

50-390

WATTS BAR 1

TVA

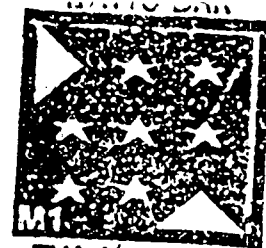
PRESERVICE INSPECTION REPORT (PT. 5)

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

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-NOTICE-



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

FEB 18 1994

1. Owner TENNESSEE VALLEY AUTHORITY
Name
400 W. SUMMIT HILL DR. KNOXVILLE, TN
Address

Date 2/19/94

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000 SPRING CITY, TN 37381
Address

Unit 1

WP # D-12673-03 K1
Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA MODS
Name
P.O. BOX 2000 SPRING CITY, TN 37381
Address

Type Code Symbol Stamp
Authorization No. NA g/c 2-19-94
Expiration Date

4. Identification of System 63 SAFETY INJECTION

5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, NA g/c 2-19-94 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 W/ADDENDA THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1063-63-1STS-V179</u>	<u>NA</u>	<u>NONE</u>	<u>NONE</u>	<u>DCA</u>	<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>
<u>NA g/c 2-19-94</u>							

7. Description of Work MODIFIED SUPPORT

8. Tests Conducted NA g/c 2-19-94
☒ 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 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

COPY

FORM NIS-2 (Back)

9. Remarks TRACKING # 94119 g/c 2/19/94

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp

NA g/c 2-19-94

Certificate of Authorization No.

Expiration Date

Signed

Bary Cagle
Owner or Owner's Designee, Title

Date

2-19

, 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 TENNESSEE and employed by H&B I&I CO of HARTFORD 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.

B. Earnest

Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

3/5

, 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 TENNESSEE VALLEY AUTHORITY Date 2-21-94
Name
400 WEST SUMMIT HILL DR., KNOXVILLE, TN Sheet 1 of 2
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000, SPRING CITY, TN 37771 WP# D-00853-03
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA - MODIFICATIONS Type Code Symbol Stamp
Name
WATTS BAR NUCLEAR PLANT Authorization No. N/A 1/8 2/21/94
Address Expiration Date
4. Identification of System CHEMICAL VOLUME CONTROL SYSTEM - 062A
5. (a) Applicable Construction Code AISC 19 73 Edition, 7 Addenda, N/A 1/8 2/21/94 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU '81 W/ 81 WINTER ADDENDA.
6. Identification of Components Repaired or Replaced and Replacement Components

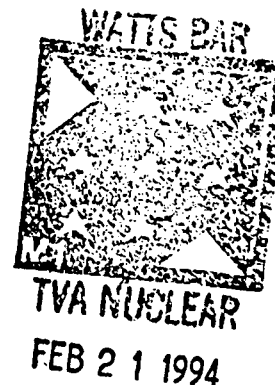
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1062-1-62A-154	NOT KNOWN	NONE	NONE	NONE	NOT-KNOWN	REPLACE-MENT	NO
<div style="position: relative; height: 100px;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; border: 1px solid black; transform: rotate(45deg);"></div> </div>							

7. Description of Work REMOVE/ REINSTALL/ MODIFY SUPPORT.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ N/A 1/8 2/21/94
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 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

Page 6A cont. on Page 7



FORM NIS-2 (Back)

9. Remarks TRACKING NO: 94-120 B3. 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 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 _____

Owner or Owner's Designee, Title

N/A B3. 2/21/94

(FIELD ENGINEER)

Date

2/21

, 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 TN and employed by HSB I & T Co. of Hartford, CT. have inspected the components described 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.

[Signature]
Inspector's Signature

Commissions

TN 2537
National Board, State, Province, and Endorsements

Date

2-25-94

1994

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 AUTHORITY Date 2-21-94
Name
400 WEST SUMMIT HILL DR., KNOXVILLE, TN
Address
2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 2
Name
P.O. Box 2000, SPRING CITY, TN 37771 Unit 1 (ONE)
Address
WP# D-04535-07
Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA-MODIFICATIONS Type Code Symbol Stamp N/A
Name
WATTS BAR NUCLEAR PLANT Authorization No. 138 2/21/94
Address
Expiration Date 1A
4. Identification of System AUXILIARY FEED WATER - 03A
5. (a) Applicable Construction Code AISC 1973 Edition, 7 Addenda, N/A 138 2/21/94 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU' 1981
W/ 1981 WINTER ADDENDA.
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1003A-1-03A-421.	NOT KNOWN	NONE	N/A <u>3/2/94</u>	NONE	NOT KNOWN	<u>Repaired</u> REPLACED	<u>YES</u> NO
1003A-1-03A-422.	NOT KNOWN	NONE	N/A <u>3/2/94</u>	NONE	NOT KNOWN	REPLACED	NO
1003-A401-7-1	NOT KNOWN	NONE	N/A <u>3/2/94</u>	NONE	NOT KNOWN	REPLACED	NO
<u>N/A 138 2/21/94</u>							

7. Description of Work MODIFY SUPPORTS PER NEW DESIGN

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. N/A 138 2/21/94 °F

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

Page 6A cont. on Page 6B

WPH# D-04535-07



TVA NUCLEAR

FORM NIS-2 (Back)

FEB 21 1994

9. Remarks TRACKING NO: 94-121.B8 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI.
repair or replacement

Type Code Symbol Stamp N/A B8 2/21/94

Certificate of Authorization No. N/A B8 2/21/94 Expiration Date N/A B8 2/21/94

Signed Wm. G. A. (FIELD ENGINEER) Date 2-21- 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 HSBI&I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 3-2-92 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.

[Signature]
Inspector's Signature

Commissions TN 2537
National Board, State, Province, and Endorsements

Date 3-12 19 94.

WP# D-21328-11-K4 13
 10/25/94
 WP# D-21328-11
 Page 7A cont. on Page 7B

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

1. Owner TVA
 Name 400 W. SUMMIT HILL DR. KNOXVILLE, TN
 Address
- Date 2-21-94
 Sheet 1 of 1
2. Plant WATTS BAR NUCLEAR PLANT
 Name
P.O. Box 2000, SPRING CITY, TN 37381
 Address
- Unit 1
3. Work Performed by TVA
 Name
P.O. Box 2000, SPRING CITY, TN 37381
 Address
- WP # D-21328-11-K4 908
 10-22-94
 Repair Organization P.O. No., Job No., etc.
- Type Code Symbol Stamp
 Authorization No. N/A
 Expiration Date
4. Identification of System 62 / CHEMICAL AND VOLUME CONTROL
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981 ADDITION

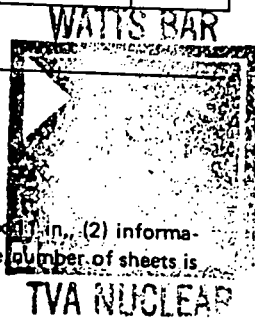
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1062-62-1CVC-R21		<u>N/A</u>	<u>2-13-94</u>	DCA-M21328-116 DCA-M21328-117 DCA-P04734-15	UNK	REPLACEMENT	NO

7. Description of Work MODIFIED SUPPORT PER DCA-M21328-116, 117

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure N/A Test Temp 92-218.94 °F

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



FORM NIS-2 (Back)

2. Remarks TRACKING # 94-122 JS 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI.
repair or replacement

Type Code Symbol Stamp N/A JS 2-19-94
Certificate of Authorization No. N/A JS 2-13-94 Expiration Date N/A JS 2-13-94
Signed [Signature] Date 2-21, 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 IFCO of HARTFORD 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.

[Signature] Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements
Date 11/14 19 94

FEB 21 1994

TVA NUCLEAR



WATTS BAR

OCT 08 1993

TVA NUCLEAR



WATTS BAR

D-21328-03

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

1. Owner TENNESSEE VALLEY AUTHORITY

Name

Date

2/21/94400 W. SUMMIT HILL DR. KNOXVILLE, TN

Address

Sheet

1 of 12. Plant WATTS BAR NUCLEAR PLANT

Name

Unit

1P.O. BOX 2000 SPRING CITY, TN 37771

Address

WORKPLAN # D-21328-03

Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA, MODS

Name

Type Code Symbol Stamp

N/WATTS BAR NUCLEAR PLANT

Address

Authorization No.

Expiration Date

1A2/21/944. Identification of System MAIN STEAM SYSTEM # 0015. (a) Applicable Construction Code AISC 7TH19 73 Edition, N/AWMDAddenda, N/AWMD

Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU 198 WINTER ADDENDA.

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>PIPE SUPPORT # 1001A-1-01A-348</u>	<u>N/ WMD</u> <u>1A 2/21/94</u>	<u>NONE</u>	<u>NONE</u>	<u>DCA-M21328-39</u> <u>DCA-M21328-40</u> <u>DCA-M21328-41</u>			
<u>PIPE SUPPORT # 1001A-1-01A-350</u>	<u>N/ WMD</u> <u>1A 2/21/94</u>	<u>NONE</u>	<u>NONE</u>	<u>DCA-M21328-42</u> <u>DCA-M21328-43</u>		<u>REPLACEMENT</u>	<u>NO</u>
				<u>UNKNOWN</u>		<u>REPLACEMENT</u>	<u>NO</u>
				<u>N/A</u> <u>WMD</u> <u>2/18/94</u>			

1001A-1-01A-348, ADDED SHIM PLATE AND ADJUSTED BELLEVILLE WASHERS.7. Description of Work 1001A-1-01A-350, INSTALLED BELLEVILLE WASHERS

8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐
N Other ☐ Pressure WMD 2/21/94 psi Test Temp. 21 °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.

WORK INSTRUCTION

D-21322-03

Page 7 cont. on Page: 7A

FORM NIS-2 (Back)

9. Remarks

TRACKING

#

94-123 wmo 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp

N/A wmo 2/21/94

Certificate of Authorization No.

N/A wmo 2/21/94

Expiration Date

N/A wmo 2/21/94

Signed

M. L. Cadd, CONST. ENGR.

Owner or Owner's Designee, Title

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 TN and employed by HSBI&I Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 5-13-93 to 3-3-94, 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.

[Signature]

Inspector's Signature

Commissions

TN 2537.

National Board, State, Province, and Endorsements

Date

3-3

19 94.

MAY 14 1993

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

TVA NUCLEAR
[APR 20 1993]

1. Owner TENNESSEE VALLEY AUTHORITY
Name
400 W. SUMMIT HILL DRIVE, KNOX, TN.
Address

Date 2/22/94
Sheet 1 of 1
Unit 1

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. Box 2000, SPRING CITY, TN.
Address

WORKPLAN # D-04633-01
Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA, MODS
Name
WATTS BAR NUCLEAR PLANT
Address

Type Code Symbol Stamp N/A
Authorization No. WMO
Expiration Date 2/22/94

4. Identification of System SAFETY INJECTION / SYSTEM #063

5. (a) Applicable Construction Code ASCE 7TH 1973 Edition, N/A WMO Addenda, N/A WMO
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19BOTHRU 1981 WINTER ADDENDA

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT # 1063-1-63-42	N/A WMO 2/22/94	NONE	NONE	DCA-P04633-08			
PIPE SUPPORT # 1063-1-63-88		NONE	NONE	DCA-P04633-09			
PIPE SUPPORT # 1063-1-63-57		NONE	NONE	DCA-P04633-10	UNKNOWN	REPLACEMENT	NO
PIPE SUPPORT # 1063-AA35-B-75		NONE	NONE	DCA-P04633-40			
		NONE	NONE	DCA-P04633-41			
	A WMO 2/22/94	NONE	NONE	DCA-P04633-88	UNKNOWN	REPAIR	NO
		NONE	NONE	DCA-P04633-89			
		NONE	NONE	DCA-P04633-90	UNKNOWN	REPLACEMENT	NO
		NONE	NONE	DCA-P04633-80			
		NONE	NONE	DCA-P04633-81			
			N	DCA-P04633-82	UNKNOWN	REPLACEMENT	NO

7. Description of Work
1063-1-63-42 - MODIFY SUPPORT BY REMOVING EXISTING SUGGER CLAMP & REAR BRACKET. INSTALL NEW SUGGER CLAMP AND REAR BRACKET OF LARGER CAPACITY.
1063-1-63-88 - INCREASE WELD SIZE OF EXISTING WELDS.
1063-1-63-57 - REMOVE EXISTING CLAMPS AND INSTALL NEW CLAMPS. ADD SHIM PLATE.
1063-AA35-B-75 - REMOVED EXISTING SUPPORT AND INSTALLED NEW SUPPORT.

8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. _____ °F
N/A WMO
2/22/94

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

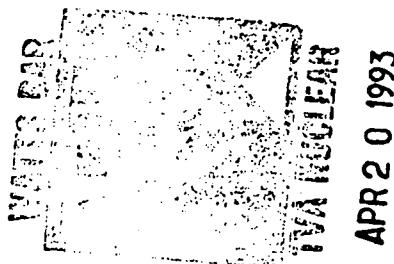
(12/82)

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

REPRINT 12/91

Page 6 cont. on Page 7

WORK INSTRUCTION D-04633-01



FORM NIS-2 (Back)

9. Remarks TRACKING # 94-125 wms 2/23/94

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A wms 2/22/94

Certificate of Authorization No. N/A wms 2/22/94 Expiration Date N/A wms 2/22/94

Signed M. L. Dadd, Const. ENGR. Date 2/22, 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 HSBI & I Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 1-5-93 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.

[Signature] Commissions TN 2537
Inspector's Signature National Board, State, Province, and Endorsements

Date 3-2 19 94

WORK INSTRUCTION D-04633-01

Page 7 cont. on Page 7A

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

1. Owner TVA
Name
400 W. SUMMIT HILL DR KNOXVILLE TN
Address

Date 2-22-94

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000, SPRING CITY TN
Address

Unit 1

WO 94-00596-01
Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA
Name
P.O. BOX 2000 SPRING CITY TN
Address

Type Code Symbol Stamp

Authorization No. NA 9m

Expiration Date 2-22-94

4. Identification of System 062 / CHEMICAL AND VOLUME CONTROL

5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, NA Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
62-ICVC-R13	NA	9m 2-23-94		DCA 509820-907	UNKNOWN	REPLACEMENT	NO
			NA				
			9m 2-23-94				

7. Description of Work ADD SHIM(S)

8. 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 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-126

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

NA Jan 2-23-94

Certificate of Authorization No.

Expiration Date

Signed

James R. Smith
Owner or Owner's Designee, Title

Date 2-23, 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 HSB I & I CO. of HART FORD CONN. have inspected the components described in this Owner's Report during the period 3/30/94 to 3/30/94, 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. Ewing
Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

3/30, 19 94

WO# 94-00596-01

PAGE 27 OF 27

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 AUTHORITY Date FEB 23, 1998 ^{4 22 2/23/94}
Name
400 W. SUMMITT HILL DRIVE KNOXVILLE
Address
 2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name
P.O. BOX 2000, SPRING CITY, TN. 371381
Address
 3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Unit WBN 1
Name
P.O. BOX 2000 SPRING CITY, TN. 371381
Address
 Repair Organization P.O. No., Job No., etc. 93-25809-07
 Type Code Symbol Stamp NA 22 2/23/94
 Authorization No. _____
 Expiration Date _____

4. Identification of System IS- STEAM GEN BLOWDOWN
22 2/23/94

5. (a) Applicable Construction Code ASCC 19TH Edition, N/A Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19TH

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PSA	20770	N/A	1001-A400- ^{C-74}	N/A	REPLACED	No
N/A 22 2/23/94							

7. Description of Work REPLACED SNUBBER

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ N/A
 Other ☐ Pressure _____ psi Test Temp. _____ °F 22

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

FORM NIS-2 (Back)

9. Remarks _____

Applicable Manufacturer's Data Reports to be attached

TRACKING # 94-127

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

Certificate of Authorization No. _____

N/A

Expiration Date _____

N/A

Signed _____

Owner of Owner's Designee, Title

Date _____

2-23

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 HSB IPI CO. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 3/13/94 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.

B. Earnigh
Inspector's Signature

Commissions _____

TN 2534

National Board, State, Province, and Endorsements

Date _____

3/13

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 TENNESSEE VALLEY AUTHORITY Date 2/23/94
Name
400 W. SUMMIT HILL DRIVE KNOXVILLE
Address

2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name
P.O. BOX 2000, SPRING CITY, TN. 37139
Address Unit WBN 1
93-24795-01
Repair Organization P.O. No., Job No., etc.

3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Type Code Symbol Stamp N449 2/23/94
Name
P.O. BOX 2000, SPRING CITY, TN. 37139
Address Authorization No. _____
Expiration Date _____

4. Identification of System 62 - CVCS

5. (a) Applicable Construction Code AISC 1974th Edition, N/A Addenda, N/A Code Case _____
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980WB1

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUABER	PSA	20773	N/A	1001-1-62A-625	N/A	REPLACEMENT	No

7. Description of Work REPLACED SNUABER

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

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

FORM NIS-2 (Back)

9. Remarks

TRACKING # 94-128 2123/94
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

NA

Certificate of Authorization No.

NA

Expiration Date

NA

Signed

[Signature]

Date

2 23

, 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 IFT CO. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 3/13/94 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.

[Signature]

Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

3/13

, 19

94

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

2/23/94

1. Owner TENNESSEE VALLEY AUTHORITY Date 2/23/94
Name
400 W. SUMMIT HILL DRIVE KNOXVILLE
Address
2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name
P.O. BOX 2000, SPRING CITY, TN. 37181
Address Unit WBN
93-15695-02
Repair Organization P.O. No., Job No., etc.
3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Type Code Symbol Stamp NA
Name
P.O. BOX 2000 SPRING CITY, TN. 37181
Address Authorization No. _____
 Expiration Date _____
4. Identification of System 74-RHR
5. (a) Applicable Construction Code AISC 1971st Edition, N/A Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980W81

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-3N4B-074-RHR SNUBBER 1962	PSA	38774	NA	1074-74- 1RHR-R176	NA	REPLACED	NO

7. Description of Work REPLACED SNUBBER
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ N/A
 Other ☐ Pressure _____ psi Test Temp. _____ °F

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

FORM NIS-2 (Back)

9. Remarks _____

Applicable Manufacturer's Data Reports to be attached

TRACKING NUMBER 94-12989 2/23/94

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. repair or replacement

Type Code Symbol Stamp _____

NA

Certificate of Authorization No. _____

NA

Expiration Date _____

NA

Signed _____

[Signature]

Date _____

2-23-94

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 IIIC of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 3/13/94 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.

[Signature]
Inspector's Signature

Commissions _____

TN2534

National Board, State, Province, and Endorsements

Date _____

3/13

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 TENNESSEE VALLEY AUTHORITY Date 2/23/94
400 W. Summit Hill Drive Knoxville Sheet 1 of 1
Name Address

2. Plant WATTS BAR NUCLEAR PLANT Unit WBN 1
P.O. Box 2000, Spring City, TN. 371381 93-15599-02
Name Address Repair Organization P.O. No., Job No., etc.

3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Type Code Symbol Stamp
P.O. Box 2000, Spring City, TN. 371381 Authorization No. N/A
Name Address Expiration Date N/A

4. Identification of System 63-515

5. (a) Applicable Construction Code AISC 10th Edition, N/A Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 bowal

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1-3AUB-063-63467</u> <u>SNUBBER</u>	<u>PSA</u>	<u>38814</u>	<u>N/A</u>	<u>1063-1-63-467</u>	<u>N/A</u>	<u>REPLACED</u>	<u>NO</u>

7. Description of Work REPLACED SNUBBER

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

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

FORM NIS-2 (Back)

9. Remarks _____

Applicable Manufacturer's Data Reports to be attached

TRACKING # 94-130 *ky*

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 NA

Certificate of Authorization No. NA Expiration Date NA

Signed *John Arnold* 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 HSB I&I Co. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 3/13/94 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.

B. Earnigh Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 3/13, 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 TENNESSEE VALLEY AUTHORITY Date 2/23/94
Name
400 W. Summit Hill Drive Knoxville Sheet 1 of 1
Address
 2. Plant WATTS BAR NUCLEAR PLANT Unit WBN 1
Name
P.O. Box 2000, Spring City, TN. 37158 93-25809-09
Address Repair Organization P.O. No., Job No., etc.
 3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Type Code Symbol Stamp /
Name Authorization No. /
P.O. Box 2000, Spring City TN. 37138 Expiration Date NA
Address
 4. Identification of System IS - SG Blow Down
 5. (a) Applicable Construction Code ASCC 1977th Edition, N/A Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980 w/81

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-SNUB-015-4006833 SNUBBER	PSA	4359	NA	1001-A400-6-83	NA	REPLACED	NO
<div style="position: absolute; top: 0; right: 0; text-align: right;"> NR by 2/23/93 </div>							

7. Description of Work REPLACED SNUBBER

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ NR
 Other ☐ Pressure psi Test Temp. °F 2/23/93

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

FORM NIS-2 (Back)

9. Remarks

Applicable Manufacturer's Data Reports to be attached

TRACKING # 94-131 by 2/23/93

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

Certificate of Authorization No.

N/A

Expiration Date

N/A

Signed

John G. Powell

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 HSB IET CO. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 3/13/94 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.

B. Eamigh
Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

3/13

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 TENNESSEE VALLEY AUTHORITY Date 2/23/93
Name
400 W. SUMMIT HILL DRIVE KNOXVILLE
Address
2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name
P.O. BOX 2000, SPRING CITY, TN. 37381
Address Unit WBN 1
93-25918-01
Repair Organization P.O. No., Job No., etc.
3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Type Code Symbol Stamp _____
Name Authorization No. _____
P.O. BOX 2000, SPRING CITY, TN. 37381 Expiration Date NA
Address
4. Identification of System 63-SIS
5. (a) Applicable Construction Code ASME 10TH Edition, NA Addenda, NA Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980WQ
6. Identification of Components Repaired or Replaced and Replacement Components 2/23/93

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-SNUB-063-63495 SNUBBER	PSA	38787	N/A	1063-1-63-445	NA	REPLACED	NO
<div style="text-align: center;"> <u>N/A</u> <u>2/23/93</u> </div>							

7. Description of Work REPLACED SNUBBER
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ N/A
 Other ☐ Pressure _____ psi Test Temp. _____ °F 2/23/93

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

FORM NIS-2 (Back)

9. Remarks

Applicable Manufacturer's Data Reports to be attached

TRACKING # 94-132 2/23/94

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. repair or replacement

Type Code Symbol Stamp

N/A

Certificate of Authorization No.

N/A

Expiration Date

N/A

Signed

Owner or Owner's Designee, Title

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 I & I CO. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 3/8/94 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.

B. Earnigh
Inspector's Signature

Commissions

TN-2534

National Board, State, Province, and Endorsements

Date

3/8

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 Tennessee Valley Authority Date 2/23/93
Name
400 W. Summit Hill Drive, Knoxville
Address
 2. Plant Watts Bar Nuclear Plant Sheet 1 of 1
Name Unit WBN 1
P.O. Box 2000, Spring City TN 37381
Address 93-15603-01
Repair Organization P.O. No., Job No., etc.
 3. Work Performed by Watts Bar Nuclear Maintenance Type Code Symbol Stamp _____
Name Authorization No. _____
P.O. Box Spring City TN 37381 Expiration Date N/A
Address
 4. Identification of System 63-515
 5. (a) Applicable Construction Code AISC 10TH Edition, NA Addenda, NA Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980w81

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER							
1-SNUB-063-63116	PSA	38780	NA	1063-1-63-116	NA	REPLACED	No

7. Description of Work REPLACED SNUBBER

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure _____ psi Test Temp. _____ °F NA 2/23/94

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

FORM NIS-2 (Back)

9. Remarks _____

Applicable Manufacturer's Data Reports to be attached

TRACKING # 94-133 2g

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 _____

NA

Certificate of Authorization No. _____

NA

Expiration Date _____

N/A

Signed _____

G. L. Quinn
Owner or Owner's Designee, Title

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 I/I CO. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 3/7/94 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.

B. Earmigh
Inspector's Signature

Commissions _____

TN 2534

National Board, State, Province, and Endorsements

Date _____

3/7

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 TENNESSEE VALLEY AUTHORITY Date 2/23/94
Name
400 W. Summit Hill Drive Knoxville Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit WBN 1
Name
P.O. Box 2000, Spring City, TN. 37181 93-27676-04
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Type Code Symbol Stamp _____
Name Authorization No. _____
P.O. Box 2000 Spring City, TN. 37181 Expiration Date _____
Address
4. Identification of System 63-315 N/A 2/23/94
5. (a) Applicable Construction Code AISC 1974th Edition, NA Addenda, NA Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980w81

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER SISR 1-SNUB-063-192	PSA	38771	NA	1063-63- 1315-R 192	NA	REPLACED	N/A
<div style="position: absolute; top: 0; right: 0; text-align: right;"> N/A 2/23/94 </div>							

7. Description of Work REPLACED SNUBBER
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ N/A
 Other ☐ Pressure _____ psi Test Temp. _____ °F 2/23/94

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)

9. Remarks

Applicable Manufacturer's Data Reports to be attached

TRACKING # 94-134 2/23/94

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.
 repair or replacement

Type Code Symbol Stamp

NA

Certificate of Authorization No.

NA

Expiration Date

NA

Signed

Owner or Owner's Designee, Title

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 I & I CO. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 3/8/94 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.

B. Earmigh

Inspector's Signature

Commissions

TN-2534

National Board, State, Province, and Endorsements

Date

3/8

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 TENNESSEE VALLEY AUTHORITY Date 2/23/94
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE
Address
 2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name
P.O. BOX 2000, SPRING CITY, TN. 37381
Address Unit WBN 1
 3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Repair Organization P.O. No., Job No., etc. 93-27676-06
Name Type Code Symbol Stamp _____
P.O. BOX 2000, SPRING CITY, TN. 37381
Address Authorization No. _____
 Expiration Date NA by 2/25/94

4. Identification of System 63-SIS

5. (a) Applicable Construction Code AISC ¹⁰⁻⁷⁻⁷⁴ Edition, NA Addenda, NA Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980W81

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER 515R275 2163-63 1-SNUB-063-	PSA	20768	N/A	1515-R275 1063-63-	NA	REPLACED	Y

7. Description of Work REPLACED SNUBBER

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ NA by 2/23/94
 Other ☐ Pressure _____ psi Test Temp. _____ °F

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

FORM NIS-2 (Back)

9. Remarks

Applicable Manufacturer's Data Reports to be attached
TRACKING # 94-135 by 1/23/93

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

Certificate of Authorization No. XI/A Expiration Date N/A

Signed [Signature] 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 HEB I&I Co. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 3/7/94 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.

[Signature] Commissions TN 2534
 Inspector's Signature National Board, State, Province, and Endorsements

Date 3/7, 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 TENNESSEE VALLEY AUTHORITY Date 2/23/94
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit WBN 1
Name
P.O. BOX 2000, SPRING CITY, TN. 37381
Address 93-276761-07
Repair Organization P.O. No., Job No., etc.
3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Type Code Symbol Stamp NA
Name Authorization No. 2/23/94
P.O. BOX 2000 SPRING CITY, TN. 37381 Expiration Date NA
Address
4. Identification of System 63-SIS
5. (a) Applicable Construction Code AISC 10TH Edition, N/A Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980CW81

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER 315R276 1-SN40-063-	PSA	38772	NA	1063-63- 1515-R276	NA	REPLACED	N/A
N/A by 2/23/94							

7. Description of Work REPLACED SNUBBER
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ NR
 Other ☐ Pressure _____ psi Test Temp. _____ °F by

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

FORM NIS-2 (Back)

9. Remarks

Applicable Manufacturer's Data Reports to be attached

TRACKING # 94-136 *SL*

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

NA

Certificate of Authorization No.

N/A

Expiration Date

N/A

Signed

PL Grewer

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 HSB I/I CO. of

HARTFORD CONN.

have inspected the components described

in this Owner's Report during the period 3/8/94 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.

B. Eamigh

Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

3/8

19

94



TVA NUCLEAR

FEB 07 1994

WORKPLAN D-04633-02Page 3 cont. on Page 3AFORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner TENNESSEE VALLEY AUTHORITY
Name
900 W. SUMMIT HILL DRIVE, KNOXVILLE, TN
Address
2. Plant WATTS BAR NUCLEAR PLANT
Name
PO BOX 2000, SPRING CITY, TN 37381
Address
3. Work Performed by TVA (WBNP)
Name
PO BOX 2000, SPRING CITY, TN 37381
Address
4. Identification of System 063 SAFETY INJECTION
5. (a) Applicable Construction Code AISC 7TH 19 73 Edition, JUNE 1973 Addenda, N/A 903 2-24-94 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU 781

Date 2-24-94Sheet 1 of 1Unit 1WP D-04633-02

Repair Organization P.O. No., Job No., etc.

Type Code Symbol Stamp

Authorization No. N/A 903 2-24-94

Expiration Date

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT							
1063-1-63-058	TVA	NONE	NONE	1-63-058	UNK	REPAIR	NO
PIPE SUPPORT							
1063-1-63-073	TVA	NONE	NONE	1-63-073	UNK	REPLACEMENT	NO
PIPE SUPPORT							
1063-1-63-076	TVA	NONE	NONE	1-63-076	UNK	REPLACEMENT	NO

7. Description of Work MODIFIED EXISTING PIPE SUPPORTS

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure psi Test Temp. °F
N/A 903 2-24-94

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



TVA NUCLEAR

FEB 07 1994

WORKPLAN D-04633-02

Page 3A cont. on Page 4

FORM NIS-2 (Back)

9. Remarks NIS-2 TRACKING NUMBER: 94-137 908 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 REPLACEMENT 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 John D. Sampson, MECH. 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 HARTFORD STEAM BOILER I. AND I. CO. of HARTFORD, CT. have inspected the components described in this Owner's Report during the period 1-26-93 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.

C. E. Metcalf Commissions TN-2633
Inspector's Signature National Board, State, Province, and Endorsements

Date MARCH 12, 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 TVA Date 2-25-94
Name
400 W. SUMMIT HILL DR. KNOXVILLE, TN
Address
2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name
P.O. Box 2000, SPRING CITY, TN 37381
Address
3. Work Performed by TVA Unit 1
Name
P.O. Box 2000, SPRING CITY, TN 37381
Address
4. Identification of System 74 RESIDUAL HEAT REMOVAL
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981 ADDITION
6. Identification of Components Repaired or Replaced and Replacement Components

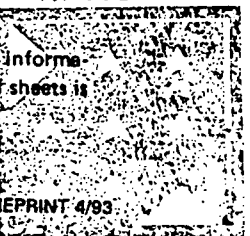
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1074-1-74-24		<u>CN 92 2-25-94</u>		<u>1-74-24 SH 1</u> <u>1-74-24 SH 2</u> <u>DCA-P05922-02</u>	<u>UNK</u>	<u>REPLACEMENT</u>	<u>NO</u>

7. Description of Work INSTALLED NEW BOLTING MAT'L PER 1-74-24 SH 1 & 2 AND DCA-P05922-02

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure N/A psi Test Temp. 2-25-94 °F

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

WATTS BAR



TVA NUCLEAR

JAN 20 1994

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-138 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp N/A 2-25-94Certificate of Authorization No. N/A 2-25-94 Expiration Date N/A 2-25-94Signed [Signature] Date 2-25, 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 IN. and employed by HSB I & CO. of Hartford, CT. have inspected the components described in this Owner's Report during the period 1-19-94 to 2-28-94, 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.

[Signature]
Inspector's Signature

Commissions

TN 2537
National Board, State, Province, and EndorsementsDate 2-28 1994

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 AUTHORITY Date 2-8-94
Name
400 W. SUMMIT HILL DR KNOXVILLE, TN
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000 SPRING CITY, TN 37771
Address WD # 93-24342-09
Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA — MODIFICATION Type Code Symbol Stamp / N/A CPM
Name
WATTS BAR NUCLEAR PLANT
Address Authorization No. / N/A CPM
 Expiration Date /
4. Identification of System SAFETY INJECTION / D63
5. (a) Applicable Construction Code RISC 19 73 Edition, SEVENTH Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU 1981
W/ 1981 WINTER ADDENDA
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
63-ISIS-R11B	N/A	N/A	UNKNOWN	N/A	N/A	REPLACED	NO
63-ISIS-R11B	N/A	N/A	UNKNOWN	N/A	N/A	REPAIRED	NO

CPM
1-26-94

7. Description of Work REMOVED/RELOCATED EXISTING W 4 X 13 BEAM
8. Tests Conducted: ☒ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure N/A psi Test Temp. 90M 1-26-94

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)

9. Remarks

TRACKING # 94-139 by 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 _____ conforms to the rules of the ASME Code, Section XI. _____ repair or replacement

Type Code Symbol Stamp

N/A

Certificate of Authorization No.

N/A

Expiration Date

N/A

Signed

Charles M. Mudd FIELD ENG.
Owner or Owner's Designee, Title

Date

2-8-94

, 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 TENNESSEE and employed by THE HSB. I. & I. Co. of HARTFORD, CT. have inspected the components described in this Owner's Report during the period 1-26-94 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 inspection.

C. E. Mittlebach
Inspector's Signature

Commissions

TN-2633

National Board, State, Province, and Endorsements

Date

MARCH 15, 1994

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

Wo# 08-15738-51
Page 13 of 69

1. Owner TVA Name NUCLEAR POWER Address P.O. Box 2000, SPRING CITY, TN. Date 2/25/94 Sheet 1 of 1
2. Plant WBNP Name P.O. Box 2000, SPRING CITY, TN. Address P.O. Box 2000, SPRING CITY, TN. Unit 1 Repair Organization P.O. No., Job No., etc. WO# 08-15738-51
3. Work Performed by TVA Name P.O. Box 2000, SPRING CITY, TN. Address P.O. Box 2000, SPRING CITY, TN. Type Code Symbol Stamp N/A Authorization No. 2/25/94 Expiration Date 2/25/94
4. Identification of System 063 / SAFETY INJECTION SYSTEM
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A 1/23/93 Code Case BC
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 WINTER 1981 ADDENDA

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1063- Support 1-063-153	N/A JWS 2/25/94	N/A JWS 2/25/94	N/A JWS 2/25/94	DCA-504810 -357-0, -358-0	4/4/1994	REPLACEMENT	No

7. Description of Work REPLACED REMOVED SUPPORT

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☒ Pressure N/A psi Test Temp. N/A °F
JWS 2-25-94 JWS 2-25-94

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)

9. Remarks TRACKING # 94-140 by 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 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

Jeffrey R. Riddley R.E.
Owner or Owner's Designee, Title

Date

2/25, 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 TN and employed by HSB I & I Co. of Hartford, CT. have inspected the components described 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.

Jeffrey R. Riddley
Inspector's Signature

Commissions

TN 2537
National Board, State, Province, and Endorsements

Date

3-19 19 94

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

WO# 93-2444-00
PAGE 13 OF 21

1. Owner TENNESSEE VALLEY AUTHORITY
Name
400 W. SUMMIT HILL DR., KNOXVILLE, TN
Address

Date 2-24-94

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000, SPRING CITY, TN
Address

Unit 1

WO# 93-2444-00
Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA
Name
P.O. BOX 2000, SPRING CITY, TN
Address

Type Code Symbol Stamp N/A
Authorization No. ESM 2-24-94
Expiration Date

4. Identification of System SVS 74 / RESIDUAL

5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 - THRU - WINTER 1981 ADDITION

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>74-1RHR-R171</u>	<u>BERGEN-PATTERSON</u>	<u>N/A</u>	<u>ESM 2-24-94</u>	<u>PART NO. 2200</u>	<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>

7. Description of Work REPLACED BENT PADDLE ON BRACKET END OF SWAY STRUT.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure N/A psi / Test Temp. 72K 2/25/94 °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.

WO# 93-24444-00

PAGE 14 of 21

FORM NIS-2 (Back)

9. Remarks None

Applicable Manufacturer's Data Reports to be attached

Tracking # 94-141 2/25/94

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. repair or replacement

Type Code Symbol Stamp N/A EDM 2-25-94

Certificate of Authorization No. N/A Expiration Date N/A

Signed [Signature] Date 2-25-1994
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 TENNESSEE and employed by THE HARTFORD STEAM BOILER I. & I. Co. of HARTFORD, CT. have inspected the components described in this Owner's Report during the period 2-24-94 to 2-28-94, 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.

[Signature] Commissions TN-2633 N&I
Inspector's Signature National Board, State, Province, and Endorsements

Date FEB 28, 19 94



WP # D-06012-02

Page 5A cont on Page 5B

A NUCLEAR

AUG 18 1993

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

1. Owner TVA Date 2-26-94
Name
400 W. SUMMIT HILL DR. KNOXVILLE, TN
Address
 Sheet 1 of 1
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000, SPRING CITY, TN 37381
Address WP # D-06012-02
Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Type Code Symbol Stamp _____
Name Authorization No. N/A
P.O. Box 2000, SPRING CITY, TN 37381
Address Expiration Date _____
4. Identification of System O1 / MAIN STEAM
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981 ADDITION

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1001A-1-01A-420		N/A <u>JD</u> 2-26-94		DCA-K06012-01,07,09,10,11	UNK	REPLACEMENT	NO
1001A-1-01A-425		N/A <u>JD</u> 2-26-94		DCA-K06012-01,21,22,23	UNK	REPLACEMENT	NO
1001A-1-01A-426		N/A <u>JD</u> 2-26-94		DCA-K06012-01,24,25,26,27,28	UNK	REPLACEMENT	NO
1001A-1-01A-428		N/A <u>JD</u> 2-26-94		DCA-K06012-01,29,30	UNK	REPLACEMENT	NO
1001A-1-01A-430		N/A <u>JD</u> 2-26-94		DCA-K06012-01,33,34,35	UNK	REPLACEMENT	NO

7. Description of Work MODIFY SUPPORTS PER DCA-K06012-01,07,09,10,11,21,22,23,24,25,26,27,28,29,30,33,34,35.
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure _____ psi Test Temp. _____ °F
N/A JD 2-26-94

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

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-142 90 ²⁻²⁶⁻⁹⁴

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A 90 ²⁻²⁶⁻⁹⁴Certificate of Authorization No. N/A 90 ²⁻²⁶⁻⁹⁴ Expiration Date N/A 90 ²⁻²⁶⁻⁹⁴Signed [Signature] Date 2-26, 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 HARTFORD STEAM BOILER I & I CO. of HARTFORD, CT. have inspected the components described in this Owner's Report during the period 12-26-91 to 2-28-94, 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.

[Signature] Commissions TN-2633
Inspector's Signature National Board, State, Province, and Endorsements

Date MARCH 12, 19 94

WATTS BAR



TVA NUCLEAR

'AUG 18 1993



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

1. Owner TENNESSEE VALLEY AUTHORITY
Name
400 W. SUMMIT HILL DRIVE KNOXVILLE TN.
Address
2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. Box 2000 SPRING CITY, TN 37381
Address
3. Work Performed by T.V.A.
Name
P.O. Box 2000, SPRING CITY, TN
Address
4. Identification of System 003 / MAIN & AUXILIARY FEEDWATER
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981 ADDITION.
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1003B-03B-1AFN R187</u>		<u>SDK 02/26/94</u>		<u>DCAM 20758-61</u> <u>M20758-62</u>	<u>UNK</u>	<u>REPLACEMENT</u>	<u>NO</u>

7. Description of Work MODIFIED SUPPORTS PER DCA'S M 20758-61 AND 62
11-14-94
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure ☐ Test Temp. ☐ °F
SDK 02/26/94

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

FORM NIS-2 (Back)

9. Remarks

TRACKING NO 94-143 SNK 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 REPAIRMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp

Certificate of Authorization No.

Expiration Date

Signed

Stephen D. Kingle

Engineer

Date

02/26

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 and employed by HSB I & I Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 5-27-93 to 11-23-94, 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

IN 2537

National Board, State, Province, and Endorsements

Date

11-23

19 94



Page 6a CONT. ON FORM 6b

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

1. Owner TVA Date 2-26-94
Name
400 W. SUMMIT HILL DR KNOXVILLE, TN
Address
2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 2 (SEE CONTINUATION SHEET.)
Name
P.O. BOX 2000, SPRING CITY, TN
Address Unit 1
D-06012-03
Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Type Code Symbol Stamp
Name
P.O. BOX 2000 SPRING CITY TN
Address Authorization No. NA Jm 2-28-94
 Expiration Date _____
4. Identification of System 01 / MAIN STEAM
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, NA Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1001A-1-DIA-422	NA	NA		NA Jm 2-26-94			
	Jm 2-26-94	NA		DCA-K-06012-04, 05, & 06	UNKNOWN	REPLACEMENT	NO
1001A-1-DIA-423	NA	NA		NA Jm 2-26-94			
	Jm 2-26-94	NA		DCA-K-06012-12, 13, 14, 15, & 16	UNKNOWN	REPLACEMENT	NO
1001A-1-DIA-424	NA	NA		NA Jm 2-26-94			
	Jm 2-26-94	NA		DCA-K-06012-17, 18, & 19	UNKNOWN	REPLACEMENT	NO
1001A-1-DIA-429	NA	NA		NA Jm 2-26-94			
	Jm 2-26-94	NA		DCA-K-06012-31, 32	UNKNOWN	REPLACEMENT	NO
1001A-1-DIA-431	NA	NA		NA Jm 2-26-94			
	Jm 2-26-94	NA		DCA-K-06012-36, 37, 38, & 39	UNKNOWN	REPLACEMENT	NO

7. Description of Work MODIFY SUPPORTS
8. Tests Conducted: NA Jm 2-26-94
 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 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

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

1. Owner TENNESSEE VALLEY AUTHORITY Date 3-3-94
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000, SPRING CITY, TN. WP# D-21328-04
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA MODS Type Code Symbol Stamp N/A
Name
WATTS BAR NUCLEAR PLANT Authorization No. D. Reed 3-3-94
Address Expiration Date 1A
4. Identification of System MAIN STEAM / SYS 001
5. (a) Applicable Construction Code AISC 7th 19 73 Edition, N/A OR 3-3-94 Addenda, N/A OR 3-3-94 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 Tenth 81, WINTER 1981 ADDENDA

6. Identification of Components Repaired or Replaced and Replacement Components

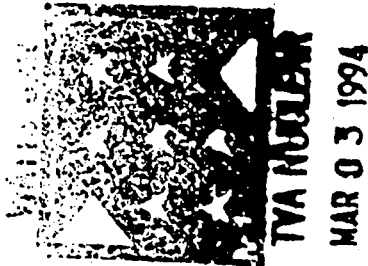
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1001A-1-01A-429</u>	<u>DR 3-3-94</u> <u>N/A</u>	<u>NONE</u>	<u>NONE</u>	<u>DCA-21328-50</u> <u>DCA-21328-51</u> <u>F-28167-A</u>	<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>
<u>1001A-1-01A-392</u>	<u>DR 3-3-94</u> <u>N/A</u>	<u>NONE</u>	<u>NONE</u>	<u>DCA-21328-46</u> <u>DCA-21328-47</u>	<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>
<u>1001A-1-01A-389</u>	<u>DR 3-3-94</u> <u>N/A</u>	<u>NONE</u>	<u>NONE</u>	<u>DCA-21328-44</u> <u>DCA-21328-45</u>	<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>
			<u>N</u> <u>A</u>	<u>D. Reed</u> <u>3-3-94</u>			

7. Description of Work INSTALLED BELLEVILLE WASHERS
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure PSI Test Temp °F 12 D. Reed
A 3-3-94

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

WORKPLAN D-21328-04

Page 7 cont. on Page 8



FORM NIS-2 (Back)

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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp

N D. Reed

Certificate of Authorization No.

A

3-3-94

Expiration Date

Signed

Daryl Reed

CONST. ENGN.

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 TENNESSEE and employed by H.S.B. E. & I. Co. of HARTFORD, CT. have inspected the components described 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.

C.E. Mitcalk
Inspector's Signature

Commissions

TN-2633

National Board, State, Province, and Endorsements

Date

MARCH 24, 1994

WP D-04529-065B
Page 5A of 2-26-94
cont. on Page 5B & 5C
800 2-26-94FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI1. Owner TENNESSEE VALLEY AUTHORITY
NameDate 2-26-94400 W SUMMIT HILL DRIVE, KNOX, TN
AddressSheet 1 of 12. Plant WATTS BAR NUCLEAR PLANT
NameUnit 1P.O. Box 2000, SPRING CITY TN 37771
AddressW.P. D-04529-06

Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA, MECH MODIFICATIONS
NameType Code Symbol Stamp NWATTS BAR NUCLEAR PLANT
AddressAuthorization No. A 180 2-26-94

Expiration Date

4. Identification of System CHEMICAL VOLUME CONTROL SYSTEM / SYSTEM # 0625. (a) Applicable Construction Code ASCE, 7th 19 73 Edition, N/A 180 2-26-94 Addenda, N/A 180 2-26-94 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 EDITION THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

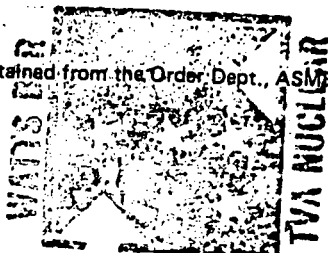
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1 PIPE SUPPORT	<u>N/A 180 2-26-94</u>	<u>NONE</u>	<u>NONE</u>	<u>1003A-1-03A-A92</u>	<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>
2 PIPE SUPPORT	<u>N/A 180 2-26-94</u>	<u>NONE</u>	<u>NONE</u>	<u>1003A-1-03A-494</u>	<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>
3 PIPE SUPPORT	<u>N/A 180 2-26-94</u>	<u>NONE</u>	<u>NONE</u>	<u>1003A-1-03A-496</u>	<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>
4 PIPE SUPPORT	<u>N/A 180 2-26-94</u>	<u>NONE</u>	<u>NONE</u>	<u>1003A-1-03A-497</u>	<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>

7. Description of Work 1. ADDED GUSSET'S & SHIM PLATES 2. ADDED WELD TO SUPPORT MEMBERS 3. INSTALLED (2) NEW ANCHORS 4. REPLACED BASE PLATE8. Tests Conducted: Hydrostatic Pneumatic ☒ Nominal Operating Pressure ☐
Other ☐ Pressure Apsi Test Temp. °F

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

2/82)

This Form (E00030) may be obtained from the Order Dept., ASME, 360 E. 47th St., New York, N.Y. 10017



REPRINT 12/91

WP

D-0452906

5C
Page 5B cont. on Page 6
JCH
2-21-94

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-146

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 2-26-94Certificate of Authorization No. N/A JED 2-26-94Expiration Date N/A JED 2-26-94Signed Joe E Davis

Owner or Owner's Designee, Title

Date 2-26-94

, 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 I & I CO. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 3/12/94 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.

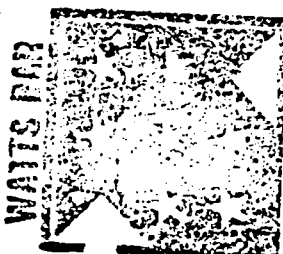
B. Earmagh
Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

3/1219 94

TVA NUCLEAR

MAR 3 1, 1993

W.O. # 93-24289-01
PG 16 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 TENNESSEE VALLEY AUTHORITY Date 2-26-94
Name
400 W. SUMMIT HILL DR KNOXVILLE, TN Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000 SPRING CITY, TN 37381 Address
WORK ORDER 93-24289-01 Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA-MODIFICATIONS Type Code Symbol Stamp
Name
WATTS BAR NUCLEAR PLANT Address
Authorization No. N/A Just 2-26-94
Expiration Date A
4. Identification of System CVCS (062)
5. (a) Applicable Construction Code AISC 19 73 Edition, 7th Addenda, N/A Just 2-26-94 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 EDITION THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT	TVA	NONE	NONE	1-62A-220	UNKNOWN	REPAIRED	NO
<u>N/A</u> <u>Just 2-26-94</u>							

7. Description of Work INCREASED WELD BETWEEN ITEMS 4 AND 2.
8. 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 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

93-24289-01
W.O. # ~~24289~~ of JWH 2-26-94
PG 17 OF 20

FORM NIS-2 (Back)

9. Remarks TRACKING NO: 94-146 JWH 2-26-94

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this REPAIR 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 Jama W. Haly, PROJ. ENGR Date FEBRUARY 26, 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 I & I Co. of HARTFORD, CT. have inspected the components described 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 examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be 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. Metcalfe Commissions TN-2633
Inspector's Signature National Board, State, Province, and Endorsements

Date MARCH 13, 19 94

WP

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JAN 16 1993

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

1. Owner TENNESSEE VALLEY AUTHORITY
NameDate 2-26-94400 W. SUMMIT HILL DR, KNOXVILLE, TN
AddressSheet 1 of 22. Plant WATTS BAR NUCLEAR PLANT
NameUnit 1PO BOX 2000, SPRING CITY, TN 37771
AddressD-04632-08

Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA MODIFICATIONS
Name

Type Code Symbol Stamp

WATTS BAR NUCLEAR PLANT
AddressAuthorization No. N/A RAWExpiration Date A 2-26-944. Identification of System SAFETY INJECTION SYSTEM (063)
RAW 2-26-945. (a) Applicable Construction Code AISC 1973 Edition, TH SEVENTH Addenda, N/A Code Case(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980 thru 1981, with WINTER ADDENDA

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
(1) 1063-1-63-464	N/A	NONE	NONE	PIPE SUPPORT Δ	UNKNOWN	REPLACEMENT	No
(2) 1063-1-63-480	A RAW 2-26-94	NONE	NONE	PIPE SUPPORT $+$	UNKNOWN	REPLACEMENT	No
			N				
			A	RAW			
				2-26-94			

7. Description of Work (1) MODIFY SUPPORT (2) REPLACE BP-1001 END BRKT. INSTALL UNDERCUTS.8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure RAW psi Test Temp. 2-26-94 °F

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

(12/82)

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

+ DCA-P04632-92;-93

 Δ DCA-P04632-81;-82

REPRINT 12/91

Page 7 cont. on Page 9

WP D 04632 08

FORM NIS-2 (Back)

9. Remarks

Applicable Manufacturer's Data Reports to be attached
TRACKING No. 94-147 RAW 2-26-94

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. repair or replacement

Type Code Symbol Stamp N

Certificate of Authorization No. A

Expiration Date RAW 2-26-94

Signed Ray A. Welch Jr.

Owner or Owner's Designee, Title

Date FEB. 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 TENNESSEE and employed by HSB I & E CO. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 3/14/94 to 3/14/94, 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.

B. Eamigh
Inspector's Signature

Commissions TN 2534

National Board, State, Province, and Endorsements

Date 3/14

19 94

JAN 16 1993

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 AUTHORITY
Name
400 W. SUMMIT HILL DRIVE, KNOX, TN.
Address
2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000, SPRING CITY, TN.
Address
3. Work Performed by TVA, MODS
Name
WATTS BAR NUCLEAR PLANT
Address
4. Identification of System CHEMICAL VOLUME CONTROL SYSTEM / SYS #062
5. (a) Applicable Construction Code AISC 7TH 19 73 Edition, N/A Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU 1981 WINTER ADDENDA
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT # 1062-1-62A-2	<u>N/A</u> <u>2/26/94</u>	<u>NONE</u>	<u>NONE</u>	<u>DCA-M21328-74</u> <u>DCA-M21328-75</u>	<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>
<u>N/A</u> <u>2/26/94</u>							

7. Description of Work INSTALL BELLEVILLE WASHERS AND NEW U-BOLT.
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
N/A Other ☐ Pressure _____ psi Test Temp. _____ °F
2/26/94

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

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-148 WMS 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp N/A WMS 2/26/94

Certificate of Authorization No. N/A WMS 2/26/94 Expiration Date N/A WMS 2/26/94

Signed M. L. Dodd Const. ENGR. Date 2/26, 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 HSBIA Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period _____ to _____, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions TN 2537
Inspector's Signature National Board, State, Province, and Endorsements

Date 3-19-94

WORK INSTRUCTION D-21328-07-K1



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 AUTHORITY Date 2-28-94
Name
400 W Summit Hill Drive Knoxville, TN Sheet 1 of 2
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000 Spring City, TN 37381 WP # D-21328-46
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA-MODIFICATIONS Type Code Symbol Stamp
Name Authorization No. N/A
WATTS BAR NUCLEAR PLANT Expiration Date 12/28/94
Address
4. Identification of System AUXILIARY FEED WATER SYSTEM / SYSTEM 003.
5. (a) Applicable Construction Code AISC 19 73 Edition, 7 Addenda, N/A 2/28/94 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU' 1981 W/ 1981 WINTER ADDENDA.

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1003A-1-03A-453	NOT KNOWN	NONE	NONE	NONE	NOT KNOWN	REPLACEMENT	NO
<div style="position: relative; height: 100px;"> 9 N/A 12/28/94 </div>							

7. Description of Work REWORK BELLEVILLE WASHERS

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure _____ psi Test Temp. _____ °F
N/A 12/28/94

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

WATTS BAR
NUCLEAR
FEB 21 1994

WP# D-21328-46

Page 8 cont. on Page 9

FORM NIS-2 (Back)

9. Remarks TRACKING NO: 94-149 B.S. 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 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 B. Singh (B. SINGH) FIELD ENGINEER Date 2-8- 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 IPI CO of HARTFORD 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.

B. Singh Commissions TN2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 3/5 19 94

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

FEB 28 1994

1. Owner TENNESSEE VALLEY AUTHORITY
Name

Date 2-28-94

400 W. SUMMIT HILL DR. KNOXVILLE, TN
Address

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name

Unit 1

P.O. BOX 2000 SPRING CITY TN 37381
Address

WP# D-20761-51
Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA MODS
Name

Type Code Symbol Stamp

P.O. BOX 2000 SPRING CITY, TN 37381
Address

Authorization No. -NA g/c 2-28-94

Expiration Date

4. Identification of System 63 SAFETY INJECTION

5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, NA g/c 2-28-94 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 W ADDENDA THEN WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SUPPORT # 1063-1-63-411	NA g/c 2-28-94	NONE	NONE	DCA 5 M-20761-221,222	UNKNOWN	REPLACEMENT	NO
NA g/c 2-28-94							

7. Description of Work MODIFIED SUPPORT

8. Tests Conducted: ☒ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
NA g/c 2-28-94 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.

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-150 glc 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 Replacement conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code-Symbol Stamp

Certificate of Authorization No.

NA glc 2-28-94

Expiration Date

Signed

Owner or Owner's Designee, Title

GARY CAGLE

MECH. ENGR.

Date FEB. 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 TN and employed by HSBI & I Co. of Hartford, CT. have inspected 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.

[Signature]
Inspector's Signature

Commissions

TN
National Board, State, Province, and Endorsements

Date

3-5

19 94

WID # D-20761-51



MAR 01 1994

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 AUTHORITY Date 3/1/94
Name
400 W. SUMMIT HILL DRIVE, KNOX, TN. Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000, SPRING CITY, TN. Workplan # D-21328-15-K3
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA, MODS Type Code Symbol Stamp N
Name
WATTS BAR NUCLEAR PLANT Authorization No. WMD
Address Expiration Date 3/1/94
4. Identification of System REACTOR COOLANT SYSTEM / SYS #068
5. (a) Applicable Construction Code AISC 7th 1973 Edition, N/A WMD Addenda, N/A WMD Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1990 THRU WINTER 1991 ADDENDA

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>PIPE SUPPORT #</u> <u>1068-1-68-427</u>	<u>N/A WMD</u> <u>3/1/94</u>	<u>NONE</u>	<u>NONE</u>	<u>DA-M21328-172</u> <u>DA-M21328-173</u>		<u>UNKNOWN REPLACEMENT</u>	<u>NO</u>

7. Description of Work INSTALLED BELLEVILLE WASHERS ON EXISTING, U-BOLTS.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
N/A WMD Other ☐ Pressure psi Test Temp. °F
3/1/94

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

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-151 wmo 3/1/94

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

N/A wmo 3/1/94

Certificate of Authorization No.

N/A wmo 3/1/94

Expiration Date

N/A wmo 3/1/94

Signed

W. L. Dodd, CONST. ENGR.

Owner or Owner's Designee, Title

Date

3/1, 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 HSBI & I Co. of

have inspected the components described in this Owner's Report during the period 4-23-93 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 this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be 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. L. Dodd
Inspector's Signature

Commissions

TN 2537

National Board, State, Province, and Endorsements

Date

3-28 1994.

ORK INSTRUCTION D-21328-15-K3



D-05922 04

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 AUTHORITY Date 3-1-94
Name
400 W. SUMMIT HILL DRIVE KNOX, TN Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000, SPRING CITY TN WP# D-05922-04
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Type Code Symbol Stamp
Name
WATTS BAR NUCLEAR PLANT Authorization No. N/A JWA
Address Expiration Date 3-1-94
4. Identification of System 074
5. (a) Applicable Construction Code AISC TH 1973 Edition, N/A 3-1-94 Addenda N/A 3-1-94 JWA Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980 THRU WINTER 1981 ADDENDA

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1074-1-74-4</u>	<u>N/A JWA 3-1-94</u>	<u>←</u>		<u>DCA-P05922-36, 37 & 38</u>	<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>

7. Description of Work MODIFY ANCHORS & BASE PLATE ON SUPPORT 1074-1-74-4
ied Bu 3-9-94

8. Tests Conducted: ☐ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. _____ of N/A JWA 3-1-99

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

FORM NIS-2 (Back)

D - 05922 04

9. Remarks

TRACING # 94-152 2/3/94

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. repair or replacement

Type Code Symbol Stamp

Certificate of Authorization No.

Expiration Date

Signed

Jimmy W. Steele F.E.
Owner or Owner's Designee, Title

Date

3-1

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 and employed by HSB I & I Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 8-31-93 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.

John B. Boren
Inspector's Signature

Commissions

TN 2537

National Board, State, Province, and Endorsements

Date

3-10

19 94

D 04538 09
WORKPLAN

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 TENNESSEE VALLEY Authority
Name
400 W. Summit Hill Drive, Knoxville, TN
Address

Date 3-3-94

Sheet 1 of 1

2. Plant WATTS BAR Nuclear Plant
Name
P.O. Box 2000, Spring City, TN 37381
Address

Unit 1

W.P.# D-04538-09
Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA
Name
P.O. Box 2000, Spring City, TN 37381
Address

Type Code Symbol Stamp

Authorization No. N/A

Expiration Date

4. Identification of System 1 / MAINSTREAM

5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980 THRU WINTER 1981 ADDITION.

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1001-A400-G-242		<u>N/A</u>		<u>DCA-P04538-03, 59, 60</u>	<u>UNK</u>	<u>REPLACEMENT</u>	<u>NO</u>

7. Description of Work MODIFIED SUPPORT PER DCA-P04538-03, 59, 60

8. 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 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number is recorded at the top of this form.



D 04538 09
WORKPLAN

Page 8 cont. on Page 9

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-153 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. repair or replacement

Type Code Symbol Stamp

N/A 3-2-94

Certificate of Authorization No.

N/A 3-2-94

Expiration Date

N/A 3-2-94

Signed

[Signature]
Owner or Owner's Designee, Title

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 TN and employed by HSB I & CO. of Hartford, CT. have inspected the components described 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.

[Signature]
Inspector's Signature

Commissions

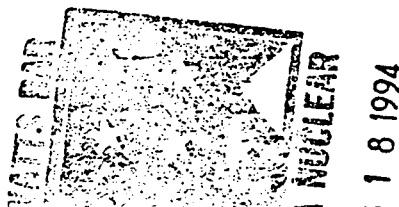
TN 2537

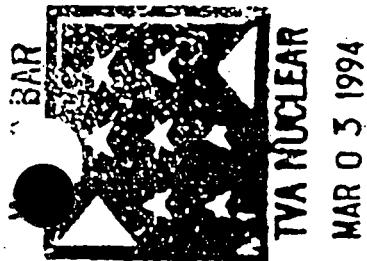
National Board, State, Province, and Endorsements

Date

3-8

1994.



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 AUTHORITY Date 3/3/94
Name
400 W. SUMMIT HILL DRIVE, KNOX, TN. Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000, SPRING CITY, TN. Workplan # D-05709-06-K3
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA, MODS Type Code Symbol Stamp N/
Name
WATTS BAR NUCLEAR PLANT Authorization No. WMS
Address Expiration Date 1A 3/3/94
4. Identification of System RHR SYSTEM #074
5. (a) Applicable Construction Code AISC 7TH 19 73 Edition, N/A WMS Addenda, N/A WMS Code Case
(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

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>PIPE SUPPORT</u> <u>1074-74-1RHR-286</u>	<u>N/A WMS</u> <u>3/3/94</u>	<u>NONE</u>	<u>NONE</u>	<u>DCA-P05709-55</u> <u>DCA-P05709-56</u>		<u>UNKNOWN REPLACEMENT</u>	<u>NO</u>
<u>N</u> <u>A WMS</u> <u>3/3/94</u>							

7. Description of Work MODIFIED SUPPORT BY REMOVING EXISTING SUPPORT AND INSTALLING NEW
STRUT, CLAMP, ANCHORS, BASEPLATES, AND STRUCTURAL STEEL.
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
N Other ☐ Pressure psi Test Temp. °F
A WMS 3/3/94

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

FORM NIS-2 (Back)

9. Remarks

TRACKING # 94-154 wms 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. repair or replacement

Type Code Symbol Stamp

N/A wms 3/3/94

Certificate of Authorization No.

N/A wms 3/3/94

Expiration Date

N/A wms 3/3/94

Signed

M. L. Dodd, CONST. 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 TENNESSEE and employed by THE H.S.B. I. AND I. CO. of HARTFORD, CT. have inspected the components described in this Owner's Report during the period 12-9-91 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 inspection.

C. E. Metcalfe
Inspector's Signature

Commissions

TN-2633

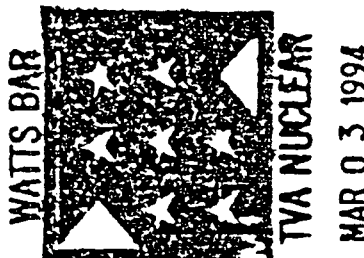
National Board, State, Province, and Endorsements

Date

MARCH 15, 1994

WORK INSTRUCTION D-05709-06-K3

Page 40 cont. on Page 41



MAR 03 1994

WO# 93-08504-00
PG 12 OF 12

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 AUTHORITY
Name
400 W. SUMMIT HILL DRIVE, KNOX TN.
Address

Date 3/3/94

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 200, SPRING CITY, TN.
Address

Unit 1

WO# 93-08504-00
Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA MODS
Name
WATTS BAR NUCLEAR PLANT
Address

Type Code Symbol Stamp

Authorization No. N/A MB 3-3-94

Expiration Date A

4. Identification of System RHR SYSTEM # 074

5. (a) Applicable Construction Code AISC 7th 19 73 Edition, N/A MB 3-3-94 Addenda, N/A MB 3-3-94 Code Case
(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

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 1074-74-1RHR-R40	N/A MB 3-3-94	NONE	NONE	DWG 74-1RHR-R40	UNKNOWN	REPLACEMENT	NO
			N				
			A	MB 3-3-94			

REPLACED THE DAMAGED BOLTS AND

7. Description of Work LOAD PIN IN EXISTING CLAMP.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure N/A psi Test Temp. °F
MB 3-3-94

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

93-08504-00
PG 13 of 22

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. repair or replacement

Type Code Symbol Stamp N/A MB 3-3-94

Certificate of Authorization No. N/A MB 3-3-94 Expiration Date N/A MB 3-3-94

Signed Michael Baine CONST ENGR 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 TN. and employed by HSBI & I Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 3-1-94 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.

[Signature] Commissions TN 2537
Inspector's Signature National Board, State, Province, and Endorsements

Date 3-13 19 94

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

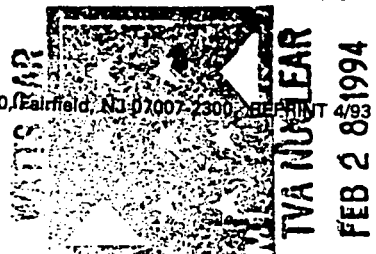
1. Owner TENN. Valley AUTHORITY Date 3-2-94
Name
400 W. Summit Hill Drive KNOX TN. Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
PO Box 2000, SPRING CITY, TN 37381 WP# D-04535-06
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Name
WATTS BAR NUCLEAR PLANT Address
Type Code Symbol Stamp
 Authorization No. N/A 3-2-94 JWA
 Expiration Date N/A 3-2-94 JWA
4. Identification of System 03 FW/AFW
5. (a) Applicable Construction Code AISC 7TH 1973 Edition, N/A 3-2-94 Addenda, N/A 3-2-94 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 BOTHRU WINTER 1981 ADDENDA

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1003A-1-03A-409	NONE	NONE	NONE	DCA-P04535-12 & 13	UNKNOWN	Replacement	NO
1003A-1-03A-410	↑	↑	↑	DCA-P04535-14, 15, & 16	↑	Replacement	NO
1003A-1-03A-411	↓	↓	↓	DCA-P04535-17 & 18	↓	Replacement	NO
1003A-1-03A-415	NONE	NONE	NONE	DCA-P04535-23 & 24	↓	Replacement	NO
			N/A	JWA 3-2-94			

7. Description of Work Modified Supports Bu) 3-13-94
8. Tests Conducted: ☐ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure _____ psi Test Temp. _____ N/A JWA 3-2-94

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.



D4535-06

Page 10 cont. on Page 11

FORM NIS-2 (Back)

9. Remarks

Applicable Manufacturer's Data Reports to be attached

TRACKING # 94-157 20

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 gwa 3-2-94Certificate of Authorization No. N/A gwa 3-2-94 Expiration Date N/A gwa 3-2-94Signed Jimmy W. Stule Date 3-2, 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 HSB I & I Co. of Hartford, CT. 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.

John B. Benson
Inspector's Signature

Commissions

TN 2537

National Board, State, Province, and Endorsements

Date 3-13 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 TVA Name _____ Date 3-3-94
400 W. Summit Hill Dr. Knoxville, TN Address _____ Sheet 1 of 1
2. Plant WATTS BAR NUCLEAR PLANT Name _____ Unit 1
P.O. Box 2000, Spring City, TN 37381 Address _____ WP # D-19871-53
 Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Name _____ Type Code Symbol Stamp _____
P.O. Box 2000, Spring City, TN 37381 Address _____ Authorization No. N/A
 Expiration Date _____
4. Identification of System 72 / CONTAINMENT SPRAY & 26 / HIGH PRESSURE FIRE PROTECTION
5. (a) Applicable Construction Code AISC 1973 Edition, JUNE 1973 Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980 thru WINTER 1981 ADDITION

6. Identification of Components Repaired or Replaced and Replacement Components

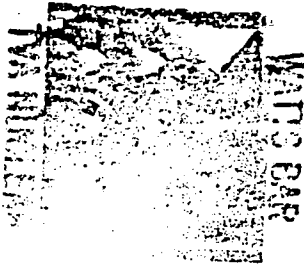
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1072-4333-215		N/A 2334		DCA-M-19871-102	UNK	REPLACEMENT	NO

7. Description of Work MODIFIED SUPPORT PER DCA-M-19871-102

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure _____ psi Test Temp. _____ °F
N/A 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) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

MAR 03 1994



FORM NIS-2 (Back)

9. Remarks TRACKING # 94-158 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. repair or replacement

Type Code Symbol Stamp N/A 3-3-94

Certificate of Authorization No. N/A 3-3-94 Expiration Date N/A 3-3-94

Signed James E. Smith 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 TENNESSEE and employed by HSB I & I CO. of HARTFORD 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.

B. Eamigh Commissions TN 2534
 Inspector's Signature National Board, State, Province, and Endorsements

Date 3/10, 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 TENNESSEE VALLEY AUTHORITY
Name
400 W. SUMMIT HILL DRIVE, KNOX, TN
Address

Date 2-24-94

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000 SPRING CITY, TN. 37381
Address

Unit 1

W.P. D-27528-36
Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA MECH MODIFICATIONS
Name
WATTS BAR NUCLEAR PLANT
Address

Type Code Symbol Stamp

Authorization No. N/A BAP 2-24-94

Expiration Date

4. Identification of System SAFETY INJECTION SYSTEM / 63

5. (a) Applicable Construction Code AISC 7TH 19 73 Edition, N/A BAP 2/24/94 Addenda, N/A BAP 2/24/94 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 EDITION THRU WINTER 1981.

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>PIPE SUPPORT</u>	<u>N/A BAP 2-24-94</u>	<u>NONE</u>	<u>NONE</u>	<u>47A060-63-99</u>	<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>
			<u>N/A BAP 3-3-94</u>				

7. Description of Work MODIFIED SUPPORT BY ATTACHMENT (BY WELDING) OF STRUCTURAL COMPONENT OF INSTRUMENT LINE SUPPORT 1-3545-997-3467.

8. Tests Conducted: ☒ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐ Pressure psi Test Temp. °F N/A BAP 2-24-94

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



FORM NIS-2 (Back)

9. Remarks

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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp

N/A B2P 3-3-94

Certificate of Authorization No.

N/A B2P 3-3-94

Expiration Date

N/A B2P 3-3-94

Signed

Bradford R. Pendue

Date

March 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 TENNESSEE and employed by THE HSB I. & I. Co. of HARTFORD, CT. have inspected the components described in this Owner's Report during the period 2-24-94 to 3-14-94, 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.

C.E. Mitchell
Inspector's Signature

Commissions

TN-2633

National Board, State, Province, and Endorsements

Date

MARCH 14, 1994

WORK IDENTIFICATION D27528-36

Page

16

2

D 04525 03

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

1. Owner TENNESSEE VALLEY AUTHORITY Date 2-17-94
Name
400 W. SUMMIT HILL DR. KNOXVILLE Sheet 1 of 1
Address TN.
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000 SPRING CITY, TN W.P. D-04525-03
Address 37381 Repair Organization P.O. No., Job No., etc.
3. Work Performed by WATTSBAR MODIFICATION Type Code Symbol Stamp N/
Name Authorization No. N/
P.O. Box 2000, SPRING CITY, TN. 37771 Expiration Date 2/17/94
Address 3/3/94
4. Identification of System 03A/ MAIN FEEDWATER
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, NAKK Code Case 2/17/94
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 - WINTER 81

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1003A-1-03A-281		NA <u>KKL 2/17/94</u>		BP-2440-15	unknown	Replaced	N
NA <u>KKL 2/17/94</u>							

7. Description of Work REPLACED SNUGGER & PIPE CLAMP & Reweld TO PLATE
8. Tests Conducted: Hydrostatic NA KKL 2/17/94 ☒ 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 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

D 04525 03

Page 7 cont. on Page 8

Page 7

cont. on Page 7A8

h3. 3/3/94

FORM NIS-2 (Back)

9. Remarks NONE h3 3/3/94

Applicable Manufacturer's Data Reports to be attached

TRACKING NO: 94-160 h3 3/3/94

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. repair or replacement

Type Code-Symbol Stamp _____

NAKK 2/17/94

Certificate of Authorization No. _____

Expiration Date _____

Signed _____

Owner or Owner's Designee, Title

Date

2/17/94

, 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 TN and employed by HSBI & I Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 8-19-93 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.

[Signature]
Inspector's Signature

Commissions

TN2537

National Board, State, Province, and Endorsements

Date

3-9 1994

h3 3/9/94



W0 93-24394-09
PG 25 OF 33

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 AUTHORITY Date 3-4-94
Name
400 W. SUMMIT HILL DR, KNOXVILLE, TN Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000, SPRING CITY, TN WORK ORDER 93-24394-09
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA - MODIFICATIONS Type Code Symbol Stamp
Name
WBNP Authorization No. N/A Jmt 3-4-94
Address Expiration Date
4. Identification of System SAFETY INJECTION (063)
5. (a) Applicable Construction Code AISC 19 73 Edition, 7th Addenda, N/A Jmt 3-4-94 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 EDITION THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT	TVA-MOODS	NONE	NONE	1-63-573	UNKNOWN	REPLACEMENT	NO
PIPE SUPPORT	TVA-MOODS	NONE	NONE	1-63-285	UNKNOWN	REPLACEMENT	NO

7. Description of Work REPLACED END ATTACHMENTS / REALIGNED CLAMP
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ NONE
Other ☐ Pressure _____ psi Test Temp. _____ °F

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

WO 93-24394-09
PG 26 of 33

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-161 Job 3494

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 NONE

Certificate of Authorization No. NONE

Expiration Date NONE

Signed Jane W. Haly (PROJ. ENGR) Date Job 3494 3-4-MARCH 4, 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 HSBIRI Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 2-1-94 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.

J. H. [Signature]
Inspector's Signature

Commissions

TN 2537
National Board, State, Province, and Endorsements

Date 3-5 19 94

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

WO 93-24182-02
PG 18 OF 25

1. Owner TVA Date 3-4-94
Name
400 W. SUMMIT HILL DR, KNOXVILLE, TN
Address
2. Plant WATTS BAR NUCLEAR Sheet 1 of 1
Name
P.O. BOX 2000, SPRING CITY, TN
Address
3. Work Performed by TVA Unit 1
Name
P.O. BOX 2000, SPRING CITY, TN
Address
4. Identification of System OIS/ STM. GEN. BLOWDOWN
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>47A400-W-25D</u>		<u>N</u>	<u>A</u> <u>CON</u> <u>3-4-94</u>		<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>
			<u>A</u> <u>N</u> <u>CON</u> <u>3-4-94</u>				

7. Description of Work REWORK PIPE SUPPORT GAPS
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒ N
Other ☐ Pressure CON 3-4-94
psi Test Temp. °F

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

FORM NIS-2 (Back)

WO 93-24182-02
PG 19 OF 25

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 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 Brewster
Owner or Owner's Designee, Title

FE

Date

3/4

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 TENNESSEE and employed by THE HARTFORD STEEL BOILER I & L CO. of HARTFORD, CT. have inspected the components described 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.

C.E. Mitecki
Inspector's Signature

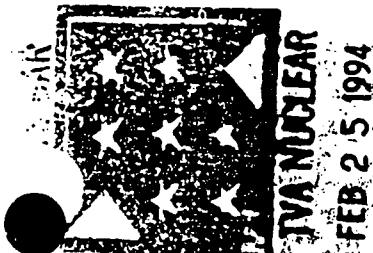
Commissions

TN-2633

National Board, State, Province, and Endorsements

Date

MARCH 12, 1994

WORK INSTRUCTION D-06009-02Page 5A cont. on Page 5B

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

As Required by the Provisions of the ASME Code Section XI

1. Owner T.V.A.
Name
400 W. SUMMIT HILL DR. KNOXVILLE, TN
Address

Date 02/28/94Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000, SPRING CITY, TN
Address

Unit 1WP-D-06009-02

Repair Organization P.O. No., Job No., etc.

3. Work Performed by T.V.A.
Name
P.O. BOX 2000, SPRING CITY, TN
Address

Type Code Symbol Stamp

Authorization No. N/AExpiration Date 02/25/94

4. Identification of System 001 / MAIN STEAM

5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981 ADDITION

6. Identification of Components Repaired or Replaced and Replacement Components

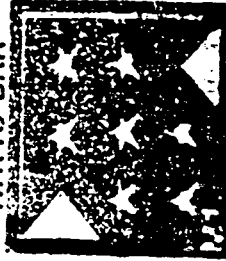
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1001A-1-DIA-303</u>	<u>N/A W.R. 3-5-94</u>			<u>DCA K-06009-01;09;10;11;12;13</u>	<u>UNK</u>	<u>REPLACEMENT</u>	<u>NO</u>
<u>1001A-1-DIA-304</u>	<u>N/A W.R. 3-5-94</u>			<u>DCA K-06009-14;15;16;17;18;01</u>	<u>UNK</u>	<u>REPLACEMENT</u>	<u>NO</u>
<u>UNK 02/25/94</u>							

7. Description of Work MODIFY SUPPORTS PER DCA'S K-06009-01;09;10;11;12;13;14;15;16;17;18.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure ☐ Test Temp. UNK 02/25/94 °F

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

WATTS BAR



TVA NUCLEAR

FEB 25 1994

FORM NIS-2 (Back)

WORK INSTRUCTION D-06009-02Page 5B cont. on Page 6

9. Remarks

TRACKING NUMBER 94-163 ⁸⁰² _{3/1/94}

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

802
02/25/94

Certificate of Authorization No.

Expiration Date

Signed

Stephen D. Keenly Engineer

Date

3-4

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 HARTFORD STEAM BOILER I. AND I. CO. of HARTFORD, C.T. have inspected the components described in this Owner's Report during the period 2-23-93 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.

C.E. Metcalf
Inspector's Signature

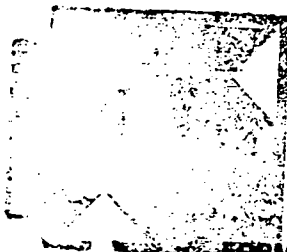
Commissions

TN-2633

National Board, State, Province, and Endorsements

Date

MARCH 12, 19 94



TVA NUCLEAR

JAN 05 1993

D 21452 01

Page 9 cont. on Page 9

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 AUTHORITY

Name

Date 3-4-94400 W. SUMMIT HILL DRIVE, KNOXVILLE TN.

Address

Sheet 1 of 12. Plant WATTS BAR NUCLEAR PLANT

Name

Unit 1P.O. BOX 2000, SPRING CITY TN 37771

Address

WP# D-21452-01

Repair Organization P.O. No., Job No., etc.

3. Work Performed by WATTS BAR MODIFICATIONS

Name

Type Code Symbol Stamp

P.O. BOX 2000, SPRING CITY, TN 37771

Address

Authorization No. N/AExpiration Date 3/44. Identification of System 062 / CUCS

5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 73 Addenda, N/A TSF-93 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 WINTER 1980 APPENDIX A

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement TSF 3-10-94	ASME Code Stamped (Yes or No)
<u>1062-AD60-62</u> <u>- 143 19</u>		<u>N</u> <u>TSF</u> <u>3-4-94</u> <u>A</u>		<u>DCAS</u> <u>P-04601-07508</u>	<u>N</u> <u>TSF</u> <u>3-4-94</u> <u>A</u>	<u>REMOVED</u> <u>REPLACEMENT</u>	<u>NO</u>

TSF
3-10-947. Description of Work REMOVED
REWORK SUPPORT

TSF 3-10-94

8. Tests Conducted: N TSF 3-4-94
Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure A psi Test Temp °F

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

WP-D-21452-01
Rev 9A 10/1/93

FORM NIS-2 (Back)

9. Remarks

Applicable Manufacturer's Data Reports to be attached

Tracking # 94-164 by 3/9/94

TSC 3-10-94

CERTIFICATE OF COMPLIANCE ~~REMOVED~~

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

~~NA TSC~~
3-444

Certificate of Authorization No.

Expiration Date

Signed Timothy S. Frecciani
Owner or Owner's Designee, Title

Date 3-4, 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 Tennessee and employed by HSB I & I Co. of Hartford 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.

B. Eamigh
Inspector's Signature

Commissions

TN 2534
National Board, State, Province, and Endorsements

Date 3/10, 19 94

MAY 10 1993

WP D-17533-09

MAR 17 1993

Page 5A cont. on Page 5BFORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI1. Owner TENNESSEE VALLEY AUTHORITY Date 3-4-94
Name400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN
AddressSheet 1 of 12. Plant WATTS BAR NUCLEAR PLANT Unit 1
NameP.O. BOX 2000, SPRING CITY, TN 37381
AddressWRD17533-09
Repair Organization P.O. No., Job No., etc.3. Work Performed by TENNESSEE VALLEY AUTHORITY Type Code Symbol Stamp
NameP.O. BOX 2000, SPRING CITY, TN 37381
AddressAuthorization No. N/A PRW 3-4-94
Expiration Date4. Identification of System RADIATION MONITORING (90,667)
AISC STEEL & CONSTRUCTION MANUAL, 7th Edition5. (a) Applicable Construction Code 19 Edition, ASME Addenda, ASME Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1090-A600-105-6</u>	<u>TVA</u>	<u>NONE</u>	<u>NONE</u>	<u>1090-A600-105-6</u>	<u>1994</u>	<u>REPLACEMENT</u>	<u>NO</u>
<u>N/A PRW 3-4-94</u>							

7. Description of Work MODIFIED SUPPORT8. Tests Conducted: ☒ Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure psi Test Temp. °FN/A PRW 3-4-94

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

WP

D-17582-09

FORM NIS-2 (Back)

9. Remarks

Support 1090-A600-105-6 has been modified.

Applicable Manufacturer's Data Reports to be attached

Tracking No. 94-165

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

NONE

Certificate of Authorization No.

NONE

Expiration Date

Signed

Paul W. Webb

FE

Date

4-3

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 HSBI & I Co. of Hartford, CT. have inspected the components described 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

Date

3-21

19

94



MAR 17 1993

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 Authority
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN
Address

Date 3.5.94

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. Box 2000, Spring City, TN 37381
Address

Unit 1

D-27585-10
Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA - MODIFICATIONS
Name
WBNP
Address

Type Code Symbol Stamp
Authorization No. N/A AC 3.5.94
Expiration Date

4. Identification of System SYS. 063 / SAFETY INJECTION

5. (a) Applicable Construction Code AISC 19 73 Edition, 7th Addenda, NONE Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 W/ADDENDA THROUGH WINTER 1981.

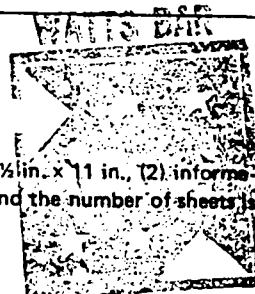
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1063-1-63-533</u>	<u>TVA</u>	<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>
<u>N/A</u> <u>AC 3.5.94</u>							

7. Description of Work INSTALLED NEW SPRING CAN.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ N/A
Other ☐ Pressure _____ psi Test Temp. _____ °F AC 3.5.94

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



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

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.

N/A AC 3.5.94

Expiration Date

Signed

Anthony Cutiona
Owner or Owner's Designee, Title

FIELD ENGINEER

Date

Mar. 5

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 I & CO. of Hartford, CT. have inspected the components described in 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 Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions

TN 2537

National Board, State, Province, and Endorsements

Date

3-8

19 94

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

1. Owner TENNESSEE VALLEY AUTHORITY Date 3-5-94
Name 400 W. SUMMIT HILL DRIVE, KNOX TN. Address
Sheet 1 of 1
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name PO Box 2000, SPRING CITY, TN 37381 Address
WJ² D-04524-01-K1
Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Name
WATTS BAR NUCLEAR PLANT Address
Type Code Symbol Stamp
Authorization No. 4/4 JWA 3-5-94
Expiration Date 3-5-94
4. Identification of System 003/FW.
5. (a) Applicable Construction Code AISC 7TH 19 73 Edition, NA 3-5-94 Addenda, NA 3-5-94 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 BOTH WINTER 1981 ADDENDA
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, Replacement	ASME Code Stamped (Yes or No)
1003A-1-03A-241	NONE	NONE	NONE	DCA-PO4524-02-0-03-0	UNKNOWN	Replacement	NO
4/4 JWA 3-5-94							

7. Description of Work MODIFY SUPPORTS PER DCA'S DCA-PO4524-02-0-03-0
8. Tests Conducted: ☒ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure ☐ psi Test Temp. ☐ NA JWA 3-5-94

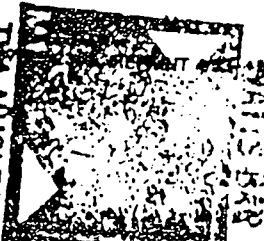
NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

(12/82)

This form (E00030) may be obtained from the Order Dept., ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07004

MAR 05 1994

TVA NUCLEAR



WORK INSTRUCTION D04529-01-K1

Page 10 of 11

FORM NIS-2 (Back)

9. Remarks Tracking No. 94-167 ADW 3-5-94

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp

Certificate of Authorization No.

N/A ADW 3-5-94

Expiration Date

Signed Jimmy W. Oleske
Owner or Owner's Designee, Title

Date 3-5, 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 & I Co. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 3/25/94 to 3/25/94, 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.

B. Eason
Inspector's Signature

Commissions TN 2534
National Board, State, Province, and Endorsements

Date 3/25, 19 94

MAR 06 1994

WORK INSTRUCTION

D-05623-02K3

Page

7A

cont. on Page

87B

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

80K 3/6/94

As Required by the Provisions of the ASME Code Section XI

1. Owner TENNESSEE VALLEY AUTHORITY Date 03/06/94
 Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN
 Address
2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
 Name
P.O. Box 2000, SPRING CITY, TN 37381
 Address
3. Work Performed by T.V.A. Unit WP D-05623-02
 Name
P.O. Box 2000, SPRING CITY, TN
 Address
4. Identification of System 072/CONTAINMENT SPRAY SYSTEM
 Repair Organization P.O. No., Job No., etc.
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981 ADDITION
 Type Code Symbol Stamp
 Authorization No. N/A
 Expiration Date 80K 3/6/94
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1072-72-A437 5-9		80K 3/6/94		DCA P-05623-02 P-05623 14	UNK	REPLACEMENT	NO

7. Description of Work MODIFIED SUPPORT PER DCA'S P-05623-02, 14

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure ☐ Test Temp. ☐ °F
-NA 80K 3/6/94

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

WORK INSTRUCTION D-05623-02 K3 Page 7B cont. on Page 8

FORM NIS-2 (Back)

9. Remarks TRACKING NO. 94-168 S.D.K. 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 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 Stephen D. Kienle Engineer Date 03-06, 19 94
Owner or Owner's Designee, Title

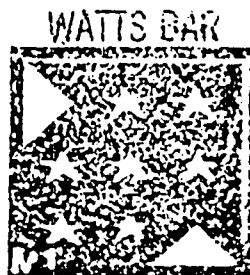
CERTIFICATE OF INSERVICE INSPECTION

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 HSBI & I Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 4-8-93 to 3-30-94, 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.

[Signature] Commissions TN 2537
Inspector's Signature National Board, State, Province, and Endorsements

Date 3-30 19 94



TVA NUCLEAR

MAR 6 1994

D-21328-12-K4

Page 30 cont. on Page 31

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 Authority
Name

Date 3-4-94

400 WEST Summit Hill Drive, Knoxville, TN.
Address

Sheet 1 of 1

2. Plant Watts Bar Nuclear Plant
Name

Unit 1

P.O. Box 2000, Spring City TN. 37381
Address

D-21328-12-K4

Repair Organization P.O. No., Job No., etc.

3. Work Performed by T.V.A.
Name

Type Code Symbol Stamp

P.O. Box 2000, Spring City, TN. 37381
Address

Authorization No.

Expiration Date

N.A.W.R.2
3-4-94

4. Identification of System 062, Chemical & Volume Control System

5. (a) Applicable Construction Code AISC 19 73 Edition, June 1973 Addenda, 1981 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 Edition THU. WINTER 1981 Addenda.

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>SUPPORT</u> <u>62-62-1CVC-R1</u> <u>N.A.W.R.2</u> <u>3-4-94</u>	<u>N.A.W.R.2</u> <u>3-4-94</u>			<u>DCA</u> <u>114</u> <u>M-21328-115</u>	<u>UNKNOWN</u>	<u>Replacement</u>	<u>NO</u>

7. Description of work Installed Belleville washers

8. 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 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

WP 0-21328-12-K4

Page 31 cont. on Page 32

FORM NIS-2 (Back)

9. Remarks Tracking # 94-169

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

MA W.R.F. 3-4-94
Type Code Symbol Stamp

Certificate of Authorization No. _____ Expiration Date _____

Signed Wilbur Fierone Const. Engr. Date 3-4 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 HSB I & Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 5-26-93 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 this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions TN 2537
National Board, State, Province, and Endorsements

Date 3-28 1994



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 AUTHORITY
Name
400 W. Summit Hill Drive KNOXVILLE
Address

Date 3/4/94

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. Box 2000, Spring City, TN. 37138
Address

Unit 1

93-25809-08

Repair Organization P.O. No., Job No., etc.

3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE
Name
P.O. Box 2000, Spring City, TN. 37138
Address

Type Code Symbol Stamp N/R

Authorization No. N/R

Expiration Date N/R

4. Identification of System (15) Blowdown

5. (a) Applicable Construction Code AISC 1070 Edition, N/R Addenda, N/R Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980 W.B.1

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>Snubber</u>	<u>PSA</u>	<u>38776</u>	<u>N/R</u>	<u>1-SNUB-015</u> <u>4006277</u>	<u>1992</u>	<u>Replacement</u>	<u>No</u>
<u>N/A W.B. 3/4/94</u>							

7. Description of Work Replaced Snubber

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

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

FORM NIS-2 (Back)

9. Remarks

94-170

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/R

Certificate of Authorization No.

N/R

Expiration Date

N/R

Signed

[Signature]

Date

4 Mar

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 I & I Co. of HAYT FORD CO. INC. 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.

B. Earnigh
Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

3/9

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 TENNESSEE VALLEY AUTHORITY Date 3/4/94
Name
400 W. Summit Hill Drive Knoxville
Address
 2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name
P.O. Box 2000, Spring City, TN. 37381 Unit 1
Address
93-15700-01
Repair Organization P.O. No., Job No., etc.
 3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Type Code Symbol Stamp N/R
Name
P.O. Box 2000 Spring City, TN. 37381 Authorization No. N/R
Address Expiration Date N/R
 4. Identification of System (74) Residual Heat Removal
 5. (a) Applicable Construction Code AISC ^{7th} Edition, N/R Addenda, N/R Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80W81

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Snubber	PSA	555B	N/R	1-SNUB-07A 74748U	1980	Replacement	No
N/A DUE 3/4/94							

7. Description of Work Replaced Snubber

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ N/R
 Other ☐ Pressure _____ psi Test Temp. _____ °F DUE 3/4/94

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

FORM NIS-2 (Back)

9. Remarks 94-172
 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/R
 Certificate of Authorization No. N/R Expiration Date N/R
 Signed [Signature] Date Mar 4, 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 I & I Co. of HARTFORD 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.

B. Earnigh Commissions TN 2534
 Inspector's Signature National Board, State, Province, and Endorsements

Date 3/11 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 TENNESSEE VALLEY AUTHORITY Date 3/4/94
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE
Address
 2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name
P.O. Box 2000, SPRING CITY, TN. 37138 Unit 1
Address 93-15599-03
Repair Organization P.O. No., Job No., etc.
 3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Type Code Symbol Stamp N/R
Name
P.O. Box 2000, SPRING CITY, TN. 37138 Authorization No. N/R
Address Expiration Date N/R
 4. Identification of System (G3) Safety Injection
 5. (a) Applicable Construction Code AISC 19 7th Edition, N/R Addenda, N/R Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80WB1

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Snubber	PSA	38803	N/R	1-3NUB-063-63156	1992	Replacement	No
			N/A	3/4/94			

7. Description of Work Replaced Snubber

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ N/R
 Other ☐ Pressure psi Test Temp. °F 3/4/94

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

FORM NIS-2 (Back)

9. Remarks

94-173

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp

N/R

Certificate of Authorization No.

N/R

Expiration Date

N/R

Signed

[Signature]
Owner or Owner's Designee, Title

Date

3/9

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 TENNESSEE and employed by HSB I&I CO. of HARTFORD 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.

[Signature]
Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

3/9

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 TENNESSEE VALLEY AUTHORITY Date 3/4/94
Name
400 W. Summit Hill Drive Knoxville Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit: 1
Name
P.O. Box 2000, Spring City, TN. 37381 93-11849-01
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Type Code Symbol Stamp N/R
Name Authorization No. N/R
P.O. Box 2000 Spring City, TN. 37381 Expiration Date N/R
Address
4. Identification of System (62) Chemical & Volume Control
5. (a) Applicable Construction Code AISC ^{to 7th} Edition, N/R Addenda, N/R Code Case
ASME 34794
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 80W81

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Snubber	PSA	38775	N/R	1-SNUB-062 62A345E	1992	Replacement	No
N/A DWH 3/4/94							

7. Description of Work Replaced Snubber
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ N/R DWH 3/4/94
 Other ☐ Pressure _____ psi Test Temp. _____ °F

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

FORM NIS-2 (Back)

9. Remarks 99-174

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/R

Certificate of Authorization No. N/R

Expiration Date N/R

Signed [Signature]
Owner or Owner's Designee, Title

Date 3/4, 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 TENNESSEE and employed by HSB I F I CO. of HARTFORD 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.

[Signature]
Inspector's Signature

Commissions TN 2534
National Board, State, Province, and Endorsements

Date 3/9, 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 TENNESSEE VALLEY AUTHORITY Date 3-2-94
Name
400 W. Summit Hill Drive Knoxville Sheet 1 of 1
Address
 2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000 Spring City, TN. 37381 93-13550-03
Address Repair Organization P.O. No., Job No., etc.
 3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Type Code Symbol Stamp N/R
Name Authorization No. N/R
P.O. Box 2000, Spring City, TN. 37381 Expiration Date N/R
Address 10/22 3/2/94
 4. Identification of System (63) Safety Injection
 5. (a) Applicable Construction Code AISC 18th Edition, N/R Addenda, N/R Code Case
Code 3/2/94
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80081

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Snubber	PSA	8120	N/A	1-SNUB-063 63121	1979	Replacement	NO
N/A DRA 3/4/94							

7. Description of Work Replaced Snubber

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ N/R DRA 3/4/94
 Other ☐ Pressure _____ psi Test Temp. _____ °F

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

FORM NIS-2 (Back)

9. Remarks

94-175

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/R

Certificate of Authorization No.

N/R

Expiration Date

N/R

Signed

[Signature]
Owner or Owner's Designee, Title

Date

Mar 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 TENNESSEE and employed by HSB I & I CO of HARTFORD 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.

B. Eamigh
Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

3/9

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 TENNESSEE VALLEY AUTHORITY Date 3/4/94
Name
400 W. Summit Hill Drive KNOXVILLE Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000, Spring City, TN. 37381 93-15603-04
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Type Code Symbol Stamp N/R
Name Authorization No. N/R
P.O. Box 2000, Spring City, TN. 37381 Expiration Date N/R
Address
4. Identification of System (63) Safety Injection.
5. (a) Applicable Construction Code AISC 19th Edition, N/R Addenda, N/R Code Case
ASME 3/4/94
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80WB1

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>Snubber</u>	<u>PSA</u>	<u>20775</u>	<u>N/R</u>	<u>1-SNUB-063</u> <u>63491</u>	<u>1992</u>	<u>Replacement</u>	<u>No</u>
<u>N/A END 3/4/94</u>							

7. Description of Work Replaced Snubber
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ N/A END 3/4/94
 Other ☐ Pressure _____ psi Test Temp. _____ °F

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

FORM NIS-2 (Back)

9. Remarks 94-176

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/R

Certificate of Authorization No. N/R

Expiration Date N/R

Signed [Signature]
Owner or Owner's Designee, Title

Date 3/9/, 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 TENNESSEE and employed by HSB I & I CO. of HARTFORD 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.

B. Emery
Inspector's Signature

Commissions

AME 3/9/94
TN 2534
National Board, State, Province, and Endorsements

Date 3/9, 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 Tennessee Valley Authority Date 3/2/94
Name
400 W Summit Hill Drive Knoxville TN
Address
 2. Plant Watts Bar Nuclear Plant Sheet 1 of 1
Name
P.O. Box 2000, Spring City, TN 37381
Address
 3. Work Performed by Watts Bar Nuclear Maintenance Unit 1
Name
P.O. Box 2000 Spring City TN 37381
Address
93-22571-02
Repair Organization P.O. No., Job No., etc.
 Type Code Symbol Stamp N/R
 Authorization No. N/R
 Expiration Date N/R
 4. Identification of System (03) Feedwater
 5. (a) Applicable Construction Code AISC 7th Edition, N/R Addenda, N/R Code Case
ASME 3/2/94
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 w 81

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Snubber	PSA	1487	N/A	1-SNU13-003 -03A321	1978	Replacement	No
N/A DASH 3/4/94							

7. Description of Work Replaced Snubber

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ N/R DASH
 Other ☐ Pressure _____ psi Test Temp. _____ °F 3/2/94

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

FORM NIS-2 (Back)

9. Remarks

99-177

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

Certificate of Authorization No.

N/A

Expiration Date

N/A

Signed

Owner or Owner's Designee, Title

Date

Mar 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 or Province of TENNESSEE and employed by HSB I F I CO' of HART FORD CONN. have inspected the components described in this Owner's Report during the period 3/8/94 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.

Inspector's Signature

Commissions

National Board, State, Province, and Endorsements

Date

3/8

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 TENNESSEE VALLEY AUTHORITY Date 3/4/94
Name
400 W. SUMMIT HILL DRIVE KNOXVILLE
Address
2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name
P.O. BOX 2000, SPRING CITY, TN. 37381 Unit 1
Address 93-25758-01
Repair Organization P.O. No., Job No., etc.
3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Type Code Symbol Stamp N/R
Name
P.O. BOX 2000 SPRING CITY, TN. 37381 Authorization No. N/R
Address Expiration Date N/R
4. Identification of System (15) Blowdown
5. (a) Applicable Construction Code ASCE 7th Edition, N/R Addenda, N/R Code Case
ASCE 7th Edition, 3/9/94
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19.80W81

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Snubber	PSA	4553	N/R	1-SNUB-015-4001154	1978	Replacement	NO
N/A Dtd 3/9/94							

7. Description of Work Replaced Snubber
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ N/R Dtd 3/4/94
 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.

FORM NIS-2 (Back)

9. Remarks

94-178

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/R

Certificate of Authorization No.

N/R

Expiration Date

N/R

Signed

[Signature]
Owner or Owner's Designee, Title

Date

Mar 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 TENNESSEE and employed by HSB IFF CO. of HARTFORD 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.

B. Eamigh
Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

3/9

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 TENNESSEE VALLEY AUTHORITY
Name
400 W SUMMIT HILL DR KNOXVILLE, TN
Address

Date 2-28-94
Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name
PO BOX 2000 SPRING CITY, TN 37771
Address

Unit 1
WO # 93-24329-02
Repair Organization P.O. No., Job No., etc.

3. Work Performed by WATTS BAR MODIFICATIONS
Name
P.O. BOX 2000, SPRING CITY, TN 37771
Address

Type Code Symbol Stamp
Authorization No. N/A FLG 2-28-94
Expiration Date

4. Identification of System 62 / CVCS

5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 73 Addenda, N/A FLG 2-28-94 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 WINTER 1981 ADDENDA

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-62A-033	BERGEN-PATTERSON	66666	N FLG 2-28-94	DA 507820600 DA 507820600	N/A FLG 2-28-94	REPLACEMENT	NO

7. Description of Work REPLACED PIPE CLAMP

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp N °F
A FLG 2-28-94

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

WO 93-24329-02
PAGE 10 OF 25

FORM NIS-2 (Back)

9. Remarks Tracking No: 94-179 BDW 3-5-94
Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp _____

Certificate of Authorization No. N/A FILE 3594 Expiration Date _____

Signed Frank Shumanfeldt Date 3-5, 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 I&I CO. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 3/15/94 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 inspection.

