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July 9, 2008

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

SUBJECT: Duke Energy Carolinas, LLC (Duke)  
McGuire Nuclear Station - Unit 2  
Docket No. 50-370  
Inservice Inspection Report

Attached is the Inservice Inspection Report for the end of cycle 18 (EOC-18) refueling outage for McGuire Nuclear Station (MNS), Unit 2. Attachment No. 1 is the Inspection Report performed in accordance with the last outage of the First Inspection Period of the Third 10-Year Inservice Inspection Interval.

#### Reportable Indications

One reportable indication was found on 2RCHP-IN during the RT examination. Plan addenda 2MNS-034 was written to schedule one additional sample examination using ASME Section XI, IWC-2430 requirements of the 1998 Edition of ASME Section XI with the 2000 Addenda. The additional sample was scheduled and performed during EOC-18 and found to be acceptable. The reportable indication found during the RT examination was repaired. No code surveillance inspections are required because the indication was repaired and found acceptable on 4-13-08.

Section 4.4 of the attached report lists the limited examination item numbers. A relief request is under development and will be submitted to the NRC for review and approval to address weld limitations found during this outage.

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

A047  
NRR

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Questions regarding the attached report may be directed to Kay L. Crane at (704) 875-4306.

*Bruce Hamilton* for

Bruce Hamilton

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L. A. Reyes, Regional Administrator  
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Joe Brady  
NRC Senior Resident Inspector  
McGuire Nuclear Station

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bxc: EC050-ELL  
RGC File



# **INSERVICE INSPECTION REPORT**

**Duke Energy Carolinas  
McGuire Nuclear Station  
Unit 2  
Eighteenth Refueling Outage**



**FORM NIS-1 OWNER'S REPORT FOR INSERVICE INSPECTIONS**

**As required by the Provisions of the ASME Code Rules**

1. Owner: Duke Energy Carolinas, 526 S. Church St., Charlotte, NC 28201-1006  
(Name and Address of Owner)
2. Plant: McGuire Nuclear Station, 12700 Hager's Ferry Road Huntersville, N.C. 28078  
(Name and Address of Plant)
3. Plant Unit: 2      4. Owner Certificate of Authorization (if required) N/A
5. Commercial Service Date: March 1, 1984      6. National Board Number for Unit 84
7. Components Inspected:


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

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

- 8. Examination Dates November 12, 2006 to April 13, 2008
- 9. Inspection Period Identification: Second Period
- 10. Inspection Interval Identification: Third Interval
- 11. Applicable Edition of Section XI 1998 Addenda 2000
- 12. Date / Revision of Inspection Plan: June 20, 2006 /Revision 2
- 13. Abstract of Examinations and Tests. Include a list of examinations and tests and a statement concerning status of work required for the Inspection Plan. See Sections 2.0, 3.0 and 6.0
- 14. Abstract of Results of Examinations and Tests. See Section 4.0 and 6.0
- 15. Abstract of Corrective Measures. See Subsection 4.3

We certify that a) the statements made in this report are correct b) the examinations and tests meet the Inspection Plan as required by the ASME Code, Section XI, and c) corrective measures taken conform to the rules of the ASME Code, Section XI.

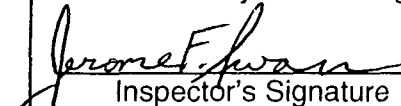
Certificate of Authorization No. (if applicable) N/A Expiration Date N/A

Date JUNE 25, 2008 Signed Duke Energy Carolina's. By   
 Owner

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina employed by \* HSBCT have inspected the components described in this Owner's Report during the period November 12, 2006 to April 13, 2008 and state that to the best of my knowledge and belief, the Owner has performed examinations and tests and taken corrective measures described in this Owner's Report in accordance with the Inspection Plan and as required by the ASME Code, Section XI.

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

 Commissions N.C. 1524 I,N  
 Inspector's Signature National Board, State, Province, and Endorsements

Date July 1, 2008

\* Hartford Steam Boiler of Connecticut  
 200 Ashford Center North  
 Suite 205  
 Atlanta, GA. 30338-4860  
 (800) 417-3721  
 www.hsbct.com

**OWNER'S REPORT  
FOR  
INSERVICE INSPECTIONS**

**MCGUIRE UNIT 2**

**2008 REFUELING OUTAGE 3 / EOC 18  
(Third Interval)**

Plant Location: McGuire Nuclear Station  
12700 Hager's Ferry Road  
Huntersville, North Carolina 28078 - 9340

NRC Docket No. 50-370

National Board No. 84

Commercial Service Date: March 1, 1984

Document Completion Date: 7-1-2008

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

Revision 0

Prepared By:	<u>Jay J. Underwood</u>	Date	<u>6-11-2008</u>
Reviewed By:	<u>Larry C. Keith</u>	Date	<u>6-11-08</u>
Approved By:	<u>Mark G. B.</u>	Date	<u>6-25-08</u>

## DISTRIBUTION LIST

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

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## 1.0 General Information

This report describes the Inservice Inspection of Duke Energy Carolina's McGuire Nuclear Station Unit 2 during Outage 3 / EOC18. This is the first Outage of the Second Inspection Period of the Third Ten-Year Interval. ASME Section XI, 1998 Edition with the 2000 Addenda, was the governing Code for selection and performance of the ISI examinations.

Included in this report are the inspection status for each examination category, the final inservice inspection plan, the inspection results for each item examined, and corrective action(s) taken when reportable conditions were found. In addition, there is an Owner's Report for the Repair / Replacement Section included for completed NIS-2 documentation of repairs and replacements.

## 1.1 Identification Numbers

Item	Manufacturer or Installer	Manufacturer or Installer Serial No.	State or Province No.	National Board No.
Reactor Vessel	Rotterdam	30664	NC-201819	--
Pressurizer	Westinghouse	1491	NC-201818	W10285
Steam Generator 2A	BWI	7700-02	NC-302674	159
Steam Generator 2B	BWI	7700-04	NC-302675	161
Steam Generator 2C	BWI	7700-01	NC-302676	158
Steam Generator 2D	BWI	7700-03	NC-302677	160
Centrifugal Charging Pump	Pacific Pumps	2A - 48584 2B - 48585	N/A	25 28
Containment Spray Heat Exchanger	Delta Southern Co. Joseph Oat & Sons, Inc.	2A-35005-73-3 (2B) 2514	NC-234203 NC-201822	3396 5765
Excess Letdown Heat Exchanger	Westinghouse	1810	NC-234264	1555
Letdown Heat Exchanger	Joseph Oat & Sons, Inc.	2049-2B	NC-201842	553
Reciprocating Charging Pump	Union Pump Co.	N7210318-604	N/A	N/A

1.1 Identification Numbers (Continued)

Item	Manufacturer or Installer	Manufacturer or Installer Serial No.	State or Province No.	National Board No.
Reactor Coolant Pump	Westinghouse	2A 5-114E841G02 2B 6-114E841G02 2C 7-114E841G02 2D 8-114E841G02	N/A	N/A
Reciprocating Charging Pump Accumulator	Metal Bellows Company	74730-002	N/A	002
Reciprocating Charging Pump Suction Stabilizer	Richmond Engineering Supply Co.	N-2409.20	N/A	75220
Residual Heat Removal Heat Exchanger	Joseph Oat & Sons, Inc.	2A 2046-2C 2B 2046-2D	NC-169800 NC-201823	637 638
Safety Injection Pump	Pacific Pumps	2A 49357 2B 49358	N/A	130 131
Regenerative Heat Exchanger	Joseph Oat & Sons, Inc.	2047-2B	NC-201817	628 629 630
Seal Water Heat Exchanger	Atlas Industrial Manufacturing Company	1767	NC 201827	1549
Seal Water Injection Filter	AMF Cuno	2A - 20 2B - 22	N/A	4364 4365
Main Steam Supply to Auxiliary Equipment System	Duke Power Co.	SA	N/A	62
Containment Air Release and Addition System	Duke Power Co.	VQ	N/A	56
Main Steam System	Duke Power Co.	SM	N/A	70
Main Steam Vent to Atmosphere System	Duke Power Co.	SV	N/A	67
Reactor Coolant System	Duke Power Co.	NC	N/A	82



**1.1 Identification Numbers (Continued)**

Item	Manufacturer or Installer	Manufacturer or Installer Serial No.	State or Province No.	National Board No.
Liquid Waste Recycle System	Duke Power Co.	WL	N/A	76
Refueling Water System	Duke Power Co.	FW	N/A	54
Auxiliary Feedwater System	Duke Power Co.	CA	N/A	73
Residual Heat Removal System	Duke Power Co.	ND	N/A	63
Nuclear Service Water System	Duke Power Co.	RN	N/A	60
Chemical & Volume Control System	Duke Power Co.	NV	N/A	80
Component Cooling System	Duke Power Co.	KC	N/A	78
Main Feedwater System	Duke Power Co.	CF	N/A	61
Containment Spray System	Duke Power Co.	NS	N/A	69
Containment Ventilation Cooling Water System	Duke Power Co.	RV	N/A	72
Safety Injection System	Duke Power Co.	NI	N/A	83
Diesel Generator Engine Cooling Water System	Duke Power Co.	KD	N/A	47
Spent Fuel Cooling System	Duke Power Co.	KF	N/A	81
Diesel Generator Engine Lube Oil System	Duke Power Co.	LD	N/A	51
Unit 2	Duke Power Co.	N/A	N/A	84

## **1.2 Personnel, Equipment and Material Certifications**

All personnel who performed or evaluated the results of inservice inspections during the time frame bracketed by the examination dates shown on the NIS-1 Form were certified in accordance with the requirements of the 1998 Edition of ASME Section XI with the 2000 addenda including Appendix VII for ultrasonic inspections. In addition, ultrasonic examiners were qualified in accordance with ASME Section XI, Appendix VIII, and the 1998 Edition with the 2000 Addenda through the Performance Demonstration Initiative (PDI) for Supplements 2, 3, 4, 6, 8, and 10. Preservice examinations of weld overlays were conducted in accordance with Code Case N-504-2 including non-mandatory Appendix Q.

The appropriate certification records for each inspector, calibration records for inspection equipment, and records of materials used (i.e. NDE consumables) are on file at McGuire Nuclear Station or copies may be obtained by contacting Duke Energy Carolina's Corporate Office in Charlotte, North Carolina.

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

## **1.3 Reference Documents**

The following reference documents apply to the inservice inspections performed during this report period. A copy may be obtained by contacting the ISI Plan Manager at Duke's Corporate Office in Charlotte, North Carolina:

1. Code Case N-460 (Applicable to items in this report where less than 100% coverage of the required weld examination volume was achieved.) These items are identified on Inspection Results that are located in Section 4.0 of this report.
2. Problem Investigation Process M-07-0323 and M-08-1192 (Covers categorizing Containment Spray Heat Exchanger Support Lugs M2.D1.10.0023).
3. Problem Investigation Process M-08-2342 and M-08-3061 (Covers inspection discrepancies and limitation for hanger 2MCR-NC-4292 (M2.F1.10.0003).
4. Problem Investigation Process M-08-1705 (Covers rejectable indications and limitations on 2RCHP-IN (M2.R1.11.0279). Addresses additional sample of 2RCHPSS-OUT-1 (M2.R1.11.0278).
5. RFR 03-002 (Class 1, 2 and 3 snubber examination under station technical specification)

6. RFR 01-005 (Risk Informed Inservice Inspection Program Submittal)
7. RFR 01-008 (Risk Informed ISI Alternative to Use VT-2 Instead of Volumetric Examination of Socket Welds)

#### 1.4 **Augmented and Elective Examinations**

Augmented and elective examination information found within this Inservice Inspection Report is not required by the ASME Section XI Code; therefore, it is exempt from ANII review, verification, and / or record certification.

#### 1.5 **Responsible Inspection Agency**

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

#### **Authorized Nuclear Inservice Inspector(s)**

Name: J.F. Swan

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

## 2.0 Third Ten-Year Interval Inspection Status

The completion status of inspections required by the 1998 Edition of ASME Section XI with the 2000 addenda is summarized in this section. The requirements are listed by the ASME Section XI Examination Category as defined in Table IWB-2500-1 for Class 1 Inspections, Table IWC-2500-1 for Class 2 Inspections, and IWF-2500-1 for Class 1, 2 and 3 Component Supports. Augmented, Elective, and Risk Informed Inspections are also included.

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

### Class 1 Inspections

<i>Examination Category</i>	<i>Description</i>	<i>Inspections Required</i>	<i>Inspections Completed</i>	<i>Percentage Completed</i>	<i><sup>1</sup>Deferral Allowed</i>
B-A	Pressure Retaining Welds in Reactor Vessel	15	3	20.00%	Yes
B-B	Pressure Retaining Welds in Vessels Other than Reactor Vessel	5	1	20.00%	No
B-D	Full Penetration Welded Nozzles in Vessels Inspection Program B	36	10	27.77%	Partial
B-F	Pressure Retaining Dissimilar Metal Welds in Vessel Nozzles	Reference Risk Informed Program R01. Items			
B-G-1	Pressure Retaining Bolting Greater than 2" in Diameter	241	89	36.92%	Yes
B-G-2	Pressure Retaining Bolting 2" and Less in Diameter	22	8	36.36%	No

**Class 1 Inspections (Continued)**

<i>Examination Category</i>	<i>Description</i>	<i>Inspections Required</i>	<i>Inspections Completed</i>	<i>Percentage Completed</i>	<i><sup>1</sup>Deferral Allowed</i>
B-J	Pressure Retaining Welds in Piping	Reference Risk Informed Program R01. Items			No
B-K	Welded Attachments for Vessels, Piping, Pumps and Valves	6	4	66.66%	No
B-L-1	Pressure Retaining Welds in Pump Casings	N/A	N/A	N/A	Yes
B-L-2	Pump Casings	1	0	00.00%	Yes
B-M-1	Pressure Retaining Welds in Valve Bodies	N/A	N/A	N/A	Yes
B-M-2	Valve Body > 4 in. Nominal Pipe Size	9	3	33.33%	Yes
B-N-1	Interior of Reactor Vessel	3	2	66.66%	No
B-N-2	Welded Core Support Structures and Interior Attachments to Reactor Vessel	2	0	00.00%	Yes
B-N-3	Removable Core Support Structures	1	0	00.00%	Yes
B-O	Pressure Retaining Welds in Control Rod Housings	3	1	33.33%	Yes
B-P	All Pressure Retaining Components	REFERENCE SECTION 6.0 OF THIS REPORT			
B-Q	Steam Generator Tubing	See Note below			
F-A F01.010	Class 1 Component Supports (Code Case N-491)	58	26	44.82%	No

**Note: Steam Generator Tubing is examined and documented by the Steam Generator Maintenance Group of the Station Support Division as required by the Station Technical Specifications and is not included in this report.**

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

### Class 2 Inspections

<i>Examination Category</i>	<i>Description</i>	<i>Inspections Required</i>	<i>Inspections Completed</i>	<i>Percentage Completed</i>	<i>Deferral Allowed</i>
C-A	Pressure Retaining Welds in Pressure Vessels	28	*3	*10.71%	No
C-B	Pressure Retaining Nozzle Welds in Vessels	11	5	45.45%	No
C-C	Welded Attachments for Vessels, Piping, Pumps and Valves	17	8	47.05%	No
C-D	Pressure Retaining Bolting Greater Than 2" in Diameter	N/A	N/A	N/A	N/A
C-F-1	Pressure Retaining Welds in Austenitic Stainless Steel or High Alloy Piping	Reference Risk Informed Program R01. Items			
C-F-2	Pressure Retaining Welds in Carbon or Low Alloy Steel Piping	Reference Risk Informed Program R01. Items			
C-G	Pressure Retaining Welds in Pumps and Valves	7	4	57.14%	No
C-H	All Pressure Retaining Components	REFERENCE SECTION 6.0 OF THIS REPORT			
F-A F01.020	Class 2 Component Supports (Code Case N-491)	229	109	47.59%	No

\* Seven (7) welds were scheduled for examination in period one and three (3) were examined. The four (4) that were not examined were welds in the Regenerative Heat Exchanger. In previous intervals, relief from examination of these welds was granted based on hardship associated with radiation exposure. A similar relief request may be submitted for this interval or, alternatively, these welds may be eliminated from scope using Code Case N-706.

### Additional Component Support Examinations Class 1, 2 and 3

<i>Examination Category</i>	<i>Description</i>	<i>Inspections Required</i>	<i>Inspections Completed</i>	<i>Percentage Completed</i>	<i>Deferral Allowed</i>
F-A F01.040	Supports other than Piping Supports Class 1, 2 & 3	42	22	52.38%	No
F-A F01.050	Component Supports Snubbers Class 1, 2 & 3			*	No

\*Inspections to be performed per Relief Request 03-002

### Risk Informed Inservice Inspection Program Class 1 and 2

<i>Examination Category</i>	<i>Description</i>	<i>Inspections Required</i>	<i>Inspections Completed</i>	<i>Percentage Completed</i>	<i>Deferral Allowed</i>
R-A	Piping Examinations Class 1 and 2	89	37	41.57%	No

### Weld Overlay Section XI Appendix Q

<i>Examination Category</i>	<i>Description</i>	<i>Inspections Required</i>	<i>Inspections Completed</i>	<i>Percentage Completed</i>	<i>Deferral Allowed</i>
M2.Q1.1	Weld Overlay	6	6	100%	No

### Augmented / Elective Inspections

<i>Summary Number</i>	<i>Description</i>	<i>Percentage Complete</i>
M2.G1.1	Reactor Coolant Pump Flywheels	100% of Outage 3/EOC-18 Requirements Met
M2.G2.1	RPV Closure Head Studs and Nuts per Nuclear Guide 1.65	No examinations required for Outage 3/EOC-18
M2.G3.1	Pipe Rupture Protection	100% of Outage 3/EOC-18 Requirements Met
M2.G5.1	RPV Head Penetration Nozzles	No examinations required for Outage 3/EOC-18
M2.G5.2	RPV Vent Line	No examinations required for Outage 3/EOC-18

## Augmented / Elective Inspections Continued

<i>Summary Number</i>	<i>Description</i>	<i>Percentage Complete</i>
M2.G6.2	Pressurizer Manway	100% of Outage 3/EOC-18 Requirements Met



### 3.0 Final Inservice Inspection Plan

The final Inservice Inspection Plan shown in this section lists all ASME Section XI Class 1, Class 2, Class 3 Augmented and Risk Informed examinations credited for this report period.

