manufacturer	Serial No.	No.	Identification	Built	or Replacement	or No)
		·					
STREAM DISC FOR:	WESTINGHOUSE	<u> </u>		MFR. MODEL#:	-	RLF 1-695,	
FCV-74-33-A	ELEC. CORP.	0002	NONE	08000sm84FEB	UNKNOWN	REPAIR	VE2
STREAM DISC FOR:	WESTINGHOUSE	0001	. l te	MFR. MODEL# :	<del> </del> -	REPLACEMENT	YES
EU-74-35-B	ELEC. CORP.	0001	NONE	080006m84FEB	NWKNOWN	REPURCEMENT	AP2
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Description of Work	IMPLEMENT WOCH		A W HOLE IN	THE STREAM DISCULE	REVENI DV	ER PRESSURIZAT	IDN OF
Description of Work	IMPLEMENT WOON						
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ests Conducted: I	Hydrostatic Pne Other Pressure al sheets in form of 19h 6 on this report	eumatic Nom psi lists, sketches, or	Test Temp.  Grawings may be chisheet, and ()		size is 8% i bered and	n. x 11 in., (2) in the number of sh	forma- eets is

FORM NIS-2 (Back)
9. Remarks TRACK # 95-027 BQP 1/26/95
9. Remarks / RACK 9 0 2 / Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this <u>REPLACEMENT</u> conforms to the rules of the
ASME Code, Section XI.
Type Code Symbol Stamp w/ B w/ B BaP 1/26/95
Certificate of Authorization No. Mr. Bde 1/26/95 Expiration Date Mr. Bd. 1/26/95  Signed Balfal A. Redul Date Jan 26 1995
Signed Date Yard Date 1993 Owner or Owner's Designee, Title
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of
in this Owner's Report during the period 11-22-94 to 1-29-95, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this  Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
TH 2537
Inspector's Signature.  Commissions  National Board, State, Province, and Endorsements
Date 1-29 19 95.

Page 7_cont on Page 8

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

1. Owner TENAL	ESSEE WALL	LEY AUT	HURITY	Date 1-25	-95		
	1401114	3					
400 W. SU	Address	DIZIVE K	NIVXVILLE,T	'A'Sheet	. of		
2. Plant WATT	S 3HZ NU	LEAR P	LANT	Unit			
P.O. Box 2	Name  DOC S / 1/2/ N/C  Address	(100 TY) T	M37381	WP# D-O	5623-6	<i>5</i> 4	
	Address			Repair Org	anization P	.O. No., Job No.	, etc.
3. Work Performed by	, IVA Mich	) S		Type Code Symbo	ol Stamp	LJA	
P.O. 6~	2000 SPRIN	Name	7	Type Code Symbo		fun 1.	28.45
7.0.207	Address	16 C/19 1x	<del>1</del>	Expiration Date_			
4. Identification of Sy	rstem	CONTA.	MINENT SI	PAY			
	1	1/1	- :	1		4 411	
5. (a) Applicable Con	struction Code <u>A1</u>	<u> </u>	76 Edition,	06/13	Addenda, <u>^</u>	19 1-28-45	_Code Cas
(b) Applicable Edit	ion of Section XI Ut	ilized for Repairs	or Replacement	s 19 <u>80 YA</u> DDEA	IDA THE	NIMTER 14	18/
6 Identification of Co	mananti Danili d						
6. Identification of Co	imponents Repaired (	or Heplaced and F	Replacement Cor	nponents			
					1	T	T
							ASME
•							Code
Name of	Name of	Manufacturer	National Board	Other		Repaired,	Stamped
Component	Manufacturer	Serial No.	No.	Other Identification	Year Built	Replaced, or Replacement	(Yes or No)
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1072-A437 -	11/	11/					
5-9	7/17	MA	4/1	474437-5-9	UNKNOWN	REPLACEMENT	10
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			1-28-95				
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Description of Work	IRIM (Z)	LUGS IN	STALL (Z	SHIM PLA	1765		
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Tests Conducted: 1	Hydrostatic Pne	eumatic No	minal Operating	Pressure 1-28.	95	•	
C	Other Pressure	psi		°F			
NOTE -							
NOTE: Supplementa	al sheets in form of	lists, sketches, or	r drawings may b	e used, provided (1	size is 8½	in. x 11 in., (2) ir	nforma-
tion in items 1 throu	ign o on this report	is included on e	ach sheet, and (	<ol> <li>each sheet is nur</li> </ol>	nbered and	the number of s	heets is

recorded at the top of this form.



Page 8 ... 0000.00 Page 9

MONTEN D-056 23-04

9. Remarks TRACKING # 95-028 K177 1-28-35
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this <b>LEAKTEMENT</b> conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp
Certificate of Authorization No Expiration Date
Signed LILS EATH FIELD ENGINEER Date JANUARY 28, 19 95
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of
in this Owner's Report during the period 95 1-25-95 to 2-1-95, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any hind spirits from an approach with the
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector's Signature Commissions TN 2537  National Board, State, Province, and Endorsements
Date



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CLOOKI SII	ESSEE VALLE Nam			Date		<u> </u>	
4000. 307	Address	DE. KNOX	VILLE IN	. Sheet/	of	——————————————————————————————————————	
2. Plant_ <i>K/A77</i> _	BAR NUC	LEAR P	LANT	Unit/			
P.O. Box	2000, SPRIN	ic city,	TN37381	WP-D-Repair Orga	056	23-03	
3. Work Performed by	TVA	·					, etc.
		Name		Type Code Symbol Authorization No.			
V.O.BO	X 2000, 5	PRING CITY,	TN37381	Expiration Date			-31-9
1. Identification of Sy	Address	7 = 1 60 = . 1 -					
i. Identification of Sy	stem <i>[_8/\v_</i> ]_	HINMENT	SHKA	4 / S45TE	111 0	Z	
i. (a) Applicable Con	struction Code $A_{z}^{z}$	ISC 10	73 Edition	Nule 173 .		011111111111111111111111111111111111111	5
<ul><li>(a) Applicable Con</li><li>(b) Applicable Edit</li></ul>	ion of Section XI U	tilized for Repairs	or Replacemen	1: 19 80 - WIN TEN	\ddenda,_ 2	addend a	Code C
					-,,,,,	-duence />	
. Identification of Co	mponents Repaired	or Replaced and i	Replacement Co	mponents		•	
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Name of			National			Repaired,	Code
Name of Component	Name of	Manufacturer	Board	Other	Year	Replaced,	Stamped (Yes
	Name of Manufacturer	Manufacturer Serial No.		Other Identification	Year Built	1 '	Code Stamped (Yes
Component		Serial No.	Board No.	Identification	1	Replaced, or Replacement	Code Stamped (Yes or No)
Component			Board No.		1	Replaced,	Code Stamped (Yes or No)
Component		Serial No.	Board No.	Identification	1	Replaced, or Replacement	Code Stampe (Yes or No)
Component		Serial No.	Board No.	Identification	1	Replaced, or Replacement	Code Stampe (Yes or No)
Component		Serial No.	Board No.	Identification	1	Replaced, or Replacement	Code Stampe (Yes or No)
Component		Serial No.	Board No.	Identification	1	Replaced, or Replacement	Code Stamped (Yes or No)
Component		Serial No.	Board No.	Identification	1	Replaced, or Replacement	Code Stamped (Yes or No)
Component		Serial No.	Board No.	Identification	1	Replaced, or Replacement	Code Stamped (Yes or No)
Component		Serial No.	Board No.	Identification	1	Replaced, or Replacement	Code Stamped (Yes or No)
Component 972-72-105- R117	Manufacturer	Serial No.	Board No.	Identification  DUN-P-05623-B	Built	Replaced, or Replacement	Code Stamped (Yes or No)
Component 972-72-/CS- R1/7	Manufacturer	Serial No.	Board No.	Identification  DUN-P-05623-B	Built	Replaced, or Replacement	Code Stampe (Yes or No)
Component	Manufacturer  Modify	Serial No.	Board No.	Identification  DUN-P-05623-B	Built	Replaced, or Replacement	Code Stampe (Yes or No)

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

9. Remarks TRACKING NYMBER 95-29 1/3/195
9. Remarks 'KACKING NUMBEL 15 - CT XXL   113  95  Applicable Manufacturer's Data Reports to be attached
Applicable laterial a Data Haborts to be attached
We certify that the statements made in the report are correct and this RECALCIVENT conforms to the rules of the ASME Code, Section XI.
Type Code Symbol StampNA GG 1-3/45
Certificate of Authorization No. NA GG1-31-95 Expiration Date 11/AGG1-31-45
Certificate of Authorization No. NA GG1-3/95 Expiration Date 11 AGG1-3/95  Signed Science Science FE Date 1-3/95  Owner or Owner's Designee, Title
CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of and employed by + SE 2
have inspected the components described
in this Owner's Report during the period 5-25-04 to 2/3/85, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
Commissions TN 2537
Inspector's Signature National Board, State, Province, and Endorsements
Date

WALLS BAR TVA NUCLEAR MAY 2 6 1994

			TVISIONS OF THE	ASME Code Secti	on XI	Page60	or.
. Owner <u>TEMN</u>	F 55 EE VALL	EY AUTHOR	274	Date/ ~ /	6-9.	5	
400 W. Si	MALT HILL DE	R., Knoxyge	4F,TN	Sheet	of/	/ —	
. Plant WATTS	BAR NUCLEA	A PLANT	_	Unit/			
P.O. BOX -	2000, SPRT~G Address	COTY. TN.	3738/	W.D. 94	-2/7	74-00	
	Address by WATTS BAR			W.D. 94 Repair Orga		P.O. No., Job No.,	, etc.
10 Bar 20	OD COOK IS A	Name	25.5/	Type Code Symbol Authorization No.		210	
	OO, SPATAG CA Address			Expiration Date			·
Identification of	System <u>072/</u>	CONTAI	MENT.	SPRAY			<del>-</del>
(a) Applicable Co	onstruction Code <u>A3</u>	ME III 19	74 Edition,	SUMMER 1973	√3/45° \ddenda	N/A RC H	6-55 Code Core
(b) Applicable Ed	dition of Section XI U	tilized for Repairs	or Replacements	י <i>ע גיונאר לאלי לאו</i> 19	140000	PATHADYEN W	_0000 Case 7-78 <del>4   9</del>
Identification of (	Components Repaired	or Replaced and F	Replacement Con	nponents	3/95		
					1		<del> </del>
					}	ŀ	ASME
			National			Repaired	Code
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year	Repaired, Replaced,	Code Stamped (Yes
_	Manufacturer	i e	Board	Other Identification کافتان ۱۹۵۵ معملی	Year Built		Code Stamped (Yes
_	· ·	i e	Board	Identification	Built	Replaced,	Code Stamped (Yes
_	Manufacturer	i e	Board	Identification		Replaced, or Replacement	Code Stamped (Yes
_	Manufacturer	i e	Board	Identification	Built	Replaced, or Replacement	Code Stamped (Yes
_	Manufacturer	Serial No. 22.66-1A	Board No.	Identification	Built	Replaced, or Replacement	Code Stamped (Yes
_	Manufacturer	Serial No. 22.66-1A	Board	Identification	Built	Replaced, or Replacement	Code Stamped (Yes
_	Manufacturer	Serial No. 22.66-1A	Board No.	Identification	Built	Replaced, or Replacement	Code Stamped (Yes
Component	Manufacturer Joseph OAT CORP,	Serial No.	Board No.	Identification SENDA OF VINE	197C	Replaced, or Replacement	Code Stamped (Yes or No)
Component  #**** 9014-4	Manufacturer  JOSEPH OAT  CORP.  REPLACED S  Replaced SEI	Serial No.  2266-1A  NR  NR  A  Tups A-0  Mic Lug.	Board No.	Identification  SENT EXC	197C	Replaced, or Replacement	Code Stamped (Yes or No)
Component -HTX-072- 001A-A	Manufacturer	Serial No.  2266-1A  NR  NR  Puls A-0  Mic Lug.  Bumatic Nor	Board No.  9/7  9/7  Nut S Ai	Identification SENDA OFFICE NONE  HONE  PROPERTY EXC	197C	Replaced, or Replacement	Code Stamped (Yes or No)

94-21774-00

Page 61 of 108

	FORM NIS-2 (Back) 95-030
9.	Remarks NONE TACKING NO.030
	Applicable Manufacturer's Data Reports to be attached
_	
	CERTIFICATE OF COMPLIANCE
,	We certify that the statements made in the report are correct and this Replacement conforms to the rules of the repair or replacement
<del>- i</del>	The Code Symbol Stamp NATE 1/25/95
C	ertificate of Aythorization NoExpiration Date
s	igned Agrill Live Date 1 - 25 , 19 95
	CERTIFICATE OF INSERVICE INSPECTION
	the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State reprovince of
in	this Owner's Report during the period 1-16-95 to 2-3-95, and state that
	the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
	wner's Report in accordance with the requirements of the ASME Code, Section XI.
	By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
ex sh	saminations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer all be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
in	spection,
	# 1 2 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
_	Inspector's Signature Commissions National Board, State, Province, and Endorsements
Da	nte2_319_Q <u>S.</u>

PAGE 47 0F112

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

_		· · · · · · · · · · · · · · · · · · ·					
1. Owner TENI	VESSEE VA.	LLEY AUTH	ORITY	Date / -	4-95	·	
400 W. Si	Address	DR., KNOZU	ILLE, TN.	Sheet/	of	1	
2. Plant <u>WATTS</u>	BAR NUCLEA	IR PLANT		Unit	1		
PO. BOX 200	SPRING (	CITY, TN 3	7771	1N0, 94-2 Repair Org	1775	-00 -00 xx1/	1/95
3. Work Performed by	WATTS BAR	MODIFICA Name	TION	Type Code Symbo	Stamp		, etc.
				Authorization No.			
	Address			Expiration Date			
<ul> <li>Identification of Sy</li> <li>(a) Applicable Con</li> <li>(b) Applicable Edit</li> </ul>	/stem07	2/ CONTAI	MMENT S	SPRAY			
. (a) Applicable Con	AS struction Code A	ME JIJ18/95	74 1/0/15	Suy previoles	67L 1974		
(b) Applicable Edit	tion of Section XI Ut	ilized for Repairs	or Replacemen	JUNE 1973	Addenda,_	NAKE 1/4/95	_Code Cas
			- richiaceillell	is 19 DO VINVIA	81	M213195	
. Identification of Co	mponents Repaired	or Replaced and I	Replacement Co	MDOnente		-1-11-	
	T		_	unbonent?			
						T	1
							ASME
	1			-		· .	Code
Name of	Name of	Manufacturer	National			Repaired,	Stamped
Component	Manufacturer	Serial No.	Board No.	Other	Year	Replaced,	(Yes
				Identification	Built	or Replacement	or No)
-HTX-072-06018	January C. F. C.						
B	WESTWEHME	27// \0	910	SPIN NO.		ReplAcement	
	MESTMEHOUSE	266-1B	918	WAT-SIAHCS-Z	1976	,	У
	1014.						
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						1	
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Description of Work_	Replaced STud	LS AND NE	TS AT HE	AT EXCHANGED	B.,	- 4.10.2 (	. : - عرو
						1, AND ReplA	ced2E1S
Tests Conducted: F	lydrostatic Pne	umatic Nor	ninal Operating	Pressure NA14	s .L		
C	ther Pressure	psi	Test Temp.	R	1/4195		
	-						
NOTE: Supplementa tion in items 1 throu	I sheets in form of I	ists, sketches, or	drawings may h	ne used provided (4)	.i !- 0		
		is included on ea	ich sheet, and (	be used, provided (1): 3) each sheet is num	size is 8½ hered ard	in. x 11 in., (2) in	forma-
recorded at the top of	f this form.			-, Juon ancet 15 HUM	pered and	the number of sh	neets is

recorded at the top of this form.

# PAGE 48 0F 112

9. Remarks	NONE	TRACKING	νυ. <u>0</u> 3/	
	•	,	turer's Data Reports to be attached	
		· · · · · · · · · · · · · · · · · · ·		
		. 4 4		
•				
		CERTIFICATE OF	F COMPLIANCE	
We ASME Code,		ents made in the report are co	correct and this <u>ReplacemenT</u> conforms to the rule:	of the
	·			
Type Code Sy	mbol Stamp	·		
			NA EX21/4/95	
Certificate of	Authorization No		Expiration Date	
Signed	ner or Owner's Designee	, Title	Date	95
			18 18	
			NSERVICE INSPECTION	
I, the undersignor Province of			onal Board of Boiler and Pressure Vessel Inspectors and	
<u> </u>	had et	and employed by	HSR I.&I Co.	of
in this Owner	's Report during the p	eriod 1-5-Q	have inspected the components of to 2-3-95, and s	tate that
to the best of	my knowledge and bel	lief, the Owner has perform	ned examinations and taken corrective measures describe	d in this
		e requirements of the ASME		
By signing	this certificate neither	the Inspector nor his emplo	over makes any warranty, expressed or implied, concer	ning the
shall be liable	in any manner for any	s described in this Owner's personal injury or property:	's Report. Furthermore, neither the Inspector nor his edamage or a loss of any kind arising from or connected	mployer with this
inspection.	•	, , , , , , , , , , , , , , , , , , , ,		
	THE Day :			
	Inspector's Signatu	re Commis	issions TN 2537 National Board, State, Province, and Endorser	nents
•	9 -		·	
Date	<u> </u>	19 <u>4 <del>5</del> .</u>		

PAGE 30 OF 37

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

400 W. Sa	(4011)	•	Thomas	Date 2 /	2/95		
	MMIT HILL Address	Drive KA	WXVILLE TH	/ Sheet/	_ of/		
Plant WAT 7	r.5 BAR Name	NULLEAR	PLANT	Unit/			
P.O. BOX.	2000 Serci	M9 CITY.	TN.3735	1 WO#9	4-05	878-00	
Name P. G. BOX 2000 SPRING CITY. TN.3739, Address Work Performed by TVA, MODS Name WATTS BAR NUCLEAR PLANT				Type Code Symbol Stamp  Authorization No.  Expiration Date  Authorization Date			
	struction Code A1 ion of Section XI Ut mponents Repaired o	mized for nepairs	or Replacemen	ts 19 <u>00</u> /HRC	Addenda,	N/ WMD 1 <u>A 2/2/95</u> En OF 19	_Code Case 81 A00
Neme of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SUPPLETS B' DOVERFUL INSIDE OF REFUELING	PITTSBURGH- DES MOINES STEEL CO.	NONE	NONE	Dux, # E-9 SH#1, contra 820613	UNKMOLW	REPAKEMENT	NO
ER STURAGE IN FOUR \$275 TUTAL	•	NONE	NONE	+	uncum	<u> </u>	NO
1			-	NA			

recorded at the top of this form.

9. Remarks TRACKING \$ 95-032 wms 2/2/95
Applicable Manufacturer's Data Reports to be attached
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CERTIFICATE OF COMPLIANCE We certify that the statements made in the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of t
We certify that the statements made in the report are correct and this <u>REPLACEMENT</u> conforms to the rules of the repair or replacement
Type Code Symbol Stamp
Type code Symbol Stamp
Certificate of Authorization NoExpiration Date
Signed Mile Orda CONST. ENGR. Date 2/2 19 95
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Roller and Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pressure Vessel Inspects of the Pres
or Province of TN. and employed by HSBIRT CO. of
have inspected the components described
in this Owner's Report during the period 3-7-94 to 2-3-95, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied constraints
The solution of the solution of the described in this Owner's Report Furthermore neither the formation of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Commissions TH 2537
Inspector's Signature National Board, State, Province, and Endorsements
Date 2 3 to 9 5
Date 2-3 19 9 5

1. Owner TENNES	SEE VALLE	Y AUTHO	RITY	Date	2 —	05 — 95	
400 W SUN	MIT HILL DI	R., KNOXVILI	E,TN.	Sheet	_ of	2	
2. Plant WATTS	BAR NUC	LEAR PL	ANT	Unit	1 ((	DNE )	·
PO. BOX 20	00, SPRING	CITY, TN 3	37381	W.O. 95	7		0.0
3. Work Performed b	Address y_TVA — N	MODIFICAT	IONS	W.O. 95 Repair Or		,	, etc.
P.O. BOX 20	00, SPRING	Name	27201	Type Code Symbo Authorization No.		_/	
				Expiration Date_			2-5-9
4. Identification of St							
5. (a) Applicable Con (b) Applicable Edit	struction Code tion of Section XI U	A I S C 19 tilized for Repairs	73 Edition	7 T H	Addenda,_	N/AJN 2-5-95	Code Case
6. Identification of Co				W / 100	WINT	ER ADDE	NDA
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	or Replaced and I	Heplacement Co	mponents			
			·				ASME
Name of	Name of	Manufacturer	National		,	Repaired,	Code Stamped
Component	Manufacturer	Serial No.	Board No.	Other Identification	Year Built	Replaced, or Replacement	(Yes or No)
SUPPORT 1074 - 74 -						·	
IRHR - RI30	TVA	NONE	NONE	74 - IRHR-R130	KHOWN	REPLOME	NO
				NA JN 2-5-	<b>এ</b> দ		
. Description of Work_	REDIAC	ED 11001			1		
_		ED UPPI				<del></del>	<del></del>
	ydrostatic Pne ther Pressure	Dsi	ninal Operating Test Temp				
NOTE: Supplemental	sheets in form of I	N/A JN 2	-5-95				
NOTE: Supplemental tion in items 1 through recorded at the top of	gh 6 on this report this form,	is included on ea	ch sheet, and (3	e used, provided (1) :  3) each sheet is num!	size is 8½ i pered and	n. x 11 in., (2) in the number of sh	forma- eets is

. Remarks TRACKING	No	95	<del></del> 033
Applica	ible Manufacturer	's Data Reports to be a	ttached
1		· · · · · · · · · · · · · · · · · · ·	
•			
	,		
	·		
	TIFICATE OF CO		WEUT -
We certify that the statements made in the ASME Code, Section XI.	e report are corre	ect and this <b>CPLAGE</b> repair or rep	
	/		
Type Code Symbol Stamp	/		
Certificate of Authorization No.	N/A .IN 2-5-95	Eupirotian Data	
11 11 1			
Signed QUULOUNC JULYAN	A NIYOGI,	FE) Date 2	<u> </u>
Owner or Owner's Designes, Title			
	· - · · · · · · · · · · · · · · · · · ·	RVICE INSPECTION	
I, the undersigned, holding a valid commission issue or Province of TENNESSCE and employed	o by the National	ISB I II C	essure Vessel Inspectors and the State
HArTE	ord CON	N have i	nspected the components described
in this Owner's Report during the period	12/17	toto	, and state that
to the best of my knowledge and belief, the Owne	r has performed e	examinations and taker	corrective measures described in this
Owner's Report in accordance with the requirements			
By signing this certificate neither the Inspector examinations and corrective measures described in		-	
shall be liable in any manner for any personal injury			
inspection.	, ,		
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Inspector's Signature	Commission	National Board 5	State, Province, and Endorsements
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1. Owner TENNE	SSEE VALLE	Y AUTHORI	ידי	Date _ 2/5/4	75		
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2. Plant <u>WA77S E</u>	BAR NUCLEAR Name	PLANT	<del></del>	Unit			<del></del>
P.O. BOX 20	OO, SPRING (	CITY, TN. 3	738/	WORKPLAN			
3. Work Performed by						.O. No., Job No.,	
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4. Identification of Sy	/stem	JAPET 9	gen eistes	,	<del></del>		
5. (a) Applicable Con	struction Code_A	15C_19	973 Edition,	4/73	\ddenda, <b>_</b>	1/A 2/5/55	Code Case
(b) Applicable Edit	tion of Section XI Ut	ilized for Repairs	or Replacements	19 <u>80 4/400</u> 00	HOG THE	19 WINTER 19	31.
6. Identification of Co	omponents Repaired	or Replaced and I	Replacement Con	nponents			
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1063 - ACGC - 63-2	11/4	4/A	4/A	474660-63-2	ONTENEDAL	lekacen est	NO
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7. Description of Work	LUSTALLED	HEW ITEM	5 22, 23 A	1ND 24	<u></u>		
		_	MA RUN ominal Operating	2/5/45_			
3. Tests Conducted:	Hydrostatic Protection Pressure		minal Operating Test Temp.	Pressure F			
NOTE: Supplemention in items 1 three recorded at the top	ntal sheets in form of ough 6 on this report of this form.	f lists, sketches, of t is included on	or drawings may each sheet, and	be used, provided (1 (3) each sheet is nu	) size is 8½ mbered an	in. x 11 in., (2) id the number of	informa- sheets is

Remarks TRACKING# 95-034	
Applicable Manufacture	er's Data Reports to be attached
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CERTIFICATE OF	COMPLIANCE
We certify that the statements made in the report are cor ASME Code, Section XI.	rrect and this ECPUSICMCLIT conforms to the rules of the repair or replacement
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Type Code Symbol Stamp	m, 45/43
Certificate of Authorization No.	Expiration Date
Signed FIELD ENGINEER Owner or Owner's Designee, Title	P Date JEBOA FEBRUACY 5, 19 95
CERTIFICATE OF INSE	ERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National	al Board of Boiler and Pressure Vessel Inspectors and the State
or Province of Tennessee and employed by h	
in this Owner's Report during the period 2/7/95	have inspected the components described to 2/7/95, and state that
to the best of my knowledge and belief, the Owner has performed	examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME (	Code, Section XI.
By signing this certificate neither the Inspector nor his employe	er makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's F	Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property da inspection.	image or a loss of any kind arising from or connected with this
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15 camal Commissi	TN 2534
Inspector's signature	ions TN 2534  National Board, State, Province, and Endorsements
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W.O. 95-02622-00