B. Eamigh Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 3/15, 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 TENNESSE VALLEY AUTHORITY Date NOV. 17, 1993
Name 400 WEST SUMMIT HILL DR., KNOXVILLE, TN. Sheet 1 of 2
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1 (ONE)
Name P.O. BOX 2000, SPRING CITY, TN 37771 WO. 93-15887-14
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA - MODIFICATIONS Type Code Symbol Stamp
Name WATTS BAR NUCLEAR PLANT Authorization No. N/A JN 11-17-93
Address Expiration Date
4. Identification of System MAIN AND AUXILIARY FEEDWATER, SYS 003
5. (a) Applicable Construction Code AISC 1973 Edition, 7TH Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980 THRU 1981 JN 11-17-93
W/1981 WINTER ADDENDA
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SUPPORT #							
1-03B-069	<u>N/A</u> <u>2/17/94</u>	<u>N/A</u> <u>2/17/94</u>	<u>N/A</u> <u>2/17/94</u>	<u>DCA 509811-842-0</u>	<u>UNK. N/A</u>	<u>REPAIR</u>	<u>N/O</u>
				<u>N/A</u> <u>2/17/94</u>			

7. Description of Work REMOVED
ADDED SHIM PLATE TO OBTAIN PROPER GAP.
2/2/94
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure psi Test Temp. °F
N/A JN 11-17-93

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

FORM NIS-2 (Back)

9. Remarks

TRACKING # 94-180A ✓ 3/5/94

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp

Certificate of Authorization No.

Expiration Date

Signed

Joseph L. Snoddy
Owner or Owner's Designee, Title

P.E.

Date

3/5

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&I Co. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 3/15/94 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 inspection.

B. Eamigh
Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

3/15

19 94

W: 04515-06

Page 4D of Page 4E

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

1. Owner TVA
Name
400 W. SUMMIT HILL DR, KNOXVILLE, TN
Address

Date 3-5-94

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. Box 2000, SPRING CITY, TN 37381
Address

Unit 1

WP# D-04515-06

Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA
Name
P.O. Box 2000, SPRING CITY, TN 37381
Address

Type Code Symbol Stamp

Authorization No. N/A

Expiration Date

4. Identification of System IS / STEAM GENERATOR BLOWDOWN SYSTEM

5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981 ADDITION

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1001-A400-7-19		<u>N/A 8 1-54</u>		<u>DCA-P04515-02, 42, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53</u>	<u>UNK</u>	<u>REPLACEMENT</u>	<u>NO</u>
1001-A400-7-46		<u>N/A 8 3-54</u>		<u>DCA-P04515-01, 54</u>	<u>UNK</u>	<u>REPLACEMENT</u>	<u>NO</u>
47A400-7-55		<u>N/A 8 3-54</u>		<u>DCA-P05641-05</u>	<u>UNK</u>	<u>REPLACEMENT</u>	<u>NO</u>

MODIFY SUPPORT PER DCA-P05641-05

7. Description of Work MODIFY SUPPORTS PER DCA-P04515-01, 02, 42, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure psi Test Temp. 3-5-94 °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 x 11 in. (2) a reference to this report is included on each sheet, and (3) each sheet is numbered and 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 07004-2300

TVA NUCLEAR

MAR 05 1994

WPH D-04515-06

4E

5

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-1808 ^{8/12/95} ₇₋₅₋₉₄

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A 8/3-5-94

Certificate of Authorization No. N/A 8/3-5-94 Expiration Date N/A 8/3-5-94

Signed [Signature] Date 3-5, 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 HSBI & I Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 11-13-93 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.

[Signature] Commissions TN 2537
Inspector's Signature National Board, State, Province, and Endorsements

Date 3-12, 19 94

MAR 05 1994



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 AUTHORITY Date 3/6/94
Name
400 W. Summit Hill Drive Knoxville
Address
 2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000, Spring City, TN. 37381
Address 93-27676-14
Repair Organization P.O. No., Job No., etc.
 3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Type Code Symbol Stamp N/R
Name
P.O. Box 2000 Spring City, TN. 37381
Address Authorization No. N/R
 Expiration Date N/R
 4. Identification of System (63) Safety Injection
 5. (a) Applicable Construction Code AISC 19th Edition, N/R Addenda, N/R Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980 WBI

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Snubber	PSA	38810	N/R	1-SNUB-063 SIS 283	1992	Replacement	No

7. Description of Work Replaced Snubber

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ N/R
 Other ☐ Pressure _____ psi Test Temp. _____ °F 3/6/94

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)

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 Replacement conforms to the rules of the ASME Code, Section XI.
 repair or replacement

Type Code Symbol Stamp N/R

Certificate of Authorization No. N/R

Expiration Date N/R

Signed [Signature]
Owner or 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/I CO. of HARTFORD 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.

B. Eamigh
Inspector's Signature

Commissions TN 2534

National Board, State, Province, and Endorsements

Date 3/11, 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 TENNESSEE VALLEY AUTHORITY Date 3/6/94
Name
400 W. Summit Hill Drive Knoxville
Address

2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name
P.O. Box 2000, Spring City, TN 37381
Address Unit 1
93-27676-18
Repair Organization P.O. No., Job No., etc.

3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Type Code Symbol Stamp N/R
Name
P.O. Box 2000, Spring City, TN 37381
Address Authorization No. N/R
Expiration Date N/R

4. Identification of System (63) Safety Injection

5. (a) Applicable Construction Code AISC ^{10th} Edition, N/R Addenda, N/R Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80W81

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Snubber	PSA	4978	N/R	1-SNUB-063 SISR251	1978	Replacement	No
N/A OK'd 3/6/94							

7. Description of Work Replaced Snubber

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. _____ °F N/R OK'd 3/6/94

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

FORM NIS-2 (Back)

9. Remarks 94-183

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/R

Certificate of Authorization No. N/R

Expiration Date N/R

Signed [Signature]
Owner or Owner's Designee, Title

Date 6/ Mar, 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 IPI Co. of HARTFORD 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.

B. Earmigh
Inspector's Signature

Commissions TN 2534
National Board, State, Province, and Endorsements

Date 3/10, 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 TENNESSEE VALLEY AUTHORITY Date 3/6/94
Name
400 W. Summit Hill Drive Knoxville
Address
2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name
P.O. Box 2000, Spring City, TN 37381
Address Unit 1
93-27676-17
Repair Organization P.O. No., Job No., etc.
3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Type Code Symbol Stamp N/R
Name
P.O. Box 2000, Spring City, TN 37381
Address Authorization No. N/R
Expiration Date N/R
4. Identification of System (63) Safety Injection
5. (a) Applicable Construction Code ASCE 19 7th Edition, N/A Addenda, N/R Code Case
ASCE 3/6/94
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 808481
DRB 3/6/94
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Snubber	PSA	20759	N/R	1-SNUB-063 SIS R250	1992	Replacement	No
<u>N/A DRB 3/6/94</u>							

7. Description of Work Replaced Snubber
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ N/R
Other ☐ Pressure _____ psi Test Temp. _____ °F DRB 3/6/94

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

FORM NIS-2 (Back)

9. Remarks

94-184

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/R

Certificate of Authorization No.

N/R

Expiration Date

N/R

Signed

[Signature]

Date

6/Mar

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 I & I CO. of HARTFORD 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.

[Signature]

Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

3/10

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 TENNESSEE VALLEY AUTHORITY Date 3/6/94
Name
400 W. Summit Hill Drive Knoxville Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000, Spring City, TN 37381 93-27676-13
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Type Code Symbol Stamp N/R
Name
P.O. Box 2000, Spring City, TN 37381 Authorization No. N/R
Address Expiration Date N/R
4. Identification of System (63) Safety Injection
5. (a) Applicable Construction Code AISC 10-7th Edition, N/R Addenda, N/R Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80W.1

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>Snubber</u>	<u>PSA</u>	<u>38782</u>	<u>N/R</u>	<u>1-SNUB-063</u> <u>SISR248N</u>	<u>1992</u>	<u>Replacement</u>	<u>No</u>
<u>N/A NRB 3/6/94</u>							

7. Description of Work Replaced Snubber
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ N/R
Other ☐ Pressure _____ psi Test Temp. _____ °F NRB 3/6/94

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

FORM NIS-2 (Back)

9. Remarks

94-185

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/R

Certificate of Authorization No.

N/R

Expiration Date

N/R

Signed

[Signature]

Date

6 Mar

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 I E I CO of HARTFORD 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.

B. Eamigh
Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

3/10

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 TENNESSEE VALLEY AUTHORITY Date 3/6/94
Name
400 W. Summit Hill Drive Knoxville
Address
 2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name
P.O. Box 2000, Spring City, TN. 371381
Address
 3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Unit 1
Name
P.O. Box 2000, Spring City, TN. 371381
Address
93-22568-02
Repair Organization P.O. No., Job No., etc.
 Type Code Symbol Stamp N/R
 Authorization No. N/R
 Expiration Date N/R
 4. Identification of System (03) Feed water
 5. (a) Applicable Construction Code ASCC ^{1st Ed.} Edition, N/R Addenda, N/R Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80W81

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Snubber	PSA	38811	N/R	1-SNUB-003 42715N	1992	Replacement	W
N/A DR 3/6/94							

7. Description of Work Replaced Snubber

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ N/R
 Other ☐ Pressure _____ psi Test Temp. _____ °F DR 3/6/94

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

FORM NIS-2 (Back)

9. Remarks

94-186

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/R

Certificate of Authorization No.

N/R

Expiration Date

N/R

Signed

[Signature]
Owner or Owner's Designee, Title

Date

6 Mar

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 & I Co. of Hartford 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.

B. Eason
Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

3/11

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 Tennessee Valley Authority Date 3/5/94
Name
400W Summit Hill Drive, Knoxville
Address
 2. Plant Watts Bar Nuclear Plant Sheet 1 of 1
Name Unit 1
P.O. Box 2000, Spring City TN 37381
Address 93-15475-01
Repair Organization P.O. No., Job No., etc.
 3. Work Performed by Watts Bar Nuclear Maintenance Type Code Symbol Stamp N/R
Name Authorization No. N/R
P.O. Box 2000, Spring City TN 37381 Expiration Date N/R
Address
 4. Identification of System (63) Safety Injection
 5. (a) Applicable Construction Code AISC 1974 Edition, N/R Addenda, N/R Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980WB1

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Snubber	PSA	38828	N/R	1-SN4B-863 63520	1992	Replacement	No
N/A DATA 3/5/94							

7. Description of Work Replaced Snubber

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ N/A
 Other ☐ Pressure _____ psi Test Temp. _____ °F DATA 3/5/94

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.

FORM NIS-2 (Back)

9. Remarks

94-187

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/R

Certificate of Authorization No.

N/R

Expiration Date

N/R

Signed

Owner or Owner's Designee, Title

Date

Mar 5

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 & I Co of HARTFORD 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

Date

3/11

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 TENNESSEE VALLEY AUTHORITY Date 3/5/94
Name
400 W. Summit Hill Drive Knoxville
Address
 2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000, SPRING CITY, TN. 37381
Address 93-15776-02
Repair Organization P.O. No., Job No., etc.
 3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Type Code Symbol Stamp N/R
Name
P.O. BOX 2000, SPRING CITY, TN. 37381
Address Authorization No. N/R
 Expiration Date N/R
 4. Identification of System (03A) Aux Feedwater
 5. (a) Applicable Construction Code ASCE 18.7th Edition, N/R Addenda, N/R Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80WB1

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Snubber	PSA	20762	N/R	1-SNUB-003 427311	1992	Replacement	No
N/A DKB 3/5/94							

7. Description of Work Replaced Snubber

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure psi Test Temp. °F N/A DKB 3/5/94

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.

FORM NIS-2 (Back)

9. Remarks 94-188

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/R

Certificate of Authorization No. N/R Expiration Date N/R

Signed [Signature] Date 3/5, 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 I&I Co. of HARTFORD 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.

B. Eamigh Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 3/11, 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 TENNESSEE VALLEY AUTHORITY Date 3/5/94
Name
400 W. Summit Hill Drive Knoxville
Address
 2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name
P.O. Box 2000, Spring City, TN. 37381 Unit 1
Address 93-27993-01
Repair Organization P.O. No., Job No., etc.
 3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Type Code Symbol Stamp N/R
Name Authorization No. N/R
P.O. Box 2000, Spring City, TN. 37381 Expiration Date N/R
Address
 4. Identification of System (63) Safety Injection
 5. (a) Applicable Construction Code AISC ^{10th} Edition, N/R Addenda, N/R Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980W81

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Snubber	PSA	395	N/R	1-SNUB-063 SISR114U	1977	Replacement	No
N/A DAD 3/5/94							

7. Description of Work Replaced Snubber

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ N/A DAD 3/5/94
 Other ☐ Pressure _____ psi Test Temp. _____ °F

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

FORM NIS-2 (Back)

9. Remarks 94-189

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/R

Certificate of Authorization No. N/R Expiration Date 12/12

Signed [Signature] Date 3/5, 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 I & I Co. of HARTFORD 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.

B. Eamigh Commissions TN 2534
 Inspector's Signature National Board, State, Province, and Endorsements

Date 3/11, 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 TENNESSEE VALLEY AUTHORITY Date 3/5/94
Name
400 W. Summit Hill Drive Knoxville
Address
2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name
P.O. Box 2000, Spring City, TN. 37381 Unit 1
Address 93-13951-01
Repair Organization P.O. No., Job No., etc.
3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Type Code Symbol Stamp N/R
Name
P.O. Box 2000, Spring City, TN. 37381 Authorization No. N/R
Address Expiration Date N/R
4. Identification of System (15) Blowdown
5. (a) Applicable Construction Code AISC ¹⁹⁷⁴ Edition, N/R Addenda, N/R Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980W81

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Snubber	PSA	1-SNUB-015 4006198 38783	N/R	1-SNUB-015 4006198	1992	Replacement	No
N/A DUE 3/5/94							

7. Description of Work Replaced Snubber
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure _____ psi Test Temp. _____ F N/R DUE 3/5/94

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

FORM NIS-2 (Back)

9. Remarks 94-190

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/R

Certificate of Authorization No. N/R Expiration Date N/R

Signed B. E. Egan Date 5 Mar, 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 IFT CO' of HARTFORD 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.

B. E. Egan Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 3/11, 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 TENNESSEE VALLEY AUTHORITY Date 3/5/94
Name
400 W. SUMMIT HILL DRIVE KNOXVILLE Sheet 1 of 1
Address
 2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000, SPRING CITY, TN 37381 93-13598-02
Address Repair Organization P.O. No., Job No., etc.
 3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Type Code Symbol Stamp N/R
Name Authorization No. N/R
P.O. Box 2000, SPRING CITY, TN 37381 Expiration Date N/R
Address
 4. Identification of System (OIA) Main Steam
 5. (a) Applicable Construction Code ASME 1974th Edition, N/R Addenda, N/R Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80W81

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Snubber	PSA	2466	N/R	1-SNUB-001 01A380	1992	Replacement	No
N/A DLA 3/5/94							

7. Description of Work Replaced Snubber

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ N/R
 Other ☐ Pressure _____ psi Test Temp. _____ °F DLA 3/5/94

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

FORM NIS-2 (Back)

9. Remarks 94-191
 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/R
 Certificate of Authorization No. N/R Expiration Date N/R
 Signed [Signature] Date 5/ Mar, 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 I&I Co. of HARTFORD 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.

B. Earnigh Commissions TN 2534
 Inspector's Signature National Board, State, Province, and Endorsements
 Date 3/9, 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 TENNESSEE VALLEY AUTHORITY Date 3/5/94
Name
400W. Summit Hill Drive Knoxville
Address
 2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000 Spring City, TN. 37381
Address 93-15401-01
Repair Organization P.O. No., Job No., etc.
 3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Type Code Symbol Stamp N/R
Name
P.O. Box 2000, Spring City, TN. 37381
Address Authorization No. N/R
 Expiration Date N/R
 4. Identification of System (01A) Main Steam
 5. (a) Applicable Construction Code ASCE ¹⁹⁷⁴ Edition, N/R Addenda, N/R Code Case
ASCE 315/94
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980B1

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Snubber	PSA	2468	N/R	1-SNUB-001 01A340	1992	Replacement	1/No
N/A DAB 3/5/94							

7. Description of Work Replaced Snubber
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ N/R 3/5/94
 Other ☐ Pressure _____ psi Test Temp. _____ °F

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

FORM NIS-2 (Back)

9. Remarks 94-192

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/R

Certificate of Authorization No. N/R Expiration Date N/R

Signed [Signature] Date 5/mar, 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 HSP IDI Co. of HARTFORD 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.

B. Eamigh Commissions TN2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 3/9 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 TENNESSEE VALLEY AUTHORITY Date 3/5/94
Name
400 W. Summit Hill Drive Knoxville
Address
 2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name
P.O. Box 2000, Spring City, TN. 37381 Unit 1
Address 94-00062-00
Repair Organization P.O. No., Job No., etc.
 3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Type Code Symbol Stamp N/R
Name
P.O. Box 2000, Spring City, TN. 37381 Authorization No. N/R
Address Expiration Date N/R
 4. Identification of System (01A) Main Steam
 5. (a) Applicable Construction Code ASCE 19-70 Edition, N/R Addenda, N/R Code Case
ASCE 19-70
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980 W81

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Snubber	PSA	5553	N/R	1-SNUB-01A-01A3035	1980	Replacement	N
N/A OR 3/5/94							

7. Description of Work Replaced Snubber
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ N/A
 Other ☐ Pressure _____ psi Test Temp. _____ °F OR 3/5/94

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

FORM NIS-2 (Back)

9. Remarks

94-193

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/R

Certificate of Authorization No.

N/R

Expiration Date

N/R

Signed

D. H. Gail

Date

5/mar, 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 I & I CO. of HARTFORD 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.

B. Earnigh
Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

3/9

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 TENNESSEE VALLEY AUTHORITY
Name
400 W. Summit Hill Drive KNOXVILLE
Address

Date 3/5/94

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000, SPRING CITY, TN. 37381
Address

Unit 1

93-16306-00

Repair Organization P.O. No., Job No., etc.

3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE
Name
P.O. BOX 2000, SPRING CITY, TN. 37381
Address

Type Code Symbol Stamp N/R

Authorization No. N/R

Expiration Date N/R

4. Identification of System (OIA) Main Steam

5. (a) Applicable Construction Code ASME 197th Edition, N/R Addenda, N/R Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80WB1

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>Snubber Pivot Pin</u>	<u>Borgeson Peterson</u>	<u>N/A</u>	<u>N/A</u>	<u>1-SNUB-001-01A383N</u>	<u>N/A</u>	<u>Replacement</u>	<u>No</u>
<u>N/A</u> <u>DLB 2/6/94</u>							

7. Description of Work Replaced Snubber Pivot Pin

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. _____ °F N/R DLB 2/6/94

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)

9. Remarks 94-194

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/R

Certificate of Authorization No. N/R Expiration Date N/R

Signed [Signature] Date 3/6, 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 I F I CO. of HARTFORD 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.

B. Eamigh Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 3/9 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 TENNESSEE VALLEY AUTHORITY Date 3/6/94
Name
400 W. SUMMIT HILL DRIVE KNOXVILLE
Address
 2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000, SPRING CITY, TN. 37381
Address
93-15654-01
Repair Organization P.O. No., Job No., etc.
 3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Type Code Symbol Stamp N/R
Name
P.O. BOX 2000, SPRING CITY, TN. 37381
Address
 Authorization No. N/R
 Expiration Date N/R
 4. Identification of System (OIA) Main Steam
 5. (a) Applicable Construction Code ASCE 19th Edition, N/R Addenda, N/R Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80W81

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Snubber Pivot Pin	Bergen Peterson	N/A	N/A	1-SNUB-001 OIA 3035	N/A	Replacement	No
N/A OIA 3/6/94							

7. Description of Work Replaced Snubber Pivot Pin

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure _____ psi Test Temp. _____ °F N/R OIA 3/6/94

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

FORM NIS-2 (Back)

9. Remarks 94-195

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/R

Certificate of Authorization No. N/R

Expiration Date N/R

Signed [Signature]
Owner or Owner's Designee, Title

Date 6 Mar, 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 IPI Co. of Hartford 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.

[Signature]
Inspector's Signature

Commissions TN 2534
National Board, State, Province, and Endorsements

Date 3/9, 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 TENNESSEE VALLEY AUTHORITY Date 3/6/94
Name
400 W. Summit Hill Drive Knoxville
Address
2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name
P.O. Box 2000, Spring City, TN. 37181
Address Unit 1
93-16301-00
Repair Organization P.O. No., Job No., etc.
3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Type Code Symbol Stamp N/R
Name
P.O. Box 2000, Spring City, TN. 37181
Address Authorization No. N/R
Expiration Date N/R
4. Identification of System (OIA) Main Steam
5. (a) Applicable Construction Code AISC ¹⁹⁷⁴ Edition, N/R Addenda, N/R Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980/1

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Snubber Pivot Pin	Bergen Peterson	N/A	N/A	Pivot Pin for 1-SNUB-001 OIA303N	N/A	Replacement	No
N/A N/A 3/6/94							

7. Description of Work Replaced Snubber Pivot Pin
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ N/R N/A 3/6/94
Other ☐ Pressure _____ psi Test Temp. _____ °F

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

FORM NIS-2 (Back)

9. Remarks 94-196
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/R

Certificate of Authorization No. N/R Expiration Date N/R

Signed [Signature] Date 6 Mar, 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 IFT CO. of HART FORD 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.

B. Eamigh Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 3/9, 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 TENNESSEE VALLEY AUTHORITY
Name
400 W. Summit Hill Drive Knoxville
Address

Date 3/5/94

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. Box 2000, Spring City, TN. 37381
Address

Unit 1

93-13598-03

Repair Organization P.O. No., Job No., etc.

3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE
Name
P.O. Box 2000, Spring City, TN. 37381
Address

Type Code Symbol Stamp N/R

Authorization No. N/R

Expiration Date N/R

4. Identification of System (01A) Main Steam

5. (a) Applicable Construction Code ASCE ¹⁰ 7th Edition, N/R Addenda, N/R Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980WB1 ^{DATE 3/5/94}

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>Snubber Pivot Pin</u>	<u>Bergen Peterson</u>	<u>N/A</u>	<u>N/A</u>	<u>1-SNUB-001-01A3835</u>	<u>N/A</u>	<u>Replacement</u>	<u>No</u>
<u>N/A DATA 3/6/94</u>							

7. Description of Work Replaced Snubber Pivot Pin

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ N/R
Other ☐ Pressure _____ psi Test Temp. _____ °F DATA 3/6/94

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

FORM NIS-2 (Back)

9. Remarks

94-197

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp

N/R

Certificate of Authorization No.

N/R

Expiration Date

N/R

Signed

[Signature]
Owner or 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&I Co. of HARTFORD 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.

B. Esmigh
Inspector's Signature

Commissions

TN-2534

National Board, State, Province, and Endorsements

Date

3/9

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 TENNESSEE VALLEY AUTHORITY Date 3/5/94
Name
400 W. SUMMIT HILL DRIVE KNOXVILLE Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000, SPRING CITY, TN. 37381 93-15475-02
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Type Code Symbol Stamp N/R
Name Authorization No. N/R
P.O. BOX 2000 SPRING CITY, TN. 37381 Expiration Date N/R
Address
4. Identification of System (63) Safety Injection.
5. (a) Applicable Construction Code AISC 197th Edition, N/R Addenda, N/R Code Case
024 3/5/94
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 w 81

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
First Pins for Snubber	PSA Bergen Peterson	N/R	N/R	1-SNUB-063 63526	N/R	Replacement	No
N/A DAD 3/6/94							

7. Description of Work Replaced Snubber Pins
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure _____ psi Test Temp. _____ °F N/A DAD 3/6/94

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)

9. Remarks

94-198

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/R

Certificate of Authorization No.

N/R

Expiration Date

N/R

Signed

[Signature]

Date

3/6/94

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 I & I CO. of HARTFORD 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.

[Signature]
Inspector's Signature

Commissions

TN2534

National Board, State, Province, and Endorsements

Date

3/11

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 TENNESSEE VALLEY AUTHORITY
Name
400 W SUMMIT HILL DR., KNOXVILLE, TN
Address
2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000, SPRING CITY, TN 37771
Address
3. Work Performed by TVA - MODIFICATIONS
Name
WATTS BAR NUCLEAR PLANT
Address
4. Identification of System MAIN AND AUXILIARY FEEDWATER, SYS 003
5. (a) Applicable Construction Code AISC 19 73 Edition, 7 TH Addenda, N/A JN3-6-94 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU 1981
W/1981 WINTER ADDENDA
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SUPPORT # 1-47A427-5-4	BP P/N 1001-1.5	UNKNOWN	UNKNOWN	UNKNOWN	UN- KNOWN	* REPAIRED	NO
<div></div>							

7. Description of Work * ROTATE END ATTACHMENT OF SNUBBER AND REWELD
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. _____ °F
N/A JN3-6-94

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

FORM NIS-2 (Back)

9. Remarks 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.
repair or replacement

Type Code Symbol Stamp _____

Certificate of Authorization No. N/A JN 3-6-94 Expiration Date _____Signed Jayanta Niyogi (JAYANTA NIYOGI, FE) Date 3 - 06 -, 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 HARTFORD STEAM BOILER T. & I. Co. of HARTFORD, CT. have inspected the components described 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.

C. E. Mitroff Commissions TN-2633
Inspector's Signature National Board, State, Province, and Endorsements

Date 3-12, 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 TENNESSEE VALLEY AUTHORITY Date 3-6-94
Name
400 W. SUMMIT HILL DR., KNOXVILLE, TN. Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit W0# 93-24323-03 ^{9m 3-6-94}
Name
P.O. BOX 2000, SPRING CITY, TN 37381 W0# 93-24323-03
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Type Code Symbol Stamp
Name
P.O. BOX 2000, SPRING CITY, TN Authorization No. NA 9m
Address Expiration Date 3-6-94
4. Identification of System 062 / CHEMICAL VOLUME & CONTROL Sys
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, NA Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1-62A-83</u>		<u>NA 9m</u> <u>3-6-94</u>		<u>DCA 509820-141</u>	<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>

7. Description of Work ADD SHIM
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure NA 9m 3-6-94 Test Temp. ps °F

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

FORM NIS-2 (Back)

9. Remarks 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp _____

Certificate of Authorization No. _____

NA 9m 3-6-94

Expiration Date _____

Signed _____

James R. Smith
Owner or 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 TN and employed by HSB I & I Co. of Hartford, CT. have inspected the components described 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.

[Signature]
Inspector's Signature

Commissions _____

TN 2537

National Board, State, Province, and Endorsements

Date 3-12-94 1994.

WO# 93-24323-03

PAGE 25 OF 25b

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 AUTHORITY Date 3-6-94
Name
400 W. SUMMIT HILL DR., KNOXVILLE, TN. Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000, SPRING CITY, TN 37381 WO# 93-24323-04
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Type Code Symbol Stamp
Name
P.O. BOX 2000, SPRING CITY, TN Authorization No. NA Jm
Address Expiration Date 3-6-94
4. Identification of System 062 / CHEMICAL & VOLUME CONTROL Sys
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, NA Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-62A-84		NA Jm 3-6-94		DCA 59820-143	UNKNOWN	REPLACEMENT	NO

7. Description of Work ADD SHIM
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. _____ °F
NA Jm 3-6-94

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

FORM NIS-2 (Back)

9. Remarks 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. repair or replacement

Type Code Symbol Stamp _____

Certificate of Authorization No. _____

Expiration Date _____

Signed _____

Owner or 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 TN and employed by HSBIRTCO. of Hartford, CT. have inspected the components described 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.

[Signature]
Inspector's Signature

Commissions

TN 2537

National Board, State, Province, and Endorsements

Date

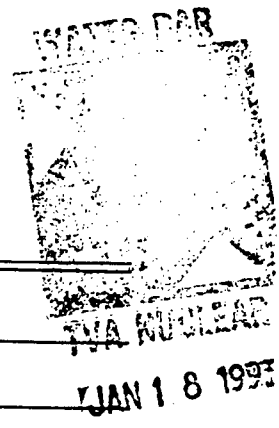
3-12

19 94.

WO# 93-24323-04

PAGE 18 OF 24b

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 AUTHORITY Date 3-6-94
Name
400 W. Symmet Hill Drive, Knoxville TN Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000, Spring City TN 37381 WP# D-18401-01
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA MODS Type Code Symbol Stamp
Name Authorization No. NA d/c 3-6-94
P.O. Box 2000 Spring City, TN 37381 Expiration Date
Address
4. Identification of System 3- MAIN AND AUXILIARY FEEDWATER
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, NA d/c 3-6-94 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 W/ADDENDA THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SUPPORT # 1003A-1-03A-202	NA d/c 3-6-94	NONE	NONE	DCA-M18401-01, 02, 03, 04, 05	UNKNOWN	REPLACEMENT	NID
NA d/c 3-6-94							

7. Description of Work MODIFIED SUPPORT
8. 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 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-202 glc 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp

NA glc 3-6-94

Certificate of Authorization No.

Expiration Date

Signed GARY CAGLE
Owner or Owner's Designee, Title

Date MARCH 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 & I CO of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 3/30/94 to 3/30/94, 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 Eason
Inspector's Signature

Commissions

TN2534

National Board, State, Province, and Endorsements

Date

3/30

19 94

D 12401-01

WORK INSTRUCTION

K1
D-05623-02 K2
W.R. 3-7-94

Page 17A cont. on Page 17B

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 AUTHORITY
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN
Address

Date 03/06/94

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. Box 2000, SPRING CITY, TN 37381
Address

Unit 1

WP D-05623-02

Repair Organization P.O. No., Job No., etc.

3. Work Performed by T.V.A.
Name
P.O. Box 2000, SPRING CITY, TN
Address

Type Code Symbol Stamp

Authorization No. N/A

Expiration Date SDK 3/6/94

4. Identification of System 072/CONTAINMENT SPRAY SYSTEM

5. (a) Applicable Construction Code AISC. 19 73 Edition, JUNE 1973 Addenda, N/A Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981 ADDITION.

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1072-72-1CS R109		<u>SDK 3/6/94</u>		<u>DCA-P-05623-01</u> <u>P-05623-03</u> <u>P-05623-04</u>	<u>UNK</u>	<u>REPLACEMENT</u>	<u>NO</u>
<u>SDK 3/6/94</u>							

7. Description of Work MODIFIED SUPPORT PER DCA'S P-05623-01;03;04

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure NA psi Test Temp. SDK 3/6/94 °F

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



TVA NUCLEAR

MAR 06 1994
WORK INSTRUCTION D-05623-02 ^{K1} _{W.R. 3-29} Page 17B cont. on Page 18

FORM NIS-2 (Back)

9. Remarks TRACKING No 94-203 SDK 0566/94

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp

Certificate of Authorization No.

Expiration Date

Signed

Stephen D. Keenle Engineer
Owner or Owner's Designee, Title

Date 03-06, 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 IPI CO. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 3/15/94 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 inspection.

B. Eamigh
Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

3/15

19 94

TVA NUCLEAR
MAR 06 1994

WORK INSTRUCTION

D-05623-02

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

1. Owner TENNESSEE VALLEY AUTHORITY
Name
420 W SUMMIT HILL DRIVE, KNOXVILLE, TN
Address

Date 03/06/94

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. Box 2000, SPRING CITY, TN 37381
Address

Unit 1

WP D-05623-02

Repair Organization P.O. No., Job No., etc.

3. Work Performed by T.V.A.
Name
P.O. Box 2000, SPRING CITY, TN
Address

Type Code Symbol Stamp

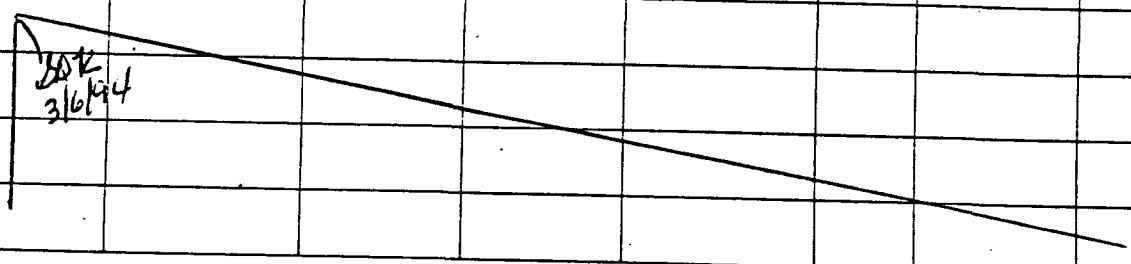
Authorization No. N/A

Expiration Date 3/6/94

4. Identification of System 072/CONTAINMENT SPRAY SYSTEM

5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981 ADDITION.

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1072-72-1CS</u> <u>R110</u>		<u>3-6-94</u>		<u>DCA P05623-01</u> <u>P05623-05</u> <u>P05623-06</u>	<u>UNK</u>	<u>REPLACEMENT</u>	<u>NO</u>
							

7. Description of Work MODIFY SUPPORT PER DCA'S P-05623-01;05;06

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. 3/6/94 °F

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

WORK INSTRUCTION D-05623-02 Page 7 cont. on Page 8
FORM NIS-2 (Back)

9. Remarks TRACKING NO. 94-204 80K 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp

N/A 12-5-94

Certificate of Authorization No.

Expiration Date

Signed

Stephen D. Kuenzle Engineer

Date

03-06

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 IPI CO of HAYFORD CONN have inspected the components described in this Owner's Report during the period 12/9/94 to 12/19/94, 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.

B. Eamuel

Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

12/9

19 94



TVA NUCLEAR

MAR 06 1994

D-04667-21

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 AUTHORITY Date 3/6/94
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000 SPRING CITY, TN 37381 WORKPLAN # D-04667-21
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA, MODS Type Code Symbol Stamp N/
Name
WATTS BAR NUCLEAR PLANT Authorization No. WMO
Address Expiration Date 3/6/94
4. Identification of System SAFETY INJECTION SYSTEM / SYS # 063
5. (a) Applicable Construction Code ASCE 7TH 19 73 Edition, N/A WMO Addenda, N/A WMO Code Case
(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

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 # 1063-63-1515-R138	N/ WMO A 3/6/94	NONE	NONE	DCA-P04667-46 DCA-P04667-47		UNKNOWN REPLACEMENT	NO
N/ WMO A 3/6/94							

7. Description of Work REMOVED EXISTING SUPPORT AND INSTALLED NEW BASEPLATE ANCHORS CLAMP. REINSTALLED EXISTING SWAY STRUT.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. _____ °F
N/ WMO
A 3/6/94

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

Page 8 cont. on Page 9

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-205 AC 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp N/A wms 3/6/94
Certificate of Authorization No. N/A wms 3/6/94 Expiration Date N/A wms 3/6/94
Signed M. L. Dodd, Const. Engr. Date 3/6, 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 I I I G of HARTFORD 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.

B. Earnigh Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 3/10 19 94



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

PG 31 OF 32

1. Owner TENNESSEE VALLEY AUTHORITY
Name
400 W. SUMMIT HILL DRIVE, KNOX, TN
Address

Date 3/7/94

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000, SPRING CITY, TN.
Address

Unit 1

WO# 93-24329-15
Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA MODS
Name
WATTS BAR NUCLEAR PLANT
Address

Type Code Symbol Stamp

Authorization No. N/A MB 3-7-94

Expiration Date N/A

4. Identification of System CVCS SYSTEM # 062

5. (a) Applicable Construction Code AISC 7th 19 73 Edition, N/A MB 3-7-94 Addenda, N/A MB 3-7-94 Code Case
(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

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>PIPE SUPPORT</u> <u>1062-1-62A-58</u>	<u>N/A MB</u> <u>3/7/94</u>	<u>NONE</u>	<u>NONE</u>	<u>DWG 1-62A-58</u>	<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>
			<u>N</u>	<u>MB 3-7-94</u>			
			<u>A</u>				

MODIFIED SUPPORT BY REMOVING

7. Description of Work EXISTING AND INSTALLING NEW SHIM PER REQUIREMENTS OF MAT 4.2A

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ N MB 3-7-94
Nominal Operating Pressure ☐
Other ☐ Pressure A 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.

PG 32 of 32

FORM NIS-2 (Back)

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 REPLACEMENT conforms to the rules of the ASME Code, Section XI.
repair or replacement

Type Code Symbol Stamp N/A MB 3-7-94
Certificate of Authorization No. N/A MB 3-7-94 Expiration Date N/A MB 3-7-94
Signed Michael Baine CONST ENGR Date 3/7, 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 IET CO of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 3/7/94 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.

B. Eamigh Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements
Date 3/7, 19 94

CDN 3-8-94
WO 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 TVA
Name

Date 3-7-94

400 W. SUMMIT HILL DR, KNOXVILLE, TN
Address

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name

Unit 1

P.O. BOX 2000, SPRING CITY, TN
Address

WO 93-24289-02

Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA
Name

Type Code Symbol Stamp

P.O. BOX 2000, SPRING CITY, TN
Address

Authorization No. N CDN 3-7-94

Expiration Date A

4. Identification of System 62/CVCS

5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1062-1-62A-299			N A <u>CDN 3-7-94</u>		UNKNOWN	REPLACEMENT	N
			A				
			N <u>CDN 3-7-94</u>				

7. Description of Work REWORK PIPE SUPPORT GAPS.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure N psi Test Temp. A CDN 3-7-94 °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.

FORM NIS-2 (Back)

WO 93-24289-02
PG 21 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 ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp _____

Certificate of Authorization No. _____ Expiration Date 3-7-94

Signed Charles Newton FE Date 3-7, 19 94
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

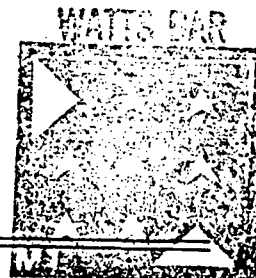
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TN and employed by HSB I & I Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 1-19-94 to 3-13-94, and 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.

[Signature] Commissions TN 2537
Inspector's Signature National Board, State, Province, and Endorsements

Date 3-13 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 TENNESSEE VALLEY AUTHORITY
Name

Date 3/7/94

TVA NUCLEAR

400 W. SUMMIT HILL DR. KNOXVILLE, TN
Address

Sheet 1 of 1

MAR 08 1994

2. Plant WATTS BAR NUCLEAR PLANT
Name

Unit 1

P.O. BOX 2000, SPRING CITY, TN
Address

D-04638-01

Repair Organization P.O. No., Job No., etc.

3. Work Performed by TENNESSEE VALLEY AUTHORITY
Name

Type Code Symbol Stamp

P.O. BOX 2000, SPRING CITY, TN
Address

Authorization No.

Expiration Date

N/A 3/7/94

4. Identification of System 063 / SAFETY INJECTION

5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1063-1-63-238	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>DCA P04638-02</u>	<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>
1063-1-63-587	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>DCA P04638-03, 04 & 05</u>	<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>
			<u>N/A</u>				
			<u>3/7/94</u>				

7. Description of Work MODIFY SUPPORTS PER DCA P04638-B.

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

N/A 3/7/94

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



TVA NUCLEAR

FORM NIS-2 (Back)

MAR 08 1994

9. Remarks

TRACKING # 94-208 J 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 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

J. J. Dunning
Owner or Owner's Designee, Title

R.E.

Date

3/7

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 or Province of TN and employed by HSBI & I Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 10-4-91 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.

HSBI & I Co.
Inspector's Signature

Commissions

TN 2537

National Board, State, Province, and Endorsements

Date

3-24 19 94

WORK INSTRUCTION D04638-01

Page 3A 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 TENNESSEE VALLEY AUTHORITY Date 3-7-94
Name
400 W. SUMMIT HILL DRIVE, KNOX, TN. Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000, SPRING CITY TN 37771 Wo # 93-24329-01
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA, MECH. MODIFICATIONS Type Code Symbol Stamp
Name Authorization No. N/A per 3-7-94
WATTS BAR NUCLEAR PLANT Expiration Date
Address
4. Identification of System CHEMICAL VOLUME CONTROL SYSTEM / SYSTEM # 062
5. (a) Applicable Construction Code AISC, 7th 19 73 Edition, NA per 3-7-94 Addenda, NA per 3-7-94 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 EDITION THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT	NA per 3-7-94	NONE	NONE	* 1-62A-198	UNKNOWN	Repaired REPLACEMENT AM 3-20-94	NO
<div style="position: relative; height: 100px;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; background: linear-gradient(to top right, transparent 49%, black 49%, black 51%, transparent 51%);"></div> </div>							

7. Description of Work *ADDED WELD METAL
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
 Other ☐ Pressure A psi Test Temp. per 3-7-94 °F

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

93-24329-06

FORM NIS-2 (Back)

PAGE 21 OF 22

9. Remarks TRACKING # 94-209

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. repair or replacement

Type Code Symbol Stamp N/A fcl 3-7-94

Certificate of Authorization No. N/A fcl 3-7-94 Expiration Date N/A fcl 3-7-94

Signed Jac E. Davis 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 of Province of TN. and employed by HSBI & I Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 3-1-94 to 3-20-94, 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.

Jac E. Davis
Inspector's Signature

Commissions TN 2537
National Board, State, Province, and Endorsements

Date 3-20 19 94.

W.O. # 93-24289-11
PG 14 OF 22

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 AUTHORITY Date 3.7.94
Name
400 W. SUMMIT HILL DR KNOXVILLE, TN Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
PO BOX 2000 SPRING CITY, TN 37381 W.O. 93-24289-11
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA - MODIFICATIONS Type Code Symbol Stamp
Name
WBNP Authorization No. N/A AC 3.7.94
Address Expiration Date
4. Identification of System SYS. 062 / CVCS
5. (a) Applicable Construction Code AISC 19 73 Edition, 7th Addenda, NONE Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 W/ ADDENDA THROUGH WINTER 1981.

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1-62A-079</u>	<u>TVA</u>	<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	<u>UNKNOWN</u>	<u>REPAIRED</u>	<u>NO</u>
<u>N/A</u> <u>AC 3.7.94</u>							

7. Description of Work ADDED WELD TO SEAM ^{AC} 3.7.94 SHIM R.
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ N/A
Other ☐ Pressure _____ psi Test Temp. _____ °F AC 3.7.94

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.

W.O.#93-24289-11

PG 15 OF 22

FORM NIS-2 (Back)

9. Remarks TRACKING NO: 94-210 AC 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 REPAIR conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp _____

Certificate of Authorization No. NIA
AC 3-7-94 Expiration Date _____

Signed Anthony Cutiona, FIELD ENGINEER Date Mar, 7, 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.S.B. & I. Co. of HARTFORD, CT. 09 cm 3-17-94 have inspected the components described in this Owner's Report during the period 3-17-94 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 employer shall be 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. Miteady Commissions TN-2633
Inspector's Signature National Board, State, Province, and Endorsements

Date MARCH 17, 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 TENNESSEE VALLEY Authority Date 3/8/94
Name
400 W. Summit Hill Dr., Knoxville, TN
Address Sheet 1 of 1
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000, Spring City, TN
Address W.O. # 92-09387-00
Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA MODIFICATIONS Type Code Symbol Stamp _____
Name Authorization No. _____
WATTS BAR NUCLEAR PLANT Expiration Date 3/4/94
Address
4. Identification of System REACTOR COOLANT SYS. - 68
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 Thru 91A 3/4/94
WINTER 1981 Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>SUPPORT</u> <u>1-68-415</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>REPLACEMENT</u>	<u>NO</u>

7. Description of Work REPLACED SPACER PLATES ON SUPPT.
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure N/A psi Test Temp. 3/8/94 °F

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

FORM NIS-2 (Back)

9. Remarks

TRACKING No. 94-211 JH 3/8/94
Applicable Manufacturer's Data Reports to be attached

N
A JH 3/8/94

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. repair or replacement

Type Code Symbol Stamp

Certificate of Authorization No.

N
A JH 3/8/94
Expiration Date

Signed

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

Eng

Date

March 8, 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 THE H.B. I. F. I. Co. of HARTFORD, CT. have inspected the components described in this Owner's Report during the period 3-9-94 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.

O.E. Metcalf
Inspector's Signature

Commissions

TN-2633

National Board, State, Province, and Endorsements

Date

MARCH 24, 1994

93-24879-00
Pg 19 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 TENNESSEE VALLEY AUTHORITY Date 3-10-94
Name
400 W. SUMMIT HILL DR. KNOXVILLE TN. Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000 SPRING CITY, TN. 37381 W.O. 93-24879-00
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Type Code Symbol Stamp
Name
P.O. BOX 2000 SPRING CITY, TN. 37381 Authorization No. N/A
Address Expiration Date REF 3-10-94
4. Identification of System 062 / CVCS
5. (a) Applicable Construction Code ASME 1971 Edition, 1973 SUMMER Addenda, 1/2 REF 3-10-94 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 80 THEN WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-FE-062-0137	TVA	N/A	REF 3-10-94	NONE	N/A	REPLACEMENT	YES REF 3-10-94

7. Description of Work REPLACE BULGING MATERIAL FOR FLANGE CORN. AT 1-FE-062-0137

8. Tests Conducted: ☒ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure ☐ psi Test Temp. ☐ °F
REF 3-10-94

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.

93-24819-05
Pg 19 of 35

FORM NIS-2 (Back)

9. Remarks

NONE

Applicable Manufacturer's Data Reports to be attached

TRACKING NUMBER 94-213 REF 310-94

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. repair or replacement

Type Code Symbol Stamp

NR REF 310-94

Certificate of Authorization No.

Expiration Date

Signed

Owner or Owner's Designee, 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 TN and employed by HSB I & I Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 2-4-94 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

TN 2537

National Board, State, Province, and Endorsements

Date

3-16 1994

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 AUTHORITY Date 3-8-94
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE TN Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000, SPRING CITY TN 37381 WD 94-03831-00
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Type Code Symbol Stamp
Name
P.O. BOX 2000, SPRING CITY, TN 37381 Authorization No. N/A CDN 3-8-94
Address Expiration Date
4. Identification of System LO3/ SAFETY INJECTION
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
10LO3-1-LO3-452			<u>N/A</u> <u>CDN 3-8-94</u>		<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>N</u>
			<u>A</u>				
			<u>N/A</u> <u>CDN 3-8-94</u>				

7. Description of Work REPLACE FORWARD ATTCH. AND SPACER WASHERS. CDN 3-8-94
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ N/A CDN 3-8-94
Other ☐ Pressure _____ psi Test Temp. _____ °F

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

WD 94-03831-00
PG 23 OF 25

FORM NIS-2 (Back)

9. 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. repair or replacement

Type Code Symbol Stamp _____

Certificate of Authorization No. _____

Expiration Date _____

Signed Charles Rawton
Owner or Owner's Designee, Title

FE

Date 3-8, 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 TENNESSEE and employed by HSB I & CO of HARTFORD 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.

B. Eamigh
Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date 3/9, 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 TENNESSEE VALLEY AUTHORITY Date 3-8-94
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE TN Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000, SPRING CITY, TN. 37381 WP # 20758-13
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA MECH-MODS Type Code Symbol Stamp N
Name Authorization No. D. Reed
WATTS BAR NUCLEAR PLANT Expiration Date 1A 3-8-94
Address
4. Identification of System AUXILIARY FEEDWATER / SYS 03B
5. (a) Applicable Construction Code AISC 7TH 19 73 Edition, JUNE 1973 Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981, ADDENDA

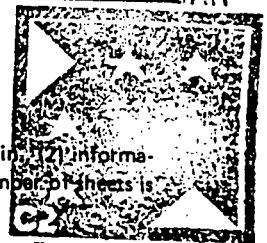
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1023B-03B-1AFW-R175</u>	<u>N</u>	<u>D. Reed</u>		<u>DCA-M20758-47, -48</u>	<u>UNK</u>	<u>REPLACEMENT</u>	<u>NO</u>
		<u>1A 3-8-94</u>					
			<u>N</u>	<u>D. Reed</u>			
			<u>A</u>	<u>3-8-94</u>			

7. Description of Work MODIFY SUPPORT PER DCA-M20758-47, -48

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure _____ psi Test Temp. _____ °F N D. Reed
A 3-8-94

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



D-20758-13

Page 8 of 9

FORM NIS-2 (Back)

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. repair or replacement

Type Code Symbol Stamp

N D. Reed

Certificate of Authorization No.

A 3-8-94

Expiration Date

Signed

Daniel Reed

Date

3-8-94

, 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. & I. Co. of HARTFORD, CT. have inspected the components described in this Owner's Report during the period 2-5-94 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 employer shall be 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. Metcalf

Inspector's Signature

Commissions

TN-2633

National Board, State, Province, and Endorsements

Date

MARCH 17, 1994

WORK INSTRUCTION 0-12667-03

5a 7 ^{TR} 3/14/94
Page 7 cont. on Page 7a ^{5b} TR 3/14/94

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

1. Owner TVA
Name
400 W. SUMMIT HILL DR. KNOXVILLE, TN
Address

Date 3-9-94
Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000, SPRING CITY, TN
Address

Unit 1
WP 0-12667-03
Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA
Name
P.O. BOX 2000, SPRING CITY, TN
Address

Type Code Symbol Stamp NA
Authorization No. RM 3-9-94
Expiration Date

4. Identification of System CUGS, SYS. # 062

5. (a) Applicable Construction Code AISC 7th 19 73 Edition, NA 3-9-94 Addenda, NA 3-9-94 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT 1062-1-62A-377	NA RM 3-9-94	NONE	NONE	DCA-M12667-35 DCA-P04593-01	UNKNOWN	REPLACEMENT	NO
NA RM 3-9-94							

7. Description of Work MODIFIED SUPT. PER DCA-M12667-35, DCA-P04593-01

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ NA
Other ☐ Pressure _____ psi Test Temp. _____ °F RM
3-9-94

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

WORK INSTRUCTION D-12667-03

5b TQ 3/14/94
Page 7a cont. on Page 7b 5c 3/18/94

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-216 RDW 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp

NA
RM 3-9-94

Certificate of Authorization No. _____ Expiration Date _____

Signed Ray Morris CONST. ENGR Date 3-9, 19 94
Owner or Owner's Designee, Title

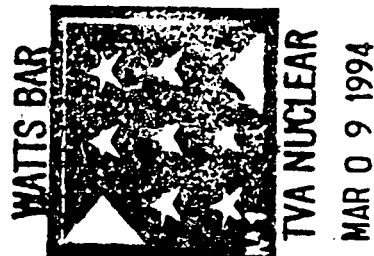
CERTIFICATE OF INSERVICE INSPECTION

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 HSB I & I CO of HART FORD 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 inspection.

B. Earmy Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 4/1 19 94



0000000000

TVA NUCLEAR
JAN 19 1993

PG. 5C CONT. ON PG. 6
D 12667 03

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

1. Owner TVA Name 400 W. SUMMIT HILL DR. KNOXVILLE, TN
Address
2. Plant WATTS BAR NUCLEAR PLANT Name
Address P.O. BOX 2000, SPRING CITY, TN
3. Work Performed by TVA Name
Address P.O. BOX 2000, SPRING CITY, TN
4. Identification of System CVCS, SYS. # 062
5. (a) Applicable Construction Code AISC 7th 19 73 Edition, NA 3-9-94 Addenda, NA 3-9-94 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981

Date 3-9-94
Sheet 1 of 1
Unit 1
Repair Organization P.O. No., Job No., etc. WP D-12667-03
Type Code Symbol Stamp /
Authorization No. NA
Expiration Date PM 3-9-94

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT 1062-1-62A-357	NA NM 3-9-94	NONE	NONE	DCA-M12667-21 22, 23, & 24 DCA-M21328-240	UNKNOWN	REPLACEMENT	NO
NA NM 3-9-94 A							

7. Description of Work MODIFIED SUPT. PER DCA-M12667-21 TO 24 & DCA-M21328-240
8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐ NA NM 3-9-94
Other ☐ Pressure psi Test Temp. °F

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

00 50051 0

D 12667-03

FORM NIS-2 (Back)

PG. 6 CONT. ON PG. 7a

9. Remarks TRACKING # 94-217 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp

NA RM 3-9-94

Certificate of Authorization No.

Expiration Date

Signed Ray Morris
Owner or Owner's Designee, Title

CONST. ENGR. Date

3-9, 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 TENNESSEE and employed by HSB I & I CO. of Hartford 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 inspection.

B. Eamigh
Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

4/1/94

19

FOR NUCLEAR

JAN 19 1993

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 AUTHORITY Date 3-9-94
Name
400 W Summit Hill Drive, Knoxville, TN Sheet 1 of X 2 ^{SAS 3-9-94}
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000, Spring City, TN 37381 WP# D-20761-02
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TENNESSEE VALLEY AUTHORITY Type Code Symbol Stamp
Name WBNP Authorization No. N/A
P.O. Box 2000, Spring City, TN 37381 Expiration Date N/A
Address
4. Identification of System SIS (063)
5. (a) Applicable Construction Code AISC 7# 19 73 Edition, JUNE 1973 Addenda, N/A SAS Code Case
 (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

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 1063-1-63-030	TVA	NONE	NONE	1-63-030	UNK	REPLACEMENT	ND
PIPE SUPPORT 1063-1-63-064	TVA	NONE	NONE	1-63-064	UNK	REPLACEMENT	ND
PIPE SUPPORT 1063-1-63-398	TVA ^{SAS} 3444	NONE	NONE	1-63-398	UNK	REPLACEMENT	ND
PIPE SUPPORT 1063-1-63-454	TVA	NONE	NONE	1-63-454	UNK	REPLACEMENT	ND
PIPE SUPPORT 1063-1-63-462	TVA	NONE	NONE	1-63-462	UNK	REPLACEMENT	ND

7. Description of Work MODIFIED EXISTING PIPE SUPPORTS

8. 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 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

PAGE 20 OF 23

W.O.# 93-24289-16
PAGE 21 OF 23

FORM NIS-2 (Back)

TRACKING #

9. Remarks

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 f20 3-9-94

Certificate of Authorization No. N/A f20 3-9-94 Expiration Date N/A f20 3-9-94

Signed Joe E Davis Date MARCH 3 9 19 94
Owner or Owner's Designee, Title 200 3-9-94

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 HSBI & I Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 1-28-94 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.

Joe E Davis
Inspector's Signature

Commissions

TN-2537

National Board, State, Province, and Endorsements

Date 3-12 19 94

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

- Owner TENNESSEE VALLEY AUTHORITY
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN
Address
- Plant WATTS BAR NUCLEAR PLANT
Name
P.O. Box 2000, Spring City, TN 37381
Address
- Work Performed by TVA MECH MODIFICATIONS
Name
WATTS BAR NUCLEAR PLANT
Address
- Identification of System STEAM GENERATOR BLOW DOWN / SYS # 15
- (a) Applicable Construction Code AISC 7th 19 73 Edition N/A 10-5-10-94 Addenda N/A 10-3-10-94 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 EDITION THRU WINTER 1981

Date 3-10-94
Sheet 1 of 1
Unit 1
Repair Organization P.O. No., Job No., etc. W.P. D-04537-11
Type Code Symbol Stamp
Authorization No. N/A
Expiration Date 3-10-94

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT	N/A 10-3-10-94	NONE	NONE	1001-A 400-6-115	UNKNOWN	REPLACEMENT	NO
N/A 10-3-10-94							
N/A 10-3-10-94							
N/A 10-3-10-94							

7. Description of Work Modified Support. Per DCA-P04537-09 & 10 & F-23627-A*
ADDED BASE PLATE & SHORTEN CLAMP (FARS. 8.11) 3-21-94

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
Other ☐ Pressure 480 psi Test Temp. 3-10-94 °F
* AA-03 and above
2/22/94

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

D 04537 11
WORKPLAN

Page 8 cont. on Page 9

FORM NIS-2 (Back)

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. repair or replacement

Type Code Symbol Stamp N/A for 3-10-94

Certificate of Authorization No. N/A for 3-10-94 Expiration Date N/A for 3-10-94

Signed J. E. Davis Date MARCH 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 TENNESSEE and employed by THE H.C.B. I. AND I. Co. of HARTFORD, CT. have inspected the components described in this Owner's Report during the period 2-28-94 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 inspection.

O. E. Metcalf Commissions TN-2633 N & I
Inspector's Signature National Board, State, Province, and Endorsements

Date APRIL 15, 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 TENNESSEE VALLEY AUTHORITY Date 3.9.94
Name
400 W. SUMMIT HILL DR. KNOXVILLE, TN Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000, SPRING CITY, TN NO. 93-24383-15
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA-MODIFICATIONS Type Code Symbol Stamp
Name
WBNP Authorization No. N/A AC 3.9.94
Address Expiration Date
4. Identification of System SYS. 062 / CYCS
5. (a) Applicable Construction Code AISC 19 73 Edition, 7TH Addenda, NONE Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 W/ ADDENDA THROUGH WINTER 1981.

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1-62A-145</u>	<u>TVA</u>	<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>
<div style="text-align: center;">N/A AC 3.9.94</div>							

7. Description of Work ADDED SHIM & TO CORRECT SUPPORT GAP.
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ N/A
Other ☐ Pressure _____ psi Test Temp. _____ °F AC 3.9.94

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

FORM NIS-2 (Back)

9. Remarks 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 _____

Certificate of Authorization No. _____

NIA AC 3.9.94

Expiration Date _____

Signed _____

Owner or Owner's Designee, Title

Anthony Cutrone, FIELD ENGINEER

Date _____

Mar. 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 TENNESSEE and employed by THE H.S.B. I. & L. Co. of HARTFORD, CT. 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.

C.E. Mitrakakis
Inspector's Signature

Commissions _____

TN-2633

National Board, State, Province, and Endorsements

Date _____

MARCH 16, 19 94

93-24383-15

Pg 21 OF 22

W.O. H 24289-03
PAGE 21 OF 2526
w/h
3/10/94

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 AUTHORITY Date 3/10/94
Name
400 W. SUMMIT HILL DR. KNOXVILLE, TN Sheet 1 of 1
Address
2. Plant WATIS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000 SPRING CITY, TN 37381 WO NO. 93-24289-03
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TENNESSEE VALLEY AUTHORITY Type Code Symbol Stamp
Name
P.O. BOX 2000, SPRING CITY, TN 37381 Authorization No. N/A
Address Expiration Date w/h 3/10/94
4. Identification of System 6Z (CHEMICAL & VOLUME CONTROL)
AISC STEEL CONSTRUCTION MANUAL 7TH EDITION
5. (a) Applicable Construction Code 19 Edition, 80 Addenda, 80 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-62A-42	TVA	NONE	NONE	1-62A-42	1994	REPLACED	NO
N/A w/h 3/10/94							

7. Description of Work MODIFIED SUPPORT

8. Tests Conducted: ☒ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure psi Test Temp. °F N/A w/h 3/10/94

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.

W.O.# 24289-03

PAGE ²² 24 OF 26
22 3/11/94

FORM NIS-2 (Back)

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 REPLACEMENT 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

Signed

Wykefys F.E.
Owner or Owner's Designee, Title

Date

3/10/94

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 TN and employed by HSBI&ICo of Hartford, CT have inspected the components described in this Owner's Report during the period 1-22-94 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.

[Signature]
Inspector's Signature

Commissions

TN 2537

National Board, State, Province, and Endorsements

Date

3-12

1994

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

1. Owner Tennessee Valley Authority Date 3-10-94
Name
400 W. Summit Hill drive, Knoxville, TN. Sheet 1 of 1
Address
2. Plant Watts Bay Nuclear Plant Unit 1
Name
P.O. Box 2000, Spring City, TN. 37381 WP# D-04667-20
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by T.V.A. Type Code Symbol Stamp
Name Authorization No. N/A W.R.F.
P.O. Box 2000, Spring City, TN. 37381 Expiration Date 3-10-94
Address
4. Identification of System 063, Safety Injection System
5. (a) Applicable Construction Code ASME 19 73 Edition, June 1973 Addenda, 1981 Code Case
 (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	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>SUPPORT</u> <u>1063-63-1515-R162</u>	<u>N/A W.R.F.</u> <u>3-10-94</u>			<u>157</u> <u>158</u> <u>DCR-P04667-</u>	<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>
<u>N/A W.R.F.</u> <u>3-10-94</u>							

7. Description of Work Modified pipe support per DCA'S

8. Tests Conducted: ☒ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure _____ psi Test Temp. _____ °F N/A W.R.F.
3-10-94

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)

WD 0-04667-209. Remarks Tracking # 94-223

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

MA W.R.F. 3-10-94

Signed

Wilbur F. Fierstone Mech. Engr.

Date

3-1019 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 HARTFORD CT. BOILER & PRESSURE VESSEL CO. of HARTFORD, CT. have inspected the components described in this Owner's Report during the period 2-8-94 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.

C.E. McTeague
Inspector's Signature

Commissions

TN-2633

National Board, State, Province, and Endorsements

Date

MARCH 21, 1994

TVA NUCLEAR

MAR 09 1994

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 Authority

Name

Date 3-10-94400 W. Summit Hill drive Knoxville, TN.

Address

Sheet 1 of 12. Plant WATTS Bar Nuclear Plant

Name

Unit 1P.O. Box 2000, Spring City, TN. 37381

Address

WP# D-20761-57

Repair Organization P.O. No., Job No., etc.

3. Work Performed by T. V. A.

Name

Type Code Symbol Stamp

P.O. Box 2000, Spring City TN. 37381

Address

Authorization No. N/A W.R. 3-10-94

Expiration Date

4. Identification of System 063, Safety Injection5. (a) Applicable Construction Code ATSC 19 73 Edition, June 1973 Addenda, 1981

Code Case

(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	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>SUPPORT</u> <u>1063-63-1515-R140</u> <u>N/A W.R. 3-10-94</u>	<u>N/A W.R. 3-10-94</u>	<u>3-10-94</u>		<u>DCA -170</u> <u>M20761-171</u>	<u>UNKNOWN</u>	<u>Replacement</u>	<u>NO</u>

7. Description of Work Modified Support per. DCA'SN/A W.R. 3-10-948. 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 recorded at the top of this form.

WP D-20761-57

FORM NIS-2 (Back)

Page 50 cont. on Page 5E

9. 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 ASME Code, Section XI. repair or replacement

N/A W.R. 3-10-94
Type Code Symbol Stamp

Certificate of Authorization No. _____ Expiration Date _____

Signed Wilbur F. Fierstone Mech. Engr. Date 3-10, 19 94
Owner or Owner's Designee, Title

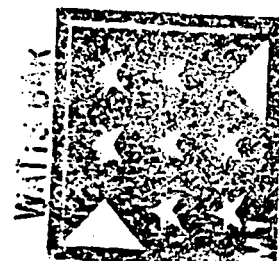
CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB I & CO. of HARTFORD 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.

B. Eamigh Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 3/29, 19 94



TVA NUCLEAR

MAR 10 1994

WORKPLAN D-04534-01

DEC 18 1992
Page 5

cont. on Page 6

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 AUTHORITY
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN
Address

Date 3-10-94
Sheet 1 of 2

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000, SPRING CITY, TN 37771
Address

Unit 1
WP # D-04534-01
Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA - MODIFICATIONS
Name
WATTS BAR NUCLEAR PLANT
Address

Type Code Symbol Stamp
Authorization No. N/A BS 3/10/94
Expiration Date

4. Identification of System FEEDWATER SYSTEM / 03

5. (a) Applicable Construction Code AISC 19 73 Edition, 7 Addenda, N/A BS 3/10/94 Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU '81 W/ 1981 WINTER ADDENDA

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1003A-1-03A-453	NOT KNOWN	NONE	N/A	NONE	NOT KNOWN	REPLACE-MENT	NO
1003A-1-03A-458	NOT KNOWN	NONE	N/A	NONE	NOT KNOWN	REPLACE-MENT	NO
1003A-1-03A-459	NOT KNOWN	NONE	N/A	NONE	NOT KNOWN	REPLACE-MENT	NO

7. Description of Work MODIFY PIPE SUPPORTS

8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure ☐ psi Test Temp. ☐ °F
N/A BS 3/10/94

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

WORKPLAN D-04534-01

Page 6 cont. on Page 7

FORM NIS-2 (Back)

9. Remarks TRACKING NO: 94-225 B8 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 _____

Certificate of Authorization No. N/A B8 3/10/94 Expiration Date _____

Signed BENGA (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 TENNESSEE and employed by THE HSB, I. & I. Co. of HARTFORD, C.T. have 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.

C.E. Mitcalfe Commissions TN-2633
Inspector's Signature National Board, State, Province, and Endorsements

Date MARCH 23, 19 94

DEC 18 1992

D 21328 27

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

1. Owner TVA Name 400 W. SUMMIT HILL DR. KNOXVILLE, TN Address
Date 3-10-94
Sheet 1 of 1
2. Plant WATTS BAR NUCLEAR PLANT Name
Unit 1
Address P.O. Box 2000, SPRING CITY, TN 37381
WP # D-21328-27
Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Name
Address P.O. Box 2000, SPRING CITY, TN 37381
Type Code Symbol Stamp
Authorization No. N/A
Expiration Date
4. Identification of System 15 / STEAM GENERATOR BLOWDOWN
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981 ADDITION

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1001-A400-6-B3		<u>N/A 23-10-94</u>		DCA-M-21328-246, 247	UNK	REPLACEMENT	NO
1001-A400-6-114		<u>N/A 23-10-94</u>		PLA-M-21328-248, 249 FCN-F-29678-A	UNK	REPLACEMENT	NO
1001-A400-6-260		<u>N/A 23-10-94</u>		DCA-M-21328-250, 251	UNK	REPLACEMENT	NO

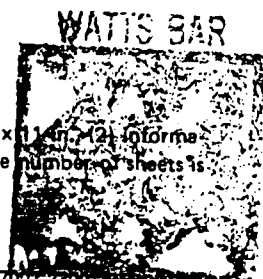
7. Description of Work MODIFIED SUPPORTS PER DCA-M-21328-246, 247, 248, 249, 250, 251, FCN-F-29678-A

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure N/A psi Test Temp. 3-10-94 °F

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

(12/82)

This form (E00030) may be obtained from the Order Dept., ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07002-2300. REPRINT 1985



MAR 10 1994

21328 27

Page 1 cont. on Page 8

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-226 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 3-10-94

Certificate of Authorization No. N/A 3-10-94 Expiration Date N/A 3-10-94

Signed James E. [Signature] 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 TENNESSEE and employed by H.B. I.E.I. Co. of HARTFORD, CT. have inspected the components described in this Owner's Report during the period 10-25-93 to 3-27-94, 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. Metcalf Commissions TN-2633
Inspector's Signature National Board, State, Province, and Endorsements

Date MARCH 22 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 TENNESSEE VALLEY AUTHORITY Date 3-10-94
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000, Spring City, TN 37381
Address WP# 20761-56
Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA MECH. MODS Type Code Symbol Stamp N/A
Name Authorization No. D. Reed
WATTS BAR NUCLEAR PLANT Expiration Date 3-10-94
Address
4. Identification of System SAFETY INJECTION SYS 63
5. (a) Applicable Construction Code AISC 7th 19 73 Edition, JUNE 1973 Addenda, N/A Code Case
 (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

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-ISIS-R164	<u>N</u> <u>A</u>	<u>D Reed</u> <u>3-10-94</u>		<u>3-10-94</u> <u>DCA-178 OR</u> <u>DCA-M20761-</u> <u>178, 179, 214</u>	<u>UNK</u>	<u>Replacement</u>	<u>NO</u>

			<u>N D. Reed</u> <u>A</u>	<u>3-10-94</u>			

7. Description of Work MODIFY SUPPORT PER DCA-M20761-178, -179, -214
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure _____ psi Test Temp. _____ of N D. Reed
A 3-10-94

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

WP # 20761-56

FORM NIS-2 (Back)

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 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

Daniel Reel
Owner or Owner's Designee, 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 Florida and employed by Hartford Steam Boiler & E. 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 to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be 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. Sowell
Inspector's Signature

Commissions

FL 296

National Board, State, Province, and Endorsements

Date

Oct. 24

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 TENNESSEE VALLEY AUTHORITY
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN
Address

Date 3-10-94

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000, SPRING CITY, TN
Address

Unit 1

WORK PLAN D-04586-01

Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA - MODIFICATIONS
Name
WATTS BAR NUCLEAR PLANT
Address

Type Code Symbol Stamp

Authorization No.

Expiration Date 3-10-94

4. Identification of System CVCS (002)

5. (a) Applicable Construction Code AISC 19 73 Edition, 7th Addenda, N/A 3-10-94
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 EDITION THRU WINTER 1981 Code Case

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT	TVA-MODS	NONE	NONE	1002-1-62A-70	UNKNOWN	REPLACEMENT	ND
<div style="position: relative; height: 100px;"> <div style="position: absolute; top: 0; right: 0; text-align: right;"> <u>3-10-94</u> </div> </div>							

7. Description of Work REMOVED EXISTING CONFIGURATION, INSTALLED NEW CONFIGURATION.

8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. _____ °F
N/A 3-10-94

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

WP D-04586-01
Page 6b cont. on Page 7



TVA NUCLEAR

MAR 09 1994

FORM NIS-2 (Back)

9. Remarks TRACKING NUMBER 94-229 JWH 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 NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed James W. Haly, PROJ ENGR. Date MARCH 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 TENNESSEE and employed by THE HSB, I.P.I. Co. of HARTFORD, CT. have inspected the components described in this Owner's Report during the period 9-17-91 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.

C.E. Metcalfe
Inspector's Signature

Commissions TN-2633
National Board, State, Province, and Endorsements

Date MARCH 21, 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 TENNESSEE VALLEY AUTHORITY Date 3/10/94
Name
400 W. Summit Hill Drive, Knoxville, TN Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000, Spring City, TN 37831 WP-D-05792-12
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Type Code Symbol Stamp
Name Authorization No. N/A
P.O. Box 2000, Spring City, TN 37831 Expiration Date 80K 3/10/94
Address
4. Identification of System 068 / REACTOR COOLANT SYSTEM
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981 ADDITION

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1068-1-68-018</u>		<u>80K 3/10/94</u>		<u>WPAK05792-07;08;09 AND 49</u>	<u>UNK</u>	<u>REPLACEMENT</u>	<u>NO</u>
<div style="position: relative; height: 100px;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; border: 1px solid black; transform: rotate(45deg);"></div> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; border: 1px solid black; transform: rotate(-45deg);"></div> </div>							

7. Description of Work MODIFIED SUPPORT PER CCAS K05792-07;08;09; AND 49.

8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure _____ psi Test Temp. NA °F
80K 3/10/94

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

WP 05792-12

Page 8 cont. on Page 9

FORM NIS-2 (Back)

9. Remarks TRACKING NO. 9A-230 80K 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

Certificate of Authorization No.

Expiration Date

Signed

Owner or Owner's Designee, Title

80K 3-10-94
Stephen D. Krenzel 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 TENNESSEE and employed by THE HSB, I. AND I. CO. of HARTFORD, CT. have inspected the components described in this Owner's Report during the period 2-17-94 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.

O. E. Mitcavage
Inspector's Signature

Commissions

TN-2633

National Board, State, Province, and Endorsements

Date

MARCH 18, 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 TENNESSEE VALLEY Authority
Name
400 W. Summit Hill Drive, Knoxville, TN
Address
2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. Box 2000, Spring City, TN 37381
Address
3. Work Performed by T.V.A.
Name
P.O. Box 2000, Spring City, TN
Address
4. Identification of System 003 / MAIN AND AUXILIARY FEEDWATER
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981 ADDITION

Date 3-10-94
Sheet 1 of 1
Unit 1
Repair Organization P.O. No., Job No., etc. WP-D-04534-09
Type Code Symbol Stamp
Authorization No. N/A
Expiration Date 80K 3/10/94

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1003A-1-03A 450		<u>80K 3/10/94</u>		<u>003-04534-02; 11; 12; AND 13</u>	<u>UNK</u>	<u>REPLACEMENT</u>	<u>NO</u>
<div style="position: relative; height: 100px;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; background: linear-gradient(to bottom right, transparent 49%, black 49%, black 51%, transparent 51%);"></div> <div style="position: absolute; top: 10%; left: 10%; transform: rotate(-45deg);"> <u>80K 3/10/94</u> </div> </div>							

7. Description of Work MODIFIED SUPPORT PER DCAS P04534-02; 11; 12; 13

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. _____ °F
NA 80K 3/10/94

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

D 04534 09
WORKPLAN

Page 8 cont. on Page 9

FORM NIS-2 (Back)

9. Remarks TRACKING No. 94-231 SDK 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

Certificate of Authorization No.

Expiration Date

Signed

Stephen D. Kuenzle 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 TENNESSEE and employed by H.S.B. & I. Co. of HARTFORD, CT. have inspected the components described in this Owner's Report during the period 2-21-94 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.

C.E. Mitcalfe
Inspector's Signature

Commissions

TN-2633

National Board, State, Province, and Endorsements

Date

MARCH 24, 19 94

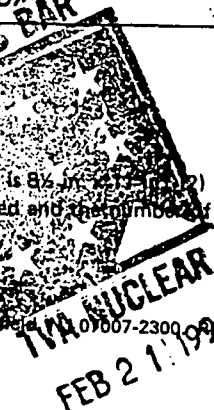
FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS.
As Required by the Provisions of the ASME Code Section XI

1. Owner TENNESSEE Valley Authority Date 03/10/94
Name
400 W. Summit Hill Drive, Knoxville, TN
Address
Sheet 1 of 1
2. Plant WATTS BAR Nuclear Plant Unit 1
Name
P.O. Box 2000, Spring City, TN 37381
Address
WP- D-04534-08
Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Type Code Symbol Stamp
Name
P.O. Box 2000, Spring City, TN
Address
Authorization No. N/A
Expiration Date SDK 3/10/94
4. Identification of System 003/MAIN AND AUXILIARY FEEDWATER
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981 ADDITION
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1003A-1-03A-449		SDK 3/10/94		DA P04534-02 P04534-09 P04534-10	UNK	REPLACEMENT	NO
<div style="position: relative; height: 100px;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; border: 1px solid black; transform: rotate(-45deg); transform-origin: bottom left;"> <div style="position: absolute; bottom: 0; left: 0; width: 100%; height: 100%;"></div> </div> </div>							

7. Description of Work MODIFIED SUPPORT PER DCA-P04534-02; 02/10
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. _____ °F
NA - SDK 3/10/94

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



D 04534 08
WORKPLAN

Page 8 cont. on Page 9

FORM NIS-2 (Back)

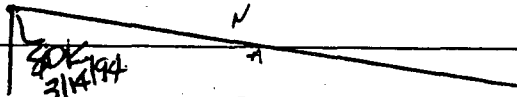
9. Remarks TRACKING NO. 94-232 8DK 3-10-94

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



Certificate of Authorization No. _____ Expiration Date _____

Signed Stephen D. Krenzel 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 TENNESSEE and employed by THE HSB. I. & I. CO. of HARTFORD, CT. 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 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.

C. E. Metcalf
Inspector's Signature

Commissions TN-2633
National Board, State, Province, and Endorsements

Date MARCH 19, 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 TENNESSEE VALLEY AUTHORITY Date 3/10/94
Name
400W. Summit Hill Dr., Knoxville, TN Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000, Spring City, TN WO # 93-24479-00
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA MOD'S Type Code Symbol Stamp
Name
WATTS BAR NUCLEAR PLANT Authorization No. N/A
Address Expiration Date 3/10/94
4. Identification of System STEAM GENERATOR Blowdown System No. 015
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE, 1973 Addenda, N/A Code Case
(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

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 1015-A400-6-184	NONE	NONE	NONE	NONE	NONE	REPLACEMENT	NO

7. Description of Work REPLACED EYE BOLT
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure N/A psi Test Temp. 9/11/94 °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.

93-24479-1
PAGE 18 OF 19

FORM NIS-2 (Back)

9. Remarks NONE Tracking No. 94-233 BOW 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp _____

Certificate of Authorization No. N/A 3-10-94 Expiration Date _____

Signed J. H. Hollis Eng. Date March 10, 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 TENNESSEE and employed by THE H.S.B. I. AND I. Co. of HARTFORD, CT. have inspected the components described in this Owner's Report during the period 3-9-94 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.

C. E. Mitroch Commissions TN-2633
Inspector's Signature National Board, State, Province, and Endorsements

Date MARCH 16, 1994

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 AUTHORITY
Name

Date 3-10-94

400 W. SUMMIT HILL DRIVE, KNOX, TN.
Address

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name

Unit 1

P.O. BOX 2000, SPRING CITY, TN. 37381
Address

WORKPLAN D-27528-42
Repair Organization P.O. No., Job No., etc.

3. Work Performed by T.V.A. MECH. MODIFICATIONS
Name

Type Code Symbol Stamp

WATTS BAR NUCLEAR PLANT
Address

Authorization No. N/A BAP 2-28-94
Expiration Date

4. Identification of System SAFETY INJECTION

5. (a) Applicable Construction Code AISC 7TH 19 73 Edition, N/A BAP 2-28-94 Addenda, N/A BAP 2-28-94 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 EDITION THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT	N/A BAP 2-28-94	NONE	NONE	47A060-63-92	UNKNOWN	REPLACEMENT	No
<div style="position: relative; height: 100px;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; background: linear-gradient(to bottom right, transparent 49%, black 49%, black 51%, transparent 51%);"></div> </div>							

7. Description of Work ADDED INSTRUMENT LINE SUPPORT 1-ISLS-997-3432 TO 47A060-63-92

8. Tests Conducted: N/A BAP 2-28-94
☒ 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 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-234 BAP 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 BAP 3-10-94

Certificate of Authorization No. N/A BAP 3-10-94 Expiration Date BAP 3-10-94

Signed Bradford A. Pendue Date March 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 TENNESSEE and employed by HSB, I. & L. Co. of HARTFORD, CT. 2-28-94 have inspected the components described in this Owner's Report during the period 3-23-94 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.

C.E. Mitealpe Commissions TN-2633
Inspector's Signature National Board, State, Province, and Endorsements

Date MARCH 19 94

WORK IDENTIFICATION D 27528-42
BAP 3-10-94

Page 16 cont. on Page 2

DEC 23 1992

D-16469-09

Page 4A cont. on Page 4B

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 AUTHORITY
Name
400 W. SUMMIT HILL DR. KNOXVILLE, TN
Address

Date 3/10/94

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000, SPRING CITY, TN 37381
Address

Unit 1

D-16469-09

Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA - MODIFICATIONS
Name
WATTS BAR NUCLEAR PLANT
P.O. BOX 2000, SPRING CITY, TN 37381
Address

Type Code Symbol Stamp

Authorization No. N/A w/h 3/10/94

Expiration Date

4. Identification of System 77 (WASTE DISPOSAL)

5. (a) Applicable Construction Code AISC 19 73 Edition, 7TH Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1077-A482-1-21	TVA	NONE	NONE	NONE	1994	REPLACEMENT	NO
<div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; background: linear-gradient(to bottom right, transparent 49%, black 49%, black 51%, transparent 51%);"></div> <div style="position: absolute; top: 10%; left: 40%;">N/A w/h 3/10/94</div>							

7. Description of Work MODIFIED PIPE SUPPORT

8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐ Pressure _____ psi Test Temp. _____ °F N/A w/h 3/10/94

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--16469-09

Page 4B CONT. ON Page 5 4C
W4 3/10/94

FORM NIS-2 (Back)

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. repair or replacement

Type Code Symbol Stamp _____

Certificate of Authorization No. _____

Expiration Date _____

Signed _____

Owner or Owner's Designee, Title

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 I&I CO. of HARTFORD CONN. 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 this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be 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.B. Easmith
Inspector's Signature

Commissions

TN2534

National Board, State, Province, and Endorsements

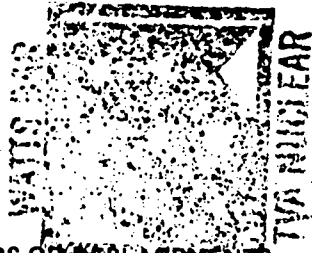
Date

3/28

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 TENNESSEE VALLEY AUTHORITY
Name

Date 3/10/94

400 W. SUMMIT HILL DR. KNOXVILLE, TN
Address

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name

Unit 1

PO Box 2000, SPRING CITY, TN
Address

Work Plan No. D-06011-02
Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA / MODIFICATIONS
Name

Type Code Symbol Stamp N/A

WATTS BAR NUCLEAR PLANT
Address

Authorization No. et 3/10/94

Expiration Date et 3/10/94

4. Identification of System MAIN STEAM / SYS 001

5. (a) Applicable Construction Code ASME 7th 19 73 Edition, N/A et 3/10/94 Addenda, N/A et 3/10/94 Code Case
(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

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 No. <u>bolA-1-01A-389</u>	<u>N/A et 3/10/94</u>	<u>N/A et 3/10/94</u>	<u>N/A et 3/10/94</u>	<u>DCA-06011-01</u>	<u>26/27/29/30</u>	<u>REPLACEMENT</u>	<u>No</u>
Support No. <u>bolA-1-01A-392</u>	<u>N/A et 3/10/94</u>	<u>N/A et 3/10/94</u>	<u>N/A et 3/10/94</u>	<u>RA-06011-01,</u>	<u>30/31/32/33</u>	<u>REPLACEMENT</u>	<u>No</u>
<u>N/A et 3/10/94</u>							

7. Description of Work REMOVE EXISTING ITEMS / INSTALL NEW ITEMS.

8. Tests Conducted: ☒ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. _____ °F et 3/10/94

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

WORK PLAN NO. D-06011-02

WORK INSTRUCTION 060

Page 6A cont. on Page 7

FORM NIS-2 (Back)

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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp

N/A cf 3/10/94

Certificate of Authorization No.

N/A cf 3/10/94

Expiration Date

N/A cf 3/10/94

Signed

Carl Ford
Owner or Owner's Designee, Title

Const. ENGR.

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 TN and employed by HSB I & I Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 12-4-91 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.

[Signature]
Inspector's Signature

Commissions

TN 2537

National Board, State, Province, and Endorsements

Date

3-31

19 94

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

PG 16 of 21

1. Owner Tennessee Valley Authority Date 3-11-94
Name
400 W. Summit Hill Dr. Knoxville, TN.
Address
2. Plant Watts Barr Nuclear Plant Sheet 1 of 1
Name
PO Box 2000, Spring City, TN. 37771
Address Unit 1
WO# 94-06044-00
Repair Organization P.O. No., Job No., etc.
3. Work Performed by Tennessee Valley Authority Type Code Symbol Stamp
Name Authorization No. N/ MB 3-11-94
PO Box 2000, Spring City, TN. 37771 Expiration Date A
Address
4. Identification of System SYSTEM #15 STEAM GENERATOR BLOWDOWN
5. (a) Applicable Construction Code AISC 7th 19 73 Edition, N/A MB 3-11-94 Addenda, N/A MB 3-11-94 Code Case
 (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

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 1001-A400-6-12B	N/ A MB 3-11-94	NONE	NONE	DCA-P04537-18-1 DCA-P04537-19-1	UNKNOWN	REPLACEMENT	NO
			N A	MB 3-11-94			

7. Description of Work REPLACED PIN, READJUSTED CLAMP.
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure A psi Test Temp. MB 3-11-94 °F

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

PG 17 OF 21
WO# 94-06044-00

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-237

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 MB 3-11-94

Certificate of Authorization No.

N/A MB 3-11-94

Expiration Date

N/A MB 3-11-94

Signed

Michael Baines CONST ENGR

Date

3-11-94

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 HSB. I & I. Co. of HARTFORD, CT. have inspected the components described in this Owner's Report during the period 3-7-94 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.

C. E. Metcalf
Inspector's Signature

Commissions

TN-2633

National Board, State, Province, and Endorsements

Date

MARCH 21, 1994

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 AUTHORITY
Name
400 W. Summit Hill Dr. Knoxville, TN
Address

Date 3/9/94

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. Box 2000, Spring City, Tenn
Address

Unit 1

W0 93-08340-00

Repair Organization P.O. No., Job No., etc.

3. Work Performed by TENNESSEE VALLEY AUTHORITY
Name
P.O. Box 2000, Spring City, Tenn
Address

Type Code Symbol Stamp

Authorization No.

Expiration Date

N/A 3/9/94

4. Identification of System 070 / COMPONENT COOLING

5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1070-1-70-033		<u>N/A 3/9/94</u>		DCA P06109-05	<u>UNKNOWN</u>	<u>REPAIR</u>	<u>NO</u>

7. Description of Work REMOVE SHIM PLATE

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

FORM NIS-2 (Back)

9. Remarks TRACKING # 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 XI.
 repair or replacement

Type Code Symbol Stamp _____
 Certificate of Authorization No. _____ Expiration Date _____
 Signed _____ Date _____, 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 HSB. I. & I. Co. of HARTFORD, CT. have inspected the components described in this Owner's Report during the period 5-5-93 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. Mitcalfe Commissions TN-2633
 Inspector's Signature National Board, State, Province, and Endorsements

Date MARCH 16, 1994

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 AUTHORITY Date 3/11/94
Name
400 W. SUMMIT HILL DR. KNOXVILLE TN Sheet 1 of 1
Address

2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000, SPRING CITY, TN WD 93-08459-00
Address Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA Type Code Symbol Stamp _____
Name Authorization No. _____
P.O. Box 2000, SPRING CITY, TN Expiration Date 3/11/94
Address

4. Identification of System 070 / COMPONENT COOLING

5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1070-1-70-010		<u>N/A</u> <u>sm 3/11/94</u>		DCA POL 108-27	<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>

7. Description of Work ADD SHIM TO SUPPORT

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure _____ psi Test Temp. N/A sm 3/11/94 °F

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

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-240 + 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp _____

Certificate of Authorization No. _____ Expiration Date 3/11/94

Signed Jerry L. Dwyer R.E. Date 3/11, 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.S.B. I. AND I. Co. of HARTFORD, CT. have inspected the components described in this Owner's Report during the period 3-8-94 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.

C.E. Mitcavage Commissions TN-2633
Inspector's Signature National Board, State, Province, and Endorsements

Date MARCH 16, 19 94

WO 93-08459-00
Page 22 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 TENNESSEE VALLEY AUTHORITY Date 11-5-93
Name
400 W. SUMMIT HILL DRIVE KNOXVILLE TN. Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000 SPRING CITY, TN. 37381 Wd # 93-07053-00
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Type Code Symbol Stamp
Name
P.O. BOX 2000 SPRING CITY, TN. 37381 Authorization No. N/A gjm 11/5/93
Address Expiration Date
4. Identification of System 063 C.V.C.S.
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 WIN 81 ADDENDA

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER PSA3	BERGEN/ PATTERSON	SN 1402	N/A	N/A	UNKNOWN	REPLACEMENT	ND

7. Description of Work REPLACED DAMAGED SNUBBER

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
Other ☐ Pressure gjm 11/5/93 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.

Pg 27D of 36

FORM NIS-2 (Back)

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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp N/A cpm 3-12-94

Certificate of Authorization No. _____ Expiration Date _____

Signed Chuck Mudd FIELD ENG Date 3-12, 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 HARTFORD STEAM BOILER I & E, Co. of HARTFORD, CT. have inspected the components described in this Owner's Report during the period 11-4-93 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.

C. E. Metcalfe Commissions TN-2633
Inspector's Signature National Board, State, Province, and Endorsements

Date MARCH 13, 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 TENNESSEE VALLEY Authority Date 3-12-94
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000, Spring City, TN 37771
Address WORK ORDER 93-24359-00
Repair Organization P.O. No., Job No., etc.
3. Work Performed by WATTS BAR NUCLEAR PLANT Type Code Symbol Stamp
Name Authorization No. N/A 3-12-94
P.O. Box 2000, Spring City, TN Expiration Date N/A
Address
4. Identification of System SAFETY INJECTION (063)
5. (a) Applicable Construction Code AISC 19 73 Edition, 7th Addenda, N/A 3-12-94 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 EDITION THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT	TVA-MODS	NONE	NONE	1063-A435-7-50	UNKNOWN	REPLACEMENT	NO

7. Description of Work REPLACED CLAMPS, THRO ROD, NUTS AND WASHERS (ITEMS B & 9)

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure _____ psi Test Temp. _____ °F
N/A 3-12-94

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)

9. Remarks TRACKING NO 94-242 JWH 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 REPLACEMENT 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 James W. Harley (PROJ. ENGR) Date MARCH 12, 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.S.P. I. AND I. CO. of HARTFORD, CT. have inspected the components described 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.

C.E. Metcalfe Commissions TN-2633
Inspector's Signature National Board, State, Province, and Endorsements

Date MARCH 16, 19 94

WD 93-24359-00

PG 26 OF 27

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

PG 17 OF 24

1. Owner TENNESSEE VALLEY AUTHORITY
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN
Address

Date 3-12-94

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000 SPRING CITY, TN
Address

Unit 1

WORK ORDER 93-24383-16
Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA - MODIFICATIONS
Name
WATTS BAR NUCLEAR PLANT
Address

Type Code Symbol Stamp

Authorization No. N/A

Expiration Date Jul 3-12-94

4. Identification of System CVCS (062)

5. (a) Applicable Construction Code AISC 19 73 Edition, 7th Addenda, N/A Jul 3-12-94
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 EDITION THRU WINTER 1981 Code Case

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT	TVA-MDOOS	NONE	NONE	1-62A-155	UNKNOWN	REPLACEMENT	NO
<div>Jul 3-12-94</div>							

7. Description of Work ADDED SPACER PLATES

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

N/A Jul 3-12-94

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)

9. Remarks TRACKING NO 94-243 Jmt 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 REPLACEMENT 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

James W Haly (PROJ ENGR)
Owner or Owner's Designee, Title

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 TENNESSEE and employed by THE H.S.B. I. & L. Co. of HARTFORD, CT. have inspected the components described in this Owner's Report during the period 3-8-94 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.

C.E. Nitealde
Inspector's Signature

Commissions

TN-2633

National Board, State, Province, and Endorsements

Date

MARCH 16, 19 94

93-24383-16

PG 18 OF 24

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 AUTHORITY Date 3/12/94
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000, SPRING CITY, TN 37771 37381 9th 3/12/94 WO# 94-05751-00
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TENNESSEE VALLEY AUTHORITY (WBNA) Type Code Symbol Stamp
Name 37381 9th 3/12/94 Authorization No. N/A
P.O. BOX 2000, SPRING CITY, TN 37771 Expiration Date 3/12/94
Address
4. Identification of System SAFETY INJECTION SYSTEM No. 63

5. (a) Applicable Construction Code AISC 1973 Edition, JUNE, 1973 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 80 Through Winter 1981 Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>SUPPORT 1063-1-63-201</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>REPAIRED</u>	<u>NO</u>

7. Description of Work DRILLED HOLES IN ANGLE IRON TO ACCOMMODATE PIN REMOVAL FOR SUPPORT 1-63-202.
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure 3/12/94 psi Test Temp. 3/12/94 °F

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

FORM NIS-2 (Back)

9. Remarks NONE TRACKING No. 94-244 BSW 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 REPAIR conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp _____

Certificate of Authorization No. _____ Expiration Date NA 9/12/94

Signed [Signature] Date March 12, 1994
Owner or Owner's Designee, Title Eng.

CERTIFICATE OF INSERVICE INSPECTION

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.D. I. & I. Co. of HARTFORD, CT. have inspected the components described in this Owner's Report during the period 3-9-94 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.

[Signature] Commissions TN-2633
Inspector's Signature National Board, State, Province, and Endorsements

Date MARCH 16, 1994

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 Authority
Name
400 W. Summit Hill Drive, Knoxville, TN
Address

Date 3-12-94

Sheet 1 of 2

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. Box 2000, Spring City, TN 37381
Address

Unit 1

WP# D-12667-05
Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA - MODIFICATIONS
Name
WATTS BAR NUCLEAR PLANT
Address

Type Code Symbol Stamp

Authorization No. N/A BS 3/12/94

Expiration Date

4. Identification of System CHEMICAL AND VOLUME CONTROL / 062

5. (a) Applicable Construction Code AISC 19 73 Edition, 7 Addenda, N/A BS 3/12/94 Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU '81 W/1981 WINTER ADDENDA.

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1062-1-62A-366	NOT KNOWN	NONE	NONE	NONE	NOT KNOWN	REPLACEMENT	N
<div style="position: relative; height: 100px;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; background: linear-gradient(to top right, transparent 49%, black 49%, black 51%, transparent 51%);"></div> </div>							

7. Description of Work MODIFY SUPPORT PER DCA'S.

8. 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 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks TRACKING NO: 94-245 B8 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 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

B8mgs (FIELD ENGINEER)
Owner or Owner's Designee, Title

Date

3/12/

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 TN and employed by HSB I & I Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 3-1-94 to 4-4-94, 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

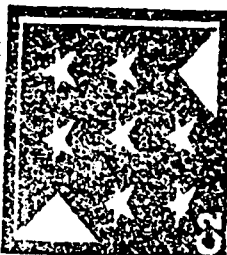
Date

4-4

19

94

WATTS BAR



TVA NUCLEAR

MAR 02 1994

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 AUTHORITY Date 7/20/93
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE Sheet 1 of 1
Address TN.
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name 37381
P.O. BOX 2000, SPRING CITY, TN 37774 WO-93-08457-00
Address MN Repair Organization P.O. No., Job No., etc.
3. Work Performed by WATTS BAR MODIFICATION Type Code Symbol Stamp P4 7/20/93
Name 37381 Authorization No.
P.O. BOX 2000, SPRING CITY, TN 37774 Expiration Date 3/12/94
Address MN
4. Identification of System 070/CCW
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, NONE Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 - WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1-70-002</u>		<u>N/A</u>		<u>1-70-002</u>	<u>UN - KNOWN</u>	<u>REPLACE -</u>	<u>NO</u>
		<u>BY 7/20/93</u>					

7. Description of Work REPLACED SHIM PLATE WITH THICKER SHIM TO GET 0" GAP
8. Tests Conducted: ☒ Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure ☐ Test Temp. ☐ °F P4 7/20/93

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

W0-93-08457-00
PAGE 23 OF 31

FORM NIS-2 (Back)

9. Remarks CDM 3-1199
NONE 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 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

F. Yong
Owner or Owner's Designee, Title

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 TENNESSEE and employed by THE H.S.B. I. AND I. Co. of HARTFORD, CT. have inspected the components described in this Owner's Report during the period 7-30-93 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.

[Signature]
Inspector's Signature

Commissions

TN 2537
National Board, State, Province, and Endorsements

Date 3-31 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 TENNESSEE VALLEY AUTHORITY Date 3-12-94
Name
400 W. SUMMIT HILL DRIVE KNOXVILLE TN Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000 SPRING CITY TN 37381 WO # 93-07053-00
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TYA Type Code Symbol Stamp _____
Name Authorization No. _____
P.O. BOX 2000 SPRING CITY TN 37381 Expiration Date _____
Address
4. Identification of System DSB CYCS
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 WINTER 81 ADDENDA

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
6" PIPE CLAMP	BERGEN/PATTERSON	N/A	N/A	N/A	N/A	REPLACEMENT	NO

7. Description of Work REPLACED 6" PIPE CLAMP

8. Tests Conducted: Hydrostatic ☒ N/A Pneumatic ☒ N/A Nominal Operating Pressure ☐
 Other ☐ Pressure 3-12-94 psi Test Temp. _____ °F

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

pg 27F of 36

FORM NIS-2 (Back)

9. Remarks TRACKING NO. 94-247

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NIA CPM 3-12-94

Certificate of Authorization No. _____ Expiration Date _____

Signed Charles Mudd Date 3-12 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 HARTCO'S TORM BOKH I. & I. Co. of HARTCO, CT. have inspected the components described in this Owner's Report during the period 11-5-93 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.

C.E. Miteal Commissions TN-2633
Inspector's Signature National Board, State, Province, and Endorsements

Date MARCH 13, 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 TENNESSEE VALLEY AUTHORITY Date 03-02-94
Name
400 W SUMMIT HILL DR., KNOXVILLE, TN.
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1 (ONE)
Name
P.O. BOX 2000, SPRING CITY, TN 37771
Address WO# 93-15887-08
Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA - MODIFICATIONS Type Code Symbol Stamp _____
Name
WATTS BAR NUCLEAR PLANT Authorization No. _____
Address Expiration Date N/A JN 3-2-94
4. Identification of System MAIN & AUXILIARY FEEDWATER, SYS 003
5. (a) Applicable Construction Code AISC 19 73 Edition, 7TH Addenda N/A JN Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU 1981 3-2-94
W/1981 WINTER ADDENDA
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT 1-03A-282	UNKNOWN	UNKNOWN	UNKNOWN	HT # 40205461	UN - KNOWN	REPLACEMENT	NO
N/A JN3-12-94							

7. Description of Work REMOVE EXISTING SHIM, WELD NEW SHIM
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
 Other ☐ Pressure _____ psi Test Temp. _____ °F
JN 3-2-94

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

FORM NIS-2 (Back)

9. Remarks

TRACKING № 94 - 248 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. repair or replacement

Type Code Symbol Stamp

N/A JN 3-12-94

Certificate of Authorization No.

Expiration Date

Signed

JAYANTA NIYOGI (JAYANTA NIYOGI, FE)

Date

3 - 12 - 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 HSB, I. AND I. Co. of HARTFORD, CT. have inspected the components described in this Owner's Report during the period 3-7-94 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.

C. E. Metcalf
Inspector's Signature

Commissions

TN-2633

National Board, State, Province, and Endorsements

Date

MARCH 16, 19 94

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

PAGE 22 OF 24

1. Owner TENNESSEE VALLEY AUTHORITY
Name

400 W SUMMIT HILL DR., KNOXVILLE, TN.
Address

Date 03 - 09 - 94

Sheet 1 of 21 ^{SAS 3/12/94}

2. Plant WATTS BAR NUCLEAR PLANT
Name

P.O. BOX 2000, SPRING CITY, TN 37771
Address

Unit 1 (ONE)

WO. 93 - 24383 - 01

Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA - MODIFICATIONS
Name

WATTS BAR NUCLEAR PLANT
Address

Type Code Symbol Stamp

Authorization No.

Expiration Date N/A JN3-9-94

4. Identification of System CHEMICAL AND VOLUME CONTROL, SYS. 062

5. (a) Applicable Construction Code AISC 19 73 Edition, 7TH Edt. Addenda N/A Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU 1981 JN3-9-94
W/1981 WINTER ADDENDA

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT							
1-62A-200	UNKNOWN	UNKNOWN	UNKNOWN	HT# 2C7131	UN KNOWN	REPLACE.	NO.
<div style="text-align: center;">N/A JN 3 - 12 - 94</div>							

7. Description of Work WELD SHIM BEHIND BASE PLATE FOR GAP REQUIREMENTS

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

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) information in items 1 through 6 on this report 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 # 93-24383-01

FORM NIS-2 (Back)

9. Remarks

TRACKING N° 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp

N/A JN 3-12-94

Certificate of Authorization No.

Expiration Date

Signed

JAYANTA NIYOGI, F.E.I.