The information shown below is a field description for the reporting format included in this section of the report:

SUMMARY NUMBER	=	ASME Section XI Tables IWB-2500-1 (Class 1), IWC-2500-1 (Class 2), IWF-2500-1 (Class 1 and Class 2 ), Augmented Requirements
ID NUMBER	=	Unique Identification Number
SYS	=	Component System Identification
ISO / DWG NUMBERS	=	Location and / or Detail Drawings
PROC	=	Examination Procedures
INSP REQ	=	Examination Technique – Magnetic Particle, Dye Penetrant, etc.
MAT/ SCH	=	General Description of Material
DIA / THICK	=	Diameter / Thickness
CAL BLOCKS	=	Calibration Block Number
COMMENTS	=	General and / or Detail Description

**DUKE ENERGY**  
**NUCLEAR TECHNICAL SERVICES**  
**Inservice Inspection Database Management System**  
**Plan Report**  
**McGuire 2, 3rd Interval, Outage 3 (EOC-18)**

ScheduleWorks

This report includes all changes through addendum 2MNS-037

Summary Num Component ID / Type	System	ISO/DWG Numbers	Procedure	Insp Req	Mat	Sched Thick/Dia	Cal Blocks	Comments / Historical Data
<u>Category</u> <b>AUG</b>								
M2.G1.1.0004								G01.001.004, G01.001.004A
2RCP-2D	NC  Class 1	MCM 1201.01-7 MC1201.01-7, MC-ISIN3- 2553-01.00 MCM 1201.01-0080	NDE-900	UT	CS	0.000 / 0.000	Component	<p>REACTOR COOLANT PUMP FLYWHEEL AUGMENTED EXAMINATION. REFERENCE NRC LETTER DATED AUGUST 5, 2004 AMENDMENT NO. 205 TO RENEW FACILITY OPERATING LICENSE NPF-17. THIS AMENDMENT REVISES TS 5.5.7 REACTOR COOLANT PUMP FLYWHEEL INSPECTION PROGRAM TO INCREASE THE INSPECTION INTERVAL FROM 10 TO NOT EXCEED 20 YEARS. PER NOTE FROM STEVE ROSENAU DATED 10/29/2004 THE SCHEDULE IS AS FOLLOWS: 2RCP-2A WILL BE DONE 2EOC-24, LAST UT EXAM 3/28/1999 (ON 2A PUMP), 2RCP-2B WILL BE DONE 2EOC-22, LAST UT EXAM 1/1/1996 (ON 1D PUMP), 2RCP-2C WILL BE DONE 2EOC-24, LAST UT EXAM 9/23/1999 (ON 1C PUMP), 2RCP-2D WILL BE DONE 2EOC-24, LAST UT EXAM 6/10/1998 (ON 1B PUMP) IT SHOULD BE NOTED THAT THE FLYWHEELS HAVE BEEN MOVED AROUND AND EXAMINATION DATE MAY NOT APPLY TO THE CURRENT PUMP LOCATION. THSES OUTAGES EXCEPT 2EOC-22 (3RD INTERVAL) WILL BE PART OF THE FOURTH INTERVAL AND THEY MUST BE INCLUDED WHEN THE ISI PLAN IS WRITTEN. NOTE: ANY REACTOR COOLANT PUMP REMOVED FROM SERVICE BEFORE THIS TIME SHOULD BE EXAMINED BEFORE REMOVAL, PSI DONE ON THE REPLACEMENT AND THE SCHEDULE WILL BE RECALCULATED FOR THE NEW 20 YEAR EXAMINATION DATE.</p> <p>2RCP-2D was examined EOC-18 (2008). The 20 year examination date will be rescheduled to start from this inspection date.</p>

This report includes all changes through addendum 2MNS-037

McGuire 2, 3rd Interval, ou 3 (EOC-18)

Summary Num Component ID / Type	System	ISO/DWG Numbers	Procedure	Insp Req	Mat	Sched	Thick/Dia	Cal Blocks	Comments / Historical Data
<b>Category AUG</b>									
M2.G3.1.0001									G03.001.004, G03.001.004A
2NC2FW22-7 Circumferential	NC Class 1	MCFI-2NC22 MC-ISIN3-2553-01.00	NDE-35	PT	SS		1.000 / 10.000		AUGMENTED EXAMINATION. REFERENCE DOCUMENT SRG-78-001 REV.2 (DISTRIBUTION CODE MADM-257). SEE SECTION 8 FOR CALIBRATION BLOCK REQUIREMENTS.
Pipe to Elbow									
M2.G3.1.0001									G03.001.004, G03.001.004A
2NC2FW22-7 Circumferential	NC Class 1	MCFI-2NC22 MC-ISIN3-2553-01.00	PDI-UT-2	UT	SS		1.000 / 10.000	Component PDI-UT-2-M	AUGMENTED EXAMINATION. REFERENCE DOCUMENT SRG-78-001 REV.2 (DISTRIBUTION CODE MADM-257). SEE SECTION 8 FOR CALIBRATION BLOCK REQUIREMENTS.
Pipe to Elbow									
M2.G6.2.0001									
2PZR-Manway	NC Class 1	MCM 1201.01-140	NDE-68	VT-2					Pressurizer Manway Diaphragm Seal Weld. Bare Metal Visual Exam by VT-2 qualified Inspector. Examine the gap between the Pressurizer Manway Cover and Manway for evidence of diaphragm plate seal weld leakage. (For responsible Individual, contact J.M. Shuping, Alloy 600 Engineer Nuclear Technical Services). Reference NRC Bulletin 2004-01.
Pressurizer Manway									
<b>Category B-D</b>									
M2.B3.140.0005									B03.140.005
2SGC-INLET Circumferential	NC Class 1	MCM 2201.01-0216 MCM 2201.01-0207	NDE-680	UT	CS		6.500 / 0.000	50235	STEAM GENERATOR 2C INLET NOZZLE TO LOWER HEAD. Y1-X2 QUADRANT. (INSIDE RADIUS SECTION).
Nozzle To Head									
M2.B3.140.0006									B03.140.006
2SGC-OUTLET Circumferential	NC Class 1	MCM 2201.01-0216 MCM 2201.01-0207	NDE-680	UT	CS		6.500 / 0.000	50235	STEAM GENERATOR 2C OUTLET NOZZLE TO LOWER HEAD. Y2-X2 QUADRANT. (INSIDE RADIUS SECTION).
Nozzle To Head									

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Summary Num Component ID / Type	System	ISO/DWG Numbers	Procedure	Insp Req	Mat	Sched	Thick/Dia	Cal Blocks	Comments / Historical Data
<b>Category B-G-2</b>									
M2.B7.20.0001 2PZR-MWB	NC Class 1	MCM 2201.01.015 MC-ISIN-2553-02.00 MCM 1201.01-0048	NDE-62	VT-1	CS		7.500 / 1.875		PRESSURIZER MANAWAY BOLTING (16 BOLTS). EXAMINE ALL BOLTING MATERIAL. Bolting may be examined in place.
M2.B7.50.0001 2NC53-FL1	NC Class 1	MCFI-2NC53 MC-ISIN3-2553-02.00	NDE-62	VT-1	SS		8.000 / 1.375		FLANGE BOLTING (12 STUDS). BOLT SIZE DETERMINED USING MP/0/A/7650/01 ENCLOSURE 13.2. EXAMINE ALL FLANGE BOLTING MATERIAL. Bolting may be examined in place.
M2.B7.50.0002 2NC53-FL2	NC Class 1	MCFI-2NC53 MC-ISIN3-2553-02.00	NDE-62	VT-1	SS		8.000 / 1.375		FLANGE BOLTING (12 STUDS). BOLTING SIZE DETERMINED USING MP/0/A/7650/01 ENCLOSURE 13.2. EXAMINE ALL FLANGE BOLTING MATERIAL. Bolting may be examined in place.
M2.B7.50.0003 2NC53-FL3	NC Class 1	MCFI-2NC53 MC-ISIN3-2553-02.00	NDE-62	VT-1	SS		8.000 / 1.375		FLANGE BOLTING (12 STUDS). BOLTING SIZE DETERMINED USING MP/0/A/7650/01 ENCLOSURE 13.2. EXAMINE ALL FLANGE BOLTING MATERIAL. Bolting may be examined in place.
<b>Category B-K</b>									
M2.B10.10.0002 2PZR-W13A	NC Class 1	MCM 2201.01-16 MC-ISIN3-2553-02.00 MCM 1201.01-0048	NDE-25	MT	CS		4.000 / 4.000		WELDED ATTACHMENT. PRESSURIZER SEISMIC LUG TO SHELL. Y-Z QUADRANT. PT MAY BE USED IN PLACE OF MT IF NECESSARY
									SEISMIC LUG to SHELL
M2.B10.10.0003 2PZR-W13B	NC Class 1	MCM 2201.01-16 MC-ISIN3-2553-02.00 MCM 1201.01-0048	NDE-25	MT	CS		4.000 / 4.000		WELDED ATTACHMENT. PRESSURIZER SEISMIC LUG TO SHELL. X-Y QUADRANT. PT may be used in place of MT if necessary.
									SEISMIC LUG to SHELL

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Summary Num Component ID / Type	System	ISO/DWG Numbers	Procedure	Insp Req	Mat	Sched	Thick/Dia	Cal Blocks	Comments / Historical Data
<b>Category B-M-2</b>									
M2.B12.50.0024									B12.050.006E, B12.050.007E
2NI-175	NI Class 1	MCFI-2NI114 MC-ISIN3-2562-03.01 MCM 1205.00-0005	NDE-64	VT-3	SS		0.000 / 6.000		GROUP 7. 6" CRANE-ALOYCO CHECK VALVE. INSPECT ONE OF THE FOLLOWING VALVES IN GROUP 7: 2NI-126, 2NI-134, 2NI-852, 2NI-853, 2NI-175, 2NI-176, AND 2NI-181 ONLY IF DISASSEMBLED FOR MAINTENANCE, REPAIR, OR VOLUMETRIC EXAMINATION. Group 7 has been completed for the Third Interval
M2.B12.50.0026									B12.050.007A, B12.050.007G
2NI-180	NI Class 1	MCFI-2NI115 MC-ISIN3-2562-03.01 MCM 1205.36-0028	NDE-64	VT-3	SS		0.000 / 6.000		GROUP 8. 6" WESTINGHOUSE SWING CHECK VALVE. INSPECT THE FOLLOWING VALVE IN GROUP 8: 2NI-180 ONLY IF DISASSEMBLED FOR MAINTENANCE, REPAIR, OR VOLUMETRIC EXAMINATION. Group 8 has been completed for the Third Interval
<b>Category B-N-1</b>									
M2.B13.10.0001									B13.010.001
2RPV-INTERIOR	NC Class 1	MCM 2201.01-0001 MC-ISIN3-2553-01.00	NDE-63	VT-3	SS		0.000 / 0.000		REACTOR VESSEL INTERIOR. AREAS TO BE EXAMINED SHALL INCLUDE THE SPACES ABOVE AND BELOW THE REACTOR CORE THAT ARE MADE ACCESSIBLE FOR EXAMINATION BY REMOVAL OF COMPONENTS DURING NORMAL REFUELING OUTAGES. INSPECT EACH INSPECTION PERIOD. THIS EXAMINATION WAS PERFORMED FOR THE SECOND INTERVAL PER RFR-03-004. EXAMINATION ALSO PERFORMED FOR 2EOC-16/OUTAGE 1, WILL REPORT BUT WILL NOT COUNT FOR PERCENTAGE PURPOSE. EXAMINATION WILL BE PERFORMED 2EOC-17/OUTAGE 2 AND WILL REPORT FOR PERCENTAGES AT THAT TIME.
<b>Category C-B</b>									
M2.C2.11.0005									C02.011.001
2RCHPSS-INLET Circumferential	NV Class 2	MCM 1201.04-272 MC-ISIN3-2554-03.00	NDE-35	PT	SS		0.375 / 4.000		RECIPROCATING CHARGING PUMP SUCTION STABILIZER.  Inlet Nozzle to SHELL

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McGuire 2, 3rd Interval, ou. 3 (EOC-18)

Summary Num Component ID / Type	System	ISO/DWG Numbers	Procedure	Insp Req	Mat	Sched Thick/Dia	Cal Blocks	Comments / Historical Data
<b>Category C-B</b>								
M2.C2.11.0006 2RCHPSS-OUTLET Circumferential	NV Class 2	MCM 1201.04-272 MC-ISIN3-2554-03.00	NDE-35	PT	SS	0.375 / 4.000		RECIPROCATING CHARGING PUMP SUCTION STABLIZER.  Outlet Nozzle to SHELL
<b>Category C-C</b>								
M2.C3.10.0008 2NSHX-SUPPORT-2B	NS Class 2	MCM 1201.06-0090 MC-ISIN3-2563-01.00 MCM 1201.06-093	NDE-35	PT	SS	0.750 / 0.000		Containment Spray Heat Exchanger 2B Support Welded Attachment. With Heat Exchangers 2A and 2B being manufactured by two different vendors using two different designs, we will examine both to meet Class 2 requirements. This surface exam will include the base metal and weld surfaces of the seismic lugs, stiffening ring (around the entire periphery of the heat exchanger), and heat exchanger exterior surface, including welds within the lug and stiffening ring, that lie within the surface examination boundaries shown in Figure IWC- 2500-5. Reference PIPS M-07-00323, M-08- 1192 and Work Request #947475.
M2.C3.10.0009 2SWIF-SUPPORT-2B	NV Class 2	MCM 1201.04-27 MC-ISIN3-2554-03.00 MC-1223-1	NDE-35	PT	SS	0.375 / 0.000		SEAL WATER INJECTION FILTER 2B SUPPORT. WELDED ATTACHMENT.
M2.C3.20.0026 2MCA-NV-5647 Mech Snubber	NV Class 2	MCSR-2ND-350/sht. 7 MC-ISIN3-2554-03.01 2MCA-NV-5647	NDE-35	PT	SS	0.125 / 8.000		WELDED ATTACHMENT. INSPECT WITH M2.F1.20.0119.  Mech Snubber
<b>Category C-G</b>								
M2.C6.20.0029 2CF0026AB-1 Circumferential	CF Class 2	MCM 1205.23-0004 MC-ISIN3-2591-01.01	NDE-35	PT	CS	0.000 / 16.000		ITEM # FWI-003. INSPECT ONE VALVE IN THIS GROUP (1A-1D) PER INTERVAL. PT may be used in place of MT if necessary.  Valve Body To Valve Body
M2.C6.20.0047 2ND0070-1 Circumferential	ND Class 2	MCM 2205.00-0005 MC-ISIN3-2561-01.00	NDE-35	PT	SS	0.477 / 8.000		ITEM # 9D-216. INSPECT ONE VALVE IN THIS GROUP (4A-4D) PER INTERVAL.  Valve Body To Valve Body

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Summary Num Component ID / Type	System	ISO/DWG Numbers	Procedure	Insp Req	Mat	Sched Thick/Dia	Cal Blocks	Comments / Historical Data
<b>Category D-A</b>								
M2.D1.10.0022 2NDHX-SUPPORT-2A	ND Class 3	MCM 1201.06-22 MC-ISIN3-2561-01.00 MCM 1201.06-48, MC 1220-32	NDE-65	VT-1	NA	0.750 / 0.000		2A RESIDUAL HEAT REMOVAL HEAT EXCHANGER SUPPORT WELDED ATTACHMENT. EXAMINE SEISMIC LUG AT TOP OF ND HEAT EXCHANGER 2A. EXAMINE WITH M2.F1.40.0074. REFERENCE PIP M-07-323.
M2.D1.10.0023 2NSHX-SUPPORT-2B	NS Class 3	MCM 1201.06-0090 MC-ISIN3-2563-01.00 MC 1220-32, MC 1220-103	NDE-65	VT-1	NA	0.750 / 0.000		2B CONTAINMENT SPRAY HEAT EXCHANGER SUPPORT WELDED ATTACHMENT. EXAMINE WITH M2.F1.40.0080. SINCE "HX A" & "HX B" ARE OF DIFFERENT DESIGN, BOTH WILL BE EXAMINED. REFERENCE PIP M-07-323. Examine Welded Attachments, Support Lugs located on Class C side below the bottom Tube Sheet. The Seismic Lugs were visually examined EOC-18/Outage 3 under this Summary Number but have been re-categorized to Summary Number M2.C3.10.0008.
M2.D1.10.0024 2NSHX-SUPPORT-2A	NS Class 3	MCM 1201.06-0025, MC 1220-32, MC-ISIN3-2563-01.00 MCM 1201.06-093, MC 1220-103	NDE-65	VT-1	NA	0.750 / 0.000		2A CONTAINMENT SPRAY HEAT EXCHANGER SUPPORT WELDED ATTACHMENT. EXAMINE SEISMIC TIE DOWN LUGS AT TOP OF NS HEAT EXCHANGER 2A. EXAMINE WITH M2.F1.40.0092. SINCE "HX A" & "HX B" ARE OF DIFFERENT DESIGN, BOTH WILL BE EXAMINED. REFERENCE PIP M-07-323.
M2.D1.10.0026 2NSHX-SUPPORT-2A	NS Class 3	MCM 1201.06-0025, MC 1220-32, MC-ISIN3-2563-01.00 MCM 1201.06-093, MC 1220-103	NDE-65	VT-1	NA	0.750 / 0.000		2A CONTAINMENT SPRAY HEAT EXCHANGER SUPPORT WELDED ATTACHMENT. EXAMINE SUPPORT LUGS AND RING. EXAMINE WITH M2.F1.40.0092. SINCE "HX A" & "HX B" ARE OF DIFFERENT DESIGN, BOTH WILL BE EXAMINED.
<b>Category F-A</b>								
M2.F1.10.0004 2MCR-NC-4293 Mech Snubber	NC Class 1	MCSR-2NC-203/sht. 1	NDE-66	VT-3	NA	0.000 / 6.000		F01.010.004C  Mech Snubber