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

As Required by the Provisions of the ASME Code Section XI

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identification of S	ystem SAF	E 2/1/95	Sacr-	Expiration Date_		/A 2/7	195
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Identification of Co	omponents Repaired	or Replaced and	Panta	13 <u>00 /</u> /420		TEN 1981	4200
		7	Lebiacement C	omponents			
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Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
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W.O. 95-02622-00 pg 25 of

9. Remarks TRACKING # 95-035 wm 2/7/75
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this KETUKENOT conforms to the rules of the
ASME Code, Section XI.
,,
Type Code Symbol Seems
Type Code Symbol Stamp
Certificate of Authorization No. Expiration Date 2/7/95
Signed Ville Could, CONST. ENGR. Date 2/7, 19 95
(Owner or Owner's Designee, Title
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TENNESSE and employed by HSB IFICO of
HAT Ford CONN' have inspected the components described
in this Owner's Report during the period 2/10/95 to 2/10/95 , and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
Commissions TN 253 Y Inspector's Signature Commissions National Board, State, Province, and Endorsements
Inspector's Signature Commissions National Board, State, Province, and Endorsements
$Date = 2/10 \qquad 19 \qquad 95$

. Owner <u>TEANESS</u>	SEE VALLEY	Authority		Date 8-	1-94		
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Plant Watts F	, , , , , , , , ,	*		Sheet /	_ of		
		· <del>-</del>		Unit	CB 8-1-9	14	
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P.O. Box 200	2,5Peins	CITY, TN.		Expiration Date_		7 25 %	1/77
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Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
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escription of Work	drostatic VX	IM-A F FUM	113-8. R	ressure   Fig.	R Ring	FOR SUCTION	STRA
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OTE: Supplantation	sneets in form of	lists, sketches or	drawings may be	used, provided (1)	size is 8½ i	n. x 11 in., (2) in	forma-
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FORM NIS-2 (Back)
9. Remarks TOACKING NUBBER 95-037 DE 29/95
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this conforms to the rules of the
ASME Code, Section X!.
Type Code Symbol Stamp
Certificate of Authorization NoExpiration Date
1/2 de
Signed Owner or Owner's Designee, Title Date 2-9.95 , 19
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of
Hart of
have inspected the components described
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate points the temperature of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
Commission TN 0737
Inspector's Signature Commissions TN . 2537  National Board, State, Province, and Endorsements
Date

## 04665



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

1. Owner FUNES	SEE VALLEY	AUTHORIT	7	Date 2/2/93	un Unfri	2/12/95	
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2. Plant WATTS F	PAR NUCLEAR	PLANT		Unit	<u> </u>		
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• • • • • • • • • • • • • • • • • • • •	7001088			WORKELAN D	anization f	2.0. No., Job No.	, etc.
3. Work Performed by	, IVA Mci	>5	·	Type Code Symbo	l Stamo	MIA	
		1401116	1001	Authorization No.		/ fun 2	112/95
	SIFING CIT			Expiration Date_			
4. Identification of Sy	stem_ 63	BAFETT	INTECTIO	& SYSTEM			
5. (a) Applicable Con (b) Applicable Edit 6. Identification of Co	ion of Section XI Ut	ilized for Repairs	or Replacement	s 19 <u>80 4/AUD</u> E	Addenda,_ WOA TH	4/4 2/17/95 EN WINTER	Code Cas
Name of Component	Name of Manufacturer	Manufacturer Serial No,	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
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Description of Work_	REPLACED	ANDHOR	DOLTS 4	AND WING	PLATE	WHTH GUS	5=775
	Hydrostatic Pne		Minal Operating Test Temp.	Mm Z/12/9√ Pressure [] °F			
NOTE: Supplementa tion in items 1 throu recorded at the top of	an a on this report	lists, sketches, or	drawings may b	e used, provided (1) 3) each sheet is num	size is 8½ inbered and	in. x 11 in., (2) in the number of sl	iforma- heets is
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/82) This form (E	00030) may be obtain	ed from the Order	Dept., ASME, 22	Law Drive, Box 2300,	Fairfield, N.	J 07007-2300, REP	RINT 4/93

Page ZG cont. on Page ZH

Appl	icable Manufacturer's	Data Reports to be attached	
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	ERTIFICATE OF OO	40.444.00	
We certify that the statements made in	RTIFICATE OF COI	Tand this <b>Replacement</b> conforms to the rules	
SME Code, Section X1.	the report are confec	repair or replacement	of the
	•	il pin el 1/95	
pe Code Symbol Stamp		A	
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rtificate of Authorization No.	<del>/</del>	Expiration Date	
ned blesom Field	N. F. Very	Date FEBRUARY 12TH, 19	ــــــه
Owner or Owner's Designee, Title	J CAGINEEIC	Date PERCEPT 10-, 19	75
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CERTI	FICATE OF INSERV	MOS INCOSOS	
he undersigned, holding a valid commission issu	richte OF Maeinnal R	oard of Boiler and Pressure Vessel Inspectors and the	_
and emp	かんしゅん トレー・イフング	B III Co	
HASTFORE	CONN	have inspected the components de	O
his Owner's Report during the period	2/13/95		
		aminations and taken corrective measures described	in this
ner's Report in accordance with the requiremen	its of the ASME Code	, Section XI.	
		nakes any warranty, expressed or implied, concern	ina the
ninations and corrective measures described i	in this Owner's Repo	ort. Furthermore, neither the Inspector nor his em	niove
be liable in any manner for any personal inju	ry or property damag	e or a loss of any kind arising from or connected w	ith this
ection.			
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Inspector's Signature	Commissions	TN 2534 National Board, State, Province, and Endorseme	
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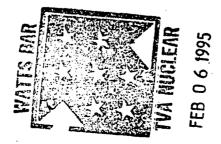
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Page cont. on Page	8

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1. Owner TENA	VESSEE VAL	LEY ALIT	HORITY	Date 2 -	-//-4	15	
	MMIT HILL Address						
2. Plant WATTS	BAR NUC	CLEAR PL	LANT	Unit	/		
P.O. BOX 2	SPIZIN Address	G City,	TN.3738	INP-D	-045	525-04	
3. Work Performed b	yTVA	77					, etc.
	2000, SFR,		Ta127201	Type Code Symbo Authorization No. Expiration Date	Stamp	N/	
4. Identification of Sy					/=	SYSTEM	03
5. (a) Applicable Con (b) Applicable Edit	struction Code <u>AI</u>	<u>5</u> 19	73 Edition,	DUNE 173	ddenda,	NAGG 2-11-9	Code Case
	and the control of	mized for Repairs	or Replacement	is 19 <u>00-WIN</u> T	FR 148	31 AddeNo	IA
6. Identification of Co	emponents Repaired	or Replaced and F	Replacement Co	mponents			
Name of Component	Name of Manufacturer	Manufacturer	National Board	Other	Year	Repaired, Replaced,	ASME Code Stamped (Yes
		Serial No.	No.	Identification	Built	or Replacement	or No)
1003A-1-03A- 291		N GG 2-11-4	5	DCHP-04525-A	166 A 21149	Repaired	NGG 1 2-11-62
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Description of Work_	Adde weld	5 1011 7 3	3 AND IT	tems 1 \$5 F	R DCA	1-P04525	5-15
	ydrostatic Pne	omatic Nom	ninal Operating I	Pressure	•		
NOTE: Supplemental	sheets in form of I	iete ekotabaa a-	<b>.</b>	• •		•	
tion in items 1 througerecorded at the top of	gh 6 on this report i this form.	s included on eac	ch sheet, and (3	each sheet is numb	ered and	n. x 11 in., (2) in the number of th	ents is
82) This form (EC	00030) may be obtaine	d from the O-do-	Jane 4017		XIX Treat		FAR
		Olubri	ィセドレ・ハンME, 22 [	-8W Drive, Boy 2200 E	۱۰۰ مردونو غاد ما داد اعسادسا	というないとでも 本人なられば	5.7

FORM NIS-2 (Back)
9. Remarks [PACK 95-040 ] 2/14/25
VApplicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this <u>REDIFICED</u> conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp  A) 66 2-11-95
Certificate of Authorization No Expiration Date
Signed Signed Signed FE, PLG, Date 2-14, 1995
CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of
in this Owner's Report during the period 2-6-95 to 2-18-95, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
by signing this certificate neither the Inspector nor his ampletor makes
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
Inspector's Signature Commissions TN 2537
National Board, State, Province, and Endorsements
Date

cont en Pago <u>9</u>



Page	. 18	OF_	30

. Owner TENNESSEE VALLEY AUTHORITY Name				DateZ	-16-9	5			
400 W. Su	400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN Address				Sheet/ of/				
2. Plant <u>W4775</u> F	BAR NUCLEAR	PLANT		Unit/	· · · · · ·	•			
PO BOX 2000	SPANG CITY Address	, TN 3738	3/	WO# 94	- /0254	4-00	***		
. Work Performed by	TENNESSEE VA	Name	Y (WBNP)	Type Code Symbo	ol Stamp_	N/A OP			
PO BOX 2000	SPRING CTY Address	TN 3738	/	Authorization No. Expiration Date_					
. Identification of Sy	stem <u>MAIN 57</u>	EAM, 001							
. Identification of Co				omponents	118-12. 1981	ADDENDA			
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)		
PIPE SUPPORT					<del> </del>				
01-4400-11-2	TVA	NONE	NONE	47.4400-11-2	UNK	Replacement	No		
		N 8GS	2-16-95						
Description of Work	MODIFIED E	SUSTING PIPI	E SUPPORT		1				
		eumatic No	minal Operating	Pressure [] F 2-16					

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Page	19	OF	30

9. Remarks NIS-2 TRACKING NUMBER: 95-041
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this <u>REPLICEMENT</u> conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp NoNE
Type Gode Symbol Stamp
Certificate of Authorization No. NoNE Expiration Date NoNE
Signed Sampson, MEH. FIELD ENGR Date 2-16 1995
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB III co of
HAY TOY CONN have inspected the components described
in this Owner's Report during the period 2/2/1/95 to 2/2/1/95 , and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI,
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
R Emmil TN 2534
Inspector's Signature Commissions TN 2534  National Board, State, Province, and Endorsements
Date 2/21 19 9.5

Page	14	of 20	Wo	95-01776-	00

1. Owner VENNES	SEE VALLY	AUTHORITY		Date 2 //	1/45			
400 W. Su,	400 W. SUMMITHILL DE KNURVILLE THE			Sheetofl				
2. Plant WATTS	BAR NUCLEA	c Pinnt		Unit / AN	のて			
P.O. Box 20	OO SPRING (1)	., TH, 373	181	W-0. 95	-017	76-00 P.O. No., Job No.,		
3. Work Performed b		Moos Name	·	Type Code Symbo		•		
4. Identification of S	SPHING CITY Address system 70			Expiration Date	· · · · ·			
<ul><li>5. (a) Applicable Cor</li><li>(b) Applicable Edi</li><li>6. Identification of C</li></ul>	ition of Section XI U	tilized for Repairs o	or Replacement	s 19 <u>80/</u> W	Addenda <u>, '</u> &/	4/4 mm 2/11/95	_Code Cas	
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)	
1-EAV - 070 - 0539 -5	GPE CONTROLS	7704-0395 - 4	4/ _A	11/2	1978	lereneus.	755	
Z-RFV - 070 0539 - 5	GP C CONTROLS	7702-3545	W/2	M/A	1973	LEPUKENAST	YES	
			· · · · · · · · · · · · · · · · · · ·					
7. Description of Work	INSTALLER A		as per	DCN W-341	082-A			
	Hydrostatic Pr		CMN 2/17/ ninal Operating Test Temp.	Pressure  F		,		

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

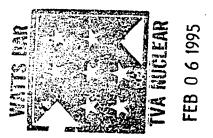
## 95-01776-00

•	Page of
,	FORM NIS-2 (Back)
9. Remarks TRACKIUG, No. GS	5-042 Km 2/17/95
Aı	oplicable Manufacturer's Data Reports to be attached
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	CERTIFICATE OF COMPLIANCE
We certify that the statements made ASME Code, Section X1.	in the report are correct and this LEPLACANZUT conforms to the rules of the repair or replacement
Type Code Symbol Stamp	H Kun 2/11/95
Certificate of Authorization No.	Expiration Date
Signed Ill Sum FIELD Owner or Owner's Designee, Title	Date FEBRUARY 17 19 95
CE	RTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission	issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of TENNESSEE and	employed by HSB III Co of
in this Owner's Report during the period	have inspected the components described  2)21/95 to 2/21/95, and state that
	Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the require	ments of the ASME Code, Section XI.
	ector nor his employer makes any warranty, expressed or implied, concerning the
and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	ed in this Owner's Report. Furthermore, neither the Inspector nor his employer injury or property damage or a loss of any kind arising from or connected with this
inspection.	,
B Emm	Tu 2 534
Inspector's Signature	Commissions TN 2534  National Board, State, Province, and Endorsements
Date 2/21 19 9	5
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	Address	3,4 0,0,10,10	7	Sneet	_01_/		
400 W. SUI	BAR NICL	EAR PLAN	7	Unit 0-1899	- /		
				D-18998			
			•	Repair Org	anization f	.O. No., Job No.	, etc.
3. Work Performed by	- IVA 1418	Name		Type Code Symbo	ol Stamp	N/A	
P.O. Box 2000	SHING CIT	TW 37	38/	Type Code Symbo Authorization No. Expiration Date		1km 41	7/95
				Expiration Date			
. Identification of Sy	stem_ <i>03A</i>	MAIN & A	UXIBATY 1	FEEDWATER			
5. (a) Applicable Con: (b) Applicable Edit	struction Code Purion of Section XI U	AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS AISGS	73 Edition, or Replacement	6/73 is 19 80 / W 8	Addenda <u>, /</u> /	<u>ula am 2/0/43</u>	Code Ca
. Identification of Co	mponents Repaired	or Replaced and F	Replacement Co	mponents			
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stampe (Yes or No)
003A-1-03A- 244	M/A	U/A	4/4	1-03A-244	UNKNIKUL	REPLACEMENT	No
1							
	:						
Description of Work_	LUSTALLED		ID STIFF	ENEL PLATE	S		
_	lydrostatic Pno Other Pressure		winal Operating Test Temp.	Pressure F			
NOTE: Supplementa tion in items 1 throu recorded at the top of	air o ou ruiz isborr	lists, sketches, or is included on ea	drawings may b ach sheet, and (	e used, provided (1) 3) each sheet is num	size is 8½ nbered and	in. x 11 in., (2) ir the number of s	nforma- heets is

recorded at the top of this form.



Page 8 cont. on Page 9
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FORM NIS-2 (Back)
9. Remarks \ 2ACKING N. 95-043 KM 2/17/95
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this LEVIAGEMENT conforms to the rules of the repair or replacement
Type Code Symbol StampA un 2/11/35
Signed Signed FIELD ENGINEER Date FEBRUARY 17TH 19 95
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Road of Ballace 4.0
or Provincency Types and employed by HSBLatCo of
in this Owner's Report during the period 2-6-95 to 2-25-95
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
The port in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or present described.
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
91-162
Inspector's Signature Commissions DMM 3142
National Board, State, Province, and Endorsements
Date 2-25 19 9.5

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Plant WATTS	BAR NUCLEA	R PLANT		Unit/				<b>-</b> ,
P.O. Box	S BAR Nuclean Nam 2000, Sprin Address	e city, IN	3738/ 13777/m	W.P. D-0	6009-10			_
Work Performed	by TVA N	1005		73 Repair Or	ganization	P.O. No., Job No.	, etc.	-
		1101110 27	138/ mm	Type Code Symbol Authorization No	ol Stamp 	pies 2/17	195	-
	Address	/		Expiration Date_		7		- -
Identification of S	System 5(	MAIN'S	TEAM					
(a) Applicable Co	nstruction Code Al	SC 19	73 Edition	6/73	۸ طعام سعا <u>-</u>	H/A con Elulas		•
(b) Applicable Ed	ition of Section XI U	tilized for Repairs	or Replacemen	ts 19 80 / w	Addenda,_ 'タな/	121 127 471773	_Code Case	9
Identification of C	components Repaired	or Replaced and R	Replacement Co	mnonente				
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	1	1					Code	
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Name of Component	Name of Manufacturer	Manufacturer Serial No	National Board	Other	Year	Repaired, Replaced,	Stamped (Yes	
_	1	Manufacturer Serial No.		Other Identification	Year Built	1 - ' '	(Yes	
Component	1	1 :	Board	Identification	Built	Replaced, or Replacement	(Yes	
Component	1	1 :	Board			Replaced,	(Yes	
Component  01A-1-01A-	1	1 :	Board	Identification	Built	Replaced, or Replacement	(Yes or No)	
Component  01A-1-01A-	1	1 :	Board	Identification	Built	Replaced, or Replacement	(Yes or No)	,
Component  01A-1-01A-	1	1 :	Board	Identification	Built	Replaced, or Replacement	(Yes or No)	
Component	1	1 :	Board	Identification	Built	Replaced, or Replacement	(Yes or No)	
Component	1	1 :	Board	Identification	Built	Replaced, or Replacement	(Yes or No)	
Component  OIA-1-0IA- 308	Manufacturer  A/A	Serial No.	Board No.	Identification	Built	Replaced, or Replacement	(Yes or No)	
Component  OIA-1-01A- 308  Description of Work	Manufacturer  H/A  LNSTAUED	Serial No.	Board No.	Identification  I-01A-308	Built	Replaced, or Replacement	(Yes or No)	
Component  OIA-1-0IA- 30の  Description of Work	Manufacturer  H/A  LNSTAUED	Serial No.	Board No.	Identification  I-01A-308	Built	Replaced, or Replacement	(Yes or No)	

Page	7	cont. on Page _	8	•
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FORM NIS-2 (Back)
9. Remarks 1RACHING NO 95-044 Km 2/17/95
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this Explanation conforms to the rules of the
ASME Code, Section XI. repair or replacement
N _ Kin 2/17/95
Type Code Symbol Stamp
Certificate of Authorization NoExpiration Date
Signed EVELO ENGINEER DOOF FEBRUARY 17 19 95
Owner or Owner's Designee, Title
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of TH and employed by HSB I&ICo. of
in this Owner's Report during the period 1-15-95 to 2-21-95, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
11 2527
Inspector's Signature Commissions National Board, State, Province, and Endorsements
7 - 7 to 9 =

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Page 50 OF 114

## M94-01034-00

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

Address  2. Plant WATTS BAR NUCLEAR PLANT Name P.D. BOX 2000, SPRING CITY, TN. 37771 Address  3. Work Performed by  Name P.D. BOX 2000, SPRING CITY, TN. 37771  Name P.D. BOX 2000, SPRING CITY, TN. 37771  Address  Name P.D. BOX 2000, SPRING CITY, TN. 37771  Address  Authorization No.  NAWW Address  4. Identification of System  668  STRUTTE  STRUTTE  STRUTTE  5. (a) Applicable Construction Code AISC  19 73 Edition, June 1973 Addenda, NATE  (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 - WINTER 81	16/95
P. D. Box 2000, SPRING CITY TV. 37771  Address  Name  Name  P. D. Box 2000, SPRING CITY TN. 37771  Address  Name  P. D. Box 2000, SPRING CITY TN. 37771  Address  Address  Address  Address  July 1919  Structura  Address  Applicable Construction Code AISC  19 73 Edition Turns 1973	16/95
Name  Name  Name  Name  Name  National Stamp  Authorization No.  Expiration Date  Identification of System  668 / STRATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NATURE  NA	16/95
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Name  Authorization No.  NAME  P.D. Box Zooo, SPRING CITY TN 37771  Expiration Date  Lidentification of System  668 / STRUTTURE  SHUCTURA  (a) Applicable Construction Code AISC  19 73 Edition True 1973	
Address  Address  Light Total  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address	
(a) Applicable Construction Code AISC 19 73 Edition True 1973	
(a) Applicable Construction Code AISC 19 73 Edition True 1973	
(a) Applicable Construction Code AISC 19 73 Edition True 1973	
Identification of Components Repaired or Replaced and Replacement Components	
Name of Name of Manufacturer Serial No.  National Board Other Year Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or Replace or	i, (Yes
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-2 541M NA 12/10/95	740
48 N 415 -2 SHIM  MAKKE UNKNOWN Repaired  48 N 415	740

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

## **94-01034-00**

Page _____ \ \ \ (14

CMK 2/17/45 FORM NIS-2 (Back)	
9. Remarks NTS 95-045. CMK 2/17/95	
Applicable Manufacturer's Data Reports to be attached	
CEDTIFICATION	
We certify that the statements made in the report are correct and this Replacement conforms to the rule ASME Code, Section XI.	s of the
Type Code Symbol Stamp	
Certificate of Authorization No	-
Expiration Date	
Signed Date 12-10	94
CERTIFICATE OF INSERVICE INSPECTION	
, the undersigned, nolding a valid commission issued by the National Road of Bally	
or Province ofand employed byHSRT.8I.Co.	ne State
in this Owner's Report during the period 2-1-94 to 2-17-95, and st	escribed
	ate that
by signing this certificate neither the Inspector nor his employee makes a	ing the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his eninspection.	nployer
inspection.	ith this
Inspector's Signature Commissions National Board, State, Province, and Endorseme	
	ınt <b>s</b>
Date	
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1. Owner TE	NNESSEE VALLEY	AUTHORITY		Dete	23/55		
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P.(	D. BOX 2000 SPF		מבי אוויים				
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3. Work Perform	ed by WATTS BAR	NUCLEAR MA	INTENANCE	Type Code Symbo		P.O. No., Job No	o., etc.
P.C	). BOX 2000 SPR	Name TNC CTMV n		Authorization No.	i Stamp_	n/i	
	Accres			Expiration Date		a/s	· · · · · · · · · · · · · · · · · · ·
4. Identification	of System6	2 C.V.	<u>C.</u> S				
5. (a) Applicable	Construction Code	AICO 114	123/15 7 th	/	<del></del>		
(b) Applicable	Edition of Section XI L	leiliand for Danie	Edition	, 10 anne 1	ddenda,	-k	_Code Case
	•		•	4 13 70 W O 1		4 1 Eq.	
6. Identification o	f Components Repaired	or Replaced and	Replacement Co	MDonente			
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			,				
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PSA	38769	N/A	1-SNUB-062-	-	C	
PSA-1/4				40615		REPLACEMENT	N
							-
		1	123/95				
	·						
		1					
Description of Wor	* Replace S	Nubber	· ·		1		
Tana Ca							<del></del>
Tests Conducted:	Aydrostatic Poat	matic Nom	inal Operating Pr	essure 🔲			
	Other Pressure	Psi	Test Temp	1w1/2	3/95		
NOTE: Supplemention in items 1 thro	ntal sheets in form of li	sts, sketches, or o included on eac	frawings may be			× 11 in., (2) info	orma-

recorded at the top of this form,



FORM NIS-2 (Back)
9. Remarks NIS-2 TORCKING# 95-46 90 2/2/95
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this REPLACEMEN Tonforms to the rules of the ASME Code, Section XI.
Type Code Symbol StampN/A ENM 2-20-95
Type Code Symbol Stamp N/A ENM Z-20-95  Certificate of Authorization No. N/A ENM Z-20-95  Expiration Date N/A ENM Z-20-95  Signed Edward N. Miller  Owner or Owner's Designee, Titler  Date FEB. 20, 19 95
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Commissions TN 2 537
Inspector's Signature National Board, State, Province, and Endorsements
Date

1.	Owner TENNE	SSEE VALLEY	AUTHORITY		Date/	1-18-99	4	
	400 W.SUM	MIT HILL DRI	VE, KNOXVII	LE, TENN.	Sheet/			
		Address			U.100 (	_		
2.	Plant WATTS	BAR NUCLEAR			Unit	/		
		Nam	~.					
	P.O. 1	BOX 2000 SPR	ING CITY, I	<u>ENN. 37</u> 381		74- 118	187-01	
_		Address			Receis O-			, etc.
3.	Work Performed b	WATTS BAR N	NUCLEAR MAI	NTENANCE	Type Code Symb	ol Stamp	N/K	
	•				Type Code Symb Authorization No Expiration Date		~/K	
		BOX 2000 SPR			Expiration Date_		V/R	
4.	Identification of Sy	ystem 078 -	- SPENT	FUEL PIT	COULING	es. e		
5	(a) Applicable Co	struction Code //	ATSC .	774		-,		
٥.	(a) Applicable Con	struction Code/	TISC	9/Edition,_	~/R	Addenda,_	N/R	_Code Case
,	O Applicable Edit	tion of Section XI U	tilized for Repair	s or Replacements	19 <u>80W81</u>			
	•							
		mponents Repaired	or Replaced and	Replacement Corr	aponents			
	•		T			<del></del>		
		1						
								ASME
	Name of			National			Repaired	Code Stamped
	Component	Name of Manufacturer	Manufacturer	Board	Other	Year	Replaced,	(Yes
		wandtacturer	Serial No.	No.	Identification	Built	or Replacement	or No)
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	UVB-078-	00.0	0			<del> </del>	Page	
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Das	cription of Work_	REPLACED S						
D43	cription of Work_	Neptace 3	NUBBEAU					
901	ts Conducted: H	udeasast. 🗀 -			<del></del>			
			umatic Non	ninal Operating Pr				
	O1	ther Pressure	psi	Test Temp,		, ,		
NO	TE: Supelanasa				Rb "	118/94		
tion	i e: Supplemental	sheets in form of I	ists, sketches, or	drawings may be			n. x 11 in., (2) int	forma-
	orded at the top of	in a an time tabolt t	s included on ea	ch sheet, and (3)	each sheet is numi	bered and	the number of sh	eets is

CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this REPLACE  SME Code, Section XI.  Pepair or re  Pipe Code Symbol Stamp  NA EMM 2-23-95	episcement
We certify that the statements made in the report are correct and this <u>REPLACE</u> SME Code, Section XI.  repair or re	episcement
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We certify that the statements made in the report are correct and this <u>REPLACE</u> SME Code, Section XI.  repair or re	episcement
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pe Code Symbol Stamp N/A ENM 2-23-95	
Tilicate of Authorization N. N/A SAM 22205	
Expiration Date _	N/A ENM Z-23-95
rtificate of Authorization No. N/A ENM 2-23-95 Expiration Date	Feb. 23, 1925
CERTIFICATE OF INSERVICE INSPECTION	•
rovince of TN and employed by HSB TST	ressure Vessel Inspectors and the State
Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	, and state that
ne best of my knowledge and belief, the Owner has performed examinations and taken er's Report in accordance with the requirements of the ASME Code, Section XI.	n corrective measures described in this
The requirements of the ASME Code Section YI	
y signing this certificate neither the Inspector nor his employer makes any warranty, inations and corrective measures described in this Owner's Report. Furthermore, ne be liable in any manner for any personal injury or property damage or a loss of any kinction.	
Auton,	- · · · · · · · · · · · · · · · · · · ·
- 1813a2 53	ートレトーマフ
Inspector's Signature Commissions National Board, S	State, Province, and Endorsements

1. Owner TEN	NESSEE VALLEY	AUTHORITY		Date/-	3/95		
400 W.S	SUMMIT HILL DRI	VE, KNOXVII	LLE, TENN.	Sheet/			<del></del>
2. Plant WAT	TS BAR NUCLEAR	PLANT	:	Unit/	_ 0'		
******	Naп	10		<del></del>			<del></del>
	BOX 2000 SPR	ING CITY, 1	ENN. 3/38.		2479	16-03	
3. Work Perform	ed by WATTS BAR I	NUCLEAR MAI	NTENANCE			P.O. No., Job No	etc.
				Type Code Symb		NA	
P.O	BOX 2000 SPR	NG CITY, T	ENN. 37381	Expiration Date_		n/n	
	of System63			.7. 4 <b>5</b> 0565	·		
5. (a) Applicable	Construction Code	115C 1/2	45 744 Edition	nh	Addenda.	uk	Code Cae
(D) Applicable	Edition of Section XI U	tilized for Repair	s or Replacement	19 <u>80w8</u> /			_ <del> </del>
6. Identification o	f Components Repaired	or Replaced and	Replacement Co	mponents			
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PsA	MA	n/A	1-SMB-062-	MA	REPLACEMENT	No
·	1.						
<del></del>			Ju 1/23/46				
		•	1,1	·			
					<u>`</u>		
Description of Wor	rk REPLACE SA	JUBBER			÷		
Tests Conducted:	Hydrostatic Pnau Other Pressure	matic Non	ninal Operating P		1 1/23/95		
NOTE: Supplemention in items 1 thr	ntal sheets in form of li	sts. sketches. or i	drawings may be	Head persided (4)	•		forma-

(12/82)

recorded at the top of this form,

8.

tion in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is

CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this **LEPLACEMENT** conforms to the rules of the repair or replacement  Type Code Symbol Stamp NA EMA 2-23-95  Certificate of Authorization No. NA EMA 2-23-95  Expiration Date NA EMA 2-23-95  Signed Owner or Owner's Designes, Title  CERTIFICATE OF INSERVICE INSPECTION  It, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State and employed by HSB 2 If I CO of the Institute of the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer rail be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this spection.  Commissions TN 2534  National Board, State, Province, and Endorsements  To province of Transpector's Signature  Commissions TN 2534  National Board, State, Province, and Endorsements	CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the ASME Code, Section XI.  Type Code Symbol Stamp  NA EMA 2-23-95  Expiration Date  Owner or Owner's Designes, Title  CERTIFICATE OF INSERVICE INSPECTION  In the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State of the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the aminations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the aminations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the aminations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer property damage or a loss of any kind arising from or connected with this prection.  Commissions  NA 2534  National Board, State, Province, and Endorsements	9. Remarks <u>95-548</u>					
We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the ASME Code, Section XI.  Type Code Symbol Stamp NA ENM 2-23-95  Certificate of Authorization No. NA ENM 2-23-95  Signed NA ENM 2-23-95  Expiration Date NA ENM 2-23-95  Signed Owner or Owner's Designee, Title  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tenesses of the Martifer Common have Inspected the components described in this Owner's Report during the period 3/2/35  To 3/2/35  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the xaminations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the xaminations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the xaminations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer neither the Inspector nor his employer damage or a loss of any kind arising from or connected with this spection.  By Signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the xaminations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer neither the Inspector nor his employer neither the Inspector nor his employer neither the Inspector nor his employer neither the Inspector nor his employer neither the Inspector nor his employer neither the Inspector nor his employer neither the Inspector nor his employer neither the Inspector nor his employer neither the Inspector nor his employer neither the Inspector nor his employer neither the Inspector nor his employer neither the Inspe	We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the ASME Code, Section XI.  Type Code Symbol Stamp NA ENM 2-23-95  Certificate of Authorization No. NA ENM 2-23-95  Expiration Date NA ENM 2-23-95  Signed Owner or Owner's Designee, Title  CERTIFICATE OF INSERVICE INSPECTION  The undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State of Province of Tenner Stee and employed by HSB IFI CO of NATTAY COMMISSION have Inspected the components described in the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the aminations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the aminations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the aminations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer property damage or a loss of any kind arising from or connected with this properties.  Commissions The 2534 National Board, State, Province, and Endorsements		Applic	able Manufacturer	's Data Reports to be	attached	
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Inspector's Signature  Commissions TN 2534  National Board, State, Province, and Endorsements	inspector's Signature  Commissions TN 2534  National Board, State, Province, and Endorsements						
Inspector's Signature Commissions TN 2534  National Board, State, Province, and Endorsements	Inspector's Signature Commissions TN 2534  National Board, State, Province, and Endorsements		ny personal injury o	r property damage	or a loss of any kind	arising from or co	not his employer
National Board, State, Province, and Endorsements	National Board, State, Province, and Endorsements	spection,	1		•		AND WILL LINE
National Board, State, Province, and Endorsements	National Board, State, Province, and Endorsements	13 Erm	L				••
2/2	2/2	Inspector's Signi	iture	Commissions _	1N 233	9	
1te	e <u> 3/2</u> 19 95				Mational Board, Sta	te, Province, and	Endorsements
	19	3/2	95		•		
			19			-	

1. Owner TENNI	ESSEE VALLEY			Date/-/6	6-95		
400 M CTD	Na 		_				
400 W.SUN	MIT HILL DRI	VE, KNOXVII	LE, TENN.	Sheet	of	<u></u>	
2. Plant WATTS	BAR NUCLEAR	PLANT		Unit			
D O	Nan	· <del>-</del>					
P.O.	BOX 2000 SPR	ING CITY, I	ENN. 37381		2479	8-0Z	
3. Work Performed b		TICI FAD MAT		Repair Or	ganization	P.O. No., Job No	., etc.
- voice i stroimleg p	yLLC Brace	Name	MIENANCE	Type Code Symb			
P.O.	BOX 2000 SPR	ING CITY, T	FNN 37391	Authorization No			
	Address		<u> </u>	Expiration Date_		NIR	
4. Identification of S	ystem	C.V.C.S.			physical		
5. (a) Applicable Cor	nstruction Code <u>f</u> tion of Section XI U	isc g	X7th Edition	N/R		N/0	
(b) Applicable Edi	tion of Section XI U	tilized for Repairs	or Heplacements	19 80 W81	Addenda,_	14/10	_Code Case
6. Identification of Co	omponents Repaired	or Replaced and I	Replacement Con	ponents			
•					T	T	<del></del>
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-520B-062-67A105	PSA	20002	N/A	0.0 1/			
		38802	N/A	PSA-1/4	1992	Replacement	7
	1						
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Description of Work_	REPLACED	SNUBBER	•			<u></u>	<del></del>
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	her Pressure	matic Nom	inal Operating Pro	ssure			
,		Psi	est Temp		n 1-16-93	5	
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9. Remarks
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this <u>KEPLACEMEN</u> conforms to the rules of the ASME Code, Section XI.
Type Code Symbol StampN/A ENM Z-Z3-95
Certificate of Authorization No. N/A ENM 7-23-95 Expiration Date N/A ENM 2-23-95
Certificate of Authorization No. N/A ENM Z-23-95 Expiration Date N/A ENM Z-23-95  Signed Edward 1. McCoy - Mech. Engr. Date FEB 23, 19 95
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB IFI Co of
in this Owner's Report during the period $3/2/95$ have inspected the components described to $3/2/95$ , and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report, Furthermore neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements
Date

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1. Owner TENNE	ESSEE VALLEY			Date 1-10	,-95			
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2. Plant WATTS	Addres BAR NUCLEAR	-			_ 01	<del></del>		-
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P.O.	BOX 2000 SPR		<u>ENN. 37</u> 381		2346	-04		_
3. Work Performed !			NTENANCE			P.O. No., Job No		_
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5. (a) Applicable Co	nstruction Code	AISC T	フ世 Edition	N/A		21/4		<del>-</del>
	ition of Section XI U	tilized for Repairs	or Replacement	19 <u>80 W81</u>	Addenda,_	N/A	Code Cas	•
6. Identification of C	omponents Repaired	or Replaced and I	Benjacement Co-					
•			Teplacement Con	riponents		· ·		
Name of	Name of	Manufacturer	National Board			Repaired,	ASME Code Stamped	
Component	Manufacturer	Serial No.	No.	Other Identification	Year Built	Replaced, or Replacement	(Yes or No)	
1-5NUB-06Z								
-6ZA48	P5A	38797	N/A	PSA - 1/4	1992	REPLACEMENT	N	
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There Condended 1	hadaa aa C							
Tests Conducted: H	ther Pressure		inal Operating P		4/v -			
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Applicable Manufacturer's Data Reports to be attached  CERTIFICATE OF COMPLIANCE
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CENTIFICATE OF COMPLIANCE.
We certify that the statements made in the report are correct and this PEPI ALEMENT
We certify that the statements made in the report are correct and this <u>LEPLACEMEN</u> T conforms to the rules of the repair or replacement.
/a
Type Code Symbol Stamp N/A ENM 2-23-95
N/0 50M 3 22 05
Certificate of Authorization No. N/H CIVIL C-C3-90 Expiration Date N/A ENM 2-23-95
Certificate of Authorization No. NA ENM 2-23-95 Expiration Date NA ENM 2-23-95  Signed Savard M McCoy - Mech. Engr. Date FEB 23, 19 95
Owner or Owner's Designee, Title Date FEB CS, 19 95
CERTIFICATE OF INSERVICE INSPECTION
I. the undersigned holding a volid annual visit and a volid annual visit and a volid annual visit and a volid annual visit and a volid annual visit and a volid annual visit and a volid annual visit and a volid annual visit and a volid annual visit and a volid annual visit and a volid annual visit and a volid annual visit and a volid annual visit and a volid annual visit and a volid annual visit and a volid annual visit and a volid annual visit and a volid annual visit and a volid annual visit and a volid annual visit and a volid annual visit and a volid annual visit and a volid annual visit and a volid annual visit and a volid annual visit and a volid annual visit and a volid annual visit and a volid annual visit and a volid annual visit and a volid annual visit and a volid annual visit and a volid annual visit and a volid annual visit and a volid annual visit and a volid annual visit and a volid annual visit and a volid annual visit and a volid annual visit and a volid annual visit and a volid annual visit and a volid annual visit and a volid annual visit and a volid annual visit and a volid annual visit and a volid annual visit and a volid annual visit and a volid annual visit and a volid annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annual visit annu
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the Strong Province of Tennessee and employed by HSB I + I CO:  HATTO' CONN have inspected the components described in this Owner's Report during the period 3/2/95 to 3/2/95 and state the
HATTFORD CONN. how inspected the company of
in this Owner's Report during the period 3/2/9.5 to 3/2/9.5 and state the
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in a
The port in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied apparation
normations and corrective measures described in this Owner's Report Furthermore mainbas the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern and the forestern
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Inspector's Signature Commissions TN 2534  National Board, State, Province, and Endorsements
National Board, State, Province, and Endorsements
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1. Owner TENNE:	SEE VALLE	Y AUTHOR	174	Date2/3	13/75	<u> </u>	
400 W. SUMI	-			Sheetof			
2. Plant WATS E				Unit *			<del>- :</del>
P.O. Box 2000				WO 94-18	594-0	00	
				Sepair Organ		/	····
3. Work Performed by TENNESSEE VALLEY AUTHORITY  Name  P.D. BOX 2000, SPRING CITY, TN  Address				Authorization No		Arylo 4	22/25
	210	/ REAC				7	
4. Identification of Syst						<del>12</del>	
5. (a) applicable Const	truction Code <i>f</i> on of Section X1 Uti	lized for Repairs of	77 Edition, or Replacement	19_80_ THR	u س س	NTER 81	Code Case
i, Identification of Con	nponents Repaired o	r Replaced and R	eplacement Cor	mponents		·	
Name of Component	Narr:e of Manufacturer	Manufacturer Serial No.	National Board No.	Other Ident: fication	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-RFV-068-0564	CROSBY VALUE CO.	N56964-10- 0033	906,	PREDIOUS # N56964-06- 0633	1983	REPLACEMENT	YES
	•						
	- 0	1-1-00		- 1/A1 10	0.1.1	2511-06-9-	05/4
7. Description of Work	_ INSTACLED.	NEW SAF	ETY KEL	IEP VILVE	<u>U /-/</u>	170-068-0	736 T
8. Tests Conducted:	Hydrostatic Po	neumatic No	ominal Operation Test Temp	g Pressure 🔀	1		
NOTE: Supplemen	tal sheets in form o	f lists, sketches, o	or drawings may	be used, provided (1	) size is 81	4 in. x 11 in., (2)	informa-

This form (EC0030) may be obtained from the Order Dept., ASME, 22 Law Drive, Rox 2300, Fairfield, NJ 07007-2300. REFRINT 4/93

tion in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is

recorded at the top of this form.

(12/82)

marks	ACKING # 95	pplicable Manufacture	er's Data Reports t	o be attached	
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		CERTIFICATE OF	COM. LIANCE	OLACOMETT	to the rules of the
	fy that the statements made	de in the report are co	orrect and this KE	ir or replacement	HS to the cours
We certii ASME Code, Section	on X1.		,,,,,	. •	
ASME CODE, Section	J. 7				
Type Code Symbo	I Stamp		1/2 3-1-1	75 Date	
			Expiration	Date	
Certificate of Auth	norization No.			March 1	95
1	fr Owner's Designee, Tritle	R.E.	Date _	Maich 1	19
Signed Change	r Owner's Designee, Title				
		CERTIFICATE OF I			Inspectors and the State
I the undersigned	s, holding a valid commiss	sion issued by the Nat	ional Board of Bo	I co	of
or Province of I	NNESSEE	and employed by  (a) 12/95		have inspected the	components described
	HAVITORD	8/22/95		\$122/93	, and state that
in this Owner's I		the Owner has perfor	imed examination	and facell con-	neasures described in time
to the best of my	y knowledge and beller, to n accordance with the req	quirements of the ASI	ME Code, Section	X1.	implied concerning the
Owner's Report i	n accordance with the requision certificate neither the	Inspector nor his em	ployer makes any	warranty, expressed of	reactor nor his employer
By signing th	is certificate neither the l	escribed in this Own	er's Report, Furth	nermore, neither the m	m or connected with this
examinations and	d corrective measures de any manner for any pers	ional injury or proper	ty damage or a los	S OT BRY KING UNDANS	
inspection.	//			11	
/	3 Earney,		missions TN	2534	are and Endorsements
	) (A) Sidneture	Com	Natio	nal Board, State, Provi	100, 0.70 D.T.
	inspector s penditore				
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1. Owner TENNE:				Date 3-4	-95		
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2. Plant WATTS B	AL NECLEAR	PLANT	<del></del>	Unit	1		
	SPLING CITY Address	-		<u>₩₽ ₽-</u> Repair Ore	0600	7-//	
3. Work Performed b							, etc.
		Name	<del></del>	Type Code Symbo	ol Stamp	N	ON
P.O. BOX 2000, SPRING CITY, TN 37381				Authorization No. Expiration Date_			
4. Identification of S	/stem	MAIN 57	EAM	<del></del>		P	
6. Identification of Co	omponents Repaired	or Replaced and F	Replacement Con	nponents	<del>                                     </del>	<del>,</del>	
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stampe (Yes or No)
001A-1-01A-3 <i>08</i>		~	A 3-4-95		سلامانس	REPLACEMENT	N
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Description of Work_	RELOCAT	TE REAR E	BRACKET				
_	Hydrostatic Pne Other Pressure	A/	Test Temp	ressure°F.			

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#### FORM NIS-2 (Back)

9. Remarks TRACKING No. 95-054
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this <u>REPLACEMENT</u> conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp
Certificate of Authorization NoExpiration Date
Signed Charles Sewin RE Date 3-4 1995
CERTIFICATE OF MOTOR AND AND AND AND AND AND AND AND AND AND
CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of 7500 C33 CC And employed by 73 B 2 F1 C0
in this Owner's Report during the period 3/6/95 to 3/6/95 and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
B Emals
Inspector's Signature Commissions TN 2 5 3 4  National Board, State, Province, and Endorsements
Date3/619_95

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Work Performed	by WATTS BAR	NUCLEAR MA]	NTENANCE	Type Code Symb		1 P.U. NO., JOB NO	etc.
		· Name		Authorization No	ioi Stamp_	N/L	
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Identification of	Address System 62	CVCS		The Walter to	: :·· <u>.</u>		<i></i>
(a) Applicable Co	enstruction Code <u>A</u> lition of Section XI L	-15C 1 1/kg	14-7 TH SEdition	Lk	Addenda	nk	
(b) Applicable Ed	lition of Section XI L	Itilized for Repair	s or Replacemen	19 80 WB/	Mucenda,		_Code C
		* *	•				
	Components Repaired	or Replaced and	Replacement Co	Omponents			
							ASME Code
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	Stamped (Yes or No)
JUBBER	PSA	9122	N/A	1-SN4B-062 CVCR50	1990	REPLACEMENT	N
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NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is orded at the top of this form.

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2. Plant WATTS	Address  S. BAR NICL							
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3. Work Performed b	y IVA NIO	Name	···	Type Code Symbo	l Stamp	N/A		
			81	Type Code Symbo Authorization No. Expiration Date		/ WM 3/3	22/95	,
f.D. BDY ZOO	Address ystem 062	em 3/2	2/95,	CHEMICA	i Volu	ME AND CO	ONT/COL	
5. (a) Applicable Cor	struction Code Al	SC 77# 19	73 Edition	JUNE 1973	ر مامامی ماری	4/A 2122/0-		
(b) Applicable Edi	tion of Section XI U	tilized for Repairs	or Replacemen	ts 19 80 4/ADDE	Nadenda,_ <i>NAA THK</i>	NIGH WINTER	_Code Case 198/	:
6. Identification of Co	moonents Renaired	or Replaced and B	lanlasses Co					
	T. Topaneo	or replaced and r	eplacement Co	mponents	<u>.</u> .			
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes t or No)	
1-20 1-20	MA	MA	H/A.	47A406-1-20	ONKHOWA	REPLANEMENT	40	
2062-A435-	4/	μ/.	V/a	410435-25-5	11/14/15/1	0		1
25-5	1/4	1A	14			Lapraceman	NO	*****
							144.77	
7. Description of Work	Deveres sur	1 (2) 1/	FRIEND	16	Mar	123/95		
			4 Kun 3/21	195	- 11011	103/95		
	Hydrostatic Pn Other Pressure_	eumatic Non	ninal Operating Test Temp	Pressure F		الإنجام الماء		
NOTE: Supplement	al sheets in form of	lists sketches or	drawings may	ha weard provided 141	alaa ta Ott	to a del a serie		
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#### FORM NIS-2 (Back)

9. Remarks TEACKING # 95-056 Run 3/22/95
Applicable Manufacturer's Data Reports to be attached
We certify that the statements made in the report are correct and this conforms to the rules of the
ASME Code, Section XI.  repair or replacement
1 Jun 3/22/95
Type Code Symbol StampA
Certificate of Authorization NoExpiration Date
Signed Al Sear FIELD ENGINEER Date 3/27 , 1995
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
and employed by 75/5 1 F1 00
in this Owner's Report during the period 3/29/95 to 3/29/95
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied expression the
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shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
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Inspector Signature Commissions TN 2534  National Board, State, Province, and Endorsements
3/20 05
Date

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P.O. Box	Each, SPRIN	is Clay Tal		110 99	1-177	74-00	
,	Address	<u> </u>		Repair Org	anization P	24-00 .0. No., Job No.,	etc.
Work Performed b	y TVF.	Name	<del></del>	Type Code Symbo			. ·
FO FOX	2000, SPRIT		/	Authorization No.	<del></del>	1/	
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(p) Abblicable Fol.	Address  ystem 62   64  estruction Code 44  tion of Section XI Ut	tilized for Repairs	or Replacement	s 19 <u>80</u> ~	→ 1107943 Addenda,_ F 3-11.95	V09	_Code
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASM Code Stamp (Yes
341-062- 1546-5	VELAN	1643	NA	NONE	1978	REPLIZAD.	- 4/2
, , , , , , , , , , , , , , , , , , , ,							
Description of Work	REPLACE	Disk					
	REPLACE  Hydrostatic Pr		ninal Operating		·		·

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

94-17224-00

Page 16 of 53

FORM NIS-2 (Back)
9. Remarks TRACKISKS # 057
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this Code, Section XI.
Type Code Symbol Stamp
Certificate of Authorization No. 244 Expiration Date 4/2
Signed FIGHT ENGR FIELD - 3-22 GC
Owner or Owner's Designee, Title
CERTIFICATE OF INSERVICE INSPECTION
the undersigned holding a valid commission is used to a task of the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in the same in th
or Province of Tennessed by the National Board of Boiler and Pressure Vessel Inspectors and the State of Province of Tennessed province of Hartford Conn. of have inspected the components described in this Owner's Report during the period 4/3/35 to 4/3/35 , and state that
in this Owner's Report during the period 4/3/35 to 4/3/95 and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report, Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector's Signature Commissions TN 2534  National Board, State, Province, and Endorsements
National Board, State, Province, and Endorsements
Date 4/3 95

1. Owner TENNI	ESSEE VALLEY			Data	2/8/	, 55		<del></del>
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Plant WATTS	Address BAR NUCLEAR			Unit/	_ OT	- <u>'                                   </u>		<del></del>
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TOTA PERFORMED	WATTS BAR N	Name	NTENANCE	Type Code Symbo			· ·	<del></del>
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dentification of S	Address ystem	2 - C.	1. C.S	aut ratum, koja s				<del></del>
a) Applicable Co	nstruction Code AI	SC 1-2/8/95	9 7 ^{+h} Edition	NIL	Addenda,	uh		<del>.</del>
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lentification of C	omponents Repaired	or Replaced and	Replacement Co	omponents			·	· · · · · · · · · · · · · · · · · · ·
. '			··				ASME Code	
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	Stamped (Yes	
eating				1-SUUR -N7 14-112777				2.1.
BBOX	WA	NA	NA	1= XVIO 462 64 VKW2	NA	NA	NO	Go K-7
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ription of Work_	_		•	hog ving			-: :	
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(12/82)

FORM NIS-2 (Back) We certify that the statements made in the report are correct and this Leolace ment ASME Code, Section XI. . repair or replacement Expiration Date _N/A ENT 3-24-95 CERTIFICATE OF INSERVICE INSPECTION I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of_ and employed by HSBILICO. Hartlord have inspected the components described in this Owner's Report during the period_ _to_ . and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection. _Commissions_ National Board, State, Province, and Endorsements

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Page	_/7	of	48	
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1. Owner TENUL	SSEE VALLE	Y AUTHORI	77	Date Z	124/9	5	
	MMIT HILL						
2. Plant_WATTS	BAR NUCLE	AR PLANT		Unit			
	OO, SPRING					4-02	
. Work Performed b	<u>y TONNESSEE</u>	E VALLEY ,				P.O. No., Job No.	•
WATTS BAIR	NUCLOAL Address	PLANT		Type Code Symbol Authorization No. Expiration Date			ارسار مسار
Identification of S			CTOR CO	OCANT			3/3
(a) Applicable Cor (b) Applicable Edi	estruction Code tion of Section XI U	ASME III 19	21 Edition	NATER 1972	Addenda <u>.</u> - いいし		_Code Ca
Identification of Co			-		•	1181	
Name of Component	Name of Manufacturer	Manufacturer Serial I.J.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
?FV-068-0565	CROSBY VALUE CO.	N56964- 10-0029	905	N56964-06- 0029	1983	BELIXEMENT	YES
· .							
	· · · · · · · · · · · · · · · · · · ·						
Description of Work_	INSTALLED I	REPLACEMEN	JT SAFETY	RELIEF VAL	VE C	1-RFV-068-	0565
ests Conducted: H	lydrostatic Pnother Pressure_	eumatic Non	ninal Operating Test Temp.	Pressure 🔀			
OTE: Supplementa	I sheets in form of gh 6 on this report	liete ekataban an	<b></b>	e used, provided (1)	size is 8% bered and	in. x 11 in., (2) in the number of sh	t. forma- leets is
(2) This form (E6	00030) may be obtain	ed from the Order i	Dept., ASME, 22	Law Drive, Box 2300,	Fairfield, N.	J 07007-2300. REP	RINT 4/02