Date

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. L. & I. Co. of HARTFORD, CT. have inspected the components described in this Owner's Report during the period 3-10-94 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.

C.E. Metcalfe

Inspector's Signature

Commissions

TN-2633

National Board, State, Province, and Endorsements

Date

MARCH 16, 1994

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 AUTHORITY Date 3-12-94
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN. Sheet 1 of 2
Address

2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
PO BOX 2000 SPRING CITY, TN NP D-04536-01-K6
Address Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA-MODIFICATIONS Type Code Symbol Stamp
Name
WATTS BAR NUCLEAR PLANT Authorization No. NA 3-12-94
Address Expiration Date

4. Identification of System STEAM GENERATOR BLOWDOWN SYS # 15

5. (a) Applicable Construction Code AISC 19 73 Edition, 7TH Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 EDITION THRU WINTER 1981, WITH ADDEND

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>SUPT. # 1001-A400-6-263</u>	<u>NA 3-12-94</u>	<u>NONE</u>	<u>NONE</u>	<u>DCA D-04536-01-13 & 14</u>	<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>
	<u>NA 3-12-94</u>						

7. Description of Work PIPE SUPPORT MODIFICATION

8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure NA 3-12-94 psi Test Temp. NA 3-12-94 °F

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

WORK INSTRUCTION D-04536-01

Page 8 cont. on Page 9

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-250 @ 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp

N APR 3-12-94
A

Certificate of Authorization No.

Expiration Date

Signed

Sam D. Alley CE
Owner or Owner's Designee, Title

Date

3-12

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 THE HSB. I & I. Co. of HARTFORD, CT. have inspected the components described in this Owner's Report during the period 4-7-93 to 4-22-94, 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. Metcalf
Inspector's Signature

Commissions

TAI-2633 N&I

National Board, State, Province, and Endorsements

Date

APRIL 22, 1994



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

1. Owner TVA Date 3-13-94
Name
400 WEST SUMMIT HILL DR. KNOXVILLE, TN Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000 SPRING CITY, TN WD 92-09220-00
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Type Code Symbol Stamp
Name
P.O. BOX 2000, SPRING CITY, TN Authorization No. N CDN 3-13-94
Address Expiration Date A
4. Identification of System 074/ RHR
5. (a) Applicable Construction Code AISC 1973 Edition, JUNE 1973 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-74-14			A <u>CDN 3-13-94</u>		<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>N</u>
			N				
			A				
			N <u>CDN 3-13-94</u>				

7. Description of Work REPLACED CLAMP
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure psi Test Temp. CDN °F
3-13-94

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

92092200.0
PG 24 OF 137

FORM NIS-2 (Back)

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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp _____

Certificate of Authorization No. _____ Expiration Date 3-13-94

Signed Charles Newton FE Date 3-13, 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.S.B. I & I. Co. of HARTFORD, CT. 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.

C.E. Metcalfe Commissions TN-2633
Inspector's Signature National Board, State, Province, and Endorsements

Date MARCH 18, 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 TENNESSEE VALLEY Authority
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN
Address

Date 3-13-94

Sheet 1 of 2

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000, SPRING CITY, TN 37381
Address

Unit 1

WP # D-04632-30
Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA MODIFICATIONS
Name
WATTS BAR NUCLEAR PLANT
Address

Type Code Symbol Stamp

Authorization No. N/A 1B8 3/13/94

Expiration Date

4. Identification of System SAFETY INJECTION / 063

5. (a) Applicable Construction Code AISC 1973 Edition, 7 Addenda, N/A 1B8 Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU' 1981 3/13/94
W/1981 WINTER ADDENDA.

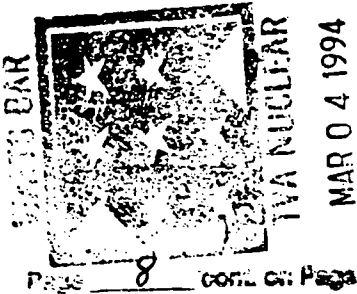
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1063-1-63-453	NOT KNOWN	NONE	NONE	NONE	NOT KNOWN	REPLACE-MENT	N
<div style="position: relative; height: 100px;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; background: linear-gradient(to top right, transparent 49%, black 49%, black 51%, transparent 51%);"></div> </div>							

7. Description of Work MODIFY SUPPORT PER F-DCN # F-27048-A.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. _____ °F
N/A 1B8 3/13/94

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



D 04682 80
WORKPLAN _____

Page 8 Cont. G: Page 9

FORM NIS-2 (Back)

9. Remarks TRACKING NO: 94-252 18 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 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 _____

Owner or Owner's Designee, Title

Field Engineer (FIELD ENGINEER)

Date _____

3/13

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 HARTFORD CONN 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 this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be 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. E. Smith
Inspector's Signature

Commissions _____

TN 2534

National Board, State, Province, and Endorsements

Date _____

3/28

19 94

7-1-8
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 TENNESSEE VALLEY AUTHORITY Date 3/13/94
Name
400 W. SUMMIT HILL DR., KNOXVILLE TN. Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000, SPRING CITY, TN. 37381 21328-61
Address WP D-0562330434/44
Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Type Code Symbol Stamp NA
Name Authorization No. 80K 03/04/94
P.O. BOX 2000, SPRING CITY, TN Expiration Date 3/13/94
Address
4. Identification of System 062 / CHEMICAL AND VOLUME CONTROL SYSTEM
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 8.0 THRU WINTER 1981 ADDITION

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1062-1-62A-3A				DCA-M21328-78 M21328-79 M21328-80	UNK	REPLACEMENT	NO
<div style="position: relative; width: 100%; height: 100%;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; border-left: 2px solid black; border-bottom: 2px solid black;"></div> </div>							

7. Description of Work MODIFIED SUPPORTS PER DCA'S - M 21328-78; 79; AND 80
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure _____ psi Test Temp. _____ °F
80K 3/14/94

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

D 21328 61

FORM NIS-2 (Back)

9. Remarks TRACKING NO 94-253 wmo 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp

20K
3444

Certificate of Authorization No.

Expiration Date

Signed

Stephen D. Kienzle Engineer Date 3-16, 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 HSB. I. & I. Co. of HARTFORD, 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.

C.E. Metcalf
Inspector's Signature

Commissions

TN-2633 NFI
National Board, State, Province, and Endorsements

Date

April 14, 19 94

MAR 03 1994

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 AUTHORITY Date 3/10/99
Name
400 W. SUMMIT HILL DR. KNOXVILLE, TN
Address
2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name
P.O. Box 2000, SPRING CITY, TN Unit 1
Address
WD 93-08535-00
Repair Organization P.O. No., Job No., etc.
3. Work Performed by TENNESSEE VALLEY AUTHORITY Type Code Symbol Stamp
Name
P.O. Box 2000, SPRING CITY, TN Authorization No. N/A
Address
Expiration Date 3/10/99
4. Identification of System OTO / COMPONENT COOLING
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1070-1-70-032		N/A	3/10/99	DCA P06109-04	UNKNOWN	REPLACEMENT	N/D
			N/A				
			3/10/99				

7. Description of Work REPLACE SHIM

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure N/A Test Temp. 3/10/99 °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)

WD 93-08535-00

9. Remarks

TRACKING # 94-254

PG 21 OF 23

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 Newton
Owner or Owner's Designee, Title

FE

Date 3-13, 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 H.B. I. & J. Co. of 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 shall be 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. Mitcalfe
Inspector's Signature

Commissions

TN-2633

National Board, State, Province, and Endorsements

Date MARCH 15, 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 TENNESSEE VALLEY AUTHORITY Date 3-13-94
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 7000 SPRING CITY, TN 37381 W.P. D21328-60
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA MECH. MODIFICATIONS Type Code Symbol Stamp _____
Name Authorization No. N/A B2P
WATTS BAR NUCLEAR PLANT Expiration Date 3-13-94
Address
4. Identification of System CHEMICAL VOLUME CONTROL SYSTEM / SYS 62
5. (a) Applicable Construction Code AISC, 7TH 19 73 Edition, N/A B2P 3/13/94 Addenda, N/A B2P 3/13/94 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 EDITION THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPING SUPPORT	N/A B2P 3-13-94	NONE	NONE	1062-1-62A-2	UNKNOWN	REPLACEMENT	NO
<div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%);"> N/A B2P 3-13-94 </div>							

7. Description of Work MODIFIED SUPPORT PER DCAS M21328-74, -75

8. Tests Conducted: ☒ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐ Pressure _____ psi Test Temp. _____ °F N/A B2P 3-13-94

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.

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WP D-21328-60

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-255

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 B2P 3/13/94Certificate of Authorization No. N/A B2P 3/13/94 Expiration Date N/A B2P 3/13/94Signed Bradford O. Perdue Date March 13, 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 IFFI CO' of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 3/30/94 to 3/30/94, 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. Earnigh Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 3/30 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 TENNESSEE VALLEY AUTHORITY Date 3/11/94
Name
400 W. SUMMIT HILL DRIVE KNOX TN. Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000, SPRING CITY TN 37771 W P D-4632-22
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA, mech MODIFICATIONS Type Code Symbol Stamp
Name
WATTS BAR NUCLEAR PLANT Authorization No. N/A
Address Expiration Date 3-11-94
4. Identification of System SAFETY INJECTION / SYS 63
5. (a) Applicable Construction Code AISC, 7th 19 73 Edition, NA 3203-1194 Addenda, NA 3203-1194 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 EDITION THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
① PIPE SUPPORT	NA 3203-1194	NONE	NONE	1063-1-63-015	UNKNOWN	REPLACEMENT	NO
② PIPE SUPPORT	NA 3203-1194	NONE	NONE	1063-1-63-018	UNKNOWN	REPLACEMENT	NO
③ PIPE SUPPORT	NA 3203-11-94	NONE	NONE	1063-1-63-027	UNKNOWN	REPLACEMENT	NO
④ PIPE SUPPORT	NA 3203-11-94	NONE	NONE	1063-1-63-029	UNKNOWN	REPLACEMENT	NO
⑤ PIPE SUPPORT	NA 3203-11-94	NONE	NONE	1063-1-63-038	UNKNOWN	REPLACEMENT	NO

7. Description of Work ① ADDED STIFFENER PLATES ② - ⑤ Modified Supports

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
Other ☐ Pressure A psi Test Temp. 3203-11-94 °F

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

WP# D-04632-22

FORM NIS-2 (Back)

9. Remarks

TRACKING # 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp N/A 94-3-11-94

Certificate of Authorization No. N/A 94-3-11-94 Expiration Date N/A 94-3-11-94

Signed Joe E. Davis 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 HSB I & Co. of Hartford, CT. 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.

[Signature] Commissions TN 2537
Inspector's Signature National Board, State, Province, and Endorsements

Date 4-5 19 94

WP D-21328-59

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 TENNESSEE VALLEY AUTHORITY Date 3-14-94
Name
400 W. Summit Hill Drive, Knoxville, TN Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000 Spring City, TN 37381 WP # D-21328-59
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA MODS Type Code Symbol Stamp
Name Authorization No. NA g/c 3-14-94
P.O. Box 2000 Spring City, TN 37381 Expiration Date
Address
4. Identification of System 74 RESIDUAL HEAT REMOVAL
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, NA g/c 3-14-94 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 w/ADDENDA THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1074-1-74-7	NA g/c 3-14-94	NONE	NONE	DCA M-21328-225	UNKNOWN	REPLACEMENT	N/A
NA g/c 3-14-94							

7. Description of Work MODIFIED SUPPORT

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
NA g/c 3-14-94 Other ☐ Pressure ☐ psi Test Temp. ☐ °F

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

WP 0-21328-59

0029 no Jms

0029

Page

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9

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-257 BDW 3/14/94

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp _____

Certificate of Authorization No. _____

Expiration Date _____

Signed _____

Owner or Owner's Designee, Title

NA g/c 3-14-94
Darryl Cagle MECH ENG.

Date

March 13

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 IFIO of HARTFORD 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.

B Eamigh
Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

3/29

19 94



WP# D-20758-15

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

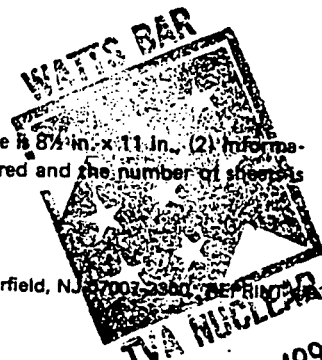
1. Owner TENNESSEE VALLEY AUTHORITY Date 3-14-94
400 W. Summit Hill Drive, Knoxville, TN Sheet 1 of 2
 Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
P.O. Box 2000, Spring City, TN 37381 WP# D-20758-15
 Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA MODIFICATIONS Type Code Symbol Stamp
WATTS BAR NUCLEAR PLANT Authorization No. N/A RS 3/14/94
 Address Expiration Date
4. Identification of System MAIN & AUXILIARY FEEDWATER / 3
5. (a) Applicable Construction Code AISC 19 73 Edition, 7 Addenda, N/A RS 3/14/94 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU' 81 W/ 81 WINTER ADDENDA
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1803A-1-03A-482	BERGEN PATERSON/POWER STAPES	NONE	NONE	NONE	NOT KNOWN	REPLACEMENT	N
<div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%);"> 9 N/A RS 3/14/94 </div>							

7. Description of Work REPLACE U-BOLTS AND BELLEVILLE WASHERS PER DCA'S. SEE PAGE 19.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
 Other ☐ Pressure _____ psi Test Temp. _____ °F
N/A RS 3/14/94

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



0269

0269

WP# D-20758-15

Page 8 cont. on Page 9

FORM NIS-2 (Back)

9. Remarks TRACKING NO: 94-258 18 3/2 3/14/94

Applicable Manufacturer's Data Reports to be attached

N/A 18 3/14/94

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. repair or replacement

Type Code Symbol Stamp _____

Certificate of Authorization No. _____

Expiration Date _____

Signed B. Singh

(B. SINGH) FIELD ENGINEER

Date

3/14, 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 I & I Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 2-21-94 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.

Inspector's Signature

Commissions

TN 2537
National Board, State, Province, and Endorsements

Date

4-6 1994

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

PAGE 14 OF 26

1. Owner TENNESSEE VALLEY AUTHORITY Date 3-5-94
Name
400 W. SUMMIT HILL DR. KNOXVILLE, TN Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000, SPRING CITY, TN WO # 94-01033-07
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Type Code Symbol Stamp N/A
Name
P.O. BOX 2000, SPRING CITY, TN Authorization No. EDM 3-5-94
Address Expiration Date
4. Identification of System CVCS
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE '73 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80-THRU-WINTER 1981 ADDITION

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
62-1CVC-R55		N A EDM 3.11.94		NONE	UNKNOWN	REPLACED SHIM	NO
		N A EDM 3.11.94					

7. Description of Work REPLACE SHIM MATERIAL
8. 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 recorded at the top of this form.

FORM NIS-2 (Back)

WO# 94-01033-07

PAGE 15 OF 26

9. Remarks None Tracking # 94-259 BDW 3/14/94
Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp

N A ESM
3.11.94

Certificate of Authorization No.

Expiration Date

Signed

Owner or Owner's Designee Title

- F.E.

Date

3.11

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 TENNESSEE and employed by THE H.S.B. T & I Co. of HARTFORD CT. have inspected the components described 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 inspection.

C. E. Mitealfe
Inspector's Signature

Commissions

TN-2633

National Board, State, Province, and Endorsements

Date

MARCH 15, 19 94

WID - 0 - 21328 - 50

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 TENNESSEE VALLEY AUTHORITY Date 3/14/94
Name
400 W. Summit Hill Drive, Knoxville, TN
Address
2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name
P.O. Box 2000 Spring City, TN 37381 Unit 1
Address WP D - 21328-50
Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Type Code Symbol Stamp
Name Authorization No. N/A 3/14/94
P.O. Box 2000 Spring City, TN Expiration Date
Address
4. Identification of System 062 / CHEMICAL AND VOLUME CONTROL SYSTEM
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981 ADDITION

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1062-1-62A-345</u>		<u>30K 3/14/94</u>		<u>DCM 21328-90</u> <u>A 21328-91</u> <u>A 21328-288</u>	<u>UNK</u>	<u>REPLACEMENT</u>	<u>NO</u>
<u>30K 3/14/94</u>							

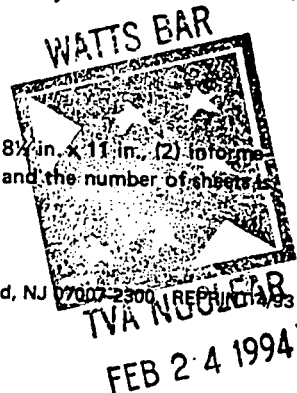
7. Description of Work MODIFIED SUPPORT PER DCA'S D 21328-90, 91, AND 288

8. 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 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

(12/82)

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



W10 D-21328-50

Page 8 cont. on Page 9

FORM NIS-2 (Back)

9. Remarks TRACKING NO. 94-260 8012 3-14-94

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp

901/94
3/14

Certificate of Authorization No. _____ Expiration Date _____

Signed Stephen D. Kinsle Engineer Date 3/14, 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 IFT Co. of HARTFORD 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.

B. Eamigh
Inspector's Signature

Commissions TN 2534
National Board, State, Province, and Endorsements

Date 3/29, 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 TENNESSEE VALLEY AUTHORITY
Name

Date 3-15-94
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN
Address

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name

Unit 1
PO BOX 2000, SPRING CITY, TN 37381
Address

WP D-04535-04
Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA (WBAP)
Name

Type Code Symbol Stamp

PO BOX 2000, SPRING CITY TN 37381
Address

Authorization No. N/A 3-15-94

Expiration Date

4. Identification of System MAIN AUX. FEEDWATER, SWS-003

5. (a) Applicable Construction Code AISC 7TH 19 73 Edition, JUNE 1973 Addenda, N/A 3-15-94 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80-W81

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT 1003-A427-6-1	TVA	NONE	NONE	47A427-6-1	UNK	REPLACEMENT	NO
PIPE SUPPORT 1003A-1-03A-402	TVA	NONE	NONE	1-03A-402	UNK	REPLACEMENT	NO
PIPE SUPPORT 1003A-1-03A-428	TVA	NONE	NONE	1-03A-428	UNK	REPLACEMENT	NO
PIPE SUPPORT 1003A-1-03A-416	TVA	NONE	NONE	1-03A-416	UNK	REPLACEMENT	NO
			N	3-15-94			

7. Description of Work MODIFIED EXISTING SUPPORTS

8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. _____ °F N/A 3-15-94

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

WO# D-04535-04

FORM NIS-2 (Back)

9. Remarks NIS-2 TRACKING NUMBER: 94-261 DOB 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. repair or replacement

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE

Expiration Date NONE

Signed John D. Sampson, MECH. FIELD ENGR Date 3-15-94 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 I & I CO. of HARTFORD 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 inspection.

B. Eamigh Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 4/1 19 94



WP D-21328-52Page 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 TENNESSEE VALLEY AUTHORITY Date 3-14-94
Name
400 W Summit Hill Drive Knoxville, TN Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 7000, Spring City, TN 37381 WP# D-21328-52
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Type Code Symbol Stamp _____
Name Authorization No. _____
WATTS BAR NUCLEAR PLANT Expiration Date _____
Address
4. Identification of System 3-12-94 JWN 15
066
5. (a) Applicable Construction Code AISC 7TH 19 73 Edition, N/A JWN Addenda, N/A JWN 3-12-94 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 BOTHRUWINTER 1981 ADDENDA.

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1001-A400-6-196</u>	<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	<u>D-CA-21328-17</u> <u>DA-21328-18</u> <u>E-29674-A</u>	<u>UNKNOWN</u>	<u>Replacement</u>	<u>NO</u>
<u>4/11 3-15-94 JWN</u>							

7. Description of Work REMOVED BELLEVILLE WASHERS & MODIFIED SUPPORT

8. Tests Conducted: N/A JWN ☐ 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 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.



(12/82)

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

MAR 04 1994

WP D-21378-52

FORM NIS-2 (Back)

9. Remarks Tracking # 94-262 BOW 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. repair or replacement

Type Code Symbol Stamp

Certificate of Authorization No.

Expiration Date

Signed Jimmy W Steele
Owner or Owner's Designee, Title

Date 3-14-94, 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 I & I CO. of HARTFORD 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.

B. Earnigh
Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date 3/29, 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 TENNESSEE VALLEY AUTHORITY
Name
400 W. Summit Hill Drive, Knoxville, TN
Address

Date 3-15-94

Sheet 1 of 2

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. Box 2000, Spring City, TN 37381
Address

Unit 1

WP# D-05922-06

Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA-MODIFICATIONS
Name
WATTS BAR NUCLEAR PLANT
Address

Type Code Symbol Stamp

Authorization No. N/A 18 3/15/94

Expiration Date

4. Identification of System RESIDUAL HEAT REMOVAL / SYSTEM 74

5. (a) Applicable Construction Code AISC 19 73 Edition, 7 Addenda, N/A 18 3/15/94 Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU '81 W/1981 WINTER ADDENDA

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1074-1-74-8	PACIFIC SCIENTIFIC	13131	NONE	NONE	NOT KNOWN	REPLACE-MENT	N

7. Description of Work MODIFY SUPPORT PER DCA'S. REPLACE SNUBBER

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

N/A 18 3/15/94

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

TVA NUCLEAR
MAR 01 1994

D 05922 06
WORKPLAN

Page 8 cont. on Page 9

FORM NIS-2 (Back)

9. Remarks TRACKING NO: 94-263 18 3/15/94

Applicable Manufacturer's Data Reports to be attached

N/A 18 3/15/94

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. repair or replacement

Type Code Symbol Stamp

Certificate of Authorization No. N/A 18 3/15/94 Expiration Date

Signed Bernard (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 TN and employed by HSBI & I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 2-28-94 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.

[Signature]
Inspector's Signature

Commissions

TN 2537
National Board, State, Province, and Endorsements

Date 3-29 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 TENNESSEE VALLEY AUTHORITY
Name
400 W SUMMIT HILL DR., KNOXVILLE, TN
Address
2. Plant WATTS BAR NUCLEAR PLANT
Name
PO. BOX 2000, SPRING CITY, TN 37771
Address
3. Work Performed by TVA - MODIFICATIONS
Name
WATTS BAR NUCLEAR PLANT
Address
4. Identification of System CHEMICAL AND VOLUME CONTROL, SYS 062
5. (a) Applicable Construction Code AISC 19 73 Edition, 7TH Addenda, N/A JN 3-11-94 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU 1981
W/1981 WINTER ADDENDA
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>PIPE SUPPORT</u>							
<u>1-62A-115</u>	<u>UNKNOWN</u>	<u>UNKNOWN</u>	<u>UNKNOWN</u>	<u>NONE</u>	<u>UN KNOWN</u>	<u>REPLACEMT</u>	<u>NO</u>
			<u>N/A</u>	<u>JN 3-15-94</u>			

7. Description of Work WELD SHIM TO MINIMIZE GAP REQUIREMENTS
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
Other ☐ Pressure psi Test Temp. °F
JN 3-10-94

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

WO# 93-24383-12

FORM NIS-2 (Back)

9. Remarks TRACKING N° 94 — 264 JN 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. repair or replacement

Type Code Symbol Stamp

N/A JN 3-15-94

Certificate of Authorization No.

Expiration Date

Signed

Owner or Owner's Designee, Title

Jayanta Niyogi (JAYANTA NIYOGI, FE) Date 3-15, 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 HSBI & I Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 3-11-94 to 3-20-94, 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

Date

3-20 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 TENNESSEE VALLEY AUTHORITY Date 3-15-94
Name
400 W Summit Hill Drive, Knoxville, TN Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 7000, Spring City, TN 37381 WP # D-20761-61
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA MODS Type Code Symbol Stamp
Name Authorization No. CNA g/c 3-15-94
P.O. Box 7000 Spring City, TN 37381 Expiration Date
Address
4. Identification of System 63 SAFETY INJECTION
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, NA g/c 3-15-94 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 W ADDENDA THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1063-1-63462	NA g/c 3-15-94	NONE	NONE	DCA-17-20761	UNKNOWN	REPLACEMENT	NO
NA g/c 3-15-94							

7. Description of Work MODIFIED SUPPORT

8. Tests Conducted: ☒ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
NA g/c 3-15-94 Other ☐ Pressure _____ psi Test Temp. _____ °F

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

D-20761-61

Page 8 cont. of Page 9

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-265 g/c 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. repair or replacement

Type Code Symbol Stamp NA g/c 3-15-94

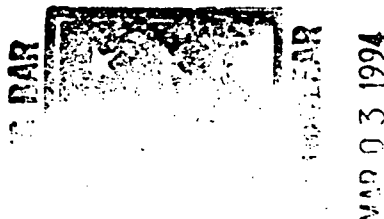
Certificate of Authorization No. _____ Expiration Date _____

Signed Gary Cagle Date March 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 TENNESSEE and employed by H.B. III Co. of HAYT FORD CONN. 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 this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be 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 B. Eamigh Commissions TN 2534
National Board, State, Province, and EndorsementsDate 3/28, 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 TENNESSEE VALLEY AUTHORITY Date 3-15-94
Name
400 W SUMMIT HILL DRIVE, KNOXVILLE, TN Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000, SPRING CITY, TN 37381 W.P. D-21328-53
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA, MECH MODIFICATIONS Type Code Symbol Stamp
Name Authorization No. N/A
WATTS BAR NUCLEAR PLANT Expiration Date 3-15-94
Address
4. Identification of System CHEMICAL VOLUME CONTROL SYSTEM / SYSTEM #062
5. (a) Applicable Construction Code AISC, 7th 19 73 Edition, N/A Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 EDITION THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT	N/A	NONE	NONE	1062-1-62A-6	UNKNOWN	REPLACEMENT	NO

7. Description of Work RELOCATED REAR BRACKET

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
Other ☐ Pressure psi Test Temp. 3-15-94 °F

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

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-266 JED 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. repair or replacement

Type Code Symbol Stamp N/A JED 3-15-94

Certificate of Authorization No. N/A JED 3-15-94 Expiration Date N/A JED 3-15-94

Signed Joe E. Davis 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 AND I. Co. of HARTFORD, CT. have inspected the components described in this Owner's Report during the period 2-25-94 to 4-19-94, 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.

C.E. Metcalf Commissions TN-2633 N&I
Inspector's Signature National Board, State, Province, and Endorsements

Date April 19, 1994



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 AUTHORITY
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN
Address
2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. Box 2000, Spring City, TN 37381
Address
3. Work Performed by T.V.A. MECH. MODS
Name
WATTS BAR NUCLEAR PLANT
Address
- Date 3-15-94
Sheet 1 of 1
Unit 1
Repair Organization P.O. No., Job No., etc. WP D-06263-07
Type Code Symbol Stamp
Authorization No. N/A B2P 3-15-94
Expiration Date
4. Identification of System REACTOR COOLANT SYSTEM / SYS 68
5. (a) Applicable Construction Code AISC, 7TH 19 73 Edition, N/A B2P 3/15/94 Addenda, N/A B2P 3/15/94 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 EDITION THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>PIPE SUPPORT</u>	<u>N/A B2P 3/15/94</u>	<u>NONE</u>	<u>NONE</u>	<u>106B-1-6B-031</u>	<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>N</u>
<u>N/A B2P 3-15-94</u>							

7. Description of Work MODIFY SUPPORT PER DCA K06263-20-0 & DCA K06263-19-0
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. _____ °F N/A B2P 3/15/94

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

MAR 15 1994

Page 8 cont. on Page 9

WO# D-06263-07

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-267 RAP 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. repair or replacement

Type Code Symbol Stamp N/A RAP 3/15/94

Certificate of Authorization No. N/A RAP 3/15/94 Expiration Date N/A RAP 3/15/94

Signed Bradford J. Pendue Date March 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 IN and employed by HSBI & I Co. of Hartford, CT. have inspected the components described 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 Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

SP [Signature] Commissions TN 2537
Inspector's Signature National Board, State, Province, and Endorsements

Date 4-1 19 94

JAN 22 1993

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 AUTHORITY Name Date 3-16-94
400 W. SUMMIT HILL DRIVE, KNOX, TN Address Sheet 1 of 1
2. Plant WATTS BAR NUCLEAR PLANT Name Unit 1
P.O. BOX 2000, SPRING CITY, TN. 37771 Address 37381 YMD
4074 W.P. D-12669-01 Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA MECH MODIFICATIONS Name Type Code Symbol Stamp
WATTS BAR NUCLEAR PLANT Address Authorization No. N/A
Expiration Date 3-16-94
4. Identification of System SAFETY INJECTION / SYS 063
5. (a) Applicable Construction Code ASCE 7TH 19 73 Edition, N/A Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 EDITION THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT	N/A	NONE	NONE	1063-A435-6-108	UNKNOWN	REPLACEMENT	No.
N/A 3-16-94							

7. Description of Work INSTALLED PIPE CLAMP
8. Tests Conducted: Hydrostatic ☒ Pneumatic ☒ Nominal Operating Pressure ☒
Other ☐ Pressure 14 psi Test Temp. 92.5-16-94 °F.

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

D-12669 01

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

REPRINT 12/91

CONT. 7
ON PG. 6

JAN 2 1993

FORM NIS-2 (Back)

9. Remarks TRACKIN # 94-268 JCD 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp N/A JCD 3-16-94
Certificate of Authorization No. N/A JCD 3-16-94 Expiration Date JCD 3-16-94
Signed JCD Date MARCH 316, 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 I/I CO. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 4/29/94 to 4/29/94, 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. Eamigh Commissions TN2534
Inspector's Signature National Board, State, Province, and Endorsements
Date 4/29, 19 94

D 12669 01

PG. 7 CONT. 8
ON PG.

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 AUTHORITY Date 3/16/94
Name
400 W. SUMMIT HILL DRIVE, KNOX, TN. Sheet 1 of 1
Address
 2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000 SPRING CITY, TN. WORKPLAN # D-21328-06 KT
Address Repair Organization P.O. No., Job No., etc. WMO
 3. Work Performed by TVA, MODS Type Code Symbol Stamp N/ 3/16/94
Name Authorization No. WMO
WATTS BAR NUCLEAR PLANT Expiration Date A 3/16/94
Address
4. Identification of System FEEDWATER SYS #003
5. (a) Applicable Construction Code AISC 7TH 1973 Edition, N/ WMO Addenda, N/ WMO Code Case
 (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

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 # 1003A-1-03A-280	N/ WMO A 3/16/94	NONE	NONE	DCA-M-21328-66 DCA-M-21328-67		UNKNOWN REPLACEMENT	NO

7. Description of Work INSTALLED AND DOCUMENTED BELLEVILLE WASHERS/INSTALLATION ON 1-28-94.
BELLEVILLE WASHERS DELETED PER FDW# F-29749-A ON 3/15/94
AND REMOVED

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure _____ psi Test Temp. _____ °F
N/ WMO
A 3/16/94

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.

WORK INSTRUCTION D-21328-06-KT

Page 7B cont. on Page 7C

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-269 was 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp

N/A was 3/16/94

Certificate of Authorization No.

N/A was 3/16/94

Expiration Date

N/A was 3/16/94

Signed

M. L. O'Quinn, CONST. ENGR.

Date

3/16, 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 HSB I. & I. Co. of HARTFORD, CT. 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.

O. E. Mitcalf
Inspector's Signature

Commissions

TN-2633 NFI

National Board, State, Province, and Endorsements

Date

APRIL 11, 19 94



TVA NUCLEAR

MAR 16 1994

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
Page 24 of 31

1. Owner TENNESSEE VALLEY AUTHORITY
Name
400 W. SUMMIT HILL DR., KNOXVILLE TN
Address
2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. Box 2000, SPRING CITY, TN
Address
3. Work Performed by TVA
Name
P.O. Box 2000, SPRING CITY, TN
Address
4. Identification of System 063 / SAFETY INJECTION
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE, 1973 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 - THRU - WINTER 1981 ADDITION

Date 3-11-94
Sheet 1 of 1
Unit 1
Repair Organization P.O. No., Job No., etc. 93-24342-00
Type Code Symbol Stamp NA
Authorization No. EBM
Expiration Date 3-11-94

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-63-524		NA 9A 3-16-94		DCA 509810-411	UNKNOWN	REPLACEMENT	NO

7. Description of Work WELDED SHIM TO HANGER
8. 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 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

WO# 93-24342-00

PAGE 25 OF

9. Remarks NONE TRACKING# 94-270 ADW 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 REPAIR conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp

N/A EST 3.11.94

Certificate of Authorization No.

Expiration Date

Signed

Owner or Owner's Designee, Title

Date

3-11-1994

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 THE H.S.B. I AND I. CO. of HARTFORD, CT. have inspected the components described in this Owner's Report during the period 12-22-93 to 3-22-94, 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.

O.E. Mitcalf
Inspector's Signature

Commissions

TN-2633

National Board, State, Province, and Endorsements

Date

MARCH 22, 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

1. Owner TENNESSEE VALLEY AUTHORITY
Name
400 W. Summit Hill Dr., Knoxville, TN
Address

Date 3-16-94

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. Box 2000, Spring City, TN
Address

Unit 1

92-11132-00
Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA
Name
P.O. Box 2000, Spring City, TN
Address

Type Code Symbol Stamp NA
Authorization No. EBM
Expiration Date 3-16-94

4. Identification of System 063 / SAFETY INJECTION
ASME SECTION III

5. (a) Applicable Construction Code ASME 19 73 Edition, June 1973 Addenda, NA Code Case NA
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 - THRU - WINTER 1981 ADDITION

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1- ACUM- 063-0003		N A	EBM 3-16-94		UNKNOWN	REPAIRED	YES
			N A EBM 3-16-94				

7. Description of Work Repaired by welding as required. BUJ 3-24-94

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ EBM
Other ☐ Pressure psi Test Temp. °F 3-16-94

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

FORM NIS-2 (Back)

WO # 92-11132-00

PAGE 21 OF 145

9. Remarks

None Tracking # 94-271 Bix 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 REPAIR conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp

NA EBN 3-16-94

Certificate of Authorization No.

Expiration Date

Signed

Chad M. Jones
Owner or Owner's Designee, Title

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 IN and employed by HSBIRICO of Hartford, CT have inspected the components described in this Owner's Report during the period 10-6-92 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.

[Signature]
Inspector's Signature

Commissions

TN 2537

National Board, State, Province, and Endorsements

Date

3/24 19 94



TVA NUCLEAR
DEC 02 1993

WORK INSTRUCTION D-21328-06

Page 7C cont. on Page 7D

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 AUTHORITY Date 12/2/93
Name
400 W. Summit Hill Dr., Knoxville, TN Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000, Spring City, TN WP-D-21328-06
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA MODIFICATIONS Type Code Symbol Stamp
Name
WATTS BAR NUCLEAR PLANT Authorization No. N/A
Address Expiration Date 9th 12/2/93
4. Identification of System MAIN & AUXILIARY FEED WATER - Sys. 3
5. (a) Applicable Construction Code AISC 1973 Edition, JUNE, 1973 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 80 Thru Winter 1981 Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>SUPPORT</u> <u>1003A-1-03A-200</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>DCA-</u> <u>M-21328-69</u>	<u>N/A</u>	<u>REPLACEMENT</u>	<u>NO</u>
<u>N/A</u> <u>9th 12/2/93</u>							

7. Description of Work INSTALL BELLVILLE WASHERS PER DCN - M-21328-A.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. 9th 12/2/93

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

Page 7D cont. on Page 8

FORM NIS-2 (Back)

9. Remarks REF. WP-D-04522-01 FOR MODIFICATIONS PERFORMED
Applicable Manufacturer's Data Reports to be attached
IN CONJUNCTION WITH THIS INSTALLATION.

TRACKING # 93-94-272 WMS 3/16/94
WMS 3/16/94

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. repair or replacement

Type Code Symbol Stamp _____

Certificate of Authorization No. _____

Expiration Date 12/2/93Signed J. F. HollisDate 12/2, 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 TENNESSEE and employed by THE HSB I. F. CO. of HARTFORD, CT. 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.

C. E. Metcalf
Inspector's Signature

Commissions TN-2633 NFI

National Board, State, Province, and Endorsements

Date APRIL 11, 1994

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 AUTHORITY Date 3/16/94
Name
400 W. SUMMIT HILL DR. KNOXVILLE TN
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000 SPRING CITY TN
Address 37771
3. Work Performed by TVA, MODS Type Code Symbol Stamp N/A
Name
WATTS BAR NUCLEAR PLANT Authorization No. WMS
Address Expiration Date 3/16/94
4. Identification of System FEEDWATER / 5x5 #003
5. (a) Applicable Construction Code AISC 7TH 19 73 Edition, N/A Addenda, N/A Code Case
(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

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>PIPE SUPPORT # 1003A-1-03A-240</u>	<u>N/A</u>	<u>NONE</u>	<u>NONE</u>	<u>DA-M21328-69</u> <u>DA-M21328-71</u>	<u>70</u>	<u>REPLACEMENT</u>	<u>NO</u>
<u>N/A</u> <u>3/16/94</u>							

7. Description of Work MODIFIED SUPPORT BY INSTALLING BELLEVILLE WASHERS.

8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. _____ °F
N/A
3/16/94

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

FORM NIS-2 (Back)

9. Remarks

TRACKING # 94-273 wms 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp

N/A wms 3/16/94

Certificate of Authorization No.

N/A wms 3/16/94

Expiration Date

N/A wms 3/16/94

Signed

M. L. O. dd

CONST. ENGR.

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 TENNESSEE and employed by THE HSB I & I Co. of HARTFORD, CT. 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.

O. E. Metcalf

Inspector's Signature

Commissions

TN-2633 N & I

National Board, State, Province, and Endorsements

Date

APRIL 11, 19 94

Page 7 cont. on Page 8

D 04632 31

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 AUTHORITY Date 3/16/94
Name
400 W. SUMMIT HILL DR., KNOXVILLE, TN Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000, SPRING CITY, TN 37381 D - 04632 - 31
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TENNESSEE VALLEY AUTHORITY Type Code Symbol Stamp
Name
P.O. BOX 2000, SPRING CITY, TN 37381 Authorization No. N/A
Address Expiration Date Wth 3/16/94
4. Identification of System 63 SAFETY INJECTION
5. (a) Applicable Construction Code AISC 19 73 Edition, 7TH Addenda THRU JR 04-8-94
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981 Code Case

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1063-1-63-038	TVA	NONE	N/A	NONE	UNK 1994	REPLACEMENT	NO
			JR 4-08-94		JR 4-08-94		

7. Description of Work MODIFIED SUPPORT8. Tests Conducted: ☒ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. _____ N/A Wth 3/16/94

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

Page 8 cont. on Page 9

FORM NIS-2 (Back)

D 04632 31

9. Remarks TRACKING NO. 94-274

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 _____

Owner or Owner's Designee, Title

Date

3/16/94

, 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 THE HCB, I. AND I. CO. of HARTFORD, CT. have inspected the 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 or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be 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. Metcalf
Inspector's Signature

Commissions

TN-2633 NFI
National Board, State, Province, and Endorsements

Date

APRIL 12, 1994



MAR 06 1994

D 21328 55

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 AUTHORITY Date 3-17-94
Name
400 W. SUMMIT HILL DR., KNOXVILLE, TN. Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000, SPRING CITY, TN. 37381 WP# D-21328-55
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA MECH. MODS Type Code Symbol Stamp N/A
Name
WATTS BAR NUCLEAR PLANT Authorization No. D. Reed
Address Expiration Date A 3-17-94
4. Identification of System RESIDUAL HEAT REMOVAL / SYS 74
5. (a) Applicable Construction Code AISC 7TH 19 73 Edition, JUNE 1973 Addenda, N/A Code Case
(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

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1074-1-74-20</u>	<u>N</u>	<u>D. Reed</u>		<u>DCA-M21328-221,-222</u>		<u>UNK REPLACEMENT</u>	<u>NO</u>
	<u>A</u>	<u>3-17-94</u>					
			<u>N</u>	<u>D. Reed</u>			
			<u>A</u>	<u>3-17-94</u>			

7. Description of Work MODIFY SUPPORT PER DCA M-21328-221, -M-21328-222
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. _____ °F N D. Reed
A 3-17-94

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

D 21328 55

FORM NIS-2 (Back)

9. Remarks TRACKING # 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp N/A D. Reed 3-17-94

Certificate of Authorization No. N/A D. Reed 3-17-94 Expiration Date N/A D. Reed 3-17-94

Signed Daniel Reed Date 3-17, 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 TENNESSEE and employed by THE HSB. I. & I. Co. of HARTFORD, CT. have inspected the components described in this Owner's Report during the period 3-2-94 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.

C. E. Miteal Inspector's Signature MAR 02 1994 Commissions TN-2633, N&I
National Board, State, Province, and Endorsements

Date APRIL 21, 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 TENNESSEE VALLEY AUTHORITY Date 3/14/94
Name
400 W. SUMMIT HILL DR. KNOXVILLE TN Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000, SPRING CITY, TN W/O # 93-24383-09
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TENNESSEE VALLEY AUTHORITY Type Code Symbol Stamp
Name Authorization No. N/A
P.O. BOX 2000, SPRING CITY, TN Expiration Date 3/14/94
Address
4. Identification of System 062 / CHEMICAL & VOLUME CONTROL
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1062-1-62A-080				DCA 509820-138	UNKNOWN	REPLACEMENT NO	

ADDED

7. Description of Work ADD SHIM PLATE
THRU 3/17/94
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure N/A psi Test Temp. 3/14/94 °F

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

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-276
 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

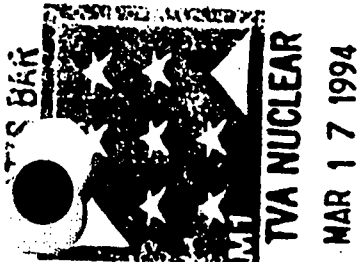
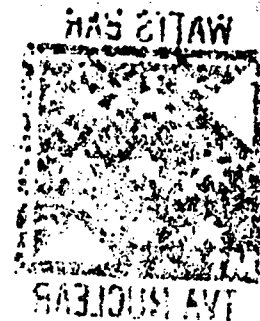
Type Code Symbol Stamp _____
 Certificate of Authorization No. _____ Expiration Date 3/14/94
 Signed [Signature] R.E. Date 3/17/, 19 94
 Owner or Owner's Designee, Title

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 TENNESSEE and employed by THE H.P.B. IN AND E. Co. of HARTFORD, CT. have inspected the components described in this Owner's Report during the period 3-15-94 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.

[Signature] Commissions TN-2633
 Inspector's Signature National Board, State, Province, and Endorsements
 Date MARCH 21, 19 94

WORK INSTRUCTION D-06034-15Page 7 cont. on Page 8FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI1. Owner TENNESSEE VALLEY AUTHORITY
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN
AddressDate 03/17/94Sheet 1 of 12. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000, SPRING CITY, TN
AddressUnit 1WP D-06034-15

Repair Organization P.O. No., Job No., etc.

3. Work Performed by T.V.A.
Name
P.O. BOX 2000, SPRING CITY, TN
Address

Type Code Symbol Stamp

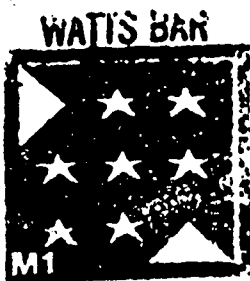
Authorization No. N/AExpiration Date 3/17/944. Identification of System 06B REACTOR COOLANT SYSTEM5. (a) Applicable Construction Code AISC. 19 73 Edition, JUNE 1973 Addenda N/A Code Case(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981 ADDITIONAL el 4/1/94
ADDENDUM

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>106B-1-6B-427</u>		<u>30K 3/17/94</u>		<u>ICA-K-06034-147, 148, 149, 150, 151</u>	<u>UNK</u>	<u>REPLACEMENT</u>	<u>NO</u>

7. Description of Work MODIFY SUPPORT PER DCA'S K-06034-147, 148, 149, 150, AND 151.8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. N/A °F
30K 3/17/94

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



TVA NUCLEAR

MAR 17 1994

WORK INSTRUCTION D-06034-15

Page 8 cont. on Page 9



FORM NIS-2 (Back)

9. Remarks TRACKING NO 94-277 BDK 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 REPAIRMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp

BDK 3/17/94

Certificate of Authorization No.

Expiration Date

Signed

Stephen D. Krenzel Engineer

Date

03-17

, 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 TENNESSEE and employed by THE HSB, I. & L. Co. of HARTFORD, CT. have inspected the components described in this Owner's Report during the period 3-3-94 to 4-11-94, 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.

C.E. Mitcalf
Inspector's Signature

Commissions

TN-2633 NFI

National Board, State, Province, and Endorsements

Date

APRIL 11, 1994

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 AUTHORITY
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN
Address
2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. Box 2000, Spring City, TN 37381
Address
3. Work Performed by TVA MODS
Name
P.O. Box 2000 Spring City, TN 37381
Address
4. Identification of System 68 REACTOR COOLANT SYSTEM
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, NA 3-17-94 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 W/ADDENDA THRU WINTER 1981

Date 3-17-94
Sheet 1 of 1
Unit 1
Repair Organization P.O. No., Job No., etc. WP # D-06263-08
Type Code Symbol Stamp NA 3-17-94
Authorization No. NA 3-17-94
Expiration Date NA 3-17-94

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1068-1-68-036	NA 3-17-94	NONE	NONE	DCA-K06263 30, 31	UNKNOWN	REPLACEMENT	NO
1068-1-68-035	NA 3-17-94	NONE	NONE	DCA K06263 27, 28, 29	UNKNOWN	REPLACEMENT	NO
NA 3-17-94							

7. Description of Work MODIFIED SUPPORTS
8. 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 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-278 g/c 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 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 Greg Cagle

Owner or Owner's Designee, Title

MECH ENG.

Date MARCH 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 TENNESSEE and employed by THE HSB. I & I Co of HARTFORD, CT. have inspected the components described in this Owner's Report during the period 3-1-94 to 4-14-94, 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.

C.E. Metcalf
Inspector's Signature

Commissions

TN-2633, N#1

National Board, State, Province, and Endorsements

Date

APRIL 14, 19 94



D 05792 13
WORKPLANPage 7 cont. on Page 8

TVA NUCLEAR

MAR 4 1994

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 Authority
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN
Address

Date 3-17-94Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. Box 2000, Spring City, TN 37381
Address

Unit 1WP# D-05792-13

Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA
Name
P.O. Box 2000, Spring City, TN 37381
Address

Type Code Symbol Stamp SAS 3-17-94Authorization No. N/AExpiration Date N/A4. Identification of System 68 / REACTOR COOLANT

5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THEN WINTER 1981 ADDITION

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1068-1-68-022		<u>N/A</u> <u>3-17-94</u>		<u>DCA-K05792-15, 16, 17, 50</u>	<u>UNK</u>	<u>REPLACEMENT</u>	<u>NO</u>
1068-1-68-025		<u>N/A</u> <u>3-17-94</u>		<u>DCA-K05792-33, 34, 35, 36</u>	<u>UNK</u>	<u>REPLACEMENT</u>	<u>NO</u>
				<u>NA 56A137A</u>			

7. Description of Work MODIFY SUPPORTS PER DCA-K05792-15, 16, 17, 33, 34, 35, 36, 50

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure N/A 3-17-94 Test Temp. N/A °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.

D 05792 13
WORKPLAN

Page 8 cont. on Page 9

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-279 3-17-94

Applicable Manufacturer's Data Reports to be attached

* THE ADDITIONAL WORK PERFORMED ON SUBT. 1068-1-68-035 PER REV. #3 TO THIS WORKPLAN DID NOT IMPACT THE ORIGINAL INFORMATION AS OF 3-17-94 LISTED IN THIS NIS-2 FORM. 3-22-94

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A 3-17-94

Certificate of Authorization No. N/A 3-17-94 Expiration Date N/A 3-17-94

Signed Jamal E. [Signature] Date 3-17, 19 94
Owner or Owner's Designee, Title Harold [Signature] 3-22-94

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 H.B.I. AND I. CO. of HARTFORD, CT. have inspected the components described in this Owner's Report during the period 3-4-94 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.

C.E. [Signature] Commissions TN-2633 N&I.
Inspector's Signature National Board, State, Province, and Endorsements

Date APRIL 21, 19 94

MAR 04 1994

TVA NUCLEAR



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 AUTHORITY
Name

Date 3/17/94

2. W. SUMMIT HILL DRIVE, KNOX, TN.
Address

Sheet 1 of 1

3. Plant WATTS BAR NUCLEAR PLANT
Name

Unit 1

4. Box 2000 SPRING CITY, TN.
Address

WORKPLAN # D-04525-01-K1
Repair Organization P.O. No., Job No., etc.

5. Work Performed by TVA, MODS
Name

Type Code Symbol Stamp N/

WATTS BAR NUCLEAR PLANT
Address

Authorization No. WMS
Expiration Date A 3/17/94

6. Identification of System FEEDWATER / SX5 # 003

7. (a) Applicable Construction Code AISC 7TH 1973 Edition, N/A 3/17/94 Addenda, N/A 3/17/94 Code Case
(b) Applicable Edition of Section XI Utilized for INTER 1981 ADDENDUM

8. Identification of Components Repaired or Replaced and Component

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 # 1003A-1-03A-280	N/ WMS A 3/17/94	NONE	NONE	DA-04525-01 03 DA-04525-01		REPLACEMENT	NO
<div style="border: 1px solid black; width: 100%; height: 100%; transform: rotate(45deg); position: relative;"> N A WMS 3/17/94 </div>							

9. Description of Work MODIFIED SUPPORT BY REMOVING EXISTING SNUBBERS, T.S. U-BOLTS & BRASSVILLE WASHERS. INSTALLED NEW SNUBBER AND PIPE CLAMP.

10. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☒ Pressure N A WMS 3/17/94 psi Test Temp. °F

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

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-280 wmo 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 as his REPLACEMENT ins to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp

Certificate of Authorization No.

Expiration Date

Signed

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 TENNESSEE and employed by HSB IPI CO of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 3/25/94 to 3/25/94, 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.

Inspector's Signature

Commissions

National Board, State, Province, and Endorsements

Date

19

WILLIAMSON D-04525-01-K1

22 cont on Page 23

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 Authority Date 3/17/94
Name
400 W. Summit Hill Dr., Knoxville, TN Address
Sheet 1 of 1
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000, Spring City, TN Address
WO # 94-01689-00
Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA MODS Type Code Symbol Stamp
Name
WATTS BAR NUCLEAR PLANT Address
Authorization No. N/A
Expiration Date 3/17/94
4. Identification of System STEAM GENERATOR Blowdown Sys. 015
5. (a) Applicable Construction Code AISC 1973 Edition, JUNE, 1973 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 80 Through Winter 1981 Addenda
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>SUPPORT</u> <u>1001-400-6-270</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>REPLACEMENT</u>	<u>NO</u>

7. Description of Work REPLACED EYENUTS ON RED HANGER
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure N/A psi Test Temp. °F
OK 3/17/94

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.

94-01689-08
PAGE 21 OF 26

FORM NIS-2 (Back)

9. Remarks NONE TRACKING NO. 94-281 JPH 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 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

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 TENNESSEE and employed by HSB I & I CO. of HARTFORD 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 belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be 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

19 94

Page 23 24

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 AUTHORITY Date 3-17-94
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000 SPRING CITY, TN WORKPLAN D-04527-02-K1
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA - MODIFICATIONS Type Code Symbol Stamp
Name
WATTS BAR NUCLEAR PLANT Authorization No. N/A Jmt 3-17-94
Address Expiration Date
4. Identification of System FEED WATER (SYSTEM 03)
5. (a) Applicable Construction Code AISC 19 73 Edition, 7th Addenda, N/A Jmt 3-17-94
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 EDITION THRU WINTER 1981 Code Case

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT	TVA-MUOS	NONE	NONE	1003A-1-03A-320	UNKNOWN	REPLACEMENT	NO
			Jmt 3-17-94				

7. Description of Work REMOVED EXISTING CONFIGURATION. INSTALLED NEW CONFIGURATION

8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. _____ °F
N/A Jmt 3-17-94

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

FORM NIS-2 (Back)

9. Remarks TRACKING NUMBER 94-282 JWH 3-1794
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 NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed James W. Haly, PROT ENGR Date MARCH 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 HSB & I Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 10-19-91 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 this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions TN 2537
National Board, State, Province, and Endorsements

Date 3-28 19 94



TVN NUCLEAR

MAR 17 1994

WP D-04527-02-K1

Page 24 cont. on Page 25

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 AUTHORITY Date 3.17.94
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN. Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 200, SPRING CITY, TN 37381 NO. 93-24330-14
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA - MODIFICATIONS Type Code Symbol Stamp
Name Authorization No. N/A AC 3.17.94
WBNP Expiration Date
Address
4. Identification of System SYS. 063 / SAFETY INJECTION
5. (a) Applicable Construction Code AISC 19 73 Edition, 7th Addenda, NONE Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 W/ ADDENDA THROUGH WINTER 1981.

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1-63-403</u>	<u>TVA</u>	<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	<u>UNKNOWN</u>	<u>REPAIRED + REPLACEMENT</u>	<u>NO</u>
<div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%);"> <u>N/A</u> <u>AC 3.17.94</u> </div>							

7. Description of Work ADDED WELD TO EXIST. STANCHION R. ADDED SHIM R.
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ N/A
 Other ☐ Pressure _____ psi Test Temp. _____ °F AC 3.17.94

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

FORM NIS-2 (Back)

9. Remarks TRACKING NO: 94-283 AC 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 REPAIR + REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp _____

Certificate of Authorization No. N/A AC 3-17-94

Expiration Date _____

Signed Anthony C. Cerna

Owner or Owner's Designee, Title

FIELD ENGINEER

Date Mar. 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 TN and employed by HSBI & I Co. 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.

[Signature]
Inspector's Signature

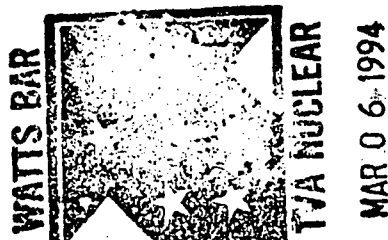
Commissions TN 2537

National Board, State, Province, and Endorsements

Date 3-31 19 94

93-24330-14

PG 24 OF 26

Page 7 cont. on Page 8FORM NO. 2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner TENNESSEE VALLEY AUTHORITY Date 3-16-94
Name
400 W. SUMMIT HILL DR., KNOXVILLE, TN. Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT P.O. Unit 1
Name
BOX 2000, SPRING CITY, TN 37381 WP# D-20761-65
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA (WBNP) Type Code Symbol Stamp
Name
P.O. BOX 2000, SPRING CITY TN 37381 Authorization No. N/A 3-16-94
Address Expiration Date
4. Identification of System S.I.S (063)
5. (a) Applicable Construction Code AISC 7TH 19 73 Edition, JUNE 1973 Addenda, N/A 3-16-94 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80-WB1

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>PIPE SUPPORT</u> <u>1063-i-63-039</u>	<u>TVA</u>	<u>NONE</u>	<u>NONE</u>	<u>1-63-039</u>	<u>UNK</u>	<u>REPLACEMENT</u>	<u>NO</u>
<u>N A 3-16-94</u>							

7. Description of Work MODIFIED EXISTING PIPE SUPPORT
N A 3-16-94
8. 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 recorded at the top of this form.

D-20761-65

Page 8 cont. on Page 9

FORM NIS-2 (Back)

9. Remarks NIS-2 TRACKING NUMBER: 94-284 LA 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 REPLACEMENT 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 John D. Sampson MECH. FIELD ENGR. Date 3-16-94 19 94
Owner or Owner's Designee, Title 005 3-16-94

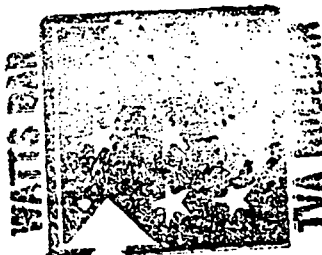
CERTIFICATE OF INSERVICE INSPECTION

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 HSB. E. & I. CO. of HARTFORD, CT. have inspected the 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 or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be 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. Metcalfe Commissions TN-2633 N & I
Inspector's Signature National Board, State, Province, and Endorsements

Date APRIL 12, 19 94



MAR 06 1994

MAR 04 1994

VA NUCLEAR

WATTS BAR

D-04683-06

Page 7 cont. on Page 8FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI1. Owner TEENESSEE VALLEY AUTHORITY
NameDate 3-18-94400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN
AddressSheet 1 of 12. Plant WATTS BAR NUCLEAR PLANT
NameUnit 1P.O. Box 2000 SPRING CITY, TN 37381
AddressD-04683-06
Repair Organization P.O. No., Job No., etc.3. Work Performed by TVA - MODIFICATIONS
Name

Type Code Symbol Stamp

WBNP
AddressAuthorization No. N/A AC 3-18-94

Expiration Date

4. Identification of System SYS. 063 / SAFETY INJECTION5. (a) Applicable Construction Code AISC 19 73 Edition, 7th Addenda, NONE Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 W/ ADDENDA THROUGH WINTER 1981.

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1063-1-63-080</u>	<u>TVA</u>	<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>
<u>N/A</u> <u>AC 3-18-94</u>							

7. Description of Work MODIFIED SUPPORT.8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ N/A
Other ☐ Pressure _____ psi Test Temp. _____ °F AC 3-18-94

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

D - 04633-06

Page 8 cont. on Page 9

FORM NIS-2 (Back)

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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp

NIA AC 3-18-94

Certificate of Authorization No.

Expiration Date

Signed

Anthony Cuttina, FIELD ENGINEER

Date

Mar. 18, 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 HSB I & I Co. of HARTFORD, CT. have inspected the components described 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 inspection.

O.E. Metcalf
Inspector's Signature

Commissions

TN-2633 N & I

National Board, State, Province, and Endorsements

Date

APRIL 15, 1994

WATTS BAR



TVA NUCLEAR

MAR 04 1994

D - 20761 - 64

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 TENNESSEE VALLEY AUTHORITY Date 3-18-94
Name
400 W SUMMIT HILL DRIVE, KNOXVILLE, TN Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000 SPRING CITY, TN 37381 D-20761-64
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA - MODIFICATIONS Type Code Symbol Stamp
Name Authorization No. N/A AC 3-18-94
WBNP Expiration Date
Address
4. Identification of System SYS. 063 / SAFETY INJECTION
5. (a) Applicable Construction Code AISC 19 73 Edition, 7th Addenda, NONE Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 W/ADDENDA THROUGH WINTER 1981.

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1063-1-63-081</u>	<u>TVA</u>	<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>
<u>N/A</u> <u>AC 3-18-94</u>							

7. Description of Work INSTALLED NEW PIPE CLAMP.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ N/A
 Other ☐ Pressure _____ psi Test Temp. _____ °F AC 3-18-94

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

U-20761-64

Page 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

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. _____

NIA AC 3-18-94

Expiration Date _____

Signed _____

Anthony Cichons
Owner or Owner's Designee, Title

FIELD ENGINEER

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 THE H.S.B.I. & I. Co. of HARTFORD, CT. have inspected the components described in this Owner's Report during the period 3-5-94 to 4-19-94, 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.

C.E. Metcalf
Inspector's Signature

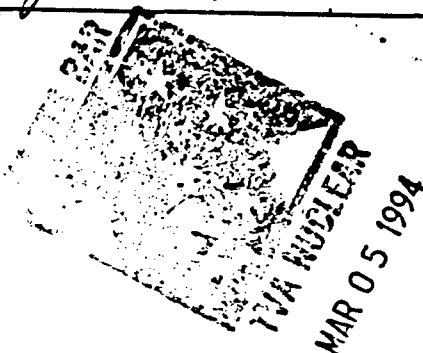
Commissions _____

TN-2633 N & I

National Board, State, Province, and Endorsements

Date _____

APRIL 19, 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 TENNESSEE VALLEY AUTHORITY Date 3-18-94
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000, SPRING CITY, TN 37381 WP # D04632-29
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Type Code Symbol Stamp
Name
SPRING CITY, TN 37381 Authorization No. NONE
Address Expiration Date
4. Identification of System 063
5. (a) Applicable Construction Code AISC 7TH 19 73 Edition, N/A 3-18-94 Addenda, N/A 3-14-94 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 BOTH WINTER 1981 ADDENDA

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1063-1-63-454</u>	<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	<u>DCA-P-4632-67 68 & 69</u>	<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>
<u>N/A</u>							
			<u>545</u>				
			<u>378-44</u>				

7. Description of Work MODIFY SUPPORT (BELLEVILLE WASHER REMOVAL)
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. _____ °F N/A 3-18-94

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

9 Bm) 2/8-94
Page 8 Cont. of Page 8a

WP# D-04632-29

FORM NIS-2 (Back)

9. Remarks Tracking # 99-287 Bm 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 Replacement conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp N/A JWR 3-18-94

Certificate of Authorization No. N/A JWR 3-18-94 Expiration Date N/A 3-18-94

Signed Jimmy V. O'Hara F.E. Date 3-18-94, 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 of TENNESSEE and employed by THE HSB T & I Co. of HARTFORD, CT. have inspected the components described in this Owner's Report during the period 2-16-94 to 4-19-94, 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.

C. E. Metcalf Commissions TN-2633 NFI
Inspector's Signature National Board, State, Province, and Endorsements

Date April 19, 1994



TVA REGULAR

FEB 16 1994

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 AUTHORITY
Name

Date 10/18/93

400 W. SUMMIT HILL DR. KNOXVILLE TN.
Address

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name

Unit 1

P.O. BOX 2000, SPRING CITY TN 37381
Address

WORK ORDER # 92-07476-00

Repair Organization P.O. No., Job No., etc.

3. Work Performed by WATTS BAR NUCLEAR PLANT
Name

Type Code Symbol Stamp N/A JW 10-19-93

P.O. BOX 2000 SPRING CITY TN. 37381
Address

Authorization No. N/A JW 10-19-93

Expiration Date N/A JW 10-19-93

4. Identification of System MAIN / AUXILIARY FEEDWATER SYSTEM (003)

5. (a) Applicable Construction Code ASME III 19 71 Edition SUMMER 73 Addenda N/A JW 10-19-93 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80W 81

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-CKU-003-0832-A	WALWORTH	D-63776	11 49		1977	REPLACEMENT	YES

7. Description of Work REMOVE SWINGARM AND DISC FROM 2-CKU-003-0832-A AND INSTALL IN 1-CKU-003-0832-A.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ JW 10-19-93
Other ☐ Pressure _____ psi Test Temp. _____ °F NONE REQUIRED

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

FORM NIS-2 (Back)

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 REPAIRMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp

N/A by 3/18/94

Certificate of Authorization No.

N/A by 3/18/94

Expiration Date

N/A by 3/18/94

Signed

James Wild

Owner or Owner's Designee, Title

Date 3-18-94

, 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 I & T CO of HART FORD CORP. 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 this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be 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. Earnigh
Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

3/28

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 TENNESSEE VALLEY AUTHORITY Date 3/18/94
Name
400 W. Summit Hill Drive Knoxville
Address
2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name
P.O. Box 2000, Spring City, TN. 37381
Address Unit 1
93-25565-08
Repair Organization P.O. No., Job No., etc.
3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Type Code Symbol Stamp N/R
Name
P.O. Box 2000, Spring City, TN. 37381
Address Authorization No. N/R
Expiration Date N/R
4. Identification of System (15) Blowdown
5. (a) Applicable Construction Code ASCC 7th Edition, N/R Addenda, N/R Code Case
ASCC 7th Edition, N/R Addenda, N/R Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 80W81

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Snubber Pivot Pin	Bergen Peterson	N/A	N/A	1-SNUB-015 4006233	N/A	Replacement	No.
N/A Dtd 3/18/94							

7. Description of Work Replace Snubber Pivot Pin
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ N/A
Other ☐ Pressure _____ psi Test Temp. _____ °F Dtd 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.

FORM NIS-2 (Back)

9. Remarks 94-289

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

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature]
Owner or Owner's Designee, Title

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 IN and employed by HSBI&CO. of Hartford, CT. have inspected the components described 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.

[Signature]
Inspector's Signature

Commissions TN 2537

National Board, State, Province, and Endorsements

Date 3-19, 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 TENNESSEE VALLEY AUTHORITY Date 3/18/94
Name
400W. Summit Hill Drive KNOXVILLE
Address
 2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name Unit 1
P.O. Box 2000, Spring City, TN. 37381 93-27974-01
Address Repair Organization P.O. No., Job No., etc.
 3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Type Code Symbol Stamp N/R
Name Authorization No. N/R
P.O. Box 2000, Spring City, TN. 37381 Expiration Date N/R
Address
 4. Identification of System (63) Safety Injection
 5. (a) Applicable Construction Code ASCC 197th Edition, N/R Addenda, N/R Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980WB1

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Snubber	PSA	18142	N/R	1-SNUB-63 63452	1993	Replacement	No
N/A D&A 3/18/94							

7. Description of Work Replaced Snubber

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ N/A D&A
 Other ☐ Pressure _____ psi Test Temp. _____ °F 3/18/94

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

FORM NIS-2 (Back)

9. Remarks 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 Replacement conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp N/R

Certificate of Authorization No. N/R Expiration Date N/R

Signed [Signature] Date 18 Mar, 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 HSB I & Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 2-17-94 to 3-20-94, 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.

[Signature] Commissions TN 2537
Inspector's Signature National Board, State, Province, and Endorsements

Date 3-20 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 TENNESSEE VALLEY AUTHORITY Date 3/18/94
Name
400 W. Summit Hill Drive Knoxville
Address
 2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name
P.O. Box 2000, Spring City, TN. 37381 Unit 1
Address
93-11853-02
Repair Organization P.O. No., Job No., etc.
 3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Type Code Symbol Stamp N/R
Name
P.O. Box 2000, Spring City, TN. 37381 Authorization No. N/R
Address Expiration Date N/R
OK 3/18/94
 4. Identification of System (68) Reactor Coolant Coolant
 5. (a) Applicable Construction Code ALSC 1970 Edition, N/R Addenda, N/R Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980 WBI
OK 3/18/94

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Snubber	PSA	26185	N/R	1-SNUB-068 68415N	1993	Replacement	No
N/A OK 3/18/94							

7. Description of Work Replaced Snubber
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ N/A OK 3/18/94
 Other ☐ Pressure _____ psi Test Temp. _____ °F

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

FORM NIS-2 (Back)

Remarks _____

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 Replacement conforms to the rules of the ASME Code, Section XI.
 repair or replacement

Type Code Symbol Stamp

N/R

Certificate of Authorization No.

N/R

Expiration Date

N/R

Signed

[Signature]

Date

Mar 18

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 I & I Co. of HARTFORD 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 belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

3/20

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 TENNESSEE VALLEY AUTHORITY Date 3/18/94
Name
400 W. Summit Hill Drive Knoxville
Address
2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name
P.O. Box 2000, Spring City, TN. 37381
Address Unit 1
93-22569-03
Repair Organization P.O. No., Job No., etc.
3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Type Code Symbol Stamp N/R
Name
P.O. Box 2000, Spring City, TN. 37381
Address Authorization No. N/R
Expiration Date N/R
4. Identification of System (03) Aux Feed water
5. (a) Applicable Construction Code AISC ¹⁹⁷⁰ Edition, N/R Addenda, N/R Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980 W81

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Snubber	PSA	26182	N/A	1-SNUB-003 427-54	1993	Replacement No	
N/A Dtd 3/18/94							

7. Description of Work Replaced Snubber
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ N/A Dtd 3/18/94
Other ☐ Pressure _____ psi Test Temp. _____ °F

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

FORM NIS-2 (Back)

9. Remarks

Applicable Manufacturer's Data Reports to be attached

94-292

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/R

Certificate of Authorization No. N/R

Expiration Date N/R

Signed [Signature]
Owner or Owner's Designee, Title

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 I & I CO. of HARTFORD 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 belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions TN2534

National Board, State, Province, and Endorsements

Date 3/20, 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 TENNESSE VALLEY AUTHORITY Date 3/18/94
Name
400 W. Summit Hill Drive Knoxville
Address
 2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name
P.O. Box 2000, Spring City, TN. 37381 Unit 1
Address
93-15599-05
Repair Organization P.O. No., Job No., etc.
 3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Type Code Symbol Stamp N/R
Name
P.O. Box 2000 Spring City, TN. 37381 Authorization No. N/R
Address Expiration Date N/R
 4. Identification of System (63) Safety Injection
 5. (a) Applicable Construction Code ASCC ^{19th} Edition, N/R Addenda, N/R Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980W81

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Snubber	PSA	30828	N/R	1-SNUB-063 63480	1993	Replacement	No
N/A DAB 3/18/94							

7. Description of Work Replaced Snubber

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

FORM NIS-2 (Back)

9. Remarks _____

Applicable Manufacturer's Data Reports to be attached

94-293

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.
 repair or replacement

Type Code Symbol Stamp _____

N/R

Certificate of Authorization No. _____

N/R

Expiration Date _____

N/R

Signed _____

Owner or Owner's Designee, Title

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 I&I Co. of Hartford 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 belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be 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

B. Eamigh

TN 2534

Date _____

3/20

, 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 TENNESSEE VALLEY AUTHORITY Date 3/18/94
Name
400 W. Summit Hill Drive Knoxville Sheet 1 of 1
Address
 2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000, Spring City, TN. 371381 93-12547-02
Address Repair Organization P.O. No., Job No., etc.
 3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Type Code Symbol Stamp N/R
Name Authorization No. N/R
P.O. Box 2000 Spring City, TN. 371381 Expiration Date N/R
Address
 4. Identification of System (63) Safety Injection
 5. (a) Applicable Construction Code ASME 10th Edition, N/R Addenda, N/R Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80W 81

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>Snubber</u>	<u>PSA</u>	<u>38770</u>	<u>N/R</u>	<u>1-SNUB-063 63196</u>	<u>1992</u>	<u>Replacement</u>	<u>No</u>
<u>N/A Dtd 3/18/94</u>							

7. Description of Work Replaced Snubber
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒ N/R
 Other ☐ Pressure _____ psi Test Temp. _____ °F Dtd 3/18/94

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

FORM NIS-2 (Back)

9. Remarks

Applicable Manufacturer's Data Reports to be attached

94-294

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/R

Certificate of Authorization No. N/R

Expiration Date N/R

Signed [Signature]
 Owner or Owner's Designee, Title

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 I & I CO. of HARTFORD 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 belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
 Inspector's Signature

Commissions TN 2534

National Board, State, Province, and Endorsements

Date 3/20, 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 TENNESSEE VALLEY AUTHORITY Date 3/18/94
Name
400 W. Summit Hill Drive KNOXVILLE
Address
 2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name Unit 1
P.O. Box 2000, Spring City, TN. 37381
Address 93-15599-07
Repair Organization P.O. No., Job No., etc.
 3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Type Code Symbol Stamp N/R
Name Authorization No. N/R
P.O. Box 2000, Spring City, TN. 37381 Expiration Date N/R
Address
 4. Identification of System 63 Safety Injection
 5. (a) Applicable Construction Code AISC ^{13th} Edition, N/R Addenda, N/R Code Case
1989 3/18/94
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80481

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Snubber	PSA	30819	N/R	1-SNUB-063 6330	1993	Replacement	No
				N/A DPA	3/18/94		

7. Description of Work Replaced Snubber
 8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ N/A DPA 3/18/94
 Other ☐ Pressure _____ psi Test Temp. _____ °F

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

FORM NIS-2 (Back)

9. Remarks _____

Applicable Manufacturer's Data Reports to be attached

941295

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. repair or replacement

Type Code Symbol Stamp _____

N/R

Certificate of Authorization No. _____

N/R

Expiration Date _____

N/R

Signed _____

Owner or Owner's Designee, Title

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 I & I CO. of HARTFORD 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 belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be 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. Earnigh
Inspector's Signature

Commissions _____

TN2534

National Board, State, Province, and Endorsements

Date _____

3/20

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 TENNESSEE VALLEY AUTHORITY Date 3/18/94
Name
400 W. Summit Hill Drive Knoxville
Address
2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name
P.O. Box 2000, Spring City, TN 37381 Unit 1
Address 93-15695-04
Repair Organization P.O. No., Job No., etc.
3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Type Code Symbol Stamp IV/R
Name
P.O. Box 2000, Spring City, TN 37381 Authorization No. IV/R
Address Expiration Date IV/R
DA 3/18/94
4. Identification of System 63 Safety Injection Injection Residual
74 Heat Removal
5. (a) Applicable Construction Code ASCE 1070 Edition, N/R Addenda, N/R Code Case
DA 3/18/94
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980WB1

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Snubber	PSA	30817	N/A	1-SNUB-07A 4322-1	1993	Replacement	No
<div style="position: relative; height: 100px;"> <div style="position: absolute; top: 0; right: 0; transform: rotate(45deg); border-bottom: 2px solid black; width: 50%;"></div> </div>							
				N/A DA 3/18/94			

7. Description of Work Replaced Snubber
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ IV/R DA 3/18/94
 Other ☐ Pressure _____ psi Test Temp. _____ °F

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

FORM NIS-2 (Back)

9. Remarks

Applicable Manufacturer's Data Reports to be attached

94-296

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/R

Certificate of Authorization No. N/R

Expiration Date N/R

Signed [Signature]
Owner or Owner's Designee, Title

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 H&B I&I Co. of HART 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 belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions TN2534

National Board, State, Province, and Endorsements

Date 3/20, 19 94

W0# 93-24330-17
PAGE 3 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 TENNESSEE VALLEY AUTHORITY
Name

Date 3-19-94

400 W. SUMMIT HILL DRIVE, KNOX, TN
Address

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name

Unit 1

P.O. BOX 2000, SPRING CITY, TN 37771
Address

W0# 93-24330-17
Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA MECH MODIFICATIONS
Name

Type Code Symbol Stamp

WATTS BAR NUCLEAR PLANT
Address

Authorization No. N/A

Expiration Date 3-19-94

4. Identification of System SAFETY INJECTION / SYS 63

5. (a) Applicable Construction Code AISC, 7TH 19 73 Edition, N/A Addenda N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 EDITION THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT	N/A	NONE	NONE	1-63-321	UNKNOWN	REPLACEMENT	NO

7. Description of Work INSTALLED SHIM PLATES

8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐ N/A
Other ☐ Pressure psi Test Temp. °F 3-19-94

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# 93-2433077
PAGE 14 OF 30

FORM NIS-2 (Back)

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. repair or replacement

Type Code Symbol Stamp N/A JED 3-19-94

Certificate of Authorization No. N/A JED 3-19-94 Expiration Date N/A JED 3-19-94

Signed Joe E. Davis
Owner or Owner's Designee, Title

Date MARCH 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 TN and employed by HSBI & I Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 3-8-94 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.

John E. Davis
Inspector's Signature

Commissions TN 2537
National Board, State, Province, and Endorsements

Date 3-31, 19 94

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

WD 94-06707-00
PG 21 OF 28

1. Owner TVA Name 400 W. SUMMIT HILL DR. KNOXVILLE, TN Address Sheet 1 of 1 Date 3-19-94
2. Plant WATTS BAR NUCLEAR PLANT Name P.O. BOX 2000, SPRING CITY, TN Address Unit 1 WD 94-06707-00 Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Name P.O. BOX 2000, SPRING CITY, TN Address Type Code Symbol Stamp Authorization No. N CDN 3-19-94 Expiration Date A
4. Identification of System OL63 / SAFETY INJECTION
5. (a) Applicable Construction Code AISC 19 73 Edition, 7TH Addenda, NONE Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
47A435-10-22		N A	CDN 3-19-94		UNKNOWN	REPLACEMENT	N
			N A				
			CDN 3-19-94				

7. Description of Work REPLACED SNUABER
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ N A CDN 3-19-94
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.

WO 94-06707-00

PAGE 22 OF 28

FORM NIS-2 (Back)

9. Remarks TRACKING #94-298

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. _____

N A CON 3-19-94

Expiration Date _____

Signed Charles Newton
Owner or Owner's Designee, Title

Date 3-19, 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 TN and employed by HSB I & I of Hartford, CT. have inspected the components described in this Owner's Report during the period 3-17-94 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.

[Signature]
Inspector's Signature

Commissions _____

TN 2537
National Board, State, Province, and Endorsements

Date 3-23, 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 TENNESSEE VALLEY AUTHORITY Date 3/19/94
Name
400 W. Summit Hill Drive Knoxville
Address
 2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name Unit 1
P.O. Box 2000, Spring City, TN. 37381 93-27676-22
Address Repair Organization P.O. No., Job No., etc.
 3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Type Code Symbol Stamp N/R
Name Authorization No. N/R
P.O. Box 2000, Spring City, TN. 37381 Expiration Date N/R
Address
 4. Identification of System (63) Safety Injection
 5. (a) Applicable Construction Code AISC 1977 Edition, N/R Addenda, N/R Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 BOWB1

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Snubber	PSA	405	N/R	LSN08-063 SIS R242	1977	Replacement	No
N/A Dtd 3/19/94							

7. Description of Work Replaced Snubber
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure _____ psi Test Temp. _____ °F N/A Dtd 3/19/94

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

FORM NIS-2 (Back)

9. Remarks _____

Applicable Manufacturer's Data Reports to be attached

99-299

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/R

Certificate of Authorization No. N/R

Expiration Date N/R

Signed [Signature]
Owner or Owner's Designee, Title

Date 19 Mar, 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 Tennessee and employed by HSB I&I Co. of Hartford 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 belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions TN 2534

National Board, State, Province, and Endorsements

Date 3/20, 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 TENNESSEE VALLEY AUTHORITY Date 3/19/94
Name
400 W. Summit Hill Drive Knoxville Sheet 1 of 1
Address
 2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000, Spring City, TN. 37381 93-12547-07
Address Repair Organization P.O. No., Job No., etc.
 3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Type Code Symbol Stamp N/R
Name Authorization No. N/R
P.O. Box 2000, Spring City, TN. 37381 Expiration Date N/R
Address
 4. Identification of System 63 Safety Injection
 5. (a) Applicable Construction Code ASCE 18th Edition N/R Addenda N/R Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80WB1

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Pipe Clamp	Bergen Peterson	N/R	N/R	1-SNUB-663 6373	14/R	Replacement	14
N/A DATA 3/19/94							

7. Description of Work Replaced Pipe Clamp

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure _____ psi Test Temp. _____ °F N/A DATA 3/19/94

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

FORM NIS-2 (Back)

9. Remarks

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 Replacement conforms to the rules of the ASME Code, Section XI.
 repair or replacement

Type Code Symbol Stamp N/R

Certificate of Authorization No. N/R

Expiration Date N/R

Signed [Signature]
Owner or Owner's Designee, Title

Date 19/ Mar, 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 I & I Co. of Hartford, CT. have inspected the components described 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.

[Signature]
Inspector's Signature

Commissions

TN 2537.
National Board, State, Province, and Endorsements

Date 3-19 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 TENNESSEE VALLEY AUTHORITY Date 3/19/94
Name
400 W. Summit Hill Drive Knoxville
Address

2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000, Spring City, TN. 37181
Address 93-21857-04
Repair Organization P.O. No., Job No., etc.

3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Type Code Symbol Stamp N/R
Name
P.O. Box 2000, Spring City, TN. 37181
Address Authorization No. 14/R
Expiration Date 14/R

4. Identification of System OIA Main Steam

5. (a) Applicable Construction Code AISC 1974th Edition, N/R Addenda, N/R Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80W81

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Snubber	PSA	2467	N/R	1-SN48-001 OIA 428	1992	Replacement	No

14/R DAB 3/19/94

7. Description of Work Replaced Snubber

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. _____ °F 14/R DAB 3/19/94

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)

9. Remarks

Applicable Manufacturer's Data Reports to be attached

94-301

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/R

Certificate of Authorization No.

N/R

Expiration Date

N/R

Signed

[Signature]

Date

19 Mar

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 IPI CO. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 3/20/94 to 3/26/94, 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

B. Eamigh

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

3/20

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 TENNESSEE VALLEY AUTHORITY Date 3/19/94
Name
400 W. Summit Hill Drive KNOXVILLE
Address
 2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name Unit 1
P.O. Box 2000, Spring City, TN. 37381
Address 93-21857-02
Repair Organization P.O. No., Job No., etc.
 3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Type Code Symbol Stamp N/R
Name Authorization No. N/R
P.O. Box 2000, Spring City, TN. 37381 Expiration Date N/R
Address
 4. Identification of System OIA Main Steam
 5. (a) Applicable Construction Code ASCE 1870 Edition N/R Addenda N/R Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80WB1

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Snubber	PSA	1395	N/R	1-SNUB-001 01A313	1978	Replacement	No.
N/A DAB 3/19/94							

7. Description of Work Replaced Snubber

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ N/R DAB 3/19/94
 Other ☐ Pressure _____ psi Test Temp. _____ °F

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

FORM NIS-2 (Back)

9. Remarks

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. repair or replacement

Type Code Symbol Stamp N/R

Certificate of Authorization No. N/R

Expiration Date N/R

Signed [Signature]
Owner or Owner's Designee, Title

Date 2/19, 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 Tennessee and employed by HSB IPI CO of HARTFORD 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 belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions TN 2534

National Board, State, Province, and Endorsements

Date 3/20, 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 TENNESSEE VALLEY AUTHORITY Date 3/18/94
Name
400 W Summit Hill Drive Knoxville TN Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000 Spring City, TN 37813 WORKPLAN # D-06012-17
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA, MODS Type Code Symbol Stamp N
Name
WATTS BAR NUCLEAR PLANT Authorization No. WMS
Address Expiration Date 3/18/94
4. Identification of System MAIN STEAM / SXS #001
5. (a) Applicable Construction Code AISC 7TH JUNE 19 73 Edition, N/A WMS Addenda, N/A WMS Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981 ADDENDUM A

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT # 1001A-1-DIA-424	N/A WMS 3/18/94	NONE	NONE	DCA-E06012-17 18 DCA-R06012-20		UNKNOWN REPLACEMENT	NO
<div style="text-align: center;"> <u>N/A WMS</u> <u>3/18/94</u> </div>							

7. Description of Work MODIFIED SUPPORT BY REMOVING BELLEVILLE WASHERS & U-BOLT AND INSTALLED PIPE CLAMP.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☒ Pressure N/A WMS 3/18/94 Test Temp. °F

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

D-06012-17

Page 8 cont. on Page 9

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-303 wms 3/19/94
 Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this 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 _____

Owner or Owner's Designee, Title

Date _____

3/18, 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 THE H.S.B. I. & I. Co. of HARTFORD, CT. have inspected the components described in this Owner's Report during the period 2-25-94 to 4-11-94, 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.

C.E. Metcalfe
 Inspector's Signature

Commissions _____

National Board, State, Province, and Endorsements

Date _____

APRIL 14, 19 94

FEB 25 1994

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 AUTHORITY Date 3-9-94
Name
400 W. SUMMIT HILL DR., KNOXVILLE, TN Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000, SPRING CITY, TN 94-01033-03
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Type Code Symbol Stamp N/A
Name
P.O. BOX 2000, SPRING CITY, TN Authorization No. EDM
Address Expiration Date 3.9.94
4. Identification of System CHEMICAL AND VOLUME CONTROL
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 - THRU - WINTER 1981 ADDITION

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
RESTRAINT END ATTACHMENT	BERGEN-PATERSON	N/A	EDM 3.9.94	HGR 62-ICVC-R69 B-P P/N 1-5 2003 EDM 3.10.94	UNKNOWN	REPLACED	N
			N/A EDM 3.10.94				

7. Description of Work REPLACED THE RESTRAINT END ATTACHMENT OF HGR 62-ICVC-R69
N/A EDM 3.9.94
8. 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 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

WO# 94-01033-03

PAGE 14 of 30

FORM NIS-2 (Back)

9. Remarks

NONE

Tracking No 94-304 BDN 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. repair or replacement

Type Code Symbol Stamp

N ERM 3.18.94

Certificate of Authorization No.

Expiration Date

Signed

Owner or Owner's Designee, Title

Date

3-18, 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 THE H.S.B. I & I. Co. of HARTFORD, CT. 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.

C.E. Mitcalfe
Inspector's Signature

Commissions

TN-2633

National Board, State, Province, and Endorsements

Date

MARCH 23, 19 94

Page 7 Cont. on Page 8FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI1. Owner TENNESSEE VALLEY AUTHORITY Date 3-19-94
Name400 W. SUMMIT HILL DR., KNOXVILLE, TN. Sheet 1 of 1
Address2. Plant WATTS BAR NUCLEAR PLANT Unit 1
NameP.O. BOX 2000, SPRING CITY, TN 37381 WP# D-04528-13
Address Repair Organization P.O. No., Job No., etc.3. Work Performed by TVA
NameP.O. BOX 2000, SPRING CITY, TN
AddressType Code Symbol Stamp
Authorization No. NA 3-19-94
Expiration Date4. Identification of System 03 / MAIN FEEDWATER5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, NA 3-19-94 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1003A-1-03A-361</u>	<u>TVA</u>	<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	<u>UNKNOWN</u>	<u>REPAIRED</u>	<u>NO</u>
<u>N/A</u> <u>AC 3-19-94</u>							

7. Description of Work ADDED WELDS Between items #1 & 4 on support #1003A-1-03A-3618. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐ N/A
Other ☐ Pressure psi Test Temp. °F AC 3-19-94 BU 4-25-94

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

WP 9-04528-13Page 8 cont. on Page 9

FORM NIS-2 (Back)

9. Remarks TRACKING NO: 94-305 AC 3-19-94

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. repair or replacement

Type Code Symbol Stamp _____

Certificate of Authorization No. N/A AC 3-19-94 Expiration Date _____

Signed Anthony C. Curren, FIELD ENGINEER Date Mar. 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 Boiler and Pressure Vessel Inspectors and the State 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 4/25/94 to 4/25/94, 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.

B. Curren Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 4/25 19 94

MAR 05 1984

TVA NUCLEAR

Page 7 cont. on Page 8FORM NIS-3 OWNER'S REPORT FOR REPAIRS OR REPLACEMENT
As Required by the Provisions of the ASME Code Section XI

04522 08

1. Owner TENNESSEE VALLEY AUTHORITY Date 3-20-84
Name
400 W. SUMMIT HILL DR., KNOXVILLE, TN. Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000, SPRING CITY, TN 37381 WP# D-04522-08
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Type Code Symbol Stamp
Name
P.O. Box 2000, Spring City, TN 37381 Authorization No. N/A
Address Expiration Date
4. Identification of System 03 / MAIN AND AUXILIARY FEEDWATER SYSTEM
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 thru WINTER 1981 Addition

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1003A-1-03A-200		<u>NA 8315-94</u>		<u>DCA-P04522-01, 33, 34, 35, 36</u>	<u>UNK</u>	<u>REPLACEMENT</u>	<u>NO</u>
<u>NA 84394</u>							

7. Description of Work MODIFY SUPPORT PER DCA-P04522-01, 33, 34, 35, 36

8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure psi Test Temp. °F
N/A 8315-94

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

Page 8 cont. on Page 9

D 04522 08

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-306 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp N/A 3-20-94

Certificate of Authorization No. N/A 3-20-94 Expiration Date N/A 3-20-94

Signed [Signature] Date 3-20, 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.B. I. & I. CO. of HARTFORD, CT. have inspected the components described in this Owner's Report during the period 3-5-94 to 4-13-94, 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.

[Signature] Commissions TN-2633 N & I
Inspector's Signature National Board, State, Province, and Endorsements

Date APRIL 13, 19 94

MAR 05 1994

TVA NUCLEAR



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 Authority Date 3-20-94
Name
400 W. Summit Hill Dr., Knoxville, TN. Sheet 1 of 2
Address
2. Plant Watts Bar Nuclear Plant Unit 1
Name
P.O. Box 2000, Spring City TN. 37771 ^{37381 MN} 3/21/94 WD-94-06403-00
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Tennessee Valley Authority Type Code Symbol Stamp NAGG 3-20-94
Name ^{37381 MN} 3/21/94 WD-94-06403-00
P.O. Box 2000, Spring City, TN. 37771 ^{37381 MN} 3/21/94 WD-94-06403-00
Address Authorization No. Expiration Date
4. Identification of System SYSTEM 063/
ASME XI ^{43 MN} 3/21/94 WD-94-06403-00
ASME XI SEVENTH EDITION THROUGH WINTER 1991
5. (a) Applicable Construction Code ASME XI 19 80 Edition, THROUGH WINTER 1991 Addenda, THROUGH WINTER 1991 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU 1991. WITH 1991 WINTER ADDENDA.
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-63-022		663-		FDN-29454A	NA 663-2094	Replaced	No

7. Description of Work INSTALLED A NEW END ATTACHMENT & Tab Steel member.
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure NAGG 3-20-94 psi Test Temp. NAGG 3-20-94 °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.

WD-94-06403-00
79 32 & 36

7 28 2

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-307 643-20-94

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. repair or replacement

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE

Expiration Date NONE

Signed James Gibson (GARCIA Gibson) MECS F.E.
Owner or Owner's Designee, Title

Date 3-20, 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 H.B. I. & I. Co. of HARTFORD, CT. have inspected the components described 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.

C.E. Metcalfe
Inspector's Signature

Commissions TN-2633

National Board, State, Province, and Endorsements

Date MARCH 23, 19 94

44-06403-00
7 33 28 20 94
7 28 2 36

MAR 20 1994

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 AUTHORITY
Name

Date 3-20-94

400 W. SUMMIT HILL DR. KNOXVILLE, TN
Address

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name

Unit 1

P.O. BOX 2000, SPRING CITY, TN
Address

D-20761-01

Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA - MODIFICATIONS
Name

Type Code Symbol Stamp

WBNP

Authorization No. N/A

AC 3-20-94

Address

Expiration Date

4. Identification of System SYS. 063 / SAFETY INJECTION

5. (a) Applicable Construction Code AISC 19 ⁷³ AC 3-20-94 Edition, 7th Addenda, NONE Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 W/ADDENDA THROUGH WINTER 1981.

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1063-1-63-572</u>	<u>TVA</u>	<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	<u>UNK</u>	<u>REPLACEMENT</u>	<u>NO</u>
<u>N/A</u> <u>AC 3-20-94</u>							

7. Description of Work MODIFIED PIPE SUPPORT.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ N/A
Other ☐ Pressure _____ psi Test Temp. _____ °F AC 3-20-94

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

FORM NIS-2 (Back)

9. Remarks 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp _____

Certificate of Authorization No. NIA AC 3-20-94 Expiration Date _____

Signed Anthony C. Cichona FIELD ENGINEER Date Mar. 20, 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 of Province of TN and employed by HSB I & I Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 5/19/93 to 4/25/94, 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.

Anthony C. Cichona Commissions TN 2537
Inspector's Signature National Board, State, Province, and Endorsements

Date 4-25 19 94



D 20761/01

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 TENNESSEE VALLEY AUTHORITY
Name
400 W. SUMMIT HILL DRIVE, KNOX, TN.
Address

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. Box 2000 SPRING CITY, TN.
Address

3. Work Performed by TVA MODS
Name
WATTS BAR NUCLEAR PLANT
Address

Date 3/21/94
Sheet 1 of 1
Unit 1

Workplan # D-21401-03
Repair Organization P.O. No., Job No., etc.

Type Code Symbol Stamp N/A
Authorization No. WMD
Expiration Date 3/21/94

4. Identification of System CONTAINMENT SPRAY / SYS # 072

5. (a) Applicable Construction Code AISC 7TH EDITION 19 73 Edition, N/A 3/21/94 Addenda, N/A 3/21/94 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 BO THRU WINTER 1981 ADDENDA

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT # 1072-A437-3-11	<u>N/A WMD 3/21/94</u>	<u>NONE</u>	<u>NONE</u>	<u>DLA-M21401-21</u> <u>DLA-M21401-22</u> <u>DLA-M21401-23</u>	<u>1994</u>	<u>REPLACEMENT</u>	<u>NO</u>
PIPE SUPPORT # 1072-A437-3-12		<u>NONE</u>	<u>NONE</u>	<u>DLA-M21401-18</u> <u>DLA-M21401-19</u> <u>DLA-M21401-20</u>	<u>1994</u>	<u>REPLACEMENT</u>	<u>NO</u>
PIPE SUPPORT # 1072-A437-3-13		<u>NONE</u>	<u>NONE</u>	<u>DLA-M21401-15</u> <u>DLA-M21401-16</u> <u>DLA-M21401-17</u>	<u>1994</u>	<u>REPLACEMENT</u>	<u>NO</u>
			<u>N/A WMD 3/21/94</u>				

7. Description of Work 1072-A437-3-11 - INSTALLED NEW PIPE SUPPORT
1072-A437-3-12 - INSTALLED NEW PIPE SUPPORT
1072-A437-3-13 - INSTALLED NEW PIPE SUPPORT

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
N Other ☐ Pressure psi Test Temp. °F
A WMD 3/21/94

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



MAR 2 1 1994

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-309 was 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp N/A was 3/21/94
Certificate of Authorization No. N/A was 3/21/94 Expiration Date N/A was 3/21/94
Signed M. L. Dodd, CONST. ENGR. Date 3/21, 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.B. I. AND I. Co. of HARTFORD, CT. have inspected the components described in this Owner's Report during the period 9-30-93 to 4-22-94, 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. Metcalf Commissions TN-2633 NFI
Inspector's Signature National Board, State, Province, and Endorsements

Date April 22, 1994

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 AUTHORITY Date 3-21-94
Name
400 W. Summit Hill Drive Knoxville
Address
 2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name
P.O. Box 2000, Spring City, TN. 37138 Unit 1
Address
93-27647-02
Repair Organization P.O. No., Job No., etc.
 3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Type Code Symbol Stamp N
Name
P.O. Box 2000, Spring City, TN. 37138 Authorization No. NR 3-21-94
Address Expiration Date 3-21-94
 4. Identification of System 54563 SIS
 5. (a) Applicable Construction Code AISC 13TH Edition, NR 3-21-94 Addenda, NR 3-21-94
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980WB1

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNOBBER	PSA	30829	<u>3-21-94</u> <u>NR 3-21-94</u>	<u>1-SNOB-063-6318</u>	<u>1993</u>	<u>REPLACEMENT</u>	<u>NO</u>

7. Description of Work REPLACED SNOBBER

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ NR 3-21-94
 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.

FORM NIS-2 (Back)

9. Remarks TRACKING # 310 9A3-2194

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A 9A3-2194

Certificate of Authorization No. N/A 9A3-2194 Expiration Date N/A 9A3-2194

Signed [Signature] Date March 21, 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 TENNESSEE and employed by HSB I FT CO. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 3/25/94 to 3/25/94, 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.

[Signature] Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 3/25 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 TENNESSEE VALLEY AUTHORITY Date 3-21-94
Name
400 W SUMMIT HILL DRIVE KNOXVILLE, TN Address
Sheet 1 of 1
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000 SPRING CITY, TN 37381 Address
WP# D-04524-02
Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Type Code Symbol Stamp
Name
P.O. Box 2000, SPRING CITY, TN 37381 Address
Authorization No. N/A
Expiration Date N/A
4. Identification of System 03 / MAIN AND AUXILIARY FEEDWATER
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981 ADDITION

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1003A-1-03A-240		<u>(N/A) 3-21-94</u>		<u>DCA-P04524-12, 13, 14</u>	<u>UNK</u>	<u>REPLACEMENT</u>	<u>NO</u>

7. Description of Work MODIFIED SUPPORT PER DCA-P04524-12, 13, 14

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure 2 psi Test Temp. 3-21-94 °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.

D-04524-02

Page 8 cont. on Page 9

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-311 85 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp

N/A 85 3-21-94

Certificate of Authorization No.

N/A 85 3-21-94

Expiration Date

N/A 85 3-21-94

Signed

James E. Smith
Owner or Owner's Designee, TitleField Eng.

Date

3-2119 94BU 5244

CERTIFICATE OF INSERVICE INSPECTION

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 IPI CO.

HARTFORD CONN.

have inspected the components described in this Owner's Report during the period 5/4/94 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 personal injury or property damage or a loss of any kind arising from or connected with this inspection.

B. E. Smith
Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

5/419 94

MAR 05 1994

TVA NUCLEAR



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 Authority Date 3-21-94
Name
400 W. Summit Hill Drive Knoxville
Address

2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name
P.O. Box 2000, Spring City TN 37381 Unit 1
Address 94-03779-00
Repair Organization P.O. No., Job No., etc.

3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Type Code Symbol Stamp N
Name
P.O. Box 2000 Spring City TN 37381 Authorization No. R 909
Address Expiration Date 3-21-94

4. Identification of System 5415 STEAM GEN. BLAND DOWN
NR9183-21-44 N/A 3-21-94
19th Edition Addenda Code Case

5. (a) Applicable Construction Code AISC 17
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>SNUBBER</u>	<u>PSA</u>	<u>26196</u>	<u>N/A</u>	<u>LSNOB-1015-4006</u>	<u>1993</u>	<u>REPLACEMENT</u>	<u>N</u>

7. Description of Work REPLACED SNUBBER

8. 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 recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks TRACKING # 312 94 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 PERMANENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp

N/A 94 3-21-94

Certificate of Authorization No.

N/A 94 3-21-94

Expiration Date

N/A 94 3-21-94

Signed

Owner or Owner's Designee, Title

Date

MARCH 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 TENNESSEE and employed by HSB III CO of HARTFORD CONN. 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 this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be 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

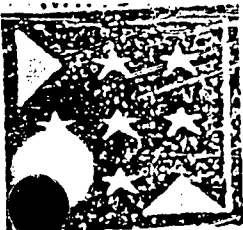
TN 2534

National Board, State, Province, and Endorsements

Date

3/28

19 94



TVA NUCLEAR

MAR 23 1994

D-21328-05-K2

Page 10 cont. on Page 11

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI1. Owner TVA
Name
400 W. SUMMIT HILL DR., KNOXVILLE, TN
AddressDate 3-23-94Sheet 1 of 12. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. Box 2000, SPRING CITY, TN
AddressUnit 1

D-21328-05

Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA
Name
P.O. Box 2000, SPRING CITY, TN
AddressType Code Symbol Stamp N/AAuthorization No. EBMExpiration Date 3-23-944. Identification of System 03/FEDWATER5. (a) Applicable Construction Code ASME 19 73 Edition, JUNE 1973 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 - THRU WINTER 1980 ADDITION

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1003A-1-03A-453		N A EBM 3-23-94		DCA 421328-60181, 62+63		REPLACEMENT	NO
				N A EBM 3-23-94			

7. Description of Work MODIFY SUPPORT; INSTALL BELLVILLE WASHERS8. 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 8 1/2 in. x 11 in., (2) information in Items 1 through 8 on this report 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-21328-05-K2

FORM N12-2 (Back)

Page 11 Cont. on Page 129. Remarks NONE

Applicable Manufacturer's Data Reports to be attached

TRACKING # 94-313

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

Owner or Owner's Designee, Title

Date 3-2319 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 of TENNESSEE and employed by THE H&B L. & L. CO. of HARTFORD, CT. have inspected the components described in this Owner's Report during the period 2-15-93 to 4-14-94, 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.