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Summary Num Component ID / Type	System	ISO/DWG Numbers	Procedure	Insp Req	Mat	Sched	Thick/Dia	Cal Blocks	Comments / Historical Data
<b>Category F-A</b>									
M2.F1.10.0005 2MCR-NC-4289 Spring Hgr	NC Class 1	MCSR-2NC-203/sht. 1	NDE-66	VT-3	NA		0.000 / 4.000		F01.010.005C
									Spring Hgr
M2.F1.10.0040 2MCR-NV-4779 Spring Hgr	NV Class 1	MCSR-2NV-204/sht. 1	NDE-66	VT-3	NA		0.000 / 2.000		F01.010.101C
									Spring Hgr
M2.F1.10.0049 2MCR-NV-4380 Rigid Restraint	NV Class 1	MCSR-2NV-209/sht. 1	NDE-66	VT-3	NA		0.000 / 2.000		F01.010.110B
									Rigid Restraint
M2.F1.10.0142 2MCR-NI-4730 Rigid Support	NI Class 1	MCSR-2NI-209/sht. 2	NDE-66	VT-3	NA		0.000 / 2.000		F01.010.092A, F01.010.6164
									Rigid Support
M2.F1.10.0161 2MCR-NV-4103 Rigid Support	NV Class 1	MCSR-2NV-206/sht. 1	NDE-66	VT-3	NA		0.000 / 2.000		F01.010.111A, F01.010.6202
									Rigid Support
M2.F1.10.0178 2MCR-NV-4406 Mech Snubber	NV Class 1	MCSR-2NV-204/sht. 1	NDE-66	VT-3	NA		0.000 / 4.000		F01.010.114C, F01.010.6233
									Mech Snubber
M2.F1.20.0061 2MCR-NI-4026 Hyd Snubber	NI Class 2	MCSR-2NI-201/sht. 1	NDE-66	VT-3	NA		0.000 / 6.000		F01.020.154C
									Hyd Snubber
M2.F1.20.0062 2MCR-NI-4017 Mech Snubber	NI Class 2	MCSR-2NI-201/sht. 2	NDE-66	VT-3	NA		0.000 / 6.000		F01.020.155C
									Mech Snubber



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Summary Num Component ID / Type	System	ISO/DWG Numbers	Procedure	Insp Req	Mat	Sched	Thick/Dia	Cal Blocks	Comments / Historical Data
<b>Category F-A</b>									
M2.F1.20.0086 2MCR-NS-4516 Rigid Support	NS Class 2	MCSR-2NS-201/sht. 1	NDE-66	VT-3	NA		0.000 / 8.000		F01.020.201A
									Rigid Support
M2.F1.20.0091 2MCR-NS-4616 Rigid Restraint	NS Class 2	MCSR-2NS-203/sht. 1	NDE-66	VT-3	NA		0.000 / 8.000		F01.020.206B
									Rigid Restraint
M2.F1.20.0092 2MCR-NS-4614 Rigid Restraint	NS Class 2	MCSR-2NS-203/sht. 1	NDE-66	VT-3	NA		0.000 / 8.000		F01.020.207B
									Rigid Restraint
M2.F1.20.0095 2MCR-NS-4665 Rigid Restraint	NS Class 2	MCSR-2NS-204/sht. 1	NDE-66	VT-3	NA		0.000 / 8.000		F01.020.210A, F01.020.210B
									Rigid Restraint
M2.F1.20.0096 2MCR-NS-4701 Rigid Restraint	NS Class 2	MCSR-2NS-205/sht. 1	NDE-66	VT-3	NA		0.000 / 8.000		F01.020.211B
									Rigid Restraint
M2.F1.20.0097 2MCR-NS-4710 Rigid Restraint	NS Class 2	MCSR-2NS-205/sht. 1	NDE-66	VT-3	NA		0.000 / 8.000		F01.020.212B
									Rigid Restraint
M2.F1.20.0098 2MCR-NS-4715 Rigid Restraint	NS Class 2	MCSR-2NS-205/sht. 1	NDE-66	VT-3	NA		0.000 / 8.000		F01.020.213B
									Rigid Restraint
M2.F1.20.0099 2MCR-NS-4759 Rigid Restraint	NS Class 2	MCSR-2NS-206/sht. 1	NDE-66	VT-3	NA		0.000 / 8.000		F01.020.214B
									Rigid Restraint

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Summary Num Component ID / Type	System	ISO/DWG Numbers	Procedure	Insp Req	Mat	Sched	Thick/Dia	Cal Blocks	Comments / Historical Data
<b>Category F-A</b>									
M2.F1.20.0100 2MCR-NS-4757 Rigid Support	NS Class 2	MCSR-2NS-206/sht. 1	NDE-66	VT-3	NA		0.000 / 8.000		F01.020.215A  Rigid Support
M2.F1.20.0101 2MCR-NS-4765 Rigid Restraint	NS Class 2	MCSR-2NS-206/sht. 1	NDE-66	VT-3	NA		0.000 / 8.000		F01.020.216B  Rigid Restraint
M2.F1.20.0102 2MCA-NS-5008 Rigid Restraint	NS Class 2	MCSR-2NS-350/sht. 1	NDE-66	VT-3	NA		0.000 / 10.000		F01.020.217B  Rigid Restraint
M2.F1.20.0103 2MCA-NS-5102 Rigid Support	NS Class 2	MCSR-2NS-351/sht. 1	NDE-66	VT-3	NA		0.000 / 10.000		F01.020.218A  Rigid Support
M2.F1.20.0104 2MCA-NS-5107 Rigid Restraint	NS Class 2	MCSR-2NS-351/sht. 1	NDE-66	VT-3	NA		0.000 / 10.000		F01.020.219B  Rigid Restraint
M2.F1.20.0105 2MCA-NS-5116 Rigid Support	NS Class 2	MCSR-2NS-351/sht. 1	NDE-66	VT-3	NA		0.000 / 10.000		F01.020.220A  Rigid Support
M2.F1.20.0106 2MCA-NS-5202 Rigid Support	NS Class 2	MCSR-2NS-352/sht. 1	NDE-66	VT-3	NA		0.000 / 10.000		F01.020.221A  Rigid Support
M2.F1.20.0107 2MCA-NS-5260 Spring Hgr	NS Class 2	MCSR-2NS-352/sht. 1	NDE-66	VT-3	NA		0.000 / 10.000		F01.020.222C  Spring Hgr
M2.F1.20.0117 2-MCA-S-NV-521-1-A Rigid Support	NV Class 2	2-MCA-S-NV-521-1	NDE-66	VT-3	NA		0.000 / 4.000		F01.020.257A  Rigid Support

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Summary Num Component ID / Type	System	ISO/DWG Numbers	Procedure	Insp Req	Mat	Sched	Thick/Dia	Cal Blocks	Comments / Historical Data
<u>Category</u> F-A									
M2.F1.20.0119 2MCA-NV-5647 Mech Snubber	NV Class 2	MCSR-2ND-350/sht. 7	NDE-66	VT-3	NA		0.125 / 8.000		F01.020.259C INSPECT WITH M2.C3.20.0026.
									Mech Snubber
M2.F1.20.0120 2MCA-NV-7046 Rigid Restraint	NV Class 2	MCSR-2ND-350/sht. 7	NDE-66	VT-3	NA		0.000 / 8.000		F01.020.260B
									Rigid Restraint
M2.F1.20.0128 2MCR-NV-4101 Rigid Support	NV Class 2	MCSR-2NV-206/sht. 1 MC-ISIN3-2554-01.00 2MCR-NV-4101	NDE-66	VT-3	NA		0.600 / 2.000		F01.020.268A
									Rigid Support
M2.F1.20.0129 2MCR-NV-4576 Rigid Restraint	NV Class 2	MCSR-2NV-224/sht. 1	NDE-66	VT-3	NA		0.000 / 2.000		F01.020.269B
									Rigid Restraint
M2.F1.20.0159 2MCR-RN-4537 Rigid Support	RN Class 2	MCSR-2RN-203/sht. 1	NDE-66	VT-3	NA		0.000 / 6.000		F01.020.350A, F01.020.351A
									Rigid Support
M2.F1.20.0160 2MCA-RV-5017 Rigid Support	RV Class 2	MCSR-2RV-350/sht. 1	NDE-66	VT-3	NA		0.000 / 12.000		F01.020.375A, F01.020.375B
									Rigid Support
M2.F1.20.0171 2MCA-SM-H141 Hyd Snubber	SM Class 2	MCSR-2SMA/sht. 3	NDE-66	VT-3	NA		0.000 / 36.000		F01.020.427C, F01.020.436C
									Hyd Snubber
M2.F1.20.0341 2MCA-ND-5910 Rigid Support	ND Class 2	MCSR-2ND-350/sht. 2	NDE-66	VT-3	NA		0.125 / 12.000		F01.020.129A, F01.020.6585
									Rigid Support

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Summary Num Component ID / Type	System	ISO/DWG Numbers	Procedure	Insp Req	Mat	Sched	Thick/Dia	Cal Blocks	Comments / Historical Data
<b>Category F-A</b>									
M2.F1.20.0505									F01.020.267A, F01.020.6881
2MCA-NV-5002 Rigid Support	NV Class 2	MCSR-2NV-350/sht. 2	NDE-66	VT-3	NA		0.000 / 2.000		
									Rigid Support
M2.F1.20.0584									F01.020.266C, F01.020.7035
2MCA-NV-5302 Mech Snubber	NV Class 2	MCSR-2NV-353/sht. 2	NDE-66	VT-3	NA		0.000 / 4.000		
									Mech Snubber
M2.F1.20.0705									F01.020.426A, F01.020.7223
2MCA-SM-H140 Rigid Support	SM Class 2	MCSR-2SMA/sht. 3	NDE-66	VT-3	NA		0.000 / 36.000		
									Rigid Support
M2.F1.20.0760									F01.020.478C, F01.020.7317
2MCA-SV-H6 Mec Snb/Spr Hgr	SV Class 2	MCSR-2SVA/sht. 1	NDE-66	VT-3	NA		0.000 / 6.000		
									Mec Snb/Spr Hgr
M2.F1.20.0781									F01.020.020C, F01.020.7358
2MCR-CA-H168 Mec Snb/Spr Hgr	CA Class 2	MCSR-2CAO/sht. 1	NDE-66	VT-3	NA		0.000 / 6.000		
									Mec Snb/Spr Hgr
M2.F1.20.0818									F01.020.186A, F01.020.7433
2MCR-NI-4034 Rigid Support	NI Class 2	MCSR-2NI-203/sht. 1	NDE-66	VT-3	NA		0.000 / 6.000		
									Rigid Support
M2.F1.20.0862									F01.020.185A, F01.020.7518
2MCR-NI-4561 Rigid Support	NI Class 2	MCSR-2NI-203/sht. 1	NDE-66	VT-3	NA		0.125 / 6.000		
									Rigid Support

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Summary Num Component ID / Type	System	ISO/DWG Numbers	Procedure	Insp Req	Mat	Sched	Thick/Dia	Cal Blocks	Comments / Historical Data
<b>Category F-A</b>									
M2.F1.20.1001									F01.020.256A, F01.020.7805
2MCR-NV-4171 Rigid Support	NV Class 2	MCSR-2NV-223/sht. 1	NDE-66	VT-3	NA		0.000 / 2.000		
									Rigid Support
M2.F1.20.1002									F01.020.258A, F01.020.7806
2MCR-NV-4172 Rigid Support	NV Class 2	MCSR-2NV-223/sht. 1	NDE-66	VT-3	NA		0.000 / 2.000		
									Rigid Support
M2.F1.20.1011									F01.020.261A, F01.020.7823
2MCR-NV-4181 Rigid Support	NV Class 2	MCSR-2NV-223/sht. 2	NDE-66	VT-3	NA		0.000 / 2.000		
									Rigid Support
M2.F1.20.1013									F01.020.262A, F01.020.7826
2MCR-NV-4191 Rigid Support	NV Class 2	MCSR-2NV-224/sht. 1	NDE-66	VT-3	NA		0.000 / 2.000		
									Rigid Support
M2.F1.20.1180									F01.020.012A
2MCA-CA-H11 Rigid Support	CA Class 2	MCSR-2CAM/sht. 2	NDE-66	VT-3	NA		0.125 / 4.000		
									Rigid Support
M2.F1.30.0031									F01.030.062C
2MCA-KC-3332 Mech Snubber	KC Class 3	MCSR-2KC-351/sht. 5	NDE-66	VT-3	NA		0.281 / 16.000		
									Mech Snubber
M2.F1.30.0032									F01.030.063C
2MCA-KC-3078 Mec Snb/Spr Hgr	KC Class 3	MCSR-2KC-351/sht. 6	NDE-66	VT-3	NA		0.000 / 16.000		
									Mec Snb/Spr Hgr
M2.F1.30.0033									F01.030.064C
2MCA-KC-3030 Hyd Snubber	KC Class 3	MCSR-2KC-351/sht. 7	NDE-66	VT-3	NA		0.000 / 20.000		
									Hyd Snubber

This report includes all changes through addendum 2MNS-037

McGuire 2, 3rd Interval, ou 3 (EOC-18)

Summary Num Component ID / Type	System	ISO/DWG Numbers	Procedure	Insp Req	Mat	Sched	Thick/Dia	Cal Blocks	Comments / Historical Data
<u>Category</u> <b>F-A</b>									
M2.F1.30.0034 2MCA-KC-3325 Rigid Support	KC Class 3	MCSR-2KC-351/sht. 7	NDE-66	VT-3	NA		0.000 / 20.000		F01.030.065A
									Rigid Support
M2.F1.30.0035 2MCA-KC-3150 Rigid Support	KC Class 3	MCSR-2KC-358/sht. 1	NDE-66	VT-3	NA		0.365 / 16.000		F01.030.066A
									Rigid Support
M2.F1.30.0036 2MCA-KC-3144 Rigid Support	KC Class 3	MCSR-2KC-358/sht. 2	NDE-66	VT-3	NA		0.000 / 8.000		F01.030.067A
									Rigid Support
M2.F1.30.0037 2MCA-KC-3274 Rigid Support	KC Class 3	MCSR-2KC-358/sht. 3	NDE-66	VT-3	NA		0.000 / 8.000		F01.030.068A
									Rigid Support
M2.F1.30.0248 2MCA-KC-3011 Rigid Support	KC Class 3	MCSR-2KC-351/sht. 3	NDE-66	VT-3	NA		0.000 / 14.000		F01.030.072A, F01.030.8267
									Rigid Support
M2.F1.30.0254 2MCA-KC-3020 Mech Snubber	KC Class 3	MCSR-2KC-351/sht. 4	NDE-66	VT-3	NA		0.000 / 16.000		F01.030.075C, F01.030.8277
									Mech Snubber
M2.F1.40.0005 2RCP-B-SUPPORT Rigid Restraint	NC Class 1	MC 1070-7, MC 1070-2 MC-ISIN3-2553-01.00 MC-1070-08-2, MC-1070- 17, MCM 2201.01-0084	NDE-66	VT-3	NA		0.000 / 0.000		F01.040.005, F01.040.005B  REACTOR COOLANT PUMP 2B SUPPORT. EXAMINE SUPPORT COLUMNS AND LATERAL RESTRAINT. REFERENCE PIP M- 07-323.
									Rigid Restraint

This report includes all changes through addendum 2MNS-037

McGuire 2, 3rd Interval, ou 3 (EOC-18)

Summary Num Component ID / Type	System	ISO/DWG Numbers	Procedure	Insp Req	Mat	Sched	Thick/Dia	Cal Blocks	Comments / Historical Data
<b>Category F-A</b>									
M2.F1.40.0073 2NDP-SUPPORT-2A Rigid Restraint	ND Class 2	MCM 1201.05-014, MC 1680-00, MC- ISIN3-2561-01.00  MCM 1201.05-0048	NDE-66	VT-3	NA		0.000 / 0.000		F01.040.006B RESIDUAL HEAT REMOVAL 2A PUMP SUPPORT. EXAMINE HORIZONTAL RESTRAINT AND VERTICAL SUPPORT. REFERENCE PIP M-07-323.
									Rigid Restraint
M2.F1.40.0074 2NDHX-SUPPORT-2A Rigid Restraint	ND Class 2	MCM 1201.06-22 MC-ISIN3-2561-01.00 MCM 1201.06-48, MC 1220-32	NDE-66	VT-3	NA		0.750 / 0.000		F01.040.007B 2A RESIDUAL HEAT REMOVAL HEAT EXCHANGER SUPPORT. EXAMINE LOWER SUPPORT AND UPPER RESTRAINT. EXAMINE WITH M2.D1.10.0022. REFERENCE PIP M-07-323.
									Rigid Restraint
M2.F1.40.0075 2NSP-SUPPORT-2A Rigid Restraint	NS Class 2	MC 1680-00, MCM 1691-00, MC- ISIN3-2563-01.00  MC 1220-74, MC 1690- 014.01	NDE-66	VT-3	NA		0.000 / 0.000		F01.040.008B CONTAINMENT SPRAY PUMP 2A SUPPORT. EXAMINE HORIZONTAL RESTRAINT AND VERTICAL SUPPORT. EOC--18 / OUTAGE 3 REINSPECTION OF SUPPORT TO INCLUDE LATERAL RESTRAINT. REFERENCE PIP M- 07-323.
									Rigid Restraint
M2.F1.40.0080 2NSHX-SUPPORT-2B Rigid Restraint	NS Class 2	MCM 1201.06-0090 MC-ISIN3-2563-01.00 MC 1220-32, MC 1220- 103	NDE-66	VT-3	NA		0.750 / 0.000		F01.040.039B 2B CONTAINMENT SPRAY HEAT EXCHANGER SUPPORT. EXAMINE LOWER SUPPORT AND UPPER LATERAL RESTRAINTS. EXAMINE WITH M2.D1.10.0023. SINCE "HX A" & "HX B" ARE OF DIFFERENT DESIGN, BOTH WILL BE EXAMINED. EOC--18 / OUTAGE 3 REINSPECTION OF SUPPORT TO INCLUDE UPPER LATERAL RESTRAINTS. REFERENCE PIP M-07-323.
									Rigid Restraint
M2.F1.40.0092 2NSHX-SUPPORT-2A Rigid Restraint	NS Class 2	MCM 1201.06-0025, MC 1220-00, MC- ISIN3-2563-01.00  MCM 1201.06-093, MC 1220-103	NDE-66	VT-3	NA		0.750 / 0.000		F01.040.009B 2A CONTAINMENT SPRAY HEAT EXCHANGER SUPPORT. EXAMINE LOWER SUPPORT AND UPPER LATERAL RESTRAINTS. EXAMINE WITH M2.D1.10.0024. SINCE "HX A" & "HX B" ARE OF DIFFERENT DESIGN, BOTH WILL BE EXAMINED. EOC--18 / OUTAGE 3 REINSPECTION OF SUPPORT TO INCLUDE UPPER LATERAL RESTRAINTS. REFERENCE PIP M-07-323.