FORM NIS-2 (Back) TRACKING # 95-059 + 3/30/95 Applicable Manufacturer's Data Reports to be attached CERTIFICATE OF COMPLIANCE We certify that the statements made in the report are correct and this RECACEMENT conforms to the rules of the ASME Code, Section X1. Type Code Symbol Stamp, Certificate of Authorization No CERTIFICATE OF INSERVICE INSPECTION I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB TFT Car of CONN 8/22/95 in this Owner's Report during the period... to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASMS Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection. lational Board, State, Province, and Endorsements

94-18594-02

1. Owner Tenne	ESSEE VALLE	Y LUTHORI		Date	30 9	5	
_	Address Address			Sheet/	of /		
2. Plant Wat	TS BER N	luclose Pe	CANT	Linia /			
70.80x 20	Nia -			_ W.O. 9	1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	70 00	
	Address			Repair O	rganization	P.O. No. Job No	atc.
3. Work Performed b	y / VA / CADI	Name	735 CREAF	Type Code Syint Authorization No Expiration Date	ool Stamp_	11/	
	AL NUCLET			Authorization No Expiration Date_	D	12 14:	3.3096
. Identification of Sy	/stem <u>5/5 (X</u>	2 CHon	ical Voc	UME CONST	rot "	SICTION	
. (a) Applicable Con (b) Applicable Edit	struction Code <u>ASA</u> tion of Section XI U	tilized for Repairs	5 74 Edition or Replacemen	1974/ws: 1974/ws;	Addenda,	U/A	_Code Ca
Identification of Co	mponents Repaired	or Replaced and F	Replacement Co	mponents			
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
54-062-0547	KERDTEST	HXX-7	NA	NONE	1975	Replace 400	- NO
	·	14F 3.30.95					
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			- <u>·</u>	<u> </u>			
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escription of Work	REPLACE?	STEM AND	DIEC AS	State Bld a	21 1-7	T3V-067	
ests Conducted: HV	drogratic D. P			7		002	
ests Conducted: Hy Ot	her Pressure	———— psi	inal Operating P Test Temp	ressure . MA	[ [ ///x: :	3.30.95	
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OTE: Supplemental on in items 1 through corded at the top of t	6 on this report i	ists, sketches, or d s included on each	lrawings may be h sheet, and (3)	used, provided (1) s	ize is 8½ ir	. x 11 in., (2) inf	orma-
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This form (E00	030) may be obtained	d from the O-4 -		aw Drive, Box 2300, F			
	, 55161161	the Order De	ept., ASME, 22 Li	w Drive, Box 2300, F	airfield. N.I.	07007.2200	11.7
						57007-2300. REPR	IN 1 4/93

	FORM NIS-2 (Back)
	100 -1216-
	Applicable Manufacturer's Data Reports to be attached
emarks .	Applicable Manufactor
	TOTALE OF COMPLIANCE
	We certify that the statements made in the report are correct and this repair or replacement
	We certify that the statements made in the report of repair of replacements.
ASME (	Code, Section XI.
*:	
	ate of Authorization No.  Must established.  Date 3-30, 19_95
Type Co	ode Symbol Stamp
74*	Expiration Date
Certific	Tate of Authorization No
	//w/ () h 126
Signed.	Owner or Owner's Designee, Title
	CERTIFICATE OF INSERVICE INSPECTION  CERTIFICATE OF INSERVICE INSPECTION
	CERTIFICATE OF INSERVICE INSPECTION  Undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State  of  TENNESSE  and employed by  have inspected the components described
1 the	undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vesser of
or Pro	vince of
	s Owner's Report during the period 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 to 4/15/95 t
in thi	s Owner's Report during the period
to the	best of my knowness of the ASME Code, Section 1
Owne	er's Report in accordance with the employer makes any waitanty, and not his employer
В	y signing this certificate nective measures described in this Owner's Report. Furthermore, which arising from or connected with the
exam	y signing this certificate neither the Inspector nor his employed. Furthermore, neither the Inspector his this owner's Report. Furthermore, neither the Inspector his this owner's Report. Furthermore, neither the Inspector his this owner's Report. Furthermore, neither the Inspector his this owner's Report. Furthermore, neither the Inspector his this owner's Report. Furthermore, neither the Inspector his this owner's Report. Furthermore, neither the Inspector his this owner's Report. Furthermore, neither the Inspector his this owner's Report. Furthermore, neither the Inspector his this owner's Report. Furthermore, neither the Inspector his this owner's Report. Furthermore, neither the Inspector his this owner's Report. Furthermore, neither the Inspector his this owner's Report. Furthermore, neither the Inspector his this owner's Report. Furthermore, neither the Inspector his this owner's Report. Furthermore, neither the Inspector his this owner's Report. Furthermore, neither the Inspector his this owner's Report. Furthermore, neither the Inspector his this owner's Report.
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	Inspector's profite to
	11/15 10 9.5

	ESSE VALLE	. •		Date	4-12	2-95	
400 W SG	MMIT HILL	DR. KNOX.	TN	Sheet	of		
2. Plant <u>WATTS</u>	BAR NUCLE	PLAN	NT	Unit			
P.O. Box 2	000, 579/A	16 CITY TO	<u>v</u>	W6 # 93	7-225	74-00 P.O. No., Job No.	
3. Work Performed b	IV WATTS BARK	UCLEAR M	AINT	Type Code Symbo	l Stamp_	_	, etc.
				Authorization No.		<del></del>	
1.2. 000	2000, 5PR	WE CLTY	<u> </u>	Expiration Date		ria.	2 4 1 5
. Identification of S	ystem62	CVO	<u>cs</u>				- 7 <b>-2</b> 7·
(o) Applicable Edi	tion of Section XI Ut	ilized for Repairs	or Replacemen		Addenda,_		_Code Ca
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
THOWN HTX	ATLAS INd.						
171-62-124	MFG Co.	3142	2520	1-HTX-062-0124	1975	Replaced	VEC
				TAN SE SILI	<u> </u>	KEPLACEO	125
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Description of Work	REPLACE	HTX B	NNET A	LANGE BOL	TING		
	_				TING		
ests Conducted:	lydrostatic Pne	umatic 🗌 . Nor	minal Operating	Pressure	TING	<i>43</i>	
ests Conducted:	Hydrostatic Pne	umatic . Nor	minal Operating Test Temp.	Pressure	Ruber	1-43	

FORM NIS-2 (Back)
9. Remarks THACKING# 95-0 61 89 4/3/95
Applicable Manufacturer's Date Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this <u>CCPLICEMENT</u> conforms to the rules of the ASME Code, Section XI.
Asive code, section XI.
Type Code Symbol Stamp
Type Code Symbol Stamp
Certificate of Authorization No Expiration Date NR
Signed Terms Country, MMC FOREMAN Date 4-12 , 19 45
CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of Tennessee and employed by #58 I + I G. of
in this Owner's Report during the period 9-30-93 to 6-9-95 , and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
1/2522
Inspector's Signature Commissions National Board, State, Province, and Endorsements
Date 6-9-95
Date

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#### 94-18594-01

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

1. Owner	ESSEE VAL	LEY AUTHO	PRITY	Date 2/z	4/95		
400 W. Sum	Nam MIT HILL DA Address	e ?. KNOXUILI	LE, TN.	Sheet	of Z	-	
2. Plant_WATTS				Unit			
	149111	•		<del> </del>			
P.O. Box 2000	SPRING CIT	ry, TN 37.	38 /	94-1			
3. Work Performed by	TENNESSEE	VALLEY A	AUTHORITY			P.O. No., Job No.,	etc.
· · · · · · · ·		Name		Type Code Symbol Authorization No.			
WATTS BAR	- Nuclear	PLANT		Expiration Date			
4. Identification of Sy		_		· 44 77			
4. Identification of Sy	stem	/ Kenc	TOR LEVE	_P#\(\frac{1}{1}\)			
<ol> <li>(a) Applicable Cons</li> <li>(b) Applicable Edition</li> </ol>	struction Code A	SME_TT 19	71 Edition,	WINTER 1972 A	Addenda	N/A	_Code Case
(b) Applicable Editi	ion of Section XI U	tilized for Repairs	or Replacements	19 BO THEN	WINTE	2 1781	
6. Identification of Co.	mnonents Bensimed	on Donley and and 5					
6. Identification of Con	mponents nepatred	or neplaced and r	Replacement Con	nponents			
							ASME Code
Name			National			Repaired,	Stamped
Name of Component	Name of Manufacturer	Manufacturer Serial No.	Board No.	Other	Year	Replaced,	(Yes
		Serial IVO.	NO.	Identification	Built	or Replacement	or No)
	CROSBY	151.01.1		N56964-			
1-RFV-068-0563	VALVE Co.	N56964-	907	06-0034	1983	REPLACEMENT	YES
							/5-
			ν				
			R				
					· ·		
					<u> </u>	<u> </u>	
. Description of Work_	NSTALLED	REPLACEME	NT SAFETY	I RELEF VAL	VER 1	- RFV-068-0	563.
Torra Conditional							
	lydrostatic  Pn Other  Pressure_		minal Operating I Test Temp	_			
			rest remp	F			
NOTE: Supplementa	I sheets in form of	lists, sketches, or	drawings may b	e used, provided (1)	size is 8½	in. x 11 in., (2) ir	nforma-
tion in items 1 throu recorded at the top of	gh 6 on this report	is included on ea	ach sheet, and (3	B) each sheet is num	bered and	the number of s	heets is ,

#### 94-18594-01

Page  $\frac{18}{9}$  of  $\frac{38}{9}$ 

#### FORM NIS-2 (Back)

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	Applicat	ole Manufacturer's D	ata Reports to be attached	
	,		<del></del>	
				•
		-		
·				
	CEDT	IFICATE OF COMP	HANGE	
We certify that	the statements made in the	report are correct of	nd this REPLACEMENT	conforms to the rules of the
ASME Code, Section XI.	and other ments made in the	report are correct a	repair or replacemen	conforms to the rules of the
			•	
Type Code Symbol Stamp	) <u> </u>	. /	•	•
		(DIA	lan Al-195	
Certificate of Authorization	on No	ي عرام الر	xpiration Date	
	10	7	-xpiration Date	
Signed	KNude.	RE	_ Date _ APRIC	5 95
Oppher or Dwgle	r's Designee, Title		Date	, 19
		<del></del>		
	CERTIFIC	CATE OF INSERVI	CE INSPECTION	
I, the undersigned, holding				essel Inspectors and the State
or Province of TENN	ESSEE and employ	and by THE HOW	THORAS THAM BEIN	Essel Inspectors and the State
- HARTHORD	C'T.	red by 221100711710		
in this Owner's Report d	uring the period	<del>14-95</del>		the components described, and state that
				ve measures described in this
Owner's Report in accorda	nce with the requirements	of the ASME Code	Section VI	ve measures described in this
examinations and correcti	ve measures described in	or his employer ma	kes any warranty, expresse	d or implied, concerning the
shall be liable in any many	her for any personal injuny	this Owner's Report	t. Furthermore, neither the	Inspector nor his employer
nspection.	ter for any personal mjury	or property damage	or a loss of any kind arising	from or connected with this
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$(U \geq I)$	traffe		NR-6760 71	1123 1/4"1"
Inspecto	r's Signature	Commissions/	NB-6260 TU- National Board, State, Pro	vince, and Endorsements
	C.J			
^ -	,	•		
Date ACRIL 2	C/ 195			

WC-95-05861-CE PG-11 2 21

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

1700 III -	SSEE VALLA			Date <u>3 - 24-</u>			
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Plant WA-175	BAR NUC Name	LAR PL	ANT	Unit			
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Work Performed by	Y TVA MET GB 3.2455 AAVR NUM Address	Y PCG	<del></del>	Type Code Symbol	Stamp	/	
WATTS R	GB 3 - 431 FANT NINN.	IVAD FYL	2017	Authorization No.		V 664-	7-95
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Identification of Sy	stem <i>CHEM 1C</i>	AL AND	VOLUA	TE CONTR	06		
	omponents Repaired o				, , , , , , , , , , , , , , , , , , ,	J.K. WI)	EK I
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Name of Component	Name of	Manufacturer	Board	Other	Year	Repaired, Replaced,	Stamped (Yes
- Component	Manufacturer	Serial No.	No.	Identification	Built	or Replacement	or No)
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FORM NIS-2 (Back)
9. Remarks 95-063 Dy 4/7/95
Applicable Manufacturer's Data Reports to be attached
We certify that the statements made in the report are correct and this Replacement conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp NA GG 4-7-45
Certificate of Authorization No. NA GG 4-7-95  Signed Fillow Fillow RE PCG  Date 4 - 7 , 19 95
I, the undersigned holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of JENNESSE and employed by THE HOLDING STEAM BOILET TO of have inspected the components described in this Owner's Report during the period 3-28-95 to 4-19-95, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Commissions NB-6260 TN-2633 N AND TO National Board, State, Province, and Endorsements  Date ABIL 19, 1995

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1. Owner TENNE	SSEE VALLEY	Y AUTHORIT	<u> </u>	Date	-14	-95	
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2. Plant WATTS	BAR NULLEAR	PLANT		Unit/			
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. Work Performed	by_ <u>IVA</u>	Name	<u> </u>	Type Code Symbol			
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(b) Applicable Ec	lition of Section XI U	tilized for Repairs	or Replacement	10 1980 -1171	ddenda <u>,/</u> 7 <i>ER 109</i>	1AGG 4-14-45	_Code Case
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. Identification of (	Components Repaired	or Replaced and R	leplacement Cor	nponents			
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							4 6145
•							ASME Code
Name of	Name of	Manufacturer	National Board	1		Repaired,	Stamped
Component	Manufacturer	Serial No.	No.	Other Identification	Year Built	Replaced, or Replacement	(Yes or No)
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NOTE: Supplemen	tal sheets in form of	lists, sketches or	drawings may b	a usad menulated (s)			
	region of our trips report	is included on each	ch sheet, and (3	e useu, provided (1) : i) each sheet is num!	size is 8½ bered and	in. x 11 in., (2) in	iforma-
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(12/82)

WE-94-18861-57 PG-21 gl22

#### FORM NIS-2 (Back)

9. Remarks <u>WBN-CCG4 GGAY4-45</u>
Applicable Manufacturer's Data Reports to be attached
We certify that the statements made in the report are correct and this Replaced conforms to the rules of the ASME Code, Section XI.
Type Code Symbol StampNAGG 4-14-95
Certificate of Authorization No. NA GG 4-14-95 Expiration Date NA GG 4-14-95  Signed Owner or Owner's Designee Title  Owner or Owner's Designee Title
Owner or Owner's Designee, Title
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned holding a valid commission issued by the National Board of Boiler, and Pressure Vessel Inspectors and the State or Province of FINAL SIEE and employed by THE HARTFORD CT.  have inspected the components described
in this Owner's Report during the period $4-5-95$ to $4-2/-95$ , and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property demand and leave the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the sta
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
C. S. Mittadite Commissions NB-6260 TN-2633 N + I Inspector's Signature Commissions National Board, State, Province, and Endorsements
Date 19612 21, 1995

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3. Work Performed b	y WATTS BAR N		NTENANCE	Type Code Symbo	ol Stamp_	~/L	
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5. (a) Applicable Co		150 44	5 7th	.//,	٠.	/	٠,
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· Name of	Name of	Manufacturer	National			Repaired,	Stamped
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We certify that t	he statements made	in the report are corr				the rules of the
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Certificate of Authorization	NO. N/A ENIA	3-3-71	Expiration	Date NA	EMM 5-3.	95
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Owner or Owner's	Designes, Title	ech. Zngr	Date	May	<u>.)                                    </u>	1995
				/		
	CERT	IFICATE OF INSER	VICE INSPEC	TION	•	<u>-</u>
the undersigned, holding a	valid commission iss	ued by the National	Board of Boile	r and Pressure	Vessel Inspecto	re and the State
	ang em	ployed by// >	BILI	(O)		of.
		SULAS			d the compoi	ents described
this Owner's Report during	ng the period	5/11/95	to	5/11/25		and state that
the best of my knowledge	and belief, the Ow	ner has performed e	xaminations an	d taken correc	tive measures d	escribed in this
vner's Report in accordance	with the requiremen	nts of the ASME Cod	de, Section XI.			
By signing this certificate	menther the inspecto	or nor his employer	wayes and Mai	ranty, express	ed or implied,	concerning the
aminations and corrective : all be liable in any manner	for any nersonal ini-	In this Owner's Rep	ort. Furtherm	ore, neither th	e inspector no	r his employer
all be liable in any manner pection.		, or property dama	Na ol s 1032'01 :	any Kind arisin	g from or conn	ected with this
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Inspectors	Signature		National B	oerd, State, Pr	ovince, and En	iorsements
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Work Performed by	TVA MO	DDIFICATIO	245	Type Code Symbol			erc.
WATTS BAL	1	1491116		Authorization No		Lun	_
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Identification of Sys	stem <u>CHEMICAL</u>	Volume (	CONTROL.	SYSTEM (C	vcs)	_ 5x5 #	062
(a) Applicable Cons	AT .	ic 1th	.73	N/ wmg		W/wmg	
(b) Applicable Editi	on of Section XI Ut	ilized for Repairs	or Benjacement	19 <u>80 THRU</u>	_,ddenda	A 5/5/95	_Code Ca
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Name of	Name of	Manufacturer	Board	Other	Year	Repaired, Replaced,	Stamped (Yes
Component	Manufacturer	Serial No.	No.	Identification	Built	or Replacement	or No)
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Tests Conducted: H	ydrostatic Pne	umatic No.	minal Operation	Pressure			
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NOTE: Supplemental	sheets in form of I	ists, sketches, or	drawings may b	e used, provided (1) s	ize is 8%	in. x 11 in., (2) in	iforma-
tion in items 1 through	this form	is included on ea	ach sheet, and (	<ol> <li>each sheet is number</li> </ol>	pered and	the number of s	neets is

recorded at the top of this form.

FORM NIS-2 (B	ack) m 5/5/35
9. Remarks TRACKING # 95-066 C	n
Applicable Manufacturer's D	ata Reports to be attached
	·
CERTIFICATE OF COMP	LIANCE
We certify that the statements made in the report are correct a ASME Code, Section XI.	nd this PANAGARY conforms to the rules of the
Asinc dode, section At.	
N/a = = l=la=	
Type Code Symbol Stamp // A wmo 5/5/95	
Certificate of Authorization No. 1/A com 5/5/95	expiration Date // A wmo 5/5/95
Signed July Codd Field ENG. Owner or Owner's Designee, Title	Expiration Date
CERTIFICATE OF INSERVICE	CE INSPECTION
I, the undersigned, holding a valid commission issued by the National Roa	ard of Roller and Pressure Vessel Inspectors and the State
or Province of Tennessee and employed by HEL	5 <u> </u>
in this Owner's Report during the period 5//7/85	have inspected the components described to 5//3/15, and state that
to the best of my knowledge and belief, the Owner has performed exam	ninations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code,	
By signing this certificate neither the Inspector nor his employer ma examinations and corrective measures described in this Owner's Repor	
shall be liable in any manner for any personal injury or property damage	or a loss of any kind arising from or connected with this
inspection.	•
B Emmis	TN 2534
Inspector's Signature Commissions	National Board, State, Province, and Endorsements
Date	

Paga 6	COLL	QH	Lake	6A
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Owner   EUL	NAT HILL	LEY AUTH	ORITY	Date	11/85		
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dentification of Sy	stem <u>087</u>	UPPE	R HEAD	> INSECTION			
a) Applicable Cons	struction Code_A	tilized for Repairs	73 Edition	JULIE 1973 115 19 80 4/ADDE	Addenda,_	1/2 am sluf	Code Case
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Name of Component	mponents Repaired	or Replaced and F	Replacement Co National Board	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
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Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
dentification of Co	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)

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

recorded at the top of this form.

Paga 6A cont. on Page 768 Am 3 5-16.95

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	CERTIFICATE OF COMPLIANCE
We certify that the	ne statements made in the report are correct and this Estatement conforms to the rules of the
ASME Code, Section XI.	repair or replacement
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Certificate of Authorization	NoExpiration Date
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Signed 1185 200	FIELD ENGINEER Date 5/11 19 95
Owner or Owner's	Designee, Title
	CERTIFICATE OF INSERVICE INSPECTION
the undersigned, holding a	valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
r Province of	and employed by HSBI+I G
this Owner's Report duri	have inspected the components described ing the period $1/-23-92$ to $5-24-95$ , and state that
the best of my knowledge	ng the period 7/2 to 3-29-73 , and state that
wner's Report in accordance	e and belief, the Owner has performed examinations and taken corrective measures described in this a with the requirements of the ASME Code, Section XI.
aminations and corrective	neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
all be liable in any manner	measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer for any personal injury or property damage or a loss of any kind arising from or connected with this
spection.	2119 personal highly of property damage or a loss of any kind arising from or connected with this
Shalub B. A	Commissions TN 2533
Inspector	Signature National Board, State, Province, and Endorsements
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nte <i>5-24</i>	

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2. Plant 1/3			7	Unit/			
P.O. Box 2	, 2000 SPRINE	CITY, TN	•	W.O. 94	- 1820	7-00	
	Address		<del>•</del> .	Repair Or	ganization	P.O. No., Job No.	, etc.
3. Work Performed b	ov	Name		Type Code Symbo	ol Stamp		•
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				Expiration Date_			
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Name of	Name of	Manufacturer	National Board	Other	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Repaired, Replaced.	Stamped (Yes
Component	Manufacturer	Serial No.	No.	Identification	Year Built	or Replacement	
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Description of WORK	, /2	, ,	1 654)		<del></del>	<del></del>	
Tests Conducted:	Hydrostatic Pn Other Pressure	eumatic Nor	minal Operation	Pressure			• .
	Other Pressure_		Test Temp.	°F			
tion in items 1 thro	tal sheets in form of	lists, sketches, or	drawings may b	e used, provided (1)	size is 8½	in. x 11 in., (2) in	forma-
recorded at the ton	agii o oii tilis report	is included on es	ion sneet, and (3	s) each sheet is nun	nbered and	the number of si	heets is

recorded at the top of this form.

2/82)

FORM NIS-2 (Back)
9. Remarks
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this <b>REPAREMENT</b> conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp
Certificate of Authorization/No. 44 Expiration Date
Signed Date Date Date
CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of
Harford, CT have inspected the components described
in this Owner's Report during the period 1-18-95 to 5-30-95, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection,
Myslub Gealer Commissions TN 2533
Inspector's Signature National Board, State, Province, and Endorsements
Date

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1. Owner TENN	ESSEE VAL	LEY Au	THORITY	Date7	14.95			=
	Name Address							•
							<del></del>	•
2. Plant <u>いATT</u> 」						· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· -
Po. Aox 2000	SPRING CITY Address	7N 3738	<u> </u>	95 17282:00 Repair Orga	DCN enization I	5 21156.B	WP. 93-0	09810-0 09810-0
3. Work Performed by	/	7YA		Type Code Symbol				_
				Authorization No.			1 7.14.95	-
101301 2001	SPRING CITY Address	TN. 3736	<u> </u>	Expiration Date	<del></del>	NIA CA	7-14-95	
4. Identification of Sy	stem CVCS (	LHEMICAL	VOLUME	CONTROL :	YSTEN	1 599	5.62	
5. (a) Applicable Con (b) Applicable Edit 6. Identification of Co					Addenda,_ E£ 81	N/A CP 7.14.	_Code Case	
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)	
SYSTEM 62 PIPING	SEE NO. 2 ABOVE	4/4	N/A	SEE NO.Z ABOVE	0	REPLACEMENT	YES	
	11/000							
. Description of Work	HYDROSTATIC PRESSURE IN			1DE PIPING S 21156.B		WHICH DE	:516 N :09810:00	nian
Tests Conducted: 1	Hydrostetic Pne	eumatic No 296 psi MAX	minal Operating I	Pressure		· · · · · · · · · · · · · · · · · · ·		- 102
NOTE: Supplementation in items 1 throuse recorded at the top of	ign o on this report	lists, sketches, or is included on ea	drawings may b ach sheet, and (3	e used, provided (1) () each sheet is num	size is 8½ bered and	in. x 11 in., (2) ir I the number of s	nforma- heets is	

This form (E00030) may be obtained from the Order Dept., ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300. REPRINT 4/93

OREFERENCE N.S PARTIAL. 62-PB, 62-P10, 62-F1, 63-P1 AND 63-P2.

