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April 29, 2008

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

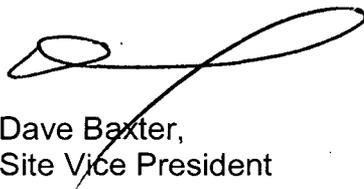
Subject: Duke Energy Carolinas, LLC  
Oconee Nuclear Station, Unit 2  
Docket No: 50-270  
Fourth Ten Year Inservice Inspection Interval  
Request for Relief No. 08-ON-001

Pursuant to 10 CFR 50.55a(g)(5)(iii), attached is a Request for Relief from the requirement to examine 100% of the volume specified by the American Society of Mechanical Engineers Boiler and Pressure Vessel Code (ASME Code), Section XI, Rules for Inservice Inspection of Nuclear Power Plant Components, 1998 Edition with 2000 Addenda (as modified by Code Case N-460).

Request for Relief 08-ON-001 is to allow Duke Energy to take credit for seven (7) limited ultrasonic examinations on welds associated with various systems and components described in the attached request. The ultrasonic examination coverage of the subject Unit 2 welds did not meet the 90% examination requirements of Code Case N-460. The obtainable volume coverage for weld examination is indicated on the attached requests. Achievement of greater examination coverage for these welds is impractical due to piping/valve geometry and interferences. Therefore, Duke Energy requests that the NRC grant relief as authorized under 10 CFR 50.55a(g)(6)(i).

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

Very truly yours,



Dave Baxter,  
Site Vice President

Enclosure

A047

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xc w/att: Victor McCree  
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U.S. Nuclear Regulatory Commission  
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Senior NRC Resident Inspector  
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bxc w/att: J. J. Mc.Ardle III  
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ISI Relief Request File  
NRIA File/ELL EC050  
Document Control

Figure 4.1-2  
 Relief Request Review Form  
 (Add Additional Sheets as Necessary)

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Relief Request Serial Number: <u>08-0N-001</u>		PIP Number(s): <u>05-8427</u>	
Station(s) (Check All that Apply):		<input type="checkbox"/> Oconee Unit(s): <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> McGuire Unit(s): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Catawba Unit(s): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other (List) _____ Unit(s): _____	
Subject: <u>Relief Request for Limited UT Exams Performed during 2 EOC's</u>			
Prepared By (Print Name)	Group/Section	Signature	Date
<u>Larry Keith</u>	<u>NTS/SXI</u>	<u>Larry C. Keith</u>	<u>10-3-07</u>
Contributor(s) (Print Name)	Specific Sections/Portions Provided by Contributor(s) and Sources of All Information/Data Provided		
<u>Jim McAule</u>	<u>Sections III, IV, V, Portions of VII</u> <u>James J. McAule 10-5-07</u>		
<u>Aaron Best</u>	<u>Portions of VII</u> <u>Aaron Best 10-8-07</u>		
Checked By (Print Name)	Specific Sections/Portions Checked (All Sections/Portions must be checked)	Signature	Date
<u>David Zimmerman</u>	<u>Sections III, IV, V, <sup>Portions of VII</sup></u>	<u>David Zimmerman</u>	<u>10/04/07</u>
<u>Scott Manning</u>	<u>Portions of VII</u>	<u>R. Scott Manning</u>	<u>10-10-07</u>
<u>Gary Scarborough</u>	<u>I, II, Portions of IV, VI, Portions of VII, Cover Page</u>	<u>Gary Scarborough</u>	<u>10/4/07</u>
Reviewed By (Print Name)	Group/Section	Signature	Date
<u>Gene Miller</u>	<u>NTS/SXI</u> <u>MPS/NGO</u> <u>QATS/NGO</u> <u>Other (List)</u>	<u>Gene Miller</u>	<u>12/5/07</u>
Approved By (Print Name)	Group/Section	Signature	Date
<u>Mark A. Pyne</u>	<u>NTS/SXI</u>	<u>Mark A. Pyne</u>	<u>1/8/08</u>
Final Review of Completed Submittal w/ Cover Letter (Print Name)	Group/Section	Signature	Date
<u>Larry Keith</u>	(Preparer)	<u>See attached email</u>	<u>4/17/08</u>
<u>Mark A. Pyne</u>	(Approver)	<u>See attached email</u>	<u>4/17/08</u>
<u>Gene Miller</u>	<u>MPS/NGO SXIP</u> <u>Other (List)</u>	<u>See attached Email</u>	<u>2/6/08</u>

**Relief Request 08-ON-001**

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

**Inservice Inspection Impracticality**

**Duke Energy Corporation**

**Oconee Nuclear Station – Unit 2 (EOC-21)**

**Fourth 10-Year Interval – Inservice Inspection Plan**

**Interval Start Date = 9-9-2004      Interval End Date = 9-9-2014**

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

**The ID's and Item Numbers/Summary Numbers for the seven welds are as follows:**

<b>List Number</b>	<b>Weld ID</b>	<b>Item Number/Summary Number</b>
1.	2-LDCA-IN-V1	B03.150.001
2.	2-LDCA-OUT-V2	B03.150.002
3.	2LP-148-16	C05.011.001
4.	2-51A-17-111	C05.021.026
5.	2HP-227-3	C05.021.027
6.	2HP-227-7	C05.021.028
7.	2-51A-28-67	C05.021.073

**Attachment A contains the inspection data for these seven welds.**

**Items in this relief request were examined during August or November of 2005**

**I. ASME Code Component Affected**

Weld ID = 2-LDCA-IN-V1  
Item Number = B03.150.001  
High Pressure Injection System  
Letdown Cooler 2A Inlet Nozzle to Channel Body Weld

**II. Applicable Code Edition and Addenda**

ASME Section XI Code – 1998 Edition thru the 2000 Addenda

**III. Applicable Code Requirement**

Table IWB-2500-1, Examination Category B-D  
Item Number B3.150  
Appendix III, III-4420 and III-4430  
Fig. IWB-2500-7(c); 100% Volume Coverage of Examination Volume A-B-C-D-E-F-G-H

**IV. Impracticality of Compliance**

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

During the ultrasonic examination of the Inlet Nozzle to Channel Head weld, 29.26% coverage of the required examination volume was obtained. The percentage of coverage reported represents the aggregate coverage from all scans performed on the weld and adjacent base material. ASME Section XI, Appendix III, III-4420 requires coverage of the examination volume in two beam path directions and Appendix III, III-4430 requires scanning on the weld crown in two directions. Because of the weld configuration, these requirements could not be met. The coverage from each scan was as follows: 45° scan parallel to the weld covered 28.57%; 60° scan perpendicular to the weld covered 29.95%. Limited scanning was performed on the weld crown. Two beam path direction coverage is normally obtained using one half V-path shear waves from both sides of the weld or alternatively, full V-path shear waves from one side of the weld. However, the weld joint geometry, which is essentially a branch connection arrangement using a set-on nozzle, prevented scanning from both sides of the weld in two beam path directions and a full V-path examination from one side is prevented because of the stainless steel weld metal properties which cause excessive attenuation with shear waves. Substituting refracted longitudinal waves for shear waves is not possible because of the mode conversion occurring at the inside surface when using refracted longitudinal waves. In order to scan all of the required volume for this weld, the inlet nozzle would have to be redesigned to allow scanning from both sides of the weld, which is impractical. There were no recordable indications found during the inspection of this weld.

**V. Proposed Alternate Examinations or Testing**

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

**VI. Implementation Schedule and Duration**

This request is for the duration of the fourth inservice inspection interval, currently scheduled to end on September 9, 2014.

**VII. Justification for Granting Relief**

Ultrasonic examination of the weld for item number B03.150 was conducted using personnel, qualified in accordance with ASME Section XI, Appendix VII of the 1998 Edition with the 2000 Addenda. The ultrasonic procedures used complied with the requirements of ASME Section XI, Appendix III, 1998 Edition through the 2000 Addenda.

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

In addition to the above Code required examinations (volumetric and pressure test), there are other activities which provide a high level of confidence that, in the unlikely event that leakage did occur through this weld, it would be detected and proper action taken. Specifically, operations performs a leakage calculation daily to assure system leak rate limitations imposed by Technical Specifications 3.4.13, "Reactor Coolant System Leakage," are not exceeded and reactor building normal sump rate monitoring to provide additional assurance that any leakage would be detected prior to gross failure of the component.

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

**I. ASME Code Component Affected**

Weld ID = 2-LDCA-OUT-V2  
Item Number = B03.150.002  
High Pressure Injection System  
Letdown Cooler 2A Outlet Nozzle to Channel Body Weld

**II. Applicable Code Edition and Addenda**

ASME Section XI Code – 1998 Edition thru the 2000 Addenda

**III. Applicable Code Requirement**

Table IWB-2500-1, Examination Category B-D  
Item Number B3.150  
Appendix III, III-4420 and III-4430  
Fig. IWB-2500-7(c), 100% Volume Coverage of Examination Volume A-B-C-D-E-F-G-H

**IV. Impracticality of Compliance**

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

During the ultrasonic examination of the Outlet Nozzle to Channel Head weld, 29.26% coverage of the required examination volume was obtained. The percentage of coverage reported represents the aggregate coverage from all scans performed on the weld and adjacent base material. ASME Section XI, Appendix III, III-4420 requires coverage of the examination volume in two beam path directions and Appendix III, III-4430 requires scanning on the weld crown in two directions. Because of the weld configuration, these requirements could not be met. The coverage from each scan was as follows: 45° scan parallel to the weld covered 28.57%; 60° scan perpendicular to the weld covered 29.95%. Limited scanning was performed on the weld crown. Two beam path direction coverage is normally obtained using one half V-path shear waves from both sides of the weld or alternatively, full V-path shear waves from one side of the weld. However, the weld joint geometry, which is essentially a branch connection arrangement using a set-on nozzle, prevented scanning from both sides of the weld in two beam path directions and a full V-path examination from one side is prevented because of the stainless steel weld metal properties which cause excessive attenuation with shear waves. Substituting refracted longitudinal waves for shear waves is not possible because of the mode conversion occurring at the inside surface when using refracted longitudinal waves. In order to scan all of the required volume for this weld, the outlet nozzle would have to be redesigned to allow scanning from both sides of the weld, which is impractical. There were no recordable indications found during the inspection of this weld.

**V. Proposed Alternate Examinations or Testing**

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

**VI. Implementation Schedule and Duration**

This request is for the duration of the fourth inservice inspection interval, currently scheduled to end on September 9, 2014.

**VII. Justification for Granting Relief**

Ultrasonic examination of the weld for item number B03.150 was conducted using personnel, qualified in accordance with ASME Section XI, Appendix VII of the 1998 Edition with the 2000 Addenda. The ultrasonic procedures used complied with the requirements of ASME Section XI, Appendix III, 1998 Edition through the 2000 Addenda.

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

In addition to the above Code required examinations (volumetric and pressure test), there are other activities which provide a high level of confidence that, in the unlikely event that leakage did occur through this weld, it would be detected and proper action taken. Specifically, operations performs a leakage calculation daily to assure system leak rate limitations imposed by Technical Specifications 3.4.13, "Reactor Coolant System Leakage," are not exceeded and reactor building normal sump rate monitoring to provide additional assurance that any leakage would be detected prior to gross failure of the component.

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

**I. ASME Code Component Affected**

Weld ID = 2LP-148-16  
Item Number = C05.011.001  
Low Pressure Injection System  
Pipe to Valve 2LP-47 Weld

**II. Applicable Code Edition and Addenda**

ASME Section XI Code – 1998 Edition thru the 2000 Addenda

**III. Applicable Code Requirement**

Table IWC-2500-1, Examination Category C-F-1  
Item Number C5.11  
Fig. IWC-2500-7(a), 100% Volume Coverage of Examination Volume C-D-E-F

**IV. Impracticality of Compliance**

The valve material is SA-351/CF8M cast stainless steel and the pipe material is SA 376/TP304 or TP316 stainless steel. This weld has a diameter of 10.0 inches and a wall thickness of 1.125 inches.

During the ultrasonic examination of this weld, 50% coverage of the required examination volume was obtained. The percentage of coverage represents the aggregate coverage from all scans performed on the weld and adjacent base material. The coverage from each scan was as follows: 45° shear wave circumferential scans, both clockwise and counter-clockwise, covered 80% of the weld and base material; 60° shear wave scan from the pipe side perpendicular to the weld covered 40% of the weld and base material. A supplemental scan using a 60° refracted longitudinal wave search unit covered 50% of the examination volume on the valve side from one direction perpendicular to the weld, but is not included in the coverage calculations because the requirements of 10CFR50.55 a (b)(2)(xv)(A)(1) mandate scanning from four directions. The limitation was caused by the taper on the valve side of the weld (which prevented scanning from that side) and the proximity of a 1 ½" branch connection. In order to scan all of the required volume for this weld, the valve would have to be redesigned to allow scanning from both sides of the weld, which is impractical. There were no recordable indications found during the inspection of this weld.

**V. Proposed Alternate Examinations or Testing**

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

**VI. Implementation Schedule and Duration**

This request is for the duration of the fourth inservice inspection interval, currently scheduled to end on September 9, 2014.

**VII. Justification for Granting Relief**

Ultrasonic examination of the weld for item number C05.011 was conducted using personnel, equipment and procedures qualified in accordance with ASME Section XI, Appendix VIII, Supplement 2 of the 1998 Edition with the 2000 Addenda as administered by the PDI. In addition to the volumetric examination with limited coverage, Duke performed a Liquid Penetrant (PT) examination (code required) on the C05.011 item and achieved 100% coverage. The result from the PT examination was acceptable.

In addition to the C05.011 weld of this relief request, there were two other C05.011 welds that surface (PT) and volumetric examinations were performed on during the outage. The examinations didn't identify any recordable indications and 100% coverage was obtained on each of them. The two additional welds were from the same system as the C05.011 weld of this request. The examination and results of the two additional welds contributes to the reasonable assurance of pressure boundary integrity for this system piping.

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

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

In addition to the above Code required examinations (volumetric, surface and pressure test), there are other activities which provide a high level of confidence that, in the unlikely event that leakage did occur through this weld it would be detected and proper action taken. Specifically, reactor building normal sump rate monitoring provides additional assurance that any leakage would be detected prior to gross failure of the component.

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

**I. ASME Code Component Affected**

Weld ID = 2-51A-17-111  
Item Number = C05.021.026  
High Pressure Injection System  
Pipe to Valve 2HP-128 Weld

**II. Applicable Code Edition and Addenda**

ASME Section XI Code – 1998 Edition thru the 2000 Addenda

**III. Applicable Code Requirement**

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

**IV. Impracticality of Compliance**

The valve material is ASTM-A182/F316 forged stainless steel and the pipe material is SA 376/TP 304 or TP316 stainless steel seamless pipe. This weld has a diameter of 4.0 inches and a wall thickness of .531 inches.

During the ultrasonic examination of this weld, 37.50% coverage of the required examination volume was obtained. The percentage of coverage represents the aggregate coverage from all scans performed on the weld and adjacent base material. The coverage from each scan was as follows: 45° shear wave circumferential scans, both clockwise and counter-clockwise, covered 50% of the weld and base material; 60° shear wave scan perpendicular to the weld covered 50% of the weld and base material from one axial direction. A supplemental scan using a 60° refracted longitudinal wave search unit covered 50% of the exam volume from one direction perpendicular to the weld but is not included in the coverage calculations because the requirements of 10CFR50.55 a (b)(2)(xv)(A)(1) mandate scanning from four directions. The limitation was caused by the taper on the valve side of the weld which prevented scanning from that side. In order to scan all of the required volume for this weld, the valve would have to be redesigned to allow scanning from both sides of the weld, which is impractical. There were no recordable indications found during the inspection of this weld.

**V. Proposed Alternate Examinations or Testing**

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

**VI. Implementation Schedule and Duration**

This request is for the duration of the fourth inservice inspection interval, currently scheduled to end on September 9, 2014.