This report includes all changes through addendum 2MNS-037

McGuire 2, 3rd Interval, ou 3 (EOC-18)

Summary Num Component ID / Type	System	ISO/DWG Numbers	Procedure	Insp Req	Mat	Sched	Thick/Dia	Cal Blocks	Comments / Historical Data
<b>Category F-A</b>									
M2.F1.40.0104 2SWIF-SUPPORT-2B Rigid Restraint	NV Class 2	MCM 1201.04-27 MC-ISIN3-2554-03.00 MC-1223-1	NDE-66	VT-3	NA		0.375 / 0.000		F01.040.017B SEAL WATER INJECTION FILTER 2B SUPPORT.
Rigid Restraint									
M2.F1.40.0105 2NIP-SUPPORT-2B Rigid Restraint	NI Class 2	MCM 1201.05-454 MC-ISIN3-2562-03.00	NDE-66	VT-3	NA		0.000 / 0.000		F01.040.018B SAFETY INJECTION PUMP 2B SUPPORT LEGS (4). REFERENCE MANUAL MCM 1201.05-280.1
Rigid Restraint									
M2.F1.40.0106 2KFHX-SUPPORT-2A Rigid Restraint	KF Class 3	MCM 1201.06-0027 MC-ISIN3-2570-01.01 MC-1220-32	NDE-66	VT-3	NA		0.250 / 0.000		F01.040.019B FUEL POOL COOLING HX 2A SUPPORT.
Rigid Restraint									
M2.F1.40.0132 2CRDM-SUPPORT	NC Class 1	MCM 1201.13-23 MCM 1201.13-24 MCM 1201.13-25	NDE-66	VT-3	NA		0.000 / 0.000		REACTOR VESSEL CRDM SEISMIC SUPPORT. EXAMINE TURN BUCKLE, ALTHOUGH NOT REQUIRED BY CODE (PER MARK PYNE AND KEVIN RHYNE) THE FRAME WILL BE VISUALLY EXAMINED AS A SUPPLEMENT TO THE TURN BUCKLE EXAM
<b>Category Q-A</b>									
M2.Q1.1.0001 2NC2FW2-NW6	NC Class 1	MCFI-2NC2	PDI-UT-8	UT			1.406 / 14.000	DE-13-AX-01 DE-13-CIRC-01	Weld overlay installed under Code Case N-504- 2 and inspected under Section XI Appendix Q as required by Reg. Guide 1.147. Alloy 600/82/182 weld with weld overlay Alloy 690/52/152. This weld overlay (2NC2FW2- NW6) covers welds 2PZR-W1SE and 2NC2FW2-3. 14 Inch Pressurizer Surge Nozzle Examine EOC-18 3/1/2008, then 25% of the overlay population is*required to be examined every ten years. Weld (2PZR-W1SE) was previously scheduled for EOC-18 but not examined. (M2.R1.11.0035).
Weld overlay									



This report includes all changes through addendum 2MNS-037

McGuire 2, 3rd Interval, ou. 3 (EOC-18)

Summary Num Component ID / Type	System	ISO/DWG Numbers	Procedure	Insp Req	Mat	Sched	Thick/Dia	Cal Blocks	Comments / Historical Data
<u>Category</u> <u>Q-A</u>									
M2.Q1.1.0002 2NC2FW61-NW4	NC Class 1	MCFI-2NC61	PDI-UT-8	UT			0.719 / 6.000	DE-8-AX-01 DE-8-CIRC-01	Weld overlay installed under Code Case N-504-2 and inspected under Section XI Appendix Q as required by Reg. Guide 1.147. Alloy 600/82/182 weld with weld overlay Alloy 690/52/152. This weld overlay (2NC2FW61-NW4) covers welds 2PZR-W3SE and 2NC2FW61-1. 6 Inch Pressurizer Relief Nozzle. Examine EOC-18 3/1/2008, then 25% of the overlay population is required to be examined every ten years.
Weld overlay									
M2.Q1.1.0003 2NC2FW53-NW1	NC Class 1	MCFI-2NC53	PDI-UT-8	UT			0.719 / 6.000	DE-8-AX-01 DE-8-CIRC-01	Weld overlay installed under Code Case N-504-2 and inspected under Section XI Appendix Q as required by Reg. Guide 1.147. Alloy 600/82/182 weld with weld overlay Alloy 690/52/152. This weld overlay (2NC2FW53-NW1) covers welds 2PZR-W4ASE and 2NC2FW53-12. 6 Inch Pressurizer Safety Nozzle. Examine EOC-18 3/1/2008, then 25% of the overlay population is required to be examined every ten years.
Weld overlay									
M2.Q1.1.0004 2NC2FW53-NW2	NC Class 1	MCFI-2NC53	PDI-UT-8	UT			0.719 / 6.000	DE-8-AX-01 DE-8-CIRC-01	Weld overlay installed under Code Case N-504-2 and inspected under Section XI Appendix Q as required by Reg. Guide 1.147. Alloy 600/82/182 weld with weld overlay Alloy 690/52/152. This weld overlay (2NC2FW53-NW2) covers welds 2PZR-W4BSE and 2NC2FW53-26. 6 Inch Pressurizer Safety Nozzle. Examine EOC-18 3/1/2008, then 25% of the overlay population is required to be examined every ten years.
Weld overlay									

This report includes all changes through addendum 2MNS-037

McGuire 2, 3rd Interval, ou 3 (EOC-18)

Summary Num Component ID / Type	System	ISO/DWG Numbers	Procedure	Insp Req	Mat	Sched	Thick/Dia	Cal Blocks	Comments / Historical Data
<b>Category Q-A</b>									
M2.Q1.1.0005 2NC2FW53-NW3	NC	MCFI-2NC53	PDI-UT-8	UT			0.719 / 6.000	DE-8-AX-01 DE-8-CIRC-01	Weld overlay installed under Code Case N-504-2 and inspected under Section XI Appendix Q as required by Reg. Guide 1.147. Alloy 600/82/182 weld with weld overlay Alloy 690/52/152. This weld overlay (2NC2FW53-NW3) covers welds 2PZR-W4CSE and 2NC2FW53-13. 6 Inch Pressurizer Safety Nozzle. Examine EOC-18 3/1/2008, then 25% of the overlay population is required to be examined every ten years.
	Class 1								Weld overlay
M2.Q1.1.0006 2NC2FW13-NW5	NC	MCFI-2NC13	PDI-UT-8	UT			0.531 / 4.000	DE-6-AX-01 DE-6-CIRC-01 DE-8-CIRC-01	Weld overlay installed under Code Case N-504-2 and inspected under Section XI Appendix Q as required by Reg. Guide 1.147. Alloy 600/82/182 weld with weld overlay Alloy 690/52/152. This weld overlay (2NC2FW13-NW5) covers welds 2PZR-W2SE and 2NC2FW13-1. 4 Inch Pressurizer Spray Nozzle. Examine EOC-18 3/1/2008, then 25% of the overlay population is required to be examined every ten years.
	Class 1								Weld (2PZR-W2SE) was previously scheduled and examined in EOC-17 (R01.011.022)
									Weld overlay
<b>Category R-A</b>									
M2.R1.11.0143 2NV2F-84 Circumferential	NV	MCFI-2NV1 MC-ISIN-2554-03.01	NDE-12	RT	SS		0.134 / 6.000		Risk Segment NV-002AB R01.011.1007 This weld was changed from 2NVP31-2 so RT could be performed on a weld in this segment.
	Class 2								Elbow to Pipe
M2.R1.11.0189 2NV2FW115-5 Circumferential	NV	MCFI-2NV115 MC-ISIN-2554-03.01	NDE-12	RT	SS		0.148 / 8.000		Risk Segment NV-002AA R01.011.1014
	Class 2								Pipe to Elbow

This report includes all changes through addendum 2MNS-037

McGuire 2, 3rd Interval, ou 3 (EOC-18)

Summary Num Component ID / Type	System	ISO/DWG Numbers	Procedure	Insp Req	Mat	Sched	Thick/Dia	Cal Blocks	Comments / Historical Data
<b>Category R-A</b>									
M2.R1.11.0275 2NV2FW215-48 Circumferential	NV	MCFI-2NV215 MC-ISIN-2554-01.02	NDE-600	UT	SS		0.344 / 2.000	Component	Risk Segment NV-083 SEE SECTION 8 FOR CALIBRATION BLOCK REQUIREMENTS. R01.011.152
	Class 2								
									Pipe To Pipe
M2.R1.11.0278 2RCHPSS-OUT-1 Circumferential	NV	MCFI-2NV32 MC-ISIN-2554-03.00 MCM1201.04-0272	PDI-UT-2	UT	SS		0.237 / 4.000	PDI-UT-2-M	Risk Segment NV-108A RECIPROCATING CHARGING PUMP SUCTION STABILIZER. Equipment # 2NVAC0052. EOC-18 examination performed as additional sample for indication found on Summary Number M2.R1.11.0279. Reference PIP M-08-01705. R01.011.155
	Class 2								
									Terminal End
									Nozzle to Flange
M2.R1.11.0279 2RCHP-IN Circumferential	NV	MCM 2201.05-0031 001 MC-ISIN3-2554-03.00	NDE-12	RT	SS		0.237 / 4.000		Risk Segment NV-108A RECIPROCATING CHARGING PUMP INLET. SEE SECTION 8 FOR CALIBRATION BLOCK REQUIREMENTS. Pump flange bolting must be removed before examination can be performed. R01.011.156
	Class 2								
									Terminal End
									Flange to Pump
M2.R1.11.0463 2NS2F427 Circumferential	NS	MCFI-2NS17 MC-ISIN-2563-01.00	NDE-12	RT	SS		0.148 / 8.000		Risk Segment NS-020 R01.011.104
	Class 2								
									Elbow To Pipe
M2.R1.11.1534 2NV2FW115-4 Circumferential	NV	MCFI-2NV115 MC-ISIN-2554-03.01	NDE-12	RT	SS		0.148 / 8.000		Risk Segment NV-002AA R01.011.127
	Class 2								
									Elbow to Pipe
M2.R1.11.1536 2NVP8-3 Circumferential	NV	MCFI-2NV1 MC-ISIN-2554-03.01	NDE-12	RT	SS		0.134 / 6.000		Risk Segment NV-002AB R01.011.129
	Class 2								
									Pipe to Elbow

This report includes all changes through addendum 2MNS-037

McGuire 2, 3rd Interval, ou 3 (EOC-18)

Summary Num Component ID / Type	System	ISO/DWG Numbers	Procedure	Insp Req	Mat	Sched	Thick/Dia	Cal Blocks	Comments / Historical Data			
<u>Category</u> <b>R-A</b>												
M2.R1.11.1594 2NV2FW215-37 Circumferential	NV	MCFI-2NV215 MC-ISIN-2554-01.02	NDE-600	UT	SS		0.438 / 3.000	Component	Risk Segment NV-080A R01.011.147 SEE SECTION 8 FOR CALIBRATION BLOCK REQUIREMENTS.			
	Class 2											
Pipe To Tee												
M2.R1.11.1598 2NV2FW215-49 Circumferential	NV	MCFI-2NV215 MC-ISIN-2554-01.02	NDE-600	UT	SS		0.344 / 2.000	Component	Risk Segment NV-083 R01.011.151 SEE SECTION 8 FOR CALIBRATION BLOCK REQUIREMENTS.			
	Class 2											
Pipe To Pipe												
M2.R1.13.0002 2RV2FW30-27 Circumferential	RV	MCFI-2RV30 MC-ISIN-2604-03.00	NDE-946	UT	CS		0.375 / 12.000	Step_Wedge	Risk Segment RV-002 R01.013.002 EXAMINE A 1 FT. LENGTH OF PIPE AT WELD TO DETERMINE WALL THKS. EXAMINE 6 INCHES EACH SIDE OF WELD, MARK IN 1 INCH GRID			
	Class 2											
Pipe To Flange												
End of Report												
<b>STATISTICS ONLY</b>	Class 1	30	Class 2	64	Class 3	14	Total by Class	108	Systems	108	Total Count	108

#### 4.0 Results of Inspections Performed

The results of each examination shown in the Inspection Results (Section 3 of this report) are included in this section. The completion date and status for each examination are shown. All examinations revealing reportable indications and any corrective action required as a result are described in further detail in Subsections 4.1 and 4.2. Corrective measures performed and limited examinations are described in further detail in Subsections 4.3 and 4.4.

The information shown below is a field description for the reporting format included in this section of the report:

SUMMARY NUMBER	=	ASME Section XI Tables IWB-2500-1 (Class 1), IWC-2500-1 (Class 2), IWF-2500-1 (Class 1 and Class 2), Augmented Requirements
ID NUMBER	=	Unique Identification Number
SYSTEM	=	Component System Identification
INSP DATE	=	Date of Examination
INSP STATUS	=	CLR Clear REC Recordable REP Reportable
INSP LIMITED	=	Indicates inspection was limited. Coverage obtained is listed.
GEO REF (Geometric Reflector applies only to UT)	=	<u>Y</u> Yes <u>N</u> No
RFR (Relief Request)	=	<u>Y</u> Yes <u>N</u> No
COMMENTS	=	General and / or Detail Description

**DUKE ENERGY CORPORATION**  
**QUALITY ASSURANCE TECHNICAL SERVICES**  
**Inservice Inspection Database Management System**  
**Inspection Results**  
**McGuire 2, 3rd Interval, Outage 3 (EOC-18)**

Scheduleworks

Inspection Results for McGuire Unit 2 EOC-18

Summary No	Component ID	System	Insp Date	Insp Status	Insp Limited	Geo Ref	RFR	Comment
M2.B10.10.0002	2PZR-W13A	NC	03/17/08	CLR	N	N	N	MT-08-001
M2.B10.10.0003	2PZR-W13B	NC	03/17/08	REC	N	N	N	MT-08-002 Linear Indication acceptable per ASME Section XI Table IWB-3510-3
M2.B12.50.0024	2NI-175	NI	03/12/08	CLR	N	N	N	VT-08-066
M2.B12.50.0026	2NI-180	NI	03/13/08	CLR	N	N	N	VT-08-063
M2.B13.10.0001	2RPV-INTERIOR	NC	03/23/08	CLR	N	N	N	VT-08-071
M2.B3.140.0005	2SGC-INLET	NC	03/14/08	CLR	N	N	N	UT-08-008
M2.B3.140.0006	2SGC-OUTLET	NC	03/14/08	CLR	N	N	N	UT-08-007
M2.B7.20.0001	2PZR-MWB	NC	03/13/08	CLR	N	N	N	VT-08-065
M2.B7.50.0001	2NC53-FL1	NC	03/06/08	CLR	N	N	N	VT-08-068
M2.B7.50.0002	2NC53-FL2	NC	03/06/08	CLR	N	N	N	VT-08-069
M2.B7.50.0003	2NC53-FL3	NC	03/08/08	CLR	N	N	N	VT-08-070
M2.C2.11.0005	2RCHPSS-INLET	NV	02/27/08	CLR	N	N	N	PT-08-003

Inspection Results for McGuire Unit 2 EOC-18

Summary No	Component ID	System	Insp Date	Insp Status	Insp Limited	JO Ref	RFR	Comment
M2.C2.11.0006	2RCHPSS-OUTLET	NV	02/26/08	CLR	N	N	N	PT-08-001
M2.C3.10.0008	2NSHX-SUPPORT-2B	NS	03/26/08	CLR	N	N	N	PT-08-008
M2.C3.10.0009	2SWIF-SUPPORT-2B	NV	03/21/08	CLR	N	N	N	PT-08-006
M2.C3.20.0026	2MCA-NV-5647	NV	03/25/08	CLR	N	N	N	PT-08-007
M2.C6.20.0029	2CF0026AB-1	CF	03/18/08	CLR	N	N	N	PT-08-005
M2.C6.20.0047	2ND0070-1	ND	02/26/08	CLR	N	N	N	PT-08-002
M2.D1.10.0022	2NDHX-SUPPORT-2A	ND	02/25/08	CLR	N	N	N	VT-08-022
M2.D1.10.0023	2NSHX-SUPPORT-2B	NS	01/31/08	CLR	N	N	N	VT-08-023
								The Seismic Lugs were visually examined EOC-18/Outage 3 under this Summary Number, this item has been re-categorized to Summary Number M2.C3.10.0008. Reference PIPs M-07-0323, M-08-01192 and Work Request 947475.
M2.D1.10.0024	2NSHX-SUPPORT-2A	NS	01/31/08	CLR	N	N	N	VT-08-021
M2.D1.10.0026	2NSHX-SUPPORT-2A	NS	03/25/08	CLR	N	N	N	VT-08-075
M2.F1.10.0003	2MCR-NC-4292	NC	03/04/08	REC	98.00%	N	N	VT-08-079
								This item was rescheduled from Outage 3/EOC-18 to Outage 4/EOC-19, new support must be selected to replace this support due to examination being limited at 98% coverage. Reference PIPs M-08-2342 and M-08-03061.