(12/82)

	FORM NIS-2 (Back) PL. Z o F Z
9.	RemarksTRACKING No. 95.069
	Applicable Manufacturer's Data Reports to be attached
•	
	CERTIFICATE OF COMPLIANCE
	We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the ASME Code, Section XI.
7	Type Code Symbol StampNDNE
C	Certificate of Authorization No. <u> </u>
s	Owner or Owner's Designee, Title
	CERTIFICATE OF INSERVICE INSPECTION
_	the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
	this Owner's Report during the period 7/19/95 to 3/19/95, and state that
	the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this wner's Report in accordance with the requirements of the ASME Code, Section XI.
	By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the kaminations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
sh	half be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this espection.
_	Inspector's Signature Commissions TN 2534  National Board, State, Province, and Endorsements
	Inspector's Signature National Board, State, Province, and Endorsements
D	ate

PAGE 29 OF 32

95 17282 00-

	Nam  LIMMIT HILL I  Address	-		Date 6 -			· · ·
	BAR NUCLE			Unit	···		
P.O. Box 2	2000, SPRINI	6 CITY, TN		W, 0, 95-0 Repair Orga	8322	-82	etc
P.O. BOX 20	WATTS BAR OO SPRING Address System O	CITY, TAI		Type Code Symbol Authorization No. Expiration Date	Stamp	NA JUKE 6	
	nstruction Code Asw ition of Section X1 Ut omponents Repaired				ddenda,_ o∧ ⊌/A	NA 1441 6/219: ddonda Thry	∑Code Ca Wivtcx
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUB-062-	BERGEN - PATERSON	NATHAS	6/218.5 NA	NOTES	NA	Replaced	No
				K/A rw			
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escription of Work	REPLACE S	CREWS Wi	TL Longer	SCREWS			

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

#### FORM NIS-2 (Back)

9. Remarks_	NONE	<u> </u>	(KIN	GT 95-070	
		Applicable Manuf	acturer's Da	ta Reports to be attached	•
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		ents made in the report a	re correct ar		to the rules of the
ASME Cod	de, Section XI.			repair or replacement	
**	•				
Type Code	Symbol Stamp				
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Certificate	of Authorization No		E:	xpiration Date	
•	2/ 2001	1.1			
Signed	wner or Owner's Designer	Field El	NEW CE	_ Date _ 6 _ 2	
		3, (11)0			
	· M · · · · · · · · · · · · · · · · · ·				
I the under	reigned, holding a volid on	CERTIFICATE OF			,
or Province	oi <i>Tennessee</i>	and employed by	HSR Z	rd of Boiler and Pressure Vessel Inspi	
. ————	Hartford.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	have inspected the con	of opening described
in this Owr	ner's Report during the	period 5-30-95		10 6-8-95	and state that
to the best	of my knowledge and be	lief, the Owner has perfo	rmed exam	inations and taken corrective measu	
		he requirements of the AS			
By signir	ng this certificate neither	the Inspector nor his em	nployer mak	tes any warranty, expressed or impl	ied, concerning the
examination	is and corrective measure	es described in this Own	er's Report	. Furthermore, neither the Inspecto	or nor his employer
shall be liab	le in any manner for any	personal injury or proper	ty damage o	or a loss of any kind arising from or	connected with this
inspection.					
4	1	$\supset$		TILOROS	
-siyo	Inspector's Signatu	Com	missions <u> </u>	National Board, State, Province, an	d Endousers
	pactor o organica			National Board, State, Province, an	o Engorsaments
Date \	June 08	19 95			
Jate	<u> </u>	_19/		·	
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1. Owner TENNE		AUTHORITY		Date5	5-10-	95 [*]	
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	Addres		DET TENT	Sheet	of		
2. Plant WATTS	BAR NUCLEAR			Unit/	1		
**D O	Nen	· · · ·					
P.O.	BOX 2000 SPR	ING CITY, T	ENN. 37381		-13996	5-01	
3. Work Performed b	WATTS BAR	NUCLEAR MAT	NTENANCE			P.O. No., Job No.	., etc.
		Name	<del></del>	Authorization No	ol Stamp_	NIK	
P.O. I	30X 2000 SPR	ING CITY, T	ENN. 37381	Type Code Symbol Authorization No Expiration Date	··——	NIR	
4. Identification of Sy	Address ystem 090	, Rao	12770N	MONITOR	ZING		
5. (a) Applicable Con (b) Applicable Edit	erresian Sada A	15C ~	7 TH	w/a		110	
(b) Applicable Edit	tion of Section XI U	tilized for Baneis	5-10-16	10 20(1/8)	Addenda,	~//C	_Code Cas
			· Or Neptacement	19 200 67			
F Identification of Co	mponents Repaired	or Replaced and I	Replacement Con	nponents			
		T	<u> </u>	r			
					1		ASME Code
Name of	Name of	Manufacturer	National Board	2.1		Repaired,	Stamped
Component	Manufacturer	Serial No.	No.	Other Identification	Year Built	Replaced, or Replacement	(Yes
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-SNUB- 090 - 60012N				. 1	<del> </del>		
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•	ydrostatic Pne	umatic Nor	unal Operating Pr	ressure 🔲			
O1	ther Pressure_	psi	Test Temp		R 835	10/95	
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NOTE: Supplemental	P.C P	ists, sketches, or o	drawings may be	used, provided (1)	size is 8% i	n. x 11 in., (2) int	forma-

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

FORM NIS-2 (Back) CERTIFICATE OF COMPLIANCE We certify that the statements made in the report are correct and this REALENT conforms to the rules of the ASME Code, Section X1. repair or replacement Type Code Symbol Stamp Certificate of Authorization No. CERTIFICATE OF INSERVICE INSPECTION have inspected the components described in this Owner's Report during the period. , and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection. Commissions National Board, State, Province, and Endorsements

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

400 W. Summ	SSEE VALLEY I Nam IT HILL DRIVE	••	,TU	Date			
	Address BAR NUCLEAR			Unit/	. 01		<u> </u>
	Nam ) , S <i>praus Cir</i> Address	•	31		- 122	53~85	
Work Performed by				Repair Org		53-85 P.O. No., Job No.	, etc.
P.O. Box 201	OO, SPRING Address	Name CITY, TN.	37 <i>3</i> 51	Authorization No.		N/SGE	27 45
				m # 43			
dentification of Co	mponents Repaired	or Replaced and F	Replacement Cor	nponents	T		
	1	1	•		1	1	l i
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No,	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Component	Manufacturer	Serial No.	Board No.	Identification	Built	Replaced, or Replacement	Code Stamped (Yes or No)
43-BX-020	Manufacturer	Serial No.	Board No.	Identification  N/A	Built N/A	Replaced,	Code Stamped (Yes
43-8x-020	Manufacturer	Serial No.	Board No.	Identification	Built	Replaced, or Replacement	Code Stamped (Yes or No)
Component 43-BX-020	Manufacturer	Serial No.	Board No.	Identification  N/A	Built N/A	Replaced, or Replacement	Code Stamped (Yes or No)
_	Manufacturer  NA	Serial No.	Board No.	Identification  N/A	N/A	Replaced, or Replacement	Code Stamped (Yes or No)
43-BX-020	Manufacturer  NA  NA	Serial No.	Board No.	Identification  NA  NA	N/A NA	Replaced, or Replacement  REPAIR  REPAIR	Code Stamped (Yes or No)
Component 43-8X-020 40-8W-019 43-8X-621	Manufacturer  NA  NA  NA	Serial No.  N/A  NA  NA	Board No.	Identification  NA  NA	N/A NA	Replaced, or Replacement  REPAIR  REPAIR  REPAIR	Code Stamped (Yes or No)

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

9. Remarks TRACKING # 073 GG 6-28-16
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this <u>REPAIR</u> conforms to the rules of the
ASME Code, Section XI.
Type Code Symbol Stamp Nowe
Certificate of Authorization No. None Expiration Date NENE  Signed Owner of Designed FIELD ENGINEER, Plb Date 6-27, 19 95
Signed Acres The PREW ENGWER, Plb Date 6-27 19 95
Owner or Owner's Designee, Title
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of
or Province of $\frac{TN}{Hartford}$ and employed by $\frac{HSBJ*SJ}{LS}$ . Of have inspected the components described in this Owner's Report during the period $\frac{H-H-95}{LS}$ to $\frac{6-30-95}{LS}$ , and state that
in this Owner's Report during the period 4-9-75 to 6-30-75 and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
inspection.
Inspector's Signature Commissions 7/2537  Inspector's Signature National Road State Province and Endorsements
Inspector's Signature Commissions National Board, State, Province, and Endorsements
Date 6-30 19 95

109-10-12253-85 Pega 14 cont. on Page 3

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1. Owner Tenn	essee VA	LLey Ac	thority	Date6	/13/	195	
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2. Plant_ <i>WAT</i>	BAY 1	Vuclear	PLANT	Unit/			
P.O. BOX	2000, SPR/ Address	NG CITY	I.TN	95-1	10046	5-54	
	_						, etc.
3. Work Performed by				Type Code Symbo		/	
P.O. BOX 20	000, SPRING	- C174,	TN,	Authorization No. Expiration Date		<del></del>	
4. Identification of Sy							
5. (a) Applicable Cons		-		•		11/4	
(b) Applicable Editi	ion of Section XI Ut	ilized for Repairs	or Replacements	19 4/4 /9	Addenda,_	V/A	_Code Case
6. Identification of Co				- The			
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Bm 7/3/95							
<del>47A450</del> -4-81 47 <i>A5</i> 60		~	A (57-2.4)		NEWOUN	REPLACEMENT	N
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			7-2-95				
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•		psi	Test Temp	(DN 7-2-95			
NOTE: Supplementa	sheets in form of	lists, sketches, or	drawings may be	used provided (1)	siza je 81/	in v 11 :- /n\ :	
tion in items 1 throu-	go on this report	is included on ea	ach sheet, and (3	each sheet is nun	nbered and	the number of s	norma- heets is

CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this **EPLACEMENT** conforms to the rules of the ASME Code, Section XI.  Type Code Symbol Stamp  Certificate of Authorization No.  Signed **Downer's Designee, Title **(**RESPONSIBLE ENG.**)**  Date **7-2 , 19-95**  **CERTIFICATE OF INSERVICE INSPECTION**  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of **TRINGSEE*** and employed by **ASSEE*** have inspected the components described in this Owner's Report during the period **17/95** have inspected the components described on the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions **Turess** National Board, State, Province, and Endorsements Inspection.  Page 19-95**	9. Remarks TRACKING No. 95-074
We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the ASME Code, Section XI.  Type Code Symbol Stamp  Certificate of Authorization No.  Signed Linguistan RE Owner or Owner's Designee, Title (Responsible ENG.)  CERTIFICATE OF INSERVICE INSPECTION  1, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TRANSSEA and employed by HSB III (O of HART FOR CONN.)  In this Owner's Report during the period 7/7/95 to 7/2/95, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions The State, Province, and Endorsements  National Board, State, Province, and Endorsements	Applicable Manufacturer's Data Reports to be attached
We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the ASME Code, Section XI.  Type Code Symbol Stamp  Certificate of Authorization No.  REDUITED  REDUITED  CERTIFICATE OF INSERVICE INSPECTION  1, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Province of Authorization Report during the period  TO TO TO TO TO TO TO TO TO TO TO TO TO T	
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Type Code Symbol Stamp  Certificate of Authorization No.  Signed  Charles  Date  T-2  19 95  CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennesses  in this Owner's Report during the period  T/7/25  To T/7/25  National Board, State, Province, and Endorsements  Commissions  Lamber  Commissions  Lamber  Commissions  Lamber  Commissions  Lamber  Commissions  Lamber  Commissions  Lamber  Commissions  Lamber  Commissions  Lamber  Commissions  Lamber  Commissions  Lamber  Commissions  Lamber  Commissions  Lamber  Commissions  Lamber  Commissions  National Board, State, Province, and Endorsements	
CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by 150 Tell (2000) have inspected the components described in this Owner's Report during the period 7/7/95 to 7/2/95, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions Twasy National Board, State, Province, and Endorsements	
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CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by Held of Hart Ford Conn. have inspected the components described in this Owner's Report during the period 7/7/95 to 7/2/95, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions The 234  National Board, State, Province, and Endorsements	Type Code Symbol Stamp
CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by Held of Hart Ford Conn. have inspected the components described in this Owner's Report during the period 7/7/95 to 7/2/95, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions The 234  National Board, State, Province, and Endorsements	Certificate of Authorization No
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I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennesses and employed by Tennesses and employed by Tennesses and employed by Art Ford Connection have inspected the components described in this Owner's Report during the period 7/7/25 to 7/2/25, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.  Commissions To 234  National Board, State, Province, and Endorsements	
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2/7 95	inspection.
2/7 95	3 Emme
2/7 95	Inspector's Signature  Commissions  National Roard State Province and Endorsements
Date	i
	Date 2/7 19 95

1. Owner TENNI	ESSEE VALLEY			Date 7-	7- 95		
400 W.SUN	MIT HILL DR	IMe VE, KNOXVI	T.T.F. TENNI				
	Addre	R.	DELI TEMM.	Sheeti	of		
2. Plant WATTS	BAR NUCLEAR			Unit/			
P.O.	BOX 2000 SPR	ING CITY,	TENN. 37381	95-0	0635-	-0/	
	Addres	•				n P.O. No., Job No	976
3. Work Performed I	WATTS BAR	NUCLEAR MA	INTENANCE	Type Code Sym		,	., 0.0.
P.O.	BOX 2000 SPR		ומרכי זמנים	Authorization N	٥	nk	
	Address	ing CIII,	ENIN - 3/381	Expiration Date		uli	
4. Identification of S				·			
5. (a) Applicable Cor (b) Applicable Edi	nstruction Code A	15 C	Edition,	~ K	Addenda,	n li	_Code Case
6. Identification of Co							
	T	T				•	•
Name of	Name of	Manufacturer	National			Repaired,	ASME Code Stamped
Component	Manufacturer	Serial No.	Board No.	Other Identification	Year Built	Replaced, or Replacement	(Yes or No)
1-SNUB-001- 01A343N	PSA	5548	NA	NA	1980	Replacement	No
				-			
Description of Work	Replace	5 NUL	ber				
lests Conducted: Hy	rdrostatic Pnet	meric 🔲 No-					
Ot	her Pressure_	Psi	Test Temp.	ssure []	17/7/95		
NOTE: Supplemental ion in items 1 through rded at the top of t	sheets in form of list 6 on this report is	its, sketches, or o included on eac	drawings may be us				orma-
rded at the top of t	this form.	= 2		e⇔i meat iz unwp	ered and t	the number of she	ets is

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99 7/12/45 FORM NIS-2 (Back)
9. Remarks 075 95-0 75
Applicable Menufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this <u>LEPLACEMEN</u> Conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp N/A ENM 7-12-95
Certificate of Authorization No. NA ENM 9-12-95 Expiration Date NA ENM 7-12-95  Signed Edward 1. MELon Mech. Engr. Date July 12 1995  Owner or Owner's Designess Title
CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TRANSSEE and employed by HSB TAT 65.
in this Owner's Report during the period 7/13/95 to 7/13/95 and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Commissions TN2534 Inspector Signature Commissions TN2534 National Board, State, Province, and Endorsements
Inspector Signature National Board, State, Province, and Endorsements
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1. Owner TENNE	SSEE VALLEY	A LEUUCD TIME		_	~ ~	a =	
Owner	Na Na	M4		Data	1-2-	93	
400 W.SUMI	MIT HILL DRI		LLE, TENN.	Sheet/	of	1	
2. Plant WATTS	Addrei BAR NIICT.FAR	-		,			
a. Hall	Nan Nan			Unit			
P.O. I	30X 2000 SPR		ENN. 37381		2517	7-02	
3 What Barton	Address			Repeir O	ryanization	P.O. No., Job No	., etc.
3. Wark Parformed by	VIATIO BAR	Name	NTENANCE	Type Code Symb			
P.O. E	OX 2000 SPR	ING CITY, T	ENN. 37381	Expiration Date_		~ 12	
4. Identification of Sy	Address	TCF	( 5 v D = v 6		,	~ /K	
5. (a) Applicable Con: (b) Applicable Edit.	struction CodeA	-15 C 4	27d Edition	~lc		n/a	
(b) Applicable Edit	ion of Section XI U	tilized for Repair	s or Replacement	19 <u>80 w 8</u> 1,	Addends,	'	_Code Cas
. Identification of Co	MOGGente Banaimd	oe Beeleand and					
	· · · · · · · · · · · · · · · · · · ·	or neplaced and	neplacement Con	aponents		•	
						•	<del></del>
					1		ASME
Name of	Name of	Manufacturer	National			Repaired,	Code Stamped
Component	Manufacturer	Serial No.	Board No.	Other Identification	Year Built	Replaced, or Replacement	(Yes or No)
							J. 110,
-SNUB-061-162136E	PSA	NA	N/R		-	REPLACEMENT	
- CEL-AGUSCE	PJA	$N\pi$	10 /R	L/k	Nt	PIN	No
Description of Work		-					<del></del> .
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			ninal Operating Pri	essure 🗌	_		
	ner Pressure	psi	Test Temp		W7/5/	95	
NOTE: Supplemental :	sheets in form of li	sts, sketches, or a	drawines may he :			_	
ion in items 1 through ded at the top of t		included on eac	th sheet, and (3)	each sheet is numb	pue pare	n. x 11 in., (2) inf the number of shi	orma- eets is
and at the tob of fi	iiis torm.						<del></del>

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9. Remarks 25 - 0 /6	
Applicable Manufacturer	Dets Reports to be attached
CERTIFICATE OF CON	PLIANCE .
We certify that the statements made in the report are correct ASME Code, Section XI.	and this KEPLACEMEN T conforms to the rules of the repair or replacement
Type Code Symbol Stamp N/A ENM 7-12-95	
Certificate of Authorization No. NA ENM 7-12-95  Signed Edward M. M. Coy Mech, Engl.  Signed Owner or Owner's Designee, Tiggs	Expiration Date NA ENM 7-12-95
Signed Edward Mech, Engl.	Date July 12 , 19 95
CERTIFICATE OF INSERVI	CE INSPECTION
, the undersigned, holding a valid commission issued by the National Book Province of TENNISSEE and employed by 1/5/	and of Boiler and Pressure Vessel Inspectors and the State
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this Owner's Report during the period	
o the best of my knowledge and belief, the Owner has performed exam	ninations and taken corrective measures described to ship
The state of the ASME Code,	Section XI
By signing this certificate neither the Inspector nor his employer ma	kes any warranty, expressed or implied, concerning the
measures described in this Owner's Renor	Friethermore gaisher the Inspector of the Inspector
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Inspector's Signature Commissions	TW 2534 National Board, State, Province, and Endorsements
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1. Owner TENN	ESSEE VALLEY	AUTHORITY		Date7-	-5-9	5	
400 W.SU	MMIT HILL DR	IVE, KNOXVI	LLE, TENN.				
2. Plant WATT	S BAR NUCLEAF	R. PLANT		Unit			
P.O.	ROX 2000 SDE		77. D. C. C. C. C. C. C. C. C. C. C. C. C. C.		2.60		
	BOX 2000 SPR	TING CITY;	<u> 1'ENN. 3/38</u>				
3. Work Performed	by WATTS BAR	NUCLEAR MA	INTENANCE	Type Code Symb	ol Stamo	P.O. No., Job No	o., etc.
P.O.	BOX 2000 SPR	ING CITY, 1	ENN. 3738	Authorization No	·	-/4	
4. Identification of S	Address System 003	Main An	d'Auxilian	1 Feedwate		:	
5. (a) Applicable Co (b) Applicable Ed  6. Identification of C	nstruction Code A	-/SC   Itilized for Repair	9 Edition	19 80 W 81	Addenda,	~/L	_Code Case
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Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PHERICAL							
Bearing	P5A	NA	NA	1-SNUB-003- AFWR2365	NA	Replacement	NO.
Description of Work_	RepLACED	BEARING	<u> </u>				
Bassa Conducted: Hi	virostatic Pneu	umatic Nom	inal Operating P	_	7-5-95	5	
IOTE: Supplemental on in items 1 through ded at the top of	sheets in form of li h 6 on this report is this form,	sts, sketches, or c included on eac	drawings may be h sheet, and (3)	•			orma- <del>rets</del> is
This form (E00	030) may be obtained	from the O		:		•	
	0030) may be obtained	on the Order D	ept, ASME, 22 La	w Drive, Box 2300, Fa	irfleld, NJ	07007-2300. REPRI	NT 4/93

9. Remarks 75-0//
Applicable Manufacturer's Data Reports to be attached
CERTICIONATE OF ADMINISTRA
CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this <u>EFFACEMEN</u> conforms to the rules of the
ASME Code, Section XI.  ASME Code, Section XI.
Type Code Symbol Stamp NA ENM 7-13-95
Type Code Symbol Stamp N/H E/I/NC 7-13-95
Certificate of Authorization No. NA ENM 7-13-95 Expiration Date N/A ENM 7-13-95  Signed Sward A. McCon Mech. Engr. Date July 13 1995
CL LA non A L
Signed Colward 11. 1/Elon Mech. Engr. Date July 13
Owner or Owner's Designee Title
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Texas See and employed by HSB I I TO
HATT FOR CONN: have inspected the components described
in this Owner's Report during the period
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's neport in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report, Furthermore neither the Inspector not his applications
and the first any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection,
15 Emms
Inspector valenture Commissions TN 2534
Inspector Signature National Board, State, Province, and Endorsements
Date 7/19/95
19

Owner	Nam	18		Date <u>7-/7-9</u>	75		
400 W. SUM	MIT HIII DR. Address	KNOXVILLE T	W	Sheet/	of		
Plant <u>WBNP</u>		,		Unit /		·	
P.O. BOX ZOOD,	SPRING CITY Address	, TN 3738	1	W.O. # 94 -03 Repair Orga	8/3-0	O No Joh No	
Work Performed by	WBNP / PC	G		-Euro Code Combat			
				Authorization No.			
P.O. ROX ZODO,	SPRING CITY	TN: 37381		Authorization No.		N.P.	DC 7-17
	stem <u>062/</u>						
dentification of Co	mponents Repaired	or Replaced and F	Replacement Co.	mponents	1	· T	<del></del>
		·					ASME Code
Name of Component	Name of , Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	Stamped (Yes or No)
Component	· · · · ·	1	Board	Identification		Replaced,	(Yes
Component # 1062 - A555 -	· · · · ·	1	Board			Replaced,	(Yes
Component # 1062 - A555 -	· · · · ·	Serial No.	Board	Identification  DCA-P04623-	Built	Replaced, or Replacement	(Yes or No)
* 1062 - A555 -	· · · · ·	Serial No.	Board	Identification  DCA-P04623-	Built	Replaced, or Replacement	(Yes or No)
	· · · · ·	Serial No.	Board No.	Identification  DCA-P04623-	Built	Replaced, or Replacement	(Yes or No)
Component # 1062 - A555 -	· · · · ·	Serial No.	Board No.	Identification  DCA-P04623-	Built	Replaced, or Replacement	(Yes or No)
* 1062 - A555 - - 29	Manufacturer	Serial No.  NA DC 7-17-95	Board No.	Identification  PCA - P04623 IL	Built	Replaced, or Replacement	(Yes or No)
# 1062 - A555 - - 29	Manufacturer REPLACED	Serial No.  NA DC 7-17-95	Board No.	Identification  PCA - P04623 IL	Built	Replaced, or Replacement	(Yes or No)

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

9. Remarks
7 Applicable Manufacturer's Data Reports to be attached  TRACKING # 95088
DC 7-17-95
Bm 7/17/95
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp
NA DC 7-17-95
Certificate of Authorization NoExpiration Date
Signed Owner's Designee, Title Date 7-17 19 95
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Fame SSEE and employed by HSB TAT CO' of have inspected the components described in this Owner's Report during the period 7/21/95 to 7/21/95 and state that
have inspected the components described
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector's Signifure Commissions TN 2534  National Board, State, Province, and Endorsements
Inspector's Siggoture National Board, State, Province, and Endorsements
Date 7/2! 19 95

95-18104-00 pc.20 of 31

1. Owner <u>TENNE</u>	SSEE VAL	LEY AUTH	WRITY	Date 7/20/	95		
100 W. Surver				Sheet	of /		
2. Plant <u>WA775</u>	Address	,		Unit/	·		
	140111						<del></del>
?0, Box 200	O SPRIN	G CITY,	TN.	WO# 95	-1810	4-00	
	Aug 633	•		Repair Org	anization (	P.O. No., Job No.	, etc.
3. Work Performed by	•	INDITIO		Type Code Symbo		- N/	
WATTS BAK	? NUCLEA	R PLAN	7	Authorization No. Expiration Date		/	
	Addense			Expiration Date		//7	
I. Identification of Sy	stem_AUX. A	EEDWAT	<i>≅</i> R 5	757EM 7	500	3	
i. (a) Applicable Cons		SC TH	72	N/		N/	
(b) Applicable Cons	ion of Section XIII		Edition	15 19 80 THROW	Addenda,_	JA (C)	_Code Cas
(-, -, -, -, -, -, -, -, -, -, -, -, -, -	·	unzed for Repairs	or Heplacemen	ls 19 <u>00 /</u> /#R62	JGA K	UNTER 178	טפא זו
. Identification of Co	mponents Repaired	or Replaced and	Replacement Co	moonents			
	T						
					ł	1	ASME
			National		ł	Repaired.	Code Stamped
Name of Component	Name of	Manufacturer	Board	Other	Year	Replaced,	(Yes
Component	Manufacturer	Serial No.	No.	Identification	Built	or Replacement	or No)
PE SUPPORT							
03-4427-3-2	1/4	NONE	1/01/5	DCA-P04521-			
	//!	700746	70000	07, DCA- W33672-97	weren	REPLACEMENT	NO
	_			7736.2.97	ļ		·
			λ/			F	
·			A				
			•	<u> </u>	<u> </u>		
	ATTACHEN	FLER HOSE	SAG RE	TRAINT # 1-	Tric	-097 114	2 7
Description of Work	PIPE SUPPO	27 1003.	- A427-3	-2,	7272	-77/-414	) /0
			•				
Tests Conducted: H	lydrostatic Pn	eumatic No	minal Operating	Pressure			
	ther Pressure_	psi	Test Temp	°F			
NOTE: Supplementa							