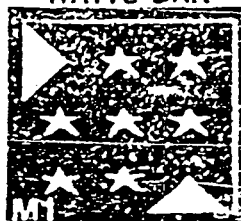
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury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

C.E. Metcalfe
Inspector's Signature

Commissions

TN-2633 N/I
National Board, State, Province, and EndorsementDate APRIL 14, 1994

WATTS BAR




TVA NUCLEAR

MAR 23 1994

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 AUTHORITY Date 3/23/94
Name
400 W. SUMMIT HILL DRIVE, KNOX, TN.
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000, SPRING CITY, TN.
Address
3. Work Performed by TVA, MODS Type Code Symbol Stamp N/
Name
WATTS BAR NUCLEAR PLANT Authorization No. WMO
Address Expiration Date 3/23/94
4. Identification of System RHR / SYS # 074
5. (a) Applicable Construction Code ASCE 7TH EDITION 19 73 Edition, N/ WMO Addenda, 1/23/23/94 Code Case
 (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

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 # 1074-74-RHR-R10	N/ WMO A 3/23/94	NONE	NONE	DCA-M2328-205 DCA-M2328-206 DCA-M2328-21		REPLACEMENT	NO
	TVA NUCLEAR MAR 23 1994			N A WMO 3/23/94			

7. Description of Work MODIFIED SUPPORT BY REMOVING EXISTING, BELLEVILLE WASHERS AND SWAY STRUT AND INSTALLED NEW PIPE CLAMP AND SWAY STRUT.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☒ Pressure N/ psi Test Temp. A WMO °F
3/23/94

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

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-314 WMO 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp _____

Certificate of Authorization No. _____

N WMO
A 3/23/94
Expiration Date

Signed

M.L. Odd CONST. ENGR.

Date

3/23, 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 IN and employed by HSBI & I Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 8-25-93 to 4-4-94, 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.

[Signature]
Inspector's Signature

Commissions

IN 2537
National Board, State, Province, and Endorsements

Date

4-4, 19 94

WORK INSTRUCTION D-21328-21-K1

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 AUTHORITY Date 3/23/94
Name
400 W. SUMMIT HILL DR. KNOXVILLE, TN
Address
 2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name
P.O. BOX 2000, SPRING CITY, TN Unit 1
Address W094-07406-00
Repair Organization P.O. No., Job No., etc.
 3. Work Performed by TENNESSEE VALLEY AUTHORITY Type Code Symbol Stamp _____
Name Authorization No. _____
P.O. BOX 2000, SPRING CITY, TN Expiration Date _____
Address 3/23/94
 4. Identification of System 063 / SAFETY INJECTION
 5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A Code Case _____
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 TARU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1063-A 435-8-SZ</u>		<u>4/23/94</u>		<u>DCAS9810-6957696</u>	<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>

7. Description of Work MODIFY SUPPORT
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure psi Test Temp. °F
N/A 3/23/94

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

FORM NIS-2 (Back)

9. Remarks TRACKING# 94-315 89 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp _____

Certificate of Authorization No. _____

Expiration Date 3/23/94

Signed [Signature]

Owner or 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 TN and employed by HSBI & I Co. of Hartford, 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.

[Signature]
Inspector's Signature

Commissions TN 2537

National Board, State, Province, and Endorsements

Date 3-31 19 94

Pg 130F53

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 AUTHORITY Date 3-18-94
Name
400 W. SUMMIT HILL DR. KNOXVILLE TN.
Address
2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name
P.O. BOX 2000 SPRING CITY, TN
Address
3. Work Performed by TVA Unit 1
Name
P.O. BOX 2000 SPRING CITY, TN.
Address
4. Identification of System 062 / CVCS
5. (a) Applicable Construction Code ASME SEC. II 71 Edition, SUMMER 73 Addenda, 4A DEC 3-18-94 (Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 _____
- Repair Organization P.O. No., Job No., etc. WO# 94-04459-00
 Type Code Symbol Stamp _____
 Authorization No. NA 313 94
 Expiration Date _____

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-1SV-062-0548-5	KEROTEST	KP23-19	NA	NA 313 94	1975	REPLACEMENT	YES

7. Description of Work REPLACE DIAL ON 1-1SV-062-0548-5

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure _____ PSI Test Temp. _____ °F NA 313 94

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

94-04459.00
F6140553

FORM NIS-2 (Back)

9. Remarks

NONE

Applicable Manufacturer's Data Reports to be attached

TRACKING # 94-316 29 3/23/94

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. repair or replacement

Type Code Symbol Stamp

NA RUF 3.23.94

Certificate of Authorization No.

NA RUF 3.23.94

Expiration Date

NA RUF 3.23.94

Signed

Owner or Owner's Designee, Title

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 TENNESSEE and employed by HSB I & I CO. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 3/24/94 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.

Inspector's Signature

Commissions

National Board, State, Province, and Endorsements

Date

3/24

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 Tennessee Valley Authority
Name
400 W. Summit Hill Drive, Knox, TN
Address

Date 3/23/94
Sheet 1 of 1

2. Plant Watts Bar Nuclear Plant
Name
PO Box 2000, Spring City TN 37381
Address

Unit 1
WO # 93-03534-00
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Watts Bar Nuclear Maint.
Name
PO Box 2000, Spring City TN 37381
Address

Type Code Symbol Stamp _____
Authorization No. _____
Expiration Date _____
N/A dw 12/22/93

4. Identification of System 001 - Main Steam

5. (a) Applicable Construction Code ASME III 19 71 Edition, 573 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 W81

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1-DRV-001-0535</u>	<u>Varway Valve Corp.</u>	<u>8782</u>	<u>N/R</u>	<u>MFR Model No. 5515B</u>	<u>77</u>	<u>Replacement</u>	<u>(2) Yes</u>

7. Description of Work Replace Stem/Disc Assembly

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. _____ °F N/R dw 3/23/94

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)

9. Remarks

Tracking No. 94-317 DW 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 Replacement conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp

N/A DW 3/23/94

Certificate of Authorization No.

N/A DW 3/23/94

Expiration Date

N/A DW 3/23/94

Signed

[Signature]

Date

March 23

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 IFI CO. of HARTFORD CONN. 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 this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]

Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

3/28

19

94

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

- Owner TENNESSEE VALLEY AUTHORITY
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN
Address
- Plant WATTS BAR NUCLEAR PLANT
Name
P.O. Box 2000, SPRING CITY, TN
Address
- Work Performed by TVA MECH. MOOS
Name
WATTS BAR NUCLEAR PLANT
Address
- Identification of System RESIDUAL HEAT REMOVAL / SYS 74
- (a) Applicable Construction Code ASME 7th 19 73 Edition, JUNE 1973 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981 ADDENDA

Date 3-23-94
Sheet 1 of 1
Unit 1
Repair Organization P.O. No., Job No., etc. WP# D-21328-21 K-5
Type Code Symbol Stamp N/A
Authorization No. NR 3-23-94
Expiration Date 1A

Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1074-741RHR-R017</u>	<u>N D. Reed</u>	<u>A 3-23-94</u>		<u>DLA-P05709-29,30</u> <u>M-21328-207,208</u>	<u>UNK</u>	<u>REPLACEMENT</u>	<u>NO</u>
			<u>N D. Reed</u>				
			<u>A</u>	<u>3-23-94</u>			

7. Description of Work MODIFY SUPPORT PER DLA P05709-29,30, M-21328-207,208

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

N D. Reed
A 3-23-94

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

This form (E00630) may be obtained from the Order Dept., ASME 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300. REPRINT 4/93

TVA NUCLEAR
MAR 23 1994

WP# D-21328-21 K-5
Page 16 cont. on Page 17
END W.R.B. 3-25-94

FORM NIS-2 (Back)

9. Remarks

TRACKING # 94-318

Applicable Manufacturer's Data Reports to be attached

N D. Reed

3-23-94

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. repair or replacement

Type Code Symbol Stamp N/A D. Reed 3-23-94

Certificate of Authorization No. N/A D. Reed Expiration Date 3-23-94

Signed Daniel Reed Date 3-23- 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 HSEI & I Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 8-25-93 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.

[Signature]
Inspector's Signature

Commissions TN 2537
National Board, State, Province, and Endorsements

Date 3-31 19 94

MAR 23 1994

TVA NUCLEAR



NUTS BAR

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

1. Owner TVA Name _____ Date 3.23.94
400 W. Summit Hill Dr, Knoxville, TN Address _____ Sheet 1 of 1
 2. Plant WATTS BAR NUCLEAR PLANT Name _____ Unit 1
P.O. Box 2000, Spring City, TN Address _____ D-21328-05-KS
 Repair Organization P.O. No., Job No., etc.
 3. Work Performed by TVA Name _____ Type Code Symbol Stamp N/A
P.O. Box 2000, Spring City, TN Address _____ Authorization No. ESM
 Expiration Date 3.23.94
 4. Identification of System Q3 / FEEDWATER
 5. (a) Applicable Construction Code AISC 19 73 Edition, June 1973 Addenda, N/A Code Case
 (b) Applicable Edition of Section Utilized for Repairs or Replacements 19 80 - THRU - WINTER 1981 ADDITION

Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1003-A427-5-23		N A ESM 3.23.94		DCA M21328-64, 65 + 218	UNKNOWN	REPLACEMENT	A/O
		N A ESM 3.23.94					

7. Description of Work MODIFY SUPPORT DCA M21328-64, 208 218 L/D
N/A ESM 3.23.94
 8. 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 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

D-2122 3

Page 22 of 23

FORM NIS-2 (Back)

9. Remarks

None

Applicable Manufacturer's Data Reports to be attached

TRACKING #94-319

29 3/23/94

4 29 3/23/94

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp

N/A ESM 3-23-94

Certificate of Authorization No.

Expiration Date

Signed

Owner or Owner's Designee, Title

Date

3-23-94

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors, the State or Province of TENNESSEE and employed by HSB I & I CO.

HART FORD CORP. have inspected the CONTAINER DESCRIBED in this Owner's Report during the period 3/25/94 to 3/25/94 and state that

to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in the Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor employer shall be 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 Exemption

Date

3/25

19

94



TVA NUCLEAR

MAR 23 1994

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 AUTHORITY Date 3-24-94
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE TN. Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000, SPRING CITY, TN. 37381 WORKPLAN D-20758-16
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA - MODIFICATIONS Type Code Symbol Stamp
Name Authorization No. N/A Just 3-24-94
WATTS BAR NUCLEAR PLANT Expiration Date N/A
Address
4. Identification of System O3B Aux. Feedwater
5. (a) Applicable Construction Code AISC 19 73 Edition, 7th Addenda, N/A Just 3-24-94 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 EDITION THRU WINTER 1981.

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT	TVA-MODS	NONE	NONE	10038-03B-1AFN -R175	UNKNOWN	REPLACEMENT	NO
<div style="position: relative; height: 100px;"> <div style="position: absolute; top: 0; right: 0; transform: rotate(45deg);"> Just 3-24-94 </div> </div>							

7. Description of Work MODIFIED SUPPORT BY INSTALLING NEW ITEMS 14 AND 15

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure _____ psi Test Temp. _____ °F
N/A Just 3-24-94

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

FORM NIS-2 (Back)

9. Remarks TRACKING Number 94-320

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 JWH 3-24-94

Certificate of Authorization No. N/A JWH 3-24-94 Expiration Date N/A JWH 3-24-94

Signed James W. Haly, PROS ENGR Date MARCH 24, 19 94
Owner or Owner's Designee, Title

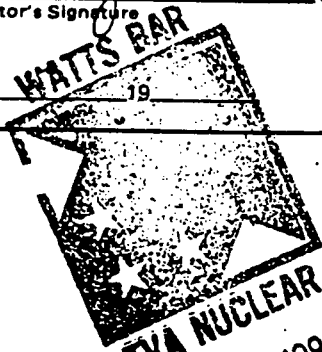
CERTIFICATE OF INSERVICE INSPECTION

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 H.B.I. & I. Co of HARTFORD, CT. have inspected the components described in this Owner's Report during the period 3-21-94 to 4-13-94, 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.

C.E. Mitcalf Commissions TN-2633 N & I
Inspector's Signature National Board, State, Province, and Endorsements

Date 4-13-94



Page 6A cont. or Page 7

WP-D-20758-16



D-21328-05-K6

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

MAR 23 1994

1. Owner TVA
Name
400 W. Summit Hill Dr., Knoxville, TN
Address

Date 3-23-94

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. Box 2000, Spring City, TN
Address

Unit 1

D-21328-05-K6

Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA
Name
P.O. Box 2000, Spring City, TN
Address

Type Code Symbol Stamp N/A ERM 3-23-94

Authorization No. _____

Expiration Date _____

4. Identification of System 15 / BLOWDOWN

5. (a) Applicable Construction Code AISC 1977 Edition, June 1977 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 - THRU - WINTER 1981 ADDITION

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1001-M400-6-200		<u>N/A ERM 3-23-94</u>		<u>DCA M-21328-10, 11 + 12</u>	<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>
				<u>N/A ERM 3-23-94</u>			

7. Description of Work MODIFY U-BOLT CLAMP (AND PERFORM WORK PER DNF 27042A) cf 4/1/94

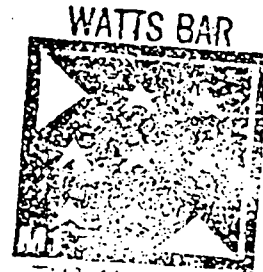
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. _____ °F

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

D-21328-05-K6

Page 8 cont. on Page 9

FORM NIS-2 (Back)



TVA NUCLEAR

MAR 23 1994

9. Remarks None

Tracking Number 94-321 MW 3/24/94

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. repair or replacement

Type Code Symbol Stamp NA ESM 3-23-94

Certificate of Authorization No. Expiration Date

Signed [Signature] Date 3-23, 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 of TN and employed by HSBI & CO. of Hartford, CT. have inspected the components described in this Owner's Report during the period 2-15-93 to 3-30-94, 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.

[Signature]
Inspector's Signature

Commissions TN 2537
National Board, State, Province, and Endorsements

Date 3-30, 1994

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 AUTHORITY Date 3-24-94
Name
400W. SUMMIT HILL DR., KNOXVILLE, TN. Sheet 1 of 1
Address

2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000, SPRING CITY, TN 37381 WP# D-13991-02
Address Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA MECH. MODS Type Code Symbol Stamp N
Name
WATTS BAR NUCLEAR PLANT Authorization No. D Read 3-24-94
Address Expiration Date A

4. Identification of System MAIN STEAM / SYS 1

5. (a) Applicable Construction Code AISC 7TH 19 73 Edition, JUNE 1973 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 TAK WINTER 1981 ADDENDA

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1001A-1-01A-347</u>	<u>N/A</u>	<u>D. Read</u>	<u>3-24-94</u>	<u>DCA-M13991-01, -02, -03, -04</u>	<u>UNK</u>	<u>REPLACEMENT</u>	<u>NO</u>
			<u>N D. Read</u>	<u>A</u>	<u>3-24-94</u>		

7. Description of Work MODIFY SUPPORT PER DCA M-13991-01, -02, -03, -04

8. 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 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

WP# D-13991-02

Page 8 CONT. ON PAGE 9

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-323

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 3-24-94
 Certificate of Authorization No. A D Reel Expiration Date 3-24-94
 Signed Daniel Reel, FE Date 3-24-94, 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 HSB I & T CO. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 5/5/94 to 5/5/94, 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.

B. Eamigh Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/5 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 TVA Name _____ Date 3-24-94
400 W. Summit Hill Dr. Knoxville TN Address _____ Sheet 1 of 1
 2. Plant WATTS BAR NUCLEAR PLANT Name _____ Unit 1
P.O. Box 2000, Spring City, TN Address _____ D-04529-08
 Repair Organization P.O. No., Job No., etc.
 3. Work Performed by TVA Name _____ Type Code Symbol Stamp _____
P.O. Box 2000, Spring City, TN Address _____ Authorization No. NA Jm 3-24-94
 Expiration Date _____
 4. Identification of System 03 / MAIN & AUX FEEDWATER
 5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, NA Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1003-A060-3-5</u>	<u>NA</u>	<u>Jm 3-24-94</u>		<u>DCA-P04529-82, 83, 84, 85, 90, & 91</u>	<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>
			<u>NA</u>				
			<u>Jm 3-24-94</u>				

7. Description of Work MODIFY SUPPORT
 8. 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 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

WORK INSTRUCTION D-04529-08-K308/8/95

* 6
 Page 59 cont. on Page 60
 * 7
 * MTS 2-9-95

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-324

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

NA 9m 3-24-94

Certificate of Authorization No.

Expiration Date

Signed

James R. Smith
Owner or Owner's Designee, Title

Date

3-24-

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 TN and employed by HSB I & I Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 3-30-93 to 2-14-95, 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.

[Signature]
Inspector's Signature

Commissions

TN 2537

National Board, State, Province, and Endorsements

Date

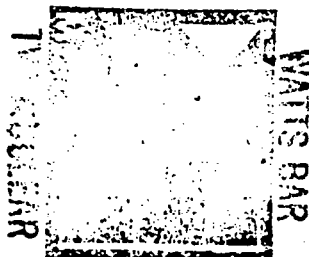
2-14

19 95

WORK INSTRUCTION

D-04529-08-K3

FEB 3 1995



* 7
62

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61

* NIB 2-9-95

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 AUTHORITY Date 3-24-94
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE TN. Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000 SPRING CITY TN. 37381 WO# 93-24182-10
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Type Code Symbol Stamp N/A
Name
P.O. BOX 2000, SPRING CITY, TN Authorization No. ESM
Address Expiration Date 3-24-94
4. Identification of System 15 / BLONDOWN
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 - THRU - WINTER 1981 ADDITION

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>47A400-7-43</u>		<u>N</u> <u>A ESM 3-24-94</u>		<u>DCA 509813-155 + 156</u>	<u>UNKNOWN</u>	<u>REPAIR</u>	<u>NO</u>
		<u>N</u> <u>A ESM 3-24-94</u>					

7. Description of Work ADDED WELD METAL ON SUPPORT LUGS
8. 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 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

WO # 93-24182-10

Page 14 OF 27
CONT. ON PAGE 27
TIN 3/25/94

FORM NIS-2 (Back)

9. Remarks NONE Tracking # 94-325 AW 3-25-94
Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A ERM 3-24-94

Certificate of Authorization No. _____ Expiration Date _____

Signed [Signature] Date 3-24, 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 HSB I & I CO. of HARTFORD 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 inspection.

B. Eamigh Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 4/1, 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 TVA
Name
400 W. Summit Hill Dr. Knoxville, TN
Address

Date 3.24.94

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. Box 2000, Spring City, TN
Address

Unit 1

D-04529-08

Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA
Name
P.O. Box 2000, Spring City, TN
Address

Type Code Symbol Stamp

Authorization No. NA Jm 3.24.94

Expiration Date

4. Identification of System 03 / MAIN & AUX FEEDWATER

5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, NA Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1003A-1-03A-503</u>	<u>Jm</u>	<u>NA</u> <u>3.24.94</u>		<u>DCA P04529-92 & 93</u>	<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>
			<u>NA</u>				
			<u>Jm</u> <u>3.24.94</u>				

7. Description of Work MODIFY SUPPORT

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ NA Jm 3.24.94
Other ☐ Pressure psi Test Temp. °F
Nominal Operating Pressure ☐

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

(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

WORK INSTRUCTION D-04529-08-K1 Page 8 cont. on Page 8A
mmpr 2-9-95

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-326

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

NA 9m 3.25-94

Certificate of Authorization No.

Expiration Date

Signed

James R. Smith
Owner or Owner's Designee, Title

Date

3.25.

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 IN and employed by HSB I & I Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 3-30-93 to 2-14-95, 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 300 507
Inspector's Signature

Commissions

TH 2537

National Board, State, Province, and Endorsements

Date

2-14 1995.

WORK INSTRUCTION

D-04529-08-14 NIB 2995

Page 8A cont. on Page 8B

FEB 08 1995

TVA NUCLEAR



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 AUTHORITY Date 8/3/94
Name
400 W SUMMIT HILL DRIVE, KNOXVILLE TENN
Address

2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name
PO BOX 2000 SPRING CITY TENN
Address

3. Work Performed by WATTS BAR NUCLEAR PLANT Unit WBN 1
Name
PO BOX 2000 SPRING CITY TENN
Address

Repair Organization P.O. No., Job No., etc. 94-07737-00

Type Code Symbol Stamp NA
 Authorization No. _____
 Expiration Date _____

4. Identification of System 74- RHR

5. (a) Applicable Construction Code ASME III 19 73 Edition, S 73 Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 W 81

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
RHR Pump 1A-A	INGERSOLL-RAND	067470	NONE	1-PMP-74-0010-A	QWB 8/11/94 1974	REPLACEMENT	Y
N/R							

7. Description of Work REPLACED MECHANICAL SEAL PLATE

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐ Pressure _____ psi Test Temp. _____ °F
N/R 8/25/94

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

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-327 08/25/94

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date NA

Signed D. Watson Date 8/3, 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 Tennessee and employed by HSB I&I CO. of HARTFORD, 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 inspection.

B. Eamigh
 Inspector's Signature

Commissions TN 2534
 National Board, State, Province, and Endorsements

Date 8/11, 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 TVA Date 3-27-94
Name
400 W. SUMMIT HILL DR, KNOXVILLE, TN
Address
2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name
P.O. BOX 2000, SPRING CITY, TN Unit 1
Address
3. Work Performed by TVA Repair Organization P.O. No., Job No., etc. D-05709-06
Name
P.O. BOX 2000, SPRING CITY, TN Type Code Symbol Stamp
Address
Authorization No. N
Expiration Date A CON 3-27-94
4. Identification of System DT4 / RESIDUAL HEAT REMOVAL
5. (a) Applicable Construction Code AISC 19 73 Edition, 7TH Addenda, NONE Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981

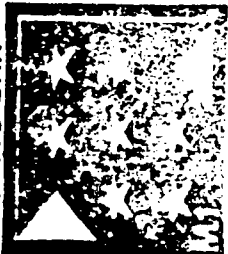
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1074-74-1RHR-RL04</u>		<u>N</u>	<u>A</u> <u>CON</u> <u>3-27-94</u>		<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>N</u>
			<u>A</u> <u>N</u> <u>CON</u> <u>3-27-94</u>				

7. Description of Work REWORK SUPPORT PER DCN-P-05709-C
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure N psi Test Temp. CON 3-27-94

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

WATTS BAR



TVA NUCLEAR

MAR 28 1994

D-05709-06
Page 6J cont. on Page 7

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-328

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp

CDIV
3-27-94

Certificate of Authorization No. N/A

Expiration Date

Signed

Charles Newton

FE

Date

3-27

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 HSB I & I Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 12-9-93 to 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.

[Signature]
Inspector's Signature

Commissions

TN 2537

National Board, State, Province, and Endorsements

Date

5-3-

19 94

921596703

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 Authority
Name
400 W. Summit Hill Dr. Knoxville TN
Address

Date 3/29/94

Sheet 1 of 1

2. Plant Watts Bar Nuclear Plant
Name
PO Box 2000, Spring City, TN. 37381
Address

Unit 1

3. Work Performed by Watts Bar Nuclear Plant
Name
PO Box 2000, Spring City TN. 37381
Address

Repair Organization P.O. No., Job No., etc.

Type Code Symbol Stamp

Authorization No.

Expiration Date

N/R OW 3/29/94

4. Identification of System Main Steam (01)

5. (a) Applicable Construction Code ASME III 19 71 Edition, Summer 73 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80WB1

OW 5/19/93

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-PCV-001-0030-B	Copes-Vulcan	7520-95337-1	720	None	'77	Replacement	Yes
				N/R			

7. Description of Work Replaced Trim Assembly

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

N/R OW 3/29/94

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

921596703

Page ___ of ___

FORM NIS-2 (Back)

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

N/R DW 3/29/94

Certificate of Authorization No.

N/R

Expiration Date

N/R DW 3/29/94

Signed

D. Watson

Owner or Owner's Designee, Title

Date

March 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 I&I CO. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 4/4/94 to 4/4/94, 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.

B. Eamigh
Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

4/419 94

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 AUTHORITY
Name
400 W. SUMMIT HILL DRIVE, KNOX, TN
Address
2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000, SPRING CITY TN 37381
Address
3. Work Performed by TVA MECH. MODIFICATIONS
Name
WATTS BAR NUCLEAR PLANT
Address
4. Identification of System SAFETY INJECTION SYSTEM / SYSTEM 63
5. (a) Applicable Construction Code AISC 7TH 19 73 Edition, N/A B2P 3-17-94 Addenda, N/A B2P 3-17-94 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU 1981 WITH 1981 WINTER ADDENDA.
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT	N/A B2P 3-17-94	NONE	NONE	1063-1-63-362	UNKNOWN	REPLACEMENT	NO
N TSF 4-1-94 A							

7. Description of Work ATTACHMENT OF INSTRUMENT CONTROL AIR SUPPORTS 1-AIRS-997-0710, -0714, -0718, 0719, 0720, -0739, 0740, & -0715, & -0716 TO STRUCTURAL COMPONENTS OF 1063-1-63-362 PER DCN F29550A
8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure B2P 3-24-94 psi Test Temp. N TSF °F
A 4-1-94

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

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-331

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. repair or replacement

Type Code Symbol Stamp

N TSF 4-1-94

Certificate of Authorization No.

Expiration Date

Signed

Timothy J. Jaccione
Owner or Owner's Designee, Title

Date

4-1

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 HSB I. & I. Co. of HARTFORD, CT. have inspected the components described in this Owner's Report during the period 3-16-94 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.

C.E. Mitcalfe
Inspector's Signature

Commissions

TN-2633 N & I

National Board, State, Province, and Endorsements

Date

APRIL 21, 1994

Om
4-21-94

WO# 93-12762-00

PAGE 17 OF 498

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 AUTHORITY
Name
400 W. Summit Hill Drive, Knoxville, TN
Address

Date 4.1.94

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. Box 2000 Spring City, TN 37381
Address

Sheet 1 of 1

Unit 1

D-16449-39
 Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA - MODIFICATIONS
Name
WBNP
Address

Type Code Symbol Stamp

Authorization No. N/A AC 4.1.94

Expiration Date

4. Identification of System SYS. 067 / ERCW

5. (a) Applicable Construction Code AISC 19 73 Edition, 7th Addenda, NONE Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 W/ADDENDA THROUGH WINTER 1991.

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1067-A450-22-159</u>	<u>TVA</u>	<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	<u>UNK</u>	<u>REPLACEMENT</u>	<u>NO</u>
<div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%);"> <u>N/A</u> <u>AC 4.1.94</u> </div>							

7. Description of Work MODIFIED SUPT. TO PROVIDE CLEARANCE WITH PIPE.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ N/A
 Other ☐ Pressure _____ psi Test Temp. _____ °F AC 4.1.94

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.

0-16449-39

Page 8 cont. on Page 9

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 _____

Certificate of Authorization No. N/A AC 4.1.94

Expiration Date _____

Signed Anthony Cichona FIELD ENGINEER
Owner or Owner's Designee, Title

Date Apr. 1, 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 I&I Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 3-25-94 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 personal injury or property damage or a loss of any kind arising from or connected with this inspection.

John B. Carter
Inspector's Signature

Commissions _____

TN 2537
National Board, State, Province, and Endorsements

Date 5-4 19 94



MAR 25 1994

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 AUTHORITY
Name
400 W. SUMMIT Hill DRIVE, KNOXVILLE, TN.
Address

Date 4-19-94

Sheet 1 of 2

2. Plant WATTS BAR NUCLEAR PLANT
Name
PO BOX 2000, SPRING CITY, TN. 37381
Address

Unit 1

D-21248-11

Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA - MODIFICATIONS
Name
WATTS BAR NUCLEAR PLANT
Address

Type Code Symbol Stamp N/A
Authorization No. 4/19/94
Expiration Date

4. Identification of System RADIATION MONITORING SYSTEM - SYS 090

5. (a) Applicable Construction Code AISC 19 73 Edition, 7th Addenda, N/A Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU 1981.
WITH 1981 WINTER ADDENDA

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1090-A600-105-1</u>	<u>N/A</u> <u>4/19/94</u>	<u>NONE</u>	<u>NONE</u>	<u>N/A</u> <u>4/19/94</u>	<u>UN-KNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>
<u>N/A</u> <u>4/19/94</u>							

7. Description of Work SUPPORT MODIFICATION - NOTCH TUBE STEEL

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ PSI Test Temp. _____ °F N/A 4/19/94

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

D-21248 1 J

Page 2A cont. on Page 2B

FORM NIS-2 (Back)

2 of 2

9. Remarks TRACKING NO. 94-333 dy
 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 mfr 4/19/94

Certificate of Authorization No. _____ Expiration Date _____

Signed Rm Bonnich MECH. ENGR. Date 4/19, 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 Boiler and Pressure Vessel Inspectors and the State or Province of TENNESSEE and employed by HSB IIT CO. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 4/22/94 to 4/22/94, 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. Earmigh Commissions TN 2534
 Inspector's Signature National Board, State, Province, and Endorsements

Date 4/22, 19 94

OCT 11 1993

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 AUTHORITY Date 8/3/94
Name
400 W SUMMIT HILL DRIVE, KNOXVILLE, TN Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit WBN 1
Name
PO BOX 2000 SPRING CITY, TN 94-08718-02
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by WATTS BAR NUCLEAR PLANT Type Code Symbol Stamp NAL 4/20/94
Name
Authorization No.
Expiration Date
4. Identification of System 74 - RHR
5. (a) Applicable Construction Code ASME III 19 73 Edition, 573 Addenda, NA Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80WB1

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
RHR Pump 1B-B	INGERSOLL-RAND	067471	None	1-PMP-074 0020-B	8W8/1/94 None 1974	REPLACEMENT	Y
N/R							

7. Description of Work REPLACE MECHANICAL SEAL PLATE
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ N/A
Other ☐ Pressure _____ psi Test Temp. _____ °F 4/20/94

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

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-334 8/12/94

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/ACertificate of Authorization No. N/A Expiration Date N/ASigned D. Watson Date 6/21/94, 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 I & I Co. of HARTFORD 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 inspection.

B. Eamigh Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 8/11, 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 TENNESSEE VALLEY AUTHORITY Date 4-25-94
Name
400 W. SUMMIT HILL DRIVE, Knoxville, TN Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000, Spring City, TN, 37381 WP# D-05620-07
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA MECH MODS Type Code Symbol Stamp N/A
Name Authorization No. /
WATTS BAR NUCLEAR PLANT Expiration Date /A
Address
4. Identification of System CONTAINMENT SPRAY / SYS 72
5. (a) Applicable Construction Code ASME 7TH 19 73 Edition, JUNE 73 Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1991 ADDENDA

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1072-72-KS-R85	N.D. Reed A	4-25-94		DA-P05620-38	UNK	REPLACEMENT	NO
1072-72-KS-R86				DA-P05620-39	UNK	REPLACEMENT	NO
1072-72-KS-R93				DA-P05620-42	UNK	REPLACEMENT	NO
1072-72-KS-R90				DA-P05620-40, 41	UNK	REPLACEMENT	NO

7. Description of Work MODIFY SUPPORTS

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure _____ psi Test Temp: _____ °F N.D. Reed
A 4-25-94

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.

APR 25 1994

Page 1 cont. on Page 8

FORM NIS-2 (Back)

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. repair or replacement

Type Code Symbol Stamp N/A D. Reed 4-25-94
Certificate of Authorization No. N/A D. Reed 4-25-94 Expiration Date N/A D. Reed 4-25-94
Signed Daniel Reed, CONST. ENGINEER Date 4-25-, 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.B. I. AND I. CO. of HARTFORD, CT. have inspected the components described in this Owner's Report during the period 11-15-91 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.

C.E. Mitcavage Commissions NB-6260 TN-2633 NFI
Inspector's Signature National Board, State, Province, and Endorsements

Date JUNE 15, 1994

W.O.# 94-00588-00

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

PAGE 12 OF 31

1. Owner TENNESSEE VALLEY AUTHORITY Date 4-29-94
Name
400 W. SUMMIT HILL DR. KNOXVILLE, TN
Address
2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name
P.O. BOX 2000 SPRING CITY, TN 37381
Address
3. Work Performed by TVA Unit 1
Name
P.O. Box 2000, SPRING CITY, TN
Address
4. Identification of System 62 / CVCS
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE, 1973 Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 - THRU - WINTER 1981 ADDITION
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1062-A406-2-11		N		47A0406-2-11	UNKNOWN	REPAIR	No
1062-A406-2-8		ESM 4.29.94		47A0406-2-8	UNKNOWN	REPAIR	No
			N				
			A	ESM 4.29.94			

7. Description of Work ADD WELD TO SHIMS ON THESE HANGERS
8. 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 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

W.O.H 94-00588-00

PAGE 13 OF 31

FORM NIS-2 (Back)

9. Remarks None 94-336 ISBW 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 REPAIR conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp

N A EBM 4-29-94

Certificate of Authorization No.

Expiration Date

Signed

CLL/McC...
Owner or Owner's Designee, Title

F.E.

Date

4-29-94

EBM 4-29-94

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 and employed by HSB I. & I. Co. of Hartford, CT. have inspected the components described 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.

SB 302-50

Inspector's Signature

Commissions

IN 2537

National Board, State, Province, and Endorsements

Date

5-31-94 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 TENNESSEE VALLEY AUTHORITY Date 3-23-94
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN. Sheet 1 of + 2
Address 3/16m 4/29/94
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000, SPRING CITY, TN. 37381 W.O. # 94-00807-00
Address 3/16m 5/2/94 Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Type Code Symbol Stamp
Name 37381 3/16m Authorization No. N/A
P.O. Box 2000, SPRING CITY, TN. 37381 37777 5/4/94 Expiration Date RB 3-23-94
Address
4. Identification of System 062 / CHEMICAL & VOLUME CONTROL SYSTEM
5. (a) Applicable Construction Code AISC '19 73 Edition, N/A RB 3-23-94 Addenda, N/A RB 3-23-94 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 N/A RB 3-23-94

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SUPPORT # 47A555-10-51	TVA	N/A RB 3/23/94	N/A RB 3/23/94	PDC # 47A555-10-51	unknown	REPAIRED	NO
N/A							

7. Description of Work REPAIRED SUPPORT # 47A555-10-51

8. 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 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks

Applicable Manufacturer's Data Reports to be attached

TRACKING # 337A
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. repair or replacement

Type Code Symbol Stamp N/A ASME 4/28/94
Certificate of Authorization No. N/A ASME 4/28/94 Expiration Date N/A ASME 4/28/94
Signed George N. Matemp Date April 28, 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 HSB I & I Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 3-18-94 to 5-5-94, 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.

John B. Smith Commissions TN 2537
Inspector's Signature National Board, State, Province, and Endorsements

Date 5-5 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 TENNESSEE VALLEY AUTHORITY Date 6/25/94
Name
400 W. SUMMIT HILL DR. KNOXVILLE, TN Sheet 1 of 2
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1 WP-D-19866-03
Name
P.O. BOX 2000 SPRING CITY, TN 37381 TVA WP-D-19866-03
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA MODS MECHANICAL Type Code Symbol Stamp
Name
P.O. BOX 2000 SPRING CITY, TN 37381 Authorization No. N/A PM 6/25/94
Address Expiration Date
4. Identification of System CHEMICAL AND VOLUME CONTROL 062
5. (a) Applicable Construction Code ATSC STEEL CONST. MANUAL, 7TH EDITION Addenda N-308 Code Case
Edition, 19 N/A PM 6/25/94 PM 7/7/94
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements SEC XI 1980 EDITION THRU WINTER 1981 ADDENDA
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT 1062-555-2-6A-2152	TVA	1062-555-2-6A 2152	NONE	NONE	1994	REPLACEMENT (NEW SUPPORT)	NO

7. Description of Work ADDED
ADD NEW SUPPORT LISTED ABOVE
PM 7/7/94
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ N/A PM 6/25/94
Other ☐ Pressure _____ psi Test Temp. _____ °F

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

SHEET 2 OF 2

FORM NIS-2 (Back)

9. Remarks SEE BLOCK 7

Applicable Manufacturer's Data Reports to be attached

TRACKING NUMBER - 94-337889 6/27/94

289 9/12/94

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 Stamp N/A PM 6/25/94

Certificate of Authorization No. N/A PM 6/25/94 Expiration Date N/A PM 6/25/94

Signed Patrick McAdams MECH. ENG. Date 6/27/94, 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 IN and employed by HSBI&I Co. of Hartford, CT. have inspected the components described 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 Report in accordance with the requirements of the ASME Code, Section XI.

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

AN 302 57 Commissions IN 2537

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

Date 7-7 19 94



WORKPLAN D-19866-03

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 TENNESSEE VALLEY AUTHORITY
Name
400 W. SUMMIT HILL DR. KNOXVILLE, TN
Address
- Date 5-2-94
- Sheet 2 of 2
2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000 SPRING CITY TN 37771-5129
Address
- Unit 1
- Repair Organization P.O. No., Job No., etc. W.O. 94-00807-00
3. Work Performed by TVA
Name
P.O. BOX 2000, SPRING CITY, TN 37381
Address
- Type Code Symbol Stamp N/A
- Authorization No. N/A
- Expiration Date 5/2/99
4. Identification of System OG2/CHEMICAL & VOLUME CONTROL SYSTEM
5. (a) Applicable Construction Code AISC 19 73 ^{7TH} Edition, N/A Addenda, N/A Code Case
- (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 N/A

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE CLAMP	BERGEN - PATERSON	N/A	N/A	BP # 298	N/A	REPLACEMENT	NO

7. Description of Work REPLACED BOLTING MAT'L ON PIPE CLAMP FOR SUPPORT NO. 47A555-10-51.

8. 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 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks

Applicable Manufacturer's Data Reports to be attached

TRACKING # 338A by 9/12/94
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. repair or replacement

Type Code Symbol Stamp

N/A BHM 5/2/94

Certificate of Authorization No.

N/A BHM 5/2/94

Expiration Date

N/A BHM 5/2/94

Signed

George N. Matanga
Owner or Owner's Designee, Title

Date

May 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 or Province of IN and employed by HSB I & CO. of Hartford, CT. have inspected the components described in this Owner's Report during the period 3-18-94 to 5-5-94, 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

TN 2537
National Board, State, Province, and Endorsements

Date

5-5 19 94

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

1. Owner TENNESSEE VALLEY AUTHORITY Date 6-21-94
Name
400 W. SUMMIT HILL DR. KNOXVILLE, TN.
Address

2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name
P.O. BOX 2000 SPRING CITY, TN. 37381 Unit 1
Address 93-05580-00
Repair Organization P.O. No., Job No., etc.

3. Work Performed by PLANT COMPLETIONS GROUP Type Code Symbol Stamp _____
Name Authorization No. NA QY
WATTS BAR NUCLEAR PLANT Expiration Date 6-21-94
Address

4. Identification of System REACTOR COOLANT SYSTEM / 068

5. (a) Applicable Construction Code ASME III 19 71 Edition, SUMMER 1973 Addenda, NA Aug 6/21/94
Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 EDITION W/ADDENDA THROUGH WINTER 1981.

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-PRES-068-PR MANWAY FLANGE COVER BOLTING.	WESTINGHOUSE ELEC. CORP.	1601	W10792	NONE	1975	REPLACED	YES

7. Description of Work UNIT 1 PRESSURIZER MANWAY COVER BOLTING MATRL. REPLACED.

8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure NA psi Test Temp. _____ °F
QY 6-21-94

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.

pg 15 of 75
No # 93.05580-

FORM NIS-2 (Back)

9. Remarks

Tracking # 94-3388 M H 6/27/94

Applicable Manufacturer's Data Reports to be attached

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 ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp

N/A

Certificate of Authorization No.

N/A

Expiration Date

N/A

Signed

Merle Hataway

FE

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 Tennessee and employed by HSB I&I CO. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 6/28/94 to 6/28/94, 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.

B Eamigh

Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

6/28

19 94

94-13871-02
Pg 24 of 34

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 AUTHORITY
Name
NUCLEAR POWER
Address

Date 6-28-94

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000 SPRING CITY, TN.
Address

Unit 1

W.O. 94-13871-02

Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA
Name
P.O. BOX 2000 SPRING CITY, TN.
Address

Type Code Symbol Stamp

Authorization No. N/A

Expiration Date REF 6-28-94

4. Identification of System O43 SAMPLING & WATER QUALITY

5. (a) Applicable Construction Code ASME III 19 80 Edition, WINTER 1984 Addenda, UP TO 6-28-94 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 WINTER THRU 81 ADDENDA

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-FLY-O43-O43A TARGET ROCK	TARGET ROCK		NA	REF 6-28-94	82	REPAIRED	Y
1-FLY-O43-O43A TARGET ROCK	TARGET ROCK	8	N/A	NA	83	REPAIRED	Y

7. Description of Work REMOVE/REPAIR BODY/BONNET TACK WELD

8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure ☐ Test Temp. NA REF 6-28-94

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

94-13871-02
Pg 25 of 34

FORM NIS-2 (Back)

9. Remarks NONE

Applicable Manufacturer's Data Reports to be attached

TC # 94-339A 6-28-94
8/2/94

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 Stamp HA

Certificate of Authorization No. _____ Expiration Date 6-28-94

Signed [Signature] Date 6-28, 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 IFC CO. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 8/2-1994 to 8/2/94, 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.

B. Eamigh Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 8/2, 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 TENNESSEE VALLEY AUTHORITY Date 4-12-94
Name
400 W. SUMMIT HILL DR. KNOXVILLE, TN. Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000 SPRING CITY, TN. 37381 W.O. 93-14209-21
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Type Code Symbol Stamp N
Name Authorization No. 4 RLF 4-12-94
P.O. Box 2000 SPRING CITY, TN. Expiration Date 4-12-94
Address
4. Identification of System 030 I / CONTAINMENT PURGE VENTILATION SYSTEM
5. (a) Applicable Construction Code ASME 19 71 Edition, SUMMER 1973 Addenda, 4 RLF 4-12-94 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981.

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
FLANGE BOLTING FOR 1-FLV-030-0037-B	TVA	NA	RLF 4-12-94			REPLACEMENT	NO
<div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-size: 2em; opacity: 0.5;">NA RLF 5/14/94</div>							

7. Description of Work REPLACED BOLTING MATERIAL ON FLANGE CONNECTIONS.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure _____ psi Test Temp. _____ °F NA RLF 4-12-94

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

PG 14A OF 26

FORM NIS-2 (Back)

9. Remarks

NONE

Applicable Manufacturer's Data Reports to be attached

TRACKING # 94-3398 51517
 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 ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp

N/A RLF 4-12-94

Certificate of Authorization No.

N/A RLF 4-12-94

Expiration Date

N/A RLF 4-12-94

Signed

Owner or Owner's Designee, Title

Date

4-12

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 and employed by HSB T & T Co. of Hartford, CT. have inspected the components described 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.

Inspector's Signature

Commissions

TN 2537

National Board, State, Province, and Endorsements

Date

6-23 19 94

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

As Required by the Provisions of the ASME Code Section XI.

PAGE 12 OF 28

1. Owner TENNESSEE VALLEY AUTHORITY Date 6-9-94
Name
400 W. SUMMIT HILL DR KNOXVILLE, TN. Sheet 1 of 1
Address

2. Plant WATTS BAR NUCLEAR PLANT Unit I
Name
P.O. Box 2000, SPRING CITY, TN 37381 W/O # 93-14408-01
Address Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA Type Code Symbol Stamp
Name Authorization No. N/A YNN 6/9/94
P.O. Box 2000, SPRING CITY, TN. 37381 Expiration Date
Address

4. Identification of System 061- ICE CONDENSER

5. (a) Applicable Construction Code AISC 19 73 Edition, 7TH SEVENTH Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU 1981 WITH 1981
WINTER ADDENDA.

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>SUPPORT</u> <u>47A462-12-6</u>	<u>PSA</u>	<u>3431</u>	<u>N/A</u> ^{YNN} _{6/9/94}	<u>1-SN4B-061-</u> <u>462126 W</u>	<u>1977</u>	<u>REPLACE-</u> <u>MENT</u>	<u>NO</u>

7. Description of Work REPLACED SNUBBER

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
 Other ☐ Pressure ps Test Temp. YNN 6/9/94 °F

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

UO# 93-14408-01
PAGE 12A OF 28

FORM NIS-2 (Back)

9. Remarks TRACKING No. 94-340 B 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp N/A YMH 6/9/94

Certificate of Authorization No. N/A YMH 6/9/94 Expiration Date N/A YMH 6/9/94

Signed Merle Hataway Date June 9, 19 94
Owner or Owner's Designee, Title

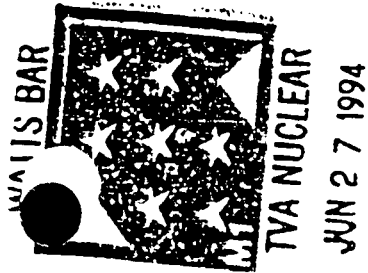
CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TN and employed by HSB I & Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 5-2-94 to 6-9-94, 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.

[Signature] Commissions TN 2537
Inspector's Signature National Board, State, Province, and Endorsements

Date 6-9 19 94

WORK INSTRUCTION D-05622-03Page 6 cont. on Page 7FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner TENNESSEE VALLEY AUTHORITY
Name
400 W. SUMMIT HILL DRIVE, KNOX, TN.
Address
2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000, SPRING CITY, TN.
Address
3. Work Performed by TVA, MODS
Name
WATTS BAR NUCLEAR PLANT
Address
- Date 6/27/94
- Sheet 1 of 1
- Unit 1
- WORKPLAN # D-05622-03
Repair Organization P.O. No., Job No., etc.
- Type Code Symbol Stamp N/
Authorization No. WNS 6/27/94
Expiration Date A
4. Identification of System CONTAINMENT SPRAY, SYSTEM # 072
5. (a) Applicable Construction Code AISC 7TH 19 73 Edition, N/A 6/27/94 Addenda, N/A 6/27/94 Code Case
(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

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)
DPE SUPPORT # 1072-72-KS-R124	N/ WNS A 6/27/94	NONE	NONE	DCA-PO5622-10 DCA-PC5622-11	UNKNOWN	REPLACEMENT	NO
P1AE SUPPORT # 1072-72-KS-V143	N/ WNS A 6/27/94	NONE	NONE	DCA-PO5622-12 DCA-PO5622-13	UNKNOWN	REPLACEMENT	NO

7. Description of Work 1072-72-KS-R124 - MODIFIED SUPPORT BY REMOVING EXISTING SWAY STRUTS AND U-BOLT AND INSTALL NEW SWAY STRUT AND ANGLE CLAMP.
1072-72-KS-V143 - CHANGED SPRING CAN SETTING.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
N Other ☐ Pressure psi Test Temp. °F
A WNS 6/27/94

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

(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 # 94-34 02 wms 6/29/94

Applicable Manufacturer's Data Reports to be attached

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 ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp N/A wms 6/27/94

Certificate of Authorization No. N/A wms 6/27/94 Expiration Date N/A wms 6/27/94

Signed M. L. Dodd Date 6/27, 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 HSB I & I Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 9-8-93 to 9-2-94, 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.

[Signature] Commissions TN 2537
Inspector's Signature National Board, State, Province, and Endorsements

Date 9-2 19 94

WORK INSTRUCTION D-05622-03



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

Page 22 Of 24

1. Owner TENNESSEE VALLEY AUTHORITY Date 5-10-94
Name

400 SUMMITT HILL DR., KNOXVILLE Sheet 1 of 1
Address

2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name

PO BOX 2000, SPRING CITY, TN 37381 WO# 93-14407-01
Address Repair Organization P.O. No., Job No., etc.

3. Work Performed by WATTS BAR NUCLEAR PLANT Type Code Symbol Stamp
Name

PO BOX 2000, SPRING CITY, TN 37381 Authorization No. NR 93-14407-01
Address Expiration Date 5-10-94

4. Identification of System 061 / ICE CONDENSER MH 6/8/94

5. (a) Applicable Construction Code AISC 1979 Edition, TH 1980 Addenda, NA 1980 Code Case
1979 Edition, TH 1980 Addenda, NA 1980 Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980 THRU 1981 WITH 1981 WINTER
MH 6/8/94 ADDENDA.

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>SNUBBER</u>	<u>PSA</u>	<u>1154</u>	<u>NA 93</u> <u>5-10-94</u>	<u>1-SNUB-061</u> <u>-402132E</u>	<u>NA 93</u> <u>5-10-94</u>	<u>REPLACE</u> <u>MENT</u>	<u>NR 93</u> <u>5-10-94</u>
<u>NR 93-14407-01</u>							

7. Description of Work REPLACED SNUBBER

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒ NR 93-14407-01
Other ☐ Pressure psi Test Temp.

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

93-14407-01

Page 23 Of 24

FORM NIS-2 (Back)

9. Remarks TRACKING # 341A 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 RENEWED conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp

N/A 905-10-94

Certificate of Authorization No.

N/A 905-10-94

Expiration Date

N/A 905-10-94

Signed

Owner or Owner's Designee, Title

Date

May 5, 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 HSS I&I Co of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 6/30/94 to 6/30/94, 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. Eamigh
Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

6/30

19

94

W.O. # 94-00586-00

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 AUTHORITY Date 6/28/94
Name
400 W. SUMMIT HILL DR KNOXVILLE TN Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR BAR Unit 1
Name
P.O. BOX 2000 SPRING CITY TN W.O. 94-00586-00
Address 37381 Repair Organization P.O. No., Job No., etc.
3. Work Performed by PLANT COMPLETION GROUP Type Code Symbol Stamp
Name Authorization No. NARK 7/1/94
P.O. BOX 2000, SPRING CITY, TN. 37771 Expiration Date
Address
4. Identification of System 087/UPPER HEAD INJECTION
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, NARK 7/1/94 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 - WINTER 81

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1087-A435-20-3</u>					<u>UNKNOWN</u>	<u>REPAIRED</u>	<u>NO</u>
<u>NARK 7/1/94</u>							

7. Description of Work ADD WELD TO SHIM

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure _____ psi Test Temp. NARK 7/1/94 °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.

W.O.N. 94-00586-00

FORM NIS-2 (Back)

9. Remarks NONE # 94-3418 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 ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp

Certificate of Authorization No.

Expiration Date

Signed

Kenneth J. Lewis
Owner or Owner's Designee, Title

Date

7-1

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 HARTFORD CONN. have inspected the components described in this Owner's Report during the period 7/5/94 to 7/5/94, 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.

B. E. Ewing
Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

7/5/94

19

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

1. Owner TENN. VALLEY AUTHORITY Date 5-10-94
Name
400 SUMMIT HILL DR. KNOXVILLE
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
PO BOX 2000, SPRING CITY, TN 37381 WX# 93-14409-01
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by WATTS BAR NUCLEAR PLANT Type Code Symbol Stamp
Name
PO BOX 2000 SPRING CITY, TN 37381 Authorization No. NR 90
Address Expiration Date 5-10-94
4. Identification of System 001 / ICE CONDENSER
5. (a) Applicable Construction Code AISC 1973 Edition, 7TH Addenda, 5-10-94 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980 THRU 1981 W/
1981 WINTER ADDENDA.
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>SNUBBER</u>	<u>PSA</u>	<u>4363</u>	<u>MAAD 5-10-94</u>	<u>1-SNUB-001-462 156E</u>	<u>1978</u>	<u>REPLACEMENT</u>	<u>NO</u>
<u>NR 90 5-10-94</u>							

7. Description of Work REPLACED SNUBBER
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒
 Other ☐ Pressure psi Test Temp. NR 90 5-10-94

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

FORM NIS-2 (Back)

9. Remarks TRACKING No 342 B 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI.
repair or replacement

Type Code Symbol Stamp N/A 905-10-94

Certificate of Authorization No. N/A 905-10-94

Expiration Date N/A 905-10-94

Signed

Owner or Owner's Designee, Title

Date May 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 of TENNESSEE and employed by HSB I/I CO. of HAYT FORD CONN. have inspected the components described in this Owner's Report during the period 6/20/94 to 6/20/94, 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

TN 2534
National Board, State, Province, and Endorsements

Date

6/20

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 TENNESSEE VALLEY AUTHORITY Date 05-16-94
Name
400 W. SUMMIT HILL DR., KNOXVILLE, TN
Address Sheet 1 of 2
2. Plant WATTS BAR NUCLEAR PLANT Unit 1 (ONE)
Name 37381 MB 5/19/94
P.O. BOX 2000 SPRING CITY, TN. 37771 WD # D-13988-A 10 MB 5-18-94
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA - MODIFICATION Type Code Symbol Stamp
Name Authorization No. N/A gpm 5/16/94
WATTS BAR NUCLEAR PLANT Expiration Date
Address
4. Identification of System CONTAINMENT SPRAY SYSTEM 072
5. (a) Applicable Construction Code AISC 19 73 Edition, SEVENTH Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU 1981 W/ 1981 WINTER ADDENDA
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT 1072-72-1CS-R89	N/A	N/A	N/A	DCA-M13988-2D & 21	UN KNOWN	REPLACED	NO
N/A MB 5-18-94							

7. Description of Work REPLACED THE SUPPORT WITH NEW MATERIAL

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
Other ☐ Pressure N/A psi Test Temp. gpm 5-16-94 °F

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

TVA NUCLEAR

MAY 19 1994

FORM NIS-2 (Back)

9. Remarks

TRACKING NO. 94-343A ASW 5-16-94

Applicable Manufacturer's Data Reports to be attached

2/9/12/94

CERTIFICATE OF COMPLIANCE

MENT

We certify that the statements made in the report are correct and this REPLACED conforms to the rules of the
ASME Code, Section XI. repair or replacement RMB
5-18-94

Type Code Symbol Stamp

N/A

cpm 5/16/94

Certificate of Authorization No.

Expiration Date

Signed

Charles Mudd

(FIELD ENG)

Date 5-16

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 IFT Co of
Hartford Conn. 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.

B. Earnigh

Inspector's Signature

Commissions

TN2534

National Board, State, Province, and Endorsements

Date

6/1319 94

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 AUTHORITY Date 7-12-94
Name
400 W. SUMMIT HILL DR, KNOXVILLE, TN.
Address
2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name
P.O. Box 2000, SPRING CITY, TN. 37771
Address Unit W.O. # 94-00746-00
Repair Organization P.O. No., Job No., etc. W.O. # 94-00746-00
3. Work Performed by WATTS BAR MODIFICATION Type Code Symbol Stamp N/A
Name
P.O. Box 2000, SPRING CITY, TN. 37771
Address Authorization No. N/A
Expiration Date 7/26/94
4. Identification of System 062/CVC
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 - WINTER 81

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>62-1CVC-R191</u>				<u>NAXX 7/12/94</u>	<u>UNKNOWN</u>	<u>Repaired</u>	<u>No</u>
				<u>NAXX 7/12/94</u>			

7. Description of Work ADDED WELD TO SHIM.
8. Tests Conducted: ☐ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure NAXX 7/12/94 psi Test Temp. 1 °F

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

FORM NIS-2 (Back)

9. Remarks NONE

TRACKING # 94-343

880 9/12/94

880 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 ASME Code, Section XI. repair or replacement

Type Code-Symbol Stamp

NAPK-7/12/94

Certificate of Authorization No.

Expiration Date

Signed Remitt [Signature]
Owner or Owner's Designee, TitleDate 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 IPI CO. of HAYT FORD CORP. have inspected the components described in this Owner's Report during the period 7/25/94 to 7/25/94, 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.

B. E. [Signature] Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 7/25, 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 TENNESSEE VALLEY AUTHORITY
Name
400 W. SUMMIT HILL DR. KNOXVILLE TN.
Address

Date 2-2-94

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000 SPRING CITY, TN. 37381
Address

Unit 1

WO# 93-26359-00

Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA
Name
P.O. BOX 2000, SPRING CITY, TN.
Address

Type Code Symbol Stamp

Authorization No. N/A RB

Expiration Date 2-2-94

4. Identification of System D68/ECS

5. (a) Applicable Construction Code ASME 19 71 Edition, SUMMER 1973 Addenda, N/A RB/2-2-94 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>BOLTING MATERIAL FOR UPSTREAM FLANGE CONNECTION FOR 1-PCV-68-34DA-A</u>	<u>TVA</u>	<u>N/A</u> <u>RB 2-2-94</u>	<u>N/A</u> <u>RB 2-2-94</u>	<u>FDS# 1-D68-FB-F-1DD4</u>	<u>N/A</u> <u>RB 2-2-94</u>	<u>REPLACEMENT</u>	<u>YES</u>
			<u>D/A</u> <u>RB 2-2-94</u>				

7. Description of Work REPLACED BOLTING MATERIAL ON UPSTREAM FLANGED CONNECTION FOR 1-PCV-68-34DA-A.

8. 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 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

N/A RB 2-2-94

FORM NIS-2 (Back)

9. Remarks TRACKING# 94-344A 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 Replacement conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp NA TNH 6/20/94

Certificate of Authorization No. _____ Expiration Date _____

Signed Merle H. Stanley, FE Date 6/20/94, 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 HSB IPI CO. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 6/22/94 to 6/22/94, 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.

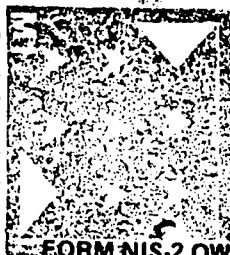
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury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

B. Eamigh Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 6/22 19 94

JUL 12 1994

TVA NUCLEAR



WATTS BAR

WP: D 00607-01

Page 8 cont. on Page 8A

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 AUTHORITY

Name

Date 7-12-94400 W. SUMMIT HILL DR, KNOXVILLE, TN

Address

Sheet 1 of 12. Plant WATTS BAR NUCLEAR PLANT

Name

Unit 1P.O. Box 2000, SPRING CITY, TN

Address

D-00607-01

Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA - MODIFICATIONS

Name

Type Code Symbol Stamp

WBNP

Address

Authorization No.

Expiration Date

4. Identification of System SYSTEM 002 / CHEMICAL + VOLUME CONTROL5. (a) Applicable Construction Code AISC 19 73 Edition, 7th Addenda, NONE Code Case(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 W/ ADDENDA THROUGH WINTER 1981
(CODE CASE N-303)

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT	TVA	NONE	NONE	1002-1-02A-22	UNKNOWN	REPAIRED	NO
<div style="position: relative; height: 100px;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; background: linear-gradient(to bottom right, transparent 49%, black 49%, black 51%, transparent 51%);"></div> </div>							

7. Description of Work CUT WELD BETWEEN NORTH KICKER (ITEM #3) + VERTICAL TS (ITEM #4) AND REWELDED.8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐ N/A
Other ☐ Pressure Just psi Test Temp. Just °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.

(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

WP: D06607-01

Page 8A cont. on Page 8B

FORM NIS-2 (Back)

by 9/12/94

9. Remarks TRACKING NO 94-344B JWH 7-12-94

Applicable Manufacturer's Data Reports to be attached

THIS NIS-2 IS FOR ADDITIONAL WORK PERFORMED AFTER COMPLETION OF

PREVIOUS NIS-2 (TRACKING NO. 93-384) JWH 7-12-94

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. repair or replacement

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed James W. Halcy, PROS. ENGINEER Date JULY 12, 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 HSB I & I Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 3-1-94 to 7-19-94, 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.

[Signature] Commissions TN 2537
Inspector's Signature National Board, State, Province, and Endorsements

Date 7-19 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 Tennessee Valley Authority Date 9/8/94
Name
400 W. Summit Hill Dr. Knoxville, TN
Address
2. Plant Watts Bar Nuclear Plant Sheet 1 of 1
Name
PO Box 2000 Spring City, TN
Address
3. Work Performed by Watts Bar Nuclear Plant Unit I
Name
PO Box 2000 Spring City, TN
Address
4. Identification of System 074 - RHR
5. (a) Applicable Construction Code ASME III 19 73 Edition, 5'73 Addenda, None Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980 W81
- Repair Organization P.O. No., Job No., etc. WO # 94-13584-00
- Type Code Symbol Stamp N/A OW 9/8/94
 Authorization No. N/A OW 9/8/94
 Expiration Date N/A OW 9/8/94

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
RHR PMP 1B-B	Ingersoll Rand	067471	None	None	'74	Replacement	No

7. Description of Work Replaced Stuffing Box Extension.

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

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None

10/5/94
FORM NIS-2 (Back)

9. Remarks Tracking # 94-345 B

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 DW 9/8/94

Certificate of Authorization No. N/A DW 9/8/94 Expiration Date N/A DW 9/8/94

Signed D. Watson 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 or Province of TN and employed by HSB I & T Co. of Hartford, CT. 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.

D. Watson Commissions TN 2537
Inspector's Signature National Board, State, Province, and Endorsements

Date 9-10 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 TENNESSEE Valley Authority Date 5/21/94
Name
400 W. SUMMIT Hill Drive, Knoxville, TN Sheet 1 of 1
Address
2. Plant WATTS BAR Nuclear Plant Unit 1
Name
P.O. Box 2000, Spring City, TN. 37381 W.O. # 94-11707-01
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by WATTS BAR Nuclear Plant Type Code Symbol Stamp N
Name Authorization No. A
P.O. Box 2000, Spring City, TN. 37381 Expiration Date KLR 5/21/94
Address
4. Identification of System 074 Residual Heat Removal
5. (a) Applicable Construction Code ASME III 19 71 Edition, 573 Addenda, N/A KLR 5/21/94 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80W81

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
RHR FCV 1-FCV-074-0032	FISHERS CONTROL CO.	BF208025	3 3398 KLR 5/21/94	NONE	1978	REPLACE	YES

7. Description of Work REPLACE VALVE
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure _____ psi Test Temp. _____ °F NONE REQUIRED

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

FORM NIS-2 (Back)

9. Remarks

Applicable Manufacturer's Data Reports to be attached

TRACKING # 94-346A KKR 5/21/94

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. repair or replacement

Type Code Symbol Stamp N/A KKR 5/21/94

Certificate of Authorization No. N/A KKR 5/21/94 Expiration Date N/A KKR 5/21/94

Signed Kenneth L Reed Date MAY 21, 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 IPI CO of HARTFORD 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 property damage or a loss of any kind arising from or connected with this inspection.

B Eammah
Inspector's Signature
BoNE 1/28/95

Commissions TN 2534
National Board, State, Province, and Endorsements

Date R 1/28, 19 95

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 Authority Date 1/26/94
Name
400 W. Summit Hill Dr., Knoxville, TN.
Address
2. Plant Watts Bar Nuclear Plant Sheet 1 of 1
Name
P.O. Box 2000, Spring City, TN.
Address Unit 1
WIO# 93-06068-00
Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Type Code Symbol Stamp
Name
P.O. Box 2000, Spring City, TN.
Address Authorization No. N/A BC 1/26/94
 Expiration Date _____
4. Identification of System 062 / CVCS
5. (a) Applicable Construction Code ASME 19 71 Edition, Summer Addenda, N/A BC
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 Thru Winter 1981 Code Case

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Bolting Material for Suction Spool Piece Flanges on PMP 1A-A	TVA			FBDS-1-62-F-529			
Bolting Material for Suction Spool Piece Flanges on PMP 1B-B	TVA	N/A	N/A	FBDS-1-62-F-530		Replacement	Yes
Bolting Material for Suction Spool Piece Flanges on PMP 1C-C	TVA	BC 1/26/94	BC 1/26/94	FBDS-1-62-F-531	N/A	Replacement	Yes
				FBDS-1-62-F-532	BC 1/26/94	Replacement	Yes

7. Description of Work Replaced Bolting Material on Suction Spool Piece Flanges for Centrifugal Charging Pumps in 1A-A, 1B-B + Rec. Charging Pump 1C.
8. Tests Conducted. Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure _____ psi Test Temp. _____ °F
N A BC 1/26/94

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.

W.O. 93-06068-00
Page 43 of 92

FORM NIS-2 (Back)

9. Remarks

~~NONE~~

Tracking # 94-347A
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

Owner or Owner's Designee, Title

Date

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 HSB L. E. L. CO. of HARTFORD, CT. have inspected the components described in this Owner's Report during the period 1-26-94 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.

inspection

C.E. Metcalfe
Inspector's Signature

Commissions

NB-6269 TN-2633 NFI
National Board, State, Province, and Endorsements

Date

JUNE 16, 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 TENNESSEE VALLEY AUTHORITY
NameDate 7-22-94400 W. SUMMIT HILL DRIVE, KNOXVILLE TN.
AddressSheet 1 of 22. Plant WATTS BAR NUCLEAR PLANT
NameUnit 1P.O. BOX 2000, SPRING CITY, TN. 37771
Address

Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA
NameType Code Symbol Stamp NA 66T-22-94P.O. BOX 2000 SPRING CITY, TN. 37771
AddressAuthorization No. NA 66T-22-94Expiration Date NA 66T-22-944. Identification of System SYSTEM 003, MAIN & AUXILIARY FEED WATER5. (a) Applicable Construction Code ASCE 19 73 Edition, JUNE '73 Addenda, NA 66T-22-94 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 1980 Winter 1981 Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1003-A4D1-1-12		<u>NA 66T-22-94</u> <u>A</u>		<u>OCN-P-01238-A</u>	<u>NA 66T-22-94</u>	<u>Replacement</u>	<u>NA 66T-22-94</u>

7. Description of Work Add 1/2" Flare and Reple Items 3 & 4 on B.O.M.8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure NA 66T-22-94 psi Test Temp. NA 66T-22-94 °F

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

7283

FORM NIS-2 (Back)

9. Remarks NONE
89 9/12/94
Tracking # 94-347824 Applicable Manufacturer's Data Reports to be attached 7/22/94

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 Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed [Signature] MOOS, F.E. Date 7-22, 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 IN and employed by HSR I & I Co. of Hartford, 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.

[Signature]
Inspector's Signature

Commissions IN2537
National Board, State, Province, and Endorsements

Date 9-10 19 94

D-05623-01

MAR 31

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 XI1. Owner TENNESSEE VALLEY AUTHORITY
NameDate 5/23/94400 W. SUMMIT HILL DR, KNOXVILLE, TN.
AddressSheet 1 of 12. Plant WATTS BAR NUCLEAR PLANT
NameUnit 1PO BOX 2000, SPRING CITY, TN. 37381
AddressWP-D-05623.01

Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA
Name

Type Code Symbol Stamp

Watts Bar Nuclear Plant
AddressAuthorization No. N/A 5/23/94

Expiration Date

4. Identification of System 072 - CONTAINMENT SPRAY5. (a) Applicable Construction Code AISC 7th 19 73 Edition, N/A 5/23/94
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 Thru Winter 1981 ADDENDUM

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1072-72-1CS-R112</u> <u>N/A</u> <u>5/23/94</u>	<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	<u>DCA-POS623-07-0</u>	<u>UNKNOWN</u>	<u>Replacement</u>	<u>NO</u>
<u>N/A</u> <u>5/23/94</u>							

7. Description of Work Modify Support - DCA-POS623-078. 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 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

REPRINT 12/91

egs 7 cont. on page 8

WP

D-05623-01

FORM NIS-2 (Back)

9. Remarks

9/12/94
5/25/94
TRACING # 94-348A

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

NA 5/23/94

Certificate of Authorization No.

NA 5/23/94

Expiration Date

NA 5/23/94

Signed

[Signature]
Owner or Owner's Designee, Title

Date

5/23

, 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 TN and employed by HSB I & I Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 3-30-93 to 6-1-94. 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.

[Signature]
Inspector's Signature

Commissions

TN 2537

National Board, State, Province, and Endorsements

Date

6-1

19 94.





WP D 19866 01

Page 6 CONL ON Page 7

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 AUTHORITY Date 7-22-94
Name
400 W. SUMMIT HILL DR., KNOXVILLE, TN. Sheet 1 of
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000, SPRING CITY, TN. 37771 WP-D-19866-01
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Name
P.O. Box 2000, Spring City, TN. 37771 Type Code Symbol Stamp NA 667-22-94
Address Authorization No. NA 667-22-94
Expiration Date NA 667-22-94
4. Identification of System SYSTEM 62, CHEMICAL AND VOLUME CONTROL
5. (a) Applicable Construction Code AFSC 19 73 Edition, June 73 Addenda, NA 667-22-94 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80-WINTER 1981 Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1062-555-2-3-4		NA 667-22-94 A		DAW-M-19866-A	NA 667-22-94	Replacement	NA 667-22-94

7. Description of Work INSTALL SUPPORT PER DAW-M-19866-1, -2 AND -3
8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure NA 667-22-94 psi Test Temp. NA 667-22-94 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.



MAR 6

FORM NIS-2 (Back)

2. Remarks None 8/9/12/94

Applicable Manufacturer's Data Reports to be attached
TRACKING # 94-34882 7/22/94

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.
repair or replacement

Type Code Symbol Stamp None

Certificate of Authorization No. None Expiration Date None

Signed James M. F.E. Date 7/25, 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 HSB I & I Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 12/22/92 to 8/30/94, 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.

James M. F.E. Commissions TN 2537
Inspector's Signature National Board, State, Province, and Endorsements

Date 8-30 1994

19866 01

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 AUTHORITY
Name
900 W. SUMMIT HILL DRIVE, KNOXVILLE, TN
Address
- Date 6-1-94
2. Plant WATTS BAR NUCLEAR PLANT
Name
PO BOX 2000, SPRING CITY, TN 37381
Address
- Unit 1
3. Work Performed by T.V.A. (WBND)
Name
PO BOX 2000, SPRING CITY, TN 37381
Address
- Type Code Symbol Stamp WP D-04667-02
Repair Organization P.O. No., Job No., etc.
- Authorization No. N/A 6-1-94
- Expiration Date 6-1-94
4. Identification of System S.I.S. (063)
5. (a) Applicable Construction Code AISC 7TH 19 73 Edition, JUNE 1973 Addenda, N/A 6-1-94 Code Case
 (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

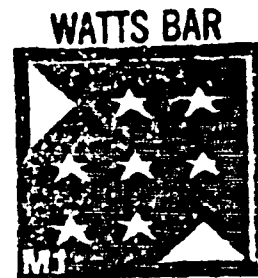
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>PIPE SUPPORT</u> <u>1063-63-1SIS-R109</u>	<u>TVA</u>	<u>NONE</u>	<u>NONE</u>	<u>63-1SIS-R109</u>	<u>UNK</u>	<u>REPLACEMENT</u>	<u>NO</u>
<u>N/A 6-1-94</u>							

7. Description of Work MODIFIED EXISTING PIPE SUPPORT
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure psi Test Temp. °F
N/A 6-1-94

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

WORKPLAN D-04667-02

Page 4A
6B cont. on Page 5
908 6-1-94



TVA NUCLEAR
JUN 01 1994

FORM NIS-2 (Back)

9. Remarks NIS-2 TRACKING NO: 94-349A 908 6-1-94

Applicable Manufacturer's Data Reports to be attached

PER REV.-3 OF THIS WORKPLAN D-04667-02, COMPLETION OF PHYSICAL WORK AND
Q.C. INSPECTION WAS NOT PERFORMED. THIS SUPPORT HAS BEEN REDESIGNED BY DCN
F-30810-A AND WILL BE COMPLETELY REMOVED AND MODIFIED BY WP. D-04667-30.
908 6-1-94

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 XI. repair or replacement

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE

Expiration Date NONE

Signed John D. Simpson, MECH. FIELD ENGR. Date 6-1, 19 94
Owner or Owner's Designee, Title

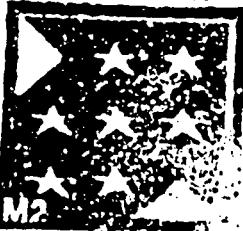
CERTIFICATE OF INSERVICE INSPECTION

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 H2B IPI CO- of HARTFORD CONN. 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.

B. Eassey Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 7/8, 19 94



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

JAN 06 1995

1. Owner TENNESSEE VALLEY AUTHORITY
Name
400 W. SUMMIT HILL DRIVE KNOX TN.
Address
2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000 SPRING CITY TN 37771
Address
3. Work Performed by TVA, MECH MODIFICATIONS
Name
WATTS BAR NUCLEAR PLANT
Address
- Date 7-22-94
Sheet 1 of 1
Unit 1
INP D 05620-06
Repair Organization P.O. No., Job No., etc.
Type Code Symbol Stamp
Authorization No. N/A JCD
Expiration Date 7-22-94
4. Identification of System CONTAINMENT SPRAY SYSTEM SYSTEM # 072
5. (a) Applicable Construction Code AISC 7th 19 73 Edition, N/A JCD 7-22-94 Addenda, N/A JCD 7-22-94 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 EDITION THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT	N/A JCD 7-22-94	NONE	NONE	1072-72-105-R83	UNKNOWN	REPLACEMENT	NO
N/A JCD 7-22-94							

7. Description of Work INSTALLED STRUT CLAMP & BASE PLATE

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure ☐ Test Temp. 7-22-94 °F

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



TVA NUCLEAR

JAN 06 1994

D-05620-06

Page 8 cont. on Page 9

7/12/94

7/12/94

FORM NIS-2 (Back)

9. Remarks TRACKING NO. 94-3498 7/22/94

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A 7-22-94

Certificate of Authorization No. N/A 7-22-94 Expiration Date N/A 7-22-94

Signed Joe E. Davis Date 7-22-94, 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 TN and employed by HSB I & Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 11-12-91 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.

Joe E. Davis
Inspector's Signature

Commissions TN 2537
National Board, State, Province, and Endorsements

Date 9-10 1994



TVA NUCLEAR

JUN 03 1994

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

1. Owner TENNESSEE VALLEY AUTHORITY Date 6-2-94
Name

400 WEST SUMMIT HILL DR., KNOXVILLE Sheet 1 of 2
Address TN

2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name

PO Box 2000, SPRING CITY, TN 37771 WP# D-17837-01
Address Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA - MODIFICATIONS Type Code Symbol Stamp
Name

WATTS BAR NUCLEAR PLANT Authorization No. N/A BS 6/2/94
Address Expiration Date

4. Identification of System RADIATION MONITORING / 90

5. (a) Applicable Construction Code AISC 19 73 Edition, 7 Addenda, N/A BS 6/2/94 Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU 81 W/1981 WINTER ADDENDA

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1090-A600-105-16.	ITT GRINNELL	NONE	NONE	NONE	UN-KNOWN	REPLACEMENT	NO
<div style="position: relative; height: 100px;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; background: linear-gradient(to top right, transparent 49%, black 49%, black 51%, transparent 51%);"></div> <div style="position: absolute; top: 10%; left: 30%;"> <p>N A BS 6/2/94</p> </div> </div>							

7. Description of Work MODIFY PIPE SUPPORT, INSTALL FRICTION ANCHOR

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

N/A BS 6/2/94

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

WORK INSTRUCTION D-17837-01

Page 7 cont. on Page 8

FORM NIS-2 (Back)

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 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 _____

Benjamin (FIELD ENGINEER)
Owner or Owner's Designee, Title

Date _____

6/2/94, 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 TN and employed by HSB I & I Co. of Hartford, CT. 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.

[Signature]

Inspector's Signature

Commissions _____

TN 2537

National Board, State, Province, and Endorsements

Date _____

6-10

19 94

D 21328 72

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

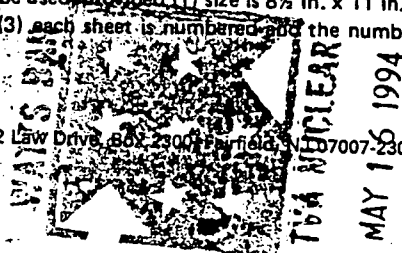
1. Owner TENNESSEE VALLEY AUTHORITY Date 7-22-94
Name
400 W. SUMMIT HILL DR., KNOXVILLE TN. Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000, SPRING CITY, TN 37381 WP # D-21328-72
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TENNESSEE VALLEY AUTHORITY (WBNA) Type Code Symbol Stamp
Name
PO BOX 2000, SPRING CITY, TN 37381 Authorization No. N/A 908 7-22-94
Address Expiration Date
4. Identification of System CONTAINMENT SPRAY (072)
5. (a) Applicable Construction Code AISC 7TH 19 73 Edition, JUNE 1973 Addenda, N/A 908 7-22-94 Code Case
(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

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 1072-A437-5-8	TVA	NONE	NONE	47A437-5-8	UNK	REPLACEMENT	NO
				N 908 A	7-22-94		

7. Description of Work MODIFIED EXISTING SUPPORT
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. _____ °F
N 908 7-22-94

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



MAY 16 1994

D 21328 72

FORM NIS-2 (Back) 8/9/12/94

9. Remarks NIS-2 TRACKING NUMBER: 94-350 B 008 7-22-94
Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this REPLACEMENT 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 John O. Sampson, MECH. FIELD ENGR. Date 7-22, 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 HSBIRI Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 5/13/94 to 8/22/94, 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.

John O. Sampson Commissions TN 2537
Inspector's Signature National Board, State, Province, and Endorsements

Date 8-22-1994



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

PAGE 13 OF 45

1. Owner TVA
Name
400 W. Summit Hill Dr Knoxville TN
Address

Date 6-6-94

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. Box 2000 SPRING CITY, TN
Address

Unit 1

WO# 93-13963-00
Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA
Name
P.O. Box 2000 SPRING CITY, TN
Address

Type Code Symbol Stamp

Authorization No. NA

Expiration Date 9m 6-6-94

4. Identification of System 026 / HPFP

5. (a) Applicable Construction Code ASME III 19 74 Edition, WINTER 1976 Addenda, NA 9m 6-6-94 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-CKV-026-1296	BORG WARNER	28565	NONE	NONE	1978	REPLACEMENT	YES
NA 9m 6-6-94							

7. Description of Work REPLACE MISSING BOLTING MATL (1 NWT)

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ NA 9m 6-6-94
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.

FORM NIS-2 (Back)

WO# 93-13963-00

9. Remarks

TRACKING # 94-351 A

PAGE 14 OF 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 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

Owner or Owner's Designee, Title

FE

Date

6-6-

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 & I CO. of HASTFORD CONN. have inspected the components described in this Owner's Report during the period 6/30/94 to 6/30/94, 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

6/30

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 TENNESSEE VALLEY AUTHORITY Date 7-28-94
Name
400 W. SUMMIT HILL DR. KNOXVILLE, TN.
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000, SPRING CITY, TN. 37381
Address W.D. 94-11423-00
Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA - MODIFICATIONS Type Code Symbol Stamp _____
Name Authorization No. N/A
WATTS BAR NUCLEAR PLANT Expiration Date Oct 7-28-94
Address
4. Identification of System MAIN AND AUXILIARY FEED WATER SYSTEM / SYSTEM - 003
5. (a) Applicable Construction Code ASME III 19 74 Edition, SUMMER '76 Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 N/A 80 THROUGH 1981 W/1981 WINTER ADDENDA.
Oct 7-28-94
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>WBX-1-CXV-DB-0638</u>	<u>NVD OF BORG-WARNER</u>	<u>26313</u>	<u>N/A</u>	<u>N/A</u>	<u>1978</u>	<u>REPLACEMENT</u>	<u>YES</u>

7. Description of Work REPLACEMENT OF BONNET
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure N/A psi Test Temp. _____ °F
Oct 7-28-94

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

94-11423-00
page 22 of 56

FORM NIS-2 (Back)

9. Remarks TRACKING NUMBER 94-351B ^{8/12/94}

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. 8/12/94

Expiration Date

Signed [Signature]

Owner or Owner's Designee, Title

Date 7-28

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 TN and employed by HSBI & I Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 7-22-94 to 8-24-94, 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.

[Signature]
Inspector's Signature

Commissions

TN 2537
National Board, State, Province, and Endorsements

Date

8-24 19 94

W.D. # 94-11636-00

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 AUTHORITY Date 6-13-94
Name
400 W. SUMMIT HILL DR., KNOXVILLE TN Sheet 1 of 2
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000, SPRING CITY, TN 37381 W0 94-11636-00
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Type Code Symbol Stamp NA
Name
P.O. Box 2000, SPRING CITY, TN. 37381 Authorization No. NA
Address Expiration Date NA
4. Identification of System SYSTEM 062 CHEMICAL AND VOLUME CONTROL
5. (a) Applicable Construction Code ASME III 19 74 Edition, SUMMER 74 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 WRI

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-HTX-062-0066	TVA	NA	NA	DCN W-31207-A	NA	REPLACEMENT	YES
NA							

7. Description of Work INSTALLED NEW PRESSURE RATING TAG

8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure 300 psi Test Temp. * °F

NA DCB 6-13-94

LINED THROUGH IN ERROR.

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.

DCB
6-13-94

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

FORM NIS-2 (Back)

9. Remarks

Tracking # 94-352A 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. repair or replacement

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE

Expiration Date NONE

Signed Dennis C. Blackwood
Owner or Owner's Designee, Title

MODS FE

Date 6-13-94

, 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 of Province of Tennessee and employed by HSB I/I Co. have inspected the components described in this Owner's Report during the period 6/14/94 to 6/14/94, 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.

Bruce M. Eamigh
Inspector's Signature

Commissions

TN2534

National Board, State, Province, and Endorsements

Date

6/14

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 TENNESSEE VALLEY AUTHORITY
Name
400 W. SUMMIT HILL DR. KNOXVILLE, TN
Address

Date 6-17-94

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000, SPRING CITY, TN
Address

Unit 1

WO# 94-09916-02
Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA
Name
P.O. BOX 2000, SPRING CITY, TN
Address

Type Code Symbol Stamp

Authorization No. N / TSF

Expiration Date 6-17-94

4. Identification of System 043 / SAMPLING AND WATER QUALITY

5. (a) Applicable Construction Code ASME III 19 80 Edition, WINTER 1981 Addenda, N/A TSF Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 N/A TSF 6-17-94 6-17-94

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-FSV-043-0251A	←		N/A TSF 6-17-94	→	UNKNOWN	REPLACEMENT	YES

7. Description of Work REMOVE / REINSTALL SEAL WELD

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure TSF 6-17-94 °F

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

PAGE 15B OF 26

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-352 B

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 TSF
6-17-94
Expiration Date

Signed Timothy S. Facciani
Owner or Owner's Designee, Title

Date 6-17 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 TENNESSEE and employed by MSB I & I CO. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 8/22/95 to 8/22/95, 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. Eamigh
Inspector's Signature

Commissions TN 2534
National Board, State, Province, and Endorsements

Date 8/22/95 19 95

W.D. # 94-11664-00
PAGE 30 OF 48

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 AUTHORITY Date 7-28-94
Name
400 W. SUMMIT HILL DR. KNOXVILLE, TN. Sheet 1 of 2
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000, SPRING CITY, TN. 37381 W.D. 94-11664-00
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA - MODIFICATIONS Type Code Symbol Stamp
Name
WATTS BAR NUCLEAR PLANT Authorization No. N/A
Address Expiration Date 7-28-94
4. Identification of System MAIN AND AUXILIARY FEED WATER SYSTEM / SYSTEM-003
5. (a) Applicable Construction Code ASME III 19 74 Edition, SUMMER '76 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 ASME RD THROUGH 1981 W/1981 WINTER ADDENDA.
7-28-94
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>WBN-1-CKV-003-DWV</u>	<u>NVD OF BORG-WARNER</u>	<u>26321</u>	<u>N/A</u>	<u>N/A</u>	<u>1978</u>	<u>REPLACEMENT</u>	<u>YES</u>

7. Description of Work REPLACEMENT OF BONNET
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure N/A psi Test Temp. 7-28-94 °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.

Wb # 94-11664-00
PAGE 31 OF 48

291/2/94
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 REPLACEMENT conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp

N/A 8/2/94
A

Certificate of Authorization No.

Expiration Date

Signed

[Signature]
Owner or Owner's Designee, Title

Date 7-28

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 TN and employed by HSR I & I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 7-22-94 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 inspection.

[Signature]
Inspector's Signature

Commissions

TN 2537
National Board, State, Province, and Endorsements

Date

8-11 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 TENNESSEE VALLEY AUTHORITY Date 6-17-94
Name
400 W. SUMMITT HILL DR. KNOXVILLE, TN
Address
2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name
P.O. BOX 2000, SPRING CITY, TN
Address Unit 1
WO# 94-10070-02
Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Type Code Symbol Stamp
Name
P.O. BOX 2000, SPRING CITY, TN
Address Authorization No. N / TSF
Expiration Date A 6-17-94
4. Identification of System 043 / SAMPLING AND WATER QUALITY
5. (a) Applicable Construction Code ASME III 19 80 Edition, WINTER 1981 Addenda, N/A TSF Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 N/A TSF 6-17-94
6-17-94
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-FSV-043-0342-A	←		N/A TSF 6-17-94	→ UNKNOWN		REPLACEMENT	YES

7. Description of Work REMOVE / REINSTALL SEAL WELD
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ TSF 6-17-94
Nominal Operating Pressure ☐
Other ☐ Pressure A psi Test Temp. °F

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

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

9. Remarks TRACKING # 94-353A
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. _____

TSF
N/A 6-17-94
Expiration Date

Signed _____

Owner or Owner's Designee, Title

Date 6-17, 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 TENNESSEE and employed by HARTFORD COMM. HSB IBI CO. of _____
in this Owner's Report during the period 6/24/94 to 6/24/94 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.

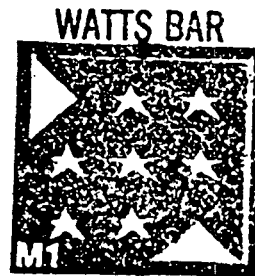
B. Eamigh
Inspector's Signature

Commissions _____

TN 2534
National Board, State, Province, and Endorsements

Date _____

6/24, 19 94



TVA NUCLEAR

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

JUL 29 1994

1. Owner TENNESSEE VALLEY AUTHORITY
Name
400 W. SUMMIT HILL DRIVE, KNOX, TN.
Address
2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000, SPRING CITY, TN. 37771
Address
3. Work Performed by TVA, MODS
Name
WATTS BAR NUCLEAR PLANT
Address
4. Identification of System MAIN STEAM / SYSTEM #001
5. (a) Applicable Construction Code AISC, 7TH 1973 Edition, N/A Addenda, N/A Code Case
(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

Date 7/29/94
Sheet 1 of 1
Unit 1
Repair Organization P.O. No., Job No., etc. WORKPLAN # D-06009-09
Type Code Symbol Stamp N/A
Authorization No. N/A
Expiration Date 7/29/94

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>PIPE SUPPORT # 100A-1-DIA-30B</u>	<u>N/A</u>	<u>N/A</u>	<u>NONE</u>	<u>DA-K-06009-28</u> <u>29</u>		<u>REPLACEMENT</u>	<u>NO</u>
<u>N/A</u> <u>A 7/29/94</u>							

7. Description of Work MODIFIED SUPPORT BY REMOVING 2 SWAY STRUTS, T.S. W SECTION REAR BKT'S, U-BOLTS AND BELLEVILLE WASHERS. INSTALLED ONE SWAY STRUT, PLATES AND CLAMP.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
N Other ☐ Pressure A 7/29/94 psi Test Temp. 7/29/94 °F

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

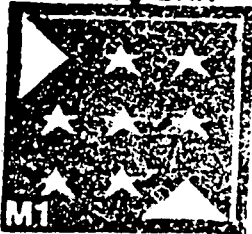
(12/82)

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

WORK INSTRUCTION D-06009-09

Page 7 cont. on Page 8

WATTS BAR



TVA NUCLEAR

JUL 29 1994

WORK INSTRUCTION D-06009-09Page 8 cont. on Page 9

FORM NIS-2 (Back)

9. Remarks

TRACKING # 94-353 wms 7/29/94

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

N/A wms 7/29/94

Certificate of Authorization No.

N/A wms 7/29/94

Expiration Date

N/A wms 7/29/94

Signed

Owner or Owner's Designee, Title

CONST. ENGR.

Date

7/29, 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 TENNESSEE and employed by HEB I I I CO of HART FORD TENN. 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.

Inspector's Signature

Commissions

National Board, State, Province, and Endorsements

Date

9/17 19 94

D 13988 08

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 Authority
Name
400 W. Summit Hill Dr., Knoxville, TN.
Address

Date 6/16/94
Sheet 1 of 1

2. Plant Watts Bar Nuclear Plant
Name
P.O. Box 2000, Spring City, TN.
Address

Unit 1
WP# D-13988-08
Repair Organization P.O. No., Job No., etc.

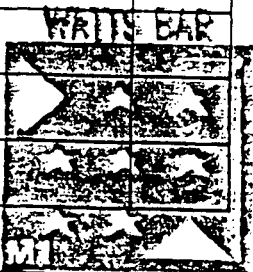
3. Work Performed by T.V.A. Mods.
Name
P.O. Box 2000, Spring City, TN.
Address

Type Code Symbol Stamp
Authorization No. N/A QCM 6/16/94
Expiration Date

4. Identification of System 72 Containment Spray

5. (a) Applicable Construction Code ASME 19 73 Edition, JUNE 1973 Addenda N/A QCM 6/16/94 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 W/ Addenda Through Winter 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1072-72-105-R66	N/A QCM 6/16/94	N/A QCM 6/16/94	N/A QCM 6/16/94	DCA-M13988-15 AND 16	UNKNOWN	REPLACEMENT & REPAIR	NO
<div style="text-align: center;">  <p>WATTS BAR</p> <p>TVA NUCLEAR</p> <p>JUN 21 1994</p> </div>							

7. Description of Work Modified Support

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure N/A QCM 6/16/94
Other ☐ Pressure _____ psi Test Temp. _____ °F

TVA NUCLEAR
JUN 21 1994

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

D 13988 08

FORM NIS-2 (Back)

9. Remarks Tracking # 354A 6/20/94
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. repair or replacement

Type Code Symbol Stamp

N/A 6/17/94

Certificate of Authorization No.

Expiration Date

Signed

Jack Morton Mech. Field Engineer
Owner or Owner's Designee, Title

Date June 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 of Province of TN and employed by HSB I & I Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 7-29-93 to 9-1-94, 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

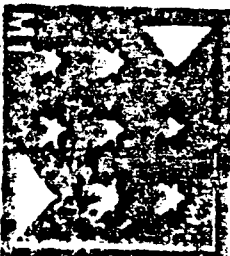
TN2557
National Board, State, Province, and Endorsements

Date

9-1 19 94

JUN 21 1994

NUCLEAR



MAINTENANCE

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 Authority Date 8/3/94
Name
400 W. Summit Hill Dr. Knoxville, TN. Sheet 1 of 1
Address
2. Plant Watts BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000, Spring City, TN. 37381 WP- D-04533-01
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Name
Watts BAR NUCLEAR PLANT Type Code Symbol Stamp
Address Authorization No. n/a
Expiration Date 8/3/94
4. Identification of System 003
5. (a) Applicable Construction Code AISC 19 73 Edition, n/a 8/3/94 Addenda, n/a 8/3/94 Code Case
(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

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-SB1	<u>n/a</u> <u>8/3/94</u>	<u>NONE</u>	<u>NONE</u>	<u>DCA-PO4533-02, 03</u>	<u>Unknown</u>	<u>Replacement</u>	<u>NO</u>
1003A-1-03A-SB2	<u>n/a</u> <u>8/3/94</u>	<u>NONE</u>	<u>NONE</u>	<u>DCA-PO4533-04, 05</u>	<u>Unknown</u>	<u>REPLACEMENT</u>	<u>NO</u>
<u>n/a</u> <u>8/3/94</u>							

7. Description of Work Modify Supports Per DCA's PO4533-02, 03, 04, 05

8. 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 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

WORKPLAN D-04533-01

FORM NIS-2 (Back)

08/19/94

9. Remarks TRACKING NO. 94-0354 B

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 Q 8/3/94

Certificate of Authorization No. n/a Q 8/3/94 Expiration Date n/a Q 8/3/94

Signed [Signature] Date 8/3, 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 HSB I & I Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 10-16-91 to 9-16-94, 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.

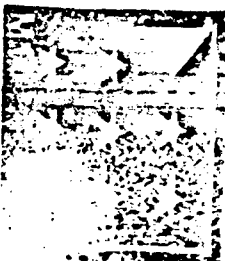
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury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

[Signature] Commissions TN 2537
Inspector's Signature National Board, State, Province, and Endorsements

Date 9-16 19 94

AUG 03 1994

TVA NUCLEAR



WATTS BAR

pg 32 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 TENNESSEE VALLEY AUTHORITY
Name

Date 3-11-94

400 SUMMIT HILL DR. KNOXVILLE, TN
Address

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name

Unit 1

P.O. BOX 2000, SPRING CITY, TN
Address

W.O. 93-09519-00

Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA

Name

Type Code Symbol Stamp

P.O. Box 2000, SPRING CITY, TN
Address

Authorization No. N/A

Expiration Date DEC 3-11-94

4. Identification of System 062 / CHEMICAL AND VOLUME CONTROL SYSTEM

5. (a) Applicable Construction Code ASME 19 71 Edition, SUMMER 1973 Addenda, N/A 3-11-94 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 thru WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SUPPORT 1-62A-067	TVA	N/A MC 3-11-94	N/A MC 3-11-94	NONE	N/A MC 3-11-94	REPLACEMENT	NO
<div style="position: relative; height: 100px;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; background: linear-gradient(to top right, transparent 49%, black 49%, black 51%, transparent 51%);"></div> </div>							

7. Description of Work REPLACED NUTS AT SUPPORT BASEPLATE

8. 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 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

Date 1/11 19 99

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

1. Owner TENNESSEE VALLEY AUTHORITY
Name
400 W. SUMMIT HILL DRIVE KNOXVILLE, TN.
Address

Date 8-4-94

Sheet 1 of 2

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000, SPRING CITY, TN 37381
Address

Unit 1

Wo # 94-13750-02
Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA - COMPLETIONS
Name
WATTS BAR NUCLEAR PLANT
Address

Type Code Symbol Stamp

Authorization No. N/A MTH 8/4/94

Expiration Date

4. Identification of System SAMPLING AND WATER QUALITY — 043

5. (a) Applicable Construction Code ASME 19 83 Edition, NA Addenda, NA Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU 1981 WITH 1981 WINTER
ADDENDA.

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1-FSV-043-0309-B</u>	<u>TARGET ROCK</u>	<u>#10</u>	<u>NA MTH 8/4/94</u>	<u>NA MTH 8/4/94</u>	<u>1983</u>	<u>REPAIRED</u>	<u>YES</u>

7. Description of Work LINEAR INDICATION REPAIRED ON VALVE BODY

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. NA °F
MTH 8/4/94

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

Wb # 94-1375D-02
PAGE 28B OF 31

9/12/94

FORM NIS-2 (Back)

9. Remarks

TRACKING # 94-355B MH 8/4/94

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp

NA MH 8/4/94

Certificate of Authorization No.

Expiration Date

Signed

Merle Hartaway FE
Owner or Owner's Designee, Title

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 of TN and employed by HSB I & I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 6-14-94 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.

[Signature]
Inspector's Signature

Commissions

TN 2537
National Board, State, Province, and Endorsements

Date

8-4 1994

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 AUTHORITY Date 6-29-94
Name
400 W. SUMMIT DR. KNOXVILLE, TN.
Address
2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name
P.O. Box 2000 SPRING CITY, TN 37381
Address Unit 1
K10 # 94-13544-02
Repair Organization P.O. No., Job No., etc.
3. Work Performed by TENNESSEE VALLEY AUTHORITY Type Code Symbol Stamp
Name Authorization No. N/A MIT 6/29/94
WATTS BAR NUCLEAR PLANT Expiration Date
Address
4. Identification of System SAMPLING AND WATER QUALITY SYSTEM 043
5. (a) Applicable Construction Code AISC 19 73 Edition, 7th SEVENTH Addenda, NA Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU 1981 WITH 1981
WINTER ADDENDA.
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
WBN-1-FCV-043-0208-B	TARGET ROCK	NONE	NONE	MOD. NO. 194491-137	LAST UPDATE 10-4-93	REPAIR	YES

7. Description of Work TACK WELDED BODY TO BONNET

8. 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 recorded at the top of this form.

W/O # 94-13544-02
PG 21B of 21

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-356A mN 6/29/94
Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp

Certificate of Authorization No.

Expiration Date

Signed

Merle Hataway
Owner or Owner's Designee, Title

FE

Date

6-29

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 TENNESSEE and employed by HEB I & I CO of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 6/29/94 to 6/29/94, 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 Earmagh
Inspector's Signature

Commissions

TN 2534
National Board, State, Province, and Endorsements

Date

6/29

19 94

D-20758-05

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 AUTHORITY
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN.
Address

Date 8-4-94Sheet 1 of 2

2. Plant WATTSBAR NUCLEAR PLANT.
Name
P.O. BOX 2000, SPRING CITY, TN. 37381
Address

Unit 1WP# D-20758-05

Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA MODIFICATIONS
Name
WATTS BAR NUCLEAR PLANT
Address

Type Code Symbol Stamp

Authorization No. N/A BS 8/4/94

Expiration Date

4. Identification of System MAIN & AUXILIARY FEEDWATER, SYSTEM 03.

5. (a) Applicable Construction Code AISC 19 73 Edition, 7 Addenda, N/A BS 8/4/94 Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU 1981 W/1981 WINTER ADDENDA

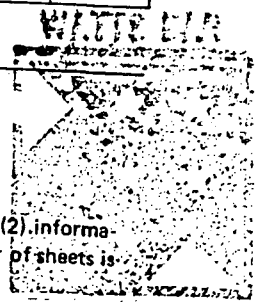
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1003B-03B-1AFW- R146	N/A	NONE	NONE	NONE	NOT KNOWN	REPLACE- MENT	NO

7. Description of Work INSTALL BELLEVILLE WASHERS.

8. 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 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.



(12/82)

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

MAY 20 1993

REPRINT 12/91

20
9/12/94
FORM NIS-2 (Back)

D-20758-05

9. Remarks TRACKING NO : 90-356B BS 8/4/90
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. N/A BS 8/4/90 Expiration Date _____
Signed B. Singh (B. SINGH) FIELD ENGR. Date 8/4, 19 90
Owner or Owner's Designee, Title

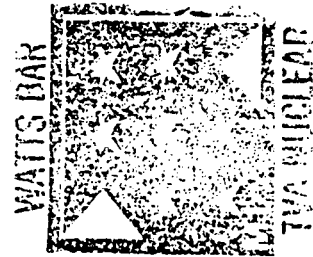
CERTIFICATE OF INSERVICE INSPECTION

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 IPI Co. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 9/8/94 to 9/8/94, 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.