Inspection Results for McGuire Unit 2 EOC-18

<i>Summary No</i>	<i>Component ID</i>	<i>System</i>	<i>Insp Date</i>	<i>Insp Status</i>	<i>Insp Limited</i>	<i>Jo Ref</i>	<i>RFR</i>	<i>Comment</i>
M2.F1.10.0004	2MCR-NC-4293	NC	04/02/08	CLR	N	N	N	VT-08-078
M2.F1.10.0005	2MCR-NC-4289	NC	03/05/08	REC	N	N	N	VT-08-035 Hanger acceptable for continued service, no operability concer for this support. Chain hoist removed from support
M2.F1.10.0040	2MCR-NV-4779	NV	03/05/08	CLR	N	N	N	VT-08-036
M2.F1.10.0049	2MCR-NV-4380	NV	03/05/08	CLR	N	N	N	VT-08-037
M2.F1.10.0142	2MCR-NI-4730	NI	03/05/08	CLR	N	N	N	VT-08-038
M2.F1.10.0161	2MCR-NV-4103	NV	03/05/08	CLR	N	N	N	VT-08-039
M2.F1.10.0178	2MCR-NV-4406	NV	03/05/08	CLR	N	N	N	VT-08-040
M2.F1.20.0061	2MCR-NI-4026	NI	03/05/08	CLR	N	N	N	VT-08-042
M2.F1.20.0062	2MCR-NI-4017	NI	03/05/08	CLR	N	N	N	VT-08-043
M2.F1.20.0086	2MCR-NS-4516	NS	03/05/08	CLR	N	N	N	VT-08-051
M2.F1.20.0091	2MCR-NS-4616	NS	03/05/08	CLR	N	N	N	VT-08-052
M2.F1.20.0092	2MCR-NS-4614	NS	03/05/08	CLR	N	N	N	VT-08-053
M2.F1.20.0095	2MCR-NS-4665	NS	03/05/08	CLR	N	N	N	VT-08-054
M2.F1.20.0096	2MCR-NS-4701	NS	03/03/08	CLR	N	N	N	VT-08-055



Inspection Results for McGuire Unit 2 EOC-18

Summary No	Component ID	System	Insp Date	Insp Status	Insp Limited	Ref	RFR	Comment
M2.F1.20.0097	2MCR-NS-4710	NS	03/03/08	CLR	N	N	N	VT-08-056
M2.F1.20.0098	2MCR-NS-4715	NS	03/05/08	CLR	N	N	N	VT-08-057
M2.F1.20.0099	2MCR-NS-4759	NS	03/03/08	CLR	N	N	N	VT-08-058
M2.F1.20.0100	2MCR-NS-4757	NS	03/03/08	CLR	N	N	N	VT-08-059
M2.F1.20.0101	2MCR-NS-4765	NS	03/03/08	CLR	N	N	N	VT-08-060
M2.F1.20.0102	2MCA-NS-5008	NS	02/07/08	CLR	N	N	N	VT-08-002
M2.F1.20.0103	2MCA-NS-5102	NS	02/07/08	CLR	N	N	N	VT-08-073
M2.F1.20.0104	2MCA-NS-5107	NS	02/07/08	CLR	N	N	N	VT-08-009
M2.F1.20.0105	2MCA-NS-5116	NS	02/06/08	CLR	N	N	N	VT-08-031
M2.F1.20.0106	2MCA-NS-5202	NS	02/05/08	CLR	N	N	N	VT-08-032
M2.F1.20.0107	2MCA-NS-5260	NS	02/05/08	CLR	N	N	N	VT-08-003
M2.F1.20.0117	2-MCA-S-NV-521-1-A	NV	02/05/08	CLR	N	N	N	VT-08-020
M2.F1.20.0119	2MCA-NV-5647	NV	02/07/08	CLR	N	N	N	VT-08-013
M2.F1.20.0120	2MCA-NV-7046	NV	02/07/08	CLR	N	N	N	VT-08-016

Inspection Results for McGuire Unit 2 EOC-18

Summary No	Component ID	System	Insp Date	Insp Status	Insp Limited	20 Ref	RFR	Comment
M2.F1.20.0128	2MCR-NV-4101	NV	03/04/08	CLR	N	N	N	VT-08-044
M2.F1.20.0129	2MCR-NV-4576	NV	03/05/08	CLR	N	N	N	VT-08-045
M2.F1.20.0159	2MCR-RN-4537	RN	03/05/08	CLR	N	N	N	VT-08-067
M2.F1.20.0160	2MCA-RV-5017	RV	02/07/08	CLR	N	N	N	VT-08-017
M2.F1.20.0171	2MCA-SM-H141	SM	02/06/08	CLR	N	N	N	VT-08-019
M2.F1.20.0341	2MCA-ND-5910	ND	02/07/08	CLR	N	N	N	VT-08-015
M2.F1.20.0505	2MCA-NV-5002	NV	02/05/08	CLR	N	N	N	VT-08-006
M2.F1.20.0584	2MCA-NV-5302	NV	02/05/08	CLR	N	N	N	VT-08-010
M2.F1.20.0705	2MCA-SM-H140	SM	02/06/08	CLR	N	N	N	VT-08-018
M2.F1.20.0760	2MCA-SV-H6	SV	02/06/08	CLR	N	N	N	VT-08-001
M2.F1.20.0781	2MCR-CA-H168	CA	03/05/08	CLR	N	N	N	VT-08-041
M2.F1.20.0818	2MCR-NI-4034	NI	03/05/08	REC	N	N	N	VT-08-080
								Welds on shim plate were broken, WO 01804236-01 repaired the shim plate. Attachment 301 statement states hanger acceptable for continued service.
M2.F1.20.0862	2MCR-NI-4561	NI	03/05/08	CLR	N	N	N	VT-08-046
M2.F1.20.1001	2MCR-NV-4171	NV	03/04/08	CLR	N	N	N	VT-08-047

Inspection Results for McGuire Unit 2 EOC-18

Summary No	Component ID	System	Insp Date	Insp Status	Insp Limited	Jo Ref	RFR	Comment
M2.F1.20.1002	2MCR-NV-4172	NV	03/04/08	CLR	N	N	N	VT-08-048
M2.F1.20.1011	2MCR-NV-4181	NV	03/05/08	CLR	N	N	N	VT-08-049
M2.F1.20.1013	2MCR-NV-4191	NV	03/05/08	CLR	N	N	N	VT-08-050
M2.F1.20.1180	2MCA-CA-H11	CA	01/28/08	CLR	N	N	N	VT-08-034
M2.F1.30.0031	2MCA-KC-3332	KC	02/06/08	CLR	N	N	N	VT-08-012
M2.F1.30.0032	2MCA-KC-3078	KC	02/05/08	REC	N	N	N	VT-08-074 Base plate out of tolerance. W/R 948112 used to repair the base plate. Hanger acceptable for continued service no operability concerns.
M2.F1.30.0033	2MCA-KC-3030	KC	02/06/08	CLR	N	N	N	VT-08-011
M2.F1.30.0034	2MCA-KC-3325	KC	02/05/08	CLR	N	N	N	VT-08-008
M2.F1.30.0035	2MCA-KC-3150	KC	02/07/08	CLR	N	N	N	VT-08-033
M2.F1.30.0036	2MCA-KC-3144	KC	02/05/08	CLR	N	N	N	VT-08-014
M2.F1.30.0037	2MCA-KC-3274	KC	02/06/08	CLR	N	N	N	VT-08-005
M2.F1.30.0248	2MCA-KC-3011	KC	02/06/08	CLR	N	N	N	VT-08-004
M2.F1.30.0254	2MCA-KC-3020	KC	02/05/08	CLR	N	N	N	VT-08-007

Inspection Results for McGuire Unit 2 EOC-18

<i>Summary No</i>	<i>Component ID</i>	<i>System</i>	<i>Insp Date</i>	<i>Insp Status</i>	<i>Insp Limited</i>	<i>20 Ref</i>	<i>RFR</i>	<i>Comment</i>
M2.F1.40.0005	2RCP-B-SUPPORT	NC	03/13/08	CLR	N	N	N	VT-08-062
M2.F1.40.0073	2NDP-SUPPORT-2A	ND	01/30/08	CLR	N	N	N	VT-08-024
M2.F1.40.0074	2NDHX-SUPPORT-2A	ND	02/25/08	CLR	N	N	N	VT-08-025
M2.F1.40.0075	2NSP-SUPPORT-2A	NS	01/30/08	CLR	N	N	N	VT-08-026
M2.F1.40.0080	2NSHX-SUPPORT-2B	NS	01/31/08	CLR	N	N	N	VT-08-027
M2.F1.40.0092	2NSHX-SUPPORT-2A	NS	01/31/08	CLR	N	N	N	VT-08-028
M2.F1.40.0104	2SWIF-SUPPORT-2B	NV	03/21/08	CLR	N	N	N	VT-08-072
M2.F1.40.0105	2NIP-SUPPORT-2B	NI	01/29/08	CLR	N	N	N	VT-08-029
M2.F1.40.0106	2KFHX-SUPPORT-2A	KF	01/29/08	CLR	N	N	N	VT-08-030
M2.F1.40.0132	2CRDM-SUPPORT	NC	03/31/08	CLR	N	N	N	VT-08-081
M2.G1.1.0004	2RCP-2D	NC	03/17/08	CLR	N	N	N	UT-08-013
M2.G3.1.0001	2NC2FW22-7	NC	03/10/08	CLR	N	N	N	PT-08-004
		NC	03/10/08	CLR	N	N	N	UT-08-003
M2.G6.2.0001	2PZR-Manway	NC	03/13/08	CLR	N	N	N	VT-08-064
M2.Q1.1.0001	2NC2FW2-NW6	NC	03/07/08	CLR	N	N	N	UT-08-001

Inspection Results for McGuire Unit 2 EOC-18

Summary No	Component ID	System	Insp Date	Insp Status	Insp Limited	Geo Ref	RFR	Comment
M2.Q1.1.0002	2NC2FW61-NW4	NC	03/14/08	CLR	N	N	N	UT-08-009
M2.Q1.1.0003	2NC2FW53-NW1	NC	03/14/08	CLR	N	N	N	UT-08-010
M2.Q1.1.0004	2NC2FW53-NW2	NC	03/14/08	CLR	N	N	N	UT-08-011
M2.Q1.1.0005	2NC2FW53-NW3	NC	03/14/08	CLR	N	N	N	UT-08-012
M2.Q1.1.0006	2NC2FW13-NW5	NC	03/09/08	CLR	N	N	N	UT-08-002
M2.R1.11.0143	2NV2F-84	NV	03/11/08	REC	N	N	N	RT-N/A Indication determined to be film artifact and found to be acceptable.
M2.R1.11.0189	2NV2FW115-5	NV	03/14/08	REC	99.00%	N	N	RT-N/A Indication determined to be film artifact and found to be acceptable.
M2.R1.11.0275	2NV2FW215-48	NV	03/11/08	CLR	N	N	N	UT-08-005
M2.R1.11.0278	2RCHPSS-OUT-1	NV	03/17/08	CLR	95.60%	N	N	UT-08-014 During 2EOC-18 this item was examined as an additional sample for Summary Number M2.R1.11.0279. Reference PIP M-08-01705.
M2.R1.11.0279	2RCHP-IN	NV	03/14/08	REP	78.00%	N	Y	RT-N/A This weld was found to be reportable during 2EOC-18, additional sample was performed on M2.R1.11.0278 (2RCHPSS-OUT-1) and found to be acceptable. (Reference PIP M-08-01705). Weld was repaired and reexamined on 4-13-08 and found to be acceptable. Weld Limited to 78.00% RFR to be submitted for limitation.

Inspection Results for McGuire Unit 2 EOC-18

Summary No	Component ID	System	Insp Date	Insp Status	Insp Limited	Ref	RFR	Comment
M2.R1.11.0463	2NS2F427	NS	03/17/08	REC	N	N	N	RT-N/A Indication determined to be concavity and found to be acceptable.
M2.R1.11.1534	2NV2FW115-4	NV	03/14/08	REC	N	N	N	RT-N/A Indication determined to be film artifact and found to be acceptable.
M2.R1.11.1536	2NVP8-3	NV	03/11/08	CLR	N	N	N	RT-N/A Indication determined to be film artifact and found to be acceptable.
M2.R1.11.1594	2NV2FW215-37	NV	03/11/08	CLR	97.70%	N	N	UT-08-004
M2.R1.11.1598	2NV2FW215-49	NV	03/11/08	CLR	N	N	N	UT-08-006
M2.R1.13.0002	2RV2FW30-27	RV	03/20/08	CLR	N	N	N	UT-08-15

#### **4.1 Reportable Indications**

There was one reportable indication for the examinations associated with this report period.

#### **4.2 Corrective Action**

Corrective action is action taken to resolve flaws and relevant conditions, including supplemental examinations, analytical evaluations, repair / replacement activities, and corrective measures. There was one corrective action for the examinations associated with this report period.

PIP M-08-1705 was written to document reportable indications found during RT examination on 2RCHP-IN (Summary Number M2.R1.11.0279). Plan Addenda 2MNS-034 was written to schedule one additional sample examination using ASME Section XI, IWC-2430 requirements of the 1998 Edition of ASME Section XI with the 2000 Addenda. The additional sample was scheduled and performed during EOC-18 and found to be acceptable. The reportable indications found during the RT examination were repaired during EOC-18. No code surveillance inspections are required because indications were repaired and found acceptable on 4-13-08.

#### **4.3 Corrective Measures**

Corrective measures are actions (such as maintenance) taken to resolve relevant conditions, but not including supplemental examinations, analytical evaluations, and repair / replacement activities. Any corrective measures performed for examinations associated with this report period will be shown on the examination data sheets which are on file at the Duke's Corporate Office in Charlotte, North Carolina.

#### 4.4 Limited Examinations

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

<u>Item Number</u>	<u>Percent Coverage</u>
M2.R1.11.0279	78.00%



## 5.0 Owner's Report for Repair / Replacement Activities

As required by the applicable code, records of Class 1 and Class 2 Repair and Replacement work is included on NIS-2 forms in this section.

No item was determined to have had work performed outside this report period. Listed below is the information to address these issues.

Work Order Number	Signoff Date/EOC	PIP Number
N/A	N/A	N/A

The NIS-2 forms included in this section were completed for work performed during this report period. The individual work request documents and manufacturers' data reports are on file at McGuire Nuclear Station.

## 5.1 Class 1 and 2 Preservice Examinations

As required by the applicable code, Preservice Inspection (PSI) Examinations were performed on ISI Class 1 and 2 items during this report period. All Class 1 and 2 PSI examination data listed below is on file in the McGuire Nuclear Station QA Vault.

Work Order	Identification Number	ISI Class
558698	Replace snubber on upper lateral support (SG-D)	B
572524	Valve 2ND-3 replace body bolting	B
586253	Replace body to bonnet bolting on Valve 2NV483	B
590178	Replace disc in valve 2NS44	B
590831-01	Replace 10 bonnet studs and 20 nuts on valve 2FW28	B
590831-18	Machined 1" inspection port in bonnet and install plug on valve 2FW28	B
592071-02	Replace valve 2BB1	B
592071-04	Replace material on hanger 2MCA-BB-5028	B
592071-23	Replace bolting material on hanger 2MCA-BB-5021	B
592072-02	Replace valve 2BB3	B
1702030	Work on hanger 2MCA-NI-5047 welds	B
1710916	Replace disc in valve 2BB287	B
1713164	Replace body to bonnet bolting on valve 2NI184	B
1718559	Replaced valves 2NI15 and 354 and seal welded and replaced piping	A
1719700-06	Replace valve 2NC1	A
1719700-25	Replace load pin in hanger 2MCR-NC-4034	A
1722213	Replaced valve 2NC2	A

Work Order	Identification Number	ISI Class
1745170	Replaced snubber and bolting material in extension piece on hanger 2MCA-CA-59	B
1745171	Replaced snubber on hanger 2MCA-CA-130	B
1745172	Replaced snubber on hanger 2MCA-CA-130	B
1745174	Replaced snubber on hanger 2MCA-ND-6380	B
1745175	Replaced snubber on hanger 2MCA-NV-7009	B
1745177	Replaced snubber on hanger 2MCA-SV-58	B
1745179	Replaced snubber on hanger 2MCA-CA-140	B
1745181	Replaced snubber on hanger 2MCA-ND-5508	B
1745182	Replaced snubber on hanger 2MCR-NI-4699	B
1745184	Replaced snubber on hanger 2MCA-SV-1	B
1745185	Replaced snubber on hanger 2MCR-NI-4026	B
1745187	Replaced snubber on hanger 2MCA-SM-152	B
1745189	Replaced snubber on hanger 2MCA-CA-89	B
1745190	Replaced snubber on hanger 2MCR-NI-4556	A
1745191	Replaced snubber and 3/8" bolt at bracket on hanger 2MCR-NI-4043	B
1745192	Replaced snubber on hanger 2MCR-NI-4716	B
1745194	Replaced snubber on hanger 2MCA-NI-4722	B
1745195	Replaced snubber on hanger 2MCA-CA-56	B
1745197	Replaced snubber on hanger 2MCA-SM-104	B
1745201	Replaced snubber on hanger 2MCA-ND-5580	B
1745202	Replaced snubber on hanger 2MCA-ND-6181	B
1745204	Replaced snubber on hanger 2MCA-SM-19	B
1745205	Replaced snubber on hanger 2MCA-SM-20	B
1745206	Replaced snubber on hanger 2MCA-SM-153	B
1745207	Replaced snubber on hanger 2MCR-NI-4661	A
1745208	Replaced snubber on hanger 2MCA-SM-74	B
1745209	Replaced snubber on hanger 2MCA-SM-283	B
1745285	Replaced bolting material at inlet and outlet flange at valve 2NS2	B
1747839	Replaced material on hanger 2MCA-BB-5489	B
1750367-01	Replaced bolting material in flange at valve 2NV220	B
1751042	Replaced control valves on snubber at upper lateral support SG-A	B
1751150	Replaced disc and bonnet on valve 2NM6	B
1761865	Replaced item 9 and 10 on hanger 2MCR-NV-4218	B
1761865-01	Replace valve 2NV841 and associated piping	A
1761865-13	Replaced item 2 on hanger 2MCR-NV-4781	B
1769371	Replaced valve 2NC3	A
1799893	Replaced pivot pin in hanger 2MCA-CA-87	B

Work Order	Identification Number	ISI Class
1801521-01	Seal welded body to bonnet on valve 2NI349	A
1802555	Replaced snubber on hanger 2MCA-S-NV-535-01-H	B
1802706	Replaced load pin in hanger 2MCR-NI-4025	A
1802766-01	Repaired weld 2RCHP-IN	B
1802942	Replace items 3, 4, and 5 on hanger 2MCR-NV-5055	B
1803324	Replace snubbers on hanger 2MCR-NV-4106	A
1803674	Replace snubber and adapter plate on hanger 2MCR-NC-4272	A
1804042	Replace snubber on hanger 2MCA-NV-5315	B

## 5.2 Class 3 Preservice Examinations

The Class 3 NIS-2 forms are not required by code for reporting purposes. The Class 3 forms are listed here to assist in the ISI Plan review process.