·	
	95-18104-00
FORM NIS-2 (Back)	
. Remarks TRACKING # 95-079	ps. 21 of 31
Applicable Manufacturer's Data Reports	to be attached
CERTIFICATE OF COMPLIANCE	1.00000
We certify that the statements made in the report are correct and this ASME Code, Section XI.	or replacement
, /	
Type Code Symbol Stamp	
Type Code Symbol Stamp	
Certificate of Authorization NoA Expiration De	$\mathcal{N}/\Lambda$
	ate
Signed Ale Cold Const. ENGR Date	7/20, 19 95
CERTIFICATE OF INSERVICE INSPECT	ION
1, the undersigned, holding a valid commission issued by the National Board of Boiler or Province of TenneSSE and employed by HSB Test	and Pressure Vessel Inspectors and the State
	iave inspected the components described
1/	7/26/9.5 and state that
o the best of my knowledge and belief, the Owner has performed examinations and	taken corrective measures described in this
owner's Report in accordance with the requirements of the ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warr	anty, expressed or implied, concerning the
xaminations and corrective measures described in this Owner's Report. Furthermo	ore, neither the Inspector nor his employer
nall be liable in any manner for any personal injury or property damage or a loss of a aspection.	ny kind arising from or connected with this
$\mathcal{Q}$ $\mathcal{E}$ '	
Inspector's Signature Commissions TN 2	
National Bo	pard, State, Province, and Endorsements
pate7/26 19 95	

95-17282-01

Page 10 of 30

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

1. Owner_ TENNE							
· ·	SSEE VALLEY	AUTHORITY	·	Date	.95		
	•	•					
HOO W. SUM	MIT HILL DE	. KNOXYILLE	N.	Sheet/	of2	<u> </u>	_
. Plant <u>யAரு</u> த				Unit	,		
<b>-</b>	' Nam	е	<del></del>				<del></del>
YOBOX 200	DO SPRING Address	CITY IN.	37381	95-17282-0 Repair Or	I DEN	521157A;	<u>ωο 93-09</u>
Work Performed by	ν · τν	A		<b>*</b>	,	F.O. No., Job No.	., etc.
		Name		Type Code Symbo	ol Stamp_	NIA CAT	7.20.95
Po Box 2000	D SPRING C	דג את אה	72971	Authorization No.		NIA CAP 7	.20.95
	Address			Expiration Date_		NIA CAP 7	-20.95
Identification of Sy	stem_SIS	SAFETY	INJECTIO	< > < > <			
					<del></del>		
(b) Applicable Con:	struction CodeR	ME 111 19	71Edition	SUMMER 1973	Addenda	~1/~	Code Care
(b) Applicable Edit	tion of Section XI Ut	tilized for Repairs	or Replacemen	ts 19 <u>80</u> w.w	TER B	1 220.95	_0004 0458
Identification of Co	mponents Repaired	or Replaced and f	Replacement Co	mponents			
		T	7				
					j		ASME
		ļ	Nosio = -1				Code
Name of	Name of	Manufacturer	National Board	045		Repaired,	Stamped
Component	Manufacturer	Serial No.		Other	Year	Replaced.	(Yes
Component	Manufacturer	Serial No.	No.				1[
Component	Manufacturer	Serial No.	No.	Identification	Built	or Replacement	1 1
		Serial No.	No.	Identification			1[
STEM 63	SEE NOTE 2				Built		1[
STEM 63		Serial No.	No. ~/A	Identification			or No)
YSTEM 63	SEE NOTE 2			Identification	Built	or Replacement	or No)
YSTEM 63	SEE NOTE 2			Identification	Built	or Replacement	or No)
YSTEM 63	SEE NOTE 2			Identification	Built	or Replacement	or No)
YSTEM 63	SEE NOTE 2			Identification	Built	or Replacement	or No)
YSTEM 63	SEE NOTE 2			Identification	Built	or Replacement	or No)
YSTEM 63	SEE NOTE 2 ABOVE	~/A	~/A	Identification  SEE NOTE 2  ABOVE	Built	or Replacement	or No)
YSTEM 63	SEE NOTE 2 ABOVE  HYDROSTATIC	N/A TEST Pu	N/A MP SUCTION	Identification  SEE NOTE 2  ABOVE	Built	Or Replacement	or No) Y€5
Component  YSTEM 63  PIPING  escription of Work	SEE NOTE 2 ABOVE  HYDROSTATIC	~/A	N/A MP SUCTION	Identification  SEE NOTE 2  ABOVE	Built	Or Replacement  REPLACEME NT	YES  DESIGN
PSTEM 63 PIPING  escription of Work	SEE NOTE 2 ABOVE  HYDROSTATIC PRESSURE 11	TEST PU	N/A  N/P SUCTION  PER DOM	Identification  SEE NOTE 2  ABOVE  ABOVE	Built	Or Replacement	YES  DESIGN
escription of Work_	SEE NOTE 2 ABOVE  HYDROSTATIC PRESSURE 11	TEST PUL NCREASED	MP SUCTION PER DOWN	Identification  SEE NOTE 2  ABOVE  ABOVE	Built	Or Replacement  REPLACEME NT	YES  DESIGN
PSCRIPTION OF WORK_	SEE NOTE 2 ABOVE  HYDROSTATIC PRESSURE 11	TEST PUL NCREASED	MP SUCTION PER DOWN	Identification  SEE NOTE 2  ABOVE  ABOVE	Built	Or Replacement  REPLACEME NT	YES  DESIGN
PSTEM 63 PIPING  PSCription of Work  Sts Conducted: He	SEE NOTE 2 ABOVE  HYDROSTATIC PRESSURE 11  ydrostatic V Pne ther Pressure	TEST PULL NOREASED  Umatic Nor 296 psi	MP SUCTION PER DOWN	Identification  SEE NOTE 2  ABOVE  ABOVE  Pressure   HO °F  MIN.	Built  Dink F	REPLACEME NT	VES.
escription of Work_ sts Conducted: Ho	SEE NOTE 2 ABOVE  HYDROSTATIC PRESSURE IN  ydrostatic V Pne ther Pressure  sheets in form of l	N/A  TEST PUI  NCREASED  Umatic Nom  296 psi  MAX	MP SUCTION PER DOWN	Identification  SEE NOTE 2  ABOVE  ABOVE	Built  Dinie F	REPLACEMENT  REPLACEMENT  REPLACEMENT  NOE W.O. 9 S	VES.

(12/82) This form (E00030) may be obtained from the Order Dept., ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300. REPRINT 4/93
① REFERENCE N-5 PARTIALS 62-PB, 62-PID, 63-PI, AND 63-PZ

#### 95-17282-01

Page 10A of 30 FORM NIS-2 (Back) 9. Remarks TRACKING # 95.080 Applicable Manufacturer's Data Reports to be attached CERTIFICATE OF COMPLIANCE We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the repair or replacement ASME Code, Section XI. Type Code Symbol Stamp N/A Expiration Date N/A Certificate of Authorization No. 7-20 19 95 CERTIFICATE OF INSERVICE INSPECTION I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TENNESSEE HSB IST CO. and employed by___ CONN. have inspected the components described 7/27/95, and state that 7/27/95 in this Owner's Report during the period_ to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this TN2534
National Board, State, Province, and Endorsements Commissions_

1. Owner TENNE	SSEE VALL	EY AUTHO	DRITY	Date	08 —	15 - 95	
400 SUMN	AT HILL DR.	KNOXVILL	E.TN.	Sheet	_ of	2	
2. Plant WATTE				Unit		NE)	
	000, SPRING Address			W.O.		19307 -	- U3
3. Work Performed b				Repair Or		.O. No., Job No.	, etc.
	AR NUCLEA			Authorization No. Expiration Date_	·	N/A JN	8-15-95
4. Identification of Sy	Address ystemCH	ÉMICAL	AND V			L SYS	060
5. (a) Applicable Con	estruction Codetion of Section XI Ut	AISC 19 ilized for Repairs	Edition, or Replacement	7TH s 19 80 EDITI		JN B	-15-95
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes
1062-62-1CVC	-UNKNOWN	N/A	N/A	N/A	1995	NEW SUPPORT	NO
-V181 # Tqu2	ma 12/8-11.9	\$				GUP P ON I	NU
1062-A060-	UNKNOWN	N/A	N/A	N/A	UN KNOWN	REPLC.	NO
	8-17-95						
						-	
7. Description of Work_	MODIFICATI	DNA NO	INSTALL	ATION OF N	IEW SI	IPPORT	
3. Tests Conducted: A	Hydrostatic Pne Other Pressure	numatic Non	ninal Operating  Test Temp  8 -15-95	Pressure°F			
NOTE: Supplementa tion in items 1 throu recorded at the top o		lists sketches or	drawings may b	e used, provided (1) 3) each sheet is nun	size is 8½ inbered and	in. x 11 in., (2) in the number of s	nforma- heets is

95 MB 8-16.95 38 - 19307 - 03 MITS 8-16.95 PAGE 2 OF 2 PALIFE 13 OF 3 8.16.95 Sheet 2 0F 2

9. Remarks TRA	CKING No.	95 —	081
	Applicable Manufacture	er's Data Reports to	be attached
	<del></del>	<del></del>	· · · · · · · · · · · · · · · · · · ·
		. •	
	CERTIFICATE OF C		
We certify that the statem ASME Code, Section XI.		rect and this REPL	ACEMI conforms to the rules of the replacement
lengt och et et et et et et et et et et et et et			
Type Code Symbol Stamp	/ N/A	JN 8-15-95	<b>.</b>
Certificate of Authorization No.			_
Certificate of Adthorization No.		Expiration Date	
Signed Owner's Designed	(RESPON. E	NG.)_ Date	<u> 08 — 15 — , 19 95 </u>
I the undersigned holding a valid or	CERTIFICATE OF INSE		
or Province of Torrestal	and employed by HSE	TATCO	d Pressure Vessel Inspectors and the State
in this Owner's Report during the	period 8-10-95	. ^ 1	we inspected the components described $\frac{7-95}{}$ , and state that
to the best of my knowledge and be	elief, the Owner has performed	examinations and to	aken corrective measures described in this
Owner's Report in accordance with t	he requirements of the ASME C	ode, Section XI.	
By signing this certificate neither	the Inspector nor his employe	er makes any warran	nty, expressed or implied, concerning the
shall be liable in any manner for any	es described in this Owner's F	Report. Furthermore	e, neither the Inspector nor his employer
inspection.	personal injury or property dai	mage or a loss of any	kind arising from or connected with this
Milkell all	,	T 0:40	
Inspector's Signati	re	ons National Boar	rd, State, Province, and Endorsements
		* * * * * * * * * * * * * * * * * * * *	· · · · · · · · · · · · · · · · · · ·
Date CWQ, 17	_19 <i>9</i> 5		

1. Owner TENN	ESSEE VALLEY	AUTHORITY		Date - 8	/29/9	75	
400 W SII	· · ·				/		
100 11.00	MMIT HILL DRI	VE, KNOXVI	LLE, TENN.	Sheet	af		
2. Plant WATT	S BAR NUCLEAR	PLANT	·	Unit	01		<u> </u>
. P O			·				
	BOX 2000 SPR	ING CITY,	<u>TENN. 3738</u>		- 195	41-00	
3 Whet Barta			T1	Hepair O	rganization	P.O. No., Job No	3., etc.
at mory lattormed	by WATTS BAR	NOCLEAR MA.	INTENANCE	Type Code Symb	ol Stamp	NIR	•
P.O.	BOX 2000 SPR	דאור כדיישע יי		Type Code Symb Authorization No L Expiration Data	·	N/R	
				L Expiration Data_		NR	
4. Identification of S	System 00	3 MAIN	1 FEEdway	LER System			
5. (a) Applicable Co (b) Applicable Ed	namumina 624. 50	otion III	¥	41/4			
(b) Applicable Ed	ition of Section VIII	cion III 1	9 14 Edition	,	Addenda,	NA	Code Cam
	ition of Section XI U	tilized for Hapair	3 or Replacemen	ts 19 <u>80</u>		,	
6. Identification of C	Omponents Bensimd	on Banta and	·				
		or replaced and	Haplacement Co	mpanenta		•	
•			1.	·	<del></del>		
			1		1		
		1				1	ASME
· Name of	Name of		National		1	Repaired.	Code Stamped
Component	Manufacturer	Manufacturer Serial No.	Board	Other	Year	Replaced,	(Yes
		Serial 140.	No.	Identification	Built	or Replacement	or No)
MFW CKV VLV					1	1	·
Louf #4					<del></del>	<del> </del>	
207 . 4	walweith Co.	066296	1648	1-CKV-003-0517	1977	REPlacement	Yes
,	. •			·		,	1,2
				1116			1
			10	,4.45			
		1/1/2					
		H	_				
			<u> </u>			1	
-		1					
							1
Description of Work_	Roplace	Body P	lug.				<del></del>
Tests Conducted: Hy				,	<del></del>	·	<del></del>
•	drostatic Pneu	matic 🔲 Nom	mal Operating Pr	essure 🗹			
	her Pressure	psi	Test Temp	•F			
NOTE: Su!	•		•	•			
NOTE: Supplemental tion in items 1 through	sheets in form of lis	ष, sketches, or d	lrawings may be	used, provided (1) si	ze is 8% in	x 11 in /2\ :==	
tion in items 1 through ecorded at the top of t	this form	included on each	h sheet, and (3)	each sheet is number	ered and t	ha number of the	urma- entsis
· - <del></del>		•	•			3110	

This form (E00030) may be obtained from the Order Dept., ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300. REPRINT 4/93

Applicable Manufacturer's Data Reports to be attached
TRACKING NUMBER - 95-RR-082
CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this Represent conforms to the rules of the repair or replacement.
Type Code Symbol Stamp
Certificate of Authorization No
CERTIFICATE OF INSERVICE INSPECTION  I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Texassele and employed by HSB IfICO.    HATTFORD CONN   have inspected the components described in this Owner's Report during the period   10/5/95   to 10/5/95  , and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector's Signature Commissions TN2.534 National Board, State, Province, and Endorsements
Date 10/5 19 95

	NESSEE VALLE	Name		Date 8	130/90	5	
	UMMIT HILL DE	RIVE, KNOXV	ILLE, TENN	Sheet	•		
2. Plant WAT	IS BAR NUCLEA				or		
	N	ame		Unit 00 1			
P.O.	BOX 2000 SP	PRING CITY,	TENN. 3738	31 <u>wo# 95</u>	- 195	41-01	
	d by WATTS BAR	V24			Organizatio	n P.O. No., Job N	
•		Name		Type Code Sym	boi Stamp	NI	o., etc.
P.O.	BOX 2000 SP	RING CITY,	TENN. 3738	Authorization N	lo	LA	
. Identification of	Addre	2 44 4 1		Expiration Date		NA	
	SystemOO_	5 11141	n recd wa	HER SYST	Gon.		
. (a) Applicable C	Onstruction Code F	15M /5 1 //	¬ /1				
(b) Applicable E	onstruction Code <u>f</u> dition of Section XI	Utilized for Repai	rs or Replacemen	n, <u>N/K</u>	Addenda,	N/R	Code C
	Components Repaire	d or Replaced and	Replacement Co	omponents			•
•				<del></del>			
					1		T
Name of			National			1 .	ASME Code
Component	Name of Manufacturer	Manufacturer	Board	Other		Repaired,	Stamped
	- Indiana	Serial No.	No.	Identification	Year Built	Replaced, or Replacement	(Yes
EW CKY YIN	WALwarth Co.						3,
	WALWCETH CO.	066296	1648	1-CKU-603-0511	10==	SEAL WELD	
FW CKV VLY				1	1977	Body Plugs	yes
wcku VLV.	walworth Cc.	D 66295	1647	1-ckv-003-0510	1977	Seal weld	/
~~ ~~~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	WALWERTH Co.	DG6451	1712			Body Plugs	yes
			17/2	1-ckv-c03-0508	1978	Seal Weld Body Plugs	Ves
w CKU YLV,			1				<del>/</del>
w CKU YLV,	walwork Co-	D66297				SCAL WELD	
w CKU YLV,	walwork Co-	D66297	1649		1977	Seal weld Body Plug	YES.
w cku VLV,			1649 N/R			SCAL WELD	YES
w CKU VLV,			1649 N/R	1-ckv-003-0509		SCAL WELD	YES
w CKU VLV,	Seal w	eld Bo.	1649 N/R			SCAL WELD	YES
w CKU VLV, scription of Work_	Sea( w	eld Bo	1649 N/R inal Operating Pr	1-ckv-003-0509		SCAL WELD	yes
Scription of Work_	Sea ( w ydrostatic Pnet ther Pressure_	eld Bo	1649 - N/R - inal Operating Pl	1-ckv-003-0509 (US 5 N/R Fessure []	1977	Seal weld Body Plus	
scription of Work_ ts Conducted: H	Sea( w	eld Bo	1649 - N/R - inal Operating Profit Temp.	1-ckv-003-0509 (UG S M/R Fessure []	1977	seal weld Body Phy	

Type Code Symbol Stamp		Applicable Manufacturer's Data Reports to be attached
ASME Code, Section XI.  Type Code Symbol Stamp  NR  Expiration Date  Mech, Engy, Date  CERTIFICATE OF INSERVICE INSPECTION  The undersigned holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State of Authorization of Authorization issued by the National Board of Boiler and Pressure Vessel Inspectors and the State of Authorization is the period of Authorization is the Connection of Inspector of Inspectors and the State of Martinary Connection of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector	TRACKING N	Jumber # 95-RR-083 kg 8/30/95
ASME Code, Section XI.  Type Code Symbol Stamp  NR  Expiration Date  Mech, Engy, Date  CERTIFICATE OF INSERVICE INSPECTION  The undersigned holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State of Authorization of Authorization issued by the National Board of Boiler and Pressure Vessel Inspectors and the State of Authorization is the period of Authorization is the Connection of Inspector of Inspectors and the State of Martinary Connection of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector of Inspector		
CERTIFICATE OF INSERVICE INSPECTION  the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State Province of Tennessee and employed by HCB Tet Co.  The best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the peliable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this expection.	We certify that ASME Code, Section XI.	CERTIFICATE OF COMPLIANCE  he statements made in the report are correct and this Prepair or replacement  repair or replacement
CERTIFICATE OF INSERVICE INSPECTION  the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State Province of Tennes See and employed by HSB TET Co.  This Owner's Report during the period 10/13/15 to 10/13/195, and state the where's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the peliable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this exection.	Type Code Symbol Stamp	N/R
Province of Tennessee and employed by HCB TET Co.  HATTFORD CONN.  have inspected the components described to 10/13/95.  The best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this winer's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the period in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this pection.	Signed Huat	Expiration Date/V//C
wher's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the period in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this	the undersigned, holding of Province of Tennes	CERTIFICATE OF INSERVICE INSPECTION  valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State  And employed by HSB IFI Co.
Decision.	ne best of my knowledg vner's Report in accordanc By signing this certificate	and belief, the Owner has performed examinations and taken corrective measures described in this with the requirements of the ASME Code, Section XI.
Inspector's Signature Commissions TV 2534  National Board, State, Province, and Endorsements  10/13 95	enations and corrective pe liable in any manner pection.	for any personal injury or property damage or a loss of any kind arising from or connected with this
	Inspectors 9	Commissions TV 2534  National Board, State, Province, and Endorsements

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5. (a	) Applicable Con	estruction Code A	(SC 7 th 19	73 Edition, or Replacements	700 19_80, W	Addenda,_ /Ute~	NA 981	_Code Case
6. Ide	entification of Co	omponents Repaired	or Replaced and F	Replacement Con	nponents			
	Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-6	8-054		NA PYLA	-11-95	NONE	KNOWN NN-	Replacement	NO
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. Test	_	Hydrostatic Pne		minal Operating F Test Temp 9-11-95				
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recorded at the top of this form.

9. Remarks Tarck 126 4 5-RR-089 29 9/1495	
Applicable Manufacture s Data Reports to be attached	
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CERTIFICATE OF COMPLIANCE	
We certify that the statements made in the report are correct and this Replacement conforms to the rules of the ASME Code, Section XI.	
Type Code Symbol Stamp	
Type Code Symbol Stamp	
Certificate of Authorization NoExpiration Date	
Signed Pulycklusio Resp. Eng. Date 9-11-95	
Signed Puncklusio Resp. Eng. Date 9-11-95 , 19	
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CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB If I Co.	
or Province of Tennessee and employed by HSB I I CO of HArTFord CONN have inspected the components described in this Owner's Report during the period 9/12/95 to 9/12/95 and state that	,
in this Owner's Report during the period $\frac{9/12/9.5}{\text{to}}$ to $\frac{9/12/9.5}{\text{to}}$ , and state that	
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this	
Owner's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the despector per his appropriate and the section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer	
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this	
inspection.	
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Commissions TN 2534 Inspector's Signature Commissions TN 2534 National Board, State, Province, and Endorsements	
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1. Owner TENNES	SSEE VALLEY	AUTHORIT	ry	Date 9-	19-95	-	
	MMIT HILL D			Sheet/	of/		<u>-</u>
2. Plant WATT	3 BAR NUCL	EAR PLAN	IT_	Unit	<u> </u>		
	DOD , SPRING Address			WO 95 - Repair Orga	19525	- <i>DD</i> .O. No., Job No.,	etc.
3. Work Performed by	$\mathcal{T}$	Name					
	O, SPRING C Address	,		Type Code Symbol Authorization No. Expiration Date		N CON	9-19-95
4. Identification of Sy	stem01	/ MAIN :	STEAM				
<ul><li>5. (a) Applicable Cons</li><li>(b) Applicable Edit</li><li>6. Identification of Co</li></ul>	ion of Section X1 Uti	lized for Repairs	or Replacements	19 <u>80</u> THRI	Addenda,	NONE ER 1981 AL	_Code Casa )
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1001-A4W-11-25		~ A	9-14-95		JAKNOWN	REPLACEMENT	N
			A				
			N con 9-19-95				
7. Description of Work	REPLACE	TOP ITEM	<del>#</del> 7		l		
3. Tests Conducted: (	Hydrostatic Pno	eumatic No	minal Operating I Test Temp	Pressure° F			_
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### 95-19525-00 PG 21A of 22

FORM NIS-2 (Back) TRACKING # 95-RR-085 CERTIFICATE OF COMPLIANCE We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the ASME Code, Section XI. Type Code Symbol Stamp Certificate of Authorization No. CERTIFICATE OF INSERVICE INSPECTION I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee Ssee and employed by HSB エリエ CO of HAST FORD CONN have inspected the components described 9/22/95 and state that 9/22/95 in this Owner's Report during the period. to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection. TN 2534 National Board, State, Province, and Endorsements .Commissions_

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1. Owner TENNI	ESSEE VALLEY	AUTHORITY	<del></del>	Date 9	118	195	
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	Addres	R.		Sheet	_ of	<del></del>	
2. Plant WATTS	BAR NUCLEAR			Unit			
P.O.	BOX 2000 SPR	· -		05			
	Address	ING CITE, 1	ENN. 3/381	95-	2118	9-02	
3. Work Performed I	WATTS BAR	NUCLEAR MAI	NTENANCE			P.O. No., Job No	., etc.
		Name		Type Code Symbo	ol Stamp_	NR	Phane
F.U.	BOX 2000 SPR	ING CITY, T	<u>ENN. 37</u> 381	Expiration Date_	•====	- <del>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del>	30/4/-/5
4. Identification of S	ystem	, RHR					
5. (a) Applicable Co. (b) Applicable Edi	nstruction Code A	ISC N	777+ Edition,	N/R	Addenda,_	N/R	Code Case
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dentification of Co	omponents Repaired	or Replaced and	Replacement Cor	mponents			
•		1	<del></del>	<del>,                                      </del>	,		
Name of Component	Name of Manufacturer	Manufacturer	National Board	Other	Year	Repaired, Replaced,	ASME Code Stamped (Yes
		Serial No.	No.	Identification	Built	or Replacement	or No)
SNUBBER	PSA	13415	NA		1980		
			7076	1024-1-24-4		REPLACED	NA
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Description of Work_	REPLACED	SNUBBE	2				
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9. Rem	18rks TRACKING # 95-RR-086 DJ 9/21/95
	Applicable Manufacturer's Data Reports to be attached
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ASME	We certify that the statements made in the report are correct and this Replecement conforms to the rules of the Code, Section X1.
Type (	Code Symbol Stamp_N/A ENM 9-21-95
Certific	Educate of Authorization No. N/A ENM 9-21-95 Expiration Date N/A ENM 9-21-95  Educated N. McGy-Mech Engr Date September 21, 19 995  Owner or Owner's Designee Little
l, the u or Provi	CERTIFICATE OF INSERVICE INSPECTION  Indersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State ince of Tennessee and employed by 15 15 17 17 Co of Arri Ford CONN.  Owner's Brosst during the Components described
in this	Owner's Report during the period $9/22/95$ to $9/22/95$ and state that
to the b Owner's	est of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
By si xamina	Report in accordance with the requirements of the ASME Code, Section XI.  gning this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the tions and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this in.
·	Inspector's Signature Commissions TN2534  National Board, State, Province, and Endorsements
ate	9/22 19 95