**VII. Justification for Granting Relief**

Ultrasonic examination of the weld for item number C05.021 was conducted using personnel, equipment and procedures qualified in accordance with ASME Section XI, Appendix VIII, Supplement 2 of the 1998 Edition with the 2000 Addenda as administered by the PDI. In addition to the volumetric examination with limited coverage, Duke performed a Liquid Penetrant (PT) examination (code required) on this C05.021 item and achieved 100% coverage. The result from the PT examination was acceptable.

In addition to the four C05.021 welds of this relief request, there were twelve additional C05.021 welds that surface (PT) and volumetric examinations were performed on during the outage. Eleven of the welds that were examined didn't identify any recordable indications and 100% coverage was obtained on each of them. One of the welds examined identified recordable indications (porosity & tungsten) during the volumetric examination that were acceptable per the 1998 Edition thru the 2000 Addenda of the Section XI Code, Paragraph IWB-3514.3, Table IWB-3514-2. 100% coverage was obtained on the weld that had recordable indications. The twelve additional welds were from the same system as the C05.021 weld of this request. The examination and results of the twelve additional welds contributes to the reasonable assurance of pressure boundary integrity for this system piping.

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

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

In addition to the above Code required examinations (volumetric, surface, and pressure test), there are other activities which provide a high level of confidence that, in the unlikely event that leakage did occur through this weld, it would be detected and proper action taken. Specifically, operations performs a leakage calculation daily to assure system leak rate limitations imposed by Technical Specifications 3.4.13, "Reactor Coolant System Leakage," are not exceeded and visual observations during operator rounds to provide additional assurance that any leakage would be detected prior to gross failure of the component.

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

**I. ASME Code Component Affected**

Weld ID = 2HP-227-3  
Item Number = C05.021.027  
High Pressure Injection System  
Pipe to Valve 2HP-117 Weld

**II. Applicable Code Edition and Addenda**

ASME Section XI Code – 1998 Edition thru the 2000 Addenda

**III. Applicable Code Requirement**

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

**IV. Impracticality of Compliance**

The valve material is ASTM-A182/F316 forged stainless steel and the pipe material is SA 376/TP 304 or 316 stainless steel seamless pipe. This weld has a diameter of 4.0 inches and a wall thickness of .531 inches.

During the ultrasonic examination of this weld, 37.50% coverage of the required examination volume was obtained. The percentage of coverage represents the aggregate coverage from all scans performed on the weld and adjacent base material. The coverage from each scan was as follows: 45° shear wave circumferential scans, both clockwise and counter-clockwise, covered 50% of the weld and base material; 60° shear wave scan perpendicular to the weld covered 50% of the weld and base material from one axial direction. A supplemental scan using a 60° refracted longitudinal wave search unit covered 50% of the exam volume from one direction perpendicular to the weld but is not included in the coverage calculations because the requirements of 10CFR50.55 a (b)(2)(xv)(A)(1) mandate scanning from four directions. The limitation was caused by the taper on the valve side of the weld which prevented scanning from that side. In order to scan all of the required volume for this weld, the valve would have to be redesigned to allow scanning from both sides of the weld, which is impractical. There were no recordable indications found during the inspection of this weld.

**V. Proposed Alternate Examinations or Testing**

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

**VI. Implementation Schedule and Duration**

This request is for the duration of the fourth inservice inspection interval, currently scheduled to end on September 9, 2014.

**VII. Justification for Granting Relief**

Ultrasonic examination of the weld for item number C05.021 was conducted using personnel, equipment and procedures qualified in accordance with ASME Section XI, Appendix VIII, Supplement 2 of the 1998 Edition with the 2000 Addenda as administered by the PDI. In addition to the volumetric examination with limited coverage, Duke performed a Liquid Penetrant (PT) examination (code required) on this C05.021 item and achieved 100% coverage. The result from the PT examination was acceptable.

In addition to the four C05.021 welds of this relief request, there were twelve additional C05.021 welds that surface (PT) and volumetric examinations were performed on during the outage. Eleven of the welds that were examined didn't identify any recordable indications and 100% coverage was obtained on each of them. One of the welds examined identified recordable indications (porosity & tungsten) during the volumetric examination that were acceptable per the 1998 Edition thru the 2000 Addenda of the Section XI Code, Paragraph IWB-3514.3, Table IWB-3514-2. 100% coverage was obtained on the weld that had recordable indications. The twelve additional welds were from the same system as the C05.021 weld of this request. The examination and results of the twelve additional welds contributes to the reasonable assurance of pressure boundary integrity for this system piping.

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

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

In addition to the above Code required examinations (volumetric, surface, and pressure test), there are other activities which provide a high level of confidence that, in the unlikely event that leakage did occur through this weld, it would be detected and proper action taken. Specifically, operations performs a leakage calculation daily to assure system leak rate limitations imposed by Technical Specifications 3.4.13, "Reactor Coolant System Leakage," are not exceeded and visual observations during operator rounds to provide additional assurance that any leakage would be detected prior to gross failure of the component.

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

**I. ASME Code Component Affected**

Weld ID = 2HP-227-7  
Item Number = C05.021.028  
High Pressure Injection System  
Pipe to Valve 2HP-148 Weld

**II. Applicable Code Edition and Addenda**

ASME Section XI Code – 1998 Edition thru the 2000 Addenda

**III. Applicable Code Requirement**

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

**IV. Impracticality of Compliance**

The valve material is ASTM-A182/F316 forged stainless steel and the pipe material is SA 376/TP 304 or 316 stainless steel seamless pipe. This weld has a diameter of 4.0 inches and a wall thickness of .531 inches.

During the ultrasonic examination of this weld, 37.50% coverage of the required examination volume was obtained. The percentage of coverage represents the aggregate coverage from all scans performed on the weld and adjacent base material. The coverage from each scan was as follows: 45° shear wave circumferential scans, both clockwise and counter-clockwise, covered 50% of the weld and base material; 60° shear wave scan perpendicular to the weld covered 50% of the weld and base material from one axial direction. A supplemental scan using a 60° refracted longitudinal wave search unit covered 50% of the exam volume from one direction perpendicular to the weld, but is not included in the coverage calculations because the requirements of 10CFR50.55 a (b)(2)(xv)(A)(1) mandate scanning from four directions. The limitation was caused by the taper on the valve side of the weld which prevented scanning from that side. In order to scan all of the required volume for this weld, the valve would have to be redesigned to allow scanning from both sides of the weld, which is impractical. There were no recordable indications found during the inspection of this weld.

**V. Proposed Alternate Examinations or Testing**

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

**VI. Implementation Schedule and Duration**

This request is for the duration of the fourth inservice inspection interval, currently scheduled to end on September 9, 2014.

**VII. Justification for Granting Relief**

Ultrasonic examination of the weld for item number C05.021 was conducted using personnel, equipment and procedures qualified in accordance with ASME Section XI, Appendix VIII, Supplement 2 of the 1998 Edition with the 2000 Addenda as administered by the PDI. In addition to the volumetric examination with limited coverage, Duke performed a Liquid Penetrant (PT) examination (code required) on this C05.021 item and achieved 100% coverage. The result from the PT examination was acceptable.

In addition to the four C05.021 welds of this relief request, there were twelve additional C05.021 welds that surface (PT) and volumetric examinations were performed on during the outage. Eleven of the welds that were examined didn't identify any recordable indications and 100% coverage was obtained on each of them. One of the welds examined identified recordable indications (porosity & tungsten) during the volumetric examination that were acceptable per the 1998 Edition thru the 2000 Addenda of the Section XI Code, Paragraph IWB-3514.3, Table IWB-3514-2. 100% coverage was obtained on the weld that had recordable indications. The twelve additional welds were from the same system as the C05.021 weld of this request. The examination and results of the twelve additional welds contributes to the reasonable assurance of pressure boundary integrity for this system piping.

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

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

In addition to the above Code required examinations (volumetric, surface, and pressure test), there are other activities which provide a high level of confidence that, in the unlikely event that leakage did occur through this weld, it would be detected and proper action taken. Specifically, operations performs a leakage calculation daily to assure system leak rate limitations imposed by Technical Specifications 3.4.13, "Reactor Coolant System Leakage," are not exceeded and visual observations during operator rounds to provide additional assurance that any leakage would be detected prior to gross failure of the component.

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

**I. ASME Code Component Affected**

Weld ID = 2-51A-28-67  
Item Number = C05.021.073  
High Pressure Injection System  
Tee to Pipe Weld

**II. Applicable Code Edition and Addenda**

ASME Section XI Code – 1998 Edition thru the 2000 Addenda

**III. Applicable Code Requirement**

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

**IV. Impracticality of Compliance**

The tee material is SA 403/WP304 or WP316 stainless steel and the pipe material is SA 376/TP 304 or TP316 stainless steel seamless pipe. This weld has a diameter of 2.5 inches and a wall thickness of .375 inches.

During the ultrasonic examination of this weld, 79.15% coverage of the required examination volume was obtained. The percentage of coverage represents the aggregate coverage with 45° and 60° shear wave scans performed on the weld and adjacent base material. The coverage from each scan was as follows: 45° shear wave circumferential scans, both clockwise and counter-clockwise, covered 100% of the weld and base material; 60° shear wave scan perpendicular to the weld covered 72.2% of the weld and base material from two axial directions, (100% from the pipe side and 44% from the tee side at the 90° and 270° quadrants). A supplemental scan using a 70° shear scan search unit covered 55.6% of the weld and adjacent base material from one direction perpendicular to the weld including 100% of the inside surface within the area of interest. The limitation was caused by configuration of the tee which prevented scanning from that side in the 0° and 180° quadrants. In order to scan all of the required volume for this weld, the tee would have to be redesigned to allow scanning from both sides of the weld around the full circumference, which is impractical. There were no recordable indications found during the inspection of this weld.

**V. Proposed Alternate Examinations or Testing**

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

**VI. Implementation Schedule and Duration**

This request is for the duration of the fourth inservice inspection interval, currently scheduled to end on September 9, 2014.

**VII. Justification for Granting Relief**

Ultrasonic examination of the weld for item number C05.021 was conducted using personnel, equipment and procedures qualified in accordance with ASME Section XI, Appendix VIII, Supplement 2 of the 1998 Edition with the 2000 Addenda as administered by the PDI. In addition to the volumetric examination with limited coverage, Duke performed a Liquid Penetrant (PT) examination (code required) on this C05.021 item and achieved 100% coverage. The result from the PT examination was acceptable.

In addition to the four C05.021 welds of this relief request, there were twelve additional C05.021 welds that surface (PT) and volumetric examinations were performed on during the outage. Eleven of the welds that were examined didn't identify any recordable indications and 100% coverage was obtained on each of them. One of the welds examined identified recordable indications (porosity & tungsten) during the volumetric examination that were acceptable per the 1998 Edition thru the 2000 Addenda of the Section XI Code, Paragraph IWB-3514.3, Table IWB-3514-2. 100% coverage was obtained on the weld that had recordable indications. The twelve additional welds were from the same system as the C05.021 weld of this request. The examination and results of the twelve additional welds contributes to the reasonable assurance of pressure boundary integrity for this system piping.

Duke does not claim credit for coverage of the far side of austenitic welds. The characteristics of austenitic weld metal attenuate and distort the sound beam when shear waves pass through the weld. However, the shear wave is useable when the sound beam passes through the root of the weld at a high angle such as 70°. Duke uses a 70° shear wave angle beam to interrogate the far side of the weld when the nominal material thickness is equal to or less than 0.5 inch.

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

In addition to the above Code required examinations (volumetric, surface, and pressure test), there are other activities which provide a high level of confidence that, in the unlikely event that leakage did occur through this weld it would be detected and proper action taken. Specifically, operations performs a leakage calculation daily to assure system leak rate limitations imposed by Technical Specifications 3.4.13, "Reactor Coolant System Leakage," are not exceeded and visual observations during operator rounds to provide additional assurance that any leakage would be detected prior to gross failure of the component.

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

# **REQUEST RELIEF 08-ON-001**

## **ATTACHMENT A**

**Total Number of Pages = 52**

**Pages 1-16 are for weld 2-LDCA-IN-V1 (B03.150.001)**

**Pages 17-32 are for weld 2LDCA-OUT-V2 (B03.150.002)**

**Pages 33-36 are for weld 2LP-148-16 (C05.011.001)**

**Pages 37-40 are for weld 2-51A-17-111 (C05.021.026)**

**Pages 41-44 are for weld 2HP-227-3 (C05.021.027)**

**Pages 49-56 are for weld 2HP-227-7 (C05.021.028)**

**Pages 57-64 are for weld 2-51A-28-67 (C05.021.073)**



# UT Vessel Examination

Site/Unit: Oconee / 2 Procedure: NDE-3630 Outage No.: ONS2-21  
 Summary No.: B03.150.001 Procedure Rev.: 0 Report No.: UT-05-322  
 Workscope: ISI Work Order No.: 98705177 Page: 1 of 16

Code: 1998 thru 2000 Addenda Cat./Item: B-D- /B3.150.1 Location: N/A  
 Drawing No.: 1-44773-1 Description: Nozzle to Channel Body  
 System ID: 51A  
 Component ID: B03.150.001 /2-LDCA-IN-V1 Size/Length: N/A Thickness/Diameter: .875 / 3.0  
 Limitations: Yes-See Attached Limitation Report Start Time: 1056 Finish Time: 1110

Examination Surface: Inside  Outside  Surface Condition: AS GROUND

Lo Location: 9.2.3 Wo Location: Centerline of Weld Couplant: ULTRAGEL II Batch No.: 03125

Temp. Tool Mfg.: FISHER Serial No.: MCNDE32769 Surface Temp.: 78 °F

Cal. Report No.: CAL-05-339, CAL-05-340, CAL-05-341, CAL-05-342

Angle Used	0	45	45T	60	60T	45RL
Scanning dB		38.1	49.5	75.4		73.3

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

Comments:  
**Scanning dB at Ref. to obtain a 2:1 signal to noise ratio.**  
*SERIAL # 1-44773-1*

Results: Accept  Reject  Info

Percent Of Coverage Obtained > 90%: No-29.26% Reviewed Previous Data: Yes

Examiner	Level	Signature	Date	Reviewed	Signature	Date
Jones, Russel	II	<i>[Signature]</i>	11/1/2005	<i>[Signature]</i>	<i>[Signature]</i>	11-5-05
Examiner	Level	Signature	Date	Site Review	Signature	Date
Mauldin, Larry E.	II-N	<i>[Signature]</i>	11/1/2005	N/A		
Other	Level	Signature	Date	ANII Review	Signature	Date
N/A	N/A			<i>[Signature]</i>	<i>[Signature]</i>	11/6/05



# Determination of Percent Coverage for UT Examinations - Vessels

Site/Unit: <u>Oconee / 2</u>	Procedure: <u>NDE-3630</u>	Outage No.: <u>ONS2-21</u>
Summary No.: <u>B03.150.001</u>	Procedure Rev.: <u>0</u>	Report No.: <u>UT-05-322</u>
Workscope: <u>ISI</u>	Work Order No.: <u>98705177</u>	Page: <u>2</u> of <u>16</u>

### 0 deg Planar

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

### 45 deg

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

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

### Other deg 60

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

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

### Percent complete coverage

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

29.263 % Total for complete exam

#### Note:

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

Site Field Supervisor: David K. B III

Date: 11/03/05



# Supplemental Report

Summary No.: B03.150.001

Sketch or Photo:

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

ACTUAL EXAM AREA = (AX) 3.43in<sup>2</sup> + (C) 2.077in<sup>2</sup> = 5.507in<sup>2</sup> / 2 = 2.754in<sup>2</sup>

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

2-LDCA-IN -V1



# Supplemental Report

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Report No.: UT-05-322

Page: 4 of 16

Summary No.: B03.150.001

Sketch or Photo:

EXAM AREA:

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

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

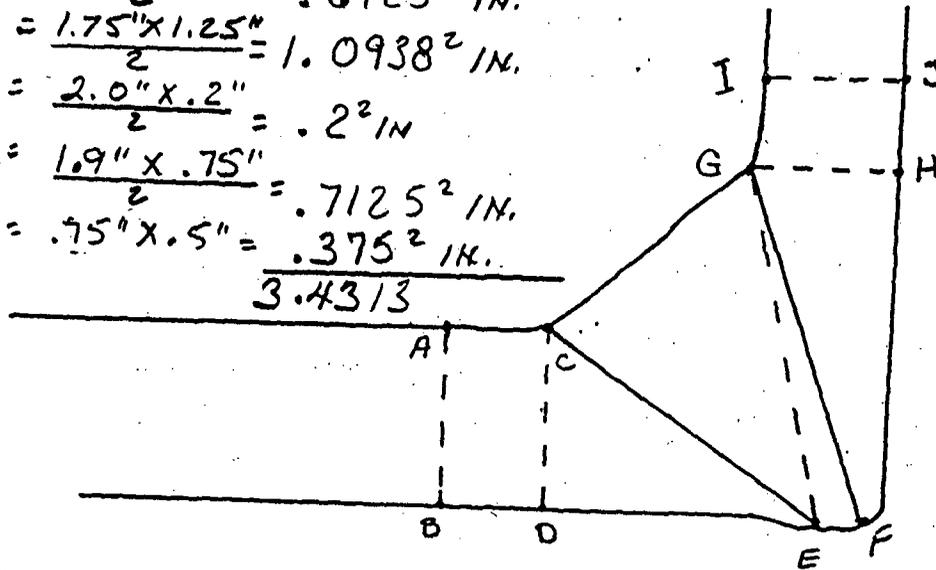
$$CEG = \frac{1.75" \times 1.25"}{2} = 1.0938^2 \text{ IN.}$$

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

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

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

3.4313



TOTAL EXAM AREA = 3.43^2 IN.