Work Order	Identification Number	ISI Class
583573-07	Weld build-up on top and bottom of casing 2RNPU0004	C
1699256	Piping added to RN system per MD200353	C
1699326-01	Replaced studs and nuts in flange 2KC4-FI2 at valve 2KC57A	C
1699327-01	Replace bolting material in flange at valve 2KC82	C
1730869-39	Install new hanger on 2MCA-RN-3404	C
1730869-40	Install new hanger 2MCA-RN-3405	C
1730869-41	Install new hanger 2MCA-RN-3406	C
1730869-42	Install new hanger 2MCA-RN-3407	C
1730869-43	Install new hanger 2MCA-RN-3408	C
1730869-44	Install new hanger 2MCA-RN-3409	C
1730869-45	Install new hanger 2MCA-RN-3410	C
1730869-46	Install new hanger 2MCA-RN-3411	C
1730869-47	Install new hanger 2MCA-RN-3412	C
1730869-65	Added piping and valves 2RN1086 and 2RN1087	C
1734686	Replace bolting in filter trap at flange 2NVFL0051	C
1745180	Replace snubber and mounting bolting material on hanger 2MCA-NB-14	C
1745196	Replace snubber on hanger 2MCA-KC-3030	C
1758578	Replaced bolting material in bonnet on valve 2LD32	C

<b>Work Order</b>	<b>Identification Number</b>	<b>ISI Class</b>
1763015-26	Installed new hanger on 2MCA-RN-3413	C
1763015-32	Added piping and valves 2RN408 and 2RN410	C
1763015-46	Installed new hanger on 2MCA-RN-3413	C
1763617-32	Replaced valve 2RN69	C
1763617-60	Added item 12 on hanger 2MCA-CA-5625	C
1764228-32	Cut out and replace valve 2CA86	C
1785753	Added piping and valves 2RN404 and 2RN409	C
1801758	Replaced snubber on hanger 2MCA-KC-3332	C
1801841	Replaced snubber on hanger 2MCA-RN-3019	C
1802868	Added piping on RN System	C
1802998	Replaced valve 2RN285	C
1805056	Replaced snubber on hanger 2MCA-CA-128	C

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

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

1a. Date March 18, 2008  
Sheet 1 of 1

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

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

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

3a. Work Order #: 558698  
Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM #: N/A

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

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

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	Upper lateral support S/G D	Duke Power	88765043/2	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	Upper lateral support S/G D	Duke Power	88765043/9	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced snubber.

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

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u>[Signature]</u> <u>FL Grass Jr, QA Tech Specialist</u> Owner or Owner's Designee, Title	Date <u>3/19/2008</u>

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>2-26-08</u> to <u>3-19-08</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
<u>[Signature]</u> <u>Jerome F Swan</u> Inspector's Signature	Commissions <u>NC1524, N-I</u> National Board, State, Province and Endorsements
Date <u>3-19-2008</u>	

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

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

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

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

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

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

3a. Work Order #: 572524  
Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM #: N/A

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

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

6. Identification of Components:

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Corrected, Removed, or Installed	Column 8 ASME Code Stamped (yes or no)
A	2ND-3	Dresser	TH-03997	1937	N/A	1987	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced body bolting

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

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks A functional will be performed when the spare valve is placed into the system.

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

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

Signed [Signature] FL Grass Jr, QA Tech Specialist      Date 9/13/2007  
Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 9-11-07 to 9-17-07; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

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

Date 9-17-2007



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

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

1a. Date April 9, 2008  
Sheet 1 of 1

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

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

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

3a. Work Order #: 586253  
Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM #: N/A

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

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

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2-NV-VA-483	Dresser	TEO9055	414	N/A	1978	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced body to bonnet bolting.

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

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks Functional performed per task 3.

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

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

Signed *JL Grass Jr* FL Grass Jr, QA Tech Specialist      Date 4/9/2008  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 3-14-08 to 4-10-08; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

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

Date 4-10-2008

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

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

1a. Date April 09, 2008  
Sheet 1 of 1

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

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

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

3a. Work Order #: 590178  
Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NS - Containment Spray 4. (b) Class of System: B

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

6. Identification of Components:

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Corrected, Removed, or Installed	Column 8 ASME Code Stamped (yes or no)
A	2-NS-VA-44	Kerotest	S18-8	411	N/A	1973	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced disc.

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

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks Functional preformed per task 03.

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

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

Signed J. Grass FL Grass Jr, QA Tech Specialist Date 4/9/2008  
Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 3-16-08 to 4-10-08 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

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

Date 4-10-2008

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

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

1a. Date March 18, 2008  
Sheet 1 of 1

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

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

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

3a. Work Order #: 590831-01  
Repair Organization Job #

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

3b. NSM or MM #: N/A

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

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

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2FW-VA-28	Walworth	C56162	127	N/A	1974	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced 10 bonnet studs and 20 nuts.

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

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks functional performed per task 09.

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

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

Signed [Signature] FL Grass Jr, QA Tech Specialist Date 3/18/2008  
Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 3-16-08 to 3-19-08, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

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

Date 3-19-2008

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

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

1a. Date April 8, 2008  
Sheet 1 of 1

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

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

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

3a. Work Order #: 590831 - 18  
Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM #: N/A

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

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

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2FW-VA-28	Walworth	C56162	127	N/A	1974	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Machined 1" inspection port in bonnet and installed plug.

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

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks functional performed on task 26 per procedure MP/0/A/7700/045.

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

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

Signed [Signature] FL Grass Jr, QA Tech Specialist Date 4/8/2008  
Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 3-18-08 to 4-8-08; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

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

Date 4-8-2008



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

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

1a. Date April 10, 2008  
 Sheet 1 of 1

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

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

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

3a. Work Order #: 592071-02  
 Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM #: N/A

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

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

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2BB-VA-1	Borg Warner	29936	1045	N/A	1978	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	2BB-VA-1	Flowserve Corp	E-496P-1-1	2223	N/A	1999	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced material per MD201761.

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

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks Functional test performed per task 02.

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE		
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.		
Type Code Symbol Stamp	<u>N/A</u>	
Certificate of Authorization No.	<u>N/A</u>	Expiration Date <u>N/A</u>
Signed <u><i>FL Grass Jr.</i></u>	<u>FL Grass Jr. QA Tech Specialist</u>	Date <u>4/14/2008</u>
Owner or Owner's Designee, Title		

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>2-14-08</u> to <u>4-14-08</u> and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
<u><i>Jerome F Swan</i></u> Inspector's Signature	<u>Jerome F Swan</u> Commissions <u>NC1524, N-1</u> National Board, State, Province and Endorsements
Date <u>4-14-2008</u>	

FORM NPV-1 MANUFACTURERS' DATA REPORT FOR NUCLEAR PUMPS OR VALVES

As Required by the Provisions of the ASME Code Rules

1. Manufactured by Flowserve Corp.  
701 First Street, Williamsport, PA 17701 Order No. E496P-1  
(Name & Address of Manufacturer)

2. Manufactured for Duke Energy Corporation, P.O. Box 1015, Charlotte, NC. Order No. MN 49678  
(Name and Address) 28201-1015.

3. Owner Duke Energy Corporation

4. Location of Plant McGuire Nuclear Station, 13225 Hagers Ferry Rd., Huntersville, NC.  
28078-8985.

5. Pump or Valve Identification Valve, Two (2), 2"-1500#- Gate Valve.  
Serial Numbers: E496P-1-1 and E496P-1-2  
(Brief description of service for which equipment was designed)

(a) Drawing No. 74450 R/C Prepared by Flowserve Corp.

(b) National Board No. NB# 2223, NB# 2224

6. Design Conditions 3600 (Pressure) psi 100 °F (Temperature)

7. The material, design, construction, and workmanship complies with ASME Code Section III. Class 2  
 Edition 1971, Addenda Date (S) 1973, Case No. N/A

Mark No.	Material Spec. No.	Manufacturer	Remarks
<b>(a) Castings</b>			
Disc: Pc#1, Pc#2 Ht# L7795	SA351-CF8M	CMI	
<b>(b) Forgings</b>			
Body: SN 11, SN 12	SA182-F316	BW/IP Pump Div.	
RS# 303856; T/C: A5			
Bonnet: PC# 1, PC# 2	SA182-F316	Mid-Southern	
HT# L49056			

	Mark No.	Material Spec. No.	Manufacturer	Remarks
(c)	Bolting			
	N/A			
(d)	Other Parts			
	N/A			

8. Hydrostatic test 5400 psi.

**CERTIFICATION OF DESIGN**

Design information on file at Flowserve Corporation, Williamsport, PA. 17701  
 Stress analysis report on file at Same as above  
 Design specifications certified by R. E. Miller (1) Prof. Eng. State SC Reg. No. 4237  
 Stress analysis report certified by N/A (1) Prof. Eng. State \_\_\_\_\_ Reg. No. \_\_\_\_\_  
 (1) Signature not required. List name only.

We certify that the statements made in this report are correct.

Date 10/27/99 19\_\_\_\_ Signed Flowserve Corp. By RR Decker  
 (Manufacturer)

Certificate of Authorization No. N1712 expires 4/15/01

**CERTIFICATE OF SHOP INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and/or the State of ~~Province~~ of Pennsylvania and employed by Commercial Union Ins. Co. of Boston, MA have inspected the equipment described in this Data Report on 4-12th 10-28-99, and state that to the best of my knowledge and belief, the Manufacturer has constructed this equipment in accordance with the applicable Subsections of ASME Code, Section III.

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

Date 10-28 19 99

Charles Young (Inspector) Charles Young Commissions Pennsylvania 2392 KB9544 N  
 (National Board, State, Province and No.)

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

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

1a. Date April 3, 2008  
Sheet 1 of 1

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

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

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

3a. Work Order #: 592071-04  
Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM #: N/A

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

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

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2MCA-BB-5028	Duke Power	N/A	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced material per MD201761.

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

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

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

Signed [Signature] FL Grass Jr, QA Tech Specialist      Date 4/3/2008  
Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 3-28-08 to 4-4-08; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature] Jerome F Swan      Commissions NC1524, N-I  
Inspector's Signature      National Board, State, Province and Endorsements  
Date 4-4-2008

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

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

1a. Date April 1, 2008  
Sheet 1 of 1

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

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

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

3a. Work Order #: 592071 - 23  
Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM #: N/A

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

4. (b) Class of System: B

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

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2MCA-BB-5021	Duke Power	N/A	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced bolting material.

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

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

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

Date 4/1/2008

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 3-28-08 to 4-2-08; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature] Jerome F Swan  
Inspector's Signature

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

Date 4-2-2008



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

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

1a. Date April 10, 2008  
Sheet 1 of 1

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

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

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

3a. Work Order #: 592072-02  
Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM #: N/A

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

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

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2BB-VA-3	Borg Warner	9089	105	N/A	1976	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	2BB-VA-3	Flowserve Corp	53BDY	1554	N/A	2005	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced material per MD201761.

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

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks Functional test performed per task 02.

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed Albass Q FL Grass Jr, QA Tech Specialist Date 4/10/2008  
Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 2-14-08 to 4-14-08; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

Jerome F Swan Jerome F Swan  
Inspector's Signature

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

Date 4-14-2008

**FORM NPV-1 N CERTIFICATE HOLDERS' DATA REPORT FOR NUCLEAR PUMPS OR VALVES\***

As Required by the Provisions of the ASME Code, Section III, Div. 1

Manufactured by Flowserve Corporation, 1900 S. Saunders St., Raleigh, NC 27603  
(Name and Address of N Certificate Holder)

2. Manufactured for Duke Energy Corp. PO Box 1015 Charlotte, NC 28201-1015  
(Name and Address of Purchaser or Owner)

3. Location of Installation McGuire Station 13225 Hagers Ferry Rd. HWY 73 Huntersville, NC 28078-8985 ✓  
(Name and Address)

4. Pump or Valve Valve Nominal Inlet Size 2" Outlet Size 2"  
(inch) (inch)

	(a) Model No. Series No. or Type	(b) N Certificate Holder's Serial No.	(c) Canadian Registration No.	(d) Drawing No.	(e) Class	(f) Nat'L Bd. No.	(g) Year Built
(1)	1500# ✓	53BDY ✓	N/A	74450 REV. B	2 ✓	1554 ✓	2005 ✓
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							

5. 2"-1500#-GATE VALVE  
(Brief description of service for which equipment was designed) 34252

6. Design Conditions 1200 psi 567 °F or Valve Pressure Class 1500 (1)

7. Cold Working Pressure 3600 (Pressure) psi at 100 °F. (Temperature)

8. Pressure Retaining Pieces

Mark No.	Material Spec. No.	Manufacturer	Remarks
(a) Castings			
L7795	SA351-CF8M	Flowserve	Gate
(b) Forgings			
85500	SA182-F316	Flowserve	Bonnet
85511	SA182-F316	Larson	Body

(1) For manually operated valves only  
\*Supplemental sheets in form of lists, sketches or drawings may be used provided (1) size is 8-1/2" x 11", (2) information in items 1, 2 and 5 on this Data Report is included on each sheet, and (3) each sheet is numbered and number of sheets is recorded at top of this form.

1088152

Mark No.	Material Spec. No.	Manufacturer	Remarks
(c) Bolting			
(d) Other Parts			

9. Hydrostatic test 5400 psi. Disk Differential test pressure 3960 psi.

**CERTIFICATE OF COMPLIANCE**

We certify that the statements made in this report are correct and that this pump, or valve, conforms to the rules of construction 1971

of the ASME Code for Nuclear Power Plant Components, Section III, Div. 1., Edition

Addenda Summer 1973, Code Case No. N/A Date 12-10-05

Signed Flowserve Corp. by [Signature]  
(N Certificate Holder)

Our ASME Certificate of Authorization No. N-1562 to use the N symbol expires 11-26-06  
(N) (Date)

**CERTIFICATION OF DESIGN**

Design information on file at Flowserve Corporation Raleigh, NC

Stress analysis report (Class 1 only) on file at \_\_\_\_\_

Design specifications certified by (1) R.E. Miller

PE State SC Reg. No. 4237

Stress analysis certified by (1) \_\_\_\_\_

PE State \_\_\_\_\_ Reg. No. \_\_\_\_\_

(1) Signature not required. List name only.

**CERTIFICATE OF SHOP INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT of Hartford Connecticut

have inspected the pump, or valve, described in this Data Report on 12110105, and state that, to the best of my knowledge and belief, the N Certificate Holder has constructed this pump, or valve, in accordance with ASME Code, Section III.

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

Date 12110105

Signed [Signature]  
(Inspector)

Commissions NC 1421 NR 11666 NBSA  
(Nat'l Bd., State, Prov. and No.)

[Signature]  
4-14-05

1088152 3

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

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

1a. Date March 24, 2008  
Sheet 1 of 1

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

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

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

3a. Work Order # : 1702030  
Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NI – Safety Injection 4. (b) Class of System: B

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

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2MCA-NI-5047	Duke Power	N/A	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Cut items 3 and 4 then welded together after valve work completed.

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

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

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

Date 3/24/2008

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 3-13-08 to 3-25-08, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature] Jerome F Swan  
Inspector's Signature

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

Date 3-25-2008

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

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

1a. Date April 10, 2008  
Sheet 1 of 1

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

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

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

3a. Work Order #: 1710916  
Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM #: ME201572

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

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

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2-BB-VA-287	Kerotest	96EP0329	N/A	N/A	1996	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced disc.

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

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks Functional test performed per task 5.

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

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

Date 4/10/2008

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 3-21-08 to 4-14-08; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature] Jerome F Swan  
Inspector's Signature

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

Date 4-14-2008



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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date April 9, 2008  
 Sheet 1 of 1

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

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

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

3a. Work Order #: 1713164  
 Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM #: N/A

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

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

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2-NI-VA-184	Walworth	C55814	119	N/A	1974	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced body to bonnet bolting.

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

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks Functional performed per task 8.

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

Certificate of Authorization No: N/A

Expiration Date N/A

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

Date 4/9/2008

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 3-13-08 to 4-10-08; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature] Jerome F Swan  
Inspector's Signature

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

Date 4-10-2008

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date April 10, 2008  
 Sheet 1 of 1

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

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

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

3a. Work Order #: 1718559  
 Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM #: N/A

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

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

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2NI-VA-15	Kerotest	RT2-9	18123	N/A	1977	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	2NI-VA-15	BW/P International	96EP0224	82	N/A	1996	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C	2NI-VA-354	Kerotest	NU3-1	12030	N/A	1976	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
D	2NI-VA-354	BW/P International	96EP0223	81	N/A	1996	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
E	NI Piping	Duke Power	N/A	83	N/A	1982	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced valves, seal welded, and piping between welds NI2FW89-5 and 6.

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

Pressure 2485 psig Test Temp. Ambient °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks test performed per MP/0/A/7650/076 on task 29.

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

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

Date 4/10/2008

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 10-18-07 to 4-14-08; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature] Jerome F Swan  
Inspector's Signature

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

Date 4-14-2008

# FORM NPV-1 CERTIFICATE HOLDERS' DATA REPORT FOR NUCLEAR PUMPS OR VALVES\*

As Required by the Provisions of the ASME Code, Section III, Division 1

Pg. 1 of 2

EW/IP INTERNATIONAL INC.

1. Manufactured and certified by PUMP DIV., LOS ANGELES OPERATION 2300 EAST VERNON AVE, VERNON, CA 90058  
(name and address of N Certificate Holder)

2. Manufactured for DUKE POWER CO. MCGUIRE SITE 13225 HAGERS FERRY RD, HWY 73 HUNTERSVILLE, NC 28078-8985  
(name and address of Purchaser)

3. Location of Installation DUKE POWER CO. MCGUIRE SITE 13225 HAGERS FERRY RD, HWY 73 HUNTERSVILLE NC 28078-8985  
(name and address)

4. Model No., Series No., or Type CHECK Drawing DP-D9958-(1) Rev. D CRN N/A

5. ASME Code, Section III, Division 1: 1971 WINTER 1971 1 N/A  
(edition) (addenda date) (class) (Code Case no.)

6. Pump or valve VALVE Nominal inlet size 1 1/2 Outlet size 1 1/2  
(in.) (in.)

7. Material: Body SA182 GR F316 Bonnet N/A Disk SA479 TYPE 316 Bolting N/A

(a) Cert. Holder's Serial No.	(b) Nat'l Board No.	(c) Body Serial No.	(d) Bonnet Serial No.	(e) Disk Serial No.
96KPO223	81	320470 SN1 ✓	N/A	313803 SN27 ✓
96KPO224	82	320470 SN2	N/A	313803 SN43
96KPO225	83	319759B SN APFB-4	N/A	313803 SN44

\* Supplemental information in form of lists, sketches, or drawings may be used provided (1) size is 8 1/2 x 11, (2) information in items 1 through 4 on this Data Report is included on each sheet, (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NPV-1 (Back -- Pg. 2 of 2)

96EPO223

TRIP

Certificate Holder's Serial No.