1. Owner TENNE	SSEE VALLEY			Date	9/18/	95	
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tus mm.c.	Address	-		,			
2. Plant WATTS	BAR NUCLEAR		·	Unit/			
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P.O.	BOX 2000 SPR	ING CITY, T	ENN. 37381	95	<u>-211</u>	89-00	
2 Manual David		TICT DAD MAT		Repair Or	ganization	P.O. No., Job No.	., etc.
3. Work Performed b	y WALIS BAR I	Name	NTENANCE	Type Code Symb	ol Stamp_		
P.O. 1	30X 2000 SPRI		מאס מואס	Authorization No			PS 9/13/
	Address	NG CIII, I	ENN - 3/381	Expiration Date_			
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5. (a) Applicable Con	struction Code	$\tau_{C}$	Edition	~/R	Addenda	NR	Code Care
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	· ·		National			Repaired.	Code Stamped
Name of Component	Name of	Manufacturer	Board	Other	Year	Replaced.	(Yes
Joinponent	Manufacturer	Serial No.	No.	Identification	Built	or Replacement	or No)
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CAMBONA	0.50						
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9. Remarks TRACKING \$ 95-RL-087 SJ 9/21/95
Applicable Manufacturer's Deta Reports to be attached
We certify that the statements made in the report are correct and this FEDICEMEN
ASME Code, Section XI.  ASME Code, Section XI.  ASME Code, Section XI.
Type Code Symbol Stamp N/A ENM 9-21-95
Signed Englander's Designee, Title  Certificate of Authorization No. NA ENM 9-21-95  Expiration Date NA ENM 9-21-95  Expiration Date September 21, 19 95
CONCIDENTIAL Expiration Date 1
Signed
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB IFT co-
HATTFORD CONN. have inspected the components described
in this Owner's Report during the period 7/22/95 to 9/22/93
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
S Emmily Tracey
Inspector's Signature Commissions TN 253 4 National Board, State, Province, and Endorsements
o /-
Date 4/22 19 95
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#### FORM NIS-2 (Back)

9. Remarks	
	Applicable Manufacturer's Data Reports to be attached
TRACKING NO.	95-RR-088 SQ 9/21/95
We certify that the stat ASME Code, Section XI.	CERTIFICATE OF COMPLIANCE tements made in the report are correct and this Replacement conforms to the rules of the repair or replacement
Type Code Symbol Stamp	N/R
Certificate of Authorization No.  Signed Owner or Owner's Design	N/R Expiration Date N/R  NIEch Fugy Date Oct. 6 ,1995
or Province of TENNESSES	CERTI: ICATE OF INSERVICE INSPECTION  I commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State  and employed by HSI3 IFI (0) of  TFO Y (1) CONN have inspected the components described
in this Owner's Report during the to the best of my knowledge and	to period , and state that to period the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with By signing this certificate neith examination and corrective mean	th the requirements of the ASME Code, Section XI. There the Inspector nor his employer makes any warranty, expressed or implied, concerning the sures described in this Owner's Report, Furthermore, neither the Inspector nor his employer any personal injury or property damage or a loss of any kind arising from or connected with this
inspection Samuel	Commissions TN2534 National Board, State, Province, and Commissions
Dat. 10, 31	

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	Address		N				···
	RAR NUCLEHA			Unit			
P.O. BOX 2	000, <u>SAR/N/-</u> Address	CITY, TN.	3738/	W.O. 9 a	5-/83	306 - 00	
Work Performed b	V T.V.A. ME	CH PLANT	Comp GEP.	Type Code Symbol	Stamp		
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	Address ystem <u>FEED</u>						
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b) Applicable Edi	tion of Section XI U	tilized for Repairs	or Replacemen	ts 19 80 EDITIO	- THR	U WINTER !	<u> </u>
dentification of C	omnonone Banatas d						
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_	Manufacturer	_	Board	Identification	Built	Replaced,	Stamped (Yes
Component	Manufacturer	_	Board	Identification	Built	Replaced, or Replacement	Stamped (Yes or No)
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FORM NIS-2 (Back)
9. Remarks TRACKING # 95-RR-089 29 9/21/95
Applicable Manufacturer's Data Report to be attached
Changage manoractaral a Data Habortaro de atrachian
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this Representant conforms to the rules of the
ASME Code, Section XI.
Type Code Symbol Stamp
Certificate of Authorization No. N/A Bar 9-21-35 Evaluation Data N/A Bar 9-21-35
Certificate of Authorization No. NA BOP 9-21-35 Expiration Date NO BOP 9-21-35  Signed Day 9-21-95  Owner or Owner's Designee, Title
Signed Thentand K. Vendere Field Enginate 9-21-95 Stept 2/19 95
Owner or Owner's Designee, Title
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the Stat
HATTERY ON W
in this Ourse's Barrer during the 196
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in the
Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the
examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employe
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with thi
inspection.
B Earnol Commissions TN 2534
Inspector Signature Commissions TN 2 3 5 9  National Board, State, Province, and Endorsements
Date 9/25 10 95

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

1. Owner TENN	ESSEE VALLEY		<del></del>	Data	18/9	5	
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	Addres	t .		011001	_ or		
2. Plant WATT	S BAR NUCLEAR Nam BOX 2000 SPR Address WATTS BAR	PLANT	•	Unit_663	- Cu	11/8/95 1	_
P.O.	BOX 2000 SPR	ING CTTY, T	TNN 3738	1 14 # GE 2	2 5 6 3		
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3. Work Parformed	by WATTS BAR I	NUCLEAR MAI	NTENANCE			راراد <u>سر</u> راراد <u>سر</u>	
•		Name		Asset and and a second		- N	
P.O.	BOX 2000 SPR	NG CITY, T	<u>ENN. 37</u> 38.	Expiration Date			<del></del>
4. Identification of	Address System 003	MAIN FO	ed wate	R Systa	Sar 7		
5 (a) Application		777	_ 2/2_				
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	lition of Section XI U	mized for Hapair	t or Replacemen	ts 19 <u>00</u>		,	
6. Identification of C	Components Repaired	or Replaced and	Replacement Ca	(MCCOnents			
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Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year	Repaired, Replaced,	Code Stamped (Yes
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Check value	BORG WARNER	26313	MA	1-5K4-562 -0838	1978	Repair	yes
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tion in items 1 throu recorded at the top o	3 a all time ichoit is	included on esc	h sheet, and (3	each sheet is numb	ered and	the number of sh	orma- eets is

This form (E00030) may be obtained from the Order Dept., ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300, REPRINT 4/93

	Applicable Manufacturer's Date	Reports to be attached	
TRACKING NO #	95-2R-090 9	23/95	
We certify that the statemen ASME Code, Section XI.	CERTIFICATE OF COMPLI. ts made in the report are correct and	1 /	rms to the rules of the
Type Code Symbol Stamp	A/R		4.
Certificate of Authorization No.  Signed Owner or Owner's Designee, T	Expi	iration Date	
Signed Owner's Designee, T	Mech. Engr.	Date NOV. 8	, 19 <u>95</u>
, the undersigned, holding a valid common Province of TRAINS SPE  HANT FORM This Owner's Report during the period the boat of This Province of The boat of This Province of The boat of This Province of The boat of This Province of The boat of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of This Province of Th	CERTIFICATE OF INSERVICE I		espectors and the State
, the pest of my knowledge and belief,	, the Owner has performed examinat	tions and taken corrective mea	components described  and state the sures described in this
When a Heport in accordance with the re By signing this certificate neither the caminations and corrective measures di all be liable in any manner for any per- spection.	equirements of the ASME Code, Sect Inspector nor his employer makes a escribed in this Owner's Report. For sonal injury or property damage or a	ion XI.  any warranty, expressed or in  orthermore, neither the Inspe- loss of any kind arising from o	nplied, concerning the ctor nor his employer or connected with this
Inspector's Signature	CommissionsNa	TU 2534 Ilonal Board, State, Province,	and Endorsements
te	_		

	•				7-28-	66	
1. Owner TENNE	SSEE VALLEY A	UTHORITY		Dete	100	73	
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****	Address				~ <del>-</del>		
2. Plant_WATTS	BAR NUCLEAR	PLANT	<del></del>	Unit	<u>+</u>		
P.O. I	BOX 2000 SPRI	NG CITY, T	ENN. 37381	_ w/o	95-	20583 -	05
	Address		<del></del>	Repair Org	enization i	.O. No., Job No.,	etc.
3. Work Performed b	y WATTS BAR N	UCLEAR MAI	NTENANCE	Type Code Symbo	l Stamp	<del></del>	
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	Address	_	ENN. 37301	Expiration Data			
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5. (s) Applicable Con	istruction Code <u>FT</u> tion of Section XI Ut	3/1/2 14 19	2.7.95 Edition,	WINTER 15	Addenda,_	~//	_Code Case
Applicable Edit	tion of Section XI Ut	ilized for Hepairs	or Heplacement	19 <u>00</u> 81			
6. Identification of Co	omponents Repaired	or Replaced and I	Replacement Con	nponents			
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		l			1	•	ASME
							Code
Alexander of	A1		National		ŀ	Repaired,	Stamped
<ul> <li>Name of Component</li> </ul>	Name of Manufacturer	Manufacturer Serial No.	Board No.	Other Identification	Year Built	Replaced, or Replacement	(Yes or No)
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	Other Pressure_		Test Temp.		1		
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NOTE: Supplement	al sheets in form of	lles alesabas a					

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

This form (E00030) may be obtained from the Order Dept. ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300, REPRINT 4/93

CERTIFICATE OF COMPLIANCE  We certify that the trainments made in the report are correct and this **Teplacement** conforms to the rules of the report of replacement*  Type Code Symbol Stamp  Certificate of Authorization No.  Signed Owner's Oxigines, Title  CERTIFICATE OF INSERVICE INSPECTION  1, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy Of **Energy O		FORM NIS-2 (Back)
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# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Code Section XI

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2. Plant WATTS	BAR NUCLEAR	PLANT		Unit $\underline{\mathcal{I}}$			
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This form (E00030) may be obtained from the Order Dept. ASME, 22 Law Oriva, Scx 2300, Fairfield, NJ 07007-2300. REPRINT 4/93

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9. Remarks 95-RP-092 686	and the second of the second and the second of the second of		
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# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Code Section XI

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Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
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Page 8 \$ 5 -

FORM NIS-2 (Back) 10(23/9)
9. Remarks TRACKING# 95-RL-09 Z3 A & 16/4/95
Applicable Manufacturer's Data Reports to be attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp
Certificate of Authorization No.  CENTIFICATE OF Authorization No.  Expiration Date
Signed Charles (Ours FIELD ENG. Date 10-23 , 19 95
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Trunessee and employed by HSB III Co.
in this Owner's Report during the period 10/23/95 to 10/23/95 and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer
shall be flable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this
inspection.
1 Inspector's Signature Commissions TN 2534  National Board, State, Province, and Endorsements
National Board, State, Province, and Endorsements
Date

#### REPAIR/REPLACEMENT OF ASME SECTION XI COMPONENTS

SSP-6.09 Revision 9 Page 36 of 65

### APPENDIX G

	FORM MIS-2 O		1 of 5				
	As Requi	WNER'S REPORT F red by the Provisions	of the ASN	RS OR REPLACIE Code Section	EME Xi	NTS	
1. Owner <u>TEN</u>	INESSEE VALLEY	AUTHORITY	_ Date	10-28-	95		
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		red of Replaced and I	Replacemen	t Components	<del> </del>	<u></u>	
Name of Component	Name of Manufacturer	Authorization No.  Expiration Date  MAIN FEEDWATER  Set II Cles 2 19 74 Edition Summer Addenda 1976 Co XI utilized for Repairs or Replacements 1980 Edition Win 81 Addenda aired or Replaced and Replacement Components  Repaired.	ASME Code Stamped (Yes or				
HECK VALVE	BORG WARNER	26322	UNA	7		<del></del>	No)
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## REPAIR/REPLACEMENT OF ASME SECTION XI COMPONENTS

SSP-6.09 Revision 9 Page 37 of 65

APPENDIX G
Page 2 of 5

Page 2 of 5
FORM NIS-2 (Back)
9. Remarks TEXXING # 95-RR-093B DQ 10/29/45
Applicable Manufacturer's Data Reports to be Attach, d
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this REMIR conforms to the
repair or replacement
rules of the ASME Code, Section XI.
Type Code Symbol Stamp
y cook by more bump
Certificate of Authorization No. N/A Expiration Date A/A
Signed Such Drautt Maintenam Planner Date Nov, 17, 1995
Owner or Owner's Designee Title 168
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel
nspectors and the State or Province of FULLISSE and employed by HSB IT I CO
of HART For CONNIC have inspected the components described in this
Owner's Report during the period 11/2-195 to 11/2-195 and state that to the
est of my knowledge and belief, the Owner has performed examinations and taken corrective measures
lescribed in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied,
oncerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither
he inspector nor his employer shall be liable in any manner for any personal injury or property damage or a
oss of any kind arising from or connected with this inspection.
OS. Carmy Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements
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Form NIS-2, Back, Rev. 0

# REPAIR/REPLACEMENT OF ASME SECTION XI COMPONENTS

SSP-6.09 Revision 9 Page 36 of 65

***************************************		Page	ENDIX G			•	
	FORM NIS-2 O As Requ	WNER'S REPORT ired by the Provision	FOR REDA	IRS OR REPLA	CEMI	ENTS	
1. Owner TEN	INESSEE VALLEY		Date _	10/27/9	5		
_400 W_Sum	mit Hill Drive, Kno	xville, TN	Sheet _	/ of	<del>-</del>	1	
2. Plant <u>Watts</u>	Bar Nuclear Plant		Unit				
P.O. Box 20	200, Spring City, Th	N, 37381	W	0 # 94 - 02 Kepair Organizatio	663	3-18	
4. Identification of	of system <u>MAI</u>	MODS AR PLANT IN STEAM	Type Co Authoriz Expiration	ode Symbol Stam zation No on Date	p	N/ 10/	27/95
,		AISC 7 TH 197 I utilized for Repairs red or Replaced and	or Replace	ments 1980 Edit	nda 🟒	1/ 27/95 n. 81 Adden	Code Case
	l v					Repaired,	ASME Code
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year	Replaced, or	Stamped (Yes or
INE SUPPORT	Name of Manufacturer  NA 10/27/95	Manufacturer Serial No.	National Board No.	Other Identification  004-M21328- 39,40,41 g  324	Built		
THE SUPPORT	Name of Manufacturer  NA 10/27/95		Board No.	Other Identification OCA-M2132E- 39,40,41 & 324	Built	Replaced, or Replacement	(Yes or No)
PIPE SUPPORT	Name of Manufacturer  NA 10/27/95		Board No.	Other Identification  004-M21328- 39,40,41 g  324	Built	Replaced, or Replacement	(Yes or No)
PIPE SUPPORT	Name of Manufacturer  NA 10/27/95		Board No.	Other Identification  0:A-M2/32E-39, 40, 41 &  324	Built	Replaced, or Replacement	(Yes or No)
PIPE SUPPORT	Name of Manufacturer  NA 10/27/95		Board No.	Other Identification  0:7-M2/32E-39, 40, 41 &  324	Built	Replaced, or Replacement	(Yes or No)
712E S UPPO2T 001A-1-014-348	N/A 10/21/95	NONE	Board No.	DCA-M21328-39,40,41 &	Built	Replaced, or Replacement	(Yes or No)
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# SECTION XI COMPONENTS

1977 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987

SSP-6.09 Revision 9 Page 37 of 65

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FORM NI	S-2 (Back)
9. Remarks TRACKING # 95-RR-	094 wms 10/30/95
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Applicable Manufacturer's D.	
CERTIFICATE OF	COMPLIANCE
We certify that the statements made in the report are correquies of the ASME Code, Section XI.	ect and this <u>REPAIR</u> conforms to the repair or replacement
ype Code Symbol Stamp	he
ype code symbol stamp /// 2012/	/45
ertificate of Authorization No. 10/27/9	5 Expiration Date
gned / Un Vodel CONST.	ENGR Date 10/27 19 95
Owner or Owner's Designee	Title ¹⁶⁸
CERTIFICATE OF INSER	RVICE INSPECTION
he undersigned, holding a valid commission issued by th	
pectors and the State or Province of <u>Tennessee</u> a	nd employed by HSB INT CO !
HASTFORD CONN. ha	ve inspected the components described in this
oner's Report during the period 12/6/95  t of my knowledge and belief, the Owner has performed cribed in this Owner's Report in accordance with the recessioning this certificate neither the inspector nor his employerning the examinations and corrective measures described.	and state that to the examinations and taken corrective measures quirements of the ASME Code, Section XI. over makes any warranty, expressed or implied, hed in this Owner's Penost. Furthermore
inspector nor his employer shall be liable in any manner of any kind arising from or connected with this inspection	for any nersonal injury or property demands
B Earney Commissions	TN 2534
	National Board, State, Province, and Endorsements
12/6. 19 95	
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# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Code Section XI

1. Owner TENN	ESSEE VALLEY	AUTHORITY		Date	1/8/9	5	
400 W.SUI	MIT HILL DRI	VE, KNOXVI	LLE, TENN.	•	, .		
	Addre			Sheet	of		
2. Plant WATTS	BAR NUCLEAR			Unit			
P.O.	BOX 2000 SPR	ING CITY, 1	TENN. 37381	W/o s	95-11	832-01	
	Addres			Repair O	respiration	P.O. No., Job No	
3. Work Performed	WATTS BAR	NUCLEAR MAI	NTENANCE	Type Code Symb	ool Stamp_		., etc.
P.O.	BOX 2000 SPR	ING CITY, T	ENN. 37381	Authorization No Expiration Date			
4. Identification of S	ystem 000	1 14011	V - HUX.	Predwat	er-		· · · · · · · · · · · · · · · · · · ·
5. (a) Applicable Co-	nstruction Code	tilized for Repair	9 <u>74</u> Edition,	Feedwat Summer 76	/ Addenda,_	N/R	_Code Case
6. Identification of C	•					;	
			T .	<u> </u>	<del></del>	·	
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other	Year	Repaired, Replaced,	ASME Code Stamped (Yes
			146.	Identification	Built	or Replacement	ar No)
1-CKV-003-0645	BORG-WARNER	26305	UNA	N/A	1978	Reducement	مرك
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Description of Work	Replaced Bon	net stup	s and No	T5			
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This form (E00030) may be obtained from the Order Dept. ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300. REPRINT 4/93

#### FORM NIS-2 (Back)

CERTIFICATE OF COMPLIANCE  We certify that the statements made in the report are correct and this Reparement conforms to the rules of the ASME Code, Section XI.  Type Code Symbol Stamp    WR.   Expiration Date   N/N	Remarks TRACKING 95-RR-095	
We certify that the statements made in the report are correct and this Repurent conforms to the rules of the ASME Code, Section XI.  Type Code Symbol Stamp    Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicini	Applicable Manufacture	r's Data Reports to be attached
We certify that the statements made in the report are correct and this Repurent conforms to the rules of the ASME Code, Section XI.  Type Code Symbol Stamp    Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicinity   Vicini	· ·	
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Sertificate of Authorization No.  CERTIFICATE OF INSERVICE INSPECTION  the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the Stephonics of Tenness See and employed by HS IFICO have inspected the components described this Owner's Report during the period (1/15/95 to 1/1/5/95) and state the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in the varier's Report in accordance with the requirements of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the period of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the period of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the period of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the period of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the period of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the period of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the period of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the period of the ASME Code, Section XI.  By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the period of the ASME Code, Section XI.  By signing this certificate ne	CERTIFICATE OF C	OMPLIANCE
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# FORM NIS-2 OWNER'S REPORT FOR REPLACEMENTS As Required by the Provisions of the ASME Code Section XI

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This form (Eccoso) may be obtained from the Order Dept. ASMS, 22 Law Crive, Box 2300, Fairfield, NJ 07007-2300. ASPRINT 493

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FORM NIS-2 (Back) CERTIFICATE OF COMPLIANCE We certify that the statements made in the report are correct and this Replacement conforms to the rules of the repair or replacement ASME Code, Section XI. Type Code Symbol Stamp Owner or Owner's Design CERTIFICATE OF INSERVICE INSPECTION 1, the undersigned holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State and employed by_ inspected the components described 12/4/95 and state that in this Owner's Report during the period_ to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report, Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection. Commissions. National Board, State, Province, and Endorsements

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

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FORM NIS-2 (Back)
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CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this Applicement conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Siamp N/A
Signed Sund Showell PLANNER Date 11/30, 19 95
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TRAIN and employed by H.S. To of have Inspected the components described in this Owner's Report during the period 12/1,// 10 10 10 10 10 10 and state that
Owner's Report in secondance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection,
Reference Commissions TN 2534  Reference Signature National Board, State, Province, and Endorsements
Date 12./1/96

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

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

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

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had a substantial properties of the Na	isional Board of Boiler and Pressure Vessel Inspectors and the State
the undersigned, holding a valid commission above by and employed by	
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in this Owner's Report during the period 12.07	rmed examinations and taken corrective measures described in this
to the best of my knowledge and belief, the Owner has period	NE Code Section XI.
Owner's Report in accordance with the requirements of the ASI	a makes any warrangy expressed or implied, concerning the
By signing this certificate neither the Inspector nor his em	aployer makes any warranty, expressed or implied, concerning the
shall be liable in any manner for any personal injury or property	ty damage or a loss of any kind arising from or connected with this
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## FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Code Section XI

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CERTIFICATE OF INSERVICE INSPECTION	•
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inc	pectors and the State
or Province of TRAINIESCE and employed by HIS TIE 10-	01
HATTEN CONN. have Inspected the co	mponents described
in this Owner's Report during the period 12/1/25 to 12/4/95	, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective meass	ures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or imp	olied, concerning the
examinations and corrective measures described in this Owner's Report, Furthermore, neither the Inspect	
shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or	connected with this
inspection.	
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### FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Code Section XI

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SSP-6.09 Revision 9 Page 36 of 65

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P.O. Box 20	00, Spring City, TN	. 37381	95	-23702	-0	0	
13. Work perform	- ANAM WADA	MANA		_			
P.O. Box	2000, SPRING	CITY, TH. 3738	Type Coo	de Symbol Stamp ation No	10		
			Expiratio	n Date	HY	<del>\</del>	
4. Identification o	f systemAux	Sect II 19 7					
. Identification or	Components Repai	I utilized for Repairs	Replacemen	nt Components	on Wi	n &L Addeno	da
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or
-Dev-003-0567	YARMAY	8820	MA	N/A	<del> </del>	REPLACEMENT	No)
	,				·		
	·						
		· · · · · · · · · · · · · · · · · · ·					
1							
					l		
Description of W	and REDIACEN						1 1
Description of W	ORK REPLACED A ASSEMBLY INC	VALVE STEM	ASSEMBI	LY IN EXIST	TING	VALVE.	
Tests Conducted:	Hydrostatic   Pr	D VALVE STEM  LUDES DISC/PL  neumatic   Nomina  ure ps  ERFORMED BY W	Operating	g Pressure	()	VALVË.	