2-LDCA-IN -V1

SCALE: Full



# Supplemental Report

5 + 52

Report No.: UT-05-322

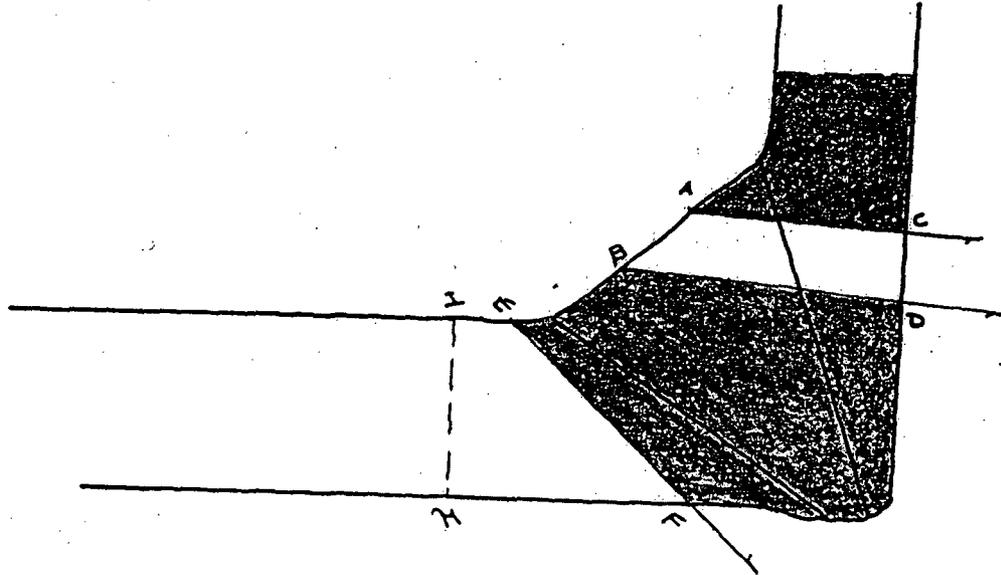
Page: 5 of 16

Summary No.: B03.150.001

Sketch or Photo:

Comments: 2-LDCA IN - V1

AXIAL CONTOUR



AREA OF COVERAGE

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

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

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

SCALE: FULL

FULL COVERAGE

NO COVERAGE

45° AXIAL - SCAN 1



# Supplemental Report

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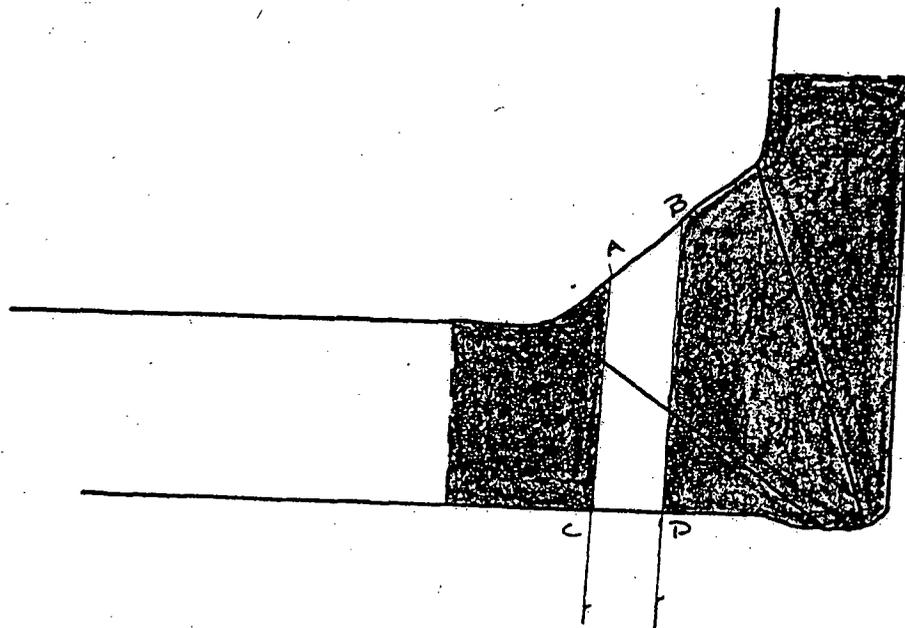
Report No.: UT-05-322

Page: 6 of 16

Summary No.: B03.150.001

Sketch or Photo:

Comments: 2-LDCA IN -V1



AXIAL CONTOUR

AREA OF COVERAGE

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

45° AXIAL - SCAN 2

SCALE: FULL

FULL COVERAGE

NO COVERAGE



Supplemental Report

7 + 52

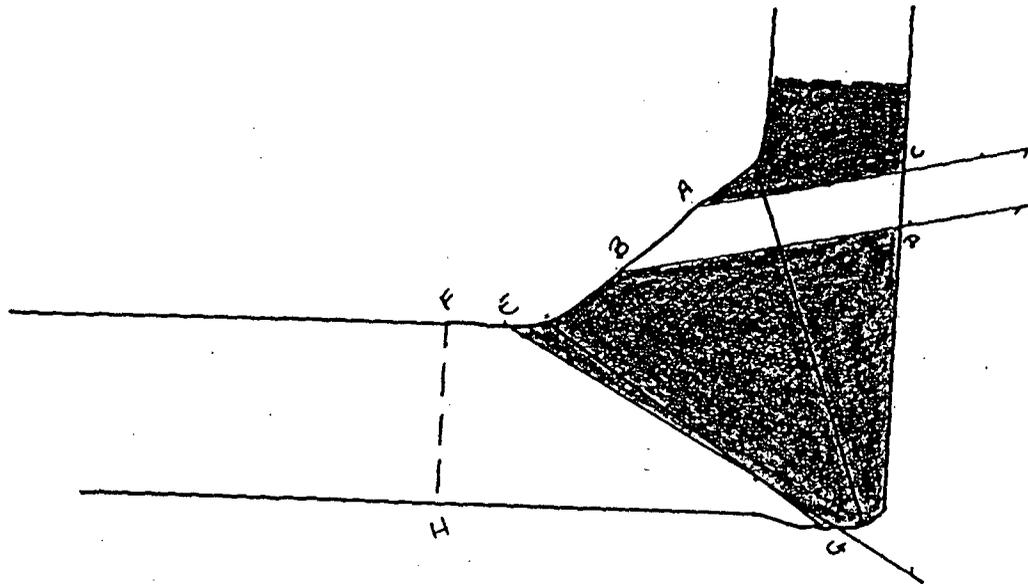
Report No.: UT-05-322

Page: 7 of 16

Summary No.: B03.150.001

Sketch or Photo:

Comments: 2-LDCA-IN -V1



AXIAL CONTOUR

AREA OF COVERAGE

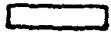
$$ABCD: \left( \frac{1.45 \sin + 1.1 \sin}{2} \right) 3 \sin = 383$$

$$EFGH: \left( \frac{3.5 \sin + 2.1 \sin}{2} \right) 8.75 \sin = 1072$$

$$\underline{\underline{TOTAL AREA = 1455}}$$

60° AXIAL - SCAN 1

SCALE: FULL

FULL COVERAGE   
 NO COVERAGE 



# Supplemental Report

Report No.: UT-05-322

Page: 8 of 16

Summary No.: B03.150.001

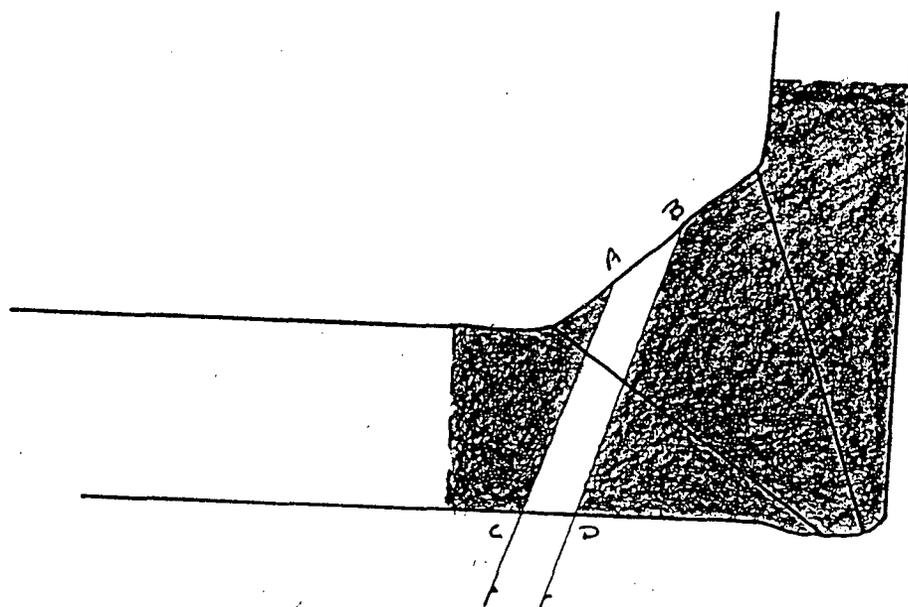
Sketch or Photo:

Comments: 2-LDCA-IN -VI

AXIAL CONTOUR

AREA OF COVERAGE

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



60 AXIAL - SCAN 2

SCALE: FULL

FULL COVERAGE

NO COVERAGE



# Supplemental Report

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Report No.: UT-05-322

Page: 9 of 16

Summary No.: B03.150.001

Sketch or Photo:

Comments:

CIRC. SCAN:

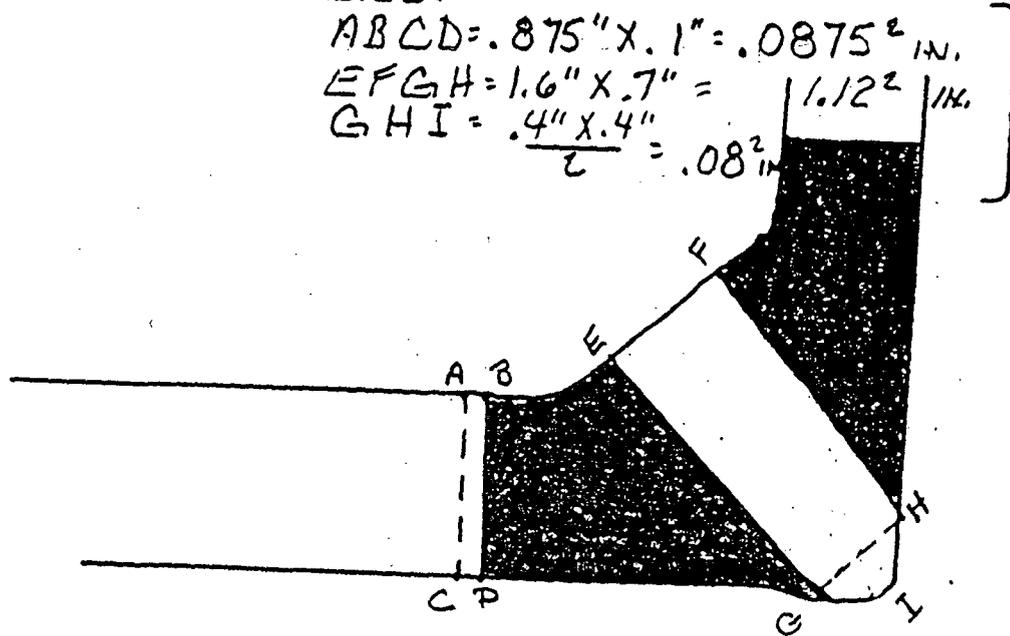
AREA OF COVERAGE:

$$ABCD = .875" \times .1" = .0875^2 \text{ IN.}$$

$$EFGH = 1.6" \times .7" = 1.12^2 \text{ IN.}$$

$$GHI = \frac{.4" \times .4"}{2} = .08^2 \text{ IN.}$$

} 1.29<sup>2</sup> IN. COVERAGE



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

SCALE: FULL

2-LDCA-IN -V1

FULL COVERAGE

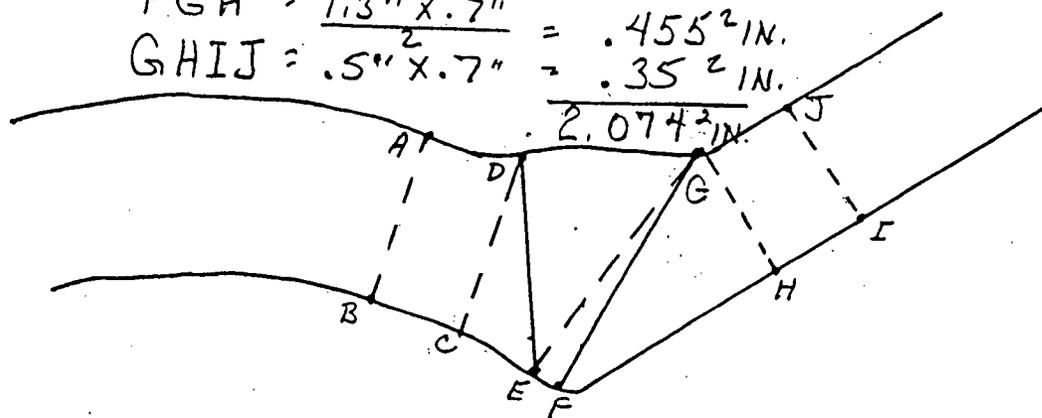
NO COVERAGE

Summary No.: B03.150.001

Sketch or Photo:

Comments:

EXAM AREA:  $ABCD = .5" \times .875" = .4375^2 \text{ IN.}$   
 $CDE = \frac{1.15" \times .35"}{2} = .2013^2 \text{ IN.}$   
 $DEG = \frac{1.4" \times .7"}{2} = .49^2 \text{ IN.}$   
 $EFG = \frac{1.4" \times .2"}{2} = .14^2 \text{ IN.}$   
 $FGH = \frac{1.3" \times .7"}{2} = .455^2 \text{ IN.}$   
 $GHIJ = .5" \times .7" = .35^2 \text{ IN.}$



TOTAL EXAM AREA: 2.074<sup>2</sup> IN.