96EPO225

8. Design conditions 3600 psi 100 °F or valve pressure class 1500# (1)

9. Cold working pressure 3600 psi at 100°F

10. Hydrostatic test 5400-5450 psi. Disk differential test pressure 3960-4010 psi

11. Remarks: MATERIAL COVER: SA182 GR F316 NAMEPLATE ATTACHED BY WIRE
CERT HOLDERS SN COVER SN
96EPO223 314449A SN2 ✓
96EPO224 314449A SN4
96EPO225 314449A SN5

CERTIFICATION OF DESIGN

Design Specification certified by ROBERT EUGENE MILLER P.E. State N.C. Reg. no. 4860
Design Report certified by DAVID A. WURANGLAN P.E. State CA Reg. no. M19547

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and that this pump or valve conforms to the rules for construction of the ASME Code, Section III, Division 1.

N Certificate of Authorization No. N-1130 Expires JUNE 10, 1999

Date 9/10/96 Name EN/IP INTERNATIONAL INC. Signed [Signature] (Authorized representative)

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of CALIFORNIA and employed by \*AMERIKENT MUTUAL INS. CO. of NEEDHAM, MASS. have inspected the pump, or valve, described in this Data Report on 9/10/96 and state that to the best of my knowledge and belief, the Certificate Holder has constructed this pump, or valve, in accordance with the ASME Code, Section III, Division 1.

\*FACTORY MUTUAL ENGINEERING ASSOCIATION

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

Date 9/10/96 Signed [Signature] (Authorized Inspector) Commissions NB7103, NBI-15, CA 1864 [Not'l. Bd. (Incl. endorsements) and state or prov. and no.]

(1) For manually operated valves only.

Handwritten signature and date: J. E. A. II 04-14-08



# Receiving Inspection Report

Form NPP-311A Rev.: 4

Page 1 of 2

Purchase Order No   NPP-315 Stock/Cat ID:  ID: Station  MEDB ID.:  Part No.:  QA Shop No.: Vendor  Manufacturer: 

Item No.	Quantity	UTC No.	Heat No.	Lot No./Batch No.	Serial No.
<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="850762"/>	<input type="text" value="NA"/>	<input type="text" value="NA"/>	<input type="text" value="96EP0223"/>

Description: 

CK'd By	SAMPLE			Duke/Vendor	Inspection, Examination, and Testing Performed - Specify			Procedures/Standards Used
	Size	Pass	Fail					
<input type="text" value="CD"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="D"/>	<input checked="" type="checkbox"/> Visual/Configuration/Workmanship			<input type="text" value="NPP-311 Rev.: 4"/>  <input checked="" type="checkbox"/> QA Condition: <input type="text" value="1"/> <input type="checkbox"/> Commercial Grade <input type="checkbox"/> Over-Check
<input type="text" value="CD"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="D"/>	<input checked="" type="checkbox"/> Dimensional <input checked="" type="checkbox"/> Approx. <input type="checkbox"/> Tolerance			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Electrical <input type="text"/>			
<input type="text" value="CD"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="D"/>	<input type="checkbox"/> Magnetic <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Weight			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Pressure: <input type="text"/>			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Chem. Analysis: <input type="text"/>			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Physical Properties: <input type="text"/>			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Other <input type="text"/>			

Comments 

Calibrated Test, Examination, and Inspection Equipment Used:

Instrument Type	Model Number	Serial Number	Calibration Due
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## I. Description of Problem

 ProblemsSent To: S V: Originator:  Phone #:  FAX #:  Date: Accepted By:  Date:   
(Level II Receiving Inspector)Final QA Approval:  Date:



# Receiving Inspection Report

Form NPP-311A Rev.: 4

Page 1 of 2

Purchase Order No   NPP-315 Stock/Cat ID:  ID:

Station  MEDB ID.:  Part No.:  QA Shop No.:

Vendor  Manufacturer:

Item No.	Quantity	UTC No.	Heat No.	Lot No./Batch No.	Serial No.
<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="852259"/>	<input type="text" value="NA"/>	<input type="text" value="NA"/>	<input type="text" value="96EP0224"/>

Description:

CK'd By	SAMPLE			Duke/Vendor	Inspection, Examination, and Testing Performed - Specify	Procedures/Standards Used
	Size	Pass	Fail			
<input type="text" value="CD"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="D"/>	<input checked="" type="checkbox"/> Visual/Configuration/Workmanship	<input type="text" value="NPP-311 Rev.: 4"/>  <input checked="" type="checkbox"/> QA Condition: <input type="text" value="1"/> <input type="checkbox"/> Commercial Grade <input type="checkbox"/> Over-Check
<input type="text" value="CD"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="D"/>	<input checked="" type="checkbox"/> Dimensional <input checked="" type="checkbox"/> Approx. <input type="checkbox"/> Tolerance	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Electrical <input type="text"/>	
<input type="text" value="CD"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="D"/>	<input checked="" type="checkbox"/> Magnetic <input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Weight	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Pressure: <input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Chem. Analysis: <input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Physical Properties: <input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Other <input type="text"/>	

Comments

### Calibrated Test, Examination, and Inspection Equipment Used:

Instrument Type	Model Number	Serial Number	Calibration Due

I. Description of Problem  Problems Sent To:  S V:

Originator:  Phone #:  FAX #:  Date:

Accepted By:  Date:   
(Level II Receiving Inspector)

Final QA Approval:  Date:

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

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

1a. Date April 10, 2008  
Sheet 1 of 1

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

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

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

3a. Work Order #: 1719700-06  
Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM #: N/A

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

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

6. Identification of Components:

Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8	
Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)	
A	2NC-VA-1	Crosby	N56925-00-0006	30	N/A	1974	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	2NC-VA-1	Crosby	N56925-00-0003	27	N/A	1974	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced valve.

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

Pressure 2235 psig      Test Temp. 558 °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks Functional test performed per task 4.

(Applicable Manufacturer's Data Reports to be attached)

<b>CERTIFICATE OF COMPLIANCE</b>	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u><i>[Signature]</i></u> <u>FL Grass Jr, QA Tech Specialist</u> Owner or Owner's Designee, Title	Date <u>4/10/2008</u>

<b>CERTIFICATE OF INSERVICE INSPECTION</b>	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>3-6-08</u> to <u>4-14-08</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
Inspector's Signature <u><i>[Signature]</i></u> <u>Jerome F Swan</u> Date <u>4-14-08</u>	Commissions <u>NC1524, N-I</u> National Board, State, Province and Endorsements

**CROSBY VALVE & GAGE COMPANY**  
WRENTHAM, MASS

FORM NV-1 FOR SAFETY AND SAFETY RELIEF VALVES  
As required by the Provisions of the ASME Code Rules

Q.C.-44B

NB-27

**DATA REPORT**  
Safety and Safety Relief Valves

1. Manufactured By Crosby Valve & Gage Company, 43 Kendrick St., Wrentham, Mass. 02093  
6N6 HB-BP-86 Name and Address

Model No. N-56925 Order No. N-300580 Contract Date 2/12/73  
Duke Power Company

2. Manufactured For Charlotte, North Carolina Order No. A-33957  
Name and Address

3. Owner Duke Power Company, 422 South Church St., Charlotte, North Carolina 28201  
Name and Address

4. Location of Plant McGuire Nuclear Station Unit #1, Cowans Ford, North Carolina

5. Valve Identification I-NC-3 Serial No. N56925-00-0003 Drawing No. DS-C-56925 Rev. 0  
2.154

Type Safety Orifice Size M Pipe Size 6 Inlet 6 Outlet 6  
Safety, Safety Relief, Pilot, Power Actuated Inch Inch Inch Inch

6. Set Pressure (PSIG) 2485# 700 F  
Rated Temperature

Stamped Capacity 420006#/hr. 3 % Overpressure 3 Blowdown (PSIG) 124

Hydrostatic Test (PSIG) Inlet 4575 Complete Valve 750

7. The material, design, construction and workmanship comply with ASME Code, Section III.  
Class \* I Edition 1971 Addenda Date Winter 1972

Pressure Containing or Pressure Retaining Components

	Serial No. Identification	Material Specification Including Type or Grade
a. Castings		
Body	<u>N90397-31-0001</u>	<u>ASTM A-351-72 Gr. CF8M</u> <u>ASME SA-351 Gr. CF8M</u>
Bonnet	<u>N90353-34-0014</u>	<u>ASTM A-105-71 Gr. II</u> <u>ASME SA-105 Gr. II</u>
b. Bar Stock and Forgings		
Support Rods		
Nozzle	<u>N90399-32-0005</u>	<u>ASTM A-182-71 Gr. F</u> <u>ASME SA-182 Gr. F</u>
Disc Insert	<u>N90426-32-0004</u>	<u>Haynes Stellite No. 6B</u>
Spring Washers Top	<u>N90350-32-0029</u>	<u>ASTM A-105-71 Gr. II</u>
Spring Washers Bottom	<u>N90350-32-0030</u>	<u>ASME SA-105 Gr. II</u>
Adjusting Bolt	<u>N90351-35-0042</u>	<u>ASTM A-193-70 Gr. B6</u> <u>ASME SA-193 Gr. B6</u>
Spindle	<u>N90354-34-0019</u>	<u>ASTM A-193-71 Gr. B6</u> <u>ASME SA-193 Gr. B6</u>
Spindle Ball	<u>N90355-0019</u>	<u>ASTM A-276-72 Type 440</u> <u>ASME SA-276 Type 440</u>

	Serial No. or Identification	Material Specification Including Type or Grade
3. Spindles	<u>NX-2761-0015</u>	<u>ASTM A-304 Gr. 51200</u>
4. Bolting	_____	_____
5. Other Parts such as Pilot Components	_____	_____
Disc Holder	<u>N90356-35-0016</u>	<u>Inconel 718</u>
Bonnet Stud	<u>87589</u>	<u>ASTM A-193-71 Gr. B7 ASME SA-193 Gr. B7</u>
Bonnet Stud Nut	<u>2371</u>	<u>ASTM A-194-71 Gr. 2H ASME SA-194 Gr. 2H</u>

We certify that the statements made in this report are correct.

Date 8-5 19 74 Signed Crosby Valve & Gage Co. By [Signature]  
 Manufacturer QA Manager

Certificate of Authorization No. 331 expires November 9, 1974

DESIGN INFORMATION ON FILE AT CROSBY VALVE & GAGE COMPANY.  
 DESIGN REPORT NO. EC-158.

**CERTIFICATE OF SHOP INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Mass. and employed by Mutual Boiler & Machinery Insurance Co., Waltham, Mass. have inspected the equipment described in this Data Report on \_\_\_\_\_ 19\_\_\_\_ and state that to the best of my knowledge and belief, the Manufacturer has constructed this equipment in accordance with the applicable Subsections of ASME Section III.

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

\*Factory Mutual Group of Insurance Co.

Date 8-14 19 74  
[Signature]  
 (Inspector) Commissions N.B. 7382  
 National Board, State, Province and No.)

[Signature]  
4-14-05

DUKE POWER COMPANY  
 DESIGN ENGINEERING DEPARTMENT  
 VENDOR QUALITY ASSURANCE CERTIFICATION

Name of Vendor Crosby Valve & Gage Company Item No. \_\_\_\_\_  
 Address of Vendor Plant Wrentham, Mass. 02093 Spec. No. MCS-1205.09 Rev. 1  
 Component(s) or Material Steel Safety Valve Date 12/18/75  
 \_\_\_\_\_ Shipping ID No. \_\_\_\_\_  
 \_\_\_\_\_ Release No. N/A

Mill Power Order No. A-33957

Certification Included Yes Full X Partial \_\_\_\_\_

The following listed tests and inspections have been completed as required by specification: (If partial certification, list materials or components for which certification applies.)

- 1) Tested in accordance with Crosby Procedure T-16065-0
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Physical and Chemical Analysis	<u>X</u>	Major Repair Records and Chart	<u>X</u>
Design Report	<u>N/A</u>	Repair NDT	<u>X</u>
Stress Report	<u>N/A</u>	Hydro (Test Press. -PSIG _____)	<u>X</u>
Heat Treatment	<u>X</u>	Cleanliness	<u>X</u>
Radiographic Test	<u>X</u>	Operating Test	<u>X</u>
Ultrasonic Test	<u>X</u>	Performance Curve	<u>N/A</u>
Magnetic Particle	<u>X</u>	ASME Data Report	<u>X</u>
Penetrant Tests	<u>X</u>	Personnel Qualifications on Record	<u>X</u>

Deviation Record None

The following QA Documentation as required by the specification is attached to the original copy of this form: (If partial certification, include documentation applicable only to this specific shipment.)

Valve Documentation Package

DUKE POWER COMPANY  
DESIGN ENGINEERING DEPARTMENT  
VENDOR QUALITY ASSURANCE CERTIFICATION

The listed component(s) or material(s) conform to the requirements of Duke Power Company Specification MCS-1205.09 Rev. 1 with the approved deviations noted above. The QA documentation has been completed and attached to this form. No later than component or material shipment, the complete QA documentation packet is being transmitted to Duke Power Company


S. K. Blackley, Jr., Chief Engineer, Mechanical & Nuclear Division

C. J. Wylie, Chief Engineer, Electrical Division

L. C. Dail, Chief Engineer, Civil & Environmental Division

Design Engineering Department  
P. O. Box 2178  
Charlotte, N. C. 28242

A copy of this completed Vendor Quality Assurance Certification form will be included with shipping papers and shipped with the component to Duke Power Company, at the address designated in the specification. This is to certify that the item of equipment identified above fully meets the requirements of the above listed specification including all of the codes, standards, test requirements, and quality assurance requirements invoked therein.

  
Vendor Representative Authorized Signature

Title QA Supervisor Date 12/18/75

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

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

1a. Date April 5, 2008

Sheet 1 of 1

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

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

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

3a. Work Order #: 1719700-25

Repair Organization Job #

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

3b. NSM or MM #: N/A

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

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

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2MCR-NC-4034	Duke Power	N/A	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes



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

7. Description of Work Replaced load pin.

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

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

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

Signed [Signature] FL Grass Jr, QA Tech Specialist      Date 4/5/2008  
Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 4-1-08 to 4-5-08; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

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

Date 4-5-2008

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date April 10, 2008  
 Sheet 1 of 1

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

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

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

3a. Work Order #: 1722213  
 Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM #: N/A

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

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

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2NC-VA-2	Crosby	N56925-00-0007	523	N/A	1978	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	2NC-VA-2	Crosby	N56925-00-0007	523	N/A	1978	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced valve.

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

Pressure 2235 psig Test Temp. 558 °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks Valve removed from system sent to vendor to be tested and place back in original position for service. The functional test was performed per task 4.

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

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

Signed [Signature] FL Grass Jr, QA Tech Specialist Date 4/10/2008  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 3-8-08 to 4-14-08, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

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

Date 4-14-2008

# CROSBY

## CROSBY VALVE & GAGE COMPANY WRENTHAM, MASS

FORM NV-1 FOR SAFETY AND SAFETY RELIEF VALVES  
As required by the Provisions of the ASME Code Rules

Q.C.-44C

### DATA REPORT Safety and Safety Relief Valves

1. Manufactured By Crosby Valve & Gage Co., 43 Kendrick St., Wrentham, MA 02093  
Name and Address
- Model No. HB-86-BP Order No. N300580J Contract Date 3/25/76 National Board No. 523
2. Manufactured For Duke Power Co., Charlotte, No. Carolina Order No. A33957  
Name and Address
3. Owner Duke Power Co., 422 South Church St., Charlotte, North Carolina 28201  
Name and Address
4. Location of Plant McGuire Nuclear Station Unit, Cowans Ford, North Carolina
5. Valve Identification SPARE - 1 Serial No. N56925-00-0007 Drawing No. DS-C-56925 Rev. C
- Type Safety Orifice Size M Pipe Size - Inlet 6 Outlet 6  
Safety, Safety Relief, Pilot, Power Actuated Inch Inch Inch Inch
6. Set Pressure (PSIG) 2485 Rated Temperature 700 F
- Stamped Capacity 420006 lbs./hr. Sat. 3 % Overpressure Blowdown (PSIG) 5% of S.P.
- Hydrostatic Test (PSIG) Inlet 4575 Complete Valve 750 psig
7. The material, design, construction and workmanship comply with ASME Code, Section III.  
Class I Edition 1971, Addenda Date Winter 1972, Case No. \_\_\_\_\_

#### Pressure Containing or Pressure Retaining Components

	Serial No. Identification	Material Specification Including Type or Grade
a. Castings		
Body	<u>N90397-33-0007</u>	<u>ASME SA351 Gr. CF8M</u>
Bonnet	<u>N90353-41-0113</u>	<u>ASME SA105</u>
b. Bar Stock and Forgings		
Bellows <del>Bar Stock</del> <u>K56383-40-0036</u>	<u>N90356-40-0040</u>	<u>Inconel Alloy 718</u>
Nozzle	<u>N90399-35-0011</u>	<u>ASME SA182 Gr. F316</u>
Disc Insert	<u>N90426-37-0026</u>	<u>Haynes Stellite Alloy No. 6B</u>
Spring Washers <u>K56380-45-0110</u>	<u>N90350-40-0226</u> <u>N90350-40-0237</u>	<u>ASME SA105</u>
Adjusting Bolt	<u>N90351-44-0145</u>	<u>ASTM A193-70 Gr. B6</u> <u>ASME SA193 Gr. B6</u>
Spindle <u>K56381-49-0143</u>	<u>N90354-47-0141</u>	<u>ASTM A193-73 Gr. B6</u> <u>ASME SA193 Gr. B6</u>

	Serial No. or Identification	Material Specification Including Type or Grade
c. Spring K56380-45-0110	<u>NX2761-0023</u>	<u>ASTM A304-76 51B60H</u>
d. Bolting	_____	_____
e. Other Parts such as Pilot Components	_____	_____
Bonnet Stud	<u>87589</u>	<u>ASTM A193 Gr. B7</u>
Bonnet Nut	<u>2371</u>	<u>ASTM A197 CL, 24</u>

We certify that the statements made in this report are correct.