# REPAIR/REPLACEMENT OF ASME SECTION XI COMPONENTS

SSP-6.09 Revision 9 Page 37 of 65

CN-

FORM NIS-2 (Back)
9. Remarks 184CKING# 95-RR-104 06 12/6/95
Applicable Manufacturer's Data Reports to be Attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this REPLACEMENT conforms to the repair or replacement rules of the ASME Code, Section XI.
Type Code Symbol StampN/A
Certificate of Authorization No. NA Expiration Date MA
Signed Pay A. Welch MMG-PLANNER Date 12-5, 1995 Owner or Owner's Designee Title 168
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel
Inspectors and the State or Province of Tennessee and employed by HSB IFI Co.
of HATTFORD CONN. have inspected the components described in this
Owner's Report during the period 12/6/95 to 12/6/95 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a oss of any kind arising from or connected with this inspection.
B Earney Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements
Date 12/6 19 95

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### REPAIR/REPLACEMENT OF ASME SECTION XI COMPONENTS

SSP-6.09 Revision 9 Page 36 of 65

#### APPÉNDIX G Page 1 of 5

1. Owner <u>TEN</u>	NESSEE YALLEY	AUTHORITY	Date	12/	11/9	5	
		xville, TN					
2. Plant \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Bar Nuclear Plant		_ Unit	1			
P O Box 20	00. Spring City. TN	3,37381		94-136/9	9-0	3	
3. Work perform	ned by Watts Bar	1.37381 - Mechanial N City, TN 37381 IN Steam	bint.	Kepair Organizatio	יי דיייייייייייייייייייייייייייייייייי	, Joh No, elc.	
P.O. Box	2000 Spring	City TN 37381	Type Co Authoriz	de Symbol Stam ation No.	P	/	
Idonifica	Address	//	Expiratio	on Date			
. Identification o	of system	Section II 197  I utilized for Repairs				-N/R.	<del>_</del>
		I utilized for Repairs	or reprace	ments 1300 Editi	on \\'i	n_81_Adden	da
	Name of Manufacturer	Manufacturer Seric! No.	National Board No.	Other Identification	Year	Repaired, Replaced, or	ASME Code Stamped (Yes or
Name of Component		1_		1 Suit inclinication	Built	1 01	1 31-5 1
Name of Component SFV-001-0520	Dresser	B506224	N/A		<del> </del>	Replacement	No)
Name of Component SFV-001-0520	T		N/A	NONE	<del> </del>	Replace 0	<i>Y</i>
Name of Component SFV- 001 -0520	T		N/A		<del> </del>		<del>y</del> <del>y</del>
Name of Component SFV- 001 -0520	T		N/A		<del> </del>		<del>y</del> <del>y</del>
Name of Component SFV- 001 -0520	T		~/^		<del> </del>		<del>y</del> <del>y</del>
Name of Component SFV- 001 -0520	T		~/^		<del> </del>		<del>y</del> <del>y</del>
SFV- 001 -0520	Dresser	B506224	~/^		<del> </del>		<del>y</del> <del>y</del>
SFV- 001 -0520	T	B506224	~/^		<del> </del>		У
Description of Wo	Ork Replaced	B506224		NONE	1977	Replace 0	<del>Y</del> <del>-</del>

## REPAIR/REPLACEMENT OF ASME SECTION NI COMPONENTS

SSP-6.09 Revision 9 Page 37 of 65

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APPENDIX G Page 2 of 5

9. Remarks 95-RR-105 91 12 11	FORM NIS-2 (Back)
9. Remarks	
· · · · · · · · · · · · · · · · · · ·	
	l'
Аррісаб	ic Ntanulacturer's Data Reports to be Attached
CERTI	FICATE OF COMPLIANCE
We certify that the statements made in the reprules of the ASME Code, Section XI.	oort are correct and this <u>replacement</u> conforms to the repair or replacement
Type Code Symbol Stamp	N/R
Signed Owner's Designee	N/R Expiration Date N/R  Mech, Engr. Date Dec 11, 1995  Title 168
CERTIFICAT	E OF INSERVICE INSPECTION
, the undersigned, holding a valid commission	n issued by the National Board of Boiler and Pressure Vessel
nspectors and the State or Province of Tenn	ressee and employed by HSB IFI co.
F HARTFORD CONN.	have inspected the components described in this
escribed in this Owner's Report in accordance y signing this certificate neither the inspector procerning the examinations and corrective me	as performed examinations and taken corrective measures e with the requirements of the ASME Code, Section XI. nor his employer makes any warranty, expressed or implied, easures described in this Owner's Report. Furthermore, neither n any manner for any personal injury or property damage or a
B Emil	T. 2 C3 U
Inspector's Signature	ommissions
ate 12/12 19 95	and Endorsements

Form NIS-2, Back, Rev. 0

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### REPAIR/REPLACEMENT OF ASME SECTION NI COMPONENTS

SSP-6.09 Revision 9 Page 36 of 65

1. Owner <u>IF</u>	INESSEE VALLEY		Date	12,	/11/	95	
400_\\ <u>\</u> _Sun	nmilHillDrive Kno	xville, TN	_ Sheet _	of _			
2. Plant Watts	Bar_Nuclear_Plant		Unit ^{i.}	1			
P.O. Box 2	000_Spring_City_TA	1, 37381		94-13	619	-04	<del></del>
3. Work perforr	ned by Watts Bu	Mechanial Maint		Kelmit Organization	הא"ט.יו זה	, Joh No. etc.	
P.O. Box 20	Nume DOD Spring C. L	Mechanial Maint	Type Co	de Symbol Stam	r	/	
	Address	3738/	Expiration	on Date		/	
. Identification	of systemMA	tin Stam				-N/R.	
	- Somponents Repai	red or Replaced and	Replacemen	nt Components	T	<u> </u>	ASME
			, copracemen	it Components	T-	<u> </u>	ASME Code
SFV-001-0516	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	Stamped (Yes or
	DESSER	BSC 6217	N/A	NONE	1977	Redocent	No)
					<del> </del>	·	
escription of W	ork Replaced	Disc and	V. K.	. 1 /			
		10/12 0-01	TON KO	od /NUT			
ests Conducted;	Hydrostatic  Pn	eumatic   Nomina re ps	l Operating	Pressure  emp		,	

#### REPAIR/REPLACEMENT OF ASME SECTION XI COMPONENTS

SSP-6.09 Revision 9 Page 37 of 65

9. Remarks 95-RR- 106 }	12/11/95
	i ·
	Applicable Manufacturer's Data Reports to be Attached
	CERTIFICATE OF COMPLIANCE
	the in the report are correct and this <u>Yeplacement</u> conforms to the repair or replacement
rules of the ASME Code, Section	TXI.
Type Code Symbol Stamp	N/R
Certificate of Authorization No	N/R Expiration Date N/R
Signed Dualter Owner or Owner's Design	Mech Engr Date Dec 11 1995
	ERTIFICATE OF INSERVICE INSPECTION
	commission issued by the National Board of Boiler and Pressure Vessel
/	e of Tennessee and employed by HSB IFI co.
MAYTFORD CO.	Nil: have inspected the components described in this
escribed in this Owner's Report in y signing this certificate neither the oncerning the examinations and co	ne Owner has performed examinations and taken corrective measures a accordance with the requirements of the ASME Code, Section XI. he inspector nor his employer makes any warranty, expressed or implied, prrective measures described in this Owner's Report. Furthermore, neither libeliable in any manner for any personal injury or property damage or a
B & 1	T 10 T 2 U
Inspector's Signature	Commissions TN 2 5 3 9  National Board, State, Province, and Endorsements
——————————————————————————————————————	- and Lindon Sements

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# APPENDIX G Page 1 of 5

	Name	AUTHORITY		•			
a در مرد کی <u>۱۳۲</u> ۵00	nil Hill Drive Knox	ville, TN	Sheet	of	2		
. Plant <u>Matts_B</u>	nr Nuclear Plant		_ Unit	1			
P_O_Box 200	00. Spring City. TN.	, 37381	 - <u></u>	94-1361	9-0	00	
. Work performe	ed by Walts Bar 1	Mechanso Maint	_	le Symbol Stamp tion No n Date			
(b) Applicable I	Latiton of Section X	l utilized for Repairs red or Replaced and I	or Replaces	ments 1980 Edition	77. nda <u>ω</u> on Wir	inter 7/Co	ode Cas
Name of Component (54-64 - 052)	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stampe (Yes or No)
	Dresser	BS06216	N/A		1977	Replaced	<u>Y</u>
	·		I	li .			
PV-041-0 321			-				_
pyran v J2j							
pyrox							
	2 1						
	ork Replaced	Disc					
Description of W	Hydrostatic - P	neumatie □ Nomin	al Operatin si Test T	g Pressure  emp	-°F /	V/R	

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### REPAIR/REPLACEMENT OF ASME SECTION NI COMPONENTS

SSP-6.09 Revision 9 Page 37 of 65

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#### APPENDIX G Page 2 of 5

FORM N	S-2 (Buck)
9. Remarks 95-RR-107 12/11/95	
	ir I
·	
Applicable Manufacturer's	Did Reports to be Attached
CERTIFICATE O	FCOMPLIANCE
We certify that the statements made in the report are cor	
rules of the ASME Code, Section XI.	repair or replacement
Type Code Symbol StampNJR	
Certificate of Authorization No. N/R	Expiration Date N/R
Signed Me Owner or Owner's Designee	ch. Engr. Date Dec. 11, 1995
CERTIFICATE OF INSI	ERVICE INSPECTION
, the undersigned, holding a valid commission issued by	the National Board of Boiler and Pressure Vessel
inspectors and the State or Province of Tennessee	
ilas T Food	nave inspected the components described in this
Owner's Report during the period 12/12/95	$10 \frac{12/12/95}{2}$ and state that to the
est of my knowledge and belief, the Owner has performed	ed examinations and taken corrective measures
escribed in this Owner's Report in accordance with the r By signing this certificate neither the inspector nor his em	equirements of the ASME Code, Section XI.
oncerning the examinations and corrective measures desc	cribed in this Owner's Report. Furthermore, neither
ne inspector nor his employer shall be liable in any mann oss of any kind arising from or connected with this inspec	er for any personal injury or property damage or a cition.
	•
B Earnigh Commissions	TN. 2534
Inspector's Signature	National Board, State, Province, and Endorsements

orm NIS-2 Hadis Park D

# REPAIR/REPLACEMENT OF ASME SECTION XI COMPONENTS

SSP-6.09 Revision 9 Page 36 of 65

WO 95-27918-00

Identification of Components Repaired or Replaced and Replacement Components  Name of Component  Name of Manufacturer  Manufacturer Serial No.  Mational  Board No.  Other Identification  Replaced, or (Yes or Part of Manufacturer)  Name of Manufacturer  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.  Manufacturer Serial No.	1. Owner IEN	VESSEE VALLEY	AUTHORITY	Date	12/13/9	5		
P. O. Box 2000. Spring City. TN. 37381  Do 95-27918-00  Netherical Organization of System  P.O. Box 2000. Spring City. TN. 37381  Type Code Symbol Stamp  Authorization No.  Expiration Date  4. Identification of system  Do 2 - Chemical Volume Control  So. (a) Applicable Construction Code ASME III 19 74 Edition W74 Addenda NA Code Case  (b) Applicable Edition of Section XI utilized for Replacements 1980 Edition Win S1 Addenda  Identification of Components Repaired or Replaced and Replacement Components  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component  Name of Component	_400_JVSumc	nit Hill Drive Knox	wille, TN	_ Sheet	of	2		
3. Work performed by WATE BAR Nuclear MAINT.  Type Code Symbol Stamp  Authorization No.  Expiration Date  4. Identification of system  62 - Chemical Volume Control  (b) Applicable Construction Code ASME II 1974 Edition W74 Addenda NA Code Case  (b) Applicable Edition of Section XI utilized for Repairs or Replacements 1980 Edition Win SI Addenda  Identification of Components Repaired or Replaced and Replacement Components  Name of Component Name of Manufacturer Manufacturer Serial No.  National Board No. Other Identification Built Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Re	2. Plant <u>Varis</u> B	ar Nuclear Plant		_ Unit				
3. Work performed by WATE BAR Nuclear MAINT.  Type Code Symbol Stamp  Authorization No.  Expiration Date  4. Identification of system  62 - Chemical Volume Control  (b) Applicable Construction Code ASME II 1974 Edition W74 Addenda NA Code Case  (b) Applicable Edition of Section XI utilized for Repairs or Replacements 1980 Edition Win SI Addenda  Identification of Components Repaired or Replaced and Replacement Components  Name of Component Name of Manufacturer Manufacturer Serial No.  National Board No. Other Identification Built Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Replaced, or Re	P.O. Box 200	M_Spring_City_TN	. 37381	_wo	95-2791	8-0	0	
(b) Applicable Edition of Section XI utilized for Repairs or Replacements 1980 Edition Win SI Addenda  Identification of Components Repaired or Replaced and Replacement Components  Name of Component  Name of Manufacturer  Manufacturer Serial No.  National Board No.  Other Identification  Replaced, or (Yes or Replaced, or No.)  Replaced, or (Yes or No.)	3. Work performs	ed by <u>WATE BAI</u> Name D. <u>SPRING CITY</u> Address	R Nuclear MAI TN, 37381	Type Cod Authoriza	de Symbol Stamp	)_	NAVER	40/95
Name of Component Name of Manufacturer Manufacturer Serial No. Mational More IND Check Code Repaired, Stamped (Year Replaced, or Replaced, or Replaced, or Replaced, or No.)  No. Mational Manufacturer Serial No. Mational Manufacturer Serial No. Mational Mational Manufacturer Serial No. Mational Manufacturer Serial No. Mational Machine Manufacturer Serial No. Mational Mational Mational Mational Mational Machine Manufacturer Serial No. Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mational Mationa	5. (a) Applicable ( (b) Applicable I	Construction Code & Edition of Section X	ASME III 19 Z I utilized for Repairs	4 Edition or Replace	W74 Adden		N/A C	ode Case
Name of Component Name of Manufacturer Manufacturer Serial No. Board No. Other Identification Built Replaced, or Replaced, or Replaced, or No.					. components	Τ	1	ASME
- CKV-G7-577-S VED	Name of Component	Name of Manufacturer	Manufacturer Serial No.		Other Identification		Replaced, or	Stamped
	- CKV-G2-577-S	KEROTEST		<del></del>		<del> </del>		
			·					/
		·						
			·					

# REPAIR/REPLACEMENT OF ASME SECTION XI COMPONENTS

SSP-6.09 Revision 9 Page 37 of 65

CA

WO 95-27918-00

FORM NIS-2 (Back)
9. Remarks
TRACKING NUMBER 95-RR-108 VER 12/13/95
Applicable Manufacturer's Data Reports to be Affacted
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this REPAIR conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp NA VBR 12/13/25
Type Code Symbol Stamp
Signed Owalion Mech Front Dec 13
Owner or Owner's Designee Title 164 Date DEC, 13, 1995
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel
Inspectors and the State or Province of Tennessee and employed by HSB IEI co.
of HATT Ford CONN: have inspected the components described in this
Owner's Report during the period 12/13/95 to 12/13/95 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither he inspector nor his employer shall be liable in any manner for any personal injury or property damage or a oss of any kind arising from or connected with this inspection.
B Earnigh Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements
Date

## REPAIR/REPLACEMENT OF ASME SECTION XI COMPONENTS

SSP-6.09 Revision 9 Page 36 of 65

NDIX G W0960064700

APPENDIX G

1. Owner TENNESSEE VALLEY AUTHORITY  Name  400 W Summit Hill Drive, Knoxville, TN				1-18-94			
.400_W_Sum	nit Hill Drive Knox	ville, TN	. Sheet	of		1	
2. Plant <u>JYatts F</u>	Bar Nuclear Plant		Unit		i yaxa Gwaniya	in the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of	
P_O_Box 20	00, Spring City, TN	37381	Work	DeDER 90	OC	647-00	2
. Work perform	ed by TVA, MEC	H. MAINT. GROLP		Repair Organization	P.O. No.	Jub Nu. etc.	
agrady přina dátelit	Name		Type Cod	le Symbol Stamp		1	10.1
WATTS BAR NUCLEAR PLANT			Authoriza	tion No		7.0	w
Taici			Expiration	n Date		1-1	8-96
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### REPAIR/REPLACEMENT OF ASME SECTION XI COMPONENTS

SSP-6.09 Revision 9 Page 37 of 65

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have inspected the components described in this  Namer's Report during the period	nspectors and the State or Province	e of Tennessie	and employed by HS/	BIET CO:	
Owner's Report during the period	of HATFORD CONN.			•	
est of my knowledge and belief, the Owner has performed examinations and taken corrective measures escribed in this Owner's Report in accordance with the requir moves of the ASME Code, Section XI. y signing this certificate neither the inspector nor his employ a makes any warranty, expressed or implied, oncerning the examinations and corrective measures decribed in his Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a list of any kind arising from or connected with this inspection.  Commissions  Commissions  National Board, State, Province, and Endorsements	Dunario Donost ducius des sectod				
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inspector nor his employer shall be liable in any manuer for any personal injury or property damage or a list of any kind arising from or connected with this inspection.    Solution					
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# REPAIR/REPLACEMENT OF ASME SECTION XI COMPONENTS

SSP-6.09 Revision 9 Page 36 of 65

		NER'S REPORT FOR d by the Provisions of				rs .	
1. Owner <u>TENN</u>	ESSEE VALLEY A	UTHORITY	Date	1-29-	96		
400 W Summi	· vanice		_ Sheet of				
1			Unit				
2. Plant			95-03	381-03 (Con Repuir Organization 1	tract	4 133574 06 No. ele.	/)
3. Work performe	d by <u>CRANE NUC</u> Name ST VOLIET, IL	lear Operatus  60431  Feedw	Type Code Authorizat Expiration	e Symbol Stamp . ion No Date		N/A ~/A -/L	
5. (a) Applicable C	Construction Code _ Edition of Section XI	ASME II 1974  Utilized for Repairs of the control of Replaced and R	L Edition . or Replacen	nents 1980 Editio			
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-FCV-003-0100-B	WALWORTH	D66293	1645	N/a	1977	Repair	YES
<u> </u>							
·							
·							
	•	· .					
Description of W See Contrac	Ork Repair Sec + 133574	ating Surface a LREF. WBREAL GE	<u>od Gud</u> 10354)	LE Slots ON	l-FC	V-003-010	0-B
		neumatic   Nomin		ng Pressure   Temp	°F_	w 1/29/9	6
11 in., (2)	information in item	of lists, sketches, or d as I through 6 on this sheets is recorded at t	report is in	cluded on each s	ded (1 sheet,	l) size is 81/2 and (3) each	in. x sheet is

# REPAIR/REPLACEMENT OF ASME SECTION XI COMPONENTS

SSP-6.09 Revision 9 Page 37 of 65

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	FORM NIS-2 (Back)
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	• • •
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	Applicable Manufacturer's Data Reports to be Affactured
	CERTIFICATE OF COMPLIANCE
We	certify that the statements made in the report are correct and this Yepar conforms to the
	les of the ASME Code, Section XI.
1 41	es of the ASME Code, Section XI.
Тур	pe Code Symbol Stamp
Ceri	tificate of Authorization No N/A Expiration Date N/A
J1511	Owner or Owner's Besignee Title 168  Title 168  Date 1-29, 1990
	Title Title
	CERTIFICATE OF INSERVICE INSPECTION
the	·
, шіс	e undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel
nspe	ectors and the State or Province of Tennessee and employed by HSB IFI co.
f	HART Ford CONN. have inspected the components described in this
woo	aria Parandi in the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the Market and the M
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ss of	f any kind arising from or connected with this inspection.
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	Inspector's Signature Commissions TN 2534
	Inspector's Signature National Board, State, Province, and Endorsement
ie _	1/29/96 19
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# REPAIR/REPLACEMENT OF ASME SECTION XI COMPONENTS

SSP-6.09 Revision 9 Page 36 of 65

	FORM NTS-2 C	WNER'S REPORT	l of 5	and on			
	As Requ	ired by the Provisions	of the ASI	IRS OR REPLA ME Code Section	CEMI n XI	ENTS	
1. Owner <u>TEN</u>		AUTHORITY			/		
_400 W_Sum	Mame  Mit Hill Drive Kno	availle. This	Date	//28/	96		
2 Plant Water I	Address	oxville, TN	_ Sheet _	of			
	Bar Nuclear Plant					`	
P.O. Box 20	00, Spring City, Th	N, 37381	<u>·</u>	Contract #	12	B 225	
3. Work perform	ed by <u>larget</u>	Bock loop.		Man organizati	on P.O. K	o, Job No. etc.	
1966 E BY	padhollow Rd.	Farmingdale NY	Type Co	ode Symbol Stam	p	71	
			Expiration	on Date			
	f system/		nt So	stem /	68		
o. (a) Applicable ( b) Applicable 1)	Construction Code.	I utilized for Repairs	30 Edition	WTR BO Add			
Idonic	Edition of Section X	I utilized for Repairs	or Replace	ments 1980 Edit	ion_Wi	C in 81 Adden	ode Case
or identification of	Components Repai	red or Replaced and	Replacemer	nt Components			
				7	T	T	ASME
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National		V.	Repaired,	Code Stamped
-PCV-68-334	Target Rock	S/N 5	Board No.	Other Identification	<del> </del>	Replaced, or Replacement	(Yes or No)
				8244-001-11	1983	replacement	Yes
		NA					
	0 1						
Description of Wo	rk <u>Keplace</u>	main and	01/0+	dia s			
			_				
ests Conducted:	Hydrostatic Pn	Nominal Nominal	Operating	Precues			
	/	DSI	Lest Te	mn	°F		
Supplementa	I sheets in form of	••			•	•	
numbered an	d the number of she	lists, sketches, or dra 1 through 6 on this re eets is recorded at the	port is incl	uded on each she	eet, an	Size is 8½ i d (3) each s	n. x
ner u	•	arada at uje	roh or mis	torm.		. ,	15

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## REPAIR/REPLACEMENT OF ASME SECTION XI COMPONENTS

SSP-6.09 Revision 9 Page 37 of 65

FORM NIS-2 (Back)
Applicable Manufacturer's Data Reports to be Attached
CERTIFICATE OF COMPLIANCE
conforms to the repair or replacement
the Æ Code, Section XI.
Typicode Sym Stamp
Expiration Date
Owner's Designee System Engineer Date Feb 6, 1996  Title 108
CERTIFICATE OF INSERVICE INSPECTION
and Pressure Vessel
and employed by HSB I II CO.
HAT CONN have inspected the components described in this
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Commissions TN2534
Insurés Signature National Board, State, Province; and Endorse
19 96

# REPAIR/REPLACEMENT OF ASME SECTION XI COMPONENTS

SSP-6.09 Revision 9 Page 36 of 65

I. Owner <u>TEN</u>		red by the Provisions  AUTHORITY					
		xville, TN					
2. Plant Watts B	ar Nuclear Plant	Ten name					
P O Box 200	Name M. Spring City. TN	 1, 37381 M	_ Unit	V-004637			
. Work perform	ed by TVA -	Mode		Repair Organizatio	1-1 - 2 n v.o. No	), Job No, elc.	
3. Work performed by TVA - Mods  Po Box 2000 Spring City TN  Address 37301				de Symbol Stamp	·		NIA
Address 37381  4. Identification of system SAFETY INJECT				n Date			
(a) A 1: 1:	. systemOAF	ETY THIECT	101 -	3 ک			
(a) Applicable (b) Applicable I	Construction Code _ Edition of Section X	AISC 19 1 I utilized for Repairs	LA Edition or Replace	7 ⁺⁺ Adde	<del>nda</del>	NIA C	ode Case
dentification of	Components Repai	red or Replaced and I	Replacemer	nt Components	OH VY	n & L Adden	da
							ASME Code
ame of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	Stamped (Yes or
63-1-63-070	NIA	NIA	NIA	NONE	<del> </del>	REPLACEMENT	No)
	7714	NIA	NA	NONE	1	REPLACEMENT	
			NIR				
		DELETER			l		·
escription of Wo	IK - PUPPOKTS	- CCC (ED					
escription of Wo		neumatic	L Operating  Test Te	Pressure	٥٣		

## REPAIR/REPLACEMENT OF ASME SECTION XI COMPONENTS

SSP-6.09 Revision 9 Page 37 of 65

FORM NIS-2 (Back)
9. Remarks TRACKING# 96-RR-010 Sg 5/10/96
Applicable Manufacturer's Data Reports to be Attached
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this FEPLACEMENT conforms to the repair or replacement rules of the ASME Code, Section XI.
Type Code Symbol StampN
Certificate of Authorization No. NIA Expiration Date NA  Signed Your Charles Designee Title 168  NIA Expiration Date NAY 10, 1996
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel
Inspectors and the State or Province of <u>Tennessee</u> and employed by <u>HSB</u> I &I co.
Hart End Day
have inspected the components described in this  Owner's Report during the period
B. Earnah Commissions IN 2534
Inspector's Signature  Commissions TN 2534  National Board, State, Province, and Endorsements
Date
om NIS-2, Back, Rev. 0

# REPAIR/REPLACEMENT OF ASME SECTION XI COMPONENTS

SSP-6.09 Revision 9 Page 36 of 65

1. Owner TENNESSEE VALLEY AUTHORITY Name 400 W Supposit VIII D : VI							
_400_WSumn	nit Hill Drive, Knox	cville, TN	_ Sheet	of		1	
2. Plant <u>Watts Ba</u>	ir Nuclear Plant						
P. O. Box 200	0, Spring City, TN	_37381	K-	- PMA(-33/	) 4		
3. Work performe	ed by TVA - Ma	005		Repair Organization	17.0. No.	Joo No, ele.	
Po Box Zoo	o Spring City.	TN 37381	Type Coo	de Symbol Stamp		/^	A 
3. Work performed by TVA - MODS  Name  Po Box 2000 Spring City The 37381  Address  4. Identification of system SAFETY THESTION			Expiratio	n Date			
	. 5) 5.6	T THO BCI ION	- 65				
!		AISC 18 - I utilized for Repairs red or Replaced and I	or recplace.	ments 1390 Earth	on Wi	n 81 Adden	da Case
			Topiacemen	Components	1		ASME
lame of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	Code Stamped (Yes or
63-A435-8-87	NA	NA	NA	NONE	<del> </del>	REPLACEMENT	No)
1							
	<del></del>						
		N/6					
		N/R					-
		N/R					-
Description of W							-
Description of Wo	ork Support	N/R MODIFICATION					
		MoDIFICATION  neumatic □ Nomina	ıl Operating	g Pressure □ emp	°F	V/A	

## REPAIR/REPLACEMENT OF ASME SECTION XI COMPONENTS

SSP-6.09 Revision 9 Page 37 of 65

P. Remarks TRACKING# 96-RR	-011 le otiol46
·	
Applicable	e Namulacturer's Data Reports to be Attached
Vilinicani	e Standacturer's 1720 Reports to be Attached
CERTIF	FICATE OF COMPLIANCE
Ve certify that the statements made in the ren	port are correct and this REPLACEMENT conforms to the
to corning that the statements made in the rep	repair or replacement
rules of the ASME Code, Section XI.	
ype Code Symbol Stamp	NA
ertificate of Authorization NoN	Expiration Date
gned Day & hom	MECH. ENGR. DOS MAY 10 1096
Owner of Owner's Designee	MECH. ENGR. Date MAY 10, 1996 Title 168
	TE OF INSERVICE INSPECTION
CERTIFICAT	E OF MALKAICE INSPECTION
the undersigned, holding a valid commission	n issued by the National Board of Boiler and Pressure Vessel
spectors and the State or Province of Texts	ressee and employed by HSB III Co-
/	and employed by 7/30 272 w
HARTFORD CONN.	have inspected the components described in this
wner's Report during the period	al al
st of my knowledge and belief the Owner by	as performed examinations and taken corrective measures
scribed in this Owner's Report in accordance	e with the requirements of the ASME Code, Section XI.
	nor his employer makes any warranty, expressed or implied,
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