B. Eamm Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 9/8 19 94



AUG 08 1994

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 AUTHORITY
Name
400 W SUMMIT HILL DR KNOXVILLE, TN
Address
2. Plant WATTS BAR NUCLEAR PLANT
Name
PO BOX 2000, SPRING CITY, TN, 37381
Address
3. Work Performed by TVA MODIFICATIONS
Name
WATTS BAR NUCLEAR PLANT
Address
- Date 8-8-94
FLG 8894
- Sheet 22 of 2
- Unit 1
- D-04531-01
Repair Organization P.O. No., Job No., etc.
- Type Code Symbol Stamp _____
- Authorization No. N/A FLG 8893
- Expiration Date _____
4. Identification of System FEEDWATER - SYSTEM 003
5. (a) Applicable Construction Code AISC 19 73 Edition, 7th SEVENTH Addenda, NA Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU 81 WITH 1981 WINTER
ADDENDA
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1003-A401-9-2	N/A FLG 8894	NONE	NONE	N/A FLG 8894	UNK	REPLACEMENT	NO
1003-A401-9-3	N/A FLG 8894	NONE	NONE	N/A FLG 8894	NONE	REPLACEMENT	NO
N/A FLG 8894							

7. Description of Work PIPE SUPPORT MODIFICATION

8. Tests Conducted: ☒ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. _____ °F N/A FLG 8894

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

WP D-04531-01

FORM NIS-2 (Back)

9. Remarks

TRACKING N° 94-357 cur 8/8/94

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp

Certificate of Authorization No.

N/A FUL 8094

Expiration Date

Signed

Frank Shumanfeldt
Owner or Owner's Designee Title

Date

8-8

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 TN and employed by HSB I & I Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 11-12-91 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 in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be 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

10-4

19 94



AUG 03 1994

D 04535 09

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 AUTHORITY Date 8/9/94
Name
400 W. SUMMIT HILL DR., KNOXVILLE, TN. Sheet L of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000, SPRING CITY, TN 37381 WP # D-04535-09
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA MODIFICATIONS Type Code Symbol Stamp
Name Authorization No. N EW
P.O. BOX 2000 SPRING CITY, TN Expiration Date 8/9/94
Address
4. Identification of System 03 / MAIN AUX FEEDWATER
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981 ADDITION

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1003A-1-03A-429			N/A <u>EW 8994</u>		<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>
			N/A <u>EW 8994</u>				

7. Description of Work PIPE SUPPORT MODIFICATION

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure _____ psi Test Temp. _____ °F N EW
A 8994

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

D 04535 09

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-358

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 Frank Shuman

Owner or Owner's Designee, Title

/ FIELD ENGINEER

Date 8/9, 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 TN and employed by HSB I & I Co of Hartford, CT. have inspected the components described in this Owner's Report during the period 6-24-94 to 9-14-94, 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.

Inspector's Signature [Signature]

Commissions _____

National Board, State, Province, and Endorsements TN 2537Date 9-14 19 94

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS **D 04667 32** As Required by the Provisions of the ASME Code Section XI

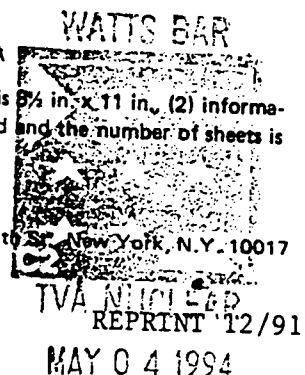
- Owner TENNESSEE VALLEY AUTHORITY Date 8-9-94
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN Sheet 1 of 1
Address
- Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000, SPRING CITY, TN 37381 WP # D-04667-32
Address Repair Organization P.O. No., Job No., etc.
- Work Performed by TVA MODIFICATIONS Type Code Symbol Stamp
Name
PO BOX 2000 SPRING CITY, TN Authorization No. N/A
Address Expiration Date 8-9-94
- Identification of System 63 / SAFETY INJECTION
- (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981 ADDITION

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1003-63-15IS-R115</u>	<u>N/A</u>	<u>N/A</u>	<u>FLW 8494</u>	<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>	
			<u>FLW N/A 8494</u>				

- Description of Work PIPE SUPPORT MODIFICATION DCN # P-04667-B
- Tests Conducted: ☒ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. _____ °F N/A

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



D 04667 32

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-359

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. _____

N/A FEB 8-99A
Expiration Date _____

Signed Frank J. [Signature]

Owner or Owner's Designee, Title

/ FIELD ENGINEER

Date 8-9-99

, 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 I & L CO. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 9/15/94 to 9/15/94, 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.

B. E. [Signature]
Inspector's Signature

Commissions TN2534

National Board, State, Province, and Endorsements

Date 9/10

19 94

WORK INSTRUCTION

D-20761-03

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

1. Owner TENNESSEE VALLEY AUTHORITY

Date 8-9-94

400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN.

Sheet 1 of 2

2. Plant WATTS BAR NUCLEAR PLANT

Unit 1

PO BOX 2000, SPRING CITY, TN. 37381

D-20761-03

Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA - MODIFICATIONS

Type Code Symbol Stamp

WATTS BAR NUCLEAR PLANT

Authorization No. N/A AMB 8-9-94

Address

Expiration Date

4. Identification of System SAFETY INJECTION

575 063

5. (a) Applicable Construction Code AISC 19 73 Edition, 7TH Addenda, N/A Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980 Thru 1981 WITH 1981 WINTER ADDENDA

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1063-63- ISIS-R1B2	N/A AMB 8-9-94	NONE	NONE	N/A AMB 8-9-94	UN- KNOWN	REPLACEMENT	NO
N/A AMB 8-9-94							

7. Description of Work INSTALLATION OF BELLEVILLE WASHERS

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ N/A AMB 8-9-94
Other ☐ Pressure _____ psi Test Temp. _____ °F

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

FORM NIS-2 (Back)

9. Remarks

TRACKING NUMBER 94-360 89 8/9/94

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp

N/A MB B-9-94

Certificate of Authorization No.

Expiration Date

Signed

Tom Bonnick

MECH. ENGR.

Date

8-9

, 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 H&B I&I CO. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 9/7/94 to 9/7/94, 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.

B. Esmayh
Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

9/7

, 19 94

D 12673 06

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 AUTHORITY Date 8/10/94
Name
400 W. SUMMIT HILL DR, KNOXVILLE TN. Sheet 1 of 1
Address
2. Plant KIATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000, SPRING CITY, TN 37381 D12673-06
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TENNESSEE VALLEY AUTHORITY Type Code Symbol Stamp _____
Name Authorization No. N/A 8/10/94
P.O. Box 2000, SPRING CITY, TENN Expiration Date _____
Address
4. Identification of System 063 / SAFETY INJECTION SYSTEM
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1063-63-1S15-R212		<u>N/A 8/10/94</u>		<u>DCA M12673-19420</u>	<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>
				<u>N/A</u>			
				<u>8/10/94</u>			

7. Description of Work _____
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure _____ psi Test Temp. N/A 8/10/94 °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.

D 12673 06

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-361 8/10/94
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 _____

Certificate of Authorization No. _____

Expiration Date 8/10/94Signed Jeffrey L. Duda
Owner or Owner's Designee, Title

R.E.

Date

8/1019 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 HCB T & I Co. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 9/9/94 to 9/9/94, 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.

B. E. Smith
Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

9/919 94

MAY 09 1994



WP D-13988-02

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

AUG 11 1994

- Owner TENNESSE VALLEY AUTHORITY Date 8-11-94
400 WEST SUMMIT HILL DR., KNOXVILLE, TN Sheet 1 of 2
Name Address
- Plant WATTS BAR NUCLEAR PLANT Unit 1
P.O. BOX 2000, SPRING CITY, TN 37271 WP # D-13988-02
Name Address Repair Organization P.O. No., Job No., etc.
- Work Performed by TVA - MODIFICATIONS Type Code Symbol Stamp
WATTS BAR NUCLEAR PLANT Authorization No. N/A RS 8/11/94
Name Address Expiration Date
- Identification of System CONTAINMENT SPRAY, SYSTEM 72
- (a) Applicable Construction Code AISC 19 73 Edition, 7TH Addenda, N/A RS 8/11/94
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU' 1981 W/1981 WINTER
Code Case ADDENDA.
- Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1072-72-1CS-RSS	PACIFIC SCIENTIFIC CO.	SERIAL NO. 20761	N/A	NONE	NOT KNOWN	REPLACEMENT	NO
<div style="text-align: center;"> <u>9</u> <u>N/A RS 8/11/94</u> </div>							

- Description of Work REPLACE EXISTING SNUBBER WITH NEW SNUBBER.
- Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure _____ psi Test Temp. _____ °F
N/A RS 8/11/94

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

Page 5A 5B cont. on Page 6
Chk 7/26/93

WP D-13988-02

FORM NIS-2 (Back)

9. Remarks TRACKING NO: 94-362 PS 8/11/94

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. repair or replacement

Type Code Symbol Stamp

Certificate of Authorization No.

Expiration Date

Signed

B. E. Egan (FIELD ENGINEER)
Owner or Owner's Designee, Title

Date

8/11/ 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 Tennessee and employed by HSB I & T CO. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 9/7/94 to 9/7/94, 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.

B. E. Egan
Inspector's Signature

Commissions

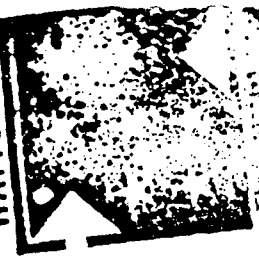
TN2534

National Board, State, Province, and Endorsements

Date

9/7 19 94

WATTS BAR



TVA

SEP 28 1994

 WP D-07014-01
 PAGE 5A CONT'D ON 5B

 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 AUTHORITY

Name

Date 8-11-94400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN

Address

Sheet 1 of 12. Plant WATTS BAR NUCLEAR PLANT

Name

Unit 1P.O. BOX 2000, SPRING CITY, TN 37771

Address

 WORK PLAN # D-07014-01
 Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA

Name

Type Code Symbol Stamp

WATTS BAR NUCLEAR PLANT

Address

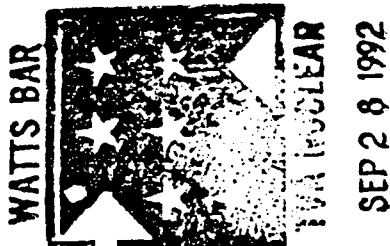
Authorization No. N/AExpiration Date 8-11-944. Identification of System 070/CC.
 5. (a) Applicable Construction Code AISC, TTH 19 73 Edition, N/A Addenda N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU, WINTER 1981.

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1070-76-1CC-RJA</u>	<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	<u>DCA-S-A07014-01-0 & 02-0</u>	<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>
<u>N/A</u> <u>8-11-94</u>							

7. Description of Work ADDED STIFFENER PLATES PER DCA-A07014-01-0 & 02-0
 8. Tests Conducted N/A 8-11-94
 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 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.



WP D-DT014-01
PAGE 5B CONT'D ON 6

FORM NIS-2 (Back)

9. Remarks TRKKING # 94135363

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. N/A JWD

Expiration Date 8/11/94

Signed Jimmy W. Steele

Owner or Owner's Designee, Title

Date 8-11-94

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 TENNESSEE and employed by HSTB IFC CO of Hartford Conn. have inspected the components described in this Owner's Report during the period 9/11/94 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 nor his employer shall be 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. Eamigh
Inspector's Signature

Commissions TN 2534

National Board, State, Province, and Endorsements

Date 9/11

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 TENNESSE VALLEY AUTHORITY
Name
400 W. SUMMIT HILL DR. KNOXVILLE, TN
Address
2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. Box 2000 SPRING CITY, TN.
Address
3. Work Performed by TVA MODS
Name
P.O. Box 2000, SPRING CITY, TN
Address
4. Identification of System 063 SAFETY INJECTION
5. (a) Applicable Construction Code ASCE 19 73 Edition, JUNE 1973 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 ADDENDUM TAKEN FROM WINTER 1981

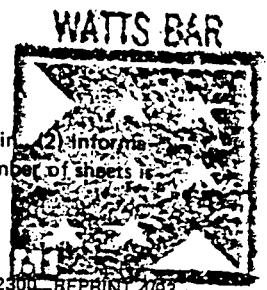
Date 8/12/94
Sheet 1 of 1
Unit 1
W.P.# D-20761-54
Repair Organization P.O. No., Job No., etc.
Type Code Symbol Stamp
Authorization No. N/A AS 8/12/94
Expiration Date

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1063-63-1515-2237	N/A	N/A	N/A	DCA-M-20761-229,230		REPLACEMENT	N/D

7. Description of Work ADDED BELLEVILLE WASHERS
8. 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 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.



Page 7 cont. on Page 7A

WORKPLAN D-26761-54

FORM NIS-2 (Back)

9. Remarks

TRACKING # 94-364 8/12/94

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp

A 8/12/94

Certificate of Authorization No.

Expiration Date

Signed

ALB 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 TENNESSEE and employed by HSP I & C of HARTFORD 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.

B. Ewing

Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

8/23

19 94



D 21328 3H

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

1. Owner TVA Name 400 W. SUMMIT HILL DR. KNOXVILLE TN Address
Date 8-15-94
Sheet 1 of 1
2. Plant WATTS BAR NUCLEAR Name
Unit 1
Address P.O. BOX 2000, SPRING CITY, TN
Repair Organization P.O. No., Job No., etc. D-21328-31
3. Work Performed by TVA Name
Address P.O. BOX 2000, SPRING CITY, TN
Type Code Symbol Stamp
Authorization No. N/A CDN
Expiration Date 8-15-94
4. Identification of System SYS 074 / RESIDUAL HEAT REMOVAL
5. (a) Applicable Construction Code ASCE 7TH 19 73 Edition, JUNE 1973 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1074-74-1RHR-R133			A	CDN 8-15-94	UNKNOWN	REPLACEMENT	NO
			N				
			A	CDN 8-15-94			
			N				

7. Description of Work INSTALL GABELLEVILLE WASHERS

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒ CDN 8-15-94
Other ☐ Pressure _____ psi Test Temp. _____ °F

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

D 21328 31

Page 7 cont. on Page 8

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-365

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. NA

exp 8-15-94
Expiration Date

Signed Charles Newton
Owner or Owner's Designee, Title

Date 8-15, 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 of Province of TN and employed by HSB I & I Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 10-21-93 to 9-8-94, 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.

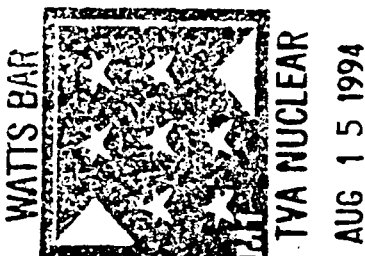
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury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

[Signature]
Inspector's Signature

Commissions

TN 2537
National Board, State, Province, and Endorsements

Date 9-8 1994



Wb #93-23348-01
PAGE 46 OF 50

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 Authority Date 10-26-93
Name 400 Summit Hill DR. Knoxville, TN. Sheet 1 of 2
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1 (93-23348-01) RB 10-26-93
Name P.O. Box 2000, SPRING CITY, TN., 37381 EBASCO; WBN (93-23348-01)
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Type Code Symbol Stamp
Name P.O. Box 2000, SPRING CITY, TN., 37381 Authorization No. N/A RB 10-26-93
Address Expiration Date
4. Identification of System 072; CONTAINMENT SPRAY. SUMMER
5. (a) Applicable Construction Code ASME 19 71 Edition, 1973 Addenda, N/A RB 10-26-93 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER OF 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1 1/2" DIAM. BOLTS & NUTS</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>REPLACED</u>	<u>NO</u>
<u>N/A RB 10-26-93</u>							
<u>NUT 7/8/29/94</u>							

7. Description of Work REPLACED ALL BOLTING MATERIAL ON THE SUCTION SIDE OF
WBN-1-PMP-072-001D-B

8. 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 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form. N/A RB 10-26-93

W/O #93-23348-01
PAGE 47 OF 50

FORM NIS-2 (Back)

9. Remarks

Tracking # 94-366 2G 8/17/94

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. repair or replacement

Type Code Symbol Stamp N/A RB 10-26-93

Certificate of Authorization No. N/A RB 10-26-93 Expiration Date N/A RB 10-26-93

Signed Ronald P. Binn Jr. Date 10-26, 19 93
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 I&I Co. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 9/6/94 to 9/6/94, 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.

B. Eamigh Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 9/6 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 TENNESSEE VALLEY AUTHORITY
Name

Date 8/19/94
400 W. SUMMIT DR. KNOXVILLE, TN
Address

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name

Unit 1
P.O. BOX 2000 SPRING CITY, TN
Address

WP-D-21328-05
Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA
Name

Type Code Symbol Stamp

WATTS NUCLEAR PLANT
Address

Authorization No. N/A

Expiration Date 8/18/94

4. Identification of System 03

5. (a) Applicable Construction Code AISC 7+H 19 73 Edition, N/A 8/18/94 Addenda, N/A 8/18/94 Code Case

(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

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-SBZ	N/A <u>8/19/94</u>	NONE	NONE	DA-M21328-SC, 57	Unknown	Replacement	NO
<u>N/A</u> <u>8/19/94</u>							

7. Description of Work MODIFY SUPPORT

8. Tests Conducted: ☒ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. _____ N/A 8/18/94

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

WORKPLAN D-21328-05

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-367 8/19/94

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A 8/18/94

Certificate of Authorization No. N/A 8/18/94 Expiration Date N/A 8/18/94

Signed [Signature] FE Date 8/19/94, 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 HSB IPI CO- of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 9/16/94 to 9/16/94, 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.

[Signature] Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 9/16/94, 19__

AUG 19 1994



JUN 25 1993

D-04520-04

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

1. Owner TENNESSEE VALLEY AUTHORITY
Name
400 W. SUMMIT HILL DR, KNOXVILLE, TN
Address

Date 8/19/94Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. Box 2000, SPRING CITY, TN 37381
Address

Unit 1

WP-04520-04

Repair Organization P.O. No., Job No., etc.

3. Work Performed by TUA
Name
WATTS BAR NUCLEAR PLANT
Address

Type Code Symbol Stamp N/AAuthorization No. N/AExpiration Date 8/19/944. Identification of System 03

5. (a) Applicable Construction Code AISC 7th 1973 Edition, N/A 8/19/94 Addenda, N/A 8/19/94 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 Thru Winter 1981 ADDENDUM

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1003B-033-1ACW-R184	N/A <u>8/19/94</u>	NONE	NONE	DCA-P-04520-01	Unknown	Replacement	NO
1003-A427-4-5	N/A <u>8/19/94</u>	NONE	NONE	DCA-P-04520-15, 16	Unknown	Replacement	NO
N/A <u>8/18/94</u>							

7. Description of Work modify supports

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

N/A 8/19/94

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.

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

REPRINT 12/91

D-04520-04

Page 7 CONT. OF PAGE 8

FORM NIS-2 (Back)

9. Remarks

TRACKING # 94-368 22 8/19/94

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp

N/A Q 8/19/94

Certificate of Authorization No.

N/A Q 8/19/94

Expiration Date

N/A Q 8/19/94

Signed

[Signature]

Date

8/19

, 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 Tennessee and employed by HSB I & I Co' of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 9/6/94 to 9/6/94, 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.

B. Eamigh
Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

9/6

19

94



TVA NUCLEAR

JUN 25 1995

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 AUTHORITY
Name

Date 8/19/94
400 W. SUMMIT HILL DR. KNOXVILLE, TN
Address

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name

Unit 1
P.O. BOX 2000 SPRING CITY, TN
Address

WP-D-04521-02
Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA
Name

Type Code Symbol Stamp CP
WATTS BAR NUCLEAR PLANT
Address

Authorization No. N/A 8/18/94

Expiration Date 8/18/94

4. Identification of System 03

5. (a) Applicable Construction Code ASME 1973 Edition, N/A 8/18/94 Addenda, N/A 8/18/94 Code Case

(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

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)
1003B-03B-1AFW-2-197	N/A CP 8/19/94	NONE	NONE	DA-P04521-13-0	unknown	Replacement	NO
1003-A427-3-2	N/A CP 8/19/94	NONE	NONE	DA-P04521-07-0	unknown	Replacement	NO
1003B-03B-1AFW-2-197	N/A CP 8/19/94	NONE	NONE	DA-P04521-12-0	unknown	Replacement	NO

7. Description of Work Modify Supports

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. _____ F N/A CP 8/18/94

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

WORKPLAN D-04521-02

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-369 8/19/94

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A 8/18/94

Certificate of Authorization No. N/A 8/18/94 Expiration Date N/A 8/18/94

Signed [Signature] Date 8/19, 19 94
Owner or Owner's Designee, Title

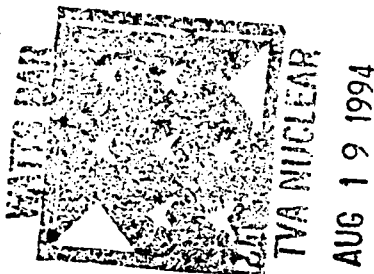
CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TN and employed by HSR I & I Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 3-4-93 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 shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature] Commissions TN 2537
Inspector's Signature National Board, State, Province, and Endorsements

Date 11-5 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 TENNESSEE VALLEY AUTHORITY Date 8/22/94
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE TN
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000, Spring City, TN 37381
Address
3. Work Performed by TVA, MODS Type Code Symbol Stamp N/A
Name
WATTS BAR NUCLEAR PLANT Authorization No. WMS
Address Expiration Date 8/22/94
4. Identification of System MAIN STEAM / SYSTEM #001
5. (a) Applicable Construction Code AISC 7TH 19 73 Edition, N/A 8/22/94 Addenda, N/A 8/22/94 Code Case
(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

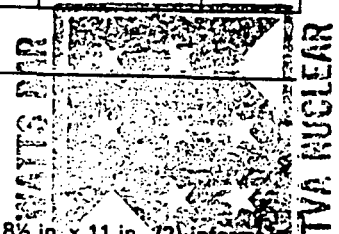
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT # 1001A-1-01A-435	N/A WMS 8/22/94	NONE	NONE	DCA-K06012-45 DCA-K06012-52		REPLACEMENT	NO
IV A WMS 8/22/94							

7. Description of Work

REMOVE EXISTING, U-BOLT, T.S. & BELLEVILLE WASHERS.
INSTALLED NEW PIPE CLAMP.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☒ Pressure psi Test Temp. °F
IV
A WMS 8/22/94

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



FEB 23 1994

D 06012 18
WORKPLAN

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-370 wmo 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp N/A wmo 8/22/94

Certificate of Authorization No. N/A wmo 8/22/94 Expiration Date N/A wmo 8/22/94

Signed M. H. O'Neil, CONST. ENGR. Date 8/22, 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 TENNESSEE and employed by HARTFORD CO. of HARTFORD CONN. 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 warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be 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. E. Enright Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 9/10 19 94



FEB 23 1994

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 AUTHORITY Date 8-19-94
Name
400 W. SUMMIT DR. KNOXVILLE, TN Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000 SPRING CITY, TN WP-04531-02
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Type Code Symbol Stamp
Name
WATTS BAR NUCLEAR PLANT Authorization No. 8/19/94
Address Expiration Date
4. Identification of System D3
5. (a) Applicable Construction Code AISC 7+4 19 73 Edition, N/A Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981 ADDEND A

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1003A-1-03A-544</u>	<u>N/A</u>	<u>NONE</u>	<u>NONE</u>	<u>DCA-P04531-09</u>	<u>Unknown</u>	<u>Replacement</u>	<u>NO</u>
<u>1003A-1-03A-546</u>	<u>N/A</u>	<u>NONE</u>	<u>NONE</u>	<u>DCA-P04531-10, 11</u>	<u>Unknown</u>	<u>Replacement</u>	<u>NO</u>
<u>1003A-1-03A-547</u>	<u>N/A</u>	<u>NONE</u>	<u>NONE</u>	<u>DCA-P04531-12, 13</u>	<u>Unknown</u>	<u>Replacement</u>	<u>NO</u>
<u>1003A-1-03A-548</u>	<u>N/A</u>	<u>NONE</u>	<u>NONE</u>	<u>DCA-P04531-14, 15</u>	<u>Unknown</u>	<u>Replacement</u>	<u>NO</u>

7. Description of Work Modify Supports
8. Tests Conducted: ☐ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure psi Test Temp. °F N/A

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 04531-02

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-371 by 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 Replacement conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp N/A Q 8/19/94

Certificate of Authorization No. N/A Q 8/19/94 Expiration Date N/A Q 8/19/94

Signed [Signature] MECH. ENG. Date 8/19, 19 94
Owner or Owner's Designee, Title

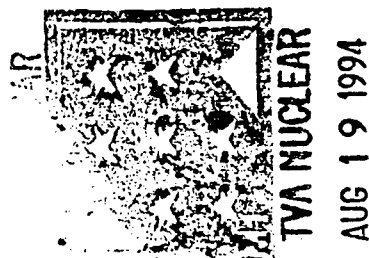
CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TENNESSEE and employed by H.B. I & I CO. of HARTFORD CONN. have inspected the components described 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.

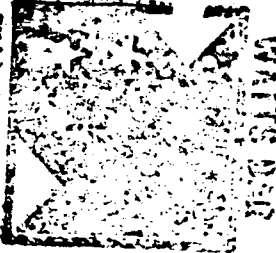
[Signature] Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 10/10, 19 94



DATE 2 5 1993

TVA NUCLEAR



Page 6 of 7

D 05622 02

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 AUTHORITY
Name
400 W. SUMMIT DR. KNOXVILLE, TN.
Address

Date 3-19-94

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000 SPRING CITY, TN
Address

Unit 1

WP-D-05622-02
Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA
Name
WATTS BAR NUCLEAR PLANT
Address

Type Code Symbol Stamp 16

Authorization No. 8/19/94

Expiration Date 8/19/94

4. Identification of System 72

5. (a) Applicable Construction Code ASCE 7-91 19 73 Edition, u/a 8/19/94 Addenda, u/a 8/19/94 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER ADDENDA

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1072-A437-5-1	u/a <u>8/19/94</u>	NONE	NONE	D2A-P05622-02, 03	<u>unknown</u>	Replacement	NO
1072-72-1CS-E-121	u/a <u>8/19/94</u>	NONE	NONE	D2A-P05622-02, 07, 08	<u>unknown</u>	Replacement	NO

7. Description of Work Modify Supports

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

u/a 8/19/94

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

D 05622 02

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-372 of 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 Replacement conforms to the rules of the ASME Code, Section XI.
repair or replacement

Type Code Symbol Stamp N/A CS 8/19/94
Certificate of Authorization No. N/A CS 8/19/94 Expiration Date N/A CS 8/19/94
Signed [Signature] Date 8/19, 19 94
Owner or Owner's Designee, Title

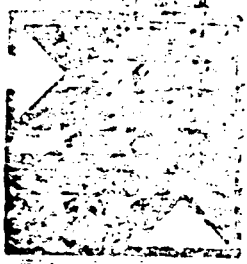
CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State 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 9/16/94 to 9/16/94, 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.

B. Eamph Commissions TN2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 9/16 19 94



TVA NUCLEAR

AUG 25 1993

WORK INSTRUCTION

D 21328 17

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 XI1. Owner TENNESSEE VALLEY AUTHORITY
NameDate 8-22-94400 W. SUMMIT HILL, OR KNOXVILLE TN
AddressSheet 1 of 22. Plant WATTS BAR NUCLEAR PLANT
NameUnit 1PO BOX 2000 SPRING CRT? TN
Address 37771WP# D-21328-17

Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA-MODIFICATIONS
Name

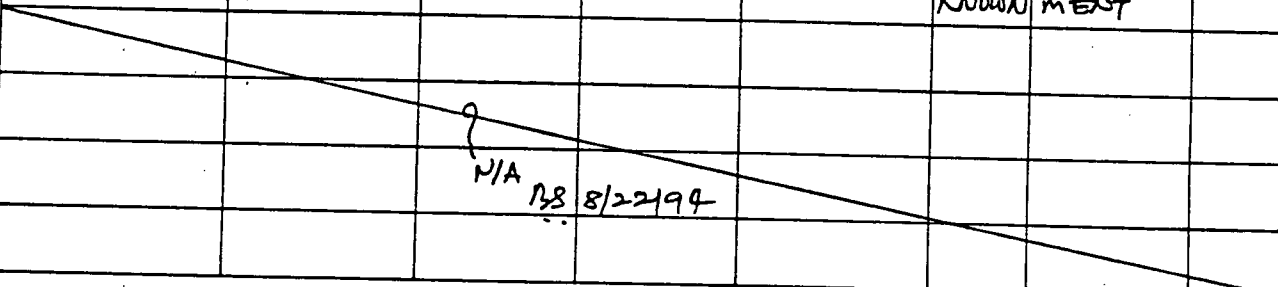
Type Code Symbol Stamp

WATTS BAR NUCLEAR PLANT
AddressAuthorization No. N/A RS 8/22/94

Expiration Date

4. Identification of System CONTAINMENT SPRAY / SYSTEM 72.5. (a) Applicable Construction Code AISC 19 73 Edition, 7TH Addenda, N/A RS 8/22/94 Code Case(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU '81 W/1981 WINTER ADDENDA

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1072-72-1CS-R93	NOT KNOWN	NONE	NONE	NONE	NOT KNOWN	REPLACEMENT	NO
							

7. Description of Work INSTALLED BELLEVILLE WASHERS8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure ☐ psi Test Temp. ☐ °FN/A RS 8/22/94

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

D 21328-17

Page 7 of 8 or Page 8

FORM NIS-2 (Back)

9. Remarks TRACKING NO: 94-373 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp _____

Certificate of Authorization No. N/A Expiration Date 8/22/94Signed B. Smith (FIELD ENGINEER) Date 8/22, 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 TN and employed by HSB T&T Co. of Hartford, Ct. have inspected the components described 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 nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Inspector's Signature [Signature] Commissions TN 2537
National Board, State, Province, and EndorsementsDate 9-11 1994

WORK INSTRUCTION D-06009-08

PG 7 CONT'D ON 8

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 AUTHORITY Date 8/23/94
Name
400 W. SUMMIT HILL DRIVE, KNOX, TN. Sheet 1 of 1
Address
 2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000, SPRING CITY, TN. WORKPLAN # D-06009-08 8/23/94
Address Repair Organization P.O. No., Job No., etc.
 3. Work Performed by TVA, MODS Type Code Symbol Stamp N/A
Name Authorization No. WMO
WATTS BAR NUCLEAR PLANT Expiration Date 8/23/94
Address
 4. Identification of System MAIN STEAM / SYSTEM # 001
 5. (a) Applicable Construction Code AISC, 7TH 19 73 Edition, N/A Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981 ADDENDUM

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT # 1001A-1-01A-313	N/A	NONE	NONE	DLA-K06009-37			
PIPE SUPPORT # 1001A-1-01A-315	N/A	NONE	NONE	DLA-K06009-38		UNKNOWN REPLACEMENT	NO
	N/A	NONE	NONE	DLA-K06009-44		UNKNOWN REPLACEMENT	NO
				DLA-K06009-45			
				DLA-K06009-46		UNKNOWN REPLACEMENT	NO
N/A							
A WMO 8/23/94							

7. Description of Work
1001A-1-01A-313 - REMOVE EXISTING, T.S. U-BOLT, SHIM PLATE AND BELLEVILLE WASHERS AND REAR BRACKET. INSTALLED NEW PIPE CLAMP, PLATE AND EXISTING, REAR BRACKET.
1001A-1-01A-315 - REWORK SUPPORT TO MAINTAIN GAP ABOVE PIPE AND PLATE. DELETED 3 STIFFENER PLATES.
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure _____ psi Test Temp. _____ °F
N/A
WMO 8/23/94

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

WORK INSTRUCTION D-06009-08

PG 8 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp

N/A wms 8/23/94

Certificate of Authorization No.

N/A wms 8/23/94

Expiration Date

N/A wms 8/23/94

Signed

ML Dodd, CONST. ENGR.

Owner or Owner's Designee, Title

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 H&B I & I Co. of HARTFORD Conn. have inspected the components described in this Owner's Report during the period 8/10/94 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 warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

OB Emswiler
Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

9/10 19 94



TVA NUCLEAR

AUG 24 1994

WORK INSTRUCTION D-06012-20

PG 1 CONT'D ON 8

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 AUTHORITY
Name
400 W. SUMMIT HILL DRIVE, KNOX, TN.
Address
2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. Box 2000, SPRING CITY, TN
Address
3. Work Performed by TVA, MODS
Name
WATTS BAR NUCLEAR PLANT
Address
4. Identification of System MAIN STEAM / SYSTEM #001
5. (a) Applicable Construction Code ASCE, 7TH 19 73 Edition, N/A Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 BO THRU WINTER 1981 ADDENDUM
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT 1001A-1-01A-429	N/A	NONE	NONE	DCA-K06012-31 DCA-K06012-32		UNKNOWN REPLACEMENT	NO

7. Description of Work DELETED BASE PLATES, ANCHORS, 2 SHROUDS, REAR BRACKETS, T.S., U-BOLTS, AND BELLEVILLE WASHERS. INSTALLED NEW T.S. STRUCTURE, SHROUD AND PIPE CLAMP.
8. 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 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

WORK INSTRUCTION D-06012-20

PG 8 CONT'D ON 8A

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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp N/A wmo 8/23/94

Certificate of Authorization No. N/A wmo 8/23/94 Expiration Date N/A wmo 8/23/94

Signed W.D. [Signature] CONST. ENGR. Date 8/23, 19 94
Owner or Owner's Designee, Title

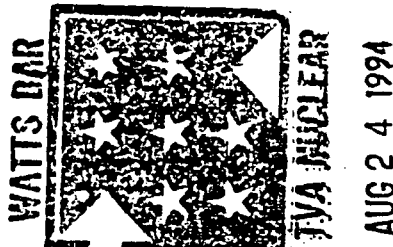
CERTIFICATE OF INSERVICE INSPECTION

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 H&B I&I Co. of H&B I&I Co. Inc. 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 in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be 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. [Signature] Commissions TN2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 10/4 19 94



WORK INSTRUCTION D-06012-19

PG 7 CONT'D ON 8

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

- Owner TENNESSEE VALLEY AUTHORITY
Name
400 W. SUMMIT HILL DRIVE, KNOX, TN.
Address
- Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000, SPRING CITY, TN.
Address
- Work Performed by TVA, MODS
Name
WATTS BAR NUCLEAR PLANT
Address
- Identification of System MAIN STEAM / SYSTEM #001
- (a) Applicable Construction Code AISC, 7TH 19 73 Edition, N/A Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981 ADDENDA.

Date 8/23/94
Sheet 1 of 1
Unit 1
Workplan # D-06012-19
Repair Organization P.O. No., Job No., etc.
Type Code Symbol Stamp N/A
Authorization No. N/A
Expiration Date 8/23/94

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT # 1001A-1-DIA-437	<u>N/A</u>	<u>NONE</u>	<u>NONE</u>	<u>DEA-KODG12-48</u> <u>49</u> <u>DEA-KODG12-50</u> <u>FDEN# F-29592-A</u>		<u>REPAIR/</u> <u>UNKNOWN REPLACEMENT</u>	<u>NO</u>
			<u>N/A</u>	<u>8/23/94</u>			

- Description of Work INCREASED WELD SIZE FOR ITEM # 22 TO ITEM # 3.
REMOVE 2 EXISTING STIFFENERS ON EAST SIDE OF ITEM # 3 AND
REINSTALLED NEW STIFFENERS AT A DIFFERENT LOCATION.
- Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
N/A Other ☐ Pressure psi Test Temp. °F

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

WORK INSTRUCTION D-06012-19

PG 8 CONT'D ON 1

FORM NIS-2 (Back)

9. Remarks

FA TRACKING # 94-376 WMS 8/24/94
WMS
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. repair or replacement

Type Code Symbol Stamp

N/A WMS 8/23/94

Certificate of Authorization No.

N/A WMS 8/23/94

Expiration Date

N/A WMS 8/23/94

Signed

M. L. Dadd
Owner 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 Boiler and Pressure Vessel Inspectors and the State 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 9/19/94 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.

B. Eamigh
Inspector's Signature

Commissions

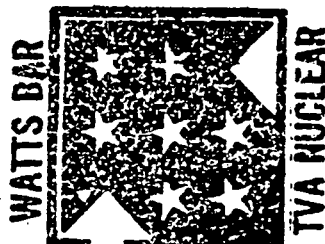
TN 2534

National Board, State, Province, and Endorsements

Date

9/19

19 94



AUG 24 1994

WP

D-06010-05

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 TENNESSEE VALLEY AUTHORITY Date 8-4-94
Name
400 W Summit Hill Drive, Knoxville Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000 Spring City, TN 37381 Workplan # D-06010-05
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA, MECH. MODS Type Code Symbol Stamp N/A
Name Authorization No. KK
WATTS BAR NUCLEAR PLANT Expiration Date 1A 8-4-94
Address
4. Identification of System SYSTEM #001A MAINSTEAM
5. (a) Applicable Construction Code AISC, 7TH 19 73 Edition, N/A KK 8-4-94 Addenda, N/A KK 8-4-94 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THROUGH WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1001A-1-01A-352</u>	<u>N/A</u> <u>KK 8-4-94</u>	<u>NONE</u>	<u>NONE</u>	<u>DCA K-06010-27</u> <u>-28</u> <u>-29</u>	<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>
<u>N/A</u> <u>KK 8-4-94</u>							

7. Description of Work MODIFY SUPPORT PER DCA'S.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure N/A KK 8-4-94 psi Test Temp. °F

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

WP D-06010-05

Page 8 cont. on Page 9

FORM NIS-2 (Back)

9. Remarks TRACKING NO: 94-377 188 8/25/94

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A KK B-4-94

Certificate of Authorization No. N/A KK B-4-94 Expiration Date N/A KK B-4-94

Signed B. Smith (FIELD ENGINEER) Date 8/25/ 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 IN and employed by HSBIRCO. of Hartford, CT. 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.

[Signature] Commissions TN 2537
Inspector's Signature National Board, State, Province, and Endorsements

Date 9-19 19 94

WORK INSTRUCTION

D - 21328 - 54

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

- Owner TEENESSEE VALLEY AUTHORITY Date 8-5-94
Name
400 W Summit Hill Drive, Knoxville, TN Sheet 1 of 1
Address
- Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000 Spring City, TN 37381 Address
Repair Organization P.O. No., Job No., etc. WORKPLAN # D-21328-54
- Work Performed by TVA, MECH. MODS Type Code Symbol Stamp N/
Name
WATTS BAR NUCLEAR PLANT Address
Authorization No. KK
Expiration Date 1A 8-5-94
- Identification of System SYSTEM OCIA MAINSTREAM
- (a) Applicable Construction Code AISC 7TH 19 73 Edition, N/A 8-31-94 Addenda, N/A 308 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THROUGH WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>OCIA-1-1A-34B</u>	<u>N/A ^{KK} 8-5-94</u>	<u>NONE</u>	<u>NONE</u>	<u>OCIA-M21328-40</u>	<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>
				<u>N/A ^{KK} 8-5-94</u>			

7. Description of Work MODIFY SUPPORT PER DCAS

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure N/A psi Test Temp. KK 8-5-94 °F

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

WORK INSTRUCTION

D = 21328-54

Page 8 cont. on Page 9

FORM NIS-2 (Back)

9. Remarks TRACKING NO: 94-378 B8 8/25/94

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A KK B-S-94

Certificate of Authorization No. N/A KK B-S-94 Expiration Date N/A KK B-S-94

Signed B. E. Smith (FIELD ENGINEER) Date 8/25, 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 HARTFORD CO. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 9/11/94 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 nor his employer shall be 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. E. Smith Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 9/11/94 19 94



D 14941 47

PG. 6 CONT. ON PG. 7

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 AUTHORITY
Name
400 W. SUMMIT HILL DR. KNOXVILLE TN
Address
2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000 SPRING CITY TN
Address
3. Work Performed by TVA MODS
Name
P.O. BOX 2000 SPRING CITY TN
Address
4. Identification of System CONTAINMENT SPAAK / 072
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A 8/24/94
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 N/A ADDENDA THROUGH WINTER 1981
6. Identification of Components Repaired or Replaced and Replacement Components

Date 8/24/94
Sheet 1 of 1
Unit 1
Repair Organization P.O. No., Job No., etc. D-14941-47
Type Code Symbol Stamp
Authorization No. N/A
Expiration Date 8/24/94



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-A0600-72-10	N/A	N/A	N/A	N/A	UNUSUAL	REPLACEMENT	NO

7. Description of Work MODIFIED SUPPORTS REAR PLATE
8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐ 4 8/24/94
Other ☐ Pressure psi Test Temp. °F

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

D-14941 47

PG. 7 CONT.
ON PG. 8

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-379 128 8/25/94

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp

N A RUN 8/24/94

Certificate of Authorization No.

Expiration Date

Signed

W. S. Smith FIELD ENGINEER
Owner or Owner's Designee, Title

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 HSP IIT Co. of HARTFORD Conn. have inspected the components described in this Owner's Report during the period 9/10/94 to 9/12/94, 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.

B. E. Smith
Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

9/10

19 94



FEB 17 1994

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

1. Owner TENNESSEE VALLEY AUTHORITY Date 8-4-94
Name
400 W Summit Hill Drive, Knoxville, TN Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 7000, Spring City TN 37381 WORKPLAN D-06011-CB
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA, MECH. MODS Type Code Symbol Stamp N/
Name
WATTS BAR NUCLEAR PLANT Authorization No. KK
Address Expiration Date 1A 8-4-94
4. Identification of System SYSTEM 001A MAINSTREAM
5. (a) Applicable Construction Code AISC, 7TH 19 73 Edition, N/A KK Addenda, N/A KK Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THROUGH WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1001A-1-01A-394</u>	<u>N/A</u> <u>KK</u> <u>8-4-94</u>	<u>NONE</u>	<u>NONE</u>	<u>DCA K06011-34</u> <u>?</u> <u>-35</u> <u>-36</u>	<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>
<div></div>							
<div></div>							

7. Description of Work MODIFY ^{IED} SUPPORT 1001A-1-01A-394
5.6.94
9.22.94
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure N/A KK 8-4-94 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-06011-08
Page 8 cont. on Page 9

FORM NIS-2 (Back)

9. Remarks TRACKING NO: 94-380 128, 8/25/94

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A KK 8-4-94

Certificate of Authorization No. N/A KK 8-4-94 Expiration Date N/A KK 8-4-94

Signed B. B. B. (FIELD ENGINEER) Date 8/25/, 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 HSR I & I CO. of Hartford, CT. have inspected the components described in this Owner's Report during the period 2-16-94 to 9-22-94, 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.

[Signature] Commissions TN 2537
Inspector's Signature National Board, State, Province, and Endorsements

Date 9-22, 19 94





TVA NUCLEAR

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

As Required by the Provisions of the ASME Code Section XI

JAN 06 1994

1. Owner TENNESSEE VALLEY AUTHORITY

Name

Date 8/30/94400 W. Summit Dr. Knoxville TN

Address

Sheet 1 of 12. Plant Watts BAR NUCLEAR Plant

Name

Unit 1P.O. Box 2000 Spring City, TN. 37381

Address

D-05620-08

Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA

Name

Type Code Symbol Stamp

WATTS BAR NUCLEAR PLANT

Address

Authorization No. 8/30/94

Expiration Date

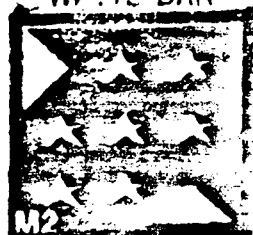
4. Identification of System 0725. (a) Applicable Construction Code AISC 7th 19 73 Edition, N/A 8/30/94 Addenda, N/A 8/30/94 Code Case(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981 ADDENDA

6 Identification of Components Repaired or Replaced and Replacement Components

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)
1072-72-1CS-R95	N/A <u>8/30/94</u>	NONE	NONE	DCA-P05620-43-0	Unknown	Replacement	NO
1072-72-1CS-R96	N/A <u>8/30/94</u>	NONE	NONE	DCA-P05620-44-0	Unknown	Replacement	NO
1072-72-1CS-R97	N/A <u>8/30/94</u>	NONE	NONE	DCA-P05620-45-0	Unknown	Replacement	NO
1072-72-1CS-R98	N/A <u>8/30/94</u>	NONE	NONE	DCA-P-05620-46-0	Unknown	Replacement	NO

7. Description of Work Modify Support8. Tests Conducted: ☒ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐Other ☐ Pressure psi Test Temp. °FN/A 8/30/94

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



TVA NUCLEAR

JAN 06 1994

Page

5B

D-05620-08

cont. on Page

6

FORM NIS-2 (Back)

9. Remarks

TRACKING # 94-0381 3/30/94

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A CP 8/30/94

Certificate of Authorization No. N/A CP 8/30/94 Expiration Date N/A CP 8/30/94

Signed [Signature] Date 8/30, 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 TN and employed by HSB I & I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 11-14-91 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.

[Signature] Commissions TN 2537
Inspector's Signature National Board, State, Province, and Endorsements

Date 9-17- 1994

93-23348-00
Pg 37 of 38

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 AUTHORITY
Name

Date 10-26-93

400 SUMMIT HILL DR. KNOXVILLE, TN.
Address

Sheet 1 of 2

2. Plant WATTS BAR NUCLEAR PLANT
Name

Unit 1

P.O. Box 2000, SPRING CITY, TN., 37381
Address

EBASCO; WBN (93-23348-00)
Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA
Name

Type Code Symbol Stamp

P.O. Box 2000, SPRING CITY, TN., 37381
Address

Authorization No. N/A RB 10-26-93
Expiration Date

4. Identification of System D72; CONTAINMENT SPRAY

5. (a) Applicable Construction Code ASME 19 72 Edition, SUMMER 1973 Addenda, N/A RB 10-26-93 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER OF 1981.

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1 1/8" diam. BOLTS & NUTS</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>REPLACED</u>	<u>ND</u>
<u>N/A RB 10-26-93</u>							

7. Description of Work REPLACED ALL BOLTING MATERIAL ON THE SUCTION SIDE OF WBN-1-PMP-D72-0027.

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

N/A RB 10-26-93

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

93-23348-00
Pg 38 of 38

FORM NIS-2 (Back)

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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp N/A RB 10-26-93

Certificate of Authorization No. N/A RB 10-26-93 Expiration Date N/A RB 10-26-93

Signed Ronald P. Brown Jr. Date 10-26-, 19 93
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 HEB T&T Co. of HARTFORD, CONN. have inspected the components described in this Owner's Report during the period 9/16/94 to 9/21/94, 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.

SB Earmark Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 9/16 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 TVA Date 8-31-94
Name
400 W. SUMMIT HILL DR. KNOXVILLE, TN
Address
2. Plant WATTS BAR NUCLEAR Sheet 1 of 1
Name
P.O. BOX 2000 SPRING CITY, TN
Address
3. Work Performed by TVA Unit 1
Name
P.O. BOX 2000 SPRING CITY, TN
Address
4. Identification of System O3 / FEED WATER
5. (a) Applicable Construction Code ATSC 7TH 19 73 Edition, JUNE 1973 Addenda, NIA Code Case
(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

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)
1003B-D3B-IAFW-R32					UNKNOWN	REPLACEMENT	NO
1003B-D3B-IAFW-R33			N A CON 8-31-94		↓	↓	↓
			N A CON 8-31-94				

7. Description of Work MODIFY SUPPORTS PER DCN P-04508-B

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure N psi Test Temp. A °F
CON 8-31-94

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

WORK INSTRUCTION D-4508-05

FORM NIS-2 (Back)

GLJ 9/21/94

9. Remarks

TRACKING # 94-384A GLJ 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. repair or replacement

Type Code Symbol Stamp

Certificate of Authorization No.

Expiration Date

NA CON 8-31-94

Signed

Charles Blawie CE
Owner or Owner's Designee, Title

Date

8-31

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 H.S.B. I & C of HAYT FORD 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.

B. Earmagh
Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

9/17

19 94



SEP 21 1994

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

As Required by the Provisions of the ASME Code Section XI

D-21328-21

1. Owner TENNESSEE VALLEY AUTHORITY
Name
400 Kf. Summit Hill Dr. Knoxville TN.
Address
2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. Box 2000 Spring City TN
Address
3. Work Performed by TVA MODS
Name
P.O. Box 2000 Spring City TN
Address
4. Identification of System RESIDUAL HEAT REMOVAL 074

Date 9/1/94

Sheet 1 of 1

Unit 1

WP # D-21328-21
Repair Organization P.O. No., Job No., etc.

Type Code Symbol Stamp N/A

Authorization No. N/A 9/1/94

Expiration Date 9/1/94

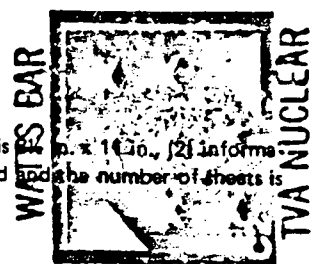
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A 9-1-94 Code Case
- (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 0/ADDENDA THROUGH WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1074-74-12H2-2131</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>

7. Description of Work MODIFIED SUPPORT
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐ Pressure N/A 9/1/94 Test Temp. N/A °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 11 x 17 (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.



MAY 2 6 1994

9809/19/94

FORM NIS-2 (Back)

WORK INSTRUCTION

D - 21328 - 21

9. Remarks TRACKING # 384 BFW 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, repair or replacement

Type Code Symbol Stamp

A ELS 9/1/94

Certificate of Authorization No.

Expiration Date

Signed

[Signature]

FIELD ENGINEER

Date

9-1

, 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 IIT CO of HARTFORD 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.

[Signature]
Inspector's Signature

Commissions

TN2534

National Board, State, Province, and Endorsements

Date

9/17

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 TENNESSEE VALLEY AUTHORITY
Name

Date 9-6-94
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN.
Address

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name

Unit 1
P.O. BOX 2000, SPRING CITY, TN. 37381
Address

WP # D-04667-26
Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA MODIFICATIONS
Name

Type Code Symbol Stamp

P.O. BOX 2000 SPRING CITY, TN 37381
Address

Authorization No. N/A FKG
Expiration Date 9-6-94

4. Identification of System 63 / SAFETY INJECTION

5. (a) Applicable Construction Code AISC 1973 Edition, JUNE 1973 Addenda, N/A Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981 ADDENDUM

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1063-63-1515 R</u> <u>FKG</u> <u>9/6/94</u>		<u>N/A</u> <u>FKG</u> <u>9/6/94</u>		<u>DCA P04667-89</u> <u>DCN F-30634-A</u>	<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>

7. Description of Work MODIFY PIPE SUPPORT

8. Tests Conducted: ☒ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. _____ °F N/A FKG
9/6/94

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

D-04667-26

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-385

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. _____

N A FLG 9/6/94

Expiration Date _____

Signed _____

Frank Gruenfelder
Owner or Owner's Designee, Title

FIELD ENGINEER

Date _____

9/6, 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 & I Co. of HARTFORD 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.

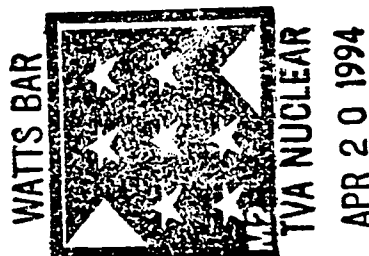
B. Eammil
Inspector's Signature

Commissions _____

TN 2534
National Board, State, Province, and Endorsements

Date _____

9/17, 19 94



D-04067-25

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 AUTHORITY
Name
400 W. SUMMIT HILL DR. KNOXVILLE, TN
Address
2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000, SPRING CITY, TN 37381
Address
3. Work Performed by TVA MODIFICATIONS
Name
PO BOX 2000 SPRING CITY, TN 37381
Address
4. Identification of System 63 / SAFETY INJECTION
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE, 1973 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981 ADDENDUM

Date 9-7-94

Sheet 1 of 1

Unit 1

WP D-04067-25
Repair Organization P.O. No., Job No., etc.

Type Code Symbol Stamp _____

Authorization No. N FLW

Expiration Date 9-7-94

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1063-63-1515-R21B		N <u>FLW 9-7-94</u> A		<u>DCA P04067-87</u> <u>DCN F-30634-A</u>	<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>

7. Description of Work MODIFY PIPE SUPPORT
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. _____ °F N/A FLW 9-7-94

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

D-04667-25

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-386

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 9-13-94

Certificate of Authorization No.

Expiration Date

Signed Frank Drenth / FIELD ENGINEER

Date

9-7, 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 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 9/19/94 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.

B. E. Ewing
Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

9/19

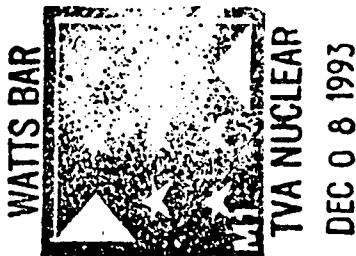
19 94

WATTS BAR



TVA NUCLEAR

APR 15 1994

Page 3 cont. on Page 4FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner TENNESSEE VALLEY AUTHORITY Date 9-8-94
Name
400 W. SUMMIT HILL DR. KNOXVILLE TN. Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000, SPRING CITY, TN. 37381 WP. D-DAS33-DZ
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Type Code Symbol Stamp
Name
WATTS BAR NUCLEAR PLANT Authorization No. N/A 9/8/94
Address Expiration Date
4. Identification of System DO3
5. (a) Applicable Construction Code ASCE 7th 19 73 Edition, N/A 9/8/94 Addenda, N/A 9/8/94 Code Case
(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

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-SB3	N/A <u>9/8/94</u>	NONE	NONE	N/A <u>9/8/94</u>	unknown	Replacement	NO
1003A-1-03A-SB4	N/A <u>9/8/94</u>	NONE	NONE	N/A <u>9/8/94</u>	unknown	Replacement	NO
1003A-1-03A-SB9	N/A <u>9/8/94</u>	NONE	NONE	N/A <u>9/8/94</u>	unknown	Replacement	NO
				N/A <u>9/8/94</u>			

7. Description of Work MODIFY SUPPORTS

8. Tests Conducted: ☒ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. _____ N/A 9/8/94

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

WORKPLAN D-04533-02

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-387 9/8/94

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A 9/8/94

Certificate of Authorization No. N/A 9/8/94 Expiration Date N/A 9/8/94

Signed [Signature] Date 9/8, 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 HSB I & I Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 10-20-91 to 10-5-94, 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.

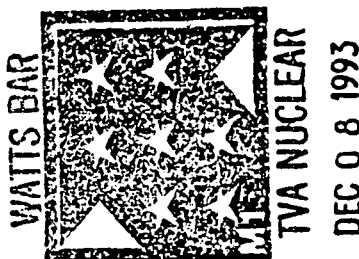
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury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

[Signature]
Inspector's Signature

Commissions

TN2537
National Board, State, Province, and Endorsements

Date 10-5- 1994



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

1. Owner TENNESSEE VALLEY AUTHORITY Date 9-1-94
Name
400 SUMMIT HILL DR. KNOXVILLE TN. Sheet 1 of 2
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit I
Name
P.O. BOX 2000 SPRING CITY TN. 37381 WO# 93-23513-00
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Type Code Symbol Stamp
Name
P.O. BOX 2000 SPRING CITY TN. 37381 Authorization No. NA G.B. 8-4-94
Address Expiration Date
4. Identification of System CONTAINMENT SPRAY, SYSTEM #72
5. (a) Applicable Construction Code AISC 7th 19 73 Edition, NA G.B. 8-4-94 Addenda NA G.B. 8-4-94 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 EDITION THROUGH WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>PIPE SUPPORT</u> <u>470464-3-137</u>	<u>NA G.B. 8-4-94</u>	<u>NONE</u>	<u>NONE</u>	<u>1070-</u> <u>NA G.B. 8-4-94</u> <u>470464-3-137</u> <u>NA G.B. 8-4-94</u>	<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>

7. Description of Work INSTALLED NEW BOLTS, NUTS, WASHERS.
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure G.B. 8-4-94 psi Test Temp. °F

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

WO# 93-23513-00
PAGE 19 OF 36

FORM NIS-2 (Back)

9. Remarks Tracking # 94-388 29 9/10/94

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

NA 9/1/94

Certificate of Authorization No.

Expiration Date

Signed

Mark Hataway, FE
Owner or Owner's Designee Title

Date

9-1

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 TEST CO. of HARTFORD CONN have inspected the components described in this Owner's Report during the period 9/16/94 to 9/16/94, 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.

J. B. Egan
Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

9/16

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 TENNESSEE VALLEY AUTHORITY
Name
400 W. SUMMIT HILL DR, KNOXVILLE, TN.
Address
2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. Box 2000, SPRING CITY, TN 37381
Address
3. Work Performed by WATTS BAR PLANT COMPLETION GROUP
Name
P.O. Box 2000, SPRING CITY, TN 37381
Address
4. Identification of System 062/CVC
5. (a) Applicable Construction Code ALSC 19 73 Edition, JUNE 1973 Addenda, NAYKE 9/12/94 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 - WINTER 81
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
WBN-1-HTX-062-0121	ATLAS INDUSTRIAL MFG. Co.	# 3151	# 2529	SPIN# WAT-CSAHEL	1975	REPLACEMENT	YES
NAYKE 9/12/94							

7. Description of Work REPLACE DAMAGED STUDS AND NUTS

8. 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 8 1/4 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

W.O. 94-11264-0-
Page — of —

FORM NIS-2 (Back)

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. repair or replacement

Type Code Symbol Stamp

NAFRC 9/12/94

Certificate of Authorization No. _____

Expiration Date _____

Signed [Signature]

Owner or Owner's Designee, Title

Date 9-12

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 I & E CO. of HART FORD CONN have inspected the components described in this Owner's Report during the period 9/20/94 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 signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature]
Inspector's Signature

Commissions TN 2534

National Board, State, Province, and Endorsements

Date 9/20

19 94

D-04667-27

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 AUTHORITY
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN.
Address

Date 9/12/94Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000 - SPRING CITY, TN. 37381
Address

Unit 1

WP D-04667-27
Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA MODIFICATIONS
Name
P.O. BOX 2000 SPRING CITY, TN
Address

Type Code Symbol Stamp

Authorization No. N/A FLBExpiration Date 9-12-944. Identification of System 63 / SAFETY INJECTION

5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981 ADDITION

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1063-631512-R227</u>		<u>N/A</u> <u>FLB</u> <u>9-12-94</u>		<u>DCA P-04667-95</u> <u>DCA P-04667-96</u>	<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>

7. Description of Work MODIFY PIPE SUPPORT

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

FLB
9-12-94
A

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 - 04667 - 27

FORM NIS-2 (Back)

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 replacement conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp _____

Certificate of Authorization No. _____

N A FKG 9-12-94

Expiration Date _____

Signed Frank Thunigfeller

Owner or Owner's Designee, Title

FIELD ENGINEER

Date

SEP 13, 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 I & I CO. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 9/22/94 to 9/22/94, 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.B. Eamigh

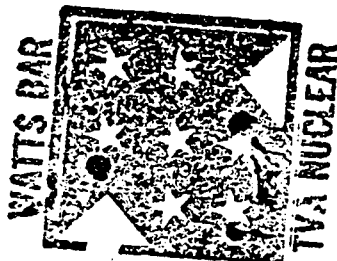
Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

9/2219 94

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 TENNESSEE VALLEY AUTHORITY Date 9/13/94
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN. Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000, SPRING CITY, TN. 37381 WP # D-04667-29
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by IVA MODIFICATIONS Type Code Symbol Stamp
Name
P.O. BOX 2000 SPRING CITY, TN 37382 Authorization No. NOTE
Address Expiration Date
4. Identification of System 63 / SAFETY INJECTION
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE, 1973 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981 ADDITION

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1063-63-ISIS-R206		N FKL A 9-13-94		DCA P-04667-80, 81, & 82 PLN F-30809-A	UNKNOWN	REPLACEMENT	NO

7. Description of Work MODIFY PIPE SUPPORT 1063-63-ISIS-R206
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. _____ F N/A FKL 9-13-94

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-04667-29

FORM NIS-2 (Back)

9. Remarks TRACKING #94-391

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 Frank Duranfeld

Owner or Owner's Designee, Title

FIELD ENGINEER

Date

SEP 13

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 and employed by HSB I. & I. Co. of Harvard, CT. have inspected the components described in this Owner's Report during the period 5-2-94 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.

Inspector's Signature

Commissions

IN 2537
National Board, State, Province, and Endorsements

Date

9-17

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 TENNESSEE VALLEY AUTHORITY
Name
400 W. SUMMIT HILL DR. KNOXVILLE, TN.
Address

Date 9-19-94

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. Box 2000 SPRING CITY, TN. 37381
Address

Unit 1

Wo # 94.06643-00
Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA
Name
WATTS BAR NUCLEAR PLANT
Address

Type Code Symbol Stamp
Authorization No. N/A MM 9/19/94
Expiration Date

4. Identification of System OLB, RCS

5. (a) Applicable Construction Code ASME III 1974 Edition, WINTER 1974 Addenda, NA 9/19/94 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980 THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
LDRV-68-550-S	KERNTEST	NA ^{MM} 9/13/94	NA ^{MM} 9/19/94	5/4 HX2-4	1975	REPLACEMENT	YES

7. Description of Work REPLACED DISC, DISC CAP SPRING GUIDE, SPRING P.I.N AND DIAPHRAGM FOR LDRV. 68-550-S.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure N/A psi Test Temp. N/A °F
MM 9/19/94

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

Wo # 94.06643.00
PAGE 19 OF 80

FORM NIS-2 (Back)

9. Remarks

[#] TRACKING 94.392 ^{MR} 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp

N/A MR 9/19/94

Certificate of Authorization No.

Expiration Date

Signed

Merle H. Harty, FE
Owner or Owner's Designee, Title

Date 9/19/94

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 I & I CO of HARTFORD 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.

B. E. Egan
Inspector's Signature

Commissions

TN 2534
National Board, State, Province, and Endorsements

Date

9/23

19 94

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

1. Owner TENNESSEE VALLEY AUTHORITY Date 9/16/94
Name
400 W. SUMMIT HILL DRIVE, KNOX, TN. Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000, SPRING CITY, TN. WORKPLAN # D-04522-06
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA, MODS Type Code Symbol Stamp N/A
Name Authorization No. WMD
WATTS BAR NUCLEAR PLANT Expiration Date 9/16/94
Address
4. Identification of System AUX. FEEDWATER / SYSTEM # 003
5. (a) Applicable Construction Code AISC 7TH 19 73 Edition, N/A WMD Addenda, N/A WMD Code Case
9/16/94 9/16/94
 (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

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>PIPE SUPPORT #</u> <u>1003A-1-03A-208</u>	<u>N/A WMD</u> <u>9/16/94</u>	<u>NONE</u>	<u>NONE</u>	<u>DCA-P04522-26</u> <u>DCA-P04522-27</u> <u>DCA-P04522-37</u>		<u>REPAIR /</u> <u>REPLACEMENT</u>	<u>NO</u>
<u>N/A WMD</u> <u>9/16/94</u>							

7. Description of Work ADDED STIFFENERS TO EXISTING W10x25 AND CLAMP ADDED
ADDITIONAL WELD METAL TO EXIST. WELD FOR W10x25 TO BASEPLATE.
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
N/A WMD Other ☐ Pressure 9/16/94 psi Test Temp. °F

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

WORK INSTRUCTION D-04522-06

Page 7 cont. on Page 8

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-393 wms 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp

N/A wms 9/16/94

Certificate of Authorization No.

N/A wms 9/16/94

Expiration Date

N/A wms 9/16/94

Signed

M. D. O'Connell, CONST. EXPR.
Owner or Owner's Designee, Title

Date

9/16, 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 TENNESSEE and employed by HSTB IFT CO of HARTFORD 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.

B. E. Egan

Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

9/23

19 94



SEP 16 1994

W/O # 94-11431-00
PAGE 26 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 TENNESSEE VALLEY AUTHORITY Date 9-19-94
Name
400 W. SUMMIT HILL, KNOXVILLE, TN
Address
2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name
P.O. BOX 2000 SPRING CITY, TN 373801 Unit 1
Address
W/O # 94-11431-00
Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Type Code Symbol Stamp
Name
WATTS BAR NUCLEAR PLANT Authorization No. NA/MH 9/19/94
Address
Expiration Date
4. Identification of System SAFETY INJECTION - 063
5. (a) Applicable Construction Code ASME III 19 74 Edition, WINTER 1974 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>LCKV-063-555</u>	<u>KERO TEST</u>	<u>LA5-23</u>	<u>NA 9/19/94</u>	<u>None</u>	<u>1976</u>	<u>REPLACEMENT</u>	<u>YES</u>

7. Description of Work REPLACED VALVE DISC

8. 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 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks

TRACKING 94-394 MH 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp

N MH 9/19/94
A

Certificate of Authorization No.

Expiration Date

Signed

Merle Hataway, FE
Owner or Owner's Designee, Title

Date

9-19

, 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 TENNESSEE and employed by HSB IFE CO of HARTFORD Conn. have inspected the components described in this Owner's Report during the period 9/27/94 to 9/27/94, 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. Eamond
Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

9/27

, 19 94

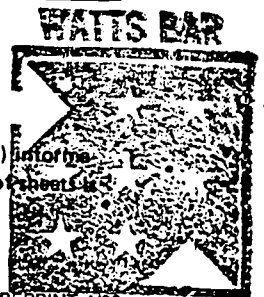
FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner TENNESSEE VALLEY AUTHORITY Date 9-19-94
Name
400 W Summit Hill Drive, Knoxville TN Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000 Spring City, TN 37381 WP# D-04667-22
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA-MODIFICATIONS Type Code Symbol Stamp
Name Authorization No. N/A
WATTS BAR NUCLEAR PLANT Expiration Date 18 9/19/94
Address
4. Identification of System SAFETY INJECTION/ SYSTEM 63
5. (a) Applicable Construction Code AISC TH 19 73 Edition, * N/A ^{9/22/94} Addenda, N/A ^{18 9/19/94} Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 80 THRU' 81 W/ 1981 WINTER ADDENDA.
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1063-63-1519 R181</u>	<u>NOT KNOWN</u>	<u>NONE</u>	<u>N/A</u>	<u>NONE</u>	<u>NOT KNOWN</u>	<u>REPLACE-MENT</u>	<u>NO</u>
<div style="position: relative; height: 100px;"> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%);"> <u>N/A 18 9/19/94</u> </div> </div>							

7. Description of Work MODIFY^{ED} SUPPORT PER DCA'S
5-5-94 9-23-94
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure _____ psi Test Temp. _____ °F
N/A 18 9/19/94

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



D - 04667-22

Page 8 cont. on Page 9

FORM NIS-2 (Back)

9. Remarks TRACKING NO: 94-395 18 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp _____

Certificate of Authorization No. N/A 18 9/19/94 Expiration Date _____Signed B. E. Smith (FIELD ENGINEER) Date 9/19/94 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 I & S Co. of HARTFORD CONN have inspected the components described in this Owner's Report during the period 9/29/94 to 9/29/94, 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. E. Smith Commissions TN2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 9/29 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 TENNESSEE VALLEY AUTHORITY Date 9-19-1994
Name
400 W SUMMIT HILL DRIVE KNOXVILLE, TN Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000, SPRING CITY, TN 37381 WP # D-20761-62
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA - MODIFICATIONS Type Code Symbol Stamp _____
Name Authorization No. N/A
WATTS BAR NUCLEAR PLANT Expiration Date 9/19/94
Address
4. Identification of System SAFETY INJECTION / SYSTEM 63
5. (a) Applicable Construction Code AISC TH 1973 Edition, 77H Addenda, N/A 9/19/94
Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU' 81 w/ 1981 WINTER ADDENDA
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1063-63-15IS- P182	NOT KNOWN	NONE	N/A	NONE	NOT KNOWN	REPLACE- MENT	No
<div style="position: relative; height: 100px;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; border: 1px solid black; transform: rotate(45deg);"></div> </div>							

7. Description of Work MODIFY PIPE SUPPORT PER DCA'S.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure N/A Test Temp. 9/19/94 °F

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

FORM NIS-2 (Back)

9. Remarks TRACKING NO: 99-396 B8 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp _____

Certificate of Authorization No. _____

Expiration Date 9/19/94Signed B. E. Smith

(FIELD ENGINEER)

Date 9/191994

CERTIFICATE OF INSERVICE INSPECTION

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 IPT CO. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 10/4/94 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.

B. E. Smith
Inspector's SignatureCommissions TN 2534

National Board, State, Province, and Endorsements

Date 10/419 94

WP D 19866 12

Page 6 cont. on Page 7

FORM N102 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner TENNESSEE VALLEY AUTHORITY
NameDate 9/20/94400 W. SUMMETHILL DR., KNOXVILLE, TN
AddressSheet 1 of 12. Plant WATTS BAR NUCLEAR PLANT
NameUnit 1P.O. BOX 2000, SPRING CITY, TN, 37771
AddressWP # D-19866-12

Repair Organization P.O. No., Job No., etc.

3. Work Performed by IJA MODIFICATIONS
Name

Type Code Symbol Stamp

PO BOX 2000 SPRING CITY, TN 37771
AddressAuthorization No. N/AExpiration Date 9-20-944. Identification of System 62 / CHEMICAL AND VOLUME CONTROL5. (a) Applicable Construction Code AISC 7th 1973 Edition, JUNE, 1973 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980 THRU WINTER 1981 ADDENDUM

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1062-A555 -2-1		N/A		DLA M-19866-1, 4 & 5	UNKNOWN	REPLACEMENT	NO

7. Description of Work MODIFY PIPE SUPPORT8. Tests Conducted: ☒ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. _____ °F

N/A 9-20-94

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

(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)

9. Remarks TRACKING #94-397

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 Frank Shanley, FIELD ENGINEER Date 9-20-94, 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 HART FORD CORP. of _____ have, inspected the components described in this Owner's Report during the period 10/11/94 to 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.

B. Ewing Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 10/11 19 94

1473 D 19866 12

Page 7 cont. on Page 8



JAN 07 1993

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 AUTHORITY
Name
400 W. SUMMIT HILL DR KNOXVILLE, TN
Address
2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000 SPRING CITY TN
Address 37381
3. Work Performed by TVA - MODIFICATIONS
Name
WBNP
Address
- Date 9-20-94
Sheet 1 of 1
Unit 1
0-04522-04
Repair Organization P.O. No., Job No., etc.
Type Code Symbol Stamp
Authorization No. N/A AC 9-20-94
Expiration Date
4. Identification of System SYS. 003 - AUX + MAIN FEEDWATER
5. (a) Applicable Construction Code AISC 19 73 Edition, 7TH Addenda, NONE Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 W/ ADDENDA THROUGH WINTER 1981.

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1003A-1-03A-206</u>	<u>TVA</u>	<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	<u>UNK</u>	<u>REPLACEMENT</u>	<u>NO</u>
<u>N/A</u> <u>AC 9-20-94</u>							

7. Description of Work REBUILT SUPPORT FOR CHECK VALVE SLAM.
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ N/A
Other ☐ Pressure _____ psi Test Temp. _____ °F AC 9-20-94

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

JUL 08 1993

D 04522 0

Page 5B cont. on Page 4

FORM NIS-2 (Back)

9. Remarks TRACKING NO: 94-398 AC 9-20-94

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. repair or replacement

Type Code Symbol Stamp _____

Certificate of Authorization No. N/A AC 9-20-94

Expiration Date _____

Signed Anthony Cichoma

Owner or Owner's Designee, Title

FIELD ENGINEER

Date

SEP. 20

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 and employed by HSB I & I Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 7-7-93 to 10-3-94, 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 [Signature]

Commissions

National Board, State, Province, and Endorsements TN2537Date 10-3-1994

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

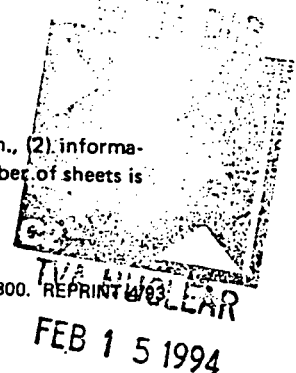
1. Owner TENNESSEE VALLEY AUTHORITY Date 9/21/94
Name
400 W SUMMIT HILL DRIVE KNOXVILLE, TN Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000 SPRING CITY, TN 37381 WP# D06011-07
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA MODS Type Code Symbol Stamp _____
Name Authorization No. N/A 9RD
P.O. BOX 2000 SPRING CITY, TN. Expiration Date 9/21/94
Address
4. Identification of System 001 MAIN STEAM
5. (a) Applicable Construction Code AISC 7th 1973 Edition, JUNE 1973 Addenda, N/A 9RD
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980 W/ADDENDA THROUGH WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1001A-1-01A-392</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>DCA-K-06011-30, 31, 32, 33</u>	<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>
<div style="text-align: center;"> <u>N</u> <u>9RD</u> <u>9/21/94</u> </div>							

7. Description of Work MODIFIED PIPE SUPPORT.
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure N/A 9RD
9/21/94
 Other ☐ Pressure _____ psi Test Temp. _____ °F

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



D-06011-07

Page 8 cont. on Page 9

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-399 Wn 9/21/94

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. repair or replacement

Type Code Symbol Stamp _____

Certificate of Authorization No. _____

Expiration Date _____

Signed Jack R Dunlap FIELD ENGINEER Date SEPTEMBER 21, 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 Florida and employed by Hartford Steam Boiler I. & T. Co. of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 10/29/94 to 10/29/94, 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.

Lama A. Sowell
 Inspector's Signature

Commissions _____

FL-296

National Board, State, Province, and Endorsements

Date Oct 29, 19 94

WATTS BAR
D 06011 09
WORKPLAN

D 06011 09

WORKPLAN

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 TENNESSEE VALLEY Authority
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN
Address

Date 9/21/94

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. Box 2000, Spring City, TN 37381
Address

Unit 1

WP # D-06011-09

Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA MODS
Name
P.O. Box 2000, Spring City, TN
Address

Type Code Symbol Stamp

Authorization No. N/A 9RD

Expiration Date 9/21/94

4. Identification of System DO1 MAIN STEAM

5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A 9RD
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 W/ADDENDA THROUGH WINTER 1981.

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1001A-1-01A-389</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>DCA-K0601H-26, 27, 29, +39</u>	<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>
<u>N/A</u> <u>9RD</u> <u>9/21/94</u>							

7. Description of Work MODIFY PIPE SUPPORT.

8. 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 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

D-06011-09
WORKPLAN 8 of 9/30/94

FORM NIS-2 (Back)

9. Remarks

TRACKING # 94-400A9R09/21/94

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. repair or replacement

Type Code Symbol Stamp

Certificate of Authorization No.

N A 9R09/21/94

Expiration Date

Signed

Jack R Dunlap
Owner or Owner's Designee, Title

FIELD 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 State or Province of TN and employed by HSB I & I Co. of Hartford, CT. 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 damage or a loss of any kind arising from or connected with this inspection.

STB [Signature]
Inspector's Signature

Commissions

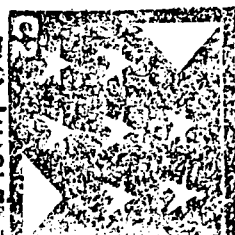
TN 2537
National Board, State, Province, and Endorsements

Date

10-13, 19 94

MAR 05 1994

TVA NUCLEAR



WATTS BAR

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 Authority Date 9-22-94
Name
400 W. Summit Hill Drive Knoxville, TN
Address
2. Plant Watts Bar Nuclear Plant Sheet 1 of 1
Name
P.O. Box 2000 Spring City, TN. 37381
Address Unit 1
W-0.94-10217-00
Repair Organization P.O. No., Job No., etc.
3. Work Performed by Watts Bar Nuclear Plant Type Code Symbol Stamp _____
Name Authorization No. N/A KLR 9/22/94
P.O. Box 2000 Spring City, TN. 37381 Expiration Date _____
Address
4. Identification of System 068 Reactor Coolant System
5. (a) Applicable Construction Code ASME Section III 1974 Edition, Winter 1974 Addenda, N/A KLR Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980 W81 9/23/94

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-DRV-068-0554-S	KERCOST MFG CORP	KP26-20	N/A KLR 9/22/94	N/A KLR 9/22/94	1975	Replaced	YES

7. Description of Work Replacement Part Ref # 8 BONNET
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ NONE
 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.

FORM NIS-2 (Back)

↑ 12/16/94

9. Remarks _____

Applicable Manufacturer's Data Reports to be attached _____

TRACKING # 94-400B KLR 9/23/94

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. repair or replacement

Type Code Symbol Stamp N/A DW 9/23/94Certificate of Authorization No. N/A DW 9/23/94 Expiration Date N/A DW 9/23/94Signed D. Watson Date 9/23/94, 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 HSB I & T Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 10-6-94 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.

D. Watson
Inspector's SignatureCommissions TN 2537
National Board, State, Province, and EndorsementsDate 10-19 1994

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

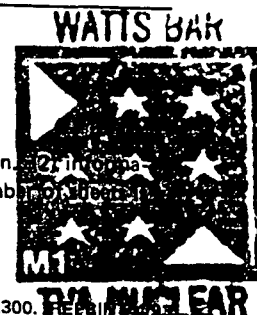
1. Owner TENNESSEE VALLEY AUTHORITY Date 9/21/94
Name
400 W SUMMIT HILL DR., KNOXVILLE, TN. Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000, SPRING CITY, TN. WP # D-06010-04
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA MODS Type Code Symbol Stamp
Name Authorization No. N/A 9RD
P.O. BOX 2000, SPRING CITY, TN. Expiration Date 9/21/94
Address
4. Identification of System DDI MAIN STEAM
5. (a) Applicable Construction Code ATSC 19 73 Edition, JUNE 1973 Addenda, N/A 9RD Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 W/ADDENDA THROUGH WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1001A-1-DIA 350	N/A	N/A	N/A	DCA-KD6010- 24, 25, & 26	UNKNOWN	REPLACEMENT	NO
<div style="position: relative; height: 100px;"> N A 9RD 9/21/94 </div>							

7. Description of Work MODIFIED PIPE SUPPORT.
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure 5.5 psi Test Temp. 92.5 °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 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 9/28/94

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp

9/21/94
N A

Certificate of Authorization No.

Expiration Date

Signed

Jack R Dunlap
Owner or Owner's Designee, Title

FIELD 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 State or Province of TENNESSEE and employed by HSB I & S Co of HARTFORD CONN

have inspected the components described in this Owner's Report during the period 9/28/94 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.

B. Eum
Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

9/28

19 94

W0-94-07996-00
Pg 10 of 48

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 AUTHORITY
Name
400 W. SUMMIT HILL DR., KNOXVILLE, TN.
Address
- Date 9-21-94
2. Plant WATTS BAR NUCLEAR PLANT
Name
PO Box 2000, SPRING CITY, TN. 37381
Address
- Unit 1
3. Work Performed by TVA
Name
P.O. Box 2000, SPRING CITY, TN
Address
- Repair Organization P.O. No., Job No., etc. W0-94-07996-00
- Type Code Symbol Stamp NA 664-2394
- Authorization No. NA 664-2394
- Expiration Date NA
4. Identification of System (68) REACTOR COOLANT, (6) HEATER, DRAINAGE VENTS, (63) SAFETY INJECTION
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE '73 Addenda, NA 664-2394 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 WINTER 1981 Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1068-1-68-363	N A A A A	A A A A A	A A A A A	DN-F-30240-A		Repaired	
1068-1-68-364				DN-F-30240-A		Repaired	
1001-A400-6-162				DN-W-30042-A DN-F-32164-A	06/94 1/94	Repaired	66 4/23/94
1063-1-63-159				DN-F-32673-A DN-F-32164-A	8/23/94 8/23/94	Repaired Replaced	

7. Description of Work 1063-1-63-159 (REPLACED), 1068-1-68-363, MODIFY SUPPLY PER DN-F-30240-A, 1001-A400-6-162, SHORTEN STEMS & REINSTALLED, 1068-1-68-364 Modified
MNH 11/10/94
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure NA 664-2394 psi Test Temp. NA 664-2394

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

W0-94-07996-00
PG 47 of 48

FORM NIS-2 (Back)

9. Remarks

TRACKING # 94-402 LG 9/23/94
Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA 664-23-94

Certificate of Authorization No. NA 664-23-94 Expiration Date NA 664-23-94

Signed James Wilson PCG, F.E. Date 9-23, 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 HSB IAT Co. of Hartford, Ct. have inspected the components described in this Owner's Report during the period 3-28-94 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.

James Wilson Commissions TN 2537
Inspector's Signature National Board, State, Province, and Endorsements

Date 10-14 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 Tennessee Valley Authority
Name

400 W. Summit Hill Dr. Knoxville, TN
Address

Date 9-23-94 Ref. WBP890020PER

Sheet 1 of 2

2. Plant Watts Bar Nuclear Plant
Name

P.O. Box 2000 Spring City, TN 37381
Address

Unit 1

WorkPlan 8258
Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA Construction
Name

P.O. 2000 Spring City, TN
Address

Type Code Symbol Stamp

Authorization No. NONE

Expiration Date

4. Identification of System 68/ Reactor Cooling

5. (a) Applicable Construction Code ATSC 19 73 Edition, June 1973 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 thru Winter 1981 Addition

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>inlet-1-LS-002</u>			<u>NONE</u>		<u>unknown</u>	<u>Replacement</u>	<u>NO</u>
<u>NONE</u>							

7. Description of Work Pipe Support Modification

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure NONE Test Temp. NONE °F

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

FORM NIS-2 (Back)

9. Remarks

Applicable Manufacturer's Data Reports to be attached
TRACKING # 94-403 by 9/23/94

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. repair or replacement

Type Code Symbol Stamp

NONE

Certificate of Authorization No.

Expiration Date

Signed

Matthew J. Joplin
Owner or Owner's Designee, TitleEng. 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 IPI CO. of HARTFORD CONN. have, inspected the components described in this Owner's Report during the period 10/11/94 to 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.

B. E. Smith
Inspector's Signature

Commissions

TN2534
National Board, State, Province, and Endorsements

Date

10/1119 94

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 Authority
Name

Date 9-24-94 Ref WBP890020 PER

400 W. Summit Hill Dr. Knoxville TN
Address

Sheet 1 of 2

2. Plant Watts Bar Nuclear Plant 3131
Name

Unit 1

P.O. Box 2000 Spring City, TN
Address

E-5803-1

Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA Construction
Name

Type Code Symbol Stamp

P.O. Box 2000 Spring City, TN
Address

Authorization No. NONE

Expiration Date

4. Identification of System 72/Containment Spray

5. (a) Applicable Construction Code AISC 19 73 Edition, June 1973 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 thru Winter 1981 Addition

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1072-A437-1-1</u>			<u>NONE</u>		<u>unknown</u> <u>NONE</u>	<u>Deleted</u>	<u>NO</u>
<u>NONE</u>							

7. Description of Work Pipe Support modification

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure 2245 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.

FORM NIS-2 (Back)

9. Remarks

TRACKING # 94-404 *by* 9/23/94
 Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this ~~Report~~ ^{Report} conforms to the rules of the ASME Code, Section XI. ^{repaired} ~~repair or replacement~~ ^{10/29/94}

Type Code Symbol Stamp

NONE

Certificate of Authorization No.

Expiration Date

Signed

Matthew J. Tippitt
 Owner or Owner's Designee, Title

Eng. Assoc.

Date

9/29/94

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 TENNESSEE and employed by HSB IFE CO. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 10/11/94 to 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.

B. E. Smith
 Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

10/11

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 Tennessee Valley Auth. Date 9-23-94 Ref. WBP890020PER
Name
400 W. Summit Hill Dr. Knoxville TN. Sheet 1 of 2
Address
2. Plant Watts Bar Nuclear Plant Unit 1
Name
P.O. Box 2000 Spring City, TN 37381 Workplan No. 8252
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Construction Type Code Symbol Stamp
Name
P.O. Box 2000 Spring City Authorization No. NONE
Address Expiration Date
4. Identification of System 72/Containment Spray
5. (a) Applicable Construction Code AISC 19 73 Edition, June 1973 Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 thru winter 1981 Addition

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1072-72-105-R114</u>			<u>NONE</u>		<u>unknown</u>	<u>Replacement</u>	<u>NID</u>
<u>1072-72-105-R126</u>			<u>NONE</u>		<u>unknown</u>	<u>Replacement</u>	<u>NID</u>
			<u>NONE</u>				

7. Description of Work Pipe Support modification
8. Tests Conducted: ☒ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure NONE psi Test Temp. °F

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

FORM NIS-2 (Back)

9. Remarks

Applicable Manufacturer's Data Reports to be attached

TRACKING # 94-405 of 9/23/94

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. repair or replacement

Type Code Symbol Stamp

NONE

Certificate of Authorization No.

Expiration Date

Signed

Mattie J. Tippell Eng. Assoc

Date

September 29, 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 Tennessee and employed by H&B I & T Co of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 10/11/94 to 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.

Inspector's Signature

Commissions

TN 2534
National Board, State, Province, and Endorsements

Date

10/11/94

19

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 Authority
Name
400 W. Summit Hill Dr, Knoxville, TN
Address

Date 8/12/94

Sheet 1 of 1

2. Plant Watts Bar Nuclear Plant
Name
P.O. Box 2000 Spring City, TN 37381
Address

Unit 1

W/O# 92-03286-00

Repair Organization P.O. No., Job No., etc.

3. Work Performed by Watts Bar Nuclear Plant
Name
P.O. Box 2000 Spring City TN 37381
Address

Type Code Symbol Stamp

Authorization No.

Expiration Date

4. Identification of System RHR (Residual Heat Removal, System # 74)

5. (a) Applicable Construction Code ASME III 19 71 Edition, Summer 1972 Addenda, _____ Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80WBI.

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-RFV-74-505-S	CROSBY	56904-00-0005	N/A	N/A	1975	Replaced	YES

7. Description of Work Replaced Parts

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ NONE REQUIRED
Other ☐ Pressure _____ psi Test Temp. _____ °F RG 8/11/94

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

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-409 20 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 replacement conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp N/A DW 10/24/94

Certificate of Authorization No. N/A DW 10/24/94 Expiration Date N/A DW 10/24/94

Signed D. Watson Date OCT. 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 Florida and employed by Hartford Steam Boiler I. & I. Co. of Hartford, Connecticut 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.

James A. Sewell Commissions FL 296
Inspector's Signature National Board, State, Province, and Endorsements

Date oct 24 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 TENNESSEE VALLEY AUTHORITY Date 9/26/94
Name
400 W. SUMMIT HILL DRIVE, KNOX, TN. Sheet 1 of 1
Address
 2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000, SPRING CITY, TN. WORKPLAN # D-04667-31
Address Repair Organization P.O. No., Job No., etc.
 3. Work Performed by TVA, MODS Type Code Symbol Stamp N/A
Name Authorization No. WMP
WATTS BAR NUCLEAR PLANT Expiration Date 9/26/94
Address
 4. Identification of System SAFETY INJECTION / SYSTEM # 063
 5. (a) Applicable Construction Code AISC 7TH 1973 Edition, N/A 9/26/94 Addenda, N/A 9/26/94 Code Case
 (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

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 # 1063-63-1515-2112	N/A WMP 9/26/94	NONE	NONE	DCA-P04667-33 DCA-P04667-34 DCA-P04667-35 FOLNBF-30825-A		REPLACEMENT	NO

7. Description of Work REMOVE ENTIRE EXISTING SUPPORT CONSISTING OF 2 PSA 10 SNUBBERS, CHANNEL, U-BUT, PLATES, 6" B PIPE, REAR BRACKETS AND ANCHORS. INSTALLED NEW BASEPLATE, ANCHORS, TUBE STEEL, PIPE CLAMP. REINSTALL 1 EXISTING PSA 10 WITH MODIFIED EXTENSION PIECE.
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☒ Pressure 10 psi Test Temp. 70 °F
N/A WMP 9/26/94

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



SEP 26 1994

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-410 wmo 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp N/A wmo 9/26/94
Certificate of Authorization No. N/A wmo 9/26/94 Expiration Date N/A wmo 9/26/94
Signed M. D. Dold, CONST. ENGR. Date 9/26, 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 TN and employed by HSB I & I Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period _____ to _____, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions TN 2537
Inspector's Signature National Board, State, Province, and Endorsements

Date 10-10 1994.

WORK INSTRUCTION D-04667-31

WD # 94-18927-00
PAGE 24 OF 35

FORM NIS-2 (Back)

9. Remarks

Tracking # 94-411 MH 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp

N/A MH 9/27/94

Certificate of Authorization No.

Expiration Date

Signed

Merle Hataway, FE
Owner or Owner's Designee, Title

Date

September 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 H.S.B. I & T Co. of Hartford, CT. have inspected the components described 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.

[Signature]
Inspector's Signature

Commissions

TN 2537
National Board, State, Province, and Endorsements

Date

9-28 19 94

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 TENNESSEE VALLEY AUTHORITY

Name

Date 9-28-94400 W SUMMIT HILL DR KNOXVILLE, TN

Address

Sheet 1 of 12. Plant WATTS BAR NUCLEAR PLANT

Name

Unit 1PO BOX 2000 SPRING CITY, TN

Address

WP D-13988-05

Repair Organization P.O. No., Job No., etc.

3. Work Performed by IVA MODIFICATIONS

Name

Type Code Symbol Stamp

PO BOX 2000 SPRING CITY, TN

Address

Authorization No. N FKGExpiration Date 9-28-944. Identification of System 72 / CONTAINMENT SPRAY

5. (a) Applicable Construction Code AISC 1923 Edition, JUNE 1973 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980 THRU WINTER 1981 ADDITION

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1072-72-JCS-R61		<u>N</u> <u>FKG 9-28-94</u>		<u>DCA-M13988-14</u>	<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>

JUL 28 1994

7. Description of Work MODIFY PIPE SUPPORT

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

N/A FKG 9-28-94

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

WP D-13988-AS

FORM NIS-2 (Back)

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. repair or replacement

Type Code Symbol Stamp

Certificate of Authorization No.

N/A EX6
9-28-94
Expiration Date

Signed Frank Dunsford
Owner or Owner's Designee, Title

FIELD ENGINEER

Date 9/28, 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 TENNESSEE and employed by HSB IPI CO of HARTFORD CONN have inspected the components described 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.

B. Eammal
Inspector's Signature

Commissions TN 2534
National Board, State, Province, and Endorsements

Date 10/10, 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 TENNESSEE VALLEY AUTHORITY Date 9/28/94
Name
400 W. SUMMIT HILL DRIVE KNOXVILLE, TN
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000 SPRING CITY, TN 37381 WP # D-04667-19
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA MODIFICATIONS Type Code Symbol Stamp _____
Name Authorization No. N/EKG
PO BOX 2000 SPRING CITY, TN 37381 Expiration Date 9-28-94
Address
4. Identification of System 63 / SAFETY INJECTION
5. (a) Applicable Construction Code AISC 7th 19 73 Edition, JUNE 1973 Addenda, N/A Code Case ADDENDUM 9-29-94
9-29-94
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981 ADDENDUM 9-29-94
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1063-63- KIS-R131		N A EKG 9-28-94		DCA-P04667 -43	UNKNOWN	REPLACEMENT	NO

7. Description of Work MODIFY PIPE SUPPORT
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure _____ psi Test Temp. _____ °F N/A EKG 9/28/94

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

FORM NIS-2 (Back)

9. Remarks TRACKING NUMBER 94-414

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 Frank Hummel / FIELD ENGINEER

Owner or Owner's Designee, Title

Date 9-28, 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 TENNESSEE and employed by HSB I & C of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 10/5/94 to 10/5/94, 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.

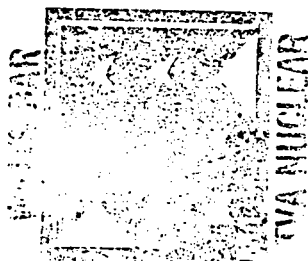
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury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

Inspector's Signature B. Eammell

Commissions

TN2534

National Board, State, Province, and Endorsements

Date 10/5, 19 94

SEP 28 1994

WATTS BAR

MAR 15 1993

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 TENNESSEE VALLEY AUTHORITY
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN.
Address
- Date 9/28/94
- Sheet 1 of 1
2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. Box 2000, SPRING CITY, TN. 37381
Address
- Unit 1
- Repair Organization P.O. No., Job No., etc. WP-D-11561-16
3. Work Performed by TENNESSEE VALLEY AUTHORITY (VBNP)
Name
P.O. Box 2000, SPRING CITY, TN. 37381
Address
- Type Code Symbol Stamp _____
- Authorization No. N/A
- Expiration Date _____
4. Identification of System CVC (62)
5. (a) Applicable Construction Code AISC 7TH 1973 Edition, JUNE 1973 Addenda, N/A JIC Code Case
- (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

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 JIC							

7. Description of Work ADDED WELD TO EXISTING SUPPORT
8. Tests Conducted: ☒ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. _____ °F N/A JIC 9/28/94

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

WP# D-11561-16

1 7 1993

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-415 802 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. repair or replacement

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed John J. Chambers Jr. MECH. FLD. ENG. Date 9/28, 19 94
Owner or Owner's Designer, 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 & CO. of Hartford, CT. have inspected the components described in this Owner's Report during the period 3-17-93 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.

John J. Chambers Jr. Commissions TN 2537
Inspector's Signature National Board, State, Province, and Endorsements

Date 10-15 19 94

PC 29 CONT. 2H
ON PG.

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

1. Owner TENNESSEE VALLEY AUTHORITY
NameDate 9-28-94400 W SUMMIT HILL RD KNOXVILLE, TN
AddressSheet 1 of 12. Plant WATTS BAR NUCLEAR PLANT
NameUnit 1PO BOX 2000, SPRING CITY, TN.
AddressD-13988-09

Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA MODIFICATIONS
Name

Type Code Symbol Stamp

PO BOX 2000, SPRING CITY, TN
AddressAuthorization No. N FKGExpiration Date 9-28-944. Identification of System 72 / CONTAINMENT SPRAY5. (a) Applicable Construction Code AISC 7th 19 23 Edition, JUNE 1973 Addenda, N/A Code Case 10-5-94(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 - THRU WINTER 1981 ADDITION

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1072-72-KCS-R68</u>	<u>_____</u>	<u>N/A FKG 9-28-94</u>	<u>_____</u>	<u>DCA-M13988-17</u>	<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>

7. Description of Work MODIFY PIPE SUPPORT8. Tests Conducted: ☒ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. _____ °F N/A FKG 9-28-94

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

Page 7 cont. on Page 8

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-416

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 _____

Owner or Owner's Designee, Title

FIELD ENGINEER

Date

9/29, 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 TN and employed by HSBTRICO of Hartford, CT. 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.

[Signature]
Inspector's Signature

Commissions

TN 272537
National Board, State, Province, and Endorsements

Date

10-15 1994



D 05601 04

WORKPLAN

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 TENNESSEE VALLEY AUTHORITY Date 9-29-94
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN
Address
2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name
P.O. Box 2000, Spring City, TN 37381
Address Unit 1
WP-D-05601-04
Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA (WBNP) Type Code Symbol Stamp
Name Authorization No. N/A 903 9-29-94
P.O. Box 2000, Spring City, TN 37381 Expiration Date
Address
4. Identification of System CONTAINMENT SPRAY (072)
5. (a) Applicable Construction Code AISC 7th 19 73 Edition, JUNE, 1973 Addenda, N/A 903 9-29-94 Code Case
 (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

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>PIPE SUPPORT</u>	<u>TVA</u>	<u>NONE</u>	<u>NONE</u>	<u>72-ICS-R3</u>	<u>UNK</u>	<u>REPLACEMENT</u>	<u>NO</u>
<u>1072-72-ICS-R3</u>							
		<u>N 903 9-29-94</u>					
		<u>A</u>					

7. Description of Work MODIFIED EXISTING PIPE SUPPORT

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure _____ psi Test Temp _____ °F N 903 9-29-94
A

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

D 05601 04

WOREPLAN

Page 8 cont. on Page 9

FORM NIS-2 (Back)

9. Remarks NIS-2 TRACKING NUMBER: 94-417 QDS 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp NONECertificate of Authorization No. NONEExpiration Date NONE

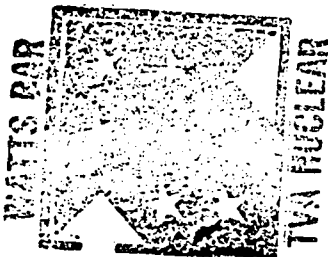
Signed John W. Sampson, MECH. FIELD ENGR. Date 9-29-94, 19 94
Owner or Owner's Designee, Title QDS 9-30-94

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 H&B I & I CO. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 10/5/94 to 10/5/94, 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.

B. Earnest Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 10/5, 19 94

MAY 13 1994

WORK INSTRUCTION

D-21328-07

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

1. Owner TENNESSEE VALLEY AUTHORITY
Name

Date 9-30-94

400 W. SUMMIT HILL DR. KNOXVILLE, TN.
Address

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name

Unit 1

P.O. BOX 2000 SPRING CITY, TN. 37771
Address

WORKPLAN D-21328-07
Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA, MODS
Name

Type Code Symbol Stamp N/

WATTS BAR NUCLEAR PLANT
Address

Authorization No. KK 9-30-94

Expiration Date 1A

4. Identification of System CHEMICAL VOLUME CONTROL SYSTEM / SYS # 062

5. (a) Applicable Construction Code AISC 7TH 19 73 Edition, N/A ^{KK} 9-30-94 Addenda, N/A ^{KK} 9-30-94 Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU 1961 WINTER ADDENDA

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT #	KK						
1062-62-1CVL-R72	N/A 9-30-94	NONE	NONE	DCA M-2132B-122 DCA M-2132B-123 F-30615-A	UNKNOWN	REPLACEMENT	No
PIPE SUPPORT #	KK						
1062-62-1CVL-R73	N/A 9-30-94	NONE	NONE	DCA M-2132B-124 DCA M-2132B-125 F-30615-A KK 9-30-94	UNKNOWN	REPLACEMENT	No
N/A KK 9-30-94							

7. Description of Work MODIFIED SUPPORTS PER DCA'S M-2132B-122, 123, 124, 125 AND F-30615-A

8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure ☒ psi Test Temp. ☐ °F
N/A KK 9-30-94

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

D-21328-07

Page 7 cont. on Page 8

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-418 KK 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp N/A KK 9-30-94

Certificate of Authorization No. N/A KK 9-30-94 Expiration Date N/A KK 9-30-94

Signed [Signature] CONST. ENG'R Date 9/30, 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 HSB I. & I. Co. of Hartford, CT. have inspected the components described 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.