Date 3-7 19 78 Signed Crosby Valve & Gage Co. By [Signature]  
 Manufacturer

Certificate of Authorization No. 1878 expires September 30, 1980

**CERTIFICATE OF SHOP INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Mass. and employed by Factory Mutual Systems\*, Norwood, Mass. have inspected the equipment described in this Data Report on 3/13 19 78 and state that to the best of my knowledge and belief, the Manufacturer has constructed this equipment in accordance with the applicable Subsections of ASME Section III.

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

Date 3/13 19 78 [Signature] NB 7320  
 (Inspector) [Signature] Commissions MA 1206  
 National Board, State, Province and Territory

\*Arkwright-Boston Manufacturers Mutual Insurance Company - Mutual Boiler & Machinery Division.

[Handwritten Signature]  
14-08

DUKE POWER COMPANY  
 QUALITY ASSURANCE DEPARTMENT  
 SUPPLIER QUALITY ASSURANCE CERTIFICATION

Name of Supplier Crosby Valve & Gage Company Date March 14, 1978

Address of Supplier Plant 43 Kendrick Street Mill Power Order No. A-33957

Wrentham, Mass. 02093 Duke Item or Req. No. Item 1

Spec. No. MCS-1205.09-1 Rev. 1

Supplier ID Nos. N56925-00-0007, N56925-00-0008, N56925-00-0009

Description of Component(s) or Material(s) Steel Safety Valves

Attached Documentation covers all Components/Materials on Mill Power Order.  
 Attached Documentation covers partial shipment of Components/Materials on Mill Power Order.

The following listed tests, inspections and reports have been completed as required by the specification:

<input checked="" type="checkbox"/> Physical & Chemical Analysis	<input checked="" type="checkbox"/> Major Repair Records & Charts
<input checked="" type="checkbox"/> Hydro (Test Pressure - PSIG <u>2485</u> )	<input checked="" type="checkbox"/> Personnel Qualifications on Record

\*Crosby No. EC-158 & EC-427

<input checked="" type="checkbox"/> Design Report	<u>N/A</u> Stress Report	<input checked="" type="checkbox"/> Heat Treatment
<input checked="" type="checkbox"/> Radiographic Test	<input checked="" type="checkbox"/> Ultrasonic Test	<input checked="" type="checkbox"/> Magnetic Particle
<input checked="" type="checkbox"/> Penetrant Test	<input checked="" type="checkbox"/> Repair NDE	<input checked="" type="checkbox"/> Cleanliness
<input checked="" type="checkbox"/> Operating Test	<u>N/A</u> Performance Curve	<input checked="" type="checkbox"/> ASME Data Report
<input checked="" type="checkbox"/> Dimensional Check	<u>N/A</u> Deviation Record # _____	

- 1) Tested in accordance with Crosby Procedure T-16063 Rev. 0
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

This certifies that the listed Component(s) or Material(s) conform to the requirements of the above referenced Duke Power documents including all codes, standards, test requirements and Quality Assurance requirements invoked therein.

  
 Supplier Representative Authorized Signature

Title Q. A. Supervisor Date March 14, 1978

(See Instructions)

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

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

1a. Date March 16, 2008

Sheet 1 of 1

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

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

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

3a. Work Order #: 1745170

Repair Organization Job #

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

3b. NSM or MM #: N/A

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

4. (b) Class of System: B

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

6. Identification of Components:

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Corrected, Removed, or Installed	Column 8 ASME Code Stamped (yes or no)
A	2MCA-CA-59	Duke Power	18063	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	2MCA-CA-59	Duke Power	36863	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced snubber and bolting material on extension piece.

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

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

<b>CERTIFICATE OF COMPLIANCE</b>	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u>[Signature]</u> <u>FL Grass Jr, QA Tech Specialist</u> <small>Owner or Owner's Designee, Title</small>	Date <u>3/16/2008</u>

<b>CERTIFICATE OF INSERVICE INSPECTION</b>	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>2-14-08</u> to <u>3-18-08</u> and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
<u>[Signature]</u> <small>Inspector's Signature</small> Date <u>3-18-08</u>	Commissions <u>NC1524, N-I</u> <small>National Board, State, Province and Endorsements</small>



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

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

1a. Date March 10, 2008  
Sheet 1 of 1

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

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

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

3a. Work Order #: 1745171  
Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM #: N/A

4. (a) Identification of System: CA - Auxiliary Feedwater 4. (b) Class of System: B

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

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2MCA-CA-130	Duke Power	20494	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	2MCA-CA-130	Duke Power	36861	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced snubber.

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

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

9. Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

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

Signed Althaus Jr. FL Grass Jr, QA Tech Specialist      Date 3/10/2008  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 2-14-08 to 3-11-08; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

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

Date 3-11-2008

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

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

1a. Date March 10, 2008  
Sheet 1 of 1

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

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

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

3a. Work Order #: 1745172  
Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM #: N/A

4. (a) Identification of System: CA - Auxiliary Feedwater 4. (b) Class of System: B

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

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2MCA-CA-130	Duke Power	21774	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	2MCA-CA-130	Duke Power	36862	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced snubber.

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

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

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

Date 3/10/2008

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 2-14-08 to 3-11-08 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

Jerome F. Swan Jerome F Swan  
Inspector's Signature

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

Date 3-11-08

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date March 17, 2008  
 Sheet 1 of 1

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

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

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

3a. Work Order #: 1745174  
 Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM #: N/A

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

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

6. Identification of Components:

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Corrected, Removed, or Installed	Column 8 ASME Code Stamped (yes or no)
A	2MCA-ND-6380	Duke Power	21755	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	2MCA-ND-6380	Duke Power	14908	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced snubber.

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

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

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

Date 3/17/2008

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 2-14-08 to 3-18-08, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature] Jerome F Swan  
Inspector's Signature

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

Date 3-18-2008

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

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

1a. Date March 24, 2008  
Sheet 1 of 1

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

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

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

3a. Work Order #: 1745175  
Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM #: N/A

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

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

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2MCA-NV-7009	Duke Power	20489	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	2MCA-NV-7009	Duke Power	36859	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced snubber.

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

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

9. Remarks \_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u>[Signature]</u> <u>FL Grass Jr, QA Tech Specialist</u>	Date <u>5/25/2008</u>
<small>Owner or Owner's Designee, Title</small>	

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>2-14-08</u> to <u>3-28-08</u> and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
<u>[Signature]</u> <u>Jerome F Swan</u>	Commissions <u>NC1524, N-1</u>
<small>Inspector's Signature</small>	<small>National Board, State, Province and Endorsements</small>
Date <u>3-28-2008</u>	



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

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

1a. Date March 10, 2008  
Sheet 1 of 1

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

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

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

3a. Work Order #: 1745177  
Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM #: N/A

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

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

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2MCA-SV-58	Duke Power	100	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	2MCA-SV-58	Duke Power	36858	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced snubber

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

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

<b>CERTIFICATE OF COMPLIANCE</b>	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u><i>FL Grass Jr.</i></u> <u>FL Grass Jr, QA Tech Specialist</u>	Date <u>3/10/2008</u>
<small>Owner or Owner's Designee, Title</small>	

<b>CERTIFICATE OF INSERVICE INSPECTION</b>	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>2-14-08</u> to <u>3-11-08</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
<u><i>Jerome F Swan</i></u> <u>Jerome F Swan</u>	Commissions <u>NC1524, N-1</u>
Inspector's Signature	National Board, State, Province and Endorsements
Date <u>3-11-2008</u>	

**FORM NIS-2 OWNER'S REPORT . . . OR REPAIR / REPLACEMENT ACTIVITY**

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date March 10, 2008  
 Sheet 1 of 1

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

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

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

3a. Work Order # : 1745179  
 Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM #: N/A

4. (a) Identification of System: CA – Auxiliary Feedwater 4. (b) Class of System: B

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

6. Identification of Components:

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Corrected, Removed, or Installed	Column 8 ASME Code Stamped (yes or no)
A	2MCA-CA-140	Duke Power	20372	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	2MCA-CA-140	Duke Power	19547	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced snubber.

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

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

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

Signed *FL Grass Jr.* FL Grass Jr. QA Tech Specialist      Date 3/16/2007  
Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 2-14-08 to 3-11-08; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

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

Date 3-11-08

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date March 17, 2008  
 Sheet 1 of 1

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

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

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

3a. Work Order #: 1745181  
 Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM #: N/A

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

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

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2MCA-ND-5508	Duke Power	14936	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	2MCA-ND-5508	Duke Power	36855	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced snubber.

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

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u>[Signature]</u> <u>FL Grass Jr, QA Tech Specialist</u> Owner or Owner's Designee, Title	Date <u>3/17/2008</u>

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>2-14-08</u> to <u>3-19-08</u> and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
<u>[Signature]</u> Inspector's Signature	<u>Jerome F Swan</u> Commissions <u>NC1524, N-1</u> National Board, State, Province and Endorsements
Date <u>3-19-2008</u>	

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

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

1a. Date March 25, 2008  
Sheet 1 of 1

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

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

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

3a. Work Order #: 1745182  
Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM #: N/A

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

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

6. Identification of Components:

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Corrected, Removed, or Installed	Column 8 ASME Code Stamped (yes or no)
A	2MCR-NI-4699	Duke Power	20732	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	2MCR-NI-4699	Duke Power	16569	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced snubber

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

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

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

Signed [Signature] FL Grass Jr, QA Tech Specialist      Date 3/25/2008  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 2-14-08 to 3-26-08; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

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

Date 3-26-08



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

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

1a. Date March 9, 2008  
Sheet 1 of 1

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

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

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

3a. Work Order #: 1745184  
Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM #: N/A

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

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

6. Identification of Components:

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Corrected, Removed, or Installed	Column 8 ASME Code Stamped (yes or no)
A	2MCA-SV-1	Duke Power	173	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	2MCA-SV-1	Duke Power	36853	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced snubber

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

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

9. Remarks \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u>[Signature]</u> <u>FL Grass Jr, QA Tech Specialist</u> Owner of Owner's Designee, Title	Date <u>3/9/2008</u>

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>2-14-08 to 3-10-08</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
<u>[Signature]</u> <u>Jerome F Swan</u> Inspector's Signature	Commissions <u>NC1524, N-1</u> National Board, State, Province and Endorsements
Date <u>3-10-2008</u>	

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

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

1a. Date March 17, 2008  
Sheet 1 of 1

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

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

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

3a. Work Order #: 1745185  
Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NI – Safety Injection 4. (b) Class of System: B

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

6. Identification of Components:

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Corrected, Removed, or Installed	Column 8 ASME Code Stamped (yes or no)
A	2MCR-NI-4026	Duke Power	20558	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	2MCR-NI-4026	Duke Power	36852	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced snubber.

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

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u>[Signature]</u> FL Grass Jr, QA Tech Specialist Owner or Owner's Designee, Title	Date <u>3/17/2009</u>

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>2-14-08</u> to <u>3-18-08</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
<u>[Signature]</u> Inspector's Signature	Commissions <u>NC1524, N-I</u> National Board, State, Province and Endorsements
Date <u>3-18-08</u>	

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

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

1a. Date March 10, 2008

Sheet 1 of 1

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

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

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

3a. Work Order #: 1745187  
Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM #: N/A

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

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

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2MCA-SM-152	Duke Power	22396	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	2MCA-SM-152	Duke Power	15712	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced snubber

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

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

9. Remarks \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u><i>FL Grass Jr</i></u> <u>FL Grass Jr, QA Tech Specialist</u>	Date <u>3/10/2008</u>
<small>Owner or Owner's Designee, Title</small>	

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>2-14-08</u> to <u>3-11-08</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
<u><i>Jerome F Swan</i></u> Inspector's Signature	Commissions <u>NC1524, N-1</u> National Board, State, Province and Endorsements
Date <u>3-11-2008</u>	

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

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

1a. Date March 10, 2008

Sheet 1 of 1

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

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

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

3a. Work Order #: 1745189  
Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM #: N/A

4. (a) Identification of System: CA - Auxiliary Feedwater 4. (b) Class of System: B

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

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2MCA-CA-89	Duke Power	20977	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	2MCA-CA-89	Duke Power	36851	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced snubber.

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

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

9. Remarks \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

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

Signed [Signature] FL Grass Jr, QA Tech Specialist Date 3/10/2008  
Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 2-14-08 to 3-11-08; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

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

Date 3-11-2008



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

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

1a. Date March 17, 2008  
Sheet 1 of 1

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

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

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

3a. Work Order #: 1745190  
Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM #: N/A

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

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

6. Identification of Components:

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Corrected, Removed, or Installed	Column 8 ASME Code Stamped (yes or no)
A	2MCR-NI-4556	Duke Power	21122	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	2MCR-NI-4556	Duke Power	36850	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced snubber.

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

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

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

Signed AL Grass Jr. FL Grass Jr, QA Tech Specialist      Date 3/17/2008  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 2-14-08 to 3-18-08; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

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

Date 3-18-2008

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date March 25, 2008  
 Sheet 1 of 1

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

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

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

3a. Work Order #: 1745191  
 Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM #: N/A

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

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

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2MCR-NI-4043	Duke Power	21752	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	2MCR-NI-4043	Duke Power	14765	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced snubber and 3/8" bolt at bracket.

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

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

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

Signed [Signature] FL Grass Jr, QA Tech Specialist      Date 3/25/2008  
Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 2-14-08 to 3-26-08, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

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

Date 3-26-2008

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

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

1a. Date March 17, 2008  
Sheet 1 of 1

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

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

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

3a. Work Order #: 1745192  
Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM #: N/A

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

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

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2MCR-NI-4716	Duke Power	20742	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	2MCR-NI-4716	Duke Power	36848	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced snubber.

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

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

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

Signed [Signature] FL Grass Jr, QA Tech Specialist      Date 3/17/2008  
Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 2-14-08 to 3-18-08 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

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

Date 3-18-2008

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

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

1a. Date March 10, 2008  
Sheet 1 of 1

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

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

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

3a. Work Order # : 1745194  
Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM #: N/A

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

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

6. Identification of Components:

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Corrected, Removed, or Installed	Column 8 ASME Code Stamped (yes or no)
A	2MCA-NI-4722	Duke Power	118	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	2MCA-NI-4722	Duke Power	36847	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced snubber

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

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u>[Signature]</u> <u>FL Grass Jr, QA Tech Specialist</u> Owner or Owner's Designee, Title	Date <u>3/10/2008</u>

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>2-14-08 to 3-11-08</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
Inspector's Signature <u>[Signature]</u> Date <u>3-11-2008</u>	Commissions <u>NC1524, N-I</u> National Board, State, Province and Endorsements



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

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

1a. Date March 10, 2008  
Sheet 1 of 1

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

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

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

3a. Work Order #: 1745195  
Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM #: N/A

4. (a) Identification of System: CA - Auxiliary Feedwater 4. (b) Class of System: B

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

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2MCA-CA-56	Duke Power	10734	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	2MCA-CA-56	Duke Power	36846	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced snubber.

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

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

<b>CERTIFICATE OF COMPLIANCE</b>	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u>[Signature]</u> <u>FL Grass Jr, QA Tech Specialist</u> Owner or Owner's Designee, Title	Date <u>3/10/2008</u>

<b>CERTIFICATE OF INSERVICE INSPECTION</b>	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>2-17-08</u> to <u>3-11-08</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
<u>[Signature]</u> Inspector's Signature	Commissions <u>NC1524, N-I</u> National Board, State, Province and Endorsements
Date <u>3-11-2008</u>	

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date March 9, 2008  
 Sheet 1 of 1

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

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

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

3a. Work Order #: 1745197  
 Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM #: N/A

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

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

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2MCA-SM-104	Duke Power	197	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	2MCA-SM-104	Duke Power	16035	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced snubber

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

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

9. Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

<b>CERTIFICATE OF COMPLIANCE</b>	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u><i>[Signature]</i></u> <u>FL Grass Jr, QA Tech Specialist</u>	Date <u>3/9/2008</u>
<small>Owner or Owner's Designee, Title</small>	

<b>CERTIFICATE OF INSERVICE INSPECTION</b>	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>2-14-08</u> to <u>3-10-08</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
<u><i>[Signature]</i></u> <u>Jerome F Swan</u>	Commissions <u>NC1524, N-1</u>
<small>Inspector's Signature</small>	<small>National Board, State, Province and Endorsements</small>
Date <u>3-10-2008</u>	

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date March 17, 2008  
 Sheet 1 of 1

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

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

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

3a. Work Order #: 1745201  
 Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM #: N/A

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

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

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2MCA-ND-5880	Duke Power	20667	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	2MCA-ND-5880	Duke Power	36845	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced snubber.

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

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

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

Signed Altham J FL Grass Jr, QA Tech Specialist      Date 3/17/2008  
Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 2-14-08 to 3-18-08; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

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

Date 3-18-2008

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

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

1a. Date March 17, 2008  
Sheet 1 of 1

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

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

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

3a. Work Order #: 1745202  
Repair Organization Job #

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

3b. NSM or MM #: N/A

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

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

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2MCA-ND-6181	Duke Power	21917	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	2MCA-ND-6181	Duke Power	36844	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced snubber.

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

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

9. Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

<b>CERTIFICATE OF COMPLIANCE</b>	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u>[Signature]</u> <u>FL Grass Jr, QA Tech Specialist</u> Owner or Owner's Designee, Title	Date <u>3/17/2008</u>

<b>CERTIFICATE OF INSERVICE INSPECTION</b>	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>2-14-08 to 3-18-08</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
<u>[Signature]</u> <u>Jerome F Swan</u> Inspector's Signature	Commissions <u>NC1524, N-I</u> National Board, State, Province and Endorsements
Date <u>3-18-2008</u>	



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

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

1a. Date March 9, 2008  
Sheet 1 of 1

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

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

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

3a. Work Order #: 1745204  
Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM #: N/A

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

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

6. Identification of Components:

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Corrected, Removed, or Installed	Column 8 ASME Code Stamped (yes or no)
A	2MCA-SM-19 (A)	Duke Power	15115	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	2MCA-SM-19 (A)	Duke Power	21768	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	2MCA-SM-19 (B)	Duke Power	16137	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D	2MCA-SM-19 (B)	Duke Power	17366	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced snubbers

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

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

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

Signed [Signature] FL Grass Jr, QA Tech Specialist Date 3/9/2008  
Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 2-14-08 to 3-10-08; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

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

Date 3-10-2008

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

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

1a. Date March 9, 2008  
Sheet 1 of 1

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

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

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

3a. Work Order #: 1745205  
Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM #: N/A

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

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

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2MCA-SM-20	Duke Power