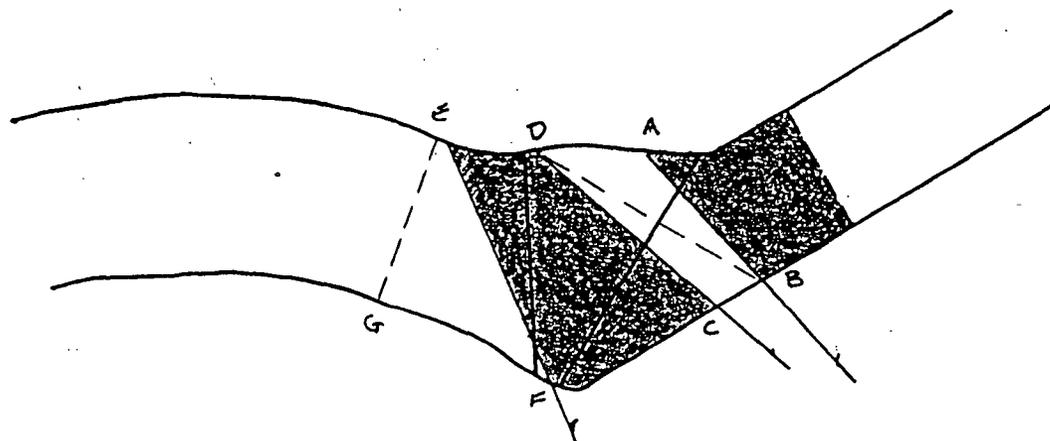
SCALE: FULL

2-LDCA-IN -V1

Summary No.: B03.150.001

Sketch or Photo:

Comments: 2-LDCA-IN. -V1



CIRC. CONTOUR

AREA OF COVERAGE

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

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

$$EGF: \frac{1.0in \times .85in}{2} = .43in^2$$

$$\underline{\underline{TOTAL AREA = .85in^2}}$$

45 AXIAL - SCAN 1

FULL COVERAGE

NO COVERAGE

SCALE: FULL



# Supplemental Report

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Report No.: UT-05-322

Page: 12 of 16

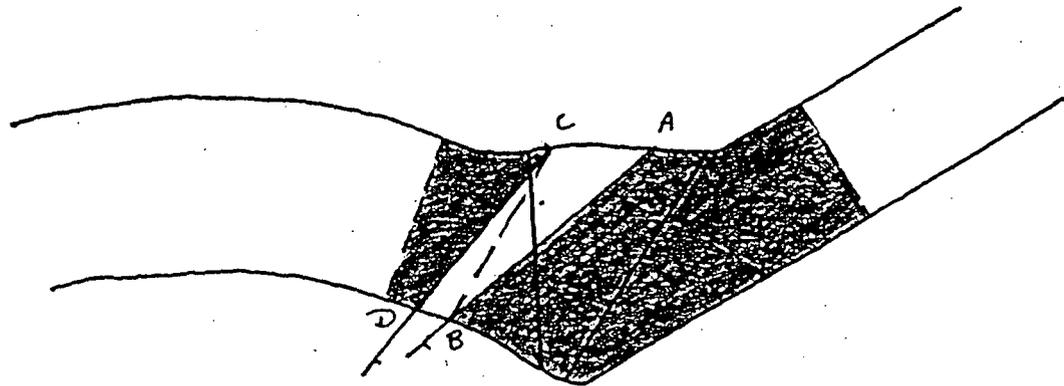
Summary No.: B03.150.001

Sketch or Photo:

Comments: 2-LDCA-IN - V1

CIRC. CONTOUR

AREA OF COVERAGE



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

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

$$\underline{\underline{TOTAL AREA = 3.85in^2}}$$

SCALE: FULL

FULL COVERAGE

NO COVERAGE

45° AXIAL - SCAN 2

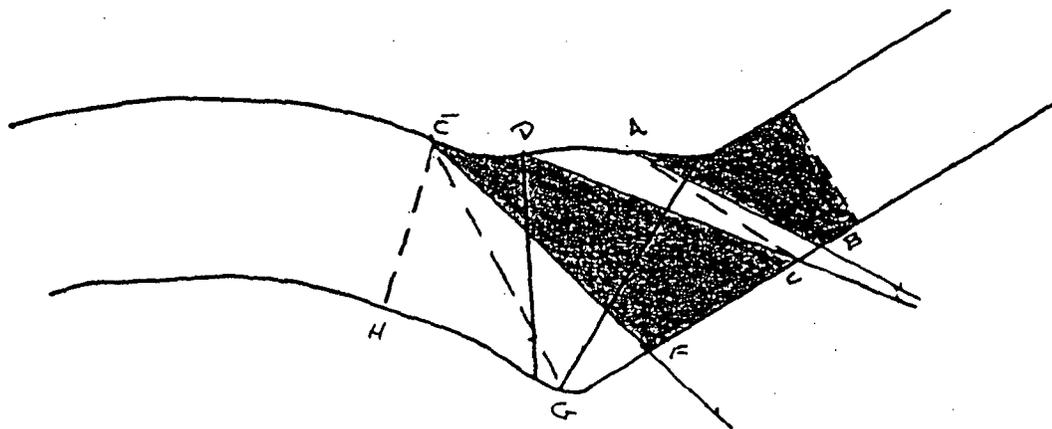
Summary No.: B03.150.001

Sketch or Photo:

Comments: 2-LDCA-IN V1

CIRC. CONTOUR

AREA OF COVERAGE



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

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

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

$$EGH = \frac{1.0 \text{ in} \times .8 \text{ in}}{2} = .4 \text{ in}^2$$

TOTAL AREA: 1.111 in<sup>2</sup>

60° AXIAL - SCAN 1

FULL COVERAGE

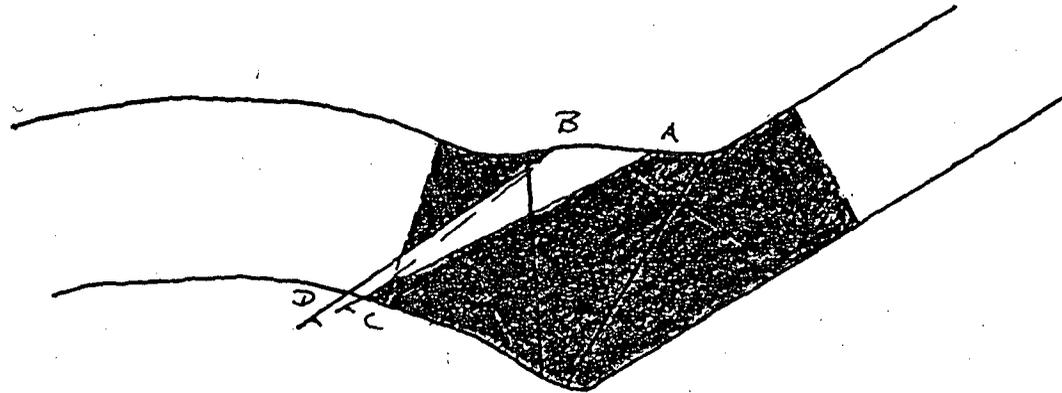
NO COVERAGE

SCALE: FULL

Summary No.: B03.150.001

Sketch or Photo:

Comments: 2-LDCA-IN -V1



CIRC. CONTOUR

AREA OF COVERAGE

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

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

TOTAL AREA = .219in<sup>2</sup>

FULL COVERAGE

NO COVERAGE

SCALE: FULL

60° AXIAL - SCAN 2



Suppleme. al Report

15 + 52

Report No.: UT-05-322

Page: 15 of 16

Summary No.: B03.150.001

Sketch or Photo:

Comments:

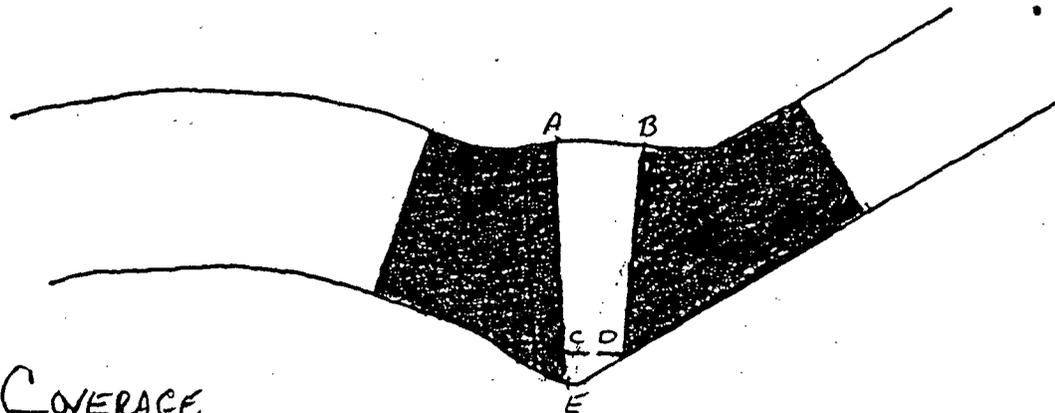
CIRC. SCAN:

AREA OF COVERAGE:

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

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

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



.44<sup>2</sup> IN. COVERAGE

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

FULL COVERAGE 

NO COVERAGE 

SCALE: FULL

# DUKE POWER COMPANY

## ISI LIMITATION REPORT

Component/Weld ID: <u>2-LDCA-IN-V1</u> Item No: <u>B03.150.001</u>		remarks:
<input checked="" type="checkbox"/> NO SCAN      SURFACE      BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> cw <input checked="" type="checkbox"/> ccw	Due to branch connection configuration.	
FROM L <u>N/A</u> to L <u>N/A</u> INCHES FROM W0 <u>.5"</u> to <u>Beyond</u> ANGLE: <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 45 <input checked="" type="checkbox"/> 60   other _____      FROM <u>0</u> DEG to <u>360</u> DEG		
<input type="checkbox"/> NO SCAN      SURFACE      BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw		
FROM L _____ to L _____      INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60   other _____      FROM _____ DEG to _____ DEG		
<input type="checkbox"/> NO SCAN      SURFACE      BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw		
FROM L _____ to L _____      INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60   other _____      FROM _____ DEG to _____ DEG		
<input type="checkbox"/> NO SCAN      SURFACE      BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	Sketch(s) attached <input checked="" type="checkbox"/> yes <input type="checkbox"/> No	
FROM L _____ to L _____      INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60   other _____      FROM _____ DEG to _____ DEG		
Prepared By: <u>Larry Mauldin</u> <i>Larry Mauldin</i> Level: <u>II</u> Date: <u>11/01/2005</u>	Sheet <u>16</u> of <u>16</u>	
Reviewed By: <u>David K. B III</u> <i>David K. B III</i> Date: <u>11/03/05</u>	Authorized Inspector: <u>Nancy C. Rutledge Slaughter</u> <i>Nancy C. Rutledge Slaughter</i> Date: <u>11/6/05</u>	



# UT Vessel Examination

17 + 52

Site/Unit: Oconee / 2  
 Summary No.: B03.150.002  
 Workscope: ISI

Procedure: NDE-3630  
 Procedure Rev.: 0  
 Work Order No.: 98705177

Outage No.: ONS2-21  
 Report No.: UT-05-323  
 Page: 1 of 16

Code: 1998 thru 2000 Addenda Cat./Item: B-D- /B3.150.2 Location: N/A

Drawing No.: 1-44773-1 Description: Nozzle to Channel Body

System ID: 51A

Component ID: B03.150.002 /2-LDCA-OUT-V2 Size/Length: N/A Thickness/Diameter: .875 / 3.0

Limitations: Yes-See Attached Limitation Report Start Time: 1055 Finish Time: 1109

Examination Surface: Inside  Outside  Surface Condition: AS GROUND

Lo Location: 9.2.3 Wo Location: Centerline of Weld Couplant: ULTRAGEL II Batch No.: 03125

Temp. Tool Mfg.: FISHER Serial No.: MCNDE32769 Surface Temp.: 78 °F

Cal. Report No.: CAL-05-339, CAL-05-340, CAL-05-341, CAL-05-342

Angle Used	0	45	45T	60	60T	45RL
Scanning dB		38.1	49.5	75.4		73.3

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

Comments:

**Scanning db at ref. to obtain a 2:1 signal to noise ratio.**

*SERIAL # 1-44773-1*

Results: Accept  Reject  Info

Percent Of Coverage Obtained > 90%: No-29.26% Reviewed Previous Data: Yes

Examiner	Level	Signature	Date	Reviewer	Signature	Date
Jones, Russel	II	<i>[Signature]</i>	11/1/2005	<i>[Signature]</i>	<i>[Signature]</i>	11-5-05
Examiner	Level	Signature	Date	Site Review	Signature	Date
Mauldin, Larry E.	II-N	<i>[Signature]</i>	11/1/2005	N/A		
Other	Level	Signature	Date	ANII Review	Signature	Date
N/A	N/A			<i>[Signature]</i>	<i>[Signature]</i>	11/6/05



# Determination of Percent Coverage for UT Examinations - Vessels

18 + 52

Site/Unit: <u>Oconee / 2</u>	Procedure: <u>NDE-3630</u>	Outage No.: <u>ONS2-21</u>
Summary No.: <u>B03.150.002</u>	Procedure Rev.: <u>0</u>	Report No.: <u>UT-05-323</u>
Workscope: <u>ISI</u>	Work Order No.: <u>98705177</u>	Page: <u>2</u> of <u>16</u>

**0 deg Planar**

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

**45 deg**

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

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

**Other deg**      60

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

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

**Percent complete coverage**

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

29.263 % Total for complete exam

**Note:**

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

Site Field Supervisor: 

Date: 11/03/05



# Supplemental Report

19 of 52

Report No.: UT-05-323

Page: 3 of 16

Summary No.: B03.150.002

Sketch or Photo:

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

$$\text{ACTUAL EXAM AREA} = (A_x) 3.43 \text{ in}^2 + (C) 2.077 \text{ in}^2 = 5.507 \text{ in}^2 / 2 = 2.754 \text{ in}^2$$

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

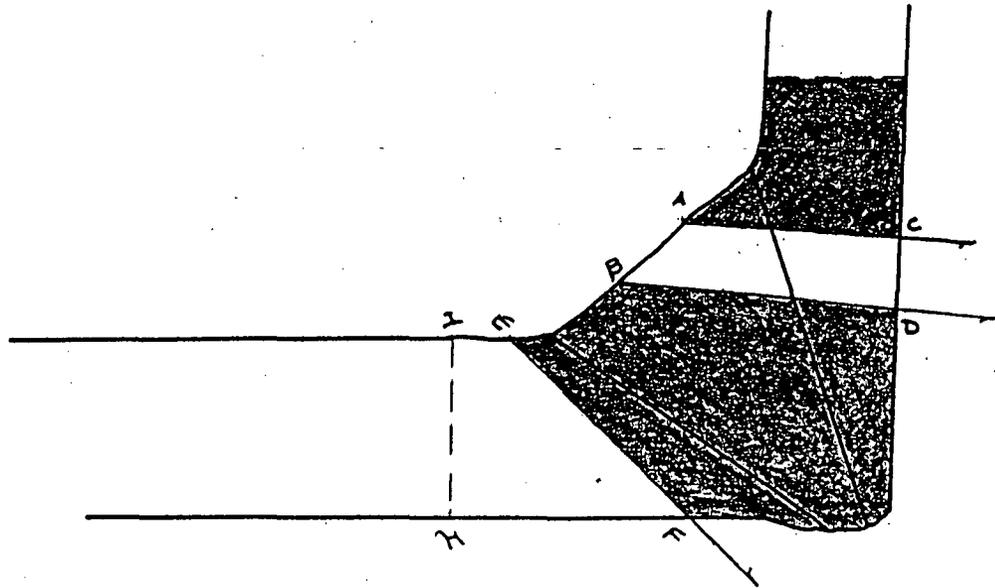


Summary No.: B03.150.002

Sketch or Photo:

Comments: 2-LDCA-OUT -V2

AXIAL CONTOUR



AREA OF COVERAGE

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

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

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

45° AXIAL - SCAN 1

FULL COVERAGE

NO COVERAGE

SCALE: FULL

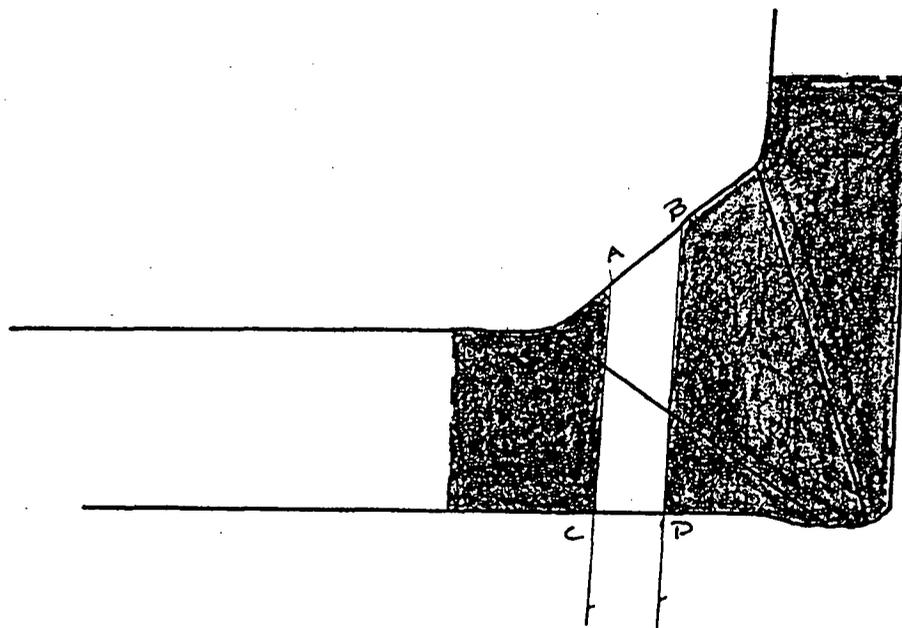


# Supplemental Report

Summary No.: B03.150.002

Sketch or Photo:

Comments: 2-LDCA-OUT - V2

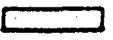


AXIAL CONTOUR

AREA OF COVERAGE

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

45° AXIAL - SCAN 2

FULL COVERAGE 

NO COVERAGE 

SCALE: Full

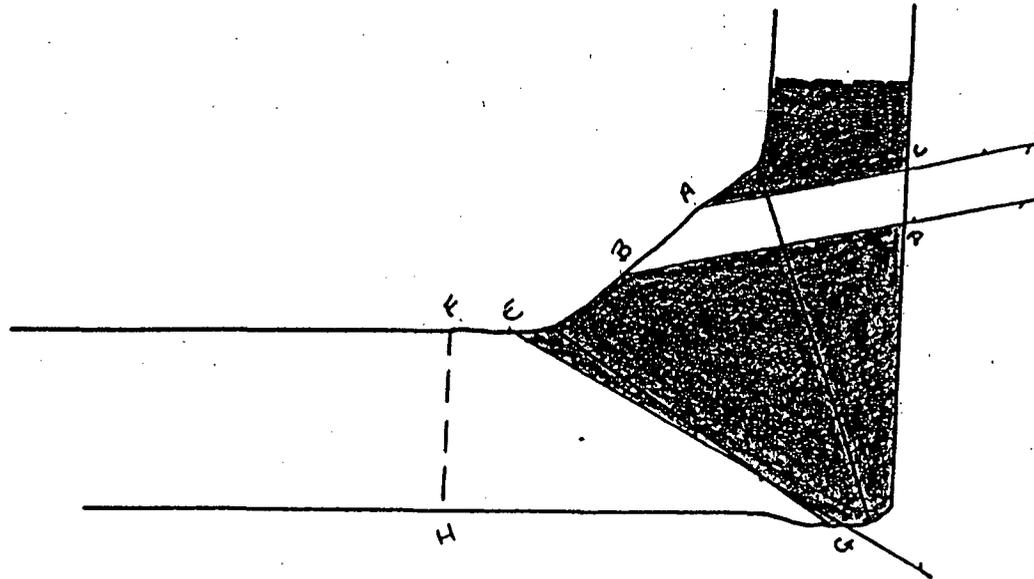
Summary No.: B03.150.002

Sketch or Photo:

Comments: 2-LDCA-OUT -V2

AXIAL CONTOUR

AREA OF COVERAGE



$$ABCD: \left( \frac{1.45 \sin + 1.1 \sin}{2} \right) 3 \sin = 383 \sin^2$$

$$EFGH: \left( \frac{3.3 \sin + 2.1 \sin}{2} \right) 8.75 \sin = 1072 \sin^2$$

$$\underline{\underline{TOTAL AREA = 1455 \sin^2}}$$

60° AXIAL - SCAN 1

FULL COVERAGE

NO COVERAGE

SCALE: FULL



# Supplemental Report

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Report No.: UT-05-323

Page: 8 of 16

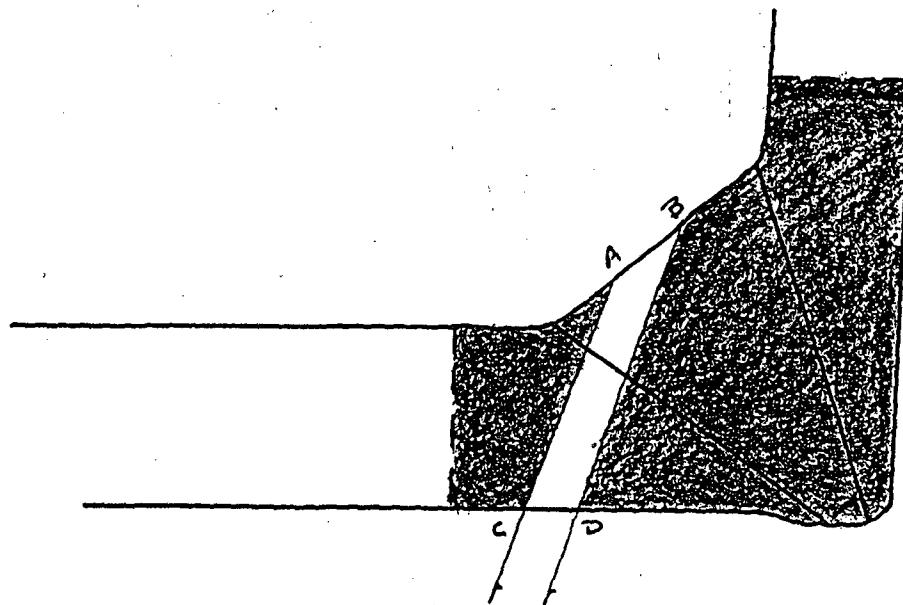
Summary No.: B03.150.002

Sketch or Photo:

Comments: 2-LDCA-OUT -V2

AXIAL CONTOUR

AREA OF COVERAGE



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

60 AXIAL-SCAN 2

FULL COVERAGE

NO COVERAGE

SCALE: Full

Summary No.: B03.150.002

Sketch or Photo:

Comments:

CIRC. SCAN:

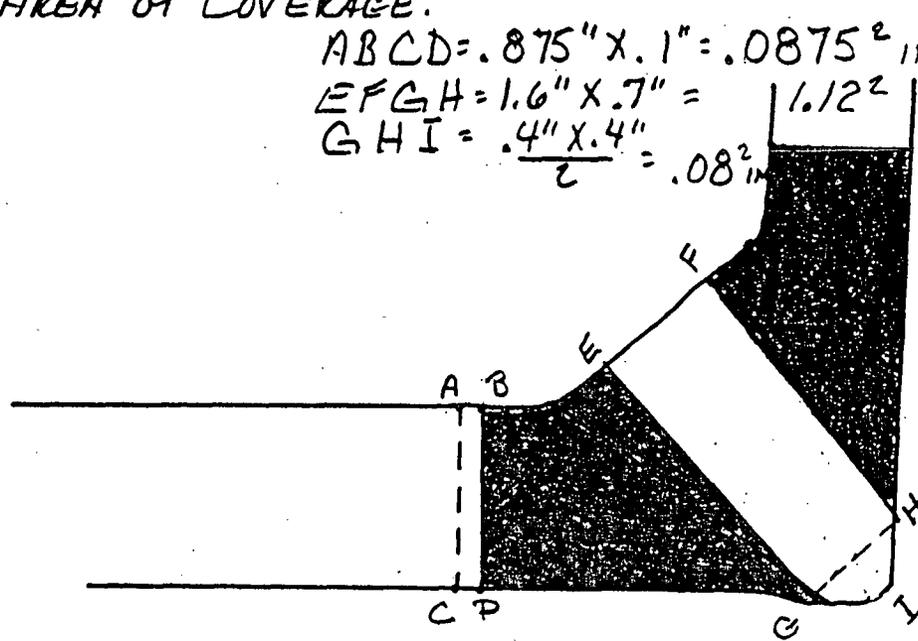
AREA OF COVERAGE:

$$ABCD = .875" \times .1" = .0875^2 \text{ IN.}$$

$$EFGH = 1.6" \times .7" = 1.12^2 \text{ IN.}$$

$$GHI = \frac{.4" \times .4"}{2} = .08^2 \text{ IN.}$$

} 1.29<sup>2</sup> IN. COVERAGE



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

2-LDCA-DUT -V2

FULL COVERAGE

NO COVERAGE

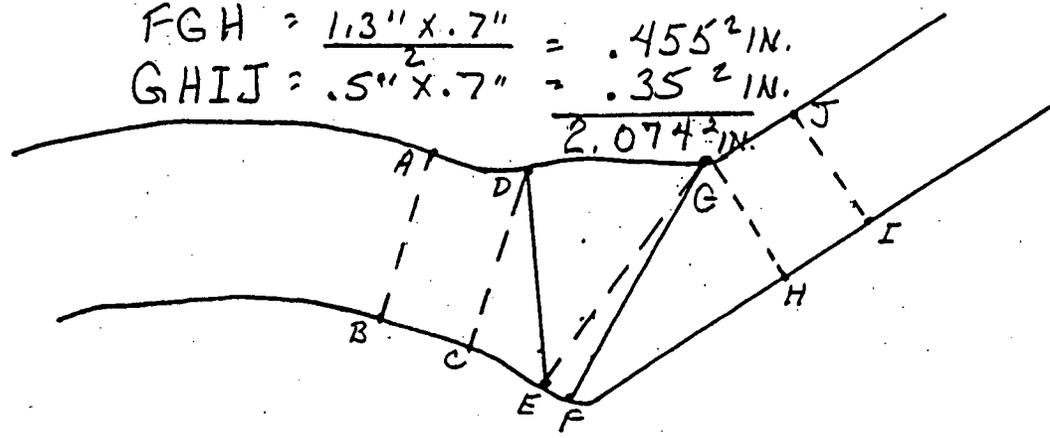
SCALE: FULL

Summary No.: B03.150.002

Sketch or Photo:

Comments:

EXAM AREA:  $ABCD = .5" \times .875" = .4375^2 \text{ IN.}$   
 $CDE = \frac{1.15" \times .35"}{2} = .2013^2 \text{ IN.}$   
 $DEG = \frac{1.4" \times .7"}{2} = .49^2 \text{ IN.}$   
 $EFG = \frac{1.4" \times .2"}{2} = .14^2 \text{ IN.}$   
 $FGH = \frac{1.3" \times .7"}{2} = .455^2 \text{ IN.}$   
 $GHIJ = .5" \times .7" = .35^2 \text{ IN.}$



TOTAL EXAM AREA: 2.07<sup>2</sup> IN.

SCALE: FULL



# Supplemental Report

27 + 52

Report No.: UT-05-323

Page: 11 of 16

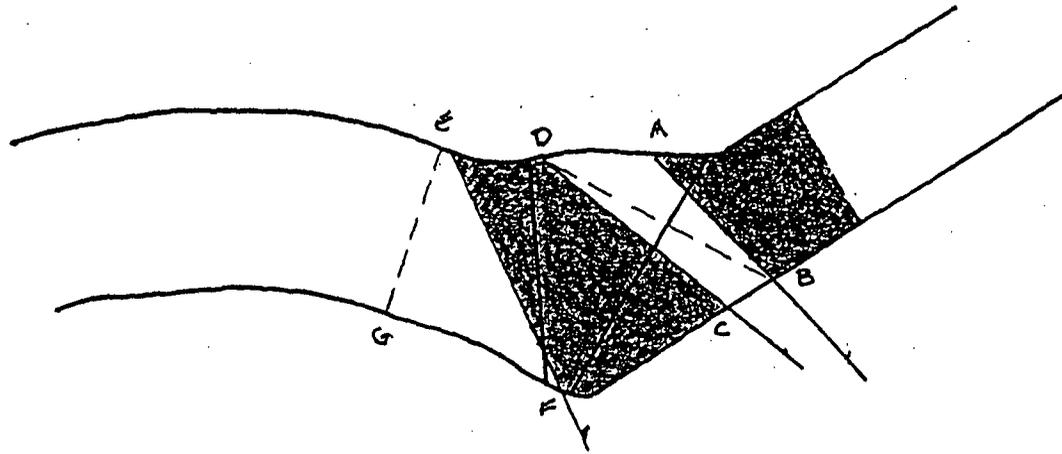
Summary No.: B03.150.002

Sketch or Photo:

Comments: 2-LDCA - OUT - V2

CIRC. CONTOUR

AREA OF COVERAGE



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

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

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

$$\underline{\underline{TOTAL AREA = .835in^2}}$$

45 AXIAL - SCAN 1

FULL COVERAGE

NO COVERAGE

SCALE: FULL

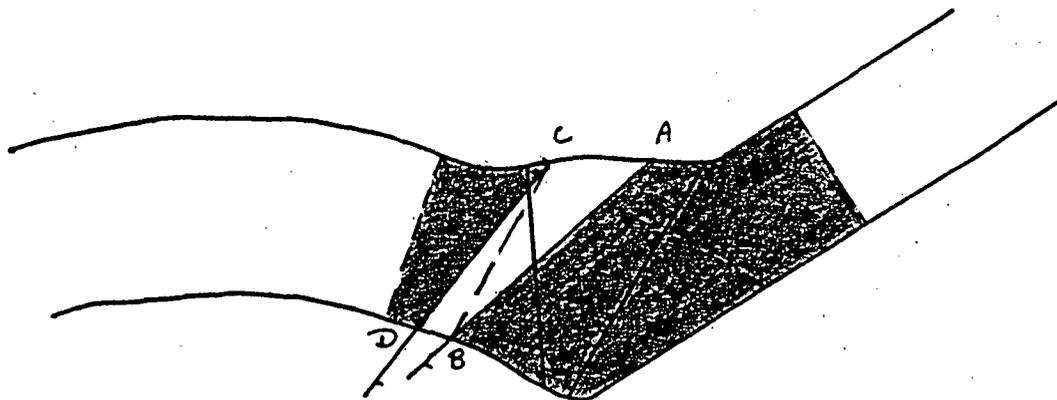
Summary No.: B03.150.002

Sketch or Photo:

Comments: 2-LDCA - OUT -V2

CIRC. CONTOUR

AREA OF COVERAGE



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

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

TOTAL AREA = .385in<sup>2</sup>

45° AXIAL - SCAN 2

FULL COVERAGE

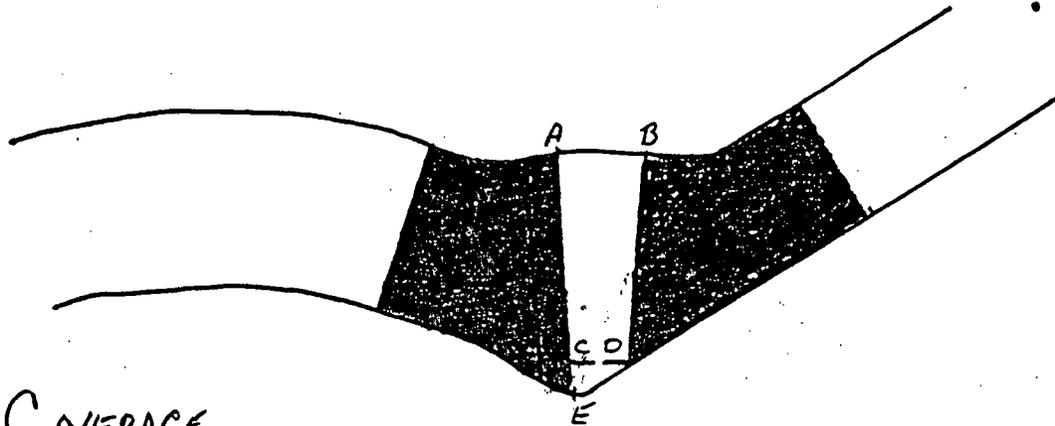
NO COVERAGE

SCALE: FULL

Summary No.: B03.150.002

Sketch or Photo:

Comments: CIRC. SCAN:  
 AREA OF COVERAGE:  $ABCD = \frac{1}{2} \cdot \frac{1}{2} (.45" + .3") = .4125^2 \text{ IN.}$   
 $CDE = \frac{.3" \times .15"}{2} = .0225^2 \text{ IN.}$   
 $\frac{.4125^2 \text{ IN.} + .0225^2 \text{ IN.}}{.435^2 \text{ IN.}} = \underline{\underline{.44^2 \text{ IN.}}}$



.44<sup>2</sup> IN. COVERAGE

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

FULL COVERAGE   
 NO COVERAGE

SCALE: FULL

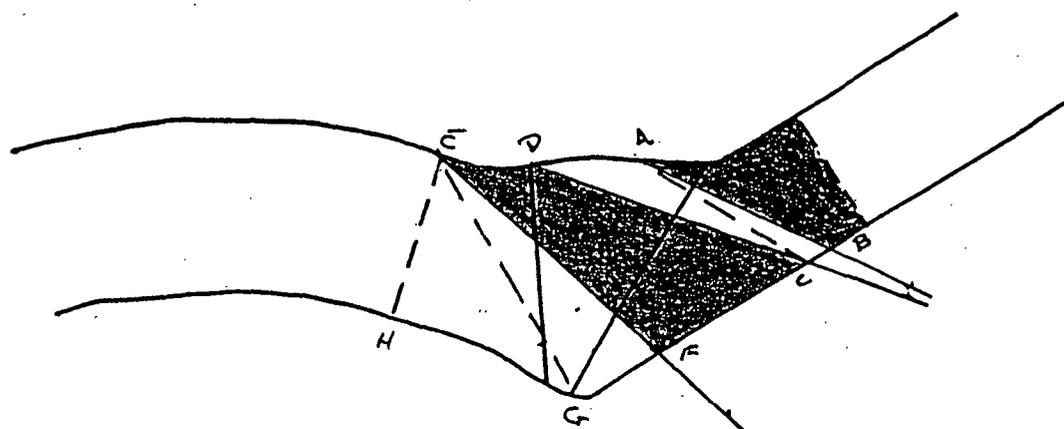
Summary No.: B03.150.002

Sketch or Photo:

Comments: 2-LDCA-OUT -VZ

CIRC. CONTOUR

AREA OF COVERAGE



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

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

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

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

TOTAL AREA:  $1.11in^2$

60° AXIAL - SCAN 1

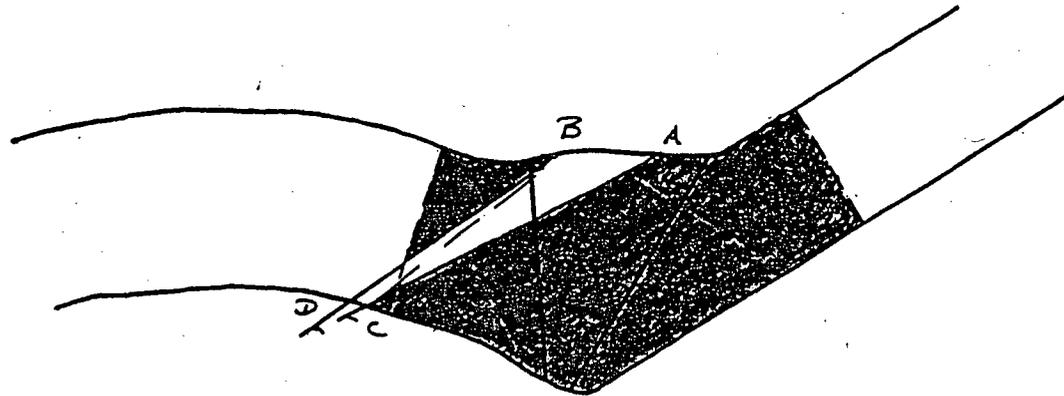
FULL COVERAGE   
 NO COVERAGE

SCALE: FULL

Summary No.: B03.150.002

Sketch or Photo:

Comments: 2-LDCA-OUT -V2



CIRC. CONTOUR

AREA OF COVERAGE

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

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

TOTAL AREA = .219in<sup>2</sup>

60° AXIAL - SCAN 2

FULL COVERAGE

NO COVERAGE

SCALE: FULL

# DUKE POWER COMPANY

## ISI LIMITATION REPORT

<b>Component/Weld ID:</b> <u>2-LDCA-OUT-V2</u> <b>Item No:</b> <u>B03.150.002</u>		<b>remarks:</b> Due to branch connection configuration.
<input checked="" type="checkbox"/> NO SCAN      SURFACE      BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> cw <input checked="" type="checkbox"/> ccw	FROM L <u>N/A</u> to L <u>N/A</u> INCHES FROM W0 <u>.5"</u> to <u>Beyond</u> ANGLE: <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 45 <input checked="" type="checkbox"/> 60    other _____      FROM <u>0</u> DEG to <u>360</u> DEG	
<input type="checkbox"/> NO SCAN      SURFACE      BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	FROM L _____ to L _____      INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60    other _____      FROM _____ DEG to _____ DEG	
<input type="checkbox"/> NO SCAN      SURFACE      BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	FROM L _____ to L _____      INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60    other _____      FROM _____ DEG to _____ DEG	
<input type="checkbox"/> NO SCAN      SURFACE      BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	FROM L _____ to L _____      INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60    other _____      FROM _____ DEG to _____ DEG	
<input type="checkbox"/> NO SCAN      SURFACE      BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	FROM L _____ to L _____      INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60    other _____      FROM _____ DEG to _____ DEG	
<input type="checkbox"/> NO SCAN      SURFACE      BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	FROM L _____ to L _____      INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60    other _____      FROM _____ DEG to _____ DEG	
Prepared By: <u>Larry Mauldin</u> Level: <u>II</u> Date: <u>11/01/2005</u>		Sheet <u>16</u> of <u>16</u>
Reviewed By: <u>David K. [Signature]</u> Date: <u>11/03/05</u>	Authorized Inspector: <u>Nancy C. [Signature]</u> Date: <u>11/6/05</u>	

Sketch(s) attached  
 yes       No



# UT Pipe Weld Examination

33 + 52

Site/Unit: Oconee / 2  
 Summary No.: C05.011.001  
 Workscope: ISI

Procedure: NDE-600  
 Procedure Rev.: 16  
 Work Order No.: 98705713

Outage No.: ONS2-21  
 Report No.: UT-05-344  
 Page: 1 of 4

Code: 1998 thru 2000 Addenda Cat./Item: C-F-1/C5.11.1 Location: N/A  
 Drawing No.: 2LP-148 Description: Pipe to Valve (2LP-47)  
 System ID: 53A  
 Component ID: C05.011.001 /2LP-148-16 Size/Length: N/A Thickness/Diameter: 1.125 / 10.0  
 Limitations: Yes- See Attached Limitation Report Start Time: 1010 Finish Time: 1040

Examination Surface: Inside  Outside  Surface Condition: AS GROUND  
 Lo Location: 9.1.1.1 Wo Location: Centerline of Weld Couplant: ULTRAGEL II Batch No.: 03125  
 Temp. Tool Mfg.: FISHER Serial No.: MCNDE 27221 Surface Temp.: 66 °F  
 Cal. Report No.: CAL-05-358, CAL-05-359, CAL-05-360

Angle Used	0	45	45T	60	60L	
Scanning dB			50.1	60	57	

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

Comments:  
**FC 05-08**

Results: Accept  Reject  Info  *Info 10/3/07*  
 Percent Of Coverage Obtained > 90%: 50% *No - 724 10/3-07* Reviewed Previous Data: Yes

Examiner	Level	Signature	Date	Reviewer	Signature	Date
Eaton, Jay A.	III	<i>[Signature]</i>	11/4/2005	<i>[Signature]</i>	<i>[Signature]</i>	11-7-05
Examiner	Level	Signature	Date	Site Review	Signature	Date
Steinbauer, Troy	II-N	<i>[Signature]</i>	11/4/2005	N/A		
Other	Level	Signature	Date	ANII Review	Signature	Date
N/A	N/A			<i>[Signature]</i>	<i>[Signature]</i>	11/8/05

# DUKE POWER COMPANY

## ISI LIMITATION REPORT

<b>Component/Weld ID:</b> <u>2LP-148-16</u> <b>Item No:</b> <u>C05.011.001</u>		<b>remarks:</b> Valve Configuration   
<input checked="" type="checkbox"/> NO SCAN      SURFACE      BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	FROM L <u>0+6.75</u> to L _____ INCHES FROM <b>W0</b> <u>+0.7"</u> to <u>Beyond</u> ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input checked="" type="checkbox"/> 60   other _____ FROM <u>0</u> DEG to <u>360</u> DEG	
<input type="checkbox"/> NO SCAN      SURFACE      BEAM DIRECTION <input checked="" type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	FROM L <u>0+6.75"</u> to L <u>0+10.25</u> INCHES FROM <b>W0</b> <u>+1.2"</u> to <u>Beyond</u> ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input checked="" type="checkbox"/> 60   other _____ FROM _____ DEG to _____ DEG	
<input type="checkbox"/> NO SCAN      SURFACE      BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	FROM L _____ to L _____ INCHES FROM <b>W0</b> _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60   other _____ FROM _____ DEG to _____ DEG	
<input type="checkbox"/> NO SCAN      SURFACE      BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	FROM L _____ to L _____ INCHES FROM <b>W0</b> _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60   other _____ FROM _____ DEG to _____ DEG	
<input type="checkbox"/> NO SCAN      SURFACE      BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	FROM L _____ to L _____ INCHES FROM <b>W0</b> _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60   other _____ FROM _____ DEG to _____ DEG	
Prepared By: <u>Jay Eaton</u> Level: <u>III</u> Date: <u>11/04/2005</u>		Sheet <u>2</u> of <u>4</u>
Reviewed By: <u>Gary Moss</u> Date: <u>11-7-05</u>		Authorized Inspector: <u>Wmney C. Ritchel Slaughter</u> Date: <u>11/8/05</u>

Branch Connection

(3.5" ÷ 33.8") x 100 = 10.4%

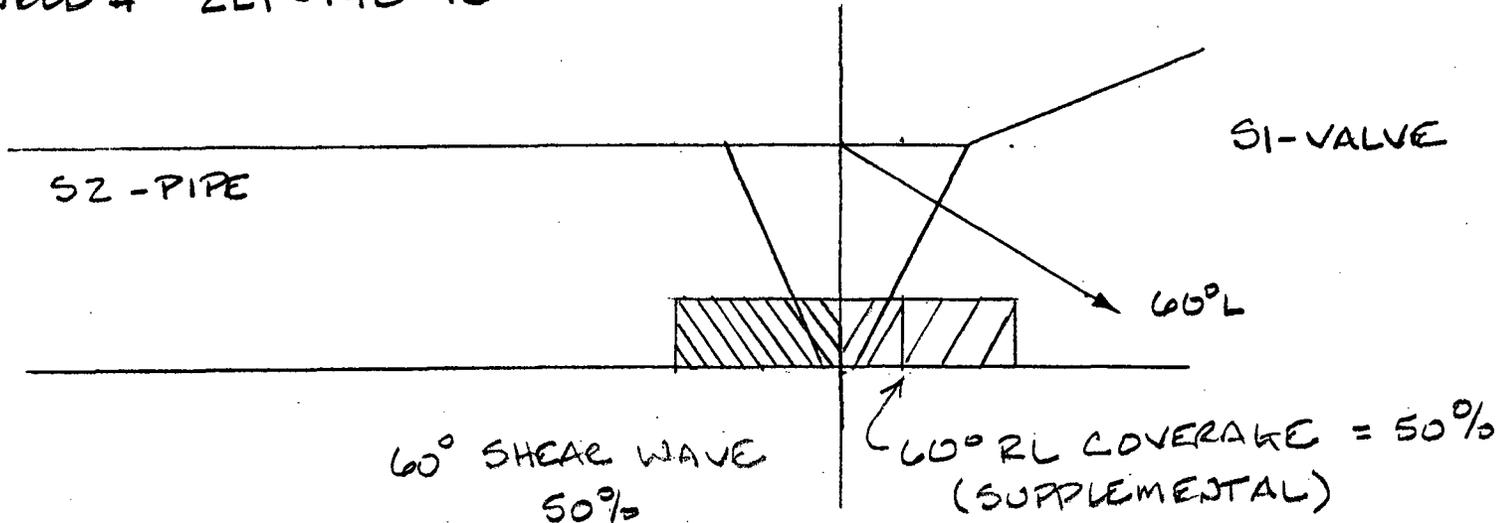
of total weld length

Sketch(s) attached

yes       No

ITEM # COS.011.001  
WELD # ZLP-148-16

REPORT # UT-05-344  
PAGE 3 OF 4



SCALE 1:1

*J. III* 11/4/05



### Determination of Percent Coverage for UT Examinations - Pipe

Site/Unit: ONS 1 2 Procedure: NDE-600 Outage No.: ONS2-27  
 Summary No.: C05-011.001 Procedure Rev.: 16 Report No.: UT-05-344  
 Workscope: ISI Work Order No.: 98705713 Page: 4 of 4

**45 deg**

Scan 1	<u>                    </u>	% Length X	<u>                    </u>	% volume of length / 100 =	<u>                    </u>	% total for Scan 1
Scan 2	<u>                    </u>	% Length X	<u>                    </u>	% volume of length / 100 =	<u>                    </u>	% total for Scan 2
Scan 3	<u>100</u>	% Length X	<u>80</u>	% volume of length / 100 =	<u>80</u>	% total for Scan 3
Scan 4	<u>100</u>	% Length X	<u>80</u>	% volume of length / 100 =	<u>80</u>	% total for Scan 4
Add totals and divide by # scans =				<u>80</u>	% total for 45 deg	

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

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

Scan 1	<u>100</u>	% Length X	<u>40</u>	% volume of length / 100 =	<u>40</u>	% total for Scan 1
Scan 2	<u>100</u>	% Length X	<u>0</u>	% volume of length / 100 =	<u>0</u>	% total for Scan 2
Scan 3	<u>                    </u>	% Length X	<u>                    </u>	% volume of length / 100 =	<u>                    </u>	% total for Scan 3
Scan 4	<u>                    </u>	% Length X	<u>                    </u>	% volume of length / 100 =	<u>                    </u>	% total for Scan 4

**Percent complete coverage**

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

50 % Total for complete exam

Site Field Supervisor: James J. McCallister

Date: 10-3-07  
10/3/07



# UT Pipe Weld Examination

37 of 52

Site/Unit: Oconee / 2

Procedure: NDE-600

Outage No.: ONS2-21

Summary No.: C05.021.026

Procedure Rev.: 16

Report No.: UT-05-244

Workscope: ISI

Work Order No.: 98709800

Page: 1 of 4

Code: 1998 thru 2000 Addenda Cat./Item: C-F-1/C5.21.26 Location: N/A

Drawing No.: 2-51A-17 (5) Description: Pipe to Valve (2HP-128)

System ID: 51A

Component ID: C05.021.026 /2-51A-17-111 Size/Length: N/A Thickness/Diameter: .531 / 4.0