[Signature] Commissions TN 2537
Inspector's Signature National Board, State, Province, and Endorsements

Date 11-2- 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 TENNESSEE VALLEY AUTHORITY Date 10-4-94
Name
400 W. SUMMIT HILL DR. KNOXVILLE, TN.
Address
 2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name
P.O. BOX 2000, SPRING CITY, TN. 37381
Address
 3. Work Performed by TVA Unit 1
Name
WATTS BAR NUCLEAR PLANT
Address
 4. Identification of System MAIN & AUXILIARY FEEDWATER - 003
 5. (a) Applicable Construction Code AISC 19 73 Edition, 7TH SEVENTH Addenda, NA Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU 1981. WITH 1981
WINTER ADDENDA.
 6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1003A-1-03A-548	NA ^{mm} 10/4/94	NONE	NONE	NA ^{mm} 10/4/94	UNK KNOWN	REPAIR ^{mm} 10/4/94	NO

7. Description of Work WELDED CAP ON VERTICAL SUPPORT
NA ^{mm} 10/4/94
 8. 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 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

WO# 94-18912-01
PAGE 17B OF

FORM NIS-2 (Back)

9. Remarks Tracking # 94-419 MN 10/14/94

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 REPAIR conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp NA MN 10/14/94

Certificate of Authorization No. _____ Expiration Date _____

Signed Merle Hartaway, FE Date October 4, 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 TENNESSEE and employed by HER IFF CO of HARTFORD CONN have inspected the components 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.

B. E. Egan Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 10/10 19 94

D-20761-71

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 TENNESSEE VALLEY AUTHORITY Date 10-4-94
Name
400 W. SUMMIT HILL DR., KNOXVILLE, TN
Address
2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name
PO Box 2000, SPRINGCITY, TN 37381 Unit 1
Address
WPA# D-20761-71
Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA MODIFICATIONS. Type Code Symbol Stamp
Name
WATTS BAR NUCLEAR PLANT Authorization No. N/A BS 10/4/94
Address
Expiration Date
4. Identification of System SAFETY INJECTION / SYSTEM 63
5. (a) Applicable Construction Code AISC 19 73 Edition, 7TH Addenda, N/A BS 10/4/94 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU 1981 W/1981 WINTER ADDENDA
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1063-A435-3-5	NOT KNOWN	N/A	NONE	NONE	NOT KNOWN	REPLACEMENT	No
9							
		N/A					
		BS 10/4/94					

7. Description of Work MODIFY SUPPORT PER DCA'S.
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure N/A psi Test Temp. BS 10/4/94 °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.

17-1A702-0

D-20761-7

Page 8 cont. on Page 9

FORM NIS-2 (Back)

9. Remarks TRACKING NO: 94-420 138 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 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 _____

Owner or Owner's Designee, Title

BSMGA (FIELD ENGINEER)

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 IN and employed by HSEI & I Co. of Hartford, CT. 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.

Inspector's Signature

Commissions _____

National Board, State, Province, and Endorsements

Date _____

10-20

19 94



APR 25 1994

WORK INSTRUCTION

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 AUTHORITY
Name

Date 10-4-94

400 W. SUMMIT HILL DRIVE KNOX, TN.
Address

Sheet 1 of 1

2. Plant WBNP
Name

Unit 1

PO BOX 2000 SPRING CITY, TN, 37381
Address

WIP # D-04626-02

Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA MODS
Name

Type Code Symbol Stamp

WBNP
Address

Authorization No. N/A AND 10/4/94

Expiration Date

4. Identification of System 062/ CHEMICAL AND VOLUME CONTROL

5. (a) Applicable Construction Code AISC 7TH 19 73 Edition, N/A AND 10/4/94 Addenda, N/A AND 10/4/94 Code Case
(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

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)
1062-62-1CVC-R49	NONE	NONE	NONE	DCA. P04626-07	UNKNOWN	REPLACEMENT	NO
N/A AND 10-4-94							

7. Description of Work ADDED NEW STRUT, PIPE SUPPORT # 1062-62-1CVC-R49.

WANTS BAR

8. Tests Conducted: N/A AND 10/4/94
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 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

Page 7 of 8

04626 02

WORK INSTRUCTION

FORM NIS-2 (Back)

TRACKING #

9. Remarks

99-421 88 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 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

Owner or 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 IN and employed by HSBI & I Co. of Hartford, CT. have inspected the components described 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 employer shall be 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

11-10 19 94

WP D-04522-02Page 5A cont. on Page 5BFORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner TENNESSEE VALLEY AUTHORITY
Name
400 W. SUMMIT HILL DR, KNOXVILLE, TN
Address
2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000, SPRING CITY, TN
Address
3. Work Performed by TVA - MODIFICATIONS
Name
WBNP
Address
- Date 10-5-94
- Sheet 1 of 1
- Unit 1
- D-04522-02
Repair Organization P.O. No., Job No., etc.
- Type Code Symbol Stamp _____
- Authorization No. N/A AC 10-5-94
- Expiration Date _____
4. Identification of System SYS.003 / MAIN + AUX FEEDWATER
5. (a) Applicable Construction Code AISC 19 73 Edition, 7th Addenda, NONE Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 W/ADDENDA THROUGH WINTER 1981.

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1003A-1-03A-526</u>	<u>TVA</u>	<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	<u>UNK</u>	<u>REPLACEMENT</u>	<u>NO</u>
<u>1003A-1-03A-527</u>							
<u>1003A-1-03A-528</u>							
<u>1003A-1-03A-531</u>	<u>↓</u>	<u>↓</u>	<u>↓</u>	<u>↓</u>	<u>↓</u>	<u>↓</u>	<u>↓</u>
			<u>N/A AC</u> <u>10-5-94</u>				

7. Description of Work MODIFIED SUPPORTS.8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐ N/A
Other ☐ Pressure _____ psi Test Temp. _____ °F AC 10-5-94

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

(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

D-04522-02
WP ~~D-04550-2~~ 10/10/94

5B 91W 6
cont. on Page 6

FORM NIS-2 (Back)

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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp _____

Certificate of Authorization No. N/A AC 10-5-94 Expiration Date _____

Signed Anthony C. Cisterna, FIELD ENGINEER Date Oct. 15, 19 94
Owner or Owner's 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 TN and employed by HSB I & I Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 2-15-93 to 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.

[Signature] Commissions TN 2537
Inspector's Signature National Board, State, Province, and Endorsements

Date _____ 19 _____



TVA NUCLEAR

APR 17 1993

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 Authority Date 9/9/94
Name
400 W. Summit Hill Dr. Knoxville, TN
Address
2. Plant Watts Bar Nuclear Plant Sheet 1 of 1
Name
P.O. Box 2000, Spring City, TN 37261 Unit 1
Address W/094-08718-00
Repair Organization P.O. No., Job No., etc.
3. Work Performed by Watts Bar Nuclear Plant Type Code Symbol Stamp N/A DW 10/6/94
Name Authorization No. N/A DW 10/6/94
P.O. Box 2000, Spring City, TN 37381 Expiration Date N/A DW 10/6/94
Address
4. Identification of System RESIDUAL Heat Removal (RHR) 74
5. (a) Applicable Construction Code ASME III 19 71 Edition, Summer 72 Addenda, NONE
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 (THRU WINTER 1981) Code Case

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-PMP-74-10-A	Ingersoll-Rand	067470	7428 DW 4/4/94	NONE	1971 S/UNA 9-22-94 D.W.	Replacement	YES

7. Description of Work Replaced Unqualified Seal Assembly AND STUFFING BOX EXTENSION 9-22-94 D.W.
8. 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 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

N/A DW 10/6/94

940871800

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 Stamp N/A DW 10/6/94

Certificate of Authorization No. N/A DW 10/6/94 Expiration Date N/A DW 10/6/94

Signed D. Watson Date Oct. 06, 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 IN and employed by HSB I & I Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 9-9-94 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.

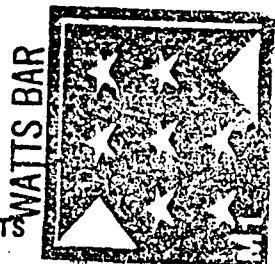
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury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

[Signature]
Inspector's Signature

Commissions TN 2537
National Board, State, Province, and Endorsements

Date 10-6, 19 94

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



OCT 0 6 1994

1. Owner TENNESSEE VALLEY AUTHORITY
Name

Date 10-6-94

400 W. SUMMIT HILL DR, KNOXVILLE, TN
Address

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name

Unit 1

P.O. BOX 2000, SPRING CITY, TN
Address

D-04522-01
Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA, MODIFICATIONS
Name

Type Code Symbol Stamp

WBNP
Address

Authorization No. N/A AC 10-6-94

Expiration Date

4. Identification of System SYS. 003 / MAIN + AUX FEEDWATER

5. (a) Applicable Construction Code AISC 19 73 Edition, 7th Addenda, NONE Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 W/ADDENDA THROUGH WINTER 1981.

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1003A-1-03A-522	TVA	NONE	NONE	NONE	UNK	REPLACEMENT	NO
1003A-1-03A-523	↓	↓	↓	↓	↓	↓	↓
1003A-1-03A-524	↓	↓	↓	↓	↓	↓	↓
				N/A	AC 10-6-94		

7. Description of Work MODIFIED PIPE SUPPORTS.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ N/A
Other ☐ Pressure _____ psi Test Temp. _____ °F AC 10-6-94

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

(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

D 04522 01

Page 6 cont on Page 7

FORM NIS-2 (Back)

9. Remarks TRACK NO: 94-424 AC 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 Stamp _____

Certificate of Authorization No. NIA AC 10-6-94

Expiration Date _____

Signed _____

Owner or Owner's Designee, Title

Anthony Cutrona, FIELD ENGINEER

Date

Oct. 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 IN and employed by HSBI&I Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 5-19-93 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.

[Signature]
Inspector's Signature

Commissions

TN 2537
National Board, State, Province, and Endorsements

Date

10-19

19 94.



D 04522 01

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 AUTHORITY Date 10/7/99
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN
Address
Sheet 1 of 1
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000 SPRING CITY, TN
Address
W/O # 94-08807-00
Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA - MODIFICATIONS Type Code Symbol Stamp
Name
WATTS BAR NUCLEAR PLANT
Address
Authorization No. N/A PM 10/7/94
Expiration Date
4. Identification of System VENTILATION
5. (a) Applicable Construction Code AISC 19 73 Edition, 7th Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 EDITION THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-30-A915-3-60	TVA	NONE	NONE	1-30-A915-3-60	1994	REPLACEMENT	NO
<div style="position: relative; height: 100px;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; background: linear-gradient(to top right, transparent 49%, black 49%, black 51%, transparent 51%);"></div> </div>							
			N/A				
			PM 10/7/94				

7. Description of Work MODIFIED SUPPORT 1-30-A915-3-60
8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. _____ °F PM 10/7/94

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

Wb # 94-08807-00
PAGE 16 OF 54

FORM NIS-2 (Back)

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 REPLACEMENT 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 _____

Signed Patrick M. Mulvaney FIELD ENGINEER Date 10/7, 19 94
Owner or Owner's Designee, Title

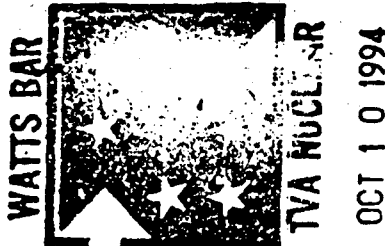
CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of IN and employed by HSB T & I Co. of Hartford, CT. have inspected the components described 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 Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions TN 2537
Inspector's Signature National Board, State, Province, and Endorsements

Date 10-14 1994



Page 7 cont. on Page 8
D-16469-13

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 AUTHORITY Date 10-10-94
Name

400 W. SUMMIT HILL DR., KNOXVILLE, TN Sheet 1 of 1
Address

2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name

P.O. Box 2000 SPRING CITY TN 37381 W.P. D-16469-13
Address Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA, MECH MODIFICATIONS Type Code Symbol Stamp
Name

WATTS BAR NUCLEAR PLANT Authorization No. N/A
Address Expiration Date FEB 10-10-94

4. Identification of System WASTE DISPOSAL / SYS. 77

5. (a) Applicable Construction Code AISC, 7th 19 73 Edition, N/A FEB 10-10-94 Addenda, N/A FEB 10-10-94 Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 EDITION THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT	N/A FEB 10-10-94	NONE	NONE	1077-A482-1-21	UNKNOWN	REPLACEMENT	NO

7. Description of Work DELETED WASHERS FROM SUPPORT

8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure ☒ Test Temp. FEB 10-10-94 °F

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

D-16469-13

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-426 JRL 10-10-94
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 MA JRL 10-10-94

Certificate of Authorization No. MA JRL 10-10-94 Expiration Date MA JRL 10-10-94

Signed J. E. Davis Date NOV 10, 19 94
Owner or Owner's Designee, Title

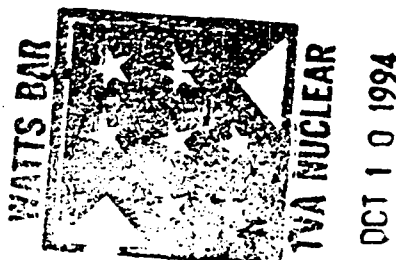
CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of IN and employed by HSB I & T Co. of Hartford, CT. have inspected the components 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.

J. E. Davis Commissions IN 2537
Inspector's Signature National Board, State, Province, and Endorsements

Date 10-12 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 TENNESSEE VALLEY Authority Date 10-11-94
Name
400 W. Summit Hill Drive, Knoxville, TN
Address
2. Plant Watts Bar Nuclear Plant Unit 1
Name
P.O. Box 2000, Spring City, TN 37381
Address 4-4-12-94
WP # D-21328-68 Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA MODIFICATIONS Type Code Symbol Stamp
Name
P.O. Box 2000, Spring City, TN 37381
Address
Authorization No. N/A FKG 10-11-94
Expiration Date
4. Identification of System 62 / CVCS
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE, 1973 Addenda, N/A Code Case
(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

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)
1062-62-1CVC-R21		N FKG 10-11-94 A		DCN F-30514-A	UNKNOWN	REPLACEMENT	NO

7. Description of Work MODIFIED PIPE SUPPORT.
8. Tests Conducted: ☒ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure ☐ psi Test Temp. N/A FKG 10-11-94

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

D 21328 68
WORKPLAN

Page 8 cont. on Page 9

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 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

Frank Hunenfeldt
Owner or Owner's Designee, Title

FIELD ENGINEER

Date

10-17-94

, 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 IN and employed by HSBI & I Co. of Hartford, CT. 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.

[Signature]
Inspector's Signature

Commissions

TN. 2537
National Board, State, Province, and Endorsements

Date

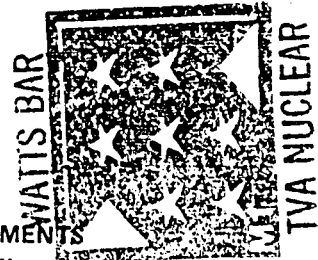
10-17

1994



APR 14 1994

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



OCT 11 1994

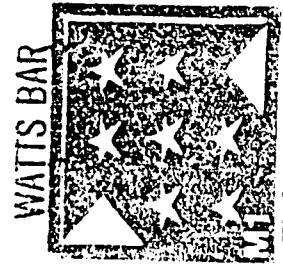
1. Owner TENNESSEE VALLEY AUTHORITY Date 10.11.94
Name
400 W. SUMMIT HILL DR KNOXVILLE, TN
Address
2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name
P.O. BOX 2000, SPRING CITY, TN
Address Unit 01
D-04527-02
Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA - MODIFICATIONS Type Code Symbol Stamp
Name Authorization No. N/A AC
WBNP Expiration Date 10.11.94
Address
4. Identification of System SYS. 003/ AUX + MAIN FEEDWATER
5. (a) Applicable Construction Code ATSC 19 13 Edition, 7th Addenda, NONE Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 W/ADDENDA THROUGH WINTER 1981.

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1003A-1-03A-327	TVA	NONE	NONE	NONE	UNK	REPLACEMENT	NO
<div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%);"> N/A AC 10.11.94 </div>							

7. Description of Work MODIFIED SUPPORT.
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ N/A
 Other ☐ Pressure _____ psi Test Temp. _____ °F AC 10.11.94

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



OCT 11 1994

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. repair or replacement

Type Code Symbol Stamp _____

Certificate of Authorization No. _____

N/A AC 10-11-94

Expiration Date _____

Signed _____

Anthony Pichana, FIELD ENGINEER

Date _____

Oct. 11

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 of Province of TN and employed by HSBIRICO of Hartford, CT have inspected the components described 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 shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature]
Inspector's Signature

Commissions _____

TN 2537
National Board, State, Province, and Endorsements

Date _____

11-5

19 94

D 04527 02

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

1. Owner TENNESSEE VALEY AUTHORITY Date 10 — 11 — 94
Name
400 W SUMMIT HILL DR., KNOXVILLE, TN. Sheet 1 of 2
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1 (ONE)
Name
PO. BOX 2000, SPRING CITY, TN 37771 ^{37381 MN} WO. 94 — 17738 — 00
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA — MODIFICATIONS Type Code Symbol Stamp
Name
WATTS BAR NUCLEAR PLANT Authorization No.
Address Expiration Date N/A JN 10-11-94
4. Identification of System CHEMICAL AND VOLUME CONTROL, SYS 062
5. (a) Applicable Construction Code AISC 19 73 Edition, SEVENTH Addenda, N/A JN 10-11-94 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU 1981 W/1981 WINTER ADDENDA
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SUPPORT 1-62A-085	UNKNOWN	UNKNOWN	UNKNOWN	NONE	UNKNOWN	REPL.	NO
SUPPORT 1-62A-50	UNKNOWN	UNKNOWN	UNKNOWN	NONE	UNKNOWN	REPL.	NO
				N/A JN 10-11-94			

7. Description of Work ADDED SHIM TO SATISFY GAP CRITERIA
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. _____ °F
N/A JN 10-11-94

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)

9. Remarks

TRACKING No 94 — 430^{on} 10/12/94

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp

N/A JN 10-11-94

Certificate of Authorization No.

Expiration Date

Signed

Samyanta Niyon
Owner or Owner's Designee, Title

(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 TN and employed by HSBI & I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 8-24-94 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 damage or a loss of any kind arising from or connected with this inspection.

Samyanta Niyon
Inspector's Signature

Commissions

TN 2537
National Board, State, Province, and Endorsements

Date

10-13 1994

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

1. Owner TVA Name _____ Date 10/12/94
400 W. SUMMIT HILL DR KNOXVILLE, TN Address _____ Sheet 1 of 1
 2. Plant WATTS BAR NUCLEAR PLANT Name _____ Unit 1
PO BOX 2000, SPRING CITY, TN Address _____ NO 94-20464-00
 Repair Organization P.O. No., Job No., etc.
 3. Work Performed by TVA Name _____ Type Code Symbol Stamp _____
PO BOX 2000, SPRING CITY TN Address _____ Authorization No. _____
 Expiration Date N/A 10/12/94
 4. Identification of System 062 / CHEMICAL & VOLUMIN CONTROL
 5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A 10/12/94 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1062-62-1CVC-R163</u>		<u>N/A 10/12/94</u>		<u>N/A 10/12/94</u>	<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>

MODIFIED

7. Description of Work MODIFY SUPPORT
10/18/94
 8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure _____ psi Test Temp. _____ °F
N/A 10/12/94

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

FORM NIS-2 (Back)

9. Remarks

TRACKING # 94-432A ^{8g} 10/20/94

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. _{repair or replacement}

Type Code Symbol Stamp

Certificate of Authorization No.

Expiration Date

Signed

Jerry L. Dwyer
Owner or Owner's Designee, Title

R.E.

Date

OCT 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 TN and employed by HSB. T & T CO. of Hartford, CT. have inspected the components described in this Owner's Report during the period 9-28-94 to 10-18-94, 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.

[Signature]
Inspector's Signature

Commissions

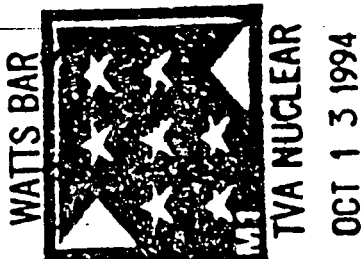
TN 2537
National Board, State, Province, and Endorsements

Date

10-18 19 94

W094-20464-00

Page 14 of 15



WORKPLAN D-20758-10
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*

1. Owner TENNESSEE VALLEY AUTHORITY Date 10-13-94
Name 400 W. SUMMIT HILL DR KNOXVILLE TN Sheet 1 of 1
Address P.O. Box 2000 SPRING CITY TN 37771
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name P.O. Box 2000 SPRING CITY TN 37771 Repair Organization P.O. No., Job No., etc. WORKPLAN D-20758-10
Address P.O. Box 2000 SPRING CITY TN 37771
3. Work Performed by TVA MODIFICATIONS Type Code Symbol Stamp N/
Name P.O. Box 2000 SPRING CITY TN 37771 Authorization No. KIC 10-13-94
Address P.O. Box 2000 SPRING CITY TN 37771 Expiration Date 1A
4. Identification of System 03B AUXILIARY FEEDWATER
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 73 Addenda, N/A 10-13-94 Code Case KK
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 WINTER 1981 ADDENDA

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT 10033-03B- IAFW-R113	N/ KK A 10-13-94	N/ KK A 10-13-94	N/ KK A 10-13-94	DCA M-20758-76 2 F.30055-A 76	N/ KK A 10-13-94	REPLACEMENT	NO
<div></div>							

7. Description of Work REMOVE U-BOLT AND INSTALL PIPE CLAMP
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure psi Test Temp. °F N/A KK 10-13-94

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



OCT 13 1994

Workplan D-20758-10

Page 76 ^{KIK 10-13-94} cont. on Page 8

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-432 B

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}

* 10-14-94

Type Code Symbol Stamp

N/A*

Certificate of Authorization No.

N/A*

Expiration Date

N/A*

Signed

Keith Kelley
Owner or Owner's Designee, Title

FIELD ENG'R

Date 10-13

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 I & I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 10-7-93 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 employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

SRB Co. 507
Inspector's Signature

Commissions

TN 2537
National Board, State, Province, and Endorsements

Date 11-10 1994

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 AUTHORITY Date 10/13/94
Name
400 W. SUMMIT HILL DR KNOXVILLE TN
Address
 Sheet 1 of 1
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000, SPRING CITY, TN
Address
W094-18933-00
Repair Organization P.O. No., Job No., etc.
3. Work Performed by TENNESSEE VALLEY AUTHORITY
Name
P.O. BOX 2000, SPRING CITY, TN
Address
 Type Code Symbol Stamp
 Authorization No. N/A
 Expiration Date 10/13/94
4. Identification of System CHEMICAL & VOLUME CONTROL 1062
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1062-62-KUC-RI47				<u>N/A</u>	<u>10/13/94</u>	<u>UNKNOWN</u>	<u>REPLACEMENT NO</u>
				<u>N/A</u>	<u>10/13/94</u>		

MODIFIED

7. Description of Work MODIFY SUPPORT
10/19/94
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure N/A psi Test Temp. 10/13/94 °F

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

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-434 - 10/14/94

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this 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

Jeffrey Y. Smith
Owner or Owner's Designee, Title

R.E.

Date

Oct 13

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 I & T Co. of Hartford, Ct. have inspected the components described in this Owner's Report during the period 9-7-94 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.

Shirley J. Smith
Inspector's Signature

Commissions

TN 2537

National Board, State, Province, and Endorsements

Date

10-20

19

94

W1094-18933-01

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 TENNESSEE VALLEY AUTHORITY Date 10/17/94
Name
400 W. SUMMIT HILL DR., KNOXVILLE, TN. Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
PO BOX 2000, SPRING CITY, TN. 37771 W1094-18933-01
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by WATTS BAR NUCLEAR PLANT Type Code Symbol Stamp _____
Name Authorization No. _____
PO BOX 2000, SPRING CITY, TN. 37771 Expiration Date 10/17/94
Address
4. Identification of System CVCS (062)
5. (a) Applicable Construction Code AISC 7th 19 73 Edition, JUNE 1973 Addenda, NONE Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980 EDITION THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
CHARGING PUMP 1A-A	PACIFIC PUMPS	48590	13	1-PMP-62-108-A	1974	REPLACEMENT 9-7-94 REPAIR	YES
N/A 10/17/94							

7. Description of Work ~~REMOVED~~ INSTALLED
REMOVE EXISTING PATCH PLATES. INSTALL NEW PATCH PLATES PER DCN W-32406
9/7/94 9/7/94
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ ASME 9-7-94
 Other ☐ Pressure _____ psi Test Temp. _____ °F

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

W094-18933-01
Page 25 of 118

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-435 + 10/17/94

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. repair or replacement

Type Code Symbol Stamp _____

Certificate of Authorization No. _____

Expiration Date N/A 10/17/94

Signed [Signature]

Owner or Owner's Designee, Title

R.E.

Date Oct 17th, 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 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.

[Signature]
Inspector's Signature

Commissions FL-296

National Board, State, Province, and Endorsements

Date Oct 26, 19 94

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 TENNESSEE VALLEY AUTHORITY
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN.
Address

Date 10/19/94
Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000, SPRING CITY, TN. 37381
Address

Unit 1
WORKPLAN # D-04667-24
Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA, MODS
Name
WATTS BAR NUCLEAR PLANT
Address

Type Code Symbol Stamp N/
Authorization No. WMS
Expiration Date 10/19/94

4. Identification of System SAFETY INJECTION, SYSTEM # 063

5. (a) Applicable Construction Code AISC 7TH 19 73 Edition, N/A WMS Addenda, N/A WMS Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981 ADDENDUM

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>PIPE SUPPORT 1063-63-1515-R114</u>	<u>N/A WMS</u> <u>10/19/94</u>	<u>NONE</u>	<u>NONE</u>	<u>DCA-P04667-36</u> <u>DCA-P04667-37</u> <u>DCA-P04667-38</u> <u>FDCA# F-30468-A</u>	<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>
<u>N/A WMS 10/19/94</u>							

7. Description of Work MODIFY SUPPORT BY REMOVING EXISTING BASEPLATE, ANCHORS, (2) SNUBBERS, REAR BRACKETS, U-BOLT, CHAINNELS, PIPE STANCHION AND PLATES. INSTALL NEW BASEPLATE, ANCHORS, REAR BRACKET, SNUBBER AND PIPE CLAMP.

8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐
N/A WMS
10/19/94
Other ☐ Pressure ☐ psi Test Temp. ☐ °F

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

Form 8

D-04667-24

FORM NIS-2 (Back)

9. Remarks

TRACKING # 94-436 wms 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp

N/A wms 10/19/94

Certificate of Authorization No.

N/A wms 10/19/94

Expiration Date

N/A wms 10/19/94

Signed

Mike Dadd, CONST. ENGR.

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

Jama A. Sowell

Inspector's Signature

Commissions

FL-296

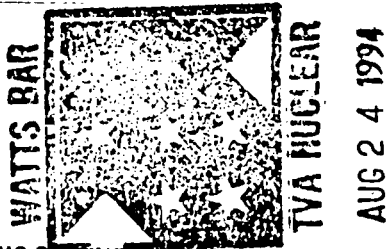
National Board, State, Province, and Endorsements

Date

Oct 28 1994

TVA NUCLEAR

AUG 25 1994

Page 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 XI1. Owner TENNESSEE VALLEY AUTHORITY
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN.
AddressDate 10/19/94Sheet 1 of 12. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000, SPRING CITY, TN. 37381
AddressUnit 1WORKPLAN # D-04667-30
Repair Organization P.O. No., Job No., etc.3. Work Performed by TVA, MODS
Name
WATTS BAR NUCLEAR PLANT
AddressType Code Symbol Stamp N/AAuthorization No. 1A WNDExpiration Date 1A 10/19/944. Identification of System SAFETY INJECTION, SYSTEM #0635. (a) Applicable Construction Code AISC 7TH 19 73 Edition, N/A WND Addenda N/A WND Code Case(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981 ADDENDUM A

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>PIPE SUPPORT 1063-63-1515-R109</u>	<u>N/A WND</u>	<u>NONE</u>	<u>NONE</u>	<u>DCA-P04667-30</u> <u>DCA-P04667-31</u> <u>EDU-F-30810-UNKNOWN</u>		<u>REPLACEMENT</u>	<u>NO</u>
<u>N/A WND</u> <u>10/19/94</u>							

7. Description of Work MODIFY SUPPORT BY REMOVING EXISTING BASEPLATES, ANCHORS, (2) SNUGGERS, REAR BRACKETS, U-BOLT, CHANNELS, PIPE STANCHION AND PLATES. INSTALL NEW T.S., BASEPLATES, ANCHORS, SNUGGER AND PIPE CLAMP AND REAR BRACKETS.8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
N Other ☐ Pressure psi Test Temp. °F

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



TVA NUCLEAR

AUG 24 1994

Page 8 cont. on Page 9

D-04667-30

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-437 wmo 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp

N/A wmo 10/19/94

Certificate of Authorization No.

N/A wmo 10/19/94

Expiration Date

N/A wmo 10/19/94

Signed

Owner or Owner's Designee, Title

M. L. O. J. d. l. CONST. EXGR. 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 TN and employed by HSB T & I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 1-28-92 to 11-1-94, 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 2537
National Board, State, Province, and Endorsements

Date 11-1 1994

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 AUTHORITY
Name
400 W. SUMMIT HILL DR. KNOXVILLE, TN.
Address
2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000, SPRING CITY, TN. 37381
Address
3. Work Performed by TVA
Name
WATTS BAR NUCLEAR PLANT
Address
4. Identification of System SAFETY INJECTION - 063
5. (a) Applicable Construction Code AISC 19 73 Edition, SEVENTH (7th) Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 EDITION W/ADDENDA THRU WINTER 1981
6. Identification of Components Repaired or Replaced and Replacement Components

Date OCTOBER 19, 1994
Sheet 1 of 1
Unit 1
Repair Organization P.O. No., Job No., etc. W/O # 94-21289-00
Type Code Symbol Stamp N/A
Authorization No. N/A
Expiration Date 10/19/94

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>47A435-8-36-1A</u>	<u>N/A</u>	<u>mm 10/19/94</u>		<u>UNKNOWN</u>		<u>REPAIRED</u>	<u>N/D</u>

7. Description of Work REPAIRED BASE METAL
8. 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 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

Wb # 94-21289-00
PAGE 11 OF 20

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-438 MN 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. repair or replacement

Type Code Symbol Stamp

N/A MN 10/19/94

Certificate of Authorization No.

Expiration Date

Signed

Merle Hataway, FE
Owner or Owner's Designee, Title

Date

October 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 Florida and employed by Hartford Steam Boiler I. & I. Co. of Hartford, Connecticut 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.

James A. Sowell
Inspector's Signature

Commissions

FL 296

National Board, State, Province, and Endorsements

Date

Oct 24, 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 TVA
Name
400 W. SUMMIT HILL DR. KNOXVILLE, TN
Address

Date 10-19-94

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000, SPRING CITY, TN
Address

Unit 1

WP# D-04667-34
Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA
Name
P.O. BOX 2000, SPRING CITY, TN
Address

Type Code Symbol Stamp

Authorization No. N

Expiration Date A CON 10-19-94

4. Identification of System SYS 063 / SAFETY

5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A Code Case

(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

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-ISIS-R221		N	A CON 10-19-94		UNKNOWN	REPLACEMENT	NO
		N	A CON 10-19-94				

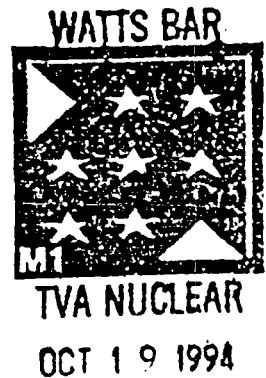
7. Description of Work MODIFY SUPPORT PER RCN P-04667-B

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
Other ☐ Pressure N psi Test Temp. A CON 10-19-94 °F

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

WORK INSTRUCTION D-04667-34

Page 8 cont. on Page 9



FORM NIS-2 (Back)

9. Remarks TRACKING #4439

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 CON 10-A-94

Certificate of Authorization No. N/A Expiration Date 10-19-94

Signed Charles Reuter 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 Boiler and Pressure Vessel Inspectors and the State or Province of Florida and employed by Hartford Steam Boiler T. & I. Co. of Hartford, Connecticut 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 neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be 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. Sawell Commissions FL-296
Inspector's Signature National Board, State, Province, and Endorsements

Date Oct 28, 19 94

D 21328 34
WORKPLAN

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 AUTHORITY
 Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN.
 Address
2. Plant WATTS BAR NUCLEAR PLANT
 Name
PO BOX 2000, SPRING CITY, TN 37381
 Address
3. Work Performed by TVA (WBNP)
 Name
PO BOX 2000, SPRING CITY, TN 37381
 Address
4. Identification of System R.H.R. (074)
5. (a) Applicable Construction Code AISC 7TH 19 73 Edition, JUNE 1973 Addenda, N/A 908 10/19/94 Code Case
 (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

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>PIPE SUPPORT</u> <u>1074-74-1RHR-R130</u>	<u>TVA</u>	<u>NONE</u>	<u>NONE</u>	<u>74-1RHR-R130</u>	<u>UNK.</u>	<u>REPLACEMENT</u>	<u>NO</u>
		<u>N 808</u> <u>A</u>	<u>10-19-94</u>				

7. Description of Work MODIFIED EXISTING PIPE SUPPORT

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure _____ psi Test Temp. _____ °F
N 908 10-19-94
A

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 34
WORKPLAN

48 028112 11

FORM NIS-2 (Back)

9. Remarks NIS-2 TRACKING NUMBER: 94-440 908 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 REPLACEMENT 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 John D. Simpson, MECH. FIELD ENGR. Date 7 10-19, 19 94
Owner or Owner's Designee, Title

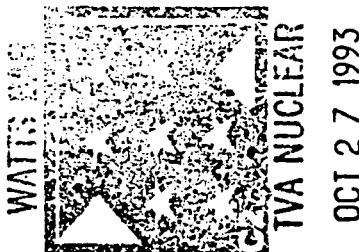
CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of 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 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.

James A. Sowell Commissions FL-296
Inspector's Signature National Board, State, Province, and Endorsements

Date oct 26 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 TENNESSEE VALLEY AUTHORITY
Name

Date 10-19-94

400 N. Summit Hill Dr. Knoxville, TN
Address

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name

Unit 1

P.O. Box 2000, Spring City, TN 37381
Address

WP # D-05709-13

Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA (WBNP)
Name

Type Code Symbol Stamp

P.O. Box 2000, Spring City, TN 37381
Address

Authorization No. N/A 903 10-19-94

Expiration Date

4. Identification of System R.H.R. (074)

5. (a) Applicable Construction Code AISC 7th 19 73 Edition, JUNE 1973 Addenda, N/A 903 10-19-94 Code Case
(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

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>PIPE SUPPORT</u> <u>1074-74-1RHR-R5</u>	<u>TVA</u>	<u>NONE</u>	<u>NONE</u>	<u>74-1RHR-R5</u>	<u>UNK</u>	<u>REPLACEMENT</u>	<u>NO</u>
		<u>N/A 903 10-19-94</u> <u>A</u>					

7. Description of Work MODIFIED EXISTING PIPE SUPPORT

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

N/A 903 10-19-94

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.

WORKPLAN D-05709-13

Page 7 cont. on Page 8

FORM NIS-2 (Back)

9. Remarks NIS-2 TRACKING NUMBER: 94-441 Q08 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 REPLACEMENT 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 John D. Simpson, MECH. FIELD ENGR. 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 Boiler and Pressure Vessel Inspectors and the State or Province of TN and employed by HSB I & T Co. of

_____ have inspected the components described in this Owner's Report during the period 9-29-93 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 [Signature] Commissions TN 2537
National Board, State, Province, and Endorsements

Date 11-2 1994.

THE CLEAR

OCT 08 1993

D 04667 23 WORKPLAN

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 TENNESSEE VALLEY Authority
Name
400 W. Summit Hill Drive, Knoxville, TN
Address

Date 10-19-94

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. Box 2000, Spring City, TN 37381
Address

Unit 1

D-04667-23
Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA MODS
Name
P.O. Box 2000, Spring City, TN.
Address

Type Code Symbol Stamp
Authorization No. N/A 9/10/19/94
Expiration Date

4. Identification of System 074 RESIDUAL HEAT REMOVAL.

5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A 9/10/19/94 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 W/ADDENDA THROUGH WINTER 1981.

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1074-A432-1-5</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>DCN-P-04667-13</u> <u>DCN-F-29861-A</u>	<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>
<u>N/A</u> <u>9/10/19/94</u>							

7. Description of Work MODIFY PER DCN-P-04667-B.

8. 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 recorded at the top of this form.

WORK INSTRUCTION

D 04667 23

Page 8 cont. on Page 8A

WORKPLAN

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 ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp

N 10/19/94

Certificate of Authorization No.

Expiration Date

Signed

Jack R. Dunlap
Owner or Owner's Designee, Title

FIELD ENGINEER

Date OCTOBER 19TH, 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 I. & T. Co. of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 10/29/94 to 10/29/94, 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.

James A. Sowell
Inspector's Signature

Commissions

FL-296

National Board, State, Province, and Endorsements

Date Oct. 29 19 94

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

WO-93-24347-09
Pg 26 of 28
28
10-28

1. Owner Tennessee Valley Authority Date 10-17-94
Name
P.O. Box 2000 Spring City, TN. Sheet 1 of
Address
2. Plant Watts Bar Nuclear Plant Unit 1
Name
P.O. Box 2000 Spring City, TN. WO-93-24347-09
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Type Code Symbol Stamp NAGG101794
Name Authorization No. NAGG1017-94
P.O. Box 2000 Spring City, TN. Expiration Date NA GG 10-17-94
Address
4. Identification of System Safety Injection System / SYSTEM 63
5. (a) Applicable Construction Code AISC 19 73 Edition, June '73 Addenda, NAGG1017-94 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980 - WINTER 1981 Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1063-1SIS-R157		NAGG101794		OCN-F-32458-A	NA GG 10-17-94	Replaced	NA GG 10-17-94
N/A							
			GG10-17-94				

7. Description of Work Replaced Shim between support and Pipe sleeve
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure NAGG1017-94 psi Test Temp. NAGG1017-94 F

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

40-93-24347-09
PG 26 27 28 10-20-94

FORM NIS-2 (Back)

9. Remarks 9A-443 Dy 10/20/94
Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this Repair 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 Andia Gibson Date 10-17, 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 Florida and employed by Hartford Steam 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.

James A. Sowell Commissions FL-296
Inspector's Signature National Board, State, Province, and Endorsements

Date Oct. 26 1994

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 AUTHORITY Date 10-19-94
Name Address 400W SUMMIT HILL DRIVE, KNOXVILLE, TN Sheet 1 of 1
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name Address P.O. Box 2000 SPRING CITY, TN 37381 WP# D-20761-07
Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA - MODIFICATIONS Type Code Symbol Stamp
Name Address WATTS BAR NUCLEAR PLANT Authorization No.
Expiration Date N/A BS 10/19/94
4. Identification of System SAFETY INJECTION SYSTEM / 063
5. (a) Applicable Construction Code ASME 19 73 Edition, 2TH Addenda, N/A BS 10/19/94
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU '1981 W/1981 WINTER ADDENDA.
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1063-63-ISIS-R 238	NOT KNOWN	N/A	NONE	N/A	NOT KNOWN	REPLACEMENT	NO
1063-63-ISIS-R 248	NOT KNOWN	N/A	NONE	N/A	NOT KNOWN	REPLACEMENT	NO
1063-63-ISIS-R 274	NOT KNOWN	N/A	NONE	N/A	NOT KNOWN	REPLACEMENT	NO
		9 N/A * BS 10/19/94					

7. Description of Work MODIFY SUPPORTS PER DCA'S
8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure N/A BS 10/19/94 psi Test Temp. N/A °F

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

Page 5B cont. on Page 6

FORM NIS-2 (Back)

9. Remarks TRACKING NO.: 94-444 B3 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp _____

Certificate of Authorization No. _____

Expiration Date N/A B3 10/19/94

Signed Remig

Owner or Owner's Designee, Title

(FIELD ENGINEER)

Date

10-19-

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 Florida and employed by Hartford Steam 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.

James A. Sowell
Inspector's Signature

Commissions

FL-296

National Board, State, Province, and Endorsements

Date

Oct. 26 1994

JUL 07 1993

WORKPLAN D-04667-28

Page 3 cont. on Page 4



TVA NUCLEAR

OCT 21 1994

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 AUTHORITY
Name
400 W. SUMMIT HILL DR KNOXVILLE TN
Address

Date 10-21-94

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. Box 2000 SPRING CITY TN 37771
Address

Unit 1

WORKPLAN D-04667-28
Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA MODIFICATIONS
Name
P.O. Box 2000 SPRING CITY TN 37771
Address

Type Code Symbol Stamp N/

Authorization No. KK 10-21-94

Expiration Date 1A

4. Identification of System SAFETY INJECTION / SYS 63

5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, NA 10-21-94 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 WINTER 1981 ADDENDA

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT 1063-63- 1523-R226	N/A	KK 10-21-94	NONE	NONE	NA	REPLACEMENT	N/A
N/A KK 10-21-94							

7. Description of Work MODIFY SUPPORT

8. Tests Conducted: ☒ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure psi Test Temp °F
N/A KK 10-21-94

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

WORK PLAN D-04667-28

Page 4 cont. on page 5

FORM NIS-2 (Back)



TVA NUCLEAR

OCT 21 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp N / KK 10-21-94

Certificate of Authorization No. A Expiration Date N/A KK 10-21-94

Signed John Halling FIELD ENGINEER Date 10-21, 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 Florida and employed by Hartford Steam Boiler I. & L. Co. of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 10/27/94 to 10/27/94, 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.

James A. Sawall Commissions FL-296
Inspector's Signature National Board, State, Province, and Endorsements

Date oct 27 19 94

WORK PLAN D-04667-33

Page 7 cont. on Page 8



OCT 21 1994

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 AUTHORITY
Name
400 W. SUMMIT HILL DR KNOXVILLE TN
Address

Date 10-21-94

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000 SPRING CITY TN 37771
Address

Unit 1

WORKPLAN D-04667-33

Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA MODIFICATIONS
Name
P.O. BOX 2000 SPRING CITY TN 37771
Address

Type Code Symbol Stamp N/

Authorization No. KK 10-21-94

Expiration Date A

4. Identification of System SAFETY INJECTION / SYS 63

5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A ^{KK} 10-21-94 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 WINTER 1981 APPEND A

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT 1003-63 1515-R230	N/A	KK 10-21-94	NONE	NONE	DCA P04667-97 DCA P04667-95 F. 30830-A	REPLACEMENT	NO
N/A KK 10-21-94							

7. Description of Work MODIFY SUPPORT

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure psi Test Temp. °F
N/A KK 10-21-94

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



TVA NUCLEAR

OCT 21 1994

WORKPLAN D-04067-33

Page 8 cont. on Page 9

FORM NIS-2 (Back)

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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp N/ KK 10-21-94

Certificate of Authorization No. 1A Expiration Date N/A KK 10-21-94

Signed Kent Kelley FIELD ENG'R Date 10-21, 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 HSBIRI Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 8-30-94 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.

HSBIRI Co.
Inspector's Signature

Commissions TN 2537
National Board, State, Province, and Endorsements

Date 11-2-1994

WORKPLAN D-20761-45

OCT 20 1994

TVA NUCLEAR



WATTS BAR

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 TENNESSEE VALLEY AUTHORITY
Name
400 W. SUMMIT HILL DR. KNOXVILLE TN.
Address
2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. Box 20000 SPRING CITY TN 37771
Address
3. Work Performed by TVA MODIFICATIONS
Name
P.O. Box 20000 SPRING CITY TN 37771
Address
4. Identification of System SAFETY INJECTION / SYS 063
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 73 Addenda, N/A 10-20-94 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 BO WINTER 1981 ADDENDA

Date 10-20-94Sheet 1 of 1Unit 1

WORKPLAN D-20761-45
Repair Organization P.O. No., Job No., etc.

Type Code Symbol Stamp NAuthorization No. KK 10-20-94Expiration Date A

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT 1063-63-1515- R121	N/A KK 10-20-94	NONE	NONE	M-20761-227 M-20761-228 F-30920-A	UNKNOWN	REPLACEMENT	NO
<div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%);"> <u>N/A</u> <u>KK 10-20-94</u> </div>							

7. Description of Work MODIFY SUPPORT

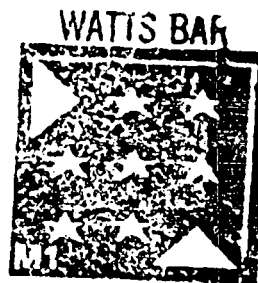
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ N/A KK 10-20-94
Other ☐ Pressure _____ psi Test Temp. _____ °F

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

WORKPLAN D-20761-45

Page 5B cont. on Page 6

FORM NIS-2 (Back)



TVA NUCLEAR

OCT 20 1994

9. Remarks TRACKING # 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. repair or replacement

Type Code Symbol Stamp

N/ KK 10-20-94

Certificate of Authorization No.

1A

Expiration Date

N/A KK 10-20-94

Signed

Kevin Kelly
Owner or Owner's Designee, Title

FIELD ENGINEER

Date

10-20

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 I. & L. Co. of Hartford, Connecticut 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 neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be 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. Savill
Inspector's Signature

Commissions

FL-296

National Board, State, Province, and Endorsements

Date

OCT 28 19 94

D 16152 05

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 AUTHORITY
Name
400 WEST SUMMIT HILL DR. KNOXVILLE, TN
Address

Date 10-21-94

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. Box 2000, SPRING CITY, TN 37771
Address

Unit 1

WP # D-16152-05

Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA-MODIFICATIONS
Name
WATTS BAR NUCLEAR PLANT
Address

Type Code Symbol Stamp

Authorization No. N/A RS 10/21/94

Expiration Date

4. Identification of System CHEMICAL VOLUME CONTROL SYSTEM 162

5. (a) Applicable Construction Code AISC 1973 Edition, 7TH Addenda, N/A RS 10/21/94

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980 THRU 1981 W/1981 WINTER Code Case
ADDENDA.

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
2062-62-2CVC-R14	NOT KNOWN	NONE	NONE	N/A	NOT KNOWN	REPLACEMENT	NO

7. Description of Work MODIFY SUPPORT PER DCA'S

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

N/A RS 10/21/94

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

TVA NUCLEAR

JAN 10 1995

REPRINT 12/91

Page 6 cont. on Page 7

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

D 16152 05

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 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 B. Smith (FIELD ENGINEER)
Owner or Owner's Designee, Title

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 IN and employed by HSB I & CO. of Hammond, CT. have inspected the components described in this Owner's Report during the period 1-9-93 to 11-8-94, 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.

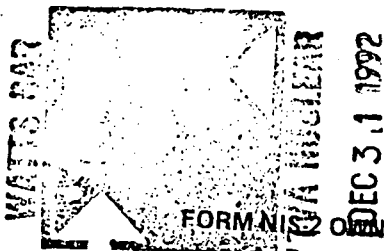
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury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

[Signature]
Inspector's Signature

Commissions _____

TN 2537
National Board, State, Province, and Endorsements

Date 11-9 19 94

Page 6 cont on Page 7FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI1. Owner TENNESSEE VALLEY AUTHORITY
Name
400 W. SUMMIT HILL DR. KNOXVILLE, TN
AddressDate 10-21-94Sheet 1 of 12. Plant WATTS BAR NUCLEAR PLANT
Name
PO Box 2000 SPRING CITY, TN 37771
AddressUnit 1WP-D-18696-03

Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA
Name
WATTS BAR NUCLEAR PLANT
Address

Type Code Symbol Stamp

Authorization No. n/aExpiration Date 10/21/944. Identification of System 03 FEED WATER5. (a) Applicable Construction Code ASCC 7th 19 73 Edition, n/a 10/21/94
(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

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-328	<u>n/a</u> 10/21/94	<u>NONE</u>	<u>NONE</u>	<u>DA M18696-13</u>	<u>n/a</u>	<u>Replacement</u>	<u>NO</u>
1003A-1-03A-329	<u>n/a</u> 10/21/94	<u>NONE</u>	<u>NONE</u>	<u>DA M18696-19</u>	<u>n/a</u>	<u>Replacement</u>	<u>NO</u>

7. Description of Work MODIFY SUPPORT8. Tests Conducted: ☒ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure psi Test Temp °Fn/a 10/21/94

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

(B2)

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

REPRINT 12/91

Page 7 cont. on Page 8

FORM NIS-2 (Back)

9. Remarks

Applicable Manufacturer's Data Reports to be attached

TRACKING # 94-449 2/10/21/94

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. repair or replacement

Type Code Symbol Stamp n/a CP 10/21/94

Certificate of Authorization No. n/a CP 10/21/94 Expiration Date n/a CP 10/21/94

Signed [Signature] Date 10/21, 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 HSB I & I Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 12-30-92 to 11-4-94, 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.

[Signature] Commissions TN 2537
Inspector's Signature National Board, State, Province, and Endorsements

Date 11-4, 19 94





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

1. Owner TENNESSEE VALLEY AUTHORITY
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN
Address
2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. Box 2000, SPRING CITY, TN 37771
Address
3. Work Performed by TVA
Name
WATTS BAR NUCLEAR PLANT
Address
4. Identification of System 03 FEEDWATER
5. (a) Applicable Construction Code AISC 7th 19 73 Edition, N/A 10/21/94 Addenda, N/A 10/21/94 Code Case
(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

Date 10/21/94
Sheet 1 of 1
Unit 1
WP-18696-01
Repair Organization P.O. No., Job No., etc.
Type Code Symbol Stamp
Authorization No. N/A 10/21/94
Expiration Date

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-324							
1-ISLS-997-1546A		NONE	NONE		N/A	Replacement	NO
1-ISLS-997-1546B	N/A	NONE	NONE		N/A	Replacement	NO
1-ISLS-997-1547A	10/21/94	NONE	NONE		N/A	Replacement	NO
1-ISLS-997-1547B		NONE	NONE		N/A	Replacement	NO

7. Description of Work MODIFY SUPPORT
8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure psi Test Temp. N/A 10/21/94

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

PAGE 7 OF 8

WORKPLAN D-18696-01

FORM NIS-2 (Back)

9. Remarks

Applicable Manufacturer's Data Reports to be attached

TRACKING # 94-450 10/21/94

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. repair or replacement

Type Code Symbol Stamp n/a 10/21/94

Certificate of Authorization No. n/a 10/21/94 Expiration Date n/a 10/21/94

Signed [Signature] Date 10/21, 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 I & CO. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 12/7/94 to 12/7/94, 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.

[Signature] Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 12/7, 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 TENNESSEE VALLEY AUTHORITY Date 6-20-94
Name
400 W. SUMMIT HILL DRIVE KNOXVILLE
Address
2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name
PO BOX 2000, SPRING CITY, TN. 37381
Address
3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Unit 1
Name
PO BOX 2000, SPRING CITY, TN 37381
Address
4. Identification of System BIS STEAM GENERATOR BLOWDOWN
Repair Organization P.O. No., Job No., etc. 94-14102-00
5. (a) Applicable Construction Code AISC to 7TH Edition, N/A Addenda, N/A Code Case
ASME 1994
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980B1
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-SNUB BIS-4006101	PSA	26186	N/A	NONE	1993	REPLACE-MENT	N
			N				
			R				

7. Description of Work REPLACE SNUBBER
8. Tests Conducted: ☒ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure _____ psi Test Temp. _____ °F 1W6-20-94

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

FORM NIS-2 (Back)

9. Remarks TRACKING # 451

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed James J. [Signature]

Owner or Owner's Designee, Title

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 I. & I. Co. of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 10/28/94 to 10/29/94, 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.

James A. Sawell
Inspector's Signature

Commissions FL-296

National Board, State, Province, and Endorsements

Date Oct 29, 19 94

D 21328 1.1

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

1. Owner TENNESSEE VALLEY AUTHORITY Date 10-24-94
400 W. SUMMIT HILL DR KNOXVILLE, TN
 Address
2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
P.O. BOX 2000 SPRING CITY, TN 37711 Unit 1
 Address WP# D-21328-11
 Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA MODIFICATIONS Type Code Symbol Stamp
WATTS BAR NUCLEAR PLANT Authorization No.
 Address Expiration Date N/A BS 10/24/94
4. Identification of System CHEMICAL AND VOLUME CONTROL / 62
5. (a) Applicable Construction Code AISC 19 73 Edition, 7TH Addenda, N/A BS 10/24/94 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU' 1981
W/1981 WINTER ADDENDA.
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1062-62-1CVC-R46</u>	<u>NOT KNOWN</u>	<u>NONE</u>	<u>N/A</u>	<u>NONE</u>	<u>NOT KNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>
		<u>N/A</u>					
		<u>BS 10/24/94</u>					

7. Description of Work MODIFY ^{IED} SUPPORT PER DCA'S

8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure psi Test Temp. °F
N/A BS 10/24/94

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 21328 11

Page 7 cont. on Page 2A

FORM NIS-2 (Back)

9. Remarks TRACKING NO: 94-452 B8 10/25/94

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this 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 _____

Owner or Owner's Designee, Title

Date _____

10/24/94, 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 TENNESSEE and employed by HCB IFF CO. of HARTFORD 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.

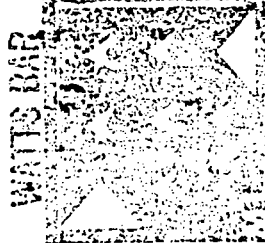
Inspector's Signature

Commissions

National Board, State, Province, and Endorsements

Date

19



TVA NUCLEAR

OCT 25 1994

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 Authority
Name
400 W. Summit Hill Dr. Knoxville, TN
Address

Date 10/25/94

Sheet 1 of 1

2. Plant Watts BAR NUCLEAR Plant
Name
P.O. Box 2000 Spring City, TN 37381
Address

Unit 1

D-18401-03
Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA
Name
Watts BAR NUCLEAR Plant
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date 10/25/94

4. Identification of System 03 FEEDwater

5. (a) Applicable Construction Code ASCE 7th 19 73 Edition, N/A 10/25/94 Addenda, N/A 10/25/94 Code Case
(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

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-204	N/A <u>10/25/94</u>	NONE	NONE	<u>DA-PM-18401-10</u>	<u>Unknown</u>	Replacement	NO

7. Description of Work modify Support

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. _____ °F N/A 10/25/94

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

WORKPLAN D-18401-03

FORM NIS-2 (Back)

9. Remarks TRACKING NO. #94-453

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 CP 10/25/94

Certificate of Authorization No. N/A CP 10/25/94 Expiration Date N/A CP 10/25/94

Signed [Signature] Date 10/25, 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 IN and employed by HSB I & I Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 12-23-92 to 11-3-94, 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.

[Signature]
Inspector's Signature

Commissions TN 2537
National Board, State, Province, and Endorsements

Date 11-3-94 19 94

OCT 25 1994

TVA

Page

7

8

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 Authority Date 10/25/94
Name
400 W. Summit Hill Dr. Knoxville, TN. Sheet 1 of 1
Address
2. Plant Watts BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000 Spring City 37381 D-04527-01
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Type Code Symbol Stamp
Name
Watts BAR NUCLEAR PLANT Authorization No. N/A
Address Expiration Date 10/25/94
4. Identification of System 03 FEED WATER
5. (a) Applicable Construction Code AISC 7th 19 73 Edition, N/A Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 Thru Winter 1981 ADDENDUM A

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1003A-1-03A-323	N/A	NONE	NONE	DCA-P04527-05	UNKNOWN	Replacement	NO
1003A-1-03A-332	N/A	NONE	NONE	DCA-P04527-13	UNKNOWN	Replacement	NO

7. Description of Work modify Support
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. _____ F N/A 10/25/94

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

FORM NIS-2 (Back)

9. Remarks TRACKING NO. # 94-454

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA CS 10/25/94

Certificate of Authorization No. NA CS 10/25/94 Expiration Date NA CS 10/25/94

Signed [Signature] Date 10/25, 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 IIT CO. of HARTFORD CONN. 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 belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 12/15, 19 94

D 21328 69

WORKPLAN

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 TENNESSEE VALLEY Authority Date 10-25-94
Name
400 W. Summit Hill Drive, Knoxville, TN Sheet 1 of 1
Address
2. Plant WATTS BAR Nuclear Plant Unit 1
Name
P.O. Box 2000, Spring City, TN 37381 D-21328-69
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA MODS. Type Code Symbol Stamp
Name
P.O. Box 2000, Spring City, TN. Authorization No. N/A 9/10/25/94
Address Expiration Date
4. Identification of System 072 CONTAINMENT SPRAY.
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A 9/10/25/94 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 WADDENDA THROUGH WINTER 1981.

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1072-72-105R115	N/A	N/A	N/A	DCA-M21328-192, 193 AND DLN-F-3075BA & 33149A	UNKNOWN	REPLACEMENT	ND
<div style="position: relative; height: 100px;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; background: linear-gradient(to top right, transparent 49%, black 49%, black 51%, transparent 51%);"></div> <div style="position: absolute; bottom: 0; right: 0; text-align: right;"> <u>N/A 9/10/25/94</u> <u>10/26/94</u> </div> </div>							

7. Description of Work MODIFY SUPPORT PER DLN-M21328-A & F3075BA, F33149A

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ N/A 9/10/25/94
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.

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-455 GRD 10/26/94

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp _____

Certificate of Authorization No. _____

N
A 9 RD
10/26/94

Expiration Date _____

Signed _____

Owner or Owner's Designee, Title

Jack R Dunlap FIELD ENGINEER

Date

OCTOBER 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 TN and employed by HSB I & T Co. of Hartford, CT. have inspected the components described 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.

[Signature]
Inspector's Signature

Commissions

TN 2537

National Board, State, Province, and Endorsements

Date

11-2 19 94



MAY 23 1994

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

1. Owner TENNESSEE VALLEY Authority
Name
400 W. Summit Hill Dr. Knoxville, TN
Address

Date 10/26/94Sheet 1 of 1

2. Plant Watts BAR NUCLEAR PLANT
Name
P.O. Box 2000 Spring City, TN. 37381
Address

Unit 1D-04525-01

Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA
Name
Watts BAR NUCLEAR PLANT
Address

Type Code Symbol Stamp

Authorization No. N/AExpiration Date 10/26/94

4. Identification of System D3 FEEDwater

5. (a) Applicable Construction Code ASCE 7th 19 73 Edition, N/A 10/26/94
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 Thru winter 1981 ADDENDUM A Code Case

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1003A-1-03A-280				N/A 10/26/94			
1003A-1-03A-285	N/A 10/26/94	NONE	NONE	DCA P04525-05	unknown	Replacement	NO
1003A-1-03A-560	N/A 10/26/94	NONE	NONE	DCA P-04532-02	unknown	Replacement	NO
							1/24 1/4/95

7. Description of Work modify Support

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. _____ °F N/A 10/26/94

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

WORKPIAN D-04525-01

NOV 1 1994

FORM NIS-2 (Back)

9. Remarks TRACKING NO 94-456 10/26/94

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A 10/26/94

Certificate of Authorization No. N/A 10/26/94 Expiration Date N/A 10/26/94

Signed [Signature] Date 10/26, 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 HSB 1. & 1. CO. of Hartford, CT. have inspected the components described in this Owner's Report during the period 10-7-91 to 1-7-95, 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.

[Signature] Commissions TN 2537
Inspector's Signature National Board, State, Province, and Endorsements

Date 1-7 19 95

WORK INSTRUCTION

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

1. Owner TENNESSEE VALLEY AUTHORITY Date 10-27-94
 Name 400 W Summit Hill Drive Knoxville, TN Sheet 1 of 1
 Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
 Name P.O. Box 2000 Spring City, TN 37381 D-20761-67
 Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA MODS. Type Code Symbol Stamp
 Name P.O. Box 2000, Spring City, TN 37381 Authorization No. N/A
 Address Expiration Date 9/8 10/27/94
4. Identification of System DT4 RESIDUAL HEAT REMOVAL
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A 9/8 10/27/94 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 w/ADDENDA THROUGH WINTER 1981.
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1074-A432-1-31	N/A	N/A	N/A	DCA-M20761-145, 146	UNKNOWN	REPLACEMENT	NO
<div style="position: relative; height: 100px;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; border: 1px solid black; transform: rotate(45deg);"></div> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%);"> N/A 9/8 10/27/94 </div> </div>							

7. Description of Work ^{IED} MODIFIED SUPPORT PER DCA-M20761-A AND F29864-A
 11-4-94
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ N/A 9/8 10/27/94
 Other ☐ Pressure _____ psi Test Temp. _____ °F

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

WORK INSTRUCTION

Page 8 cont. on Page 9

D - 20761-67

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-457 JRD 10/27/94

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp

N
A 94 10/27/94

Certificate of Authorization No.

Expiration Date

Signed

Jack R. Dunlap
Owner or Owner's Designee, Title

FIELD ENGINEER

Date OCTOBER 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 Tennessee and employed by HSB I & I Co. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 11/15/94 to 11/15/94, 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.

B. Eamigh

Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

11/15/94

19

TVA NUCLEAR
MAR 07 1994

W.O. 93 — 05795 — 00

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 AUTHORITY Date 10 — 27 — 94
Name
400 W SUMMIT HILL DR. KNOXVILLE, TN. Sheet 1 of 2
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1 (ONE)
Name
P.O. BOX 2000, SPRING CITY, TN 37381 W.O. 93 — 05795 — 00
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TENNESSEE VALLEY AUTHORITY Type Code Symbol Stamp
Name
P.O. BOX 2000, SPRING CITY, TN 37381 Authorization No.
Address Expiration Date N/A JN 10-27-94
4. Identification of System SAFETY INJECTION — SYS. 063
5. (a) Applicable Construction Code ASME III 19 71 Edition, 1973, WINTER Addenda N/A 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.
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>4" PUMP 'IA-A'</u>	<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	<u>DS JN 10-27-94</u> <u>FB-1-63-FB</u> <u>FI-37</u>	<u>NONE</u>	<u>REPLACEMENT</u>	<u>NO</u>
<u>6" PUMP 'IA-A'</u>	<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	<u>FBDS-1-63-FB</u> <u>FI-38</u>	<u>NONE</u>	<u>REPLACEMENT</u>	<u>NO</u>
<u>4" PUMP 'IB-B'</u>	<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	<u>FBDS-1-63-F</u> <u>-4-21</u>	<u>NONE</u>	<u>REPLACEMENT</u>	<u>NO</u>
<u>6" PUMP 'IB-B'</u>	<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	<u>FBDS-1-63-F</u> <u>-4-24</u>	<u>NONE</u>	<u>REPLACEMENT</u>	<u>NO</u>

7. Description of Work REPLACED BOLTING MATERIAL SUCTION SIDE 4" & 6" BOLTED CONNECTIONS @ PUMPS 'IA-A', AND 'IB-B'.
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
Other ☐ Pressure N/A psi Test Temp. N/A °F
JN 11-01-94

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)

9. Remarks TRACKING NO. 94 — 458 ^{MH} _{11/1/94}

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 N/A JN 10-27-94

Certificate of Authorization No. _____ Expiration Date _____

Signed [Signature] (FIELD ENG.) Date 10 — 27 —, 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 IN and employed by HSB I & T Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 1-27-94 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.

Inspector's Signature [Signature] Commissions IN 2537
National Board, State, Province, and EndorsementsDate 11-2 19 94

93-25856-00
P. 48 OF 49

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 AUTHORITY Date 11-1-94
Name NUCLEAR POWER
Address _____ Sheet 1 of 1
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name _____ W.O. 93-25856-00
Address P.O. BOX 2000 SPRING CITY, TN. Repair Organization P.O. No., Job No., etc.
Address _____ Type Code Symbol Stamp _____
3. Work Performed by TVA Authorization No. N/A REF 11-1-94
Name P.O. BOX 2000 SPRING CITY, TN. Expiration Date 1/A
Address _____
4. Identification of System T9, FUEL HANDLING AND STORAGE
5. (a) Applicable Construction Code ASME SECT. III 19 71 Edition, SUMMER 1973 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 90 ADDITION WINTER 1981 ADDENDA

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
2-TUBE-079-1		N A REF 11-1-94		2LA-W-22321-07-0	N/A REF 11-1-94	REPLACEMENT	NO

7. Description of Work DELETE VALVE 2-1SV-078-0600 AND INSTALL BLIND FLANGE TO 2-TUBE-079-1
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. N °F REF 11-1-94
A

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

FORM NIS-2 (Back)

9. Remarks

mt 11/1/94

NONE tracking # 94-459 mt 11/1/94

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

N REF 11-1-94
A

Certificate of Authorization No.

Expiration Date

Signed

Owner or Owner's Designee, Title

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 Inspectors and the State or Province of TN and employed by HSB I & I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 10-25-94 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.


Inspector's Signature

Commissions

TN 2537
National Board, State, Province, and Endorsements

Date

11-2-94 1994

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 Authority Date 11-1-94
Name
P.O. Box 2000 SPRING CITY, TN. Address
Sheet 1 of 2
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000 SPRING CITY, TN. Address
NO-93-24347-08
Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Type Code Symbol Stamp
Name
P.O. Box 2000 SPRING CITY, TN. Address
Authorization No. NA GG 11-1-94
Expiration Date
4. Identification of System SAFETY INJECTION SYSTEM / SYSTEM 63
5. (a) Applicable Construction Code AISC 19 73 Edition, None '73 Addenda, NAGG 11-2-44 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 1950-WINTER 1951 Addenda
GG 11-1-44
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1063-063-1515-R103		GG N 11-1-94		NONE	GG 11-1-94	Replaced	NA GG 11-1-94
1063-063-1515-R87		A		NONE	A	Replaced	GG NA 11-1-94
				<u>NA GG 11-1-94</u>			

7. Description of Work Remove / REINSTALL SHIM PLATE.
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure GG 11-1-94 psi Test Temp. NA GG 11-1-94 °F

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

PG 40 of 40

FORM NIS-2 (Back)

9. Remarks

94-460 of 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 Replaced 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

Owner or Owner's Designee, Title

Antonio Alcaraz PCG F.E.

Date

11-2

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 or Province of TN and employed by HSE I&CO. of Hartford, CT. have inspected the components described 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 Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions

TN2537

National Board, State, Province, and Endorsements

Date

11-9

19

94.

PG 2 of 2

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 Authority Date 11-1-94
400 W. Summit Hill Dr. Name KNOXVILLE, TN.
P.O. Box 2000 Address Spring City, TN.
 11-8-94
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
 Name
P.O. Box 2000 Address Spring City, TN.
WO-93-24347-10
 Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Name
P.O. Box 2000 Address Spring City, TN.
 Type Code Symbol Stamp NA GG 11-1-94
 Authorization No. NA GG 11-1-94
 Expiration Date NA GG 11-1-94
4. Identification of System Safety Injection System / SYSTEM 63
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE '73 Addenda, NA GG 11-1-94 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 - WINTER 1981 Addenda
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1063-063-1515-R258</u>		<u>NA GG 11-1-94</u> <u>A</u>		<u>NONE</u>	<u>NA GG 11-1-94</u>	<u>Replaced</u>	<u>N/A GG 11-1-94</u>
			<u>NA GG 11-2-94</u> <u>A</u>				

7. Description of Work Remove / REINSTALL ~~SAFETY PLATE~~ "TOP" ITEM #3
GG 11-1-94
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure NA GG 11-1-94 psi Test Temp NA GG 11-1-94 °F

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

PG 31 531

FORM NIS-2 (Back)

PG 2 82

9. Remarks

94-461 84 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 Replacement 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

Francis Wilson
Owner or Owner's Designee, Title

PCG F.F.

Date

11-2

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 or Province of TN and employed by HSB I & I Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 10-22-94 to 11-8-94, 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.

Inspector's Signature

Commissions

TN 2537

National Board, State, Province, and Endorsements

Date

11-8 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 Tennessee Valley Authority Date 11-1-94
400 W. SUMMIT HALL DR. Name KNOXVILLE, TN.
P.O. Box 2000 Address SPRING CITY, TN
 2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 2
P.O. Box 2000 Name SPRING CITY, TN. Unit 1
Address NO-93-24347-11
 3. Work Performed by TVA Name Repair Organization P.O. No., Job No., etc.
P.O. Box 2000 Address SPRING CITY, TN. Type Code Symbol Stamp N/A
Address Authorization No. NA AG 11-1-94
 Expiration Date 11-1-94
 4. Identification of System SAFETY Injection System / system 63
 5. (a) Applicable Construction Code AISC 19 73 Edition, June '73 Addenda, NA AG 11-1-94 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 - WINTER 1981 Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1063-063-1515-R59</u>		<u>NA AG 11-1-94</u>		<u>NONE</u>	<u>N</u>	<u>Replaced</u>	<u>NA AG 11-1-94</u>
<u>1063-063-1515-R61</u>		<u>A</u>		<u>NONE</u>	<u>NA AG 11-1-94</u>	<u>Replaced</u>	<u>NA AG 11-1-94</u>
			<u>NA AG 11-1-94</u>				
			<u>A</u>				

7. Description of Work Removed/Reinstall Shim Plate
 8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure psi Test Temp. °F NA AG 11-1-94

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

PG 308 38

FORM NIS-2 (Back)

PG 287

9. Remarks 94-462 89 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 Replaced 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 Shirley Wilson PCG F.E. Date 11-2-, 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 HSEI 181 Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 10-27-94 to 11-8-94, 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.

Shirley Wilson Commissions TN 2537
 Inspector's Signature National Board, State, Province, and Endorsements

Date 11-8 19 94

D 11561 51

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 AUTHORITY Date 11-2-94
Name
400 W. SUMMIT HILL DR., KNOXVILLE TN. Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000, SPRING CITY, TN 37381 WP # D-11561-51
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Type Code-Symbol Stamp
Name Authorization No. 4/11/94
WATTS BAR NUCLEAR PLANT Expiration Date 11-2-94
Address
4. Identification of System 074/ RHR
5. (a) Applicable Construction Code AISC 7TH 19 73 Edition, N/A 11-2-94 Addenda, N/A 11-2-94 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981 ADDEND A

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1074-74-RHR-VII	NONE	NONE	NONE	DCA-11561-177	UNKNOWN	Replacement	NO
1074-74-RHR-VIS	NONE	NONE	NONE	DCA-11561-178	UNKNOWN	Replacement	NO
N/A JWD 11-2-94							

7. Description of Work INSTALLED NEW SPRING CAN.
A 11-5-94
8. 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 recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks TRK # 94-463

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

Owner or Owner's Designee, Title

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 IN and employed by USB & I. Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 8-10-94 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 Inspector nor his employer shall be 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

19

AUG 12 1994

D 04602 11

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 AUTHORITY Date 11-1-94
Name
400 W. SUMMIT HILL DR., KNOXVILLE TN. Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000, SPRING CITY, TN 37381 WPT # D-04602-11
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by MODS TUA Type Code Symbol Stamp
Name
WATTS BAR NUCLEAR PLANT Authorization No. N/A PWD
Address Expiration Date 11-1-94
4. Identification of System 062/CVC
5. (a) Applicable Construction Code AISC 7TH 1973 Edition, NONE Addenda, NONE Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 80 THRU WINTER 1981 ADDENDA

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1062-62-1CVC-R102</u>	<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	<u>11-1-74 JWC</u> <u>DA-P04602-28</u>	<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>
<u>N/A PWD 11-2-94</u>							

7. Description of Work Mod. F27 SUPPOT PER DA-P04602-28 AND F27588A
11-1-94
8. Tests Conducted: N/A PWD
☒ 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 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

JUL 20 1994

D 04602 11

FORM NIS-2 (Back)

9. Remarks TEK. □ 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 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 Jimmy W. Steele

Owner or Owner's Designee, Title

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 Inspectors and the State or Province of IN. and employed by HSB 1-21 Co. of Hartford, CT. have inspected the components described 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 examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Jimmy W. Steele
Inspector's Signature

Commissions _____

IN 2537
National Board, State, Province, and EndorsementsDate 11-25, 19 94

WP D-21328-67

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 TENNESSEE VALLEY AUTHORITY
Name

Date 11-2-94

400 W. SUMMIT HILL DR. KNOXVILLE, TN
Address

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name

Unit 1

P.O. BOX 2000, SPRING CITY, TN
Address

D-21328-67

Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA
Name

Type Code Symbol Stamp

P.O. BOX 2000, SPRING CITY, TN
Address

Authorization No. N CDN

Expiration Date A 11-2-94

4. Identification of System LO2 / CVC

5. (a) Applicable Construction Code AISC 7th 19 73 Edition, JUNE 1973 Addenda, N/A Code Case
(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

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1BW2-LO2-ICVC-RDD1</u>			<u>A</u> <u>CDN</u> <u>11-2-94</u>		<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>
			<u>N</u>				
			<u>A</u> <u>CDN</u> <u>11-2-94</u>				
			<u>N</u>				

7. Description of Work DELETED U-BOLT, ADD CLAMP

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure N CDN 11-2-94 Test Temp. °F

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

D-21328-67

Page 8 cont. on Page 9

FORM NIS-2 (Back)

8. Remarks TRACKING # 94-465 89 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp _____

Certificate of Authorization No. _____

N A CDN 11-2-94
Expiration Date

Signed Charles Renteria
Owner or Owner's Designee, Title

FE

Date 11/2, 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 or Province of TN and employed by HSRI & I Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 7-14-94 to 11-8-94, 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.

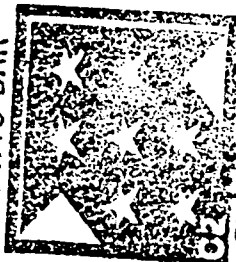
SHB Renteria
Inspector's Signature

Commissions

TN 2537
National Board, State, Province, and Endorsements

Date 11-8 19 94

WATTS BAR



TVA NUCLEAR

APR 15 1994

~~WORKING~~ D 21328 18

Page 5A cont. on Page 5B

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 AUTHORITY Date 11-2-94
Name
420 W. SUMMIT HILL DR. KNOXVILLE TN
Address
2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name
P.O. BOX 2000 SPRING CITY TN 37771 Address
D-21328-18
Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Type Code Symbol Stamp
Name
P.O. BOX 2000, SPRING CITY, TN Address
Authorization No. N CON
Expiration Date A 11-2-94
4. Identification of System 72 / CONTAINMENT SPAY
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, NIA Code Case
(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

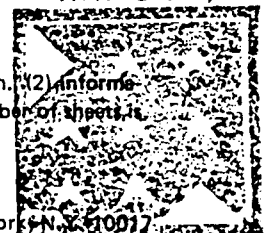
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1072-72-1CS-R13			A		UNKNOWN	REPLACEMENT	N
1072-72-1CS-R31			N	CON 11-2-94	UNKNOWN	REPLACEMENT	N
			N	A CON 11-2-94			

7. Description of Work ^{ICD} MODIFY SUPPORTS TO REPLACE U-BOLTS WITH CLAMPS.

8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure 77 psi Test Temp. CON °F
11-2-94

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

WATTS BAR



TVA NUCLEAR

REPRINT 12/91
MAY 26 1994

WORK INSTRUCTION

D 21328 18

Page

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cont. on Page

6

FORM NIS-2 (Back)

9. Remarks

TRACKING #94-466 2/11/2/94

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this 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 Newton

FE

Date

11-2

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 IN and employed by HSBI&ICO of Hartford, CT. have inspected the components described in this Owner's Report during the period 5-13-93 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 Inspector nor his employer shall be 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

11-9

19 94

MAY 13 1993

D 05709 16

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 AUTHORITY
NameDate 11-3-94400W. SUMMIT HILL DR., KNOXVILLE TN.
AddressSheet 1 of 12. Plant WATTS BAR NUCLEAR PLANT
NameUnit 1P.O. BOX 2000, SPRING CITY, TN 37381
AddressWP # D-05709-16

Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA MODIFICATIONS
Name

Type Code Symbol Stamp

WATTS BAR NUCLEAR PLANT
AddressAuthorization No. N/AExpiration Date 11/3/944. Identification of System RESIDUAL HEAT REMOVAL SYSTEM / 745. (a) Applicable Construction Code AISC 19 73 Edition, 7TH Addenda, N/A 11/3/94(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU 1981W/1981 WINTER ADDENDA.

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1074-74-1RHR- R17	NOT KNOWN	NONE	N/A	NONE	NOT KNOWN	REPLACE- MENT	NO
	PACIFIC SCIENTIFIC	30847	N/A	NONE	NOT KNOWN	REPLACE- MENT	NO
<div style="text-align: center;"> <u>9</u> <u>N/A</u> <u>11/3/94</u> </div>							

7. Description of Work MODIFY SUPPORT PER DCA'S
12d
11-4-948. 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 recorded at the top of this form.

D 05709 16

FORM NIS-2 (Back)

9. Remarks TRACKING NO: 94-467 18 11/3/94

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. repair or replacement

Type Code Symbol Stamp _____

Certificate of Authorization No. _____

Expiration Date _____

Signed B. Singh (FIELD ENGINEER) Date 11/3/1994

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 TN and employed by HSB I & I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 8-30-94 to 11-11-94, 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.

SHI B. Singh
Inspector's Signature

Commissions _____

TN2537
National Board, State, Province, and EndorsementsDate 11-11 1994.

SEP 02 1994

D 12673 04 WORKPLAN

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 TENNESSEE VALLEY AUTHORITY
Name
400 W. Summit Hill Drive, Knoxville, TN
Address
2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. Box 2000, Spring City, TN 37381
Address
3. Work Performed by TVA MODIFICATIONS
Name
P.O. Box 2000, Spring City, TN 37932
Address
4. Identification of System 63 / SAFETY INJECTION
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE, 1973 Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1987 ADDITION

Date 10-11-3-94
 Sheet 1 of 1
 Unit 1
 WP # D-12673-04
 Repair Organization P.O. No., Job No., etc.
 Type Code Symbol Stamp N/A FKG
 Authorization No. N/A FKG
 Expiration Date 11-3-94

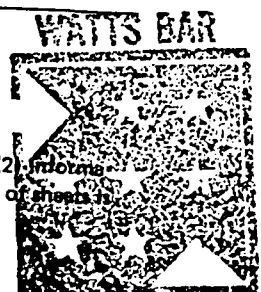
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1063-63-1515-R42		N A FKG 11-3-94		DCN F-29872-A DCA M12673-20	UNKNOWN	REPLACEMENT RE FKG 11-3-94	NO
				N A FKG 11-3-94			

7. Description of Work MODIFIED SUPPORT.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure _____ psi Test Temp. _____ °F N/A FKG 11-3-94

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



TVA NUCLEAR

MAR 08 1994

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 replacement conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp

Certificate of Authorization No. NA FKG 11394

Expiration Date

Signed Frank Guranfelda

Owner or Owner's Designee, Title

FIELD 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 Pressure Vessel Inspectors and the State or Province of TN and employed by HSBIRICO of Hartford, CT have inspected the components described 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 Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature]
Inspector's Signature

Commissions

TN 2537
National Board, State, Province, and Endorsements

Date

11-9

19 94

DEC 20 1992

TVA NUCLEAR



WATTS BAR

 WPD 19866 02
 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
1. Owner TENNESSEE VALLEY AUTHORITY

Name

Date 11-4-94400 W. SUMMIT HILL DR, KNOXVILLE, TN.

Address

Sheet 1 of 12. Plant WATTS BAR NUCLEAR PLANT

Name

Unit 1P.O. BOX 2000, SPRING CITY, TN. 37771

Address

WORKPLAN D - 19866 - 02

Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA MODIFICATIONS

Name

Type Code Symbol Stamp N/P.O. BOX 2000 SPRING CITY TN 37771

Address

Authorization No. KK 11-4-94Expiration Date 1A4. Identification of System 062 CHEMICAL AND VOLUME CONTROL
 5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 73 Addenda, N/A KK 11-4-94 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 BOWEN 1981 ADDENDA

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT 1062-ASSS- 2-2	N/A KK 11-4-94	N/A KK 11-4-94	N/A KK 11-4-94	DCAM 1986-6 # -7	1994	REPLACEMENT	NO
<div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%);"> N/A KK 11-4-94 </div>							

7. Description of Work NEW PIPE SUPPORT
 8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure psi Test Temp. °F
N/A KK 11-4-94

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

WP D 19866-02

Page 7 cont. on Page 8

FORM NIS-2 (Back)

9. Remarks

TRACKING # 94-469

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 / KK 11-4-94

Certificate of Authorization No.

A

Expiration Date

N/A KK 11-4-94

Signed

Scott Kelly
Owner or Owner's Designee, Title

FIELD ENGR

Date

11-4

, 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 TN and employed by HSB 1-21-Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 12-19-92 to 1-7-93, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be 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

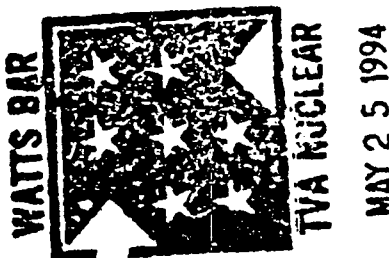
Commissions

TN 2537

National Board, State, Province, and Endorsements

Date

1-7 1993



WP# D-05620-03

Page 5 CONT. ON PAGE 5A

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 AUTHORITY
NameDate 11-7-94400 WEST SUMMIT HILL DR., KNOXVILLE, TN
AddressSheet 1 of 12. Plant WATTS BAR NUCLEAR PLANT
NameUnit 1P.O. BOX 2000, SPRING CITY, TN 37771
AddressWP# D-05620-03

Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA MODIFICATIONS
NameType Code Symbol Stamp N/AWATTS BAR NUCLEAR PLANT
AddressAuthorization No. N/AExpiration Date 12/8 11/7/944. Identification of System CONTAINMENT SPRAY / SYSTEM 725. (a) Applicable Construction Code ASCE 19 73 Edition, 77H Addenda, N/A 11/7/94 Code Case(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU' 81 w/ 81 WINTER ADDENDA.

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1072-72-1CS-R38	NOT KNOWN	NONE	NONE	N/A	NOT KNOWN	REPLACE-MENT	NO
1072-72-1CS-R40	"	"	"	"	"	"	"
1072-72-1CS-R42	"	"	"	"	"	"	"
1072-72-1CS-R44	"	"	"	"	"	"	"
		NA					

7. Description of Work MODIFY SUPPORTS PER DCA'S.8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure N/A psi Test Temp. 128 11/7/94 °F

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



NOV 07 1994

WP# D-05620-03

Page 5A cont on Page 6

FORM NIS-2 (Back)

9. Remarks TRACKING NO: 94-470 BS 11/7/94

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this 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 B. Smith (FIELD ENGINEER)
Owner or Owner's Designee, Title

Date 11/7, 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 or Province of TENNESSEE and employed by H.B. IFCO of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 12/13/94 to 12/13/94, 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.

B. Earmah
Inspector's Signature

Commissions

TN2534
National Board, State, Province, and Endorsements

Date

12/13

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 Tennessee Valley Authority Date 11/8/94
Name
400 W. Summit Hill Dr. Knoxville, TN. Sheet 1 of 1
Address
2. Plant Watts Bar Nuclear Plant Unit 1
Name
P.O. Box 2000, Spring City, TN. 37771 W094-08037-00
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Tennessee Valley Authority Type Code Symbol Stamp
Name
P.O. Box 2000, Spring City, TN. 37771 Authorization No. N/A
Address Expiration Date 11/8/94
4. Identification of System RHR SYS. 074
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1074-74-1RHR-ROOL6		N/A 11/8/94		DC A 26954-01 402.	UNKNOWN	REPLACED	N/O

7. Description of Work _____

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure ☒ Test Temp. N/A 11/8/94 °F

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

WLO 94-08037-00

Page 27 of 35

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-471 Jm 11/8/94

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A 11/8/94

Certificate of Authorization No. _____ Expiration Date _____

Signed Jerry L. Dudley R.E. Date Nov. 8th, 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 I&I CO. of HARTFORD 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.

B. E. Emmelh Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 11/14 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 TENNESSEE VALLEY AUTHORITY Date 11-10-94
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE TN
Address
2. Plant WATT BAR NUCLEAR PLANT Sheet 1 of 1
Name
P.O. Box 2000, SPRING CITY, TN 37381
Address
3. Work Performed by TVA Unit 1
Name
P.O. Box 2000, SPRING CITY, TN
Address
4. Identification of System 062 / CHEM AND VOL CONTROL
ASME 73
5. (a) Applicable Construction Code ASME 19 73 Edition, 11-10-94 Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 TAVV WINTER 81

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
3" PIPE SUPPORT	BURGER PATTERSON	N/A	N/A	1062-62-10VC-R141	AB1	REPAIR	No

7. Description of Work REPLACED LOAD PIN AT CLAMP FOR STRUT
8. 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 recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks

Applicable Manufacturer's Data Reports to be attached

TRACKING NO. 94-472 CAB 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. repair or replacement

Type Code Symbol Stamp N/A CAB 10-11-94

Certificate of Authorization No. N/A CAB 10-11-94 Expiration Date N/A 10-11-94

Signed Charles Burgess Date 11-10-94, 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 NORTH CAROLINA and employed by HSBIAIC of HARTFORD, CT have inspected the components described in this Owner's Report during the period 10-23-94 to 11-22-94, 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.

Neil F. Jackson Commissions NC 869
Inspector's Signature National Board, State, Province, and Endorsements

Date Nov. 22 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 TVA Date 11-10-94
Name
400 W. SUMMIT HILL DR. KNOXVILLE, TN
Address
 2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name
P.O. BOX 2000, SPRING CITY, TN Unit 1
Address
D-05620-09
Repair Organization P.O. No., Job No., etc.
 3. Work Performed by TVA Type Code Symbol Stamp _____
Name
P.O. BOX 2000, SPRING CITY, TN Authorization No. N CMN
Address Expiration Date A 11-10-94
 4. Identification of System 72 / CONTAINMENT SPRAY
 5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A Code Case
 (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

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)
1072-72-1CS-R100	/				UNKNOWN	REPLACEMENT	NO
1072-72-1CS-R101					UNKNOWN	REPLACEMENT	NO
1072-72-1CS-R103					UNKNOWN	REPLACEMENT	NO
1072-72-1CS-R105					UNKNOWN	REPLACEMENT	NO
1072-72-1CS-R106					UNKNOWN	REPLACEMENT	NO
					UNKNOWN	REPLACEMENT	NO

7. Description of Work MODIFY SUPPORTS PER DCN-P-05620-B

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure N psi Test Temp. _____ °F
A CON 11-10-94

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

D-05620-09

7 8



TVA NUCLEAR
NOV 16 1994

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-473
 Applicable Manufacturer's Data Reports to be attached
11/16/94

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. repair or replacement

Type Code Symbol Stamp _____

Certificate of Authorization No. _____ Expiration Date NOV 11-16-94

Signed Charles Newton FE Date NOV. 16, 19 94
 Owner or Owner's Designee, Title

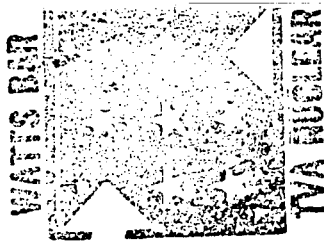
CERTIFICATE OF INSERVICE INSPECTION

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 IIT CO. of HARTFORD CONN. 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 belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be 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 Eamigh Commissions TN 2534
 Inspector's Signature National Board, State, Province, and Endorsements

Date 12/15 19 94



OCT 18 1994

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 AUTHORITY Date 11/17/94
Name
400W. SUMMIT HILL DRIVE, KNOXVILLE, TN. Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000, SPRING CITY, TN 37381 WP # D-04535-10
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA MODIFICATIONS Type Code Symbol Stamp
Name
P.O. BOX 2000 SPRING CITY, TN Authorization No. N FLG
Address Expiration Date # 11-17-94
4. Identification of System 03A / MAIN FEEDWATER
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 - THRU WINTER 1981 ADDITION

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1003A-1-03A-421</u>		<u>N</u>		<u>DCA P04535-28</u>		<u>REPLACEMENT</u>	<u>NO</u>
		<u>A FLG</u>	<u>11-17-94</u>	<u>DCA P04535-28</u>			
				<u>N/A FLG</u>	<u>11-17-94</u>		

7. Description of Work MODIFY PIPE SUPPORT
8. Tests Conducted: ☒ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. _____ °F N/A FLG 11-17-94

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

D 04535 10

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-474

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 Frank Duran / FIELD ENGINEERDate 11/17/94, 19____

Owner or Owner's Designee, Title

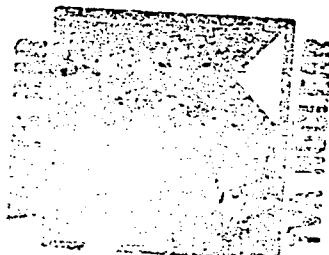
CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TN and employed by HSB I&I Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 10-18-94 to 12-3-94, 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.

[Signature]
Inspector's Signature

Commissions _____

TN 2537
National Board, State, Province, and EndorsementsDate 12-3 19 94.

OCT 18 1994

TVA NUCLEAR
NOV 17 1994

D-2075B-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

1. Owner TENNESSEE VALLEY AUTHORITY
Name
400 W. SUMMIT HILL DR KNOXVILLE TN
Address

Date 11-17-94

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. Box 2000 SPRING CITY TN 37771
Address

Unit 1

WORKPLAN D-2075B-06
Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA MODIFICATIONS
Name
P.O. Box 2000 SPRING CITY TN 37771
Address

Type Code Symbol Stamp N
Authorization No. KK 11-17-94
Expiration Date A

4. Identification of System 03B AUXILIARY FEEDWATER

5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 73 Addenda, N/A ^{KK} 11-17-94 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 BO WINTER 1981 ADDENDA

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT 10033-03B- IAFW-R191		N		DOA M 2075B-41 " " " 42 F-30620-A	UNKNOWN	REPLACEMENT	NO
PIPE SUPPORT 10033-03B- IAFW-R197		A KK 11-17-94		DOA M 2075B-37 " " " 38 DOA M 2075B-38	UNKNOWN	REPLACEMENT	NO

7. Description of Work MODIFY ^{1ED} SUPPORTS
PLM 12-1-94

8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure psi Test Temp °F
N/A KK 11-17-94

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

D-20758-06
Page 7 cont. on Page 8

FORM NIS-2 (Back)

9. Remarks ⁹⁴ TRACKING #475 158 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.
repair or replacement

Type Code Symbol Stamp N/

Certificate of Authorization No. 1A KK 11-17-94

Expiration Date N/A ^{KK} 11-17-94

Signed Kevin Kelley

Owner or Owner's Designee, Title

FIELD ENGINEER

Date 11-17-94

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 IFT CO. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 12/7/94 to 12/7/94, 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.

B. Eamery

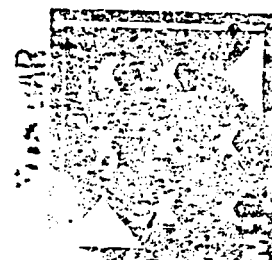
Inspector's Signature

Commissions TN 2534

National Board, State, Province, and Endorsements

Date 12/7

19 94



TVA NUCLEAR

NOV 17 1994

D-20758-07

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 AUTHORITY
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE TN.
Address

Date 11-17-94

Sheet 1 of 1

2. Plant WATTSBAR NUCLEAR PLANT.
Name
P.O. BOX 2000, SPRING CITY, TN 37381
Address

Unit 1

WP # D-20758-07
Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA MODIFICATIONS
Name
WATTS BAR NUCLEAR PLANT
Address

Type Code Symbol Stamp

Authorization No. N/A

Expiration Date 11/17/94

4. Identification of System MAIN & AUXILIARY FEEDWATER / SYS. 03

5. (a) Applicable Construction Code AISC 1973 Edition, 7TH Addenda, N/A Code Case 11/17/94

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU 1981
W/1981 WINTER ADDENDA.

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1003B-03B-1AFW-R121.</u>	<u>NOT KNOWN</u>	<u>N/A</u>	<u>NONE</u>	<u>N/A</u>	<u>NOT KNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>
<u>1003B-03B-1AFW-R147.</u>	<u>NOT KNOWN</u>	<u>N/A</u>	<u>NONE</u>	<u>N/A</u>	<u>NOT KNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>
<u>1003B-03B-1AFW-R175.</u>	<u>NOT KNOWN</u>	<u>N/A</u>	<u>NONE</u>	<u>N/A</u>	<u>NOT KNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>
<u>1003-A4-27-3-41</u>	<u>NOT KNOWN</u>	<u>N/A</u>	<u>NONE</u>	<u>N/A</u>	<u>NOT KNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>
		<u>N/A</u>					

7. Description of Work MODIFY SUPPORTS PER DCA'S.

8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure Psi Test Temp. °F
N/A 11/17/94

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

D - 20758 - 07

FORM NIS-2 (Back)

9. Remarks TRACKING NO: 94-476 B3 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. repair or replacement

Type Code Symbol Stamp N/

Certificate of Authorization No. A 138 11/17/94 Expiration Date

Signed B. B. Smith (FIELD ENGINEER) Date 11-12- 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 TENNESSEE and employed by H&B I&I Co. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 12/5/94 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.

B. B. Smith Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 12/5/94 1994

MAY 24 1993

D 13988 01

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

1. Owner TVA Name _____ Date 11-11-94
900 W. Summit Hill Drive, Knoxville, TN. Address _____ Sheet 1 of 1
2. Plant WATTS BAR Nuclear Plant Name _____ Unit 1
P.O. Box 2000 Spring City, TN. 37381 Address _____ WP# D-13988-01
 Repair Organization P.O. No., Job No., etc. _____
3. Work Performed by TVA MODS Name _____ Type Code Symbol Stamp _____
WATTS BAR Nuclear Plant Address _____ Authorization No. N/A
 Expiration Date 11-11-94
4. Identification of System 72/CS
5. (a) Applicable Construction Code AISC 7TH 1973 Edition, N/A Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 80 THRU WINTER 1981 ADDENDA

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1072-72-1CS-R32</u>	<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	<u>DCA-M13988-04</u>	<u>UNKNOWN</u>	<u>Replacement</u>	<u>NO</u>
<u>N/A</u> <u>11-11-94</u>							

7. Description of Work MODIFY PIPE
ADD NEW SUPPORT.
MM 11-21-94

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

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

JUL 30 1994

D 13988 01

FORM NIS-2 (Back)

9. Remarks TRACKING NO: 94-477 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. repair or replacement

Type Code Symbol Stamp 11-11-94

Certificate of Authorization No. _____ Expiration Date _____

Signed Jimmy W. Steele Date 11-11- 19 94
Owner or Owner's Designee, Title

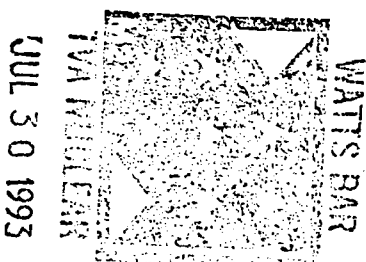
CERTIFICATE OF INSERVICE INSPECTION

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 IPI CO. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 12/8/94 to 12/8/94, 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.

B. Earnigh Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 12/8/ 19 94



D-16152-08

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 AUTHORITY
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN.
Address

Date 11-11-94Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000, SPRING CITY, TN. 37381
Address

Unit 1

WP# D-16152-08
Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA MODS
Name
WATTS BAR Nuclear PLANT
Address

Type Code Symbol Stamp N/A 11-11-94Authorization No. N/AExpiration Date N/A

4. Identification of System 662 / C.V.C.S.

5. (a) Applicable Construction Code AISC 7TH 19 73 Edition N/A 11-11-94 Addenda N/A 11-11-94 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 PC THIRD WINTER 1981 ADDENDA

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>2002-62-2000-RI</u>	<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	<u>DCA-M16152-03</u> <u>DCA-M16152-04</u>	<u>UNKNOWN</u>	<u>Replacement</u>	<u>NO</u>
<u>N/A</u> <u>11-11-94</u>							

7. Description of Work MODIFY PIPE SUPPORT
ADD NEW SPRT. PER DCA-M16152-03 & 04
11-21-94

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ N/A 11-11-94
Other ☐ Pressure _____ psi Test Temp. _____ °F

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

D-16152-08

FORM NIS-2 (Back)

9. Remarks TRACKING NO: 94-478 158 11/12/94

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this 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

Owner or Owner's Designee, Title

Date 11-11, 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 TENNESSEE and employed by H.B. IFE CO. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 12/8/94 to 12/8/94, 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.

Inspector's Signature

Commissions

National Board, State, Province, and Endorsements

Date 12/8 19 94




FEB 22 1994

WORKPLAN D-05620-04Page 4 cont. on Page 4AFORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI1. Owner TENNESSEE VALLEY AUTHORITY

Name

Date 11-18-94900 W. SUMMIT HILL DRIVE, KNOXVILLE, TN

Address

Sheet 1 of 12. Plant WATTS BAR NUCLEAR PLANT

Name

Unit 1PO BOX 2000, SPRING CITY, TN 37381

Address

WP NO. D-05620-04

Repair Organization P.O. No., Job No., etc.

3. Work Performed by TENNESSEE VALLEY AUTHORITY (WBAP)

Name

Type Code Symbol Stamp

PO BOX 2000, SPRING CITY, TN 37381

Address

Authorization No. N/A 908 11-17-94

Expiration Date

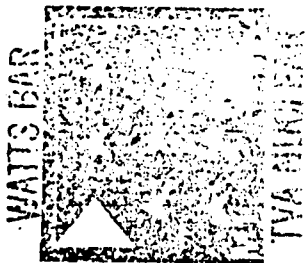
4. Identification of System 54S-072 C.S.5. (a) Applicable Construction Code AISC 7TH 19 73 Edition, JUNE 1973 Addenda, N/A 908 11-17-94 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981 ADDENDA

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>PIPE SUPPORT</u>	<u>TVA</u>	<u>NONE</u>	<u>NONE</u>	<u>DCA-P05620-23</u>	<u>UNK</u>	<u>REPLACEMENT</u>	<u>NO</u>
<u>1072-72-1CS-R47</u>	<u>TVA</u>	<u>NONE</u>	<u>NONE</u>	<u>DCA-P05620-24</u>	<u>UNK</u>	<u>REPLACEMENT</u>	<u>NO</u>
<u>PIPE SUPPORT</u>	<u>TVA</u>	<u>NONE</u>	<u>NONE</u>	<u>DCA-P05620-25</u>	<u>UNK</u>	<u>REPLACEMENT</u>	<u>NO</u>
<u>1072-72-1CS-R48</u>	<u>TVA</u>	<u>NONE</u>	<u>NONE</u>	<u>DCA-P05620-26</u>	<u>UNK</u>	<u>REPLACEMENT</u>	<u>NO</u>
<u>PIPE SUPPORT</u>	<u>TVA</u>	<u>NONE</u>	<u>NONE</u>	<u>DCA-P05620-27</u>	<u>UNK</u>	<u>REPLACEMENT</u>	<u>NO</u>
<u>1072-72-1CS-R49</u>	<u>TVA</u>	<u>NONE</u>	<u>NONE</u>	<u>DCA-P05620-28</u>	<u>UNK</u>	<u>REPLACEMENT</u>	<u>NO</u>
<u>PIPE SUPPORT</u>	<u>TVA</u>	<u>NONE</u>	<u>NONE</u>	<u>DCA-P05620-29</u>	<u>UNK</u>	<u>REPLACEMENT</u>	<u>NO</u>
<u>1072-72-1CS-R54</u>	<u>TVA</u>	<u>NONE</u>	<u>NONE</u>	<u>DCA-P05620-30</u>	<u>UNK</u>	<u>REPLACEMENT</u>	<u>NO</u>
			<u>N/A 908</u>	<u>11-18-94</u>			
			<u>A</u>				

7. Description of Work MODIFIED EXISTING PIPE SUPPORTS8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure psi Test Temp. °F
N/A 908 11-17-94

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



FEB 22 1994

WORKPLAN D-05620-04

Page 4A cont. on page 5

FORM NIS-2 (Back)

9. Remarks NIS-2 TRACKING NUMBER: 94-479 908 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 REPLACEMENT 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 John O. Sampson MECH. FIELD ENGINEER Date 11-18, 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 I&I CO. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 12/9/94 to 12/15/94, 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.

B. Eammah Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 12/9, 19 94

D-05709-08

Page b 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

1. Owner TVA
Name
400 W. SUMMIT HILL DR. KNOXVILLE, TN
Address

Date 11-11-94Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. Box 2000, SPRING CITY, TN 37381
Address

Unit 1

D-05709-08

Repair Organization P.O. No., Job No., etc.

3. Work Performed by TYA
Name
P.O. Box 2000, SPRING CITY, TN 37381
Address

Type Code Symbol Stamp

Authorization No. N/A 11-30-94

Expiration Date

4. Identification of System 74 / RESIDUAL HEAT REMOVAL

5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A 11-30-94
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981 ADDITION

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1074-74-1RHR-R215	<u>N/A</u>	<u>11-10-94</u>		DCA-P05709-73 DCA-P05709-04	UNK	REPLACEMENT	NO
1074-74-1RHR-R220	<u>N/A</u>	<u>11-10-94</u>		DCA-P05709-05 DCA-P05709-75 DCA-P05709-76 DCA-P05709-86	UNK	REPLACEMENT	NO

7. Description of Work MODIFIED SUPPORTS PER DCA-P-05709-04, 05, 73, 75, 76, 86

8. 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 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

D-05708-03

Page 6 A cont. on Page 7

FORM NIS-2 (Back)

9. Remarks TRACKING NUMBER # 94-480 JE 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp N/A JE 11-18-94

Certificate of Authorization No. N/A JE 11-18-94 Expiration Date N/A JE 11-18-94

Signed James E. Emery ENGINEER Date 11-18 19 94
 Owner or Owner's Designer 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 IFT CO. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 12/10/94 to 12/10/94, 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.

B. Emery Commissions TN 2534
 Inspector's Signature National Board, State, Province, and Endorsements

Date 12/10 19 94

NOV 11 1994

D-04527-04

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 TENNESSEE VALLEY AUTHORITY Date 11-23-94
Name
400 W. SUMMIT HILL DR. KNOXVILLE TN Sheet 1 of 1
Address
2. Plant WATTSBAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000 SPRING CITY TN 37381 D-04527-04
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Type Code Symbol Stamp
Name
P.O. BOX 2000, SPRING CITY, TN 37381 Authorization No. N/A
Address Expiration Date 11-23-94
4. Identification of System 03/ MAIN AND AUX. FEEDWATER
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A ^{CDN} 11-23-94 Code Case
(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

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-D3A-320		N	A ^{CDN} 11-23-94		UNKNOWN	REPLACEMENT	N/D
			A				
			N ^{CDN} 11-23-94				

7. Description of Work ^(1E) MODIFY SUPPORT PER FCN-F-1309D-B
^{04/11-25-94}

8. 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 recorded at the top of this form.

NOV 11 1994

D-04527-04

Page 8 cont. on Page 9

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-481
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. N A CDN 11-23-94 Expiration Date _____

Signed Charles Newton FE Date NOV. 23, 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 HSB 1. & 1. CO. of Hartford, CT. have inspected the components described in this Owner's Report during the period 11-10-94 to 11-30-94, 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.

[Signature] Commissions TN 2537
Inspector's Signature National Board, State, Province, and Endorsements

Date 11-30 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 TENNESSEE VALLEY AUTHORITY Date 12/2/94
Name
4001 W. SUMMIT HILL DRIVE, KNOXVILLE, TN Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000, SPRING CITY, TN 37381 WORKPLAN # D-06012-21
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA, MODS Type Code Symbol Stamp N/
Name
WATTS BAR NUCLEAR PLANT Authorization No. WMP
Address Expiration Date A 12/2/94
4. Identification of System MAIN STEAM, SYSTEM #001
5. (a) Applicable Construction Code AISC 7TH 1973 Edition, N/A WMP Addenda, N/A WMP Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980 THRU WINTER 1981 ADDENDA.
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>PIPE 50.400.27</u> <u>1001A-1-01A-431</u>	<u>N/ WMP</u> <u>A 12/2/94</u>	<u>NONE</u>	<u>NONE</u>	<u>DCA-K0602-36</u> <u>37</u> <u>33</u> <u>37</u> <u>57</u> <u>58</u> <u>DCA-K0602-59</u>	<u>UNKNOWN</u> <u>REPLACEMENT</u> <u>12/2/94</u>	<u>NO</u>	<u>NO</u>
<div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; background: linear-gradient(to top right, transparent 49%, black 49%, black 51%, transparent 51%); background-size: 100% 100%; pointer-events: none;"></div>							
<div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; background: linear-gradient(to top right, transparent 49%, black 49%, black 51%, transparent 51%); background-size: 100% 100%; pointer-events: none;"></div>							

7. Description of Work MODIFY T.S. BY NOTCHING TS PROVIDE CLEARANCE BETWEEN T.S. AND 18" Ø FEEDWATER PIPE.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☒ Pressure _____ psi Test Temp. _____ °F
N/ WMP
A 12/2/94

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

D 06012 21

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-482 wmo 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 N/A wmo 12/2/94Certificate of Authorization No. N/A wmo 12/2/94 Expiration Date N/A wmo 12/2/94Signed M. L. Dodd, CONST. ENGR. Date 12/2, 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 TENNESSEE and employed by HSB I & L CO of HARTFORD CONN have inspected the components described in this Owner's Report during the period 12/13/94 to 12/13/94, 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.

B. E. Ewing
Inspector's SignatureCommissions TN2534
National Board, State, Province, and EndorsementsDate 12/13 19 94

NOV 03 1994

WO-94-08024-00
Pg 24 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 Tennessee Valley Authority Date 11-18-94
Name
400 W. Summit Hill Drive, Knoxville, TN
Address Sheet 1 of 2
2. Plant WATTS BAR Nuclear Plant Unit 1
Name
P.O. Box 2000, Spring City, TN 37381
Address 12/3/94 WO-94-08024-00
Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Type Code Symbol Stamp
Name Authorization No. NAGG11-18-94
P.O. Box 2000, Spring City, TN Expiration Date
Address
4. Identification of System MAIN & AUX. FEED WATER / 545 03
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE '73 Addenda, NAGG11-18-94 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 31 WINTER 1931 Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>103B-C3B-1AFW-R239</u>		<u>NAGG11-18-94</u> <u>A</u>		<u>DNW-30042-A</u> <u>DNF-30040-A</u>	<u>N/A</u> <u>6/11-18-94</u>	<u>Replaced</u>	<u>N/A</u> <u>6/11-18-94</u>

7. Description of Work MODIFIED SUPPORT T.S. AND SNUBBER DUE TO THERMAL MOVEMENT DURING HFT.
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure NAGG11-18-94 psi Test Temp. NAGG11-18-94 F

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

WO-94-08024-2
Pg 25 of 26

FORM NIS-2 (Back)

9. Remarks

94-483 94 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 Replaced conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp NAGG11-18-94

Certificate of Authorization No. NAGG11-18-94 Expiration Date NAGG11-18-94

Signed Alicia Wilson PEG FE Date 11-18 -, 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 I FI CO of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 12/3/94 to 12/3/94, 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.

B. Eamigh Commissions TN2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 12/8, 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 Tennessee Valley Authority Date 12-8-94
Name
400 W SUMMIT HILL DR, KNOXVILLE, TN Sheet 1 of 2
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 2
Name
P.O. BOX 2000 SPRING CITY, TN. 37381 02782-02
Address WD-94-05196-00 GG 12-8-94
Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Type Code Symbol Stamp
Name
P.O. BOX 2000 SPRING CITY, TN. 37381 Authorization No. NA GG 12-8-94
Address Expiration Date A
4. Identification of System SYSTEM 062 / CHEMICAL AND VOLUME CONTROL
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE '73 Addenda, NA GG 12-8-94 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 WINTER 1981 Addenda A

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1062-A555-10-43</u>			<u>NA GG A</u>	<u>12-8-94</u>		<u>Replaced</u>	<u>NA GG 12-8-94</u>

7. Description of Work Removed & REINSTALLED SHIM TO CORRECT GAPS
8. Tests Conducted: ☒ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure _____ psi Test Temp. _____ °F NONE GG 12-8-94

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.

ND-94-02782-02
PG 26 of 28

FORM NIS-2 (Back)

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 Replace 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 Erica A. [Signature], FE, PCG Date 12-8, 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 I & I CO. of HARTFORD 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.

B. E. [Signature] Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 2/9, 19 95

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 AUTHORITY
Name
400 W. SUMMIT HILL DR. KNOXVILLE TN
Address

Date 11-13-94

Sheet 1 of 2

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. Box 2000 SPRING CITY TN. 37381
Address

Unit 00

93-24429-01
Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA
Name
P.O. Box 2000 SPRING CITY TN. 37381
Address

Type Code Symbol Stamp NGG-12-2-94
Authorization No. A
Expiration Date

4. Identification of System 072 CONTAINMENT SPRAY
5. (a) Applicable Construction Code AISC STEEL CONSTRUCTION MANUAL
10th Edition, Addenda, Code Case
REC-11-13-94
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>47A060-72-3</u>			<u>N</u>	<u>AGG-12-2-94</u>		<u>REPAIRED</u>	<u>NA</u> <u>NGG-12-2-94</u>
			<u>N</u>	<u>64</u> <u>12-2-94</u>			
			<u>A</u>				

7. Description of Work REPAIRED GAP BETWEEN BASE PLATE AND BOTTOM OF BOLT HEAD.

8. Tests Conducted: ☐ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure psi Test Temp. °F NAME DDP H-13-94

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

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

NO-43-24429-01

PAGE 18 OF 20

SEE BACK

FORM NIS-2 (Back)

Remarks 94-485 GG12-8-94
Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this Repair 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 [Signature] Date 12-2 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 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 12/30/94 to 12/30/94, 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 Eamyl Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 12/30 19 94

PG 2 of 2
WD 93-24429-01
PAGE 19 OF 20

WATTS BAR



TVA NUCLEAR

DEC 9 1994

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

1. Owner TENNESSEE VALLEY AUTHORITY Date 12/2/94
Name
400 W. Summit Hill Dr., Knoxville, TN.
Address
2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name
P.O. Box 2000 Spring City, TN
Address Unit 1
D-05620-02
Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA MODS Type Code Symbol Stamp
Name
P.O. Box 2000 Spring City, TN
Address Authorization No. N/A
 Expiration Date Run 12/1/94
4. Identification of System 072 CONTAINMENT SPRAY
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 W/APPENDIX THROUGH WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1072-72-1CS-R33	N/A	N/A	N/A	DCA-P05620-09, -10, -11	UNKNOWN	REPLACEMENT	NO
1072-72-1CS-R35				DCA-P05620-12, -13			
1072-72-1CS-R36				DCA-P05620-14, -15			
1072-72-1CS-R37	N/A	N/A	N/A	DCA-P05620-16	UNKNOWN	REPLACEMENT	NO
			Run 12/2/94				

7. Description of Work REMOVE/REPLACE EXISTING SUPPORT MEMBERS

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure N/A psi Test Temp. Run 12/2/94 °F

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

P 6 A cont. on Page 7

WORKPLAN D-05620-02

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-486 29 12/9/94
Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp

U A Rm 12/2/94

Certificate of Authorization No.

Expiration Date

Signed

W. L. Sims, FIELD ENGINEER
Owner or Owner's Designee, Title

Date

December 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 or Province of TN and employed by HSB 1. & 1. CO. of Hartford, CT. have inspected the components described in this Owner's Report during the period 10/20/91 to 1/5/95, 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.

W. L. Sims
Inspector's Signature

Commissions

TN 2537
National Board, State, Province, and Endorsements

Date

1-5 1995



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 AUTHORITY
Name
400 W. SUMMIT HILL DR. KNOXVILLE, TN.
Address
- Date 12-8-94
2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000, SPRING CITY, TN. 37381
Address
- Sheet 1 of 1
- Unit 1
3. Work Performed by TVA
Name
WATTS BAR NUCLEAR PLANT
Address
- Repair Organization P.O. No., Job No., etc. W40# 94-14208-00
- Type Code Symbol Stamp N/A
- Authorization No. 12/8/94
- Expiration Date 12/8/94
4. Identification of System CONTAINMENT SPRAY - 072
5. (a) Applicable Construction Code ASCE 19 73 Edition, 7TH SEVENTH Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 Thru 1981 WITH 1981 WINTER
ADDENDA.
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
47A437.4-77	N/A					REPLACED	NO
47A437.4-112	N/A					REPLACED	NO

7. Description of Work REPLACED MISSING PARTS OF SUPPORT
8. 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 recorded at the top of this form.

W/O # 94-14208-00
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FORM NIS-2 (Back)

9. Remarks TRACKING # 94-487 mH 12/9/94

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. mH 12/8/94

Expiration Date

Signed Merle H. Haway

Owner or Owner's Designee, Title FE

Date 12/8/94

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 TN and employed by HSB I & I Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 6-24-94 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.

[Signature]
Inspector's Signature

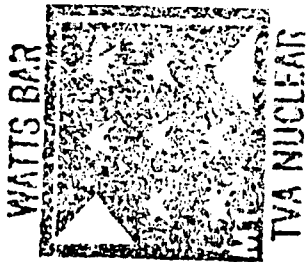
Commissions

TN 2537
National Board, State, Province, and Endorsements

Date

12-20

19 94.



JAN 05 1995

WP-D-04665-03
Page 7 cont on Page 7AFORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner TENNESSEE VALLEY AUTHORITY Date 12/14/94
Name 400 W. Summit Hill Dr Knoxville TN
Address
2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name PO Box 2000 Spring City TN Unit 1
Address D-04665-03
Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA MODS Type Code Symbol Stamp N/A
Name PO Box 2000 Spring City TN Authorization No. RUN
Address Expiration Date 12/14/94
4. Identification of System Sys. 63 Safety Injection
5. (a) Applicable Construction Code AISC 1973 Edition, JUNE 1973 Addenda, N/A RUN 12/14/94 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 ADDENDA THROUGH WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1063-A060-63-28	N/A	N/A	N/A	DCA-P04665-01-18, -19, -21	UNKNOWN	REPLACEMENT	NO

7. Description of Work MODIFIED SUPPORT PER DCA'S - P04665-01, -18, -19, -21
N/A RUN 12/14/94
8. 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 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

WP-D-04665-03

Page 7A of 8

FORM NIS-2 (Back)

9. Remarks TRACKING # 94-488 W 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp

N A W 12/14/94

Certificate of Authorization No.

Expiration Date

Signed

KL Sam FIELD ENGINEER

Date

DECEMBER 14TH, 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 HSB 1.21 Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 10-20-93 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.

SH Reason
Inspector's Signature

Commissions

TN 2537

National Board, State, Province, and Endorsements

Date

1-8, 19 95



WATTS BAR
TVA NUCLEAR

JAN 5 1995

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 AUTHORITY Date 12-9-94
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN. Sheet 1 of 1
Address
2. Plant WATS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000, SPRING CITY, TN 37381 94-25181-00
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Name
P.O. BOX 2000, SPRING CITY, TN 37381 Address
Type Code Symbol Stamp
Authorization No. NATK 12/9/94
Expiration Date
4. Identification of System 068 / REACTOR COOLANT
ASME 71 SUMMER 1971
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, NATK 12-9-94 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 WINTER 81
NATK 12/26/95
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
WBN-1-5GEN-068-SG3	WESTINGHOUSE ELEC. CORP.	1593	W10286	MODEL D3	1975	REPLACEMENT	YES <u>NATK 12/26/95</u> YES <u>149154</u>
_____							<u>NATK 12-9-94</u>

7. Description of Work REPLACE TWO BOLT ASSEMBLIES AND ONE HELICOIL STEAM GENERATOR
#3 INSTR/INSPECTION OPENING HOLE #748.
8. Tests Conducted: ☒ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. NATK 12/9/94 °F

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

94-25181-00

Page 27 OF 164

FORM NIS-2 (Back)

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. repair or replacement

Type Code Symbol Stamp

NAKKE 12-9-94

Certificate of Authorization No.

Expiration Date

Signed

Kenneth L. Smith
Owner or Owner's Designee, Title

Date 12-9

, 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 TENNESSEE and employed by HSB IFT CO. of HARTFORD CONN. have inspected the components described 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 examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be 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. Eamigh
Inspector's Signature

Commissions

TN2534

National Board, State, Province, and Endorsements

Date

1/26/95

19

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 Authority Date 1-19-94
Name
400 W. Summit Hill Drive, Knoxville, TN
Address
2. Plant Watts Bar Nuclear Plant Sheet _____ of _____
Name
P.O. Box 2000, SPRING CITY, TN 37381 Unit 1
Address W/O 94-01172-00
Repair Organization P.O. No., Job No., etc.
3. Work Performed by Watts Bar Nuclear Maint. Type Code Symbol Stamp _____
Name
P.O. Box 2000, SPRING CITY, TN 37381 Authorization No. _____
Address Expiration Date _____
4. Identification of System 41- LayUp WATER TREATMENT
5. (a) Applicable Construction Code ASME III 19 71 Edition, Summer, '73 Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80, Winter 81

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
HTTV-041-0596	Kerotest	FAG-3B-18	UNA	HTTV-041-0596 NONE RG 1-19-94	UNA	REPAIR	NO
N/R RB 1/15/94							

7. Description of Work Re-weld Valve Bonnet Seal Weld
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ None Required
 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.

FORM NIS-2 (Back)

9. Remarks 94-490 89 12/16/94

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A DW 12/16/94

Certificate of Authorization No. N/A DW 12/16/94 Expiration Date N/A DW 12/16/94

Signed D. Walter Owner or Owner's Designee, Title Dec. 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 TENNESSEE and employed by HSB I FI CO of HARTFORD CONN.

in this Owner's Report during the period 12/17/94 to 12/17/94 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.

B. Eamigh
Inspector's Signature

Commissions TN2534

National Board, State, Province, and Endorsements

Date 12/17, 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 TENNESSEE VALLEY AUTHORITY
Name

Date 12-23-1994

400 WEST SUMMIT HILL DRIVE, KNOXVILLE, TN.
Address

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name

Unit 1

P.O. BOX 2000, SPRING CITY, TN, 37381
Address

WO. 94-20271-00

Repair Organization P.O. No., Job No., etc.

3. Work Performed by PLANT COMPLETION'S GROUP
Name

Type Code Symbol Stamp

P.O. BOX 2000, SPRING CITY TN, 37381
Address

Authorization No. N/A MD 12/27/94

Expiration Date

4. Identification of System 0631 SIS

5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, NA Code Case NA MD 12-23-94

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80-WINTER 81

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-TANK-63-36	SOUTHWEST FABRICATING	WAT. SIATB-01	291	BORON INJECTION TANK	1975	SEE 7 BELOW	YES
NA MD 12-23-94							

7. Description of Work REPLACE EXISTING WASHERS WITH WELDED PLATE WASHERS ON TANK LEG BASE PLATES.

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

NA MD 12-23-94

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

FORM NIS-2 (Back)

9. Remarks TRKG NUM 94-491

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 MICHAEL R. YANCEY Michael R. Yancey
Owner or Owner's Designee, Title

Date 12-23, 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 HSB I&CO of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 12/30/94 to 12/30/94, 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. Eumigh
Inspector's Signature

Commissions

TN 2534
National Board, State, Province, and Endorsements

Date 12/30, 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 TENNESSEE VALLEY AUTHORITY
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN.
Address

Date 12-29-94

2. Plant WATTS BAR NUCLEAR PLANT
Name
PO BOX 2000, SPRING CITY, TN. 37381
Address

Sheet 1 of 1

Unit 1

WP# D-04525-02

Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA - MODIFICATIONS
Name

Type Code Symbol Stamp

Authorization No. N/A

Expiration Date 12-29-94

WATTS BAR NUCLEAR PLANT
Address

4. Identification of System SYS # 03, FEEDWATER

5. (a) Applicable Construction Code AISC (TH) 19 73 Edition, N/A Addenda, N/A Code Case
(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

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1003A-1-03A-286</u>	<u>N/A</u>	<u>NONE</u>	<u>NONE</u>	<u>DCA-P04525-09,08,10,17,18</u>	<u>UN-KNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>
<u>N/A</u>							

7. Description of Work MODIFIED SUPPORT

8. 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 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

DEC 28 1994

TVA NUCLEAR



WORK INSTRUCTION D-04525-02

Page 14 cont. on Page 2

FORM NIS-2 (Back)

9. Remarks Tracking # 94-492

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 N/A 12-29-94

Certificate of Authorization No.

Expiration Date

Signed

Ram Bonid

MECH. ENGINEER

Date

12-29

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 ASB 1. & 1. Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 10-16-91 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.

[Signature]
Inspector's Signature

Commissions

TN2537

National Board, State, Province, and Endorsements

Date

1-8

19 95

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 AUTHORITY
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN
Address

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000, SPRING CITY, TN, 37381
Address

3. Work Performed by TVA
Name
P.O. BOX 2000, SPRING CITY, TN 37381
Address

Date 12-31-94

Sheet 1 of 1

Unit 1

WO 94-12827-00
Repair Organization P.O. No., Job No., etc.

Type Code Symbol Stamp N
Authorization No.

Expiration Date A 12-31-94
CDW

4. Identification of System DI / MAIN STEAM

5. (a) Applicable Construction Code ASME SECT. III 19 80 Edition, WINTER 1980 Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 _____

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-FCV-001-014-A	TARGET ROCK	14		<u>N</u> <u>A</u> <u>CDW</u> <u>12-31-94</u>	1983	REPLACEMENT	Y
				<u>A</u> <u>N</u> <u>CDW</u> <u>12-31-94</u>			

7. Description of Work REPLACE VALVE

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure N/A CDW 12-31-94 Test Temp. _____ °F

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

FORM NIS-2 (Back)

9. Remarks TRACKING # 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp _____

Certificate of Authorization No. _____

Expiration Date WA CRN 12-31-94

Signed Charles Hewitt RE
Owner or Owner's Designee, Title

Date 12-31, 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 & CO of HARTFORD 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.

B. E. Ewing
Inspector's Signature

Commissions TN 2534
National Board, State, Province, and Endorsements

Date 2/9, 19 95

WO NO. 94-12827-00

PAGE 39 OF 40

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

1. Owner TVA Date 12-31-94
Name
400 W. SUMMIT HILL DR. KNOXVILLE, TN
Address
2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name
P.O. BOX 2000, SPRING CITY, TN 37381 Unit 1
Address

WO 94-12827-07
Repair Organization P.O. No., Job No., etc.
3. Work Performed by TV Type Code Symbol Stamp
Name
P.O. BOX 2000, SPRING CITY, TN 37381 Authorization No. N CDN
Address
Expiration Date A 12-31-94
4. Identification of System 01 / MAIN STEAM
5. (a) Applicable Construction Code ASME SECT. III 19 80 Edition, WINTER 1980 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 / W81

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1-FCV-001-07-B</u>	<u>TARGET ROCK</u>	<u>13</u>		<u>A</u> <u>CDN</u> <u>12-31-94</u> <u>N</u>	<u>1983</u>	<u>REPLACEMENT</u>	<u>Y</u>
				<u>A</u> <u>CDN</u> <u>12-31-94</u> <u>N</u>			

7. Description of Work REPLACE VALVE
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure N/A CDN 12-31-94 psi Test Temp. °F

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

FORM NIS-2 (Back)

9. Remarks TRACKING #94-494
 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 N A CON 12-31-94

Signed Charles Reuter RE Date 12-31, 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 I & Co. of Hartford 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.

B. E. Enright Commissions TN 2534
 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
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name

400 W. Summit Hill Drive, Knoxville, TN
Address

2. Plant WATTS BAR NUCLEAR PLANT
Name

P.O. Box 2000, Spring City, TN, 37381
Address

3. Work Performed by TVA
Name

P.O. Box 2000, Spring City, TN 37381
Address

Date 12-31-94

Sheet 1 of 1

Unit 1

WO 94-12827-06
Repair Organization P.O. No., Job No., etc.

Type Code Symbol Stamp

Authorization No. CON

Expiration Date 12-31-94

4. Identification of System OL/MAIN STEAM

5. (a) Applicable Construction Code ASME SECT III 1980 Edition, WINTER 1980 Addenda, N/A Code Case 8/22/95

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980 Winter 1980 Addenda, N/A Code Case 8/22/95

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1-FCV-001-181-A</u>	<u>TARGET ROCK</u>	<u>9</u>		<u>A CON 12-31-94</u>	<u>1983</u>	<u>REPLACEMENT</u>	<u>Y</u>

7. Description of Work REPLACE VALVE

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure ☐ Test Temp. CON 12-31-94 °F

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

FORM NIS-2 (Back)

9. Remarks

TRACKING # 94-495

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.

A 12-31-94

Expiration Date

Signed Charles Hewitt

Owner or Owner's Designee, Title

RE

Date

12-31

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&I Co. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 8/22/95 to 8/22/95 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. Ensmith
Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

8/22/95

19

WO-94-12827-06

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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 Authority Date 12-31-94
Name
400 W. Summit Hill Drive, Knoxville, TN
Address
2. Plant Watts Bar Nuclear Plant Sheet 1 of 1
Name
P.O. Box 2000 Spring City, TN 37381
Address Unit 1
WD 94-12827-01
Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Type Code Symbol Stamp
Name
P.O. BOX 2000, SPRING CITY, TN 37381
Address Authorization No. N CDN
Expiration Date A 12-31-94
4. Identification of System C1 / MAIN STEAM
5. (a) Applicable Construction Code ASME SECT III 19 80 Edition, WINTER 1980 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 _____

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-FCV-DOI-182-B	TARGET ROCK	10		N A CDN 12-31-94	1983	REPLACEMENT	Y

7. Description of Work REPLACE VALVE

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒
Other ☐ Pressure _____ psi Test Temp. CDN 12-31-94 °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.

FORM NIS-2 (Back)

9. Remarks

TRACKING # 94-496

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 Newton
Owner or Owner's Designee, Title

RE

Date

12-31

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&I CO. of HART FORD 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.

B. Eamigh
Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

2/9

19 95

WO NO. 94-12827-01

47 OF 47

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 AUTHORITY Date 1/8/95
Name
400 W. SUMMIT HILL DRIVE, KNOX, TN. Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000, SPRING CITY, TN. WD# 94-12827-02
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA, MODIFICATIONS Type Code Symbol Stamp N/
Name Authorization No. WMP
WATTS BAR NUCLEAR PLANT Expiration Date 1/8/95
Address
4. Identification of System STEAM GENERATOR BLOWDOWN / SYS #015
5. (a) Applicable Construction Code ASME SEC. III 19 80 Edition, WINTER 1980 Addenda, N/A WMP Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981 ADDENDUM
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
VALVE # 1-FCV-001-0025-B	TARGET ROCK CORP.	15	N/ WMP 1/8/95	STEAM GEN #3 BLOWDOWN ISOL VALVE	1983	REPLACEMENT	YES
N A WMP 1/8/95							

7. Description of Work REMOVED EXISTING VALVE AND INSTALLED NEW VALVE
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
 Other ☐ Pressure psi Test Temp. °F
A WMP
1/8/95

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

FORM NIS-2 (Back)

9. Remarks. TRACKING # 95-001 was 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp N

Certificate of Authorization No. A

Expiration Date 1/8/95

Signed ML Dadd, CONST. ENGR.

Owner or Owner's Designee, Title

Date 1/8, 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 I & I CO of HARTFORD 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.

B. Eamigh
Inspector's Signature

Commissions TN 2534

National Board, State, Province, and Endorsements

Date 2/10, 19 95

WO NO. 94-12827-02

41 OF 43

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 AUTHORITY Date 1/8/95
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000, SPRING CITY, TN, 37381 WO # 94-12827-04
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA, MODIFICATIONS Type Code Symbol Stamp N/
Name Authorization No. 1/8/95
WATTS BAR NUCLEAR PLANT Expiration Date 1/8/95
Address
4. Identification of System STEAM GENERATOR BLOWDOWN / SYS # 015
5. (a) Applicable Construction Code ASME SECT. III 19 80 Edition, WINTER 1980 Addenda, N/A 1/8/95 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980 THRU WINTER 1981 ADDENDA
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
VALVE # 1-FV-1-0032-A	TARGET ROCK CORP.	16	N/A 12mo 1/8/95	STEAM GEN. #4 BLOWDOWN ISOL. VALVE.	1984	REPLACEMENT	YES
N A WMO 1/8/95							

7. Description of Work REMOVED EXISTING VALVE AND INSTALLED NEW VALVE

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 N Other ☐ Pressure _____ psi Test Temp. _____ °F.
 A WMO 1/8/95

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

WO# 94-12827-04

PAGE 33 OF 41

FORM NIS-2 (Back)

9. Remarks TRACKING # 95-002 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 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

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 TENNESSEE and employed by HSB TIG of HARTFORD 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.

Inspector's Signature

Commissions

National Board, State, Province, and Endorsements

Date

19

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 AUTHORITY Date 1-8-95
Name
400 W. Summit Hill Drive, Knoxville, TN
Address
 2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name
P.O. BOX 2000, SPRING CITY, TN, 37381 Unit 1
Address
WO 94-12827-05
Repair Organization P.O. No., Job No., etc.
 3. Work Performed by TVA Type Code Symbol Stamp
Name
P.O. BOX 2000, SPRING CITY, TN 37381 Authorization No. NA 7/13/95
Address Expiration Date 1-8-95
 4. Identification of System O1 / MAIN STEAM
 5. (a) Applicable Construction Code ASME SECT. III 19 80 Edition, WINTER 1980 Addenda, NA 7/13/95 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-FCV-001-184	TARGET ROCK	12		A CON N 1-8-95	1983	REPLACEMENT	Y
				A CON N 1-8-95			

7. Description of Work REPLACED VALVE

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒
 Other ☐ Pressure psi Test Temp. CON 1-8-95 °F

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

9. Remarks

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

Certificate of Authorization No. _____

N
A. con 1-8-95

Expiration Date

Signed

Charles Newton

RE

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 I & I CO. of HSB I & I CO. 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.

B. Ennals
Inspector's Signature

Commissions

T.N 2534

National Board, State, Province, and Endorsements

Date

2/9

19

95

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 AUTHORITY
Name
400 W. SUMMIT HILL DR. KNOXVILLE, TN
Address

Date 12/6/94
Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000, SPRING CITY, TN 37381
Address

Unit 1
WO# 94-22497-00
DCN F-33778-A-AA-02
Repair Organization P.O. No., Job No., etc.

3. Work Performed by TENNESSEE VALLEY AUTHORITY
Name
P.O. BOX 2000, SPRING CITY, TN 37381
Address

Type Code Symbol Stamp
Authorization No.
Expiration Date W/A Jm 12/6/94

4. Identification of System RESIDUAL HEAT REMOVAL SYS / 074

5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, 2/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1074-74-1RHR-R134</u>		<u>W/A Jm 12/6/94</u>		<u>DCN SA814-134</u> <u>4 F33778-A-AA-02</u>	<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>

7. Description of Work REPLACED SUPPORT 1074-74-1RHR-R134 PER DCN F33778-A

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure W/A Jm 12/6/94 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.

FORM NIS-2 (Back)

9. Remarks TRACKING # 95-004 ²⁰⁴ 11/10/95

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. _{repair or replacement}

Type Code Symbol Stamp _____

Certificate of Authorization No. _____

Expiration Date 12/6/94

Signed Merle Hestway FE
Owner or Owner's Designee Title

Date Jan. 11, 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 I&I CO. of HARTFORD CONN. 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.

B. Eamigh
Inspector's Signature

Commissions

TN2534
National Board, State, Province, and Endorsements

Date 1/23, 19 95

W.O. 94-22497-00

Page 20 of 32

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 AUTHORITY

Name

Date 10-24-94

400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN

Address

Sheet _____ of _____

2. Plant Watts Bar Nuclear Plant

Name

Unit 1

P.O. Box 2000, Spring City TN 37381

Address

94-20225-03

Repair Organization P.O. No., Job No., etc.

3. Work Performed by Watts Bar Nuclear Maintenance

Name

Type Code Symbol Stamp N/R

P.O. Box 2000, Spring City, TN 37381

Address

Authorization No. N/R

Expiration Date N/R

4. Identification of System 072 - CONTAINMENT SPRAY

5. (a) Applicable Construction Code AISC

10TH Edition, N/R

Addenda, N/R

Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80481

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>SNUBBER</u> <u>1-SNUB-072-05854</u>	<u>PSA</u>	<u>20760</u>	<u>N/A</u>	<u>1-SNUB-072-05854</u>	<u>N/A</u>	<u>REPLACE- MENT</u>	<u>N</u>

7. Description of Work REPLACED SNUBBER

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐

Other ☐ Pressure _____ psi Test Temp. _____ °F N/R RB 10/24/94

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

FORM NIS-2 (Back)

9. Remarks 95-005

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 ENM 1/10/95

Certificate of Authorization No. N/A ENM 1/10/95 Expiration Date N/A ENM 1/10/95

Signed Edward N. McElroy Date Jan. 10, 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 IFCO of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 1/20/95 to 1/20/95, 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 shall be 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. Eamigh
Inspector's Signature

Commissions TN 2534
National Board, State, Province, and Endorsements

Date 1/20, 19 95

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 Authority
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE
Address

Date 11/17/94

Sheet 1 of 1

2. Plant Watts Bar Nuclear Plant
Name
P.O. Box 2000, Spring City, TN 37381
Address

Unit 1

94-20225-04

Repair Organization P.O. No., Job No., etc.

3. Work Performed by Watts Bar Nuclear Maintenance
Name
P.O. Box 2000, Spring City, TN 37381
Address

Type Code Symbol Stamp N/R

Authorization No. N/R

Expiration Date N/R

4. Identification of System 072 - CONTAINMENT SPRAY

5. (a) Applicable Construction Code AISC ¹⁹ 7TH Edition, N/R Addenda, N/R Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 BOWB1 ^{RG 11/17/94}

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-SNUB-072-CSR55	PSA	20763	N/A	NONE	1992	REPLACEMENT	No

7. Description of Work REPLACED SNUBBER

8. Tests Conducted: ☒ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. _____ °F N/A
RG 11/17/94

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

FORM NIS-2 (Back)

9. Remarks 95-006

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 ENR 1/10/95
 Certificate of Authorization No. N/A ENR 1/10/95 Expiration Date N/A ENR 1/10/95
 Signed E. N. McLaughlin Date Jan 10, 1995
 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 I&I CO. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 1/20/95 to 1/20/95, 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 shall be 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. E. Emery Commissions TN 2534
 Inspector's Signature National Board, State, Province, and Endorsements

Date 1/20 19 95

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 Authority
Name
400 W. Summit Hill Drive, Knoxville, TN
Address

Date 1-13-95

Sheet 1 of 2

2. Plant WATTS BAR Nuclear Plant
Name
P.O. Box 2000, Spring City, TN 37381
Address

Unit 1

WP-D-05709-15
Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA
Name
P.O. Box 2000 Spring City, TN
Address

Type Code Symbol Stamp

Authorization No. NA GG 1-13-95

Expiration Date

4. Identification of System Residual Heat Removal System 074

5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE '73 Addenda, NA GG 1-13-95 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 - WINTER 1981 Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1074-74-1RAE-R 74</u>		<u>NA GG 1-13-95</u>		<u>DEN-P-05709-C</u>	<u>NA GG 1-13-95</u>	<u>Replaced</u>	<u>NA GG 1-13-95</u>
<u>RLS 1/13/95</u> <u>LE 2/20/95</u>							
			<u>NA GG 1-13-95</u>				

7. Description of Work

8. Tests Conducted: ☒ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure ☐ psi Test Temp. ☐ NA GG 1-13-95

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

FORM NIS-2 (Back)

9. Remarks

95-007 24 11/13/95

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 REPLACED MB 1-14-95 conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp

NAGG1-13-95

Certificate of Authorization No.

NAGG1-13-95

Expiration Date

NAGG1-13-95

Signed

Jania Johnson (PCG) (FE)
Owner or Owner's Designee, Title

Date

1-1319 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 I&I CO. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 1/18/95 to 1/18/95, 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 employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be 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

B. Eamigh

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

1/18/95

19

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 Authority Date 1-13-95
Name
400 W. Summit Hill Drive, Knoxville, TN.
Address
2. Plant Watts Bar Nuclear Plant Sheet 1 of 1
Name
P.O. Box 2000, Spring City, TN 37381
Address Unit 1
WD 94-12827-03
Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Type Code Symbol Stamp
Name
P.O. BOX 2000, SPRING CITY, TN 37381
Address Authorization No. N CON 1-13-95
Expiration Date A
4. Identification of System 01 / MAIN STEAM
5. (a) Applicable Construction Code ASME SECT. III 19 80 Edition, WINTER 1980 Addenda, N/A CON 1-13-95 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 WINTER 1981 ADDENDA

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-FCV-001-183	TARGET ROCK	11		<u>N</u> <u>A</u> <u>CON 1-13-95</u>	1983	REPLACEMENT	Y

7. Description of Work REPLACE VALVE
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ N Nominal Operating Pressure ☐
Other ☐ Pressure psi A Test Temp. °F
CON 1-13-95

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.

W/O 94-2827-
PAGE 40 OF 59

FORM NIS-2 (Back)

9. Remarks TRACKING # 95-008

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. _____

N A CON 1-13-95
Expiration Date _____

Signed Charles Newton FE
Owner or Owner's Designee, Title

Date 1-13, 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 I&I CO of HARTFORD CONN. 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 shall be 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. Eamm
Inspector's Signature

Commissions TN 2534
National Board, State, Province, and Endorsements

Date 2/20, 19 95

WO-94-12827-03
PAGE 41 OF 59

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

1. Owner TVA Name 400 W. SUMMIT HILL DR. KNOXVILLE, TN Address
Date 1-13-95
Sheet 1 of 1
2. Plant WATTS BAR NUCLEAR Name
Unit 1
Address P.O. BOX 2000, SPRING CITY, TN 37381
Repair Organization P.O. No., Job No., etc. WO 94-12827-03
3. Work Performed by TVA Name
Type Code Symbol Stamp N/A
Address P.O. BOX 2000, SPRING CITY, TN
Authorization No. N/A
Expiration Date 1-13-95
4. Identification of System D1 / MAIN-STEAM
5. (a) Applicable Construction Code PTSC 19 73 Edition, JUNE 73 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981 ADDENDUM

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1001-A400-60-174			<u>N/A</u>	<u>CON 1-13-95</u>	<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>N</u>
			<u>N/A</u>	<u>CON 1-13-95</u>			
			<u>N/A</u>	<u>CON 1-13-95</u>			
			<u>N/A</u>	<u>CON 1-13-95</u>			
			<u>N/A</u>	<u>CON 1-13-95</u>			

7. Description of Work REMOVED AND REPLACED MEMBERS TO ALLOW REPLACEMENT OF 1-FLV-1-153

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ N/A Nominal Operating Pressure ☐
Other ☐ Pressure ☐ Test Temp. 1-13-94 °F

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

(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-94-12827-0
PAGE 42 OF 59

FORM NIS-2 (Back)

9. Remarks

TRACKING # 95-009

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 S. Smith
Owner or Owner's Designee, Title

FE

Date

1-13, 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 IIC of HARTFORD CONN 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 shall be 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. Earmstrong
Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

2/20

19

95

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

- Owner TENNESSEE VALLEY AUTHORITY
Name
400 W. SUMMIT HILL DRIVE, KNOX, TN.
Address
- Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000, SPRING CITY, TN.
Address
- Work Performed by TVA, MODIFICATIONS
Name
WATTS BAR NUCLEAR PLANT
Address
- Identification of System FEEDWATER / SYS #003
- (a) Applicable Construction Code AISC 7TH 19 73 Edition, N/A Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THROUGH WINTER 1981 ADDENDA
- Identification of Components Repaired or Replaced and Replacement Components

Date 1/14/95
Sheet 1 of 1
Unit 1
Repair Organization P.O. No., Job No., etc. WORKPLAN # D-18998-02
Type Code Symbol Stamp N/A
Authorization No. N/A
Expiration Date 1/14/95

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT 1003A-1-03A-242	N/A WMD 1/14/95	NONE	NONE	DCA-M1897B-01, -02, -03, -04, -05		UNKNOWN REPLACEMENT	NO
PIPE SUPPORT 1003A-1-03A-244		NONE	NONE	DCA-M1897B-08, -09, -10, -25, -26		UNKNOWN REPLACEMENT	NO
PIPE SUPPORT 1003A-1-03-245		NONE	NONE	DCA-M1897B-11, -12, -13, -14, -15, -16, -17		UNKNOWN REPLACEMENT	NO
PIPE SUPPORT 1003A-1-03A-246		NONE	NONE	DCA-M1897B-18, -19, -20, -21, -22		UNKNOWN REPLACEMENT	NO
PIPE SUPPORT 1003-A401-9-5		NONE	NONE	FOCN #F-33710-A, 41A401-9-5		UNKNOWN REPLACEMENT	NO

- * 7. Description of Work
 1003A-1-03A-242 - INCREASED WELD SIZE ON TWO WELDS.
 1003A-1-03A-244 - REMOVED EXIST. STEEL PSA-35, AND CLAMP. INSTALLED NEW STEEL, BASEPLATE, ANCHORS, PSA 100, AND YOKE CLAMP.
 1003A-1-03A-245 - REMOVED EXIST. STEEL, BASEPLATE AND ANCHORS. INSTALLED NEW STEEL, BASEPLATE, ANCHORS, AND CLAMP.
 8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☒ Pressure N/A psi Test Temp. 1/14/95 °F

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

(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

- * 1003A-1-03A-246 - REMOVED EXIST. CLAMP WITH LUG WELDED TO IT, T.S., AND PLATE. INSTALLED NEW T.S., PLATE, CLAMP WITH LUG WELDED TO IT.
 1003-A401-9-5 - REMOVED EXIST. SUPPORT. INSTALLED NEW CLAMP, SNUBBED, AND PLATES.

WORK INSTRUCTION D-18998-02

Page 8 cont. on Page 8A

FORM NIS-2 (Back)

9. Remarks TRACKING # 95-010 WND 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 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 _____

Owner or Owner's Designee, Title

Date

1/14, 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 TN and employed by HSR 1-8, I. CO. of Hartford, CT. have inspected the components described in this Owner's Report during the period 11-20-92 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 kind arising from or connected with this inspection.

Inspector's Signature

Commissions

National Board, State, Province, and Endorsements

Date

2-1

19 95.



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 AUTHORITY Date 1/14/95
Name
400 W. SUMMIT HILL DRIVE, KNOX, TN.
Address
2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name
P.O. Box 2000, SPRING CITY, TN.
Address Unit 1
3. Work Performed by TVA, MODIFICATIONS WORKPLAN # D-18998-02
Name Repair Organization P.O. No., Job No., etc.
WATTS BAR NUCLEAR PLANT Type Code Symbol Stamp N/A
Address Authorization No. N/A
Expiration Date 1/14/95
4. Identification of System FEEDWATER / SYS # 003
5. (a) Applicable Construction Code ASCE 7TH 19 73 Edition, N/A Addenda N/A Code Case
(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

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>PIPE 3J4P02T</u> <u>1003-A401-9-6</u>	<u>N/A</u> <u>1/14/95</u>	<u>NONE</u>	<u>NONE</u>	<u>DCA-P04532-</u> <u>08 FORN #</u> <u>F-33710-A</u>	<u>UNKNOWN</u> <u>1/14/95</u>	<u>REPLACEMENT</u>	<u>NO</u>
<u>N/A</u> <u>1/14/95</u>							

7. Description of Work 1003-A401-9-6 - REMOVED EXIST. BASEPLATE ANCHORS AND PLATE, INSTALLED
NEW RESTRAINT PLATE IN THE Y DIRECTION.
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☒ Pressure N/A psi Test Temp. N/A °F

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

WORK INSTRUCTION D-18798-02

Page 8B 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 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

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 HSB 1.2.1. Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 11-20-95 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.

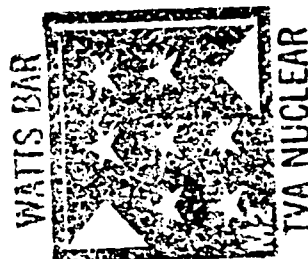
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury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

Inspector's Signature

Commissions

National Board, State, Province, and Endorsements

Date 2-1 19 95.



JAN 14 1995

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 AUTHORITY Date 1/14/95
Name
400 W. SUMMIT HILL DRIVE, KNOX, TN. Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000, SPRING CITY, TN. WORKPLAN # D-19178-01
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA, MODIFICATIONS Type Code Symbol Stamp N/
Name Authorization No. A WMS
WATTS BAR NUCLEAR PLANT Expiration Date 1/14/95
Address
4. Identification of System FEEDWATER / SYS #003
5. (a) Applicable Construction Code AISC 7TH 19 73 Edition, N/A WMS Addenda, N/A WMS Code Case
 (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

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 1003A-1-03A-284		NONE	NONE	DLA-M19178-01-02, -03, -04 & -05		UNKNOWN REPLACEMENT	NO
PIPE SUPPORT 1003A-1-03A-288		NONE	NONE	DLA-M19178-06, -07 & -08		UNKNOWN REPLACEMENT	NO
PIPE SUPPORT 1003A-1-03A-290		NONE	NONE	DLA-M19178-09, -10, -11 & -12		UNKNOWN REPLACEMENT	NO
<div style="text-align: center;"> <u>N</u> <u>A WMS</u> <u>1/14/95</u> </div>							

7. Description of Work 1003A-1-03A-284 - MODIFIED RESTRAINT UNDER PIPE.
1003A-1-03A-288 - MODIFIED SHIM PLATES ON TOP OF PIPE.
1003A-1-03A-290 - MODIFIED RESTRAINT UNDER PIPE.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☒ Pressure N psi Test Temp. A WMS 1/14/95 °F

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

WORK INSTRUCTION D-19178-01

Page 6A cont. on Page 6B

FORM NIS-2 (Back)

9. Remarks TRACKING # 95-012 wms 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI.
repair or replacement

Type Code Symbol Stamp N

Certificate of Authorization No. A

Expiration Date 1/14/95

Signed Mike Dodd, CONST. ENGR. 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 TENNESSEE and employed by HSB I & I CO. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 2/1/95 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 kind arising from or connected with this inspection.

B. Earmagh
Inspector's Signature

Commissions TN 2534

National Board, State, Province, and Endorsements

Date 2/1 19 95



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

1. Owner TVA Name 400 W. SUMMIT HILL DR, KNOXVILLE, TN Address
Date 1-15-95
Sheet 1 of 1
2. Plant WATTS BAR NUCLEAR PLANT Name
P.O. BOX 2000, SPRING CITY, TN Address
Unit 1
WP D-18696-02 Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Name
P.O. BOX 2000, SPRING CITY, TN Address
Type Code Symbol Stamp
Authorization No. N CON
Expiration Date 1-15-95
4. Identification of System 03 / MAIN AND AUX. FEEDWATER
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 73 Addenda, NIA ^{CON 1-15-95} Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

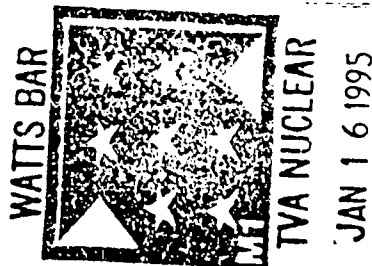
Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1003A-1-D3A-325</u>		<u>N</u>	<u>A CON 1-15-95</u>		<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>
			<u>A</u>				
			<u>N CON 1-15-95</u>				

7. Description of Work MODIFY SUPPORT PER DCN-M-18696-A

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ N Nominal Operating Pressure ☐
Other ☐ Pressure psi Test Temp. CON 1-15-95 °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.

WORK INSTRUCTION D-18696-02



Page 7 cont. on Page 8

FORM NIS-2 (Back)

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 _____

Owner or Owner's Designee, Title

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 of TN and employed by HSB I & I Co. of Hartford, CT. have inspected the components described 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 implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature]
Inspector's Signature

Commissions _____

TN 2537

National Board, State, Province, and Endorsements

Date _____

2-7-

19 95

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 Authority Date 1-16-95
Name
400 W. Summitt Hill Drive, Knoxville, TN Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000, Spring City, TN, 37381 W.O. 93-10087-03
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by T.V.A. MECH. MODIFICATIONS Type Code Symbol Stamp
Name
WATTS BAR NUCLEAR PLANT Authorization No. N/A BAP 1/16/95
Address Expiration Date
4. Identification of System SYSTEM 63, SAFETY INJECTION
5. (a) Applicable Construction Code ASCE 7TH 19 73 Edition, N/A BAP 1/16/95 Addenda, N/A BAP 1/16/95 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 EDITION THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT	N/A BAP 1/16/95	NONE	NONE	1063-63-ISIS-R35	UNKNOWN	REPLACEMENT	NO
				N/A BAP 1-16-95			

7. Description of Work REPLACED STRUT, BEVELED WASHERS, & BOLTING
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ N/A BAP 1/16/95
Other ☐ Pressure _____ psi Test Temp. _____ °F

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

FORM NIS-2 (Back)

WO-93-10087-03
PAGE 23 OF 44

9. Remarks

95-014

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp

N/A B2P 1/16/95

Certificate of Authorization No.

N/A B2P 1/16/95

Expiration Date

N/A B2P 1/16/95

Signed

Bradford L. Pendue
Owner or Owner's Designee, Title

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 I&I CO' of HARTFORD 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.

Inspector's Signature

B. Eamuff

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

2/10

19

95

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 AUTHORITY
Name
400 W. SUMMIT HILL DR. KNOXVILLE, TN.
Address
- Date 12-10-94
Sheet 1 of 1
2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000 SPRING CITY, TN. 37381
Address
- Unit 1
WO-94-19649-02
Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA
Name
P.O. BOX 2000 SPRING CITY, TN. 37381
Address
- Type Code Symbol Stamp 198
Authorization No. N/A
Expiration Date N/A
4. Identification of System 74 / RHR SYSTEM
5. (a) Applicable Construction Code AISC STEEL CONSTRUCTION MANUAL, 7th EDITION
19 80 Edition, WINTER 1981 Addenda Addenda, Code Case

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SUPPORT 1074-A435-1-45		N/A 25 117-85		DCA-W33042-07	UNK	REPLACEMENT	NO

7. Description of Work REPLACED STRUT/CLAMP WITH SNUBBER/CLAMP.
8. 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 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks TRACKING # 95-015 ¹⁻¹⁷⁻⁹⁵
 Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A ¹⁻¹⁷⁻⁹⁵

Certificate of Authorization No. N/A ¹⁻¹⁷⁻⁹⁵ Expiration Date N/A ¹⁻¹⁷⁻⁹⁵

Signed [Signature] Date 1-17, 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 IN and employed by HSB I & I Co. of Hartford, CT have inspected the components described 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.

[Signature] Commissions TN 2537
 Inspector's Signature National Board, State, Province, and Endorsements

Date 1-27 19 95

WO-84-19649-02

PG 16 of 11

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 AUTHORITY Date 12-3-94
Name
400 W. SUMMIT HILL DR, KNOXVILLE, TN. Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000, SPRING CITY, TN 37781 W O. 94-25182-00
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by WATTS BAR MODIFICATION Type Code Symbol Stamp
Name
P.O. BOX 2000, SPRING CITY, TN. 37781 Authorization No. NAKKE 12/15/94
Address Expiration Date
4. Identification of System 068 / STEAM GENERATOR #4
5. (a) Applicable Construction Code ASME 11B195 71 11B195 SUMMER Edition, JUNE 1973 Addenda, NAKKE 12/15/94
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 - WINTER 81

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
WBN-1-SGEN-068-SG4	WESTINGHOUSE ELEC. CORP.	1594	W10289	NAKKE 12/15/94	1975	REPLACEMENT	No
NAKKE 12/15/94							

7. Description of Work Replaced 1 Stud and 1 Nut for INST/INSPECTION OPENING
8. Tests Conducted: ☒ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure ☐ Test Temp. NAKKE 12/15/94 °F

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

FORM NIS-2 (Back)

9. Remarks NONE TRACKING # 95-016 SFI-18-95
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. repair or replacement

Type Code Symbol Stamp _____
Certificate of Authorization No. _____ Expiration Date _____
Signed Remond L. L... FE Date 12-13, 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 HSB I & I Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 12-13-94 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.

[Signature] Commissions TN 2537
Inspector's Signature National Board, State, Province, and Endorsements

Date 2-7 19 95

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 AUTHORITY Date 11-18-94
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TENN.
Address

2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name
P.O. BOX 2000 SPRING CITY, TENN. 37381 Unit 1
Address 94-20225-05
Repair Organization P.O. No., Job No., etc.

3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Type Code Symbol Stamp N/R
Name
P.O. BOX 2000 SPRING CITY, TENN. 37381 Authorization No. N/R
Address Expiration Date N/R

4. Identification of System 072-CONTAINMENT SPRAY

5. (a) Applicable Construction Code AISC ^{19.7TH} Edition, N/R Addenda, N/R Code Case
19.11-15-44
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80W81

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-SNUB-072-CSR18	PSA	30866	N/A	NONE	1994	Replacement	Y

7. Description of Work REPLACED SNUBBER

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure _____ psi Test Temp. _____ N/R AS 11/18/94

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

FORM NIS-2 (Back)

9. Remarks 95-017

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 ENM 1/19/95

Certificate of Authorization No. N/A ENM 1/19/95 Expiration Date N/A ENM 1/19/95

Signed Edward A. McCoy Date January 19, 1995
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 I&I Co. of HARTFORD Conn. have inspected the components described in this Owner's Report during the period 1/20/95 to 1/20/95, 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 shall be 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. Eamigh
Inspector's Signature

Commissions TN 2534
National Board, State, Province, and Endorsements

Date 1/20 19 95



TVA NUCLEAR

JAN 20 1995

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 Authority
Name
400 W. Summit Hill Drive, KNOX, TN.
Address

Date 1-20-95

Sheet 1 of 2

2. Plant WATTS BAR Nuclear TRANT
Name
PO Box 2000, SPRING CREEK, TN. 37381
Address

Unit 1

WP-D-CA524-01
Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA
Name
WATTS BAR Nuclear TRANT
Address

Type Code Symbol Stamp

Authorization No. NGG1-20-95

Expiration Date A

4. Identification of System 003 / Feedwater

5. (a) Applicable Construction Code AISC 7th 19 73 Edition, NGG1-20-95 Addenda, NGG1-20-95 Code Case
(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

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-247	NONE	NONE	NONE	CA-PO 4524-01, 04, 05 & 15	N/A 66-20-95	Replacement	NA 66-20-95
1003A-1-03A-248	NONE	NONE	NONE	CA-PO 4524-01, 06, 07, 08, 09, 17, 18, 19, 20	N/A 66-20-95	Replacement	NA 66-20-95
				NGG1-20-95			
				A			

7. Description of Work Modify Supports PER DCA'S, DCA-PO 4524-01, 04, 05, 06, 07, 08, 09, 15, 17, 18, 19 & 20.

8. Tests Conducted: ☒ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. _____ °F NGG1-20-95
A

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

FORM NIS-2 (Back)

9. Remarks 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 Replacement conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp NAGG 1-20-95

Certificate of Authorization No. NAGG 1-20-95 Expiration Date NAGG 1-20-95

Signed [Signature] Date 1-20-95, 1995
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 and employed by HSBI&IC of Hartford, CT 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.

[Signature] Commissions IN 2537
Inspector's Signature National Board, State, Province, and Endorsements

Date 2-7 1995

WORKPLAN D-045-24-01

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 AUTHORITY Date 1/21/95
Name
400 W. SUMMIT HILL DRIVE, KNOX, TN
Address
2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name
P.O. BOX 2000, SPRING CITY, TN 37381 Unit 1
Address
WORKPLAN D18401-04
Repair Organization P.O. No., Job No., etc.
3. Work Performed by T.V.A. MECH. MODIFICATIONS Type Code Symbol Stamp
Name
WATTS BAR NUCLEAR PLANT Authorization No. N/A B&P 1/21/95
Address
Expiration Date
4. Identification of System FEEDWATER
5. (a) Applicable Construction Code ASME 7TH 19 73 Edition, N/A B&P 1/21/95 Addenda, N/A B&P 1/21/95 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 EDITION THRU WINTER 1981.

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>PIPE SUPPORT</u>	<u>N/A B&P 1/21/95</u>	<u>NONE</u>	<u>NONE</u>	<u>1003A-1-03A-205</u>	<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>
				<u>N/A B&P 1/21/95</u>			

7. Description of Work SUPPORT MODIFIED TO COMPENSATE FOR CHECK VALVE SLAM ON PIPING

8. Tests Conducted: ☒ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ N/A B&P 1/21/95
Other ☐ Pressure _____ Psi Test Temp. _____ °F

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

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

WORK INSTRUCTION D18401-04

Page 6 cont. on Page 7

TVA NUMBER

JAN 22 1995

FORM NIS-2 (Back)

9. Remarks TRACKING # 95-019 ^{BAP 1/21/95}
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.
repair or replacement

Type Code Symbol Stamp N/A BAP 1/21/95
Certificate of Authorization No. N/A BAP 1/21/95 Expiration Date N/A BAP 1/21/95
Signed Bradford R. Perdue Date Jan. 21, 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 TN and employed by HSBIRI Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 2-22-93 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.

B. Eumach Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 8/23/95 19 95

WORK INSTRUCTION D18401-04

Page 7 cont. on Page 8



Page 7 of 8

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 AUTHORITY Date 1/21/95
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN. Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000, SPRING CITY, TN. 37381 WORKPLAN D 05620-11
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA MECH. MODIFICATIONS Type Code Symbol Stamp
Name
WATTS BAR NUCLEAR PLANT Authorization No. N/A BAP 1/21/95
Address Expiration Date
4. Identification of System CONTAINMENT SPRAY
5. (a) Applicable Construction Code AISC, 7TH 19 73 Edition, N/A BAP 1/21/95 Addenda, N/A BAP 1/21/95 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 EDITION THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT	N/A BAP 1/21/95	NONE	NONE	1072-72-1CS R 44	UNKNOWN	REPLACEMENT	NO
N/A BAP 1/21/95							

7. Description of Work
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ BAP 1/21/95
Other ☐ Pressure _____ psi Test Temp. _____ °F

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

Page 8 of 9

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. repair or replacement

Type Code Symbol Stamp N/A BAP 1/21/95

Certificate of Authorization No. N/A BAP 1/21/95 Expiration Date N/A BAP 1/21/95

Signed Bralph D. Perkins Date Jan 21, 19 95
Owner or Owner's Designee, Title

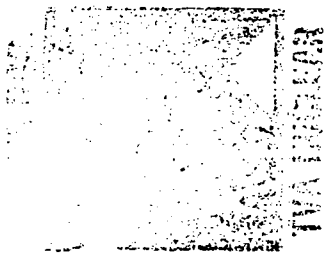
CERTIFICATE OF INSERVICE INSPECTION

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 HEB I & I Co. of HARTFORD CONN. 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.

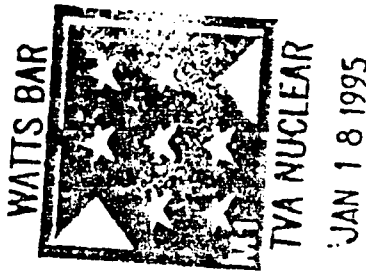
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury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

B. Egan Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 1/23 19 95



JAN 05 1995



Page 7 cont. on Page 8
D 05620 12

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 AUTHORITY Date 1-23-95
Name
401 W. SUMMIT HILL DRIVE, KNOXVILLE, TN Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000, SPRING CITY, TN 37158 WP# D-05620-12
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA MODS. Type Code Symbol Stamp
Name
P.O. Box 2000 SPRING CITY TN Authorization No. N/A
Address Expiration Date 1-23-95
4. Identification of System 072 CONTAINMENT SPRAY
5. (a) Applicable Construction Code AISC 19 73 Edition, 06/73 Addenda, N/A 1-23-95 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 w/ADDENDUM THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1072-72-1CS -R33	N/A	N/A	N/A	72-1CS-R33	UNKNOWN	REPLACEMENT	NO
1072-72-1CS -R35				72-1CS-R35		REPLACEMENT	
1072-72-1CS -R2				72-1CS-R2		REPLACEMENT	
1072-72-1CS -R17				72-1CS-R17		REPLACEMENT	
1072-72-1CS -R54	N/A	N/A	N/A	72-1CS-R54	UNKNOWN	REPLACEMENT	NO

7. Description of Work REWORKED / REPLACED SUPPORTS TO REPAIR DAMAGE
N/A 1-23-95
8. 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 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.



Page 8 cont. on Page 9

D 05620 12

FORM NIS-2 (Back)

9. Remarks TRACKING # 95-21 1/24/95

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. repair or replacement

Type Code Symbol Stamp EA

Certificate of Authorization No. ELN 1-23-95

Expiration Date

Signed Ellsaw

Owner or Owner's Designee, Title

FIELD ENGINEER

Date

JANUARY 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 TN and employed by HSB I & Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 1-17-95 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.

SH. B. San
Inspector's Signature

Commissions

TN 2537
National Board, State, Province, and Endorsements

Date

1-27

19 95.

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 AUTHORITY Date 1-16-95
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TENN.
Address
2. Plant WATTS BAR NUCLEAR PLANT Sheet _____ of _____
Name
P.O. BOX 2000 SPRING CITY, TENN. 37381 Unit 1
Address
3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Repair Organization P.O. No., Job No., etc. 93-22346-05
Name
P.O. BOX 2000 SPRING CITY, TENN. 37381 Type Code Symbol Stamp N/R
Address Authorization No. N/R
Expiration Date N/R
4. Identification of System 062 - C.V.C.S
5. (a) Applicable Construction Code AISC 19 7TH Edition, N/A Addenda, N/A Code Case
RG 1-16-95
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80WB1

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-SNUB-062-62A9	PSA	3167	N/A	NONE	1978	REPLACEMENT	✓

7. Description of Work REPLACED SNUBBER
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. _____ °F N/R.B. 1/16/95

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

FORM NIS-2 (Back)

9. Remarks 95-023

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 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. McLoe Date Jan. 26, 1995
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 HARTFORD 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 property damage or a loss of any kind arising from or connected with this inspection.

B. Eamigh Commissions TN2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 1/28 19 95

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 AUTHORITY
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TENN.
Address

Date 1-16-95
Sheet _____ of _____

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000 SPRING CITY, TENN. 37381
Address

Unit 1
95-01094-00
Repair Organization P.O. No., Job No., etc.

3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE
Name
P.O. BOX 2000 SPRING CITY, TENN. 37381
Address

Type Code Symbol Stamp N/R
Authorization No. N/R
Expiration Date N/R

4. Identification of System 063 S-I-S

5. (a) Applicable Construction Code AISC 7TH Edition, N/A Addenda, N/A Code Case
RG 1-16-95
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80W81

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-SNUB-063-6378	PSA	30868	N/A NONE RG 1-16-95	NONE	1994	REPLACE- MENT	Y

7. Description of Work Replaced SNUBBER - 1-SNUB-063-6378

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. _____ °F N/A
RG 1-16-95

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

FORM NIS-2 (Back)

9. Remarks 95-024

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 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
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 HARTFORD 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 property damage or a loss of any kind arising from or connected with this inspection.

B. Eamail Commissions TN2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 1/28 19 95

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 AUTHORITY Date 1/23/95
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TENN. Sheet 1 of 1
Address
 2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000 SPRING CITY, TENN. 37381 93-27677-06
Address Repair Organization P.O. No., Job No., etc.
 3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Type Code Symbol Stamp n/a
Name Authorization No. n/a
P.O. BOX 2000 SPRING CITY, TENN. 37381 Expiration Date n/a
Address
 4. Identification of System 63 SAFETY INJECTION SYSTEM
 5. (a) Applicable Construction Code AISC ¹⁹⁸⁹/₇₄ Edition, n/a Addenda, n/a Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980/81

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PSA	30867	N/A	1-SNUB-063-SISR14Z	1994	REPLACEMENT	NO

7. Description of Work REPLACE SNUBBER

8. Tests Conducted: ☒ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure _____ psi Test Temp. _____ °F 1/23/95

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/4 in. x 11 in., (2) information in items 1 through 6 on this report 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 95-025

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 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
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 I&I CO. of HARTFORD 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 property damage or a loss of any kind arising from or connected with this inspection.

B. Eason Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 1/28, 19 95

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 AUTHORITY
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TENN.
Address

Date 1-17-95

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000 SPRING CITY, TENN. 37381
Address

Sheet _____ of _____

Unit 1

93-22346-03
Repair Organization P.O. No., Job No., etc.

3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE
Name
P.O. BOX 2000 SPRING CITY, TENN. 37381
Address

Type Code Symbol Stamp _____

Authorization No. _____

Expiration Date _____

4. Identification of System 062- CVCS

5. (a) Applicable Construction Code AISC to 7TH Edition, N/A Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980W81

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-SNUB-062-62A 203	PSA	610	N/A	NONE	*	REPLACE-MENT	No

7. Description of Work REPLACED BEARING IN SNUBBER

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. _____ °F N/A RB 1/17/95

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/4 in. x 11 in., (2) information in items 1 through 6 on this report 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

* Can not identify yr. built on snubber. 1-24-95 7/95

FORM NIS-2 (Back)

9. Remarks TRACKING NO. 95-026 N/A 012695
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 ENM 1/26/95
Certificate of Authorization No. N/A ENM 1/26/95 Expiration Date N/A ENM 1/26/95
Signed Edward M. McCay Date Jan. 26, 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 IFI CO. of HARTFORD 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 property damage or a loss of any kind arising from or connected with this inspection.

B. Eam Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 1/28 19 95

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

PAGE 32 of 38

1. Owner TENNESSEE VALLEY AUTHORITY Date 11-01-94
Name
400 W. SUMMIT HILL DRIVE, KNOX, TN. Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000, SPRING CITY, TN, 37774 W.O. # 94-22534-00
Address 37381 Repair Organization P.O. No., Job No., etc.
37774 SFOI-27-95
3. Work Performed by TVA Type Code Symbol Stamp
Name
P.O. Box 2000, SPRING CITY, TN, 37774 Authorization No. N/A
Address 37381 37774 Expiration Date RPB 11-01-94
37774 SFOI-27-95
4. Identification of System 074/ RESIDUAL HEAT REMOVAL SYS.
5. (a) Applicable Construction Code ASME 19 71 Edition, Summer Addenda, N/A RPB Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981. 11-01-94

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
UPSTREAM DISC FOR: 1-FCV-74-33-A	WESTINGHOUSE ELEC. CORP.	0002	NONE	MFR. MODEL #: 080006M84FEB	UNKNOWN	<u>REPAIR</u> <u>REPLACEMENT</u>	YES
UPSTREAM DISC FOR: 1-FCV-74-35-B	WESTINGHOUSE ELEC. CORP.	0001	NONE	MFR. MODEL #: 080006M84FEB	UNKNOWN	<u>REPAIR</u> <u>REPLACEMENT</u>	YES

7. Description of Work IMPLEMENT WDCN# 32913-A (DRILL A 1/4" HOLE IN UPSTREAM DISC) TO PREVENT OVER PRESSURIZATION OF VALVES.

8. 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 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

N/A RPB 11-01-94

FORM NIS-2 (Back)

9. Remarks TRACK # 95-027 BAP 1/26/95

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. repair or replacement

Type Code Symbol Stamp BAP 1/26/95 N/A B N/A BAP 1/26/95

Certificate of Authorization No. N/A BAP 1/26/95 Expiration Date N/A BAP 1/26/95

Signed Bradford J. Pedue Date Jan 26, 1995
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&T Co. of Hartford, CT. have inspected the components described 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.

Bradford J. Pedue Commissions TN 2537
Inspector's Signature National Board, State, Province, and Endorsements

Date 1-29, 1995

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

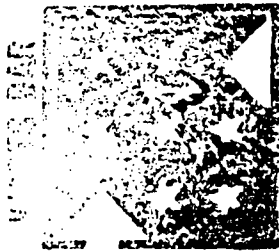
1. Owner TENNESSEE VALLEY AUTHORITY Date 1-28-95
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000, SPRING CITY, TN 37381 WP# D-05623-04
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA MECS Type Code Symbol Stamp 4/A
Name
P.O. BOX 2000, SPRING CITY TN. Authorization No. WM 1-28-95
Address Expiration Date
4. Identification of System 072 CONTAINMENT SPRAY
5. (a) Applicable Construction Code AISC 19 76 Edition, 06/73 Addenda, 4/A 1-28-95 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 4/ADDENDA THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1072-A437-5-9	N/A	N/A	N/A	47A437-5-9	UNKNOWN	REPLACEMENT	NO
<div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); opacity: 0.5;"> <u>WM 1-28-95</u> </div>							

7. Description of Work TRIM (2) LOGS INSTALL (2) SHIM PLATES
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure N/A WM 1-28-95
Other ☐ Pressure _____ psi Test Temp. _____ °F

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



TVA NUCLEAR

JAN 25 1995

Page 8 of 9

WORK ORDER D-05623-04

FORM NIS-2 (Back)

9. Remarks TRACKING # 95-028 R177 1-28-95

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. repair or replacement

Type Code Symbol Stamp

A R177
1-28-95

Certificate of Authorization No.

Expiration Date

Signed

R. L. Seaman FIELD ENGINEER
Owner or Owner's Designee, Title

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 TN and employed by HSB I. & I. Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 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 kind arising from or connected with this inspection.

R. L. Seaman
Inspector's Signature

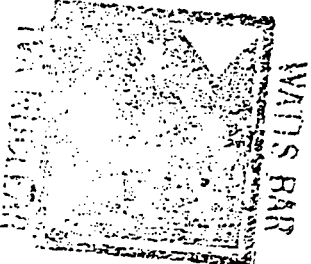
Commissions

TN 2537
National Board, State, Province, and Endorsements

Date

2-1 19 95

MAY 2 6 1994



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 AUTHORITY Date 1-31-95
Name
400 W. SUMMIT HILL DR., KNOXVILLE TN. Sheet 1 of 2
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000, SPRING CITY, TN 37381 WP-D-05623-03
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Type Code Symbol Stamp
Name
P.O. BOX 2000, SPRING CITY, TN 37381 Authorization No. N
Address Expiration Date AGG-31-95
4. Identification of System CONTAINMENT SPRAY / SYSTEM 02A
5. (a) Applicable Construction Code AISC 1973 Edition, June '73 Addenda, NAGG-1-4-95 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980-WINTER 1981 Addenda A

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1872-72-105-R117</u>		<u>NGG-31-95</u> <u>A</u>		<u>DCN-P-05623-B</u>	<u>NGG-31-95</u> <u>A</u>	<u>Replacement</u>	<u>NGG-31-95</u> <u>A</u>

7. Description of Work Modify Support PER DCN-P-05623-B
8. Tests Conducted: ☒ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. _____ NGG-31-95
A

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

D 05623 03

FORM NIS-2 (Back)

9. Remarks TRACKING NUMBER 95-29 1/31/95

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. repair or replacement

Type Code Symbol Stamp NA 661-31-95Certificate of Authorization No. NA 661-31-95Expiration Date NA 661-31-95Signed Roxie Gibson, PEG, FE
Owner or Owner's Designee, TitleDate 1-31, 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 TN and employed by HSB I & Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 5-25-94 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 requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions

TN 2537
National Board, State, Province, and EndorsementsDate 2-3 19 95

MAY 26 1994

TVA NUCLEAR



WATTS BAR

94-21774-00

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

As Required by the Provisions of the ASME Code Section XI

Page 60 of 108

1. Owner TENNESSEE VALLEY AUTHORITY
 Name
400 W. SUMMIT HILL DR., KNOXVILLE, TN
 Address

Date 1-16-95Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
 Name
P.O. Box 2000, SPRING CITY, TN, 37381
 Address

Unit 1W.O. 94-21774-00

Repair Organization P.O. No., Job No., etc.

3. Work Performed by WATTS BAR NUCLEAR PLANT
 Name
P.O. Box 2000, SPRING CITY, TN, 37381
 Address

Type Code Symbol Stamp

Authorization No. NR

Expiration Date

4. Identification of System 072/CONTAINMENT SPRAY

5. (a) Applicable Construction Code ASME III 19 74 Edition, SUMMER 1974 Addenda, N/A ASME 1-16-95 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1974 Edition, WT ADDENDA THROUGH W-1981
4/23/95

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-HX-072-0001A-A	JOSEPH OAT CORP.	2266-1A	917	Serials 02-02-95 NONE	1976	REPLACEMENT	Y
NR SP02-2-95							

7. Description of Work REPLACED STUDS AND NUTS AT HEAT EXCHANGER DOWNSET, AND
Replaced SEISMIC LUG.

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

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

94-21774-00

Page 61 of 108

FORM NIS-2 (Back)

95-030

9. Remarks NONETRACKING 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 ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp NARKK 1/25/95

Certificate of Authorization No. _____ Expiration Date _____

Signed Kenneth L. L... Date 1-25, 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 TN and employed by HSB 1.21 Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 1-16-95 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 requirements of the ASME Code, Section XI.

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

Inspector's Signature [Signature] Commissions TN 2537
National Board, State, Province, and EndorsementsDate 2-3 19 95

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 AUTHORITY Date 1-4-95
Name
400 W. SUMMIT HILL DR., KNOXVILLE, TN.
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000, SPRING CITY, TN 37771
Address INO. 94-21775-00
Repair Organization P.O. No., Job No., etc.
3. Work Performed by WATTS BAR MODIFICATION Type Code Symbol Stamp
Name Authorization No. NR
P.O. Box 2000, SPRING CITY, TN. 37771 Expiration Date
Address
4. Identification of System 072/CONTAINMENT SPRAY
ASME III 10/85 74 10/85
ASME Code
5. (a) Applicable Construction Code AISC 73 Edition JUNE 1973 Addenda NAK 1/4/95 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1970 - WINTER 81 NAK 1/4/95
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-HTX-072-06018-B	Joseph Cat Corp. WESTINGHOUSE 11/2/85	2266-1B	918	SPIN No. WAT-SIAHCS-2	1976	REPLACEMENT	Y

7. Description of Work Replaced STUDS AND NUTS AT HEAT EXCHANGER BONNET, AND Replaced SEISMIC LUGS ON EAST AND WEST SIDE.
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒ NAK 1/4/95
 Other ☐ Pressure _____ psi Test Temp. NR °F

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

W00# 94-21775-00

PAGE 48 OF 112

FORM NIS-2 (Back)

9. Remarks NONE

⁹⁵⁻
TRACKING No. 031

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

NAKRL1/4/95

Certificate of Authorization No. _____

Expiration Date _____

Signed [Signature]

Owner or Owner's Designee, Title

Date 1-5, 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 and employed by HSB I & I Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 1-5-95 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 requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions

TN 2537

National Board, State, Province, and Endorsements

Date 2-3, 19 95

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 AUTHORITY Date 2/2/95
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE TN. Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000, SPRING CITY, TN. 37381 WO# 94-05878-00
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA, MODS Type Code Symbol Stamp N/A
Name
WATTS BAR NUCLEAR PLANT Authorization No. WMD
Address Expiration Date 2/2/95
4. Identification of System CONTAINMENT SPRAY / SYS # 072
5. (a) Applicable Construction Code AISC 7TH 19 73 Edition, N/A WMD Addenda, N/A WMD Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER OF 1981 ADDENDA

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORTS ON 8" OVERFLOW PIPE INSIDE OF THE REFUELING WATER STORAGE TANK. FOUR SUPPORTS TOTAL.	PITTSBURGH-DES MOINES STEEL CO.	NONE	NONE	DATA # E-9 SH #1, CONTRACT 820613	UNKNOWN	REPLACEMENT	NO
		NONE	NONE		UNKNOWN		NO
				NA			
				SEALING 02-02-95			

7. Description of Work TIGHTENED U-BOLTS AND UPSET THREADS FOR LOCKING DEVICE ON 1ST 2ND & 3RD SUPPORTS DOWN FROM FUNNEL ON 8" OVERFLOW PIPE. MODIFIED 4TH SUPPORT DOWN ON 8" OVERFLOW PIPE BY REMOVING EXISTING U-BOLT AND NUTS AND ADDING NEW PLATES ALONG WITH NEW U-BOLT AND NUTS. UPSET THREADS FOR LOCKING DEVICE. REF. FCEN # F-34662-A.
8. Tests Conducted: ☒ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐ Pressure ☐ Test Temp. ☐ °F
N/A WMD
2/2/95

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

FORM NIS-2 (Back)

9. Remarks TRACKING # 95-032 was 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp _____

Certificate of Authorization No. _____

Expiration Date 2/2/95

Signed Mike Dodd

Owner or Owner's Designee, Title CONST. ENGR.

Date 2/2, 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 TN. and employed by HSBI & I CO. of Hartford, CT. 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 requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions _____

TN 2537
National Board, State, Province, and Endorsements

Date 2-3, 19 95

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 AUTHORITY Date 02 — 05 — 95
Name
400 W SUMMIT HILL DR., KNOXVILLE, TN.
Address
2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 2
Name
P.O. BOX 2000, SPRING CITY, TN 37381
Address
3. Work Performed by TVA — MODIFICATIONS Unit 1 (ONE)
Name
P.O. BOX 2000, SPRING CITY, TN 37381
Address
4. Identification of System RESIDUAL HEAT REMOVAL, SYS. 074
5. (a) Applicable Construction Code AISC 1973 Edition, 7TH Addenda, N/A JN 2-5-95 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980 THRU 1981
W/1981 WINTER ADDENDA
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>SUPPORT</u> <u>1074-74-IRHR-R130</u>	<u>TVA</u>	<u>NONE</u>	<u>NONE</u>	<u>74-IRHR-R130</u>	<u>UN KNOWN</u>	<u>REPLCMT</u>	<u>NO</u>
				<u>N/A JN 2-5-95</u>			

7. Description of Work REPLACED UPPER STRUT

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. _____ °F
N/A JN 2-5-95

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.

FORM NIS-2 (Back)

9. Remarks TRACKING No 95-033

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. N/A JN 2-5-95 Expiration Date _____Signed Jayanta Niyogi (JAYANTA NIYOGI, FE) Date 2 05, 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 I FI Co of HARTFORD CONN have inspected the components described in this Owner's Report during the period 2/5/95 to 2/5/95, 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.

B. Eamigh
Inspector's Signature

Commissions

TN 2534
National Board, State, Province, and EndorsementsDate 2/5, 19 95

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 AUTHORITY Date 2/5/95
Name
400 W. SUMMIT HILL DR. KNOXVILLE, TN.
Address
 2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name
P.O. BOX 2000, SPRING CITY, TN. 37381
Address
 3. Work Performed by TVA MODS. Unit 1
Name
P.O. Box 2000, SPRING CITY, TN. 37381
Address
 4. Identification of System 003 SAFETY INJECTION
ASME 2/5/95
 5. (a) Applicable Construction Code AISC 19 97B Edition, 6/73 Addenda, N/A 2/5/95 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 97B ADDENDUMS THRU WINTER 1981
 6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1063-AC60-63-2	N/A	N/A	N/A	47AC60-63-2	UNKNOWN	REPLACEMENT	N/D
<div style="position: relative; height: 100px;"> <div style="position: absolute; top: 0; right: 0; transform: rotate(45deg);"> RUN 2/5/95 </div> </div>							

7. Description of Work INSTALLED NEW ITEMS 22, 23, AND 24
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ N/A RUN 2/5/95
 Other ☐ Pressure _____ psi Test Temp. _____ °F

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

FORM NIS-2 (Back)

9. Remarks TRACKING # 95-034

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

W A
RM 2/5/95

Certificate of Authorization No.

Expiration Date

Signed

B. L. S. FIELD ENGINEER
Owner or Owner's Designee, Title

Date

FEB 05 1995
FEB 05 FEBRUARY 5, 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 I&I CO. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 2/7/95 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.

B. L. S.
Inspector's Signature

Commissions

TN 2534
National Board, State, Province, and Endorsements

Date

2/7 19 95

WATTS BAR



TVA NUCLEAR

JAN 28 1995

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

W.O. 95-02622-00
pg. 24 of 40

- Owner TENNESSEE VALLEY AUTHORITY
Name
400 W. SUMMIT HILL DRIVE, KNOX, TN.
Address
- Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000, SPRING CITY, TN. 37381
Address
- Work Performed by TVA, MODS
Name
WATTS BAR NUCLEAR PLANT
Address
- Identification of System SAFETY INJECTION
W.O. # 95-02622-00
Repair Organization P.O. No., Job No., etc.
- (a) Applicable Construction Code AISC 7TH Edition, 1973
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1970 THRU WINTER 1981 Addenda NO
- Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT 1063-AA35-7-51	N/ WND A 2/7/95	NONE	NONE	41A435-7-51 DCA-334616-001 DCA-W23532-03		UNKNOWN REPLACEMENT	NO

- Description of Work REPLACED (3) EXISTING CLAMPS ON 2" Ø PIPE WITH (3) NEW CLAMPS AND RETORQUED ALL BOLTS.
- Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure ☐ psi Test Temp. ☐ °F
N/ WND
A 2/7/95

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

W.O. 95-02622-00
PG 25 OF

FORM NIS-2 (Back)

9. Remarks TRACKING # 95-035 wms 2/7/95

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. repair or replacement

Type Code Symbol Stamp N

Certificate of Authorization No. A

Expiration Date wms 2/7/95

Signed Mike Dodd, CONST. ENGR.

Owner or Owner's Designee, Title

Date 2/7, 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 IFT CO. of HARTFORD 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.

B. Earmstrong
Inspector's Signature

Commissions TN 2534

National Board, State, Province, and Endorsements

Date 2/10 19 95

WO 93-05855-00
8610 of 140

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 AUTHORITY
Name
400 W. SUMMIT HILL DR. KNOXVILLE, TN.
Address

Date 8-1-94

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000, SPRING CITY, TN.
Address

Sheet 1 of 1

Unit 1

W20# 943-05855-00
Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA
Name
P.O. Box 2000, Spring City, TN.
Address

Type Code Symbol Stamp

Authorization No. N/A RB 8/1/94

Expiration Date

4. Identification of System 074/RHR

5. (a) Applicable Construction Code ASME III 19 71 Edition, SUMMER 1973 Addenda, N/A RB 8/1/94 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981.

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
BOILING MAT. FOR SUCTION STRAINER FLG ON 1A-A	TVA	N/A RB 8-1-94	N/A RB 8-1-94			REPLACEMENT	YES
BOILING MAT. FOR SUCTION STRAINER FLG ON 1B-B	TVA	N/A RB 8-1-94	N/A RB 8-1-94			REPLACEMENT	YES
SPACER RING FOR SUCTION STRAINER FLG ON 1B-B	TVA	N/A RB 1-27-95	N/A RB 1-27-95			REPLACEMENT	YES

7. Description of Work REPLACED BOILING MATERIAL ON SUCTION STRAINER FLANGES FOR RHR PUMPS 1A-A & PUMP 1B-B. REPLACED SPACER RING FOR SUCTION STRAINER

8. Tests Conducted: Hydrostatic ☒ *Pneumatic ☐ Nominal Operating Pressure ☐ Fig. 00 1B-B
Other ☐ Pressure _____ psi Test Temp. _____ °F

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

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

* HYDO PKG 93-05855-001.

2/3/95

2/3/95

FORM NIS-2 (Back)

9. Remarks TRACKING NUMBER 95-037 202/19/95

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp

Certificate of Authorization No.

Expiration Date

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 TN. and employed by HSB & I Co of Hartford, Ct. have inspected the components described in this Owner's Report during the period 8-1-94 to 2-12-95, 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.

SHI 302507
Inspector's Signature

Commissions

TN. 2537

National Board, State, Province, and Endorsements

Date

2-12

1995

93-05855-08

Pg 40A OF 140

D - 04665-04

WATTS BAR



TVA NUCLEAR

FEB 06 1995

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 AUTHORITY
 Name
400 W. Summit Hill Dr. Knoxville, TN.
 Address
2. Plant WATTS BAR NUCLEAR PLANT
 Name
P.O. Box 2000, Spring City, TN. 37381
 Address
3. Work Performed by TVA MCDs
 Name
P.O. Box 2000 Spring City, TN. 37381
 Address
- Date 2/12/95 2/12/95
 Sheet 1 of 1
 Unit 1
 Work Order D-04665-04
 Repair Organization P.O. No., Job No., etc.
- Type Code Symbol Stamp N/A
 Authorization No. N/A
 Expiration Date 2/12/95
4. Identification of System G3 / SAFETY INJECTION SYSTEM
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 4/ADDENDA THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1063-A060-63-28	N/A	N/A	N/A	47A060-63-28	UNKNOWN	REPLACEMENT	NO

7. Description of Work REPLACED ANCHOR BOLTS & ADD WING PLATE WITH GUSSETS
N/A 2/12/95
8. 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 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks TRACKING # 95-038 RM 2/12/95

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 SME Code, Section XI. repair or replacement

Type Code Symbol Stamp 2 A RM 2/12/95

Certificate of Authorization No. _____

Expiration Date _____

Signed RLSunn FIELD ENGINEER Date FEBRUARY 12TH, 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 of TENNESSEE and employed by HSB IPI CO of HARTFORD CONN have inspected the components described in this Owner's Report during the period 2/13/95 to 2/13/95, 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.

B. Eamigh
Inspector's Signature

Commissions TN 2534
National Board, State, Province, and Endorsements

Date 2/13, 19 95

D - 04665 - 04



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 AUTHORITY Date 2-11-95
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN Sheet 1 of 2
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000, SPRING CITY, TN 37381 NP-D-04525-04
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Type Code Symbol Stamp
Name
P.O. BOX 2000, SPRING CITY, TN 37381 Authorization No. N
Address Expiration Date AGG 2-11-95
4. Identification of System MAIN & Aux. FEEDWATER /SYSTEM 03
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE '73 Addenda, NAGG 2-11-95 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80-WINTER 1981 Addenda

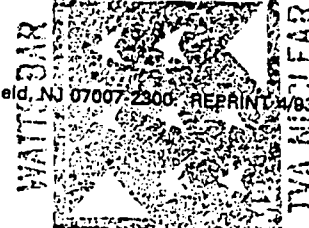
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1003A-1-C3A-291</u>		<u>NAGG 2-11-95</u>		<u>DENP-04525-A</u>	<u>NAGG 2-11-95</u>	<u>Repaired</u>	<u>NAGG 2-11-95</u>

7. Description of Work Items 1 & 3 AND Items 1 & 5 PER DCA-P04525-15

8. Tests Conducted: ☒ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. _____ °F NAGG 2-11-95

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



FORM NIS-2 (Back)

9. Remarks Track # 95-0402 July 1995

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp

N 66 2-11-95

Certificate of Authorization No.

Expiration Date

Signed

Erica E. Brown, FE, PEG
Owner or Owner's Designee, Title

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 and employed by HSB I & I. Co. of Hartford, CT. have inspected the components described 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 employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Erica E. Brown
Inspector's Signature

Commissions

TN 2537

National Board, State, Province, and Endorsements

Date

2-18

1995.



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 AUTHORITY
NameDate 2-16-95400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN
AddressSheet 1 of 12. Plant WATTS BAR NUCLEAR PLANT
NameUnit 1PO BOX 2000, SPRING CITY, TN 37381
AddressWO# 94-10254-00
Repair Organization P.O. No., Job No., etc.3. Work Performed by TENNESSEE VALLEY AUTHORITY (WBNP)
NameType Code Symbol Stamp N/A 2-16-95PO BOX 2000, SPRING CITY, TN 37381
Address

Authorization No. _____

Expiration Date _____

4. Identification of System MAIN STEAM, 0015. (a) Applicable Construction Code AISC 7TH 19 73 Edition, JUNE 1973 Addenda, N/A 2-16-95 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981 APPEND A

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>PIPE SUPPORT</u> <u>1001-A400-11-2</u>	<u>TVA</u>	<u>NONE</u>	<u>NONE</u>	<u>A7A400-11-2</u>	<u>UNK</u>	<u>REPLACEMENT</u>	<u>NO</u>
<u>N 808 2-16-95</u> <u>A</u>							

7. Description of Work MODIFIED EXISTING PIPE SUPPORT8. Tests Conducted: ☐ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. _____ °F
N 808 2-16-95

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.

Page 19 OF 30

FORM NIS-2 (Back)

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 REPLACEMENT 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 John D. Sampson, MECH. FIELD ENGR Date 2-16, 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 I/I Co of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 2/21/95 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.

B. Ewing Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 2/21 19 95

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 AUTHORITY Date 2/17/95
Name
400 W. SUMMIT HILL DR. KNOXVILLE TN
Address
 2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name
P.O. Box 2000, SPRING CITY, TN, 37381
Address
 3. Work Performed by TVA MOOS Unit 1 AND 2
Name
P.O. Box 2000 SPRING CITY TN 37381
Address
W.O. 95-01776-00
Repair Organization P.O. No., Job No., etc.
 Type Code Symbol Stamp N/A
 Authorization No. / 1/17/95
 Expiration Date /
4. Identification of System 70 / COMPONENT COOLING
5. (a) Applicable Construction Code SECTION III, DIV 1 19 74 Edition, WINTER 1976 Addenda, N/A 2/17/95 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 / VI 81

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-RFV-070-0539-S	G P E CONTROLS	7702-0395-4	N/A	N/A	1978	REPLACEMENT	YES
2-RFV-070-0539-S	G P C CONTROLS	7702-0395-3	N/A	N/A	1978	REPLACEMENT	YES

7. Description of Work INSTALLER REPAIR TAGS PER DCN W-34082-A
N/A 2/17/95
8. 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 recorded at the top of this form.

95-01776-00

Page 15 of

FORM NIS-2 (Back)

9. Remarks TRACKING No. 95-042 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp HA km 2/17/95

Certificate of Authorization No. _____ Expiration Date _____

Signed KL Sum FIELD ENGINEER Date FEBRUARY 17TH, 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 IPI CO of HARTFORD CONN have inspected the components described in this Owner's Report during the period 2/21/95 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.

B Eamigh Commissions TN 2534
 Inspector's Signature National Board, State, Province, and Endorsements

Date 2/21 19 95

D 18998 03

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 AUTHORITY Date 2/17/95
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit D-1899 1
Name
P.O. BOX 2000, SPRING CITY, TN 37381 D-18998-03
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA MODS Type Code Symbol Stamp N/A
Name Authorization No. N/A
P.O. Box 2000, Spring City, TN 37381 Expiration Date 2/17/95
Address
4. Identification of System 03A / MAIN & AUXILIARY FEEDWATER
5. (a) Applicable Construction Code ASME AISC 973 Edition, 6/73 Addenda, N/A 2/17/95 Code Case
ASME 2/18/95
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 70 1/4 81

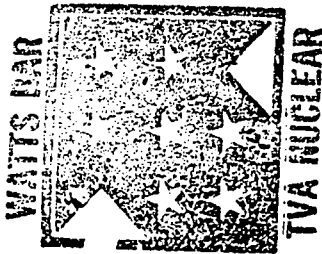
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1003A-1-03A-244	N/A	N/A	N/A	1-03A-244	Unknown	REPLACEMENT	NO

7. Description of Work INSTALLED BOLTS AND STIFFENER PLATES

8. 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 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.



FEB 06 1995

Page 8 cont. on Page 9
D 18998 03

FORM NIS-2 (Back)

9. Remarks TRACKING No. 95-043 RUN 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp H A RUN 2/17/95

Certificate of Authorization No. _____ Expiration Date _____

Signed R. L. Smith FIELD ENGINEER Date FEBRUARY 17TH, 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 Conn. and employed by HSB & I Co of Hartford, CT have inspected the components described in this Owner's Report during the period 2-6-95 to 2-25-95, 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.

Neil Jackson Commissions Conn 3142
Inspector's Signature National Board, State, Province, and Endorsements

Date 2-25, 19 95

Harry

This came over at 1900 2/21/95
I signed for this, if there is
any problem with me signing,
the FBI had signed off.
me know. Thank you George H.

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

1. Owner TENNESSEE VALLEY Authority Date 2/17/95
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN
Address
Sheet 1 of 1
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000, SPRING CITY, TN 37771 W.P. D-06009-10
Address
Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA MODS Type Code Symbol Stamp N/A
Name
P.O. Box 2000, SPRING CITY TN 37771 Authorization No. PLS 2/17/95
Address
Expiration Date
4. Identification of System 01 / MAIN STEAM
5. (a) Applicable Construction Code ASCE 19 73 Edition, 6/73 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 / 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1001A-1-DIA-308	N/A	N/A	N/A	1-DIA-308	UNKNOWN	REPLACEMENT	N/D

7. Description of Work INSTALLED STIFFENER PLATES

8. 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 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

15 1995

FORM NIS-2 (Back)

9. Remarks TRACKING No 95-044 Lm 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp 2 4 Lm 2/17/95

Certificate of Authorization No. _____ Expiration Date _____

Signed [Signature] FIELD ENGINEER Date FEBRUARY 17TH, 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 TN and employed by HSB I&I Co. of Hartford, CT. have inspected the components described 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.

[Signature] Commissions TN-2537
 Inspector's Signature National Board, State, Province, and Endorsements

Date 2-21, 19 95

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 AUTHORITY
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN
Address

Date 12-10-99Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000, SPRING CITY, TN 37771
Address

Unit 1W.D. 94-01034-00

Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA
Name
P.O. BOX 2000, SPRING CITY, TN 37771
Address

Type-Code Symbol Stamp

Authorization No. NATK 1/16/95

Expiration Date

4. Identification of System 668 / STRUCTURE ^{C 12/1/95} structural

5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, NATK 12/10/99
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 - WINTER 81 Code Case

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-48N415 PS-09 SHIM	/					Replacement	No
1-48N415 PS-10 SHIM					UNKNOWN	Replacement	No
1-48N415 PS-2 SHIM					UNKNOWN	Repaired	No
1-48N415 PS-3 SHIM					UNKNOWN	Repaired	No
1-48N415 PS-5 SHIM					UNKNOWN	Repaired	No
					UNKNOWN	Repaired	No

7. Description of Work SHIMS ^{12/1/95} Replaced SHIMS PS-9 & PS-10, Reworked SHIMS PS-2, PS-3, PS-5, 12/10/99

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure NATK 12/10/99 psi Test Temp. 217/95 °F

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

94-01034-00

Page 51 of 114

FORM NIS-2 (Back)

9. Remarks CMK 2/17/95 NONE NIS 95-045 CMK 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 REPAIR AND 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

Owner or Owner's Designee, Title

Date

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 HSBI & I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 2-1-94 to 2-17-95, 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

National Board, State, Province, and Endorsements

Date

2-17 19 95

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 AUTHORITY
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TENN.
Address

Date 1/23/95

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000 SPRING CITY, TENN. 37381
Address

Unit 1

93-22732-03
Repair Organization P.O. No., Job No., etc.

3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE
Name
P.O. BOX 2000 SPRING CITY, TENN. 37381
Address

Type Code Symbol Stamp n/c

Authorization No. n/c

Expiration Date n/c

4. Identification of System 62 C.V.C.S.

5. (a) Applicable Construction Code AISC 1989 Edition, n/c Addenda, n/c Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989wB1

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PSA	38769	N/A	1-SN4B-062-40615		REPLACEMENT	N
PSA - 1/4							

7. Description of Work REPLACE SNUBBER

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. 1w/23/95

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

FORM NIS-2 (Back)

9. Remarks NIS-2 TRACKING # 95-4699 2/21/95

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. repair or replacement

Type Code Symbol Stamp N/A ENM 2-20-95

Certificate of Authorization No. N/A ENM 2-20-95 Expiration Date N/A ENM 2-20-95

Signed Edward N. McCoy Date FEB. 20, 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 IN and employed by HSBI & CO. of Harford, CT have inspected the components described in this Owner's Report during the period 1-26-95 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 shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature] Commissions TN2537
Inspector's Signature National Board, State, Province, and Endorsements

Date 2-20 19 95

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 AUTHORITY Date 11-18-94
Name
400 W.SUMMIT HILL DRIVE, KNOXVILLE, TENN.
Address
2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name
P.O. BOX 2000 SPRING CITY, TENN. 37381
Address Unit 1
U/O 94-11887-01
Repair Organization P.O. No., Job No., etc.
3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Type Code Symbol Stamp N/R
Name
P.O. BOX 2000 SPRING CITY, TENN. 37381
Address Authorization No. N/R
Expiration Date N/R
4. Identification of System 078- SPENT FUEL PIT COOLING
5. (a) Applicable Construction Code AISC 7TH Edition, N/R Addenda, N/R Code Case
ASME NIS-2-1984
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80W81

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-SNUB-078-4541204	PSA	26190	N/A	N/A	1993	REPLACEMENT	NO

7. Description of Work REPLACED SNUBBER
8. Tests Conducted: ☒ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure ☐ Test Temp. N/A
RB 11/18/94

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

FORM NIS-2 (Back)

9. Remarks 95-047

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 ENM 2-23-95

Certificate of Authorization No. N/A ENM 2-23-95 Expiration Date N/A ENM 2-23-95

Signed Edward A. McCoy - Mech. Engr Date Feb. 23, 1995
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 Hartford, CT. have inspected the components described in this Owner's Report during the period 11-28-94 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.

[Signature]
Inspector's Signature

Commissions TN 2537
National Board, State, Province, and Endorsements

Date 3-6 19 95

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 AUTHORITY
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TENN.
Address

Date 1/23/95

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000 SPRING CITY, TENN. 37381
Address

Unit 1

93-24796-03
Repair Organization P.O. No., Job No., etc.

3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE
Name
P.O. BOX 2000 SPRING CITY, TENN. 37381
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System 62 C.V.C.S.

5. (a) Applicable Construction Code AISC ^{10/25} 7th Edition, N/A Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 80W81

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PSA	N/A	N/A	1-SN1B-062-62A33	N/A	REPLACEMENT	NO

7. Description of Work REPLACE SNUBBER

8. Tests Conducted: ☒ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. 1/23/95

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

FORM NIS-2 (Back)

9. Remarks 95-048

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 ENM 2-23-95

Certificate of Authorization No. N/A ENM 2-23-95 Expiration Date N/A ENM 2-23-95

Signed Edward N. McCoy - Mech Engr Date FEB 23, 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 H&B-IEI CO of HARTFORD CONN have inspected the components described in this Owner's Report during the period 3/2/95 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.