Limitations: Yes - See Attached Limitation Report Start Time: 1000 Finish Time: 1030

Examination Surface: Inside  Outside  Surface Condition: AS GROUND

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

Temp. Tool Mfg.: D.A.S Serial No.: MCNDE32797 Surface Temp.: 99 °F

Cal. Report No.: CAL-05-254, CAL-05-255, CAL-05-256

Angle Used	0	45	45T	60	60L	
Scanning dB			43.8	40	55.5	

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

Comments:

**FC 05-08**

Results: Accept  Reject  Info

Percent Of Coverage Obtained > 90%: No - 37.5% Reviewed Previous Data: Yes

Examiner	Level	Signature	Date	Reviewer	Signature	Date
Houser, Gayle E.	III	<i>Gayle E. Houser</i>	8/22/2005	<i>Gayle E. Houser</i>		8/23/05
Examiner	Level	Signature	Date	Site Review	Signature	Date
Jones, Russel	II	<i>Russel Jones</i>	8/22/2005	N/A		
Other	Level	Signature	Date	ANII Review	Signature	Date
N/A	N/A			<i>Nancy C. R. Slaughter</i>		8/25/05



# Determination of Percent Coverage for UT Examinations - Pipe

38 of 52

Site/Unit: <u>Oconee / 2</u>	Procedure: <u>NDE-600</u>	Outage No.: <u>ONS2-21</u>
Summary No.: <u>C05.021.026</u>	Procedure Rev.: <u>16</u>	Report No.: <u>UT-05-244</u>
Workscope: <u>ISI</u>	Work Order No.: <u>98709800</u>	Page: <u>2</u> of <u>4</u>

**45 deg**

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

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

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

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

Scan 1	<u>100.000</u> % Length X	<u>0.000</u> % volume of length / 100 =	<u>0.000</u> % total for Scan 1
Scan 2	<u>100.000</u> % Length X	<u>50.000</u> % volume of length / 100 =	<u>50.000</u> % total for Scan 2
Scan 3	<u>                    </u> % Length X	<u>                    </u> % volume of length / 100 =	<u>                    </u> % total for Scan 3
Scan 4	<u>                    </u> % Length X	<u>                    </u> % volume of length / 100 =	<u>                    </u> % total for Scan 4

**Percent complete coverage**

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

37.5 % Total for complete exam

Site Field Supervisor: David K. Zimmerman Date: 8/23/2005

Note: 60°RL scan not included in percent coverage per requirements of 10CFR50.55a(b)(2)(xx)(A)(2). Best effort scan with 60°RL obtained 50.0% coverage in one axial direction.



# Limitation Record

39 of 52

Site/Unit: Oconee / 2  
 Summary No.: C05.021.026  
 Workscope: ISI

Procedure: NDE-600  
 Procedure Rev.: 16  
 Work Order No.: 98709800

Outage No.: ONS2-21  
 Report No.: UT-05-244  
 Page: 3 of 4

### Description of Limitation:

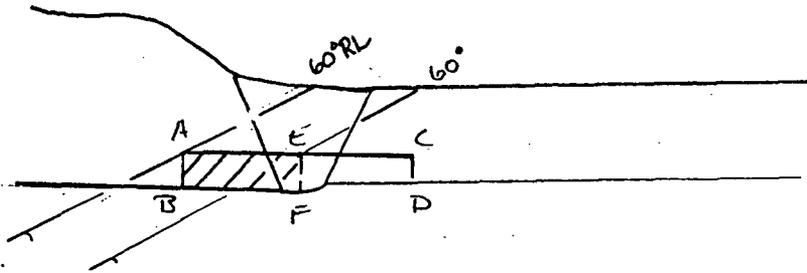
See ISI Limitation Report for details of scanning limitations.

### Sketch of Limitation:

$t = 0.54in$   
 AREA OF INTEREST  
 $ABCD = 0.18in \times 1.2in = 0.22in^2$

S1 - VALVE ZHP-12B

S2 - PIPE



- Scan 1 - NO SCAN @ 0%
- Scan 2 - EFCD:  $0.18in \times 0.60in = 0.11in / 0.22in \times 100 = 50\%$
- Scan 3 - EFCD:  $0.18in \times 0.60in = 0.11in / 0.22in \times 100 = 50\%$
- Scan 4 - EFCD:  $0.18in \times 0.60in = 0.11in / 0.22in \times 100 = 50\%$

### SUPPLEMENTAL SCAN - 60°RL

Scan 2 - ABEF:  $0.18in \times 0.60in = 0.11in / 0.22in \times 100 = 50\%$

### Limitations removal requirements:

### Radiation field:

SCALE: FULL

Examiner	Level	Signature	Date	Reviewer	Signature	Date
Houser, Gayle E.	III	<i>Gayle E. Houser</i>	8/22/2005	<i>David K. Jones III</i>		08/22/05
Jones, Russel	II	<i>Russel Jones</i>	8/22/2005	Site Review		
				N/A		
Other	N/A			ANII Review		
N/A				<i>Nancy C. Retchel Slaughter</i>		10/24/05

# DUKE POWER COMPANY

## ISI LIMITATION REPORT

<b>Component/Weld ID:</b> <u>2-51A-17-111</u> <b>Item No:</b> <u>C05.021.026</u>		<b>remarks:</b> Valve Configuration
<input checked="" type="checkbox"/> NO SCAN      SURFACE      BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw FROM L <u>N/A</u> to L <u>N/A</u> INCHES FROM W0 <u>CL</u> to <u>Beyond</u> ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input checked="" type="checkbox"/> 60   other _____      FROM <u>0</u> DEG to <u>360</u> DEG	Valve Configuration	
<input type="checkbox"/> NO SCAN      SURFACE      BEAM DIRECTION <input checked="" type="checkbox"/> LIMITED SCAN <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> cw <input checked="" type="checkbox"/> ccw FROM L <u>N/A</u> to L <u>N/A</u> INCHES FROM W0 <u>C/L</u> to <u>Beyond</u> ANGLE: <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 45 <input type="checkbox"/> 60   other _____      FROM <u>0</u> DEG to <u>360</u> DEG	Valve Configuration	
<input type="checkbox"/> NO SCAN      SURFACE      BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw FROM L _____ to L _____      INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60   other _____      FROM _____ DEG to _____ DEG	Valve Configuration	
<input type="checkbox"/> NO SCAN      SURFACE      BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw FROM L _____ to L _____      INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60   other _____      FROM _____ DEG to _____ DEG	Valve Configuration	
<input type="checkbox"/> NO SCAN      SURFACE      BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw FROM L _____ to L _____      INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60   other _____      FROM _____ DEG to _____ DEG	Sketch(s) attached <input checked="" type="checkbox"/> yes <input type="checkbox"/> No	
Prepared By: <u>Gayle Houser</u> <i>GH</i> Level: <u>III</u> Date: <u>08/22/2005</u>		Sheet <u>4</u> of <u>4</u>
Reviewed By: <u>Daniel K. Z...</u> <i>DKZ</i> Date: <u>08/23/05</u>		Authorized Inspector: <u>Nancy C. Ritchie-Slaughter</u> <i>NCRS</i> Date: <u>8/25/05</u>



# UT Pipe Weld Examination

41 of 52

Site/Unit: Ocone / 2  
 Summary No.: C05.021.027  
 Workscope: ISI

Procedure: NDE-600  
 Procedure Rev.: 16  
 Work Order No.: 98709809

Outage No.: ONS2-21  
 Report No.: UT-05-241  
 Page: 1 of 4

Code: 1998 thru 2000 Addenda Cat./Item: C-F-1/C5.21.27 Location: N/A  
 Drawing No.: 2HP-227 Description: Pipe to Valve (Valve 2HP-117)  
 System ID: 51A  
 Component ID: C05.021.027 /2HP-227-3 Size/Length: N/A Thickness/Diameter: .531 / 4.0  
 Limitations: Yes- See Attached Limitation Report Start Time: 1012 Finish Time: 1029

Examination Surface: Inside  Outside  Surface Condition: AS GROUND  
 Lo Location: 9.1.1.1 Wo Location: Centerline of Weld Couplant: ULTRAGEL II Batch No.: 03125  
 Temp. Tool Mfg.: D.A.S Serial No.: MCNDE32797 Surface Temp.: 99 °F

Cal. Report No.: CAL-05-251, CAL-05-252, CAL-05-253

Angle Used	0	45	45T	60	60L	
Scanning dB			42.5	44.5	59.5	

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

Comments:  
**FC 05-08**

Results: Accept  Reject  Info

Percent Of Coverage Obtained > 90%: No - 37.5% Reviewed Previous Data: Yes

Examiner	Level	Signature	Date	Reviewed	Signature	Date
Leeper, Winfred C.	II	<i>Winfred C. Leeper</i>	8/22/2005	<i>Gary Moss</i>		8-24-05
Examiner	Level	Signature	Date	Site Review	Signature	Date
Tucker, David K.	II-N	<i>David K. Tucker</i>	8/22/2005	N/A		
Other	Level	Signature	Date	ANII Review	Signature	Date
N/A	N/A			<i>Nancy Critchfield</i>	<i>8/25/05</i>	



# Determination of Percent Coverage for UT Examinations - Pipe

42452

Site/Unit: <u>Oconee / 2</u>	Procedure: <u>NDE-600</u>	Outage No.: <u>ONS2-21</u>
Summary No.: <u>C05.021.027</u>	Procedure Rev.: <u>16</u>	Report No.: <u>UT-05-241</u>
Workscope: <u>ISI</u>	Work Order No.: <u>98709809</u>	Page: <u>2</u> of <u>4</u>

**45 deg**

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

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

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

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

Scan 1	<u>100.000</u>	% Length X	<u>0.000</u>	% volume of length / 100 =	<u>0.000</u>	% total for Scan 1
Scan 2	<u>100.000</u>	% Length X	<u>50.000</u>	% volume of length / 100 =	<u>50.000</u>	% total for Scan 2
Scan 3	<u>                    </u>	% Length X	<u>                    </u>	% volume of length / 100 =	<u>                    </u>	% total for Scan 3
Scan 4	<u>                    </u>	% Length X	<u>                    </u>	% volume of length / 100 =	<u>                    </u>	% total for Scan 4

**Percent complete coverage**

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

37.5 % Total for complete exam

Site Field Supervisor: David K. Zimmerman Date: 8/23/2005

Note: 60°RL scan not included in percent coverage per requirements of 10CFR50.55a(b)(2)(xx)(A)(2). Best effort scan with 60°RL obtained 50.0% coverage in one axial direction.



# Limitation Record

43 + 52

Site/Unit: Oconee / 2  
 Summary No.: C05.021.027  
 Workscope: ISI

Procedure: NDE-600  
 Procedure Rev.: 16  
 Work Order No.: 98709809

Outage No.: ONS2-21  
 Report No.: UT-05-241  
 Page: 3 of 4

### Description of Limitation:

See ISI Limitation Report for details of scan limitations.

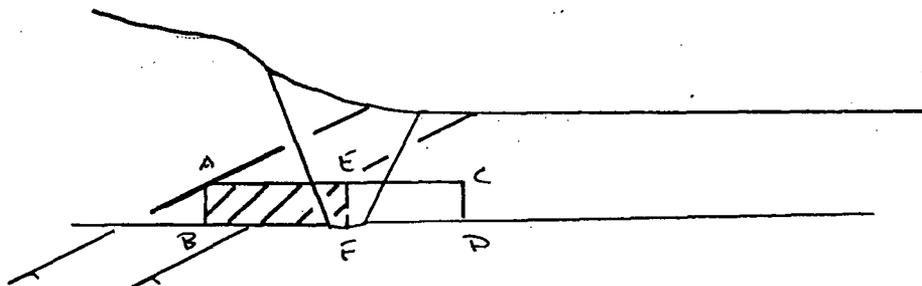
$$t = 0.65 \text{ in}$$

AREA OF INTEREST

$$ABCD = 0.20 \text{ in} \times 1.3 \text{ in} = 0.26 \text{ in}^2$$

### Sketch of Limitation:

S1 - VALVE 117



S2 - PIPE

SCAN 1 - NO SCAN @ 0%

SCAN 2 - EFCD:  $0.20 \text{ in} \times 0.65 \text{ in} = 0.133 \text{ in}^2 / 0.266 \text{ in}^2 \times 100 = 50\%$

SCAN 3 - EFCD:  $0.20 \text{ in} \times 0.65 \text{ in} = 0.133 \text{ in}^2 / 0.266 \text{ in}^2 \times 100 = 50\%$

SCAN 4 - EFCD:  $0.20 \text{ in} \times 0.65 \text{ in} = 0.133 \text{ in}^2 / 0.266 \text{ in}^2 \times 100 = 50\%$

SUPPLEMENTAL SCAN - 60°RL

SCAN 2 - ABFE:  $0.20 \text{ in} \times 0.65 \text{ in} = 0.133 \text{ in}^2 / 0.266 \text{ in}^2 \times 100 = 50\%$

### Limitations removal requirements:

SCALE: FULL

### Radiation field:

Examiner	Level	Signature	Date	Reviewer	Signature	Date
Leeper, Winfred C.	II	<i>Winfred C. Leeper</i>	8/22/2005	<i>Daniel K. [Signature]</i>		08/22/05
Tucker, David K.	II-N	<i>David K. Tucker</i>	8/22/2005	Site Review		
				N/A		
Other	Level	Signature	Date	ANII Review	Signature	Date
N/A	N/A			<i>Nancy C. Retchko Slaughter</i>		10/24/05

# DUKE POWER COMPANY

## ISI LIMITATION REPORT

<b>Component/Weld ID:</b> <u>2HP-227-3</u> <b>Item No:</b> <u>C05.021.027</u>		<b>remarks:</b> Valve 2HP-117 Configuration
<input checked="" type="checkbox"/> NO SCAN      SURFACE      BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw FROM L <u>N/A</u> to L <u>N/A</u> INCHES FROM W0 <u>CL</u> to <u>Beyond</u> ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input checked="" type="checkbox"/> 60    other _____      FROM <u>0</u> DEG to <u>360</u> DEG	Valve 2HP-117 Configuration	
<input type="checkbox"/> NO SCAN      SURFACE      BEAM DIRECTION <input checked="" type="checkbox"/> LIMITED SCAN <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> cw <input checked="" type="checkbox"/> ccw FROM L <u>N/A</u> to L <u>N/A</u> INCHES FROM W0 <u>C/L</u> to <u>Beyond</u> ANGLE: <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 45 <input type="checkbox"/> 60    other _____      FROM <u>0</u> DEG to <u>360</u> DEG	Valve 2HP-117 Configuration	
<input type="checkbox"/> NO SCAN      SURFACE      BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw FROM L _____ to L _____      INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60    other _____      FROM _____ DEG to _____ DEG	Sketch(s) attached <input checked="" type="checkbox"/> yes <input type="checkbox"/> No	
<input type="checkbox"/> NO SCAN      SURFACE      BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw FROM L _____ to L _____      INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60    other _____      FROM _____ DEG to _____ DEG	Sketch(s) attached <input type="checkbox"/> yes <input type="checkbox"/> No	
Prepared By: Winfred Leeper <i>Winfred C. Leeper</i> Level: II      Date: 08/22/2005		Sheet <u>4</u> of <u>4</u>
Reviewed By: David Zimmerman <i>David Zimmerman</i> Date: III 08/22/05		Authorized Inspector: <i>Nancy C. Ritchie Slaughter</i> Date: 8/25/05



# UT Pipe Weld Examination

45 + 52

Site/Unit: Oconee / 2  
 Summary No.: C05.021.028  
 Workscope: ISI

Procedure: NDE-600  
 Procedure Rev.: 16  
 Work Order No.: 98709809

Outage No.: ONS2-21  
 Report No.: UT-05-240  
 Page: 1 of 4

Code: 1998 thru 2000 Addenda Cat./Item: C-F-1/C5.21.28 Location: N/A  
 Drawing No.: 2HP-227 Description: Pipe to Valve (Valve 2HP-148)  
 System ID: 51A  
 Component ID: C05.021.028 /2HP-227-7 Size/Length: N/A Thickness/Diameter: .531 / 4.0  
 Limitations: Yes-See Attached Limitation Report Start Time: 1009 Finish Time: 1026

Examination Surface: Inside  Outside  Surface Condition: AS GROUND  
 Lo Location: 9.1.1.5 Wo Location: Centerline of Weld Couplant: ULTRAGEL II Batch No.: 03125  
 Temp. Tool Mfg.: D.A.S Serial No.: MCNDE32797 Surface Temp.: 99 °F

Cal. Report No.: CAL-05-251, CAL-05-252, CAL-05-253

Angle Used	0	45	45T	60	60L	
Scanning dB			42.5	44.5	59.5	

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

Comments:  
**FC 05-08**

Results: Accept  Reject  Info

Percent Of Coverage Obtained > 90%: No - 37.5% Reviewed Previous Data: Yes

Examiner	Level	Signature	Date	Reviewer	Signature	Date
Leeper, Winfred C.	II	<i>Winfred C. Leeper</i>	8/22/2005	<i>Dan J. Moss</i>		8/24/05
Examiner	Level	Signature	Date	Site Review	Signature	Date
Tucker, David K.	II-N	<i>David K. Tucker</i>	8/22/2005	N/A		
Other	Level	Signature	Date	ANII Review	Signature	Date
N/A	N/A			<i>Nancy C. Ritchie Slougher</i>		8/25/05



## Determination of Percent Coverage for UT Examinations - Pipe

46 + 52

Site/Unit: <u>Oconee / 2</u>	Procedure: <u>NDE-600</u>	Outage No.: <u>ONS2-21</u>
Summary No.: <u>C05.021.028</u>	Procedure Rev.: <u>16</u>	Report No.: <u>UT-05-240</u>
Workscope: <u>ISI</u>	Work Order No.: <u>98709809</u>	Page: <u>2</u> of <u>4</u>

**45 deg**

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

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

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

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

Scan 1	<u>100.000</u> % Length X	<u>0.000</u> % volume of length / 100 =	<u>0.000</u> % total for Scan 1
Scan 2	<u>100.000</u> % Length X	<u>50.000</u> % volume of length / 100 =	<u>50.000</u> % total for Scan 2
Scan 3	<u>                    </u> % Length X	<u>                    </u> % volume of length / 100 =	<u>                    </u> % total for Scan 3
Scan 4	<u>                    </u> % Length X	<u>                    </u> % volume of length / 100 =	<u>                    </u> % total for Scan 4

**Percent complete coverage**

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

37.5 % Total for complete exam

Site Field Supervisor: David K. Zimmerman Date: 8/23/2005

Note: 60°RL scan not included in percent coverage per requirements of 10CFR50.55a(b)(2)(xx)(A)(2). Best effort scan with 60°RL obtained 50.0% coverage in one axial direction.



# Limitation Record

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Site/Unit: Oconee / 2  
 Summary No.: C05.021.028  
 Workscope: ISI

Procedure: NDE-600  
 Procedure Rev.: 16  
 Work Order No.: 98709809

Outage No.: ONS2-21  
 Report No.: UT-05-240  
 Page: 3 of 4

### Description of Limitation:

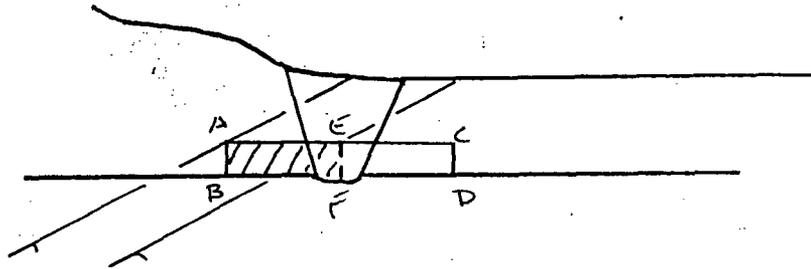
See ISI Limitation Report for details of scan limitations.

### Sketch of Limitation:

$$t = 0.525in$$

AREA OF INTEREST

$$ABCD: 0.175in \times 1.2in = 0.21in^2$$



S1 - VALVE 148

S2 - PIPE

SCAN 1 - NO SCAN 2 0%

$$SCAN 2 - EFCD: 0.175in \times 0.60in = 0.105in^2 / 0.21in^2 (100) = 50\%$$

$$SCAN 3 - EFCD: 0.175in \times 0.60in = 0.105in^2 / 0.21in^2 (100) = 50\%$$

$$SCAN 4 - EFCD: 0.175in \times 0.60in = 0.105in^2 / 0.21in^2 (100) = 50\%$$

SUPPLEMENTAL SCAN - 60° RL

$$SCAN 2 - ABFE: 0.175in \times 0.60in = 0.105in^2 / 0.21in^2 (100) = 50\%$$

Limitations removal requirements:

SCALE: FULL

Radiation field:

Examiner	Level II	Signature	Date	Reviewer	Signature	Date
Leeper, Winfred C.		<i>Winfred C. Leeper</i>	8/22/2005	<i>David K. Tucker III</i>		08/24/05
Examiner	Level II-N	Signature	Date	Site Review	Signature	Date
Tucker, David K.		<i>David K. Tucker</i>	8/22/2005	N/A		
Other	Level N/A	Signature	Date	ANII Review	Signature	Date
N/A				<i>Monica C. Rittner</i>	<i>Shughan</i>	10/24/05

# DUKE POWER COMPANY

## ISI LIMITATION REPORT

Component/Weld ID: 2HP-227-7

Item No: C05.021.028

remarks:

Valve 2HP-148 Configuration

NO SCAN                      SURFACE                      BEAM DIRECTION  
 LIMITED SCAN                       1     2     1     2     cw     ccw  
 FROM L N/A to L N/A                      INCHES FROM W0 CL to Beyond  
 ANGLE:     0     45     60    other \_\_\_\_\_                      FROM 0 DEG to 360 DEG

NO SCAN                      SURFACE                      BEAM DIRECTION  
 LIMITED SCAN                       1     2     -1     2     cw     ccw  
 FROM L N/A to L N/A                      INCHES FROM W0 C/L to Beyond  
 ANGLE:     0     45     60    other \_\_\_\_\_                      FROM 0 DEG to 360 DEG

NO SCAN                      SURFACE                      BEAM DIRECTION  
 LIMITED SCAN                       1     2     1     2     cw     ccw  
 FROM L \_\_\_\_\_ to L \_\_\_\_\_                      INCHES FROM W0 \_\_\_\_\_ to \_\_\_\_\_  
 ANGLE:     0     45     60    other \_\_\_\_\_                      FROM \_\_\_\_\_ DEG to \_\_\_\_\_ DEG

NO SCAN                      SURFACE                      BEAM DIRECTION  
 LIMITED SCAN                       1     2     1     2     cw     ccw  
 FROM L \_\_\_\_\_ to L \_\_\_\_\_                      INCHES FROM W0 \_\_\_\_\_ to \_\_\_\_\_  
 ANGLE:     0     45     60    other \_\_\_\_\_                      FROM \_\_\_\_\_ DEG to \_\_\_\_\_ DEG

Sketch(s) attached  
 yes                       No

Prepared By: Winfred Leeper                      Level: II                      Date: 08/22/2005

Sheet 4 of 4

Reviewed By: David Zimmerman                      Date: 08/22/05

Authorized Inspector: Nancy Ritchie Slaughter                      Date: 8/25/05



# UT Pipe Examination

49 + 52

Site/Unit: Ocone / 2  
 Summary No.: C05.021.073  
 Workscope: ISI

Procedure: NDE-600  
 Procedure Rev.: 16  
 Work Order No.: 98709812

Outage No.: ONS2-21  
 Report No.: UT-05-234  
 Page: 1 of 4

Code: 1998 thru 2000 Addenda Cat./Item: C-F-1/C5.21.73 Location: N/A  
 Drawing No.: 2-51A-28 (3) Description: Tee to Pipe  
 System ID: 51A  
 Component ID: C05.021.073 /2-51A-28-67 Size/Length: N/A Thickness/Diameter: .375 / 2.50  
 Limitations: Yes-See Attached Limitation Report Start Time: 0949 Finish Time: 1008

Examination Surface: Inside  Outside  Surface Condition: AS GROUND  
 Lo Location: 9.1.1.1 Wo Location: Centerline of Weld Couplant: ULTRAGEL II Batch No.: 03125  
 Temp. Tool Mfg.: D.A.S Serial No.: MCNDE32798 Surface Temp.: 101.5 °F

Cal. Report No.: CAL-05-242, CAL-05-243, CAL-05-244

Angle Used	0	45	45T	60	70	
Scanning dB			38	39.2	48	

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

Comments:  
**FC 05-08**

Results: Accept  Reject  Info

Percent Of Coverage Obtained > 90%: No - 79.2%

Reviewed Previous Data: Yes

Examiner	Level	Signature	Date	Reviewed	Signature	Date
Houser, Gayle E.	III	<i>Gayle E. Houser</i>	8/16/2005	<i>Sam Moss</i>		8-17-05
Examiner	Level	Signature	Date	Site Review	Signature	Date
Jones, Russel	II	<i>Russel Jones</i>	8/16/2005	N/A		
Other	Level	Signature	Date	ANII Review	Signature	Date
N/A	N/A			<i>Nancy C.R. Tehel-Slaughter</i>		8/18/05



# Determination of Percent Coverage for UT Examinations - Pipe

50 of 52

Site/Unit: <u>Oconee / 2</u>	Procedure: <u>NDE-600</u>	Outage No.: <u>ONS2-21</u>
Summary No.: <u>C05.021.073</u>	Procedure Rev.: <u>16</u>	Report No.: <u>UT-05-234</u>
Workscope: <u>ISI</u>	Work Order No.: <u>98709812</u>	Page: <u>2</u> of <u>4</u>

### 45 deg

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

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

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

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

Scan 1	<u>100.000</u>	% Length X	<u>72.200</u>	% volume of length / 100 =	<u>72.200</u>	% total for Scan 1
Scan 2	<u>100.000</u>	% Length X	<u>44.400</u>	% volume of length / 100 =	<u>44.400</u>	% total for Scan 2
Scan 3	<u>                    </u>	% Length X	<u>                    </u>	% volume of length / 100 =	<u>                    </u>	% total for Scan 3
Scan 4	<u>                    </u>	% Length X	<u>                    </u>	% volume of length / 100 =	<u>                    </u>	% total for Scan 4

### Percent complete coverage

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

79.150 % Total for complete exam

Site Field Supervisor: David K. Zimmerman *David K. Zimmerman* Date: 8/16/2005

**Note: 70° shear scan not included in percent coverage per requirements of 10CFR50.55a(b)(2)(xx)(A)(2). Best effort scan with 70° shear obtained 55.6% coverage in one axial direction.**



# Limitation Record

51 + 52

Site/Unit: Oconee / 2  
 Summary No.: C05.021.073  
 Workscope: ISI

Procedure: NDE-600  
 Procedure Rev.: 16  
 Work Order No.: 98709812

Outage No.: ONS2-21  
 Report No.: UT-05-234  
 Page: 3 of 4

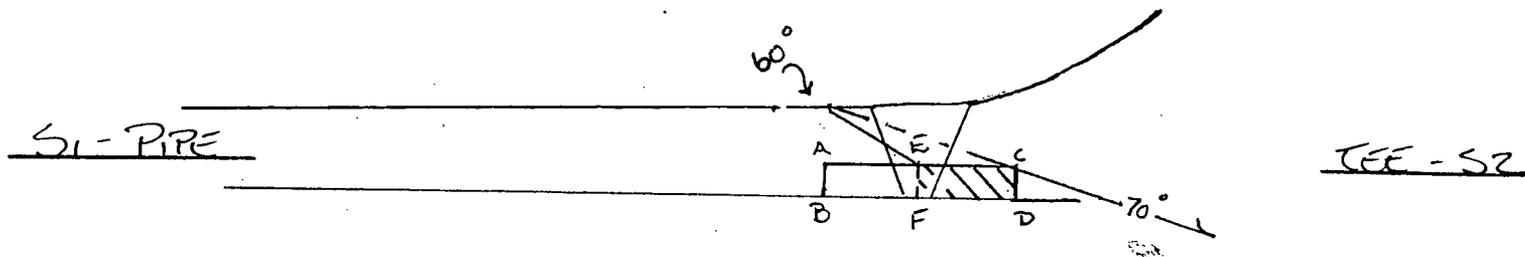
### Description of Limitation:

See ISI LIMITATION REPORT for limited details.

$t = 0.45 \text{ in}$

$l = 9.0 \text{ in (weld length)}$

Sketch of Limitation:



TOTAL AREA - ABCD:  $1.0 \text{ in} \times 0.15 \text{ in} = 0.15 \text{ in}^2$   
 AREA - EFCD:  $0.5 \text{ in} \times 0.15 \text{ in} = 0.075 \text{ in}^2$

TOTAL VOLUME  
 $0.15 \text{ in}^2 \times 9.0 \text{ in} = 1.35 \text{ in}^3$

SCAN 1:  $(1.0 \text{ in} \times 0.15 \text{ in})(4.0 \text{ in}) + (0.5 \text{ in} \times 0.15 \text{ in})(5.0 \text{ in}) = 0.975 \text{ in}^3 / 1.35 \text{ in}^3 (100) = 72.2$

SCAN 2:  $(1.0 \text{ in} \times 0.15 \text{ in})(4.0 \text{ in}) = 0.6 \text{ in}^2 / 1.35 \text{ in} (100) = 44.4\%$

SCAN 3: 100% - No Loss

SCAN 4: 100% - No Loss

SUPPLEMENTAL SCAN (70°):  $(1.0 \text{ in} \times 0.15 \text{ in})(5.0 \text{ in}) = 0.75 \text{ in}^3 / 1.35 \text{ in}^3 (100) = 55.6\%$

Limitations removal requirements:

FULL COVERAGE

PARTIAL COVERAGE

Radiation field:

SCALE: FULL

Examiner	Level	Signature	Date	Reviewer	Signature	Date
Houser, Gayle E.	III	<i>Gayle E. Houser</i>	8/16/2005		<i>David K. Z...</i>	08/16/05
Jones, Russel	II	<i>Russel Jones</i>	8/16/2005	Site Review		N/A
Other	N/A			ANII Review	<i>Nancy C. Ritchie</i>	8/18/05

# DUKE POWER COMPANY

## ISI LIMITATION REPORT

<b>Component/Weld ID:</b> <u>2-51A-28-67</u> <b>Item No:</b> <u>C05.021.073</u>		<b>remarks:</b> Tee Configuration   
<input type="checkbox"/> NO SCAN      SURFACE      BEAM DIRECTION <input checked="" type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw FROM L <u>7.75</u> to L <u>1.25</u> INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input checked="" type="checkbox"/> 60   other _____      FROM _____ DEG to _____ DEG	Tee Configuration   	
<input type="checkbox"/> NO SCAN      SURFACE      BEAM DIRECTION <input checked="" type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw FROM L <u>3.25</u> to L <u>5.75</u> INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input checked="" type="checkbox"/> 60   other _____      FROM _____ DEG to _____ DEG	Tee Configuration   	
<input type="checkbox"/> NO SCAN      SURFACE      BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw FROM L _____ to L _____      INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60   other _____      FROM _____ DEG to _____ DEG	  	
<input type="checkbox"/> NO SCAN      SURFACE      BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw FROM L _____ to L _____      INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60   other _____      FROM _____ DEG to _____ DEG	Sketch(s) attached <input type="checkbox"/> yes <input type="checkbox"/> No	
Prepared By: <u>David Zimmerman</u> Level: <u>III</u> Date: <u>08/16/2005</u>		Sheet <u>4</u> of <u>4</u>
Reviewed By: <u>Jan Moss</u> Date: <u>8-17-05</u>		Authorized Inspector: <u>Nancy C. Ritchie Slough</u> Date: <u>8/18/05</u>