B Eamigh
Inspector's Signature

Commissions TN 2534
National Board, State, Province, and Endorsements

Date 3/2 19 95

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 AUTHORITY
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TENN.
Address

Date 1-16-95

Sheet _____ of _____

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000 SPRING CITY, TENN. 37381
Address

Unit 1

93-24798-02
Repair Organization P.O. No., Job No., etc.

3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE
Name
P.O. BOX 2000 SPRING CITY, TENN. 37381
Address

Type Code Symbol Stamp N/R

Authorization No. N/R

Expiration Date N/R

4. Identification of System 06Z - C.V.C.S.

5. (a) Applicable Construction Code AISC 1974th Edition, N/R Addenda, N/R Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements ENR 1-16-95 80 W81

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-SNUB-06Z-62A105	PSA	38802	N/A	PSA-1/4	1992	Replacement	N

7. Description of Work REPLACED SNUBBER

8. Tests Conducted: ☐ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. _____ ENR 1-16-95

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

FORM NIS-2 (Back)

9. Remarks 95-049

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 ENM 2-23-95

Certificate of Authorization No. N/A ENM 2-23-95 Expiration Date N/A ENM 2-23-95

Signed Edward N. McCoy - Mech. Engr. Date FEB 23, 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 I & I Co of HARTFORD CONN have inspected the components described in this Owner's Report during the period 3/2/95 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.

B. Earmy
Inspector's Signature

Commissions TN. 2534
National Board, State, Province, and Endorsements

Date 3/2 19 95

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 AUTHORITY
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TENN.
Address

Date 1-16-95

Sheet _____ of _____

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000 SPRING CITY, TENN. 37381
Address

Unit 1

93-22346-04
Repair Organization P.O. No., Job No., etc.

3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE
Name
P.O. BOX 2000 SPRING CITY, TENN. 37381
Address

Type Code Symbol Stamp N/R

Authorization No. N/R

Expiration Date N/R

4. Identification of System 06Z-C.V.C.S.

5. (a) Applicable Construction Code AISC 7th Edition, N/A Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 W81

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1-SNUB-06Z-62A48</u>	<u>PSA</u>	<u>38797</u>	<u>N/A</u>	<u>PSA-1/4</u>	<u>1992</u>	<u>REPLACEMENT</u>	<u>N</u>

7. Description of Work REPLACED SNUBBER

ENM
1-16-95

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

N/A ENM 1-16-95

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

FORM NIS-2 (Back)

9. Remarks 95-050

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 ENM 2-23-95

Certificate of Authorization No. N/A ENM 2-23-95 Expiration Date N/A ENM 2-23-95

Signed Edward N. McCoy - Mech. Engr. Date FEB 23, 1995
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 I & I CO. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 3/2/95 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.

B. Ewing Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 3/2/ 19 95

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 AUTHORITY Date 2/23/75
Name
400 W. SUMMIT HILL DR. KNOXVILLE, TN Sheet 1 of 2
Address
 2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. Box 2000, SPRING CITY, TN NO 94-18594-00
Address Repair Organization P.O. No., Job No., etc.
 3. Work Performed by TENNESSEE VALLEY AUTHORITY Type Code Symbol Stamp _____
Name Authorization No. _____
P.O. Box 2000, SPRING CITY, TN Expiration Date 2/23/75
Address

4. Identification of System 068 / REACTOR COOLANT
 5. (a) Applicable Construction Code ASME III 1971 Edition, WINTER 1972 Addenda WINTER 72 Code Case 2/23/75
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 80 THRU WINTER 81

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-RFV-068-0564	CROSBY VALVE CO.	N56964-10-0033	906	PREVIOUS # N56964-06-0033	1983	REPLACEMENT	YES

7. Description of Work INSTALLED NEW SAFETY RELIEF VALVE @ 1-RFV-068-0564

8. 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 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks TRACKING # 95-051 3/1/95
Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COM. LIANCE

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. _____

1/1/95 Expiration Date 3/1/95

Signed _____

Owner or Owner's Designee, Title

R.E.

Date

March 1

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 of Province of TENNESSEE and employed by HSB I & I CO have inspected the components described in this Owner's Report during the period 8/22/95 to 8/22/95, 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. Earmstrong
Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

8/22/95

19

FEB 27 1995

Page 7 cont. on Page 8

D-06009-11

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 AUTHORITY

Name

Date 3-4-95400 N. SUMMIT HILL DRIVE, KNOXVILLE, TN.

Address

Sheet 1 of 12. Plant WATTS BAR NUCLEAR PLANT

Name

Unit 1P.O. BOX 2000, SPRING CITY, TN, 37381

Address

WP D-06009-11

Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA

Name

Type Code Symbol Stamp

P.O. BOX 2000, SPRING CITY, TN 37381

Address

Authorization No. N CONExpiration Date A 3-4-954. Identification of System DI / MAIN STEAM

5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 73 Addenda, N/A ^{CON} 3-4-95 Code Case
(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

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-DIA-308			A ^{CON} 3-4-95 N		UNKNOWN	REPLACEMENT	N
			A N ^{CON} 3-4-95				

7. Description of Work RELOCATE REAR BRACKET

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure N ^{CON} 3-4-95 psi Test Temp. A °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.



ASME

FEB 27 1995

Page 8 of 8
D-06000-11

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 REPLACEMENT conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp

Certificate of Authorization No.

Expiration Date

Signed

Charles Stewart
Owner or Owner's Designee, Title

RE

Date

3-4

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 HS B I&I CO of HARTFORD CONN. have inspected the components described 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 Eamigh
Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

3/6

19 95

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 AUTHORITY
Name
400 W.SUMMIT HILL DRIVE, KNOXVILLE, TENN.
Address

Date 1/29/55

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000 SPRING CITY, TENN. 37381
Address

Unit 1

93-23011-01

Repair Organization P.O. No., Job No., etc.

3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE
Name
P.O. BOX 2000 SPRING CITY, TENN. 37381
Address

Type Code Symbol Stamp nk

Authorization No. n/k

Expiration Date n/k

4. Identification of System 62 CVCS

5. (a) Applicable Construction Code AISC 7th Edition, nk Addenda, nk Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 80WB1

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PSA	11354 8122 4134-45	N/A	1-SNUB-062 CVCR50	1950	REPLACEMENT	N

7. Description of Work REPLACED SNUBBER

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. 1/29/55

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

FORM NIS-2 (Back)

9. Remarks

95-055 2g 3/15/95

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. repair or replacement

Type Code Symbol Stamp N/A 3-15-95

Certificate of Authorization No. N/A 3-15-95 Expiration Date N/A 3-15-95

Signed Edward A. McCoy - Mech. Engr. Date 3-15- 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 TN and employed by HSB I & I Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 2-3-95 to 3-31-95, 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 2537
National Board, State, Province, and Endorsements

Date 3-31 1995

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 AUTHORITY Date 3/22/95
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000, SPRING CITY, TN 37381 WORKPLAN D-16152-09
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA MODS Type Code Symbol Stamp N/A
Name Authorization No. NM 3/22/95
P.O. BOX 2000, SPRING CITY, TN 37381 Expiration Date
Address
4. Identification of System OC2, ~~CHEMICAL VOLUME~~ CHEMICAL VOLUME AND CONTROL
NM 3/22/95
5. (a) Applicable Construction Code AISC 7TH 19 73 Edition, JUNE 1973 Addenda, N/A NM 3/22/95 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 W/ADDENDA THROUGH WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
① 2062-A406-1-20	N/A	N/A	N/A	47A406-1-20	UNKNOWN	REPLACEMENT	N/O
② 2062-A435-25-5	N/A	N/A	N/A	47A435-25-5	UNKNOWN	REPLACEMENT	N/O

7. Description of Work ① DELETED SUPPORT ; ② VERIFIED CONFIGURATION NM 3/23/95
N/A NM 3/22/95
8. 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 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

JAN 27 1995

D 16152 09

FORM NIS-2 (Back)

9. Remarks TRACKING # 95-056 km 3/22/95

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. repair or replacement

Type Code Symbol Stamp NA km 3/22/95

Certificate of Authorization No. _____

Expiration Date _____

Signed W. L. Seam FIELD ENGINEER

Owner or Owner's Designee, Title

Date 3/22, 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 I & I Co of HAYTORYD CONN have inspected the components described in this Owner's Report during the period 3/29/95 to 3/29/95, 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.

B. E. Ewing
Inspector's SignatureCommissions TN 2534

National Board, State, Province, and Endorsements

Date 3/29, 19 95

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 AUTHORITY Date 3-22-95
Name
400 W. SUMMIT HILL DRIVE, KNOX, TN. Sheet 1 of 21 of 3-22-95
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000, SPRING CITY, TN. W.O. 94-17224-00
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Type Code Symbol Stamp
Name
P.O. BOX 2000, SPRING CITY, TN. Authorization No. N/A
Address Expiration Date N/A
4. Identification of System 62 / CHEMICAL VOLUME CONTROL SYSTEM
5. (a) Applicable Construction Code ASME SEC. XI 1980 EDITION, WINTER 1981 ADDENDA Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 of 3-22-95

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-BYV-062-0546-S	VELAN	1643	N/A	NONE	1978	REPLACEMENT N/A	

7. Description of Work REPLACE DISK
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure ☐ psi Test Temp. N/A of 3-22-95

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

FORM NIS-2 (Back)

9. Remarks Tracking # 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp 4A

Certificate of Authorization No. 4A Expiration Date 4A

Signed [Signature] ENGR FIELD Date 3-22, 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 III CO. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 4/3/95 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.

[Signature] Commissions T.N 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 4/3, 19 95

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 AUTHORITY Date 2/8/95
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TENN.
Address
 2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name Unit 1
P.O. BOX 2000 SPRING CITY, TENN. 37381
Address 93-22732-04
Repair Organization P.O. No., Job No., etc.
 3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Type Code Symbol Stamp n/k
Name Authorization No. n/k
P.O. BOX 2000 SPRING CITY, TENN. 37381 Expiration Date n/k
Address
 4. Identification of System 62 C.V.C.S
 5. (a) Applicable Construction Code AISC 7th Edition, N/A Addenda, n/k Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980W81

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Bearing SNUBBER	NA	NA	NA	1-SNUB-BEZ-664722	NA	NA	NO
Support	Bergen Paterson	NA	NA	1-SNub-ds ⁴⁶⁴ R22	NA	Replaced	NO

7. Description of Work Replaced damaged bearing

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure _____ psi Test Temp. _____ °F 2/8/95

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

FORM NIS-2 (Back)

9. Remarks Tracking # 95-058 By 3-24-95

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. repair or replacement

Type Code Symbol Stamp N/A ENM 3-24-95

Certificate of Authorization No. N/A ENM 3-24-95 Expiration Date N/A ENM 3-24-95

Signed Edward N. McCoy - Mechanical Engr. Date March 24, 1995
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 and employed by HSB I & CO. of Hartford, CT. 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.

SHB
Inspector's Signature

Commissions IN 2537
National Board, State, Province, and Endorsements

Date 4-6 1995

94-18594-02

Page 17 of 48FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI1. Owner TENNESSEE VALLEY AUTHORITY

Name

Date 2/24/95400 W. SUMMIT HILL DRIVE, KNOXVILLE TN

Address

Sheet 1 of 22. Plant WATTS BAR NUCLEAR PLANT

Name

Unit 1P.O. Box 2000, SPRING CITY, TN 37381

Address

94-18594-02

Repair Organization P.O. No., Job No., etc.

3. Work Performed by TENNESSEE VALLEY AUTHORITY

Name

Type Code Symbol Stamp

WATTS BAR NUCLEAR PLANT

Address

Authorization No. 1/10Expiration Date 3/15/954. Identification of System 06B / REACTOR COOLANT5. (a) Applicable Construction Code ASME III 19 71 Edition, WINTER 1972 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1-RFV-06B-0565</u>	<u>CROSBY VALVE CO.</u>	<u>NS696A-1D-0029</u>	<u>905</u>	<u>OLD I.D.#</u> <u>NS696A-06-0029</u>	<u>1983</u>	<u>REPLACEMENT</u>	<u>YES</u>

7. Description of Work INSTALLED REPLACEMENT SAFETY RELIEF VALVE @ 1-RFV-06B-0565.8. 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 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

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

94-18594-02

Page 18 of 48

FORM NIS-2 (Back)

9. Remarks TRACKING # 95-059 to 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 REPLACEMENT conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp _____

Certificate of Authorization No. _____

Expiration Date 3/30/95Signed Jeffrey E. Dwyer R.E. Date 3-30, 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 H&B I & T Co. of HART FORD GUNN have inspected the components described in this Owner's Report during the period 8/22/95 to 8/22/95, 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 B. Earmagh Commissions TN2534
National Board, State, Province, and EndorsementsDate 8/22/95, 19 _____

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 AUTHORITY
Name
400 W. SUMMIT HILL DRIVE, KNOX, TN.
Address

Date 3-30-95

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000 SPRING CITY, TN 37381
Address

Unit 1

W.O. 94-11079-00

Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA PLANT COMPLETION GROUP
Name
WATTS BAR NUCLEAR PLANT
Address

Type Code Symbol Stamp 11

Authorization No. 14 3-30-95

Expiration Date

4. Identification of System SVS 062 CHEMICAL VOLUME CONTROL SYSTEM

5. (a) Applicable Construction Code ASME SECTION 74 Edition, WINTER 1974 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980/W81

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-ISV-062-05475	KEROTEST	HXX-7 3 N/A 3-30-95	N/A	NONE	1975	REPLACEMENT	NO

7. Description of Work REPLACE STEM AND DIAPHRAGM ASSEMBLY ON 1-ISV-062-05475

8. Tests Conducted: ☒ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. _____ °F N/A 14 3-30-95

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

FORM NIS-2 (Back)

9. Remarks TRACKING # 95-060 89 3/31/95
 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.
 repair or replacement

Type Code Symbol Stamp N/A
 Certificate of Authorization No. N/A Expiration Date N/A
 Signed [Signature] Date 3-30, 19 95
 Owner or Owner's Designee, Title MECH ENGINEER

CERTIFICATE 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 Tennessee and employed by HSB I & E CO.
HART FORD CONN. have inspected the components described in this Owner's Report during the period 4/15/95 to 4/15/95, 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.

[Signature] Commissions TN 2534
 Inspector's Signature National Board, State, Province, and Endorsements
 Date 4/15, 19 95

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

1. Owner TENNESSE VALLEY AUTHORITY
Name

Date 4-12-95

400 W. SUMMIT HILL DR. KNOX, TN
Address

Sheet _____ of _____

2. Plant WATTS BAR NUCLEAR PLANT
Name

Unit 1

P.O. BOX 2000, SPRING CITY TN
Address

W6 # 93-22574-00
Repair Organization P.O. No., Job No., etc.

3. Work Performed by WATTS BAR NUCLEAR MAINT
Name

Type Code Symbol Stamp _____

P.O. BOX 2000, SPRING CITY TN
Address

Authorization No. _____

Expiration Date NR 9-27-93

4. Identification of System 62 CVCS

5. (a) Applicable Construction Code ASME II 19 74 Edition, 574 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 W81

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>Letdown HTX</u> <u>1-HTX-62-124</u>	<u>ATLAS IND.</u> <u>MFG CO.</u>	<u>3142</u>	<u>2520</u>	<u>1-HTX-062-0124</u>	<u>1975</u>	<u>REPLACED</u>	<u>YES</u>

7. Description of Work REPLACE HTX BONNET FLANGE BOLTING

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. _____ °F NR 9-27-93

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 # 95-061 4/13/95

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. repair or replacement

Type Code Symbol Stamp NR

Certificate of Authorization No. NR Expiration Date NR

Signed Dennis E. Foreman, MMC FOREMAN Date 4-12, 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 I & I Co. of Hartford, CT have inspected the components described 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.

[Signature] Commissions TN 2533
Inspector's Signature National Board, State, Province, and Endorsements

Date 6-9-95, 19 95

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 TENNESSEE VALLEY AUTHORITY Date 2/24/95
Name
400 W. SUMMIT HILL DR. KNOXVILLE, TN.
Address
2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 2
Name
P.O. BOX 2000, SPRING CITY, TN 37381
Address Unit 1
94-18594-01
Repair Organization P.O. No., Job No., etc.
3. Work Performed by TENNESSEE VALLEY AUTHORITY Type Code Symbol Stamp _____
Name
WATTS BAR NUCLEAR PLANT Authorization No. _____
Address Expiration Date _____
4. Identification of System 068 / REACTOR COOLANT
5. (a) Applicable Construction Code ASME III 19 71 Edition, WINTER 1972 Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-RFV-068-0563	CROSBY VALVE CO.	N56964-10-0034	907	AD I.D.# N56964-06-0034	1983	REPLACEMENT	YES

7. Description of Work INSTALLED REPLACEMENT SAFETY RELIEF VALVE @ 1-RFV-068-0563.

8. 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 recorded at the top of this form.

94-18594-01

Page 18 of 38

FORM NIS-2 (Back)

9. Remarks TRACKING # 95-062 4/5/95

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. repair or replacement

Type Code Symbol Stamp

Certificate of Authorization No.

Expiration Date

Signed

Owner or Owner's Designee, Title

R.E.

Date

APRIL 5

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 THE HARTFORD STEAM BOILER I. & I. Co. of HARTFORD, CT. have inspected the components described in this Owner's Report during the period 2-24-95 to 4-21-95, 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.

C. E. Motcally
Inspector's Signature

Commissions

NB-6260 TN-5133 "NFI"
National Board, State, Province, and Endorsements

Date

APRIL 21, 19 95

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

WC-95-05861-00
PG 11 of 21

1. Owner TENNESSEE VALLEY AUTHORITY Date 3-24-95
Name
300 W SUMMIT HILL DRIVE KNOX, TN. Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000 SPRING CITY TN, 37381 95-05861-00
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA MECH PCG Type Code Symbol Stamp
Name GB 3-24-95 Authorization No. N/A
WATTS BAR NUCLEAR PLANT Expiration Date 6-4-7-95
Address

4. Identification of System CHEMICAL AND VOLUME CONTROL

5. (a) Applicable Construction Code AISC 7th 19 73 Edition, N/A GB 3-24-95 Addenda, N/A GB 3-24-95 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 EDITION THRU WINTER 1981.

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT 1-6Z-1CK-R111	N/A GB 3-24-95	NONE	NONE	1-6Z-1CK-R111	UNKNOWN	REPLACED	NO
<div style="position: relative; height: 100px;"> <div style="position: absolute; top: 0; right: 0; transform: rotate(45deg);"> N/A GB 3-24-95 A </div> </div>							

7. Description of Work REPLACED DAMAGED SPHERICAL BEARING PIPE CLAMP

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ N/A GB 3-24-95
Other ☐ Pressure _____ psi Test Temp. _____ °F

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

FORM NIS-2 (Back)

9. Remarks 95-063 20 4/7/95
 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. repair or replacement

Type Code Symbol Stamp NA GG 4-7-95

Certificate of Authorization No. NA GG 4-7-95 Expiration Date NA GG 4-7-95

Signed Richard Gibson RE PCG Date 4-7, 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 TENNESSEE and employed by THE HARTFORD STEAM BOILER & I CO of HARTFORD, CT. 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.

O. E. Hattaway Commissions NB-6260, TN-2633 "N" AND "I"
 Inspector's Signature National Board, State, Province, and Endorsements

Date April 19, 19 95

TE 8-11-95
 00-17850-56-0M

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 AUTHORITY
Name

Date 7-17-95

400 W. SUMMIT HILL DR. KNOXVILLE, TN.
Address

Sheet 1 of 2

2. Plant WATTS BAR NUCLEAR PLANT
Name

Unit 1

PO BOX 2000 SPRING CITY, TN. 37381
Address

W0-94-18861-52

Repair Organization P.O. No., Job No., etc.

3. Work Performed by IVA

Name

Type Code Symbol Stamp

P.O. BOX 2000 SPRING CITY, TN. 37381
Address

Authorization No. N

Expiration Date AGG 4-14-95

4. Identification of System 62, CHEMICAL AND VOLUME CONTROL

ATSC 7th EDITION 664-14-95

5. (a) Applicable Construction Code 19 73 Edition, JUNE '73 Addenda NA 66 4-14-95 Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 1980 - WINTER 1981 Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
WBN-1-SNUB-062-62A95	PACIFIC SCIENTIFIC	7669		N 664-14-95 A		REPLACED	GG4-2040 AGG 4-14-95 A NO

7. Description of Work REPLACED SNUBBER

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

APR 4-4-95

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.

W0-94-18861-52 pg 21 of 22

FORM NIS-2 (Back)

9. Remarks WBN-CIG-4 264-14-95

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NAGG 4-14-95

Certificate of Authorization No. NAGG 4-14-95 Expiration Date NAGG 4-14-95

Signed [Signature] FCG, FE Date 4-14, 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 TENNESSEE and employed by THE HARTFORD STEAM BOILER I. & I. Co. of HARTFORD, CT. have inspected the components described in this Owner's Report during the period 4-5-95 to 4-21-95, 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.

C. E. Mitroff Commissions NB-6260 TN-2633 N+I
Inspector's Signature National Board, State, Province, and Endorsements

Date APRIL 21, 19 95

W'D-94-18861-52

PG 23 of 42

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 AUTHORITY
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TENN.
Address

Date 4/6/95

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000 SPRING CITY, TENN. 37381
Address

Sheet _____ of _____

Unit 1

94-09619-04

Repair Organization P.O. No., Job No., etc.

3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE
Name
P.O. BOX 2000 SPRING CITY, TENN. 37381
Address

Type Code Symbol Stamp N/C

Authorization No. N/A

Expiration Date N/C

4. Identification of System OGT - ICE CONDENSER

5. (a) Applicable Construction Code AISC 2445 7th Edition, N/A Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 80w21

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-SNUB-OG1-462122W	PSA	4673	N/A	NONE	78	REPLACEMENT	NO

7. Description of Work REPLACED SNUBBER

8. 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 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks

TRACKING # 95-065 29 5/2/95

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp

N/A ENM 5-3-95

Certificate of Authorization No.

N/A ENM 5-3-95

Expiration Date

N/A ENM 5-3-95

Signed

Edward N. McElroy - Mech. Engr

Date

May 3, 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 I & I CO. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 5/11/95 to 5/11/95, 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

B. E. Ewing

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

5/11

19

95

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 AUTHORITY Date 5/5/95
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000, SPRING CITY, TN 37381 WO # 95-06746-00
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA MODIFICATIONS Type Code Symbol Stamp N/
Name
WATTS BAR NUCLEAR PLANT Authorization No. WMP
Address Expiration Date 1A 5/5/95
4. Identification of System CHEMICAL VOLUME CONTROL SYSTEM (CVCS) SYS # 062
5. (a) Applicable Construction Code ASME 7TH 19 73 Edition, N/A WMP Addenda, N/A WMP Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981 ADDENDUM A
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT # 1062-ADG-18-Z	N/A WMP A 5/5/95	NONE	NONE	DCA-M15710-05 DCA-M15790-06 UNKNOWN		REPLACEMENT	NO
<div style="text-align: center;"> <p>IN</p> <p>A WMP</p> <p>5/5/95</p> </div>							

7. Description of Work REMOVED EXISTING BEAM ATTACHMENT FOR SPRING CAN AND INSTALLED NEW BEAM ATTACHMENT.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
N Other ☐ Pressure ☐ psi Test Temp. ☐ °F
A WMP 5/5/95

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

95-06746-00
Page 23827

FORM NIS-2 (Back)

9. Remarks TRACKING # 95-066 OGG RM 5/5/95

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. repair or replacement

Type Code Symbol Stamp N/A WMO 5/5/95

Certificate of Authorization No. N/A WMO 5/5/95 Expiration Date N/A WMO 5/5/95

Signed Mike Dodd, Field ENG. Date 5/5, 19 95
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

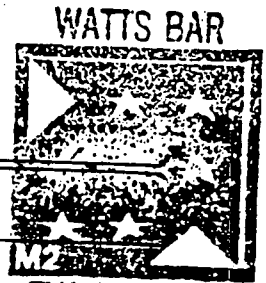
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by H.B. I & I CO. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 5/17/95 to 5/19/95, 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.

B. Eamigh Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/19, 19 95

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



TVA NUCLEAR

MAY 11 1995

1. Owner TENNESSEE VALLEY AUTHORITY
Name
400 N. SUMMIT HILL DR. KNOXVILLE, TN.
Address

Date 5/11/95Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name
PO Box 2000, SPRING CITY TN 37381
Address

Unit 1D-16460-21

Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA MODS
Name
PO Box 2000, SPRING CITY TN 37381
Address

Type Code Symbol Stamp N/AAuthorization No. AM 5/11/95Expiration Date 5/11/95

4. Identification of System 087 UPPER HEAD INJECTION

5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 1973 Addenda, N/A AM 5/11/95 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 ADDENDA THROUGH WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1087-435-20 -4C-460	N/A	N/A	N/A	DN-M-16460-A	UNKNOWN	REPLACEMENT	NO

7. Description of Work REMOVED AND REINSTALLED THE ENTIRE SUPPORT

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure ☒ psi Test Temp. N/A AM 5/11/95 °F

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

WORKPLAN D 16460-21

FORM NIS-2 (Back)

9. Remarks

TRACKING # 95-067 Am 5/11/95

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. repair or replacement

Type Code Symbol Stamp

W A Am 5/11/95

Certificate of Authorization No.

Expiration Date

Signed

Bill S. [Signature] FIELD ENGINEER
Owner or Owner's Designee, Title

Date

5/11

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 TN and employed by HSB I & I Co. of Hartford, CT

have inspected the components described in this Owner's Report during the period 11-23-92 to 5-24-95, 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.

[Signature]
Inspector's Signature

Commissions

TN 2533

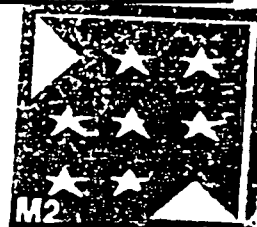
National Board, State, Province, and Endorsements

Date

5-24

19 95

WATTS BAR



TVA NUCLEAR

MAY 11 1995

WO 94-18357-00

Page 20 of 50

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 AUTHORITY Date 5-16-95
Name
400 W. SUMMIT HILL DR. KNOXVILLE, TN.
Address
 2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name
P.O. Box 2000 SPRING CITY, TN. Unit 1
Address W.O. 94-18357-00
Repair Organization P.O. No., Job No., etc.
 3. Work Performed by TVA Type Code Symbol Stamp _____
Name Authorization No. N/A
P.O. Box 2000 SPRING CITY, TN Expiration Date 1/A
Address
 4. Identification of System 090 / RADIATION MONITORING
 5. (a) Applicable Construction Code AISC 19 73 Edition JUNE 1973 Addenda N/A Code Case _____
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1050-A600-105-10	N/A	N/A	N/A	NONE	UNKNOWN	REPLACEMENT	NO

7. Description of Work REPLACE 1/2" BOLTS (2ea)
8. 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 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks TRACKING # 95-068

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

NA

Certificate of Authorization No.

NA

Expiration Date

NA

Signed

[Signature]
Owner or Owner's Designee, Title

Field Eng.

Date

5-16

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 TN and employed by HSR I & I Co. of Hartford, 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.

[Signature]
Inspector's Signature

Commissions

TN 2533

National Board, State, Province, and Endorsements

Date

5-31

19

95

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 AUTHORITY Date 7-14-95
Name

400 W. SUMMIT HILL DR. KNOXVILLE TN. Sheet 1 of 2
Address

2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name

P.O. BOX 2000 SPRING CITY TN 37381 95 17282-00 DCN S 21156-B WP. 93-09810-00
Address Repair Organization P.O. No., Job No., etc. 93-09810-02

3. Work Performed by TVA Type Code Symbol Stamp N/A CA 7-14-95
Name

P.O. BOX 2000 SPRING CITY TN. 37381 Authorization No. N/A CA 7-14-95
Address Expiration Date N/A CA 7-14-95

4. Identification of System CVC'S CHEMICAL VOLUME CONTROL SYSTEM SYS. 62

5. (a) Applicable Construction Code ASME III 19 71 Edition, SUMMER 1973 Addenda, N/A Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 WINTER 81 CA 7-14-95

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SYSTEM 62 PIPING	SEE NO. 2 ABOVE	N/A	N/A	SEE NO. 2 ABOVE	①	REPLACEMENT	YES

7. Description of Work HYDROSTATIC TEST SUCTION SIDE PIPING FOR WHICH DESIGN
PRESSURE INCREASED PER DCN S 21156-B REFERENCE WD. 93-09810-00 602

8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure 296 psi Test Temp. 40 °F
MAX MIN.

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

① REFERENCE N-5 PARTIAL 62-PB, 62-PIO, 62-F1, 63-P1 AND 63-P2.

FORM NIS-2 (Back)

Pg. 2 of 2

9. Remarks TRACKING 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.
~~repair or replacement~~

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed [Signature] LEAD HYDRO ENL. Date 7-14-95, 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 TRANSSER and employed by HSB I&I CO. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 7/17/95 to 7/17/95, 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.

[Signature] Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 7/19 19 95

PAGE 29 OF 32

95 17282 00

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 AUTHORITY
Name

Date 6-2-95

400 W. SUMMIT HILL DR., KNOXVILLE, TN
Address

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name

Unit 1

P.O. Box 2000, SPRING CITY, TN 37381
Address

W.O. 95-08322-82
Repair Organization P.O. No., Job No., etc.

3. Work Performed by WATTS BAR MODIFICATION
Name

Type Code Symbol Stamp _____

P.O. Box 2000, SPRING CITY, TN 37381
Address

Authorization No. NATK 6/2/95

Expiration Date _____

4. Identification of System 06Z / CVC

5. (a) Applicable Construction Code ASME SECTION III 1971 Edition, Thru Summer 1971 Addenda, NATK 6/2/95 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980 Edition w/Addenda Thru Winter 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1-SNUB-062-406-182</u>	<u>BERGEN-PATERSON</u>	<u>NA</u>	<u>6/2/95</u>	<u>NATK 6/2/95</u>	<u>NA</u>	<u>Replaced</u>	<u>No</u>
<u>NATK 6/2/95</u>							

7. Description of Work REPLACE SCREWS WITH LONGER SCREWS

8. 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 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks NONE TRACKING # 95-070

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 Kenneth L. Lenz (Field Engineer) Date 6-2, 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 State or Province of Tennessee and employed by HSBI+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 5-30-95 to 6-8-95, 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.

Stephen B. Stater Commissions TN2533
Inspector's Signature National Board, State, Province, and Endorsements

Date June 08, 19 95

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 AUTHORITY Date 5-10-95
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TENN.
Address
2. Plant WATTS BAR NUCLEAR PLANT Sheet _____ of _____
Name Unit 1
P.O. BOX 2000 SPRING CITY, TENN. 37381
Address 94-13996-01
Repair Organization P.O. No., Job No., etc.
3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Type Code Symbol Stamp N/R
Name Authorization No. N/R
P.O. BOX 2000 SPRING CITY, TENN. 37381 Expiration Date N/R
Address
4. Identification of System 090, RADIATION MONITORING
5. (a) Applicable Construction Code ASCE 7th Edition, N/R Addenda, N/R Code Case
1989-10-95
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980W8

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-SNUB-090-60012W SNUBBER	PSA	20830	NA	NA	1995	REPLAC	NO

7. Description of Work REPLACED SNUBBER
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure _____ psi Test Temp. _____ °F N/R 05/10/95

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

FORM NIS-2 (Back)

9. Remarks TRACKING NUMBER 95-071 29 6/10/95

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. repair or replacement

Type Code Symbol Stamp NIA 29 6/10/95

Certificate of Authorization No. NA 29 6/10/95 Expiration Date NA 29 6/10/95

Signed [Signature] MECH. ENGR. Date 6/10/95, 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 TN and employed by HSB I + T Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 5-19-95 to 6-19-95, 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.

[Signature] Commissions TN2533
Inspector's Signature National Board, State, Province, and Endorsements

Date June 13 19 95

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 AUTHORITY
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN
Address
2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. Box 2000, SPRING CITY, TN, 37381
Address
3. Work Performed by TVA
Name
P.O. Box 2000, SPRING CITY, TN, 37381
Address
4. Identification of System SAMPLING SYSTEM / SYSTEM #43
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 73 Addenda, NA 66-27-45 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 WINTER 1981 Addenda
6. Identification of Components Repaired or Replaced and Replacement Components

Date 6-27-95

Sheet 1 of 1

Unit 1

WF-D-12253-8.5
Repair Organization P.O. No., Job No., etc.

Type Code Symbol Stamp

Authorization No. N/66-27-45

Expiration Date 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)
1-043-BX-020	NA	N/A	N/A	N/A	N/A	REPAIR	NO
1-043-BW-019	NA	NA	NA	NA	NA	REPAIR	NO
1-043-BX-021	NA	NA	NA	NA	NA	REPAIR	NO
1-043-BW-020	NA	NA	NA	NA	NA	REPAIR	NO

7. Description of Work PERFORM BASE METAL REPAIR ON SUPPORT AND MODIFY SUPPORT
PER DON F-26-255-A 66-28-95
8. Tests Conducted: ☒ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure psi Test Temp. °F N/66-27-45

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

FORM NIS-2 (Back)

9. Remarks TRACKING # 073 GG 6-28-95

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 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 [Signature] FIELD ENGINEER, PUG 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 TN and employed by HSBI & I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 4-4-95 to 6-30-95, 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.

[Signature] Commissions TN 2533
Inspector's Signature National Board, State, Province, and Endorsements

Date 6-30, 19 95

W47-D-12253-85

Page 24 cont on Page 3

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 Authority Date 6/13/95
Name
Nuclear Power Sheet 1 of 1
Address
2. Plant Watts Bar Nuclear Plant Unit 1
Name
P.O. Box 2000, SPRING CITY, TN 95-10046-54
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Type Code Symbol Stamp
Name
P.O. Box 2000, SPRING CITY, TN Authorization No. N/A
Address Expiration Date N/A
4. Identification of System 077/Waste Disposal
5. (a) Applicable Construction Code AISC 19 7TH Edition, N/A Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 N/A 1980/W81
Am 7/4/95
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>Am 7/3/95</u> <u>47A450-4-81</u> <u>47A560</u>		<u>N</u>	<u>A</u> <u>CON</u> <u>7-2-95</u>		<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>N</u>
			<u>A</u> <u>N</u> <u>CON</u> <u>7-2-95</u>				

7. Description of Work REWORK SUPPORT PER DCN W-31453-A (DCN F-36710-A)
8. Tests Conducted: ☒ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. A °F
N CON 7-2-95

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

FORM NIS-2 (Back)

9. Remarks TRACKING No. 95-074

Applicable Manufacturer's Data Reports to be attached

N/A

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

Certificate of Authorization No.

N/A

Expiration Date

N/A

Signed

Charles StewartRE

Date

7-219 95Owner or Owner's Designee, Title (RESPONSIBLE ENG.)

CERTIFICATE OF INSERVICE INSPECTION

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&I CO. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 7/7/95 to 7/7/95, 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.

B. Eamigh

Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

7/7

19

95

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 AUTHORITY
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TENN.
Address

Date 7-7-95

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000 SPRING CITY, TENN. 37381
Address

Unit 1

95-00635-01

Repair Organization P.O. No., Job No., etc.

3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE
Name
P.O. BOX 2000 SPRING CITY, TENN. 37381
Address

Type Code Symbol Stamp n/c

Authorization No. n/c

Expiration Date n/c

4. Identification of System 001 MAIN STEAM

5. (a) Applicable Construction Code AISC ¹⁹⁷⁴ Edition, n/c Addenda, n/c Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80081

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-SNUB-001-01A343N	PSA	5548	NA	NA	1980	Replacement	No

7. Description of Work Replace snubber

8. Tests Conducted: ☒ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. 77/95

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

FORM NIS-2 (Back)

9. Remarks

7/12/95
67595-075

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 ENM 7-12-95

Certificate of Authorization No.

N/A ENM 7-12-95

Expiration Date

N/A ENM 7-12-95

Signed

Edward A. McLaughlin, Mech. Engr.

Date

July 12, 1995

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 IDI CO. of

HARTFORD CONN.

have inspected the components described 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.

B. E. Enright

Inspector's Signature

Commissions

TN2534

National Board, State, Province, and Endorsements

Date

7/13

19

95

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 AUTHORITY
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TENN.
Address

Date 7-5-95
Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000 SPRING CITY, TENN. 37381
Address

Unit 1
94-25172-02
Repair Organization P.O. No., Job No., etc.

3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE
Name
P.O. BOX 2000 SPRING CITY, TENN. 37381
Address

Type Code Symbol Stamp N/L
Authorization No. N/L
Expiration Date N/L

4. Identification of System 061 ICE CONDENSER

5. (a) Applicable Construction Code AISC 360 Edition, 7/5/95 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980w81.

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-SNUB-061-462136E	PSA	NA	N/A	L/K	NA	REPLACEMENT PIN	NO

7. Description of Work _____

Tests Conducted: ☒ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. _____ °F 7/5/95

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

FORM NIS-2 (Back)

9. Remarks 5-076

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 EAM 7-12-95
 Certificate of Authorization No. N/A EAM 7-12-95 Expiration Date N/A EAM 7-12-95
 Signed Edward A. McCoy Mech. Engr. Date July 12, 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 HSPB I&I Co. of Hartford Conn. have inspected the components described 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.

B. Earmack Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 7/13, 19 95

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 AUTHORITY Date 7-5-95
Name
400 W.SUMMIT HILL DRIVE, KNOXVILLE, TENN.
Address
2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name
P.O. BOX 2000 SPRING CITY, TENN. 37381 Unit 1
Address 95-07889-23
Repair Organization P.O. No., Job No., etc.
3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Type Code Symbol Stamp r-k
Name
P.O. BOX 2000 SPRING CITY, TENN. 37381 Authorization No. w/c
Address Expiration Date w/c
4. Identification of System 003 Main and Auxiliary Feedwater
5. (a) Applicable Construction Code AISC 197th Edition, w/c Addenda, w/c Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80w81

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SPHERICAL BEARINGS	PSA	NA	NA	1-SNUB-003- AFWR2365	NA	Replacement	NO

Description of Work REPLACED BEARING

Tests Conducted: ☒ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure _____ psi Test Temp. _____ °F 7-5-95

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

FORM NIS-2 (Back)

9. Remarks

95-077

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 ENM 7-13-95

Certificate of Authorization No.

N/A ENM 7-13-95

Expiration Date

N/A ENM 7-13-95

Signed

Edward A. McCoy Mech. Engr.

Date

July 13

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 I&T Co. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 7/19/95 to 7/19/95, 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.

B. Eamigh
Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

7/19/95

19

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

1. Owner TVA Name _____ Date 7-17-95
400 W. SUMMIT HILL DR. KNOXVILLE TN Address _____ Sheet 1 of 1

2. Plant WBNP Name _____ Unit 1
P.O. BOX 2000, SPRING CITY, TN. 37381 Address _____ W.O. # 94-03813-00
Repair Organization P.O. No., Job No., etc.

3. Work Performed by WBNP / PCG Name _____ Type Code Symbol Stamp _____
P.O. BOX 2000, SPRING CITY, TN. 37381 Address _____ Authorization No. _____
Expiration Date NR DC 7-17-95

4. Identification of System 062 / CVC

5. (a) Applicable Construction Code AISC, 7th 19 73 Edition, JUN 1973 Addenda, NA DC 7-17-95 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THRU WINTER '81

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
HGR # 1062-A555-10-29		NA DC 7-17-95		DCA-P04623-16	NA	REPLACEMENT	NO

7. Description of Work REPLACED HGR. RODS AND SPRING CAN

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. _____ °F NR DC 7-17-95

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

FORM NIS-2 (Back)

9. Remarks

Applicable Manufacturer's Data Reports to be attached

TRACKING # 9508⁷8
DC 7-17-95

N/A
Am 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. repair or replacement

Type Code Symbol Stamp

NA DC 7-17-95

Certificate of Authorization No. _____ Expiration Date _____

Signed Del Copeland, FIELD ENGINEER Date 7-17, 19 95
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 HSB I&E CO of HARTFORD CONN have inspected the components described in this Owner's Report during the period 7/21/95 to 7/21/95, 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.

B Earmagh Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 7/21, 19 95

95-18104-00
PG. 20 of 31

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 AUTHORITY
Name
400 W. SUMMIT HILL DRIVE, KNOX, TN.
Address
2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. Box 2000, SPRING CITY, TN.
Address
3. Work Performed by TVA, PCG
Name
WATTS BAR NUCLEAR PLANT
Address
4. Identification of System AUX. FEEDWATER SYSTEM # 003
5. (a) Applicable Construction Code AISC 7TH 19 73 Edition, N/A Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 THROUGH WINTER 1981 ADDENDA

Date 7/20/95
Sheet 1 of 1
Unit 1
WD# 95-18104-00
Repair Organization P.O. No., Job No., etc.
Type Code Symbol Stamp N/A
Authorization No. N/A
Expiration Date A

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SUPPORT 1003-A427-3-2	N/A	NONE	NONE	DCA-P04521-07, DCA-W33672-97		UNKNOWN REPLACEMENT	NO
			N				
			A				

7. Description of Work ATTACHED FLEX HOSE SAG RESTRAINT # 1-ISLS-997-4143 To PIPE SUPPORT 1003-A427-3-2.

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

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

FORM NIS-2 (Back)

95-18104-00

pg. 21 of 31

9. Remarks

TRACKING # 95-079

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

Certificate of Authorization No.

N/A

Expiration Date

N/A

Signed

Mike Odd, CONST. ENGR

Date

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 and employed by HSB I & I CO of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 7/26/95 to 7/26/95, 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 examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be 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

B. E. Enright

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

7/26

19

95

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 AUTHORITY
Name
400 W. SUMMIT HILL DR. KNOXVILLE TN.
Address

Date 7-20-95

Sheet 1 of 2

2. Plant WATTS BAR NUCLEAR PLANT
Name
PO BOX 2000 SPRING CITY TN. 37381
Address

Unit 1

95-17282-01; DCN S21157-A; WD 93-09810-00
Repair Organization P.O. No., Job No., etc.

3. Work Performed by TVA
Name
PO BOX 2000 SPRING CITY TN 37381
Address

Type Code Symbol Stamp NIA CAP 7-20-95

Authorization No. NIA CAP 7-20-95

Expiration Date NIA CAP 7-20-95

4. Identification of System SIS SAFETY INJECTION SYSTEM

5. (a) Applicable Construction Code ASME III 19 71 Edition, SUMMER 1973, Addenda, NIA Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 WINTER 81 CAP 7-20-95

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SYSTEM 63 PIPING	SEE NOTE 2 ABOVE	N/A	N/A	SEE NOTE 2 ABOVE	①	REPLACEMENT	YES

7. Description of Work HYDROSTATIC TEST PUMP SUCTION SIDE PIPING FOR WHICH DESIGN PRESSURE INCREASED PER DCN S21157-A REFERENCE WD. 93-09810-00

8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure 296 psi Test Temp. 40 °F
MAX MIN.

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.

95-17282-01

FORM NIS-2 (Back)

Page 10A of 30

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 ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed [Signature] LEAD HYDRO ENG. Date 7-20, 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 HSTB I&I Co. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 7/27/95 to 7/27/95, 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.

[Signature] Commissions TN2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 7/27, 19 95

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 AUTHORITY Date 08 - 15 - 95
Name
400 SUMMIT HILL DR., KNOXVILLE, TN. Sheet 1 of 2
Address
2. Plant WATTSBAR NUCLEAR PLANT Unit 1 (ONE)
Name
P.O. BOX 2000, SPRING CITY, TN 37381 W.O. 95 - 19307 - 03
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by PCG (MECH), WATTS BAR-TVA Type Code Symbol Stamp
Name Authorization No. N/A JN 8-15-95
WATTS BAR NUCLEAR PLANT Expiration Date
Address
4. Identification of System CHEMICAL AND VOLUME CONTROL, SYS 062
JN 8-15-95
5. (a) Applicable Construction Code AISC 19 73 Edition, 7TH Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 EDITION THRU WINTER 1981.

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SUPT # 1062-62-ICVC -V181	UNKNOWN N/A m 12/8-17-95	N/A	N/A	N/A	1995	NEW SUPPORT	NO
SUPT # 1062-A060- -62-143	UNKNOWN N/A m 12/8-17-95	N/A	N/A	N/A	UN KNOWN	REPLC.	NO

7. Description of Work MODIFICATION AND INSTALLATION OF NEW SUPPORT.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
 Other ☐ Pressure _____ psi Test Temp. _____ °F
N/A JN 8-15-95

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.

95 MB 8-16-95
35 - 19307 - 03

MB
8-16-95 PAGE 2 OF 2

PAGE 13 OF 3
MB
8-16-95

Sheet 2 of 2

FORM NIS-2 (Back)

9. Remarks TRACKING No. 95 - 081
Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A JN 8-15-95

Certificate of Authorization No. _____ Expiration Date _____

Signed Samanta Nguyen (RESPON. ENG.) Date 08 - 15 - 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 Connecticut and employed by HSBIFICO of Hartford, CT have inspected the components described in this Owner's Report during the period 8-16-95 to 8-17-95, 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.

Neil F. Jackson Commissions TW 3142
Inspector's Signature National Board, State, Province, and Endorsements

Date Aug. 17 19 95

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 AUTHORITY
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TENN.
Address

Date - 8/29/95

Sheet _____ of _____

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000 SPRING CITY, TENN. 37381
Address

Unit 001

WO # 95-19541-00

Repair Organization P.O. No., Job No., etc.

3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE
Name
P.O. BOX 2000 SPRING CITY, TENN. 37381
Address

Type Code Symbol Stamp N/R

Authorization No. N/R

Expiration Date N/R

4. Identification of System 003 MAIN FEEDWATER System

5. (a) Applicable Construction Code Section III 1974 Edition, N/A

Addenda, N/A

Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
MFW CKV VLV Loop #4	WALWORTH CO.	D66296	1648	1-CKV-003-0511	1977	REPLACEMENT	YES

7. Description of Work Replace Body Plug.

8. 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 recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks _____

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 Replacement conforms to the rules of the ASME Code, Section XI.
repair or replacement

Type Code Symbol Stamp _____

N/R

Certificate of Authorization No. _____

N/R

Expiration Date _____

N/R

Signed _____

D. Walter
Owner or Owner's Designee, Title

mech. Eng.

Date _____

Oct. 4

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 I&I Co. of Hartford 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.

B. Emery
Inspector's Signature

Commissions _____

TN 2534

National Board, State, Province, and Endorsements

Date _____

10/5

19 95

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 AUTHORITY Date 8/30/95
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TENN.
Address
2. Plant WATTS BAR NUCLEAR PLANT Sheet _____ of _____
Name Unit 001
P.O. BOX 2000 SPRING CITY, TENN. 37381 WO # 95-19541-01
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Type Code Symbol Stamp N/R
Name Authorization No. N/R
P.O. BOX 2000 SPRING CITY, TENN. 37381 Expiration Date N/R
Address
4. Identification of System 003 MAIN FEED WATER SYSTEM.
5. (a) Applicable Construction Code ASME III 19 74 Edition, N/R Addenda, N/R Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
MFW CKV VLV.	WALWORTH CO.	D66296	1648	1-CKV-003-0511	1977	SEAL WELD Body Plugs	yes
MFW CKV VLV.	WALWORTH CO.	D66295	1647	1-CKV-003-0510	1977	SEAL WELD Body Plugs	yes
MFW CKV VLV.	WALWORTH CO.	D66451	1712	1-CKV-003-0508	1978	SEAL WELD Body Plugs	yes
MFW CKV VLV.	WALWORTH CO.	D66297	1649	1-CKV-003-0509	1977	SEAL WELD Body Plug	yes
			N/R				

7. Description of Work Seal weld Body Plugs
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ N/R
 Other ☐ Pressure _____ psi Test Temp. _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/4 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is noted at the top of this form.

FORM NIS-2 (Back)

9. Remarks _____

Applicable Manufacturer's Data Reports to be attached _____

Tracking Number # 95-RR-083 by 8/30/95

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 N/R

Certificate of Authorization No. N/R Expiration Date N/R

Signed [Signature] Mech. Engr. Date OCT 9, 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 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 10/13/95 to 10/13/95, 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.

[Signature]
Inspector's Signature

Commissions TN 2534
National Board, State, Province, and Endorsements

Date 10/13, 19 95

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 Authority
Name
400 W. Summit Hill Drive, Knoxville, TN
Address

Date 9-11-95

Sheet 1 of 1

2. Plant Watts Bar Nuclear Plant
Name
P.O. Box 2000 Spring City, TN 37381
Address

Unit 1

WD 94-18034-00

Repair Organization P.O. No., Job No., etc.

3. Work Performed by Tennessee Valley Authority
Name
P.O. Box 2000 Spring City, TN 37381
Address

Type Code Symbol Stamp

Authorization No. NA PQA 9-11-95

Expiration Date

4. Identification of System 68 / Reactor Coolant System

5. (a) Applicable Construction Code AISC 7th 1973 Edition, 7th Addenda, NA Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80, Winter 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1-68-054</u>		<u>NA PQA 9-11-95</u>		<u>NONE</u>	<u>UNKNOWN</u>	<u>Replacement</u>	<u>NO</u>

7. Description of Work Modified support per DCN F 33062 A

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ NA Nominal Operating Pressure ☐
Other ☐ Pressure psi Test Temp. PQA 9-11-95 °F

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

FORM NIS-2 (Back)

9. Remarks Tracking # 95-RR-084 29 9/14/95
 Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp ALA 9/11/95

Certificate of Authorization No. _____ Expiration Date _____

Signed D. Mckenzie Resp. Eng. Date 9-11-95, 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 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 to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be 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. Ewing Commissions TN 2534
 Inspector's Signature National Board, State, Province, and Endorsements

Date 9/12 19 95

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 AUTHORITY Date 9-19-95
Name
400 W. SUMMIT HILL DR. KNOXVILLE, TN
Address
2. Plant WATTS BAR NUCLEAR PLANT Sheet 1 of 1
Name
P.O. BOX 2000, SPRING CITY, TN 37771 Unit 1
Address
WO 95-19525-00
Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA Type Code Symbol Stamp
Name
P.O. BOX 2000, SPRING CITY, TN 37771 Authorization No. N/A CON 9-19-95
Address Expiration Date N/A
4. Identification of System 01 / MAIN STEAM
5. (a) Applicable Construction Code AISC 19 73 Edition, JUNE 73 Addenda, NONE Code Case
(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

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-A400-11-25		<u>N A</u>	<u>CON 9-19-95</u>		<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>N</u>
			<u>N A</u>				
			<u>CON 9-19-95</u>				

7. Description of Work REPLACE TOP ITEM #7
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
Other ☐ Pressure N/A psi Test Temp. CON 9-19-95 °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.

95-19525-00
PG 21A OF 22

FORM NIS-2 (Back)

9. Remarks TRACKING # 95-RR-085 29 9/20/95
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. repair or replacement

Type Code Symbol Stamp _____

Certificate of Authorization No. _____ Expiration Date ~ A CON 9-20-95

Signed Charles Newt RESP. ENG. Date 9-20, 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 HSTB I/I CO. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 9/22/95 to 9/22/95, 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 Earnigh Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 9/22, 19 95

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 AUTHORITY
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TENN.
Address

Date 9/18/95

Sheet _____ of _____

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000 SPRING CITY, TENN. 37381
Address

Unit 1

95-21789-02
Repair Organization P.O. No., Job No., etc.

3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE
Name
P.O. BOX 2000 SPRING CITY, TENN. 37381
Address

Type Code Symbol Stamp _____
Authorization No. N/R KB 9-17-95
Expiration Date _____

4. Identification of System 074, RHR

5. (a) Applicable Construction Code AISC 7th Edition, N/R Addenda, N/R Code Case
RG 4-17-95
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80WB1

Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PSA	13415	NA	NA	1980	REPLACED	NA
				1074-1-74-4	8/9/85		

7. Description of Work REPLACED SNUBBER

8. 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 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is noted at the top of this form.

FORM NIS-2 (Back)

9. Remarks TRACKING # 95-RR-086 9/21/95

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. repair or replacement

Type Code Symbol Stamp N/A ENM 9-21-95

Certificate of Authorization No. N/A ENM 9-21-95 Expiration Date N/A ENM 9-21-95

Signed Edward N. McGee-Mech Engr Date September 21, 19 995
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 I&I CO. of Hartford Conn. have inspected the components described in this Owner's Report during the period 9/22/95 to 9/22/95, 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. Ennigh
Inspector's Signature

Commissions TN 2534
National Board, State, Province, and Endorsements

Date 9/22, 19 95

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 AUTHORITY Date 9/18/95
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TENN.
Address

2. Plant WATTS BAR NUCLEAR PLANT Sheet _____ of _____
Name Unit 1
P.O. BOX 2000 SPRING CITY, TENN. 37381
Address 95-21789-00
Repair Organization P.O. No., Job No., etc.

3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Type Code Symbol Stamp _____
Name Authorization No. N/R 9/13/95
P.O. BOX 2000 SPRING CITY, TENN. 37381
Address Expiration Date _____

4. Identification of System 063 - SIS

5. (a) Applicable Construction Code AISC 10 7TH Edition, N/R Addenda, N/R Code Case
RG 4-8-95
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80W3

Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PSA	11355	NA	NA	1990	Replaced	NO
				1074-74-12HR - R230	9/22/95		

7. Description of Work REPLACED SNUBBER

8. 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 noted at the top of this form.

FORM NIS-2 (Back)

9. Remarks TRACKING # 95-RL-087 89 9/21/95

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. repair or replacement

Type Code Symbol Stamp N/A ENM 9-21-95

Certificate of Authorization No. N/A ENM 9-21-95 Expiration Date N/A ENM 9-21-95

Signed ED McCoy - Mech. Engr. Date September 21, 1995
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 I&I Co. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 9/22/95 to 9/22/95, 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 Earmagh Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 9/22 19 95

952221100

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 AUTHORITY Date 10/6/95
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TENN Sheet _____ of _____
 2. Plant WATTS BAR NUCLEAR PLANT Unit 01
P.O. Box 2000 Spring City, TENN. 37381 95-2221-00
 Repair Organization P.O. No., Job No., etc.
 3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Type Code Symbol Stamp N/R
P.O. Box 2000 Spring City, Tenn. 37381 Authorization No. N/R
 Expiration Date N/R
 4. Identification of System 063 SAFETY INJECTION
 5. (a) Applicable Construction Code ASME III 1974 Edition, Winter 74 Addenda, Winter 74 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 BW 10/6/95

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Check valve	Kerotes MFG	LA5-14	N/A ^{KLR} 9/21/95	i-2KV-C63-C543-A	1976	Replacement	YES

7. Description of Work: Replaced Disc

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

NOTE: Supplemental information in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in., (2) information in items 1 through 5 of this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of the form.

9522-1100

952221100

FORM NIS-2 (Back)

9. Remarks

Applicable Manufacturer's Data Reports to be attached

Tracking NO. 95-RR-088 *dy* 7/21/95

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. repair or replacement

Type Code/Symbol Stamp

N/R

Certificate of Authorization No.

N/R

Expiration Date

N/R

Signed

D. Walters

Mech Engr

Date

Oct. 6

1995

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 IPI CO. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 10/31/95 to 10/31/95, 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 examination and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be 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

Samuel

Commissions

TN2534

National Board, State, Province, and Territories

Date

10/31

1995

11A

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 AUTHORITY Date 9-21-95
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN Sheet 1 of 1
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000, SPRING CITY, TN 37381 N.O. 95-18306-00
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by TVA. MECH PLANT COMP. GRP. Type Code Symbol Stamp
Name
WATTS BAR NUCLEAR PLANT Authorization No. N/A BRP 9-21-95
Address Expiration Date
4. Identification of System FEEDWATER / SYS 003
5. (a) Applicable Construction Code AISC, 7TH 19 73 Edition, N/A BRP 9-21-95 Addenda, N/A BRP 9-21-95 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 EDITION THRU WINTER 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>PIPE SUPPORT</u>	<u>N/A BRP 9-21-95</u>	<u>NONE</u>	<u>NONE</u>	<u>1003A-1-03A-378</u>	<u>UNKNOWN</u>	<u>REPLACEMENT</u>	<u>NO</u>
							
			<u>N/A BRP</u>	<u>9-21-95</u>			

7. Description of Work REPLACE B.P. WELDED BEAM ATTACHMENT ON SUPPORT 1003A-1-03A-378
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ N/A BRP 9-21-95
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.

95-18306-00

Page 29 of 29

FORM NIS-2 (Back)

9. Remarks TRACKING # 95-RR-089 89 9/21/95
 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. repair or replacement

Type Code Symbol Stamp N/A B2P 9-21-95

Certificate of Authorization No. N/A B2P 9-21-95 Expiration Date N/A B2P 9-21-95

Signed Bradford R. Penture Field Eng. Date 9-21-95 SEPT 21, 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 I & S CO' of HARTFORD CONN have inspected the components described in this Owner's Report during the period 9/25/95 to 9/25/95, 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. Earm Commissions TN 2534
 Inspector's Signature National Board, State, Province, and Endorsements

Date 9/25 19 95

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

Signed
000
12/15/95

1. Owner TENNESSEE VALLEY AUTHORITY
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TENN.
Address

Date 11/8/95

Sheet _____ of _____

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000 SPRING CITY, TENN. 37381
Address

Unit 003 On 11/8/95 1

W# 95-22094-00

Repair Organization P.O. No., Job No., etc.

3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE
Name
P.O. BOX 2000 SPRING CITY, TENN. 37381
Address

Type Code Symbol Stamp N/R

Authorization No. _____

Expiration Date _____

4. Identification of System 003 MAIN Feedwater System

5. (a) Applicable Construction Code III 1974 Edition, Summer 76 Addenda, N/R Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
MFW CHECK VALVE	BERG-WARNER	26313	N/A	1-CKV-000-0038	1978	REPAIR	YES

7. Description of Work Repair steam cuts in valve body

8. 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 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks _____

Applicable Manufacturer's Data Reports to be attached _____

TRACKING NO # 95-RR-090 *of* 9/23/95

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 _____

N/R

Certificate of Authorization No. _____

N/R

Expiration Date _____

N/R

Signed _____

[Signature]

Mech. Engr.

Date _____

Nov. 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 TEHRAN and employed by H.S.B. I.E. CO. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 11/27/95 to 11/27/95, 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.

Inspector's Signature _____

[Signature]

Commissions _____

TN 2534

National Board, State, Province, and Endorsements

Date _____

11/27

19

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952058305

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 AUTHORITY Date 9-28-95
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TENN.
Address
2. Plant WATTS BAR NUCLEAR PLANT Sheet _____ of _____
Name
P.O. BOX 2000 SPRING CITY, TENN. 37381
Address Unit I
Repair Organization P.O. No., Job No., etc. W/O 95-20583-05
3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Type Code Symbol Stamp _____
Name
P.O. BOX 2000 SPRING CITY, TENN. 37381
Address Authorization No. _____
Expiration Date _____
4. Identification of System Sys 063 N/R
5. (a) Applicable Construction Code ASME III 1974 Edition, Winter 75 Addenda, N/R Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 W 81

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1-CKV-063-0563-S</u>	<u>WESTINGHOUSE</u> <u>WH</u>	<u>0021</u>	<u>W1119</u> <u>W1119</u> <u>9/27/95</u>	<u>NONE</u>	<u>1974</u> <u>LATE</u> <u>1974/95</u>	<u>REPLACED</u>	<u>Yes</u>
<u>N/R</u>							

7. Description of Work Replaced Body/Bonnet Stud and nut (1 ea)

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

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

1952058305

FORM NIS-2 (Back)

9. Remarks

95-RR-091

10/1/95

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. repair or replacement

Type Code Symbol Stamp

N/R

Certificate of Authorization No.

N/R

Expiration Date

N/R

Signed

D. Walter

Mech Engr

Date

Oct 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 I & I Co. of Hartford Conn have inspected the components described in this Owner's Report during the period 10/31/95 to 10/31/95 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. Eamigh

Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

10/31

19

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952314700

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 AUTHORITY

Name

400 W. SUMMIT HILL DRIVE, KNOXVILLE, TENN.

Address

Date 10/8/95

Sheet _____ of _____

2. Plant WATTS BAR NUCLEAR PLANT

Name

P.O. BOX 2000 SPRING CITY, TENN. 37381

Address

Unit I95-23147-00

Repair Organization P.O. No., Job No., etc.

3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE

Name

P.O. BOX 2000 SPRING CITY, TENN. 37381

Address

Type Code Symbol Stamp _____

Authorization No. _____

Expiration Date _____

4. Identification of System Sup 063, Safety Injection

5. (a) Applicable Construction Code ASME SECTION II 19 80 Edition Winter 1980 Addenda NIR Code Case _____
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 thru Winter 1981 Addenda

5. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>LCRU-063-05805</u>	<u>KEROTEST</u>	<u>LA1-11</u>	<u>N/A</u>	<u>SAFETY INJ. SYSTEM #3</u>	<u>81</u>	<u>REPLACEMENT</u>	<u>YES</u>

7. Description of Work REPLACED DISK

8. 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 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

952314700

FORM NIS-2 (Back)

9. Remarks

95-RL-092 off 10/7/95

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.

Type Code Symbol Stamp

N/R

Certificate of Authorization No.

N/R

Expiration Date

N/R

Signed

D. Watson

Mech Engr

Date

Oct. 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 IFT Co of Hartford Conn. have inspected the components described in this Owner's Report during the period 10/31/95 to 10/31/95, 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. Eamail

Inspector's Signature

Commissions

N. B. 1995, State, Province, and Endorsements

Date

10/31

19

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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 AUTHORITY
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TN.
Address

Date 10/14/95

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000, SPRING CITY, TN, 37381
Address

Unit 1

95-23755-00
Repair Organization P.O. No., Job No., etc.

3. Work Performed by TENNESSEE Valley Authority
Name
P.O. Box 2000, Spring City, TN 37381
Address

Type Code Symbol Stamp

Authorization No. NA

Expiration Date

4. Identification of System 001 / Main Steam

5. (a) Applicable Construction Code AISC 19 73 Edition, 7th Ed. Addenda, NA Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 edition w/Addenda through Winter 1981

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1001-A400-6-174		NA		F38325 A	NA	Replacement	NO

7. Description of Work Modified supports per DCF-38325-A

8. 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 recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks

TRACKING #

95-RR-0973A 10/23/95 12/14/95

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp

Certificate of Authorization No.

N/A C.O.N. 10-23-95

Expiration Date

Signed

Charles Newton

FIELD ENG.

Date

10-23

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 I & I Co. of Hartford Conn. have inspected the components described 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 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. Eam...

Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

10/23

19 95

APPENDIX G

Page 1 of 5

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 AUTHORITY Date 10-28-95
Name
400 W. Summit Hill Drive, Knoxville, TN Sheet _____ of _____
Address
2. Plant Watts Bar Nuclear Plant Unit 1
Name
P. O. Box 2000, Spring City, TN, 37381 95-19189-00
Address Repair Organization P.O. No., Job No., etc.
3. Work performed by WATTS BAR NUCLEAR MAINTENANCE Type Code Symbol Stamp _____
Name
P.O. Box 2000 SPRING CITY TN 37381 Authorization No. _____
Address Expiration Date N.R.
4. Identification of system 003, MAIN FEEDWATER
5. (a) Applicable Construction Code Set III, Class 2 1974 Edition Summer Addenda 1976 Code Case _____
(b) Applicable Edition of Section XI utilized for Repairs or Replacements 1980 Edition Win 81 Addenda _____
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1-CRV-003-0678</u> <u>CHECK VALVE</u>	<u>BORG WARNER</u>	<u>26322</u>	<u>1</u>	<u>N/A</u>	<u>1975</u>	<u>REPAIRED</u>	<u>Y</u>

7. Description of Work REPAIRED VALVE

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

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.

29 12/14/95
APPENDIX G
Page 2 of 5

FORM NIS-2 (Back)

9. Remarks TRACKING # 95-RR-093B 29 10/29/95

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] Maintenance Planner Date Nov, 17, 1995
Owner or Owner's Designee Title¹⁶⁸

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel

Inspectors and the State or Province of TRINIDAD and employed by HSB IFE CO.

of HART FORD CONN. have inspected the components described in this

Owner's Report during the period 11/20/95 to 11/20/95 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 shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature]
Inspector's Signature

Commissions TN 2534
National Board, State, Province, and Endorsements

Date 11/20 19 95

APPENDIX G

Page 1 of 5

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 AUTHORITY

Date 10/27/95

400 W. Summit Hill Drive, Knoxville, TN
Address

Sheet 1 of 1

2. Plant Watts Bar Nuclear Plant

Unit 1

P. O. Box 2000, Spring City, TN, 37381
Address

WO # 94-02663-18
Repair Organization P.O. No, Job No, etc.

3. Work performed by TVA, MODS

Name

WATTS BAR NUCLEAR PLANT
Address

Type Code Symbol Stamp N/ wms

Authorization No. 10/27/95

Expiration Date A

4. Identification of system MAIN STEAM, SYS # 001

5. (a) Applicable Construction Code AISC 7TH 1973 Edition N/ wms Addenda N/ wms Code Case
(b) Applicable Edition of Section XI utilized for Repairs or Replacements 1980 Edition Win 81 Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>PIPE SUPPORT</u> <u>1001A-1-01A-348</u>	<u>N/ wms</u> <u>A 10/27/95</u>	<u>NONE</u>	<u>NONE</u>	<u>6CA-M2132E-39, 40, 41 & 324</u>	<u>UNKNOWN</u>	<u>REPAIRED</u>	<u>NO</u>

7. Description of Work REPAIRED UNDERCUT IN WELD ON WEST SIDE PLATE, ITEM # 13, ON SUPPORT 1001A-1-01A-348.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒ N/ wms
Other ☐ Pressure _____ psi Test Temp _____ °F A 10/27/95

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.

APPENDIX G
Page 2 of 5

FORM NIS-2 (Back)

9. Remarks TRACKING # 95-RR-094 was 10/30/95

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A was 10/27/95Certificate of Authorization No. N/A was 10/27/95 Expiration Date N/A was 10/27/95Signed Mike Dodd CONST. ENGR Date 10/27, 19 95
Owner or Owner's Designee Title¹⁶⁸

CERTIFICATE OF INSERVICE INSPECTION

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 & I CO. of HARTFORD 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 loss of any kind arising from or connected with this inspection.

B. Earm
Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

12/6 19 95

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 AUTHORITY
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TENN.
Address

Date 11/8/95
Sheet _____ of _____

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000 SPRING CITY, TENN. 37381
Address

Unit I
W/O 95-11832-01
Repair Organization P.O. No., Job No., etc.

3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE
Name
P.O. BOX 2000 SPRING CITY, TENN. 37381
Address

Type Code Symbol Stamp _____
Authorization No. _____
Expiration Date _____

4. Identification of System 003, Main & Aux. Feedwater

5. (a) Applicable Construction Code III 19 74 Edition, Summer 76 Addenda, N/R Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-CKV-003-0645	BORG-WARNER	26305	UNA	N/A	1978 11/13/95	Replacement	Yes
N/R							

7. Description of Work Replaced Bonnet studs and nuts

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

FORM NIS-2 (Back)

9. Remarks TRACKING # 95-RR-095 *gg*
 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/R
 Certificate of Authorization No. N/R Expiration Date N/R
 Signed D. Watson Mech. Engr. Date NOV 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 IBI Co. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 11/15/95 to 11/15/95, 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. Earnish Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 11/15, 19 95

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 AUTHORITY
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TENN.
Address

Date 12/4/95

Sheet NK of

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000 SPRING CITY, TENN. 37381
Address

Unit 1

95-22681-00

Repair Organization P.O. No., Job No., etc.

3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE
Name
P.O. BOX 2000 SPRING CITY, TENN. 37381
Address

Type Code Symbol Stamp

Authorization No. N/R

Expiration Date

4. Identification of System Steam Generator Blowdown/sys 001

5. (a) Applicable Construction Code ASME Section III 1980 Edition, Winter 1990 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980 thru Winter 1981 Addenda

Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>Value #</u> <u>ECV-001-0007-A</u>	<u>Target Rock Corp.</u>	<u>#5 F</u> <u>7F-42</u>	<u>N/A</u>	<u>Steam Gen</u> <u>Blowdown Isol.</u> <u>VALVE</u>	<u>83</u>	<u>Replacement</u>	<u>yes</u>
		<u>N/R</u>					

7. Description of Work Remove Existing Valve and Install New Valve, Valve refurbished
under contract 152176.

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

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

MES
2/14/96

21

FORM NIS-2 (Back)

9. Remarks Tracking # 95-RR-096. SRN 113065
 Applicable Manufacturer's Data Reports to be attached
RR

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

Certificate of Authorization No. N/A Expiration Date N/A

Signed Rich Dravett Date 11/30 1995
 Owner or Owner's Designee Title

Rich Dravett 2/14/96

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TRAVIS and employed by HSB IFT Co. of HARTFORD CONN have inspected the components described in this Owner's Report during the period 12/4/95 to 12/4/95, 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. Eamigh Commissions TN2534
 Inspector's Signature National Board, State, Province, and Endorsements

Date 12/14 1995

952268101

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 AUTHORITY
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TENN.
Address

Date 12/4/95

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000 SPRING CITY, TENN. 37381
Address

Sheet _____ of _____

Unit 1

3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE
Name
P.O. BOX 2000 SPRING CITY, TENN. 37381
Address

95 22681 - C /
Repair Organization P.O. No., Job No., etc.

Type Code Symbol Stamp N/R

Authorization No. N/R

Expiration Date N/R

4. Identification of System Steam Generator Blowdown / sys 001

5. (a) Applicable Construction Code ASME Section III 19 80 Edition, Winter 1980 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 then Winter 1981 Addenda.

Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>VALVE #</u> <u>LECV-001-COM-A</u>	<u>Target Rock</u> <u>Corp.</u>	<u>6</u>	<u>N/A</u>	<u>Steam Gen</u> <u>Blowdown Isol.</u> <u>VALVE</u>	<u>83</u>	<u>Replacement</u>	<u>yes</u>

7. Description of Work Repair Existing Valve and Install New Valve. Valve refurbished
under contract 152176.

MES
2/14/96

8. Tests Conducted: ☐ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure ☐ Test temp. N/A

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is noted 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 473

952268101

FORM NIS-2 (Back)

9. Remarks Tracking # 95-RR-097. SBN 11/30/95

Applicable Manufacturer's Data Reports to be attached

UR

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 replacementType Code Symbol Stamp N/ACertificate of Authorization No. N/A Expiration Date N/ASigned Rich Gravett OWNER Date 11/30, 19 95

Owner or Owner's Designee, Title

Rich Gravett2/14/96

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of PA and employed by H.B. ITC of HAST CO. CO. INC. have inspected the components described in this Owner's Report during the period 12/1/95 to 12/1/95, 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.

Inspector's Signature

B. Egan 2/14/96

Commissions

PA 2554

National Board, State, Province, and Endorsements

Date 12/1, 19 95

95226810

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 AUTHORITY
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TENN.
Address

Date 12/4/95

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000 SPRING CITY, TENN. 37381
Address

Sheet 1 of 1

Unit 1

95-22681-02

Repair Organization P.O. No., Job No., etc.

3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE
Name
P.O. BOX 2000 SPRING CITY, TENN. 37381
Address

Type Code Symbol Stamp

Authorization No.

Expiration Date

4. Identification of System Steam Generator Blowdown Sys CO

5. (a) Applicable Construction Code ASME Section III 19 80 Edition, Winter 1980 Addenda. N/A Code Case
(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

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>VALVE #</u> <u>HECV-001-0025-B</u>	<u>Target Rock Corp.</u>	<u>7</u>	<u>N/A</u>	<u>Steam Gen Blowdown Isol. Valve</u>	<u>83</u>	<u>Replacement</u>	<u>yes</u>

7. Description of Work Remove Existing Valve and Install New Valve, Valve refurbished under contract 152176.

8. Tests Conducted: ☐ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐ Pressure ☐ Test Temp. N/A

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

This form (ECC030) may be obtained from the Order Dept., ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300. REPRINT 1993

MES
2/14/96

952268102

FORM NIS-2 (Back)

9. Remarks Tracking # 95-RR-098. SIN 11/30/95

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this Replacement conforms to the rules of the ASME Code, Section XI. repair or replacementType Code-Symbol Stamp N/ACertificate of Authorization No. N/A Expiration Date N/ASigned Rich Gravett, Planner Date 1/30, 19 95

Owner or Owner's Designee, Title

Rich Gravett2/14/96

CERTIFICATE OF INSERVICE INSPECTION

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 H.B. IIT of HARTFORD CO. VN have inspected the components described in this Owner's Report during the period 12/14/95 to 12/14/95, 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

T.N. 2534
National Board, State, Province, and EndorsementsDate 12/14/95 19 95

952268103

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 AUTHORITY Date 12-2-95
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TENN.
Address
2. Plant WATTS BAR NUCLEAR PLANT Sheet _____ of _____
Name
P.O. BOX 2000 SPRING CITY, TENN. 37381 Unit 1
Address
95-22681-03
Repair Organization P.O. No., Job No., etc.
3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Type Code Symbol Stamp _____
Name
P.O. BOX 2000 SPRING CITY, TENN. 37381 Authorization No. N/A
Address
Expiration Date _____

4. Identification of System Steam Generator Blowdown Sys 001
5. (a) Applicable Construction Code ASME Section III 19 80 Edition Winter 1980 Addenda N/A Code Case
Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 thru WINTER 1981 Addenda.

5. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>VALVE #</u> <u>1-ECV-001-0032-R</u>	<u>TARGET ROCK</u> <u>CO. INC.</u>	<u>11-28 5</u> <u>11-6-95</u>	<u>N/A</u>	<u>Steam Gen</u> <u>Blowdown Isol.</u> <u>VALVE</u>	<u>83</u>	<u>Replacement</u>	<u>yes</u>

Description of Work Repair Existing Valve and install new Valve. Valve refurbished
under contract 152176.

MES
2/14/96

Tests Conducted: ☐ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure ☐ Test Temp. N/A

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

952268108

FORM NIS-2 (Back)

9. Remarks Tracking # 95-RR-099, SEN 11/30/95
 Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A
 Certificate of Authorization No. N/A Expiration Date 1/1/96
 Signed Rich Draveth, Planner Date 11/30, 19 95
Rich Draveth 2/14/96
 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 TRINIDAD and employed by H&R ILECO of
HARTFORD CONN have inspected the components described
 in this Owner's Report during the period 12/1/95 to 12/10/95, 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.

B. Earmigh Commissions TN 2534
B. Earmigh 2/14/96
 Date 12/14, 19 95
 Inspector's Signature
 National Board, State, Province, and Endorsements

952268108⁴

Jr 1, 12.5-75

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 AUTHORITY Date 12-4-85
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TENN.
Address
2. Plant WATTS BAR NUCLEAR PLANT Unit 1
Name
P.O. BOX 2000 SPRING CITY, TENN. 37381
Address 95-22681-04
Repair Organization P.O. No., Job No., etc.
3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE Type Code Symbol Stamp
Name
P.O. BOX 2000 SPRING CITY, TENN. 37381 Authorization No. N/A
Address Expiration Date
4. Identification of System Steam Generator Blowdown Sys C-1
5. (a) Applicable Construction Code ASME Section III 1980 Edition, Winter 1980 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980 thru Winter 1981 Addenda.

Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>VALVE #</u> <u>EECV-001-081A</u>	<u>TARGET ROCK</u> <u>COY.</u>	<u>1</u>	<u>N/A</u>	<u>Steam Gen</u> <u>blowdown Isol</u> <u>VALVE</u>	<u>83</u>	<u>Replacement</u>	<u>yes</u>

7. Description of Work Repair Existing Valve AND INSTALL NEW VALVE, Valve refurbished under Contract 152176. ME 2/13
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure psi Test Temp. N/A

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

952268104

952268104

9/12-5:45

FORM NIS-2 (Back)

3. Remarks Tracking # 95-RR-100, SRN 11/30/95

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed Rich Gravett, planner Date 11/21, 19 95

Owner or Owner's Designee, Title Rich Gravett 2/14/96

CERTIFICATE 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 MASSACHUSETTS and employed by H&B I&E CO. of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 12/11/95 to 12/14/95, 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. Earmigh
Inspector's Signature
2/14/96
12/11 12/15

Commissions TN 2534
National Board, State, Province, and Endorsements

952268105

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 AUTHORITY
 Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TENN.
 Address

Date 11-1-95

Sheet _____ of _____

2. Plant WATTS BAR NUCLEAR PLANT
 Name
P.O. BOX 2000 SPRING CITY, TENN. 37381
 Address

Unit 7

95-22681-05
 Repair Organization P.O. No., Job No., etc.

3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE
 Name
P.O. BOX 2000 SPRING CITY, TENN. 37381
 Address

Type Code Symbol Stamp _____

Authorization No. N R

Expiration Date _____

4. Identification of System Steam Generator Blowdown Sys 1

5. (a) Applicable Construction Code ASME Section III 1980 Edition, Winter 1980 Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980 thru Winter 1981 Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
VALVE # FCV-001-0182-B	Target Rock COPR.	2	N/A	Steam Gen # Blowdown Isol. VALVE	83	Replacement	yes

Description of Work Repair Existing Valve And Install New Valve, Valve refurbished under contract 152176.

MES
2/13/96

Tests Conducted: ☐ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure ☐ Test Temp. N/A

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

952268105

FORM NIS-2 (Back)

9. Remarks

Tracking # 95-RR-101, EBN 11/30/95

Applicable Manufacturer's Data Reports to be attached

NR

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

Certificate of Authorization No.

N/A

Expiration Date

N/A

Signed

Owner or Owner's Designee

Rich Dravett, planner
Rich Dravett

Date

11/30/95

, 19

2/14/96

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TRINIDAD and employed by H&B IFC of HARTFORD CONN. have inspected the components described in this Owner's Report during the period 12/1/95 to 12/4/95, 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-2554

National Board, State, Province, and Endorsements

Inspector's Signature

B. Earmagh
2/14/96

Date

12/14 19 95

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 AUTHORITY
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TENN.
Address

Date 12/4/95

Sheet 1 of 1

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000 SPRING CITY, TENN. 37381
Address

Unit 1

95-22681-06
Repair Organization P.O. No., Job No., etc.

3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE
Name
P.O. BOX 2000 SPRING CITY, TENN. 37381
Address

Type Code Symbol Stamp N/R

Authorization No.

Expiration Date

4. Identification of System Steam Generator Blowdown Sys 001

5. (a) Applicable Construction Code ASME Section III, 1980 Edition, Winter 1980 Addenda Code Case N/A

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1980 thru Winter 1981 Addenda

5. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
VALVE <u>Target Rock</u> <u>1-ECV-001-0183-A</u> <u>CORP.</u>		<u>3</u>	<u>N/A</u>	<u>Steam Gen</u> <u>Blowdown Isol.</u> <u>VALVE</u>	<u>83</u>	<u>Replacement</u>	<u>yes</u>
<u>N/R</u>							

7. Description of Work Repair Existing Valve and Install New Valve Valve refurbished under MS
contract 152176. 2/14

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

Other ☐ Pressure ☐ Test Temp. N/A

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

95-268105

FORM NIS-2 (Back)

9. Remarks Tracking # 95-RR-102. SBN 11/30/95

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp

N/A

Certificate of Authorization No.

N/A

Expiration Date

11/2

Signed

Owner or Owner's Designee, Title

PLANNER

Date 11/30/95

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 TEXAS and employed by H&L ITC of HARTFORD, CT have inspected the components described in this Owner's Report during the period 12/4/95 to 12/4/95, 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

TN2534
National Board, State, Province, and Endorsements

Date

12/14

19

95

952268.107

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 AUTHORITY
Name
400 W. SUMMIT HILL DRIVE, KNOXVILLE, TENN.
Address

Date 12/4/95

2. Plant WATTS BAR NUCLEAR PLANT
Name
P.O. BOX 2000 SPRING CITY, TENN. 37381
Address

Sheet _____ of _____

Unit 1

95-22681-07
Repair Organization P.O. No., Job No., etc.

3. Work Performed by WATTS BAR NUCLEAR MAINTENANCE
Name
P.O. BOX 2000 SPRING CITY, TENN. 37381
Address

Type Code Symbol Stamp _____

Authorization No. NA

Expiration Date _____

4. Identification of System Steam Generator Blowdown Sys 001

(a) Applicable Construction Code ASME SECTION III 1980 Edition, Winter 1980 Addenda, N/A Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980 thru WINTER 1981 Addenda

Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>VALVE #</u> <u>FCV-001-0134-B</u>	<u>Target Rock Corp.</u>	<u>4</u>	<u>N/A</u>	<u>Steam Gen #</u> <u>Blowdown Isol.</u> <u>VALVE</u>	<u>83</u>	<u>Replacement</u>	<u>yes</u>
			<u>N/A</u>				

Description of Work Remove Existing Valve and Install New Valve. Valve refurbished
under contract 152176.

Tests Conducted: ☒ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure ☐ Test Temp. N/A

MES
2/14/96

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

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FORM NIS-2 (Back)

9. Remarks Tracking # 95-RR-103, SN 11/20/95

Applicable Manufacturer's Data Reports to be attached

PR

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/P

Certificate of Authorization No. 1 N/P Expiration Date 11/16

Signed Keith D. Smith, planner Date 11/30/95
Owner or Owner's Designee Title Keith D. Smith 2/14/96

CERTIFICATE 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 ILLINOIS and employed by HARTFORD CANN of HARTFORD CANN have inspected the components described in this Owner's Report during the period 12/4/95 to 12/4/95, 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. E. Smith Commissions TN-2554
Inspector's Signature B. E. Smith 2/14/96
Date 12-14 Bno 2/14/96 73
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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 AUTHORITY Date 12-5-95
Name
400 W Summit Hill Drive, Knoxville, TN Sheet _____ of _____
Address
2. Plant Watts Bar Nuclear Plant Unit 1
Name
P. O. Box 2000, Spring City, TN, 37381 95-23702-00
Address Repair Organization P.O. No, Job No., etc.
3. Work performed by WBNP-MMG Type Code Symbol Stamp _____
Name Authorization No. _____
P.O. Box 2000, Spring City, TN, 37381 Expiration Date _____
Address
4. Identification of system Aux. FEEDWATER
5. (a) Applicable Construction Code Sec III 19 71 Edition with Addenda thru Summer 73 Code Case
 (b) Applicable Edition of Section XI utilized for Repairs or Replacements 1980 Edition Win 81 Addenda _____

Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-DRV-003-0507	YARWAY	8820	N/A	N/A	1977	REPLACEMENT	Y

7. Description of Work REPLACED VALVE STEM ASSEMBLY IN EXISTING VALVE.
(VALVE STEM ASSEMBLY INCLUDES DISC/PLUG AT END OF STEM)

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

* TESTING WILL BE PERFORMED BY WR# 2291618

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.

CJ
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WBN 1	REPAIR/REPLACEMENT OF ASME SECTION XI COMPONENTS	SSP-6.09 Revision 9 Page 37 of 65
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FORM NIS-2 (Back)

9. Remarks TRACKING # 95-RR-104 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 rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed Ray A. Welch MMG - PLANNER Date 12-5, 1995
Owner or Owner's Designee Title¹⁰⁸

CERTIFICATE OF INSERVICE INSPECTION

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 IPI CO.

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

B. Eamigh Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 12/6 1995

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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 AUTHORITY Date 12/11/95
Name
400 W Summit Hill Drive, Knoxville, TN Sheet 1 of 2
Address

2. Plant Watts Bar Nuclear Plant Unit 1
Name
P. O. Box 2000, Spring City, TN, 37381 94-13619-03
Address Repair Organization P.O. No., Job No., etc.

3. Work performed by Watts Bar Mechanical Maint. Type Code Symbol Stamp
Name
P.O. Box 2000 Spring City, TN 37381 Authorization No.
Address Expiration Date

4. Identification of system Main Steam L N/R

5. (a) Applicable Construction Code Section III 19 74 Edition N/A Addenda Through Winter 74 Code Case
(b) Applicable Edition of Section XI utilized for Repairs or Replacements 1980 Edition Win 81 Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>I-SFV-001-0520</u>	<u>Dresser</u>	<u>B506224</u>	<u>N/A</u>	<u>None</u>	<u>1977</u>	<u>Replaced</u>	<u>Y</u>

7. Description of Work Replaced Disc

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

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FORM NIS-2 (Back)

9. Remarks 95-RR-105 2/12/95

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.

Type Code Symbol Stamp N/R

Certificate of Authorization No. N/R Expiration Date N/R

Signed D. Watson Mech. Engr. Date DEC 11, 1995
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 I&I Co.

of HARTFORD CONN. have inspected the components described in this

Owner's Report during the period 12/12/95 to 12/12/95 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. Earrigh
Inspector's Signature

Commissions TN 2534
National Board, State, Province, and Endorsements

Date 12/12 1995

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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 AUTHORITY Date 12/11/95400 W. Summit Hill Drive, Knoxville, TN Sheet 1 of 22. Plant Watts Bar Nuclear Plant Unit 1P.O. Box 2000, Spring City, TN, 37381 94-13619-04

Repair Organization P.O. No., Job No., etc.

3. Work performed by Watts Bar Mechanical MaintP.O. Box 2000, Spring City TN 37381 Type Code Symbol Stamp /Authorization No. /Expiration Date /4. Identification of system MAIN Steam NIR5. (a) Applicable Construction Code Section III 19 74 Edition with Addenda 19.7 Code Case 19.7(b) Applicable Edition of Section XI utilized for Repairs or Replacements 1980 Edition Win. 81 Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1-SFV-001-0516</u>	<u>DRESSER</u>	<u>BSC 6217</u>	<u>N/A</u>	<u>NO NR</u>	<u>1977</u>	<u>Replaced</u>	<u>Y</u>

7. Description of Work Replaced Disc and Yoke Rod / nut8. Tests Conducted: ☒ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐ Pressure _____ psi Test Temp _____ °F NIR

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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FORM NIS-2 (Back)

9. Remarks 95-RR-106 89 12/11/95

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.

Type Code Symbol Stamp N/R

Certificate of Authorization No. N/R Expiration Date N/R

Signed D. Watson Mech Engr Date Dec 11, 1995
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 I FI CO.

of HARTFORD CONN. have inspected the components described in this

Owner's Report during the period 12/12/95 to 12/12/95 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. Enright Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 12/12 1995

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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 AUTHORITY Date 12/11/95
Name
400 W. Summit Hill Drive, Knoxville, TN Sheet 1 of 2
Address
2. Plant Watts Bar Nuclear Plant Unit 1
Name
P. O. Box 2000, Spring City, TN, 37381 94-13619-00
Address Repair Organization P.O. No., Job No., etc.
3. Work performed by Watts Bar Mechanical Maint.
Name
P.O. Box 2000, Spring City, TN 37381
Address
 Type Code Symbol Stamp _____
 Authorization No. _____
 Expiration Date _____
4. Identification of system Main Steam N/R
5. (a) Applicable Construction Code Section III 1974 Edition with Addenda Thru Winter 74 Code Case
 (b) Applicable Edition of Section XI utilized for Repairs or Replacements 1980 Edition Win 81 Addenda
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>HSFV-09-0521</u>	<u>Dresser</u>	<u>BS06216</u>	<u>N/A</u>	<u>NONE</u>	<u>1977</u>	<u>Replaced</u>	<u>Y</u>

7. Description of Work Replaced Disc

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

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FORM NIS-2 (Back)

9. Remarks 95-22-107 by 12/11/95

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.

Type Code Symbol Stamp NIR

Certificate of Authorization No. NIR Expiration Date NIR

Signed [Signature] Mech. Engr. Date Dec. 11, 1995
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 IPI Co.

of HARTFORD CONN. have inspected the components described in this

Owner's Report during the period 12/12/95 to 12/12/95 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.

[Signature] Commissions TN. 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 12/12 1995

WD 95-27918-00

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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 AUTHORITY Date 12/13/95
Name
400 W Summit Hill Drive Knoxville, TN Sheet 1 of 2
Address
2. Plant Watts Bar Nuclear Plant Unit 1
Name
P O Box 2000 Spring City, TN 37381 WD 95-27918-00
Address Repair Organization P.O. No., Jan No., etc.
3. Work performed by WATE BAR NUCLEAR MAINT. Type Code Symbol Stamp N/A
Name Authorization No. 12/12/95
P.O. BOX 2000, SPRING CITY TN, 37381 Expiration Date
Address
4. Identification of system 62 - CHEMICAL VOLUME CONTROL
5. (a) Applicable Construction Code ASME III 1974 Edition W74 Addenda N/A 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	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>SEAL WTR INJ CHECK</u>	<u>KERO TEST</u>	<u>MA 6-7</u>	<u>N/A</u>	<u>1-CKV-62-577-S</u>	<u>1976</u>	<u>REPAIRED</u>	<u>YES</u>
<u>1-CKV-62-577-S</u>							

7. Description of Work SEAL WELD BONNET TO BODY8. 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 recorded at the top of this form.

W0 95-27918-00

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FORM NIS-2 (Back)

9. Remarks

TRACKING NUMBER 95-RR-108 VBR 12/13/95

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 conforms to the
rules of the ASME Code, Section XI.

Type Code Symbol Stamp

N/A VBR 12/13/95

Certificate of Authorization No.

N/A VBR 12/13/95

Expiration Date

N/A VBR 12/13/95

Signed

O. Watson

Mech. Engr.

Date DEC. 13, 1995

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 IET CO.

of HARTFORD 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 the inspector nor his employer shall be 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

12/13

19 95

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W0960064700

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 AUTHORITY Date 1-18-96
Name
400 W. Summit Hill Drive, Knoxville, TN Sheet 1 of 1
Address
2. Plant Watts Bar Nuclear Plant Unit 1
Name
P.O. Box 2000, Spring City, TN, 37381 Work Order # 96-00647-00
Address Repair Organization I.O. No., Job No., etc.
3. Work performed by TVA, MECH. MAINT. GROUP Type Code Symbol Stamp
Name
WATTS BAR NUCLEAR PLANT Authorization No. N/A RAW
Address Expiration Date 1-18-96
4. Identification of system SYS. 062, CVCS
5. (a) Applicable Construction Code ASME SECT. III 19 71 Edition Summer 73 Addenda N/A Code Case
(b) Applicable Edition of Section XI utilized for Repairs or Replacements 1980 Edition Win 81 Addenda
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-062B-T200-16	N/A RAW 1-18-96	NONE	NONE	NONE	UNKN	REPAIR	YES/NO

7. Description of Work REMOVAL OF WELD DET. BETWEEN SOCKOLET AND 3/4" d PIPE, VT/PT
EXAMINATION ADDITION OF NEW WELD TEL THEN FINAL VT/PT.
WELD MAP SK406-9 SHT. 18.
8. 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 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

WBN
1REPAIR/REPLACEMENT OF ASME
SECTION XI COMPONENTSSSP-6.09
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W0960064700 17

FORM NIS-2 (Back)

9. Remarks TRACKING # 96-RR-001 1/18/96

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp RAW 1-18-96Certificate of Authorization No. N/A Expiration Date 1-18-96Signed Ray A. Welch MECH. MAINT. PLANNER Date 1-18, 1996
Owner or Owner's Designee Title^{1(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 and employed by HSB I&I Co.
of HARTFORD CONN. have inspected the components described in this

Owner's Report during the period 1/18/96 to 1/18/96 and state that to the
best of my knowledge and belief, the Owner has performed examinations and taken corrective measures
described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied,
concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither
the inspector nor his employer shall be 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. Earnigh

Inspector's Signature

Commissions TV 2534

National Board, State, Province, and Endorsements

Date 1/18 19 96

WBN 1	REPAIR/REPLACEMENT OF ASME SECTION XI COMPONENTS	SSP-6.09 Revision 9 Page 36 of 65
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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 AUTHORITY Date 1-29-96
Name
400 W. Summit Hill Drive, Knoxville, TN Sheet _____ of _____
Address

2. Plant Watts Bar Nuclear Plant Unit 1
Name
P. O. Box 2000, Spring City, TN, 37381 95-03381-03 (Contract 133574)
Address Repair Organization P.O. No., Job No., etc.

3. Work performed by CRANE Nuclear Operations Type Code Symbol Stamp N/A
Name Authorization No. N/A
104 N. CHICAGO ST JOLIET, IL 60431 Expiration Date N/A
Address

4. Identification of system 003 Feedwater

5. (a) Applicable Construction Code ASME III 1974 Edition No Addenda 2 Code Case
(b) Applicable Edition of Section XI utilized for Repairs or Replacements 1980 Edition Win 81 Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-FCV-003-0100-B	WALWORTH	D66293	1645	N/A	1977	Repair	YES

7. Description of Work Repair Seating Surface and Guide Slots on 1-FCV-003-0100-B
See Contract 133574 (REF. WBPEN 950354)

8. Tests Conducted: ☒ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp _____ °F Jul 1/29/96

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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FORM NIS-2 (Back)

9. Remarks 96-RR-002 1/29/96

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed James W. St MT. PLANNER Date 1-29, 1996
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 I & I Co.

of HARTFORD CONN. have inspected the components described in this

Owner's Report during the period 1/29/96 to 1/29/96 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be 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. Esmigh

Inspector's Signature

Commissions TN 2534

National Board, State, Province, and Endorsements

Date 1/29/96 1996

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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 AUTHORITY Date 1/28/96
Name _____
400 W. Summit Hill Drive, Knoxville, TN Sheet _____ of _____
Address _____
2. Plant Watts Bar Nuclear Plant Unit _____
Name _____
P.O. Box 2000, Spring City, TN, 37381 Contract # 128335
Address _____ Repair Organization P.O. No., Job No., etc. _____
3. Work performed by Target Rock Corp. Type Code Symbol Stamp _____
Name _____ Authorization No. N/A
1966 E Broadhollow Rd. Farmingdale NY Expiration Date _____
Address _____
4. Identification of system Reactor Coolant System / 068
5. (a) Applicable Construction Code _____ 19 80 Edition WTR 80 Addenda _____ Code Case _____
(b) Applicable Edition of Section XI utilized for Repairs or Replacements 1980 Edition Win 81 Addenda _____
5. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1-PCV-6B-334</u>	<u>Target Rock</u>	<u>S/N 5</u>		<u>82U-001-11</u>	<u>1983</u>	<u>replacement</u>	<u>Yes</u>
		<u>N/A</u>					

7. Description of Work Replace main and pilot discs.

8. 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 recorded at the top of this form.

CJ
4

REPAIR/REPLACEMENT OF ASME
SECTION XI COMPONENTS

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FORM NIS-2 (Back)

Serials TAKING # 94-1210-89
2/6/96 96-RR-003

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Code Stamp

N/A

Date of Authorization No.

Expiration Date

Owner's Designee

Title

Date Feb 6, 1996

CERTIFICATE OF INSERVICE INSPECTION

Inspection holding a valid commission issued by the National Board of Boiler and Pressure Vessel

Inspection State or Province of Tennessee and employed by HSB I & I Co.

HAROLD CONN. have inspected the components described in this

Inspection covering the period 2/6/96 to 2/6/96 and state that 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.

Inspection certifying that neither the inspector nor his employer makes any warranty, expressed or implied,

regarding examinations and corrective measures described in this Owner's Report. Furthermore, neither

inspector nor employer shall be liable in any manner for any personal injury or property damage or a

claim arising from or connected with this inspection.

Inspector's Signature

Commissions TN 2534

National Board, State, Province, and Endorse

Date 2/6/96

APPENDIX G

Page 1 of 5

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

As Required by the Provisions of the ASME Code Section XI

1. Owner TENNESSEE VALLEY AUTHORITY Name S/10/96
400 W Summit Hill Drive, Knoxville, TN Address Sheet 1 of 1
2. Plant Watts Bar Nuclear Plant Name Unit 1
P. O. Box 2000, Spring City, TN, 37381 Address K-PO4633A-2
Repair Organization P.O. No, Job No, etc.
3. Work performed by TVA - Mods Name Type Code Symbol Stamp NIA
Po Box 2000 SPRING CITY, TN Address Authorization No. 37381
Expiration Date
4. Identification of system SAFETY INJECTION - 63
5. (a) Applicable Construction Code AISC 19 NIA Edition 7TH Addenda NIA Code Case
(b) Applicable Edition of Section XI utilized for Repairs or Replacements 1980 Edition Win 81 Addenda

Identification of Components Repaired or Replaced and Replacement Components			

[illegible]

7. Description of Work SUPPORTS DELETED

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

TE: 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.

WBN 1	REPAIR/REPLACEMENT OF ASME SECTION XI COMPONENTS	SSP-6.09 Revision 9 Page 37 of 65
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FORM NIS-2 (Back)	
9. Remarks	<u>TRACKING # 96-RR-010 2/5/10/96</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 REPLACEMENT conforms to the repair or replacement rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed Gary Johnson MECH. ENGR. Date MAY 10, 1996
Owner or Owner's Designee Title¹⁰⁸

CERTIFICATE OF INSERVICE INSPECTION

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 & I CO.

of HARTFORD CONN. have inspected the components described in this

Owner's Report during the period 5/10/96 to 5/10/96 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be 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. Eamigh Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements
Date 5/10 19 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

1. Owner TENNESSEE VALLEY AUTHORITY Date MAY 10, 1996
Name
400 W. Summit Hill Drive, Knoxville, TN Sheet 1 of 1
Address
2. Plant Watts Bar Nuclear Plant Unit 1
Name
P. O. Box 2000, Spring City, TN, 37381 K-PO4633A-4
Address Repair Organization P.O. No., Job No., etc.
3. Work performed by TVA - MODS Type Code Symbol Stamp NA
Name Authorization No. _____
Po Box 2000, Spring City, TN 37381 Expiration Date _____
Address
4. Identification of system SAFETY INJECTION - 63
5. (a) Applicable Construction Code AISC 10TH Edition N/A Addenda N/A Code Case _____
 (b) Applicable Edition of Section XI utilized for Repairs or Replacements 1980 Edition Win 81 Addenda _____

Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1063-A435-887	NA	NA	NA	NONE	UNK.	REPLACEMENT	No

7. Description of Work SUPPORT MODIFICATION

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

TE: 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.

CN
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FORM NIS-2 (Back)

9. Remarks TRACKING# 96-RR-011 2/5/10/96

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed [Signature] MECH. ENGR. Date MAY 10, 1996
Owner or Owner's Designee Title¹⁶⁸

CERTIFICATE OF INSERVICE INSPECTION

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 & I Co.

of HARTFORD CONN. have inspected the components described in this

Owner's Report during the period 5/10/96 to 5/10/96 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be 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. Earrigh
Inspector's Signature

Commissions TN2534
National Board, State, Province, and Endorsements

Date 5/10 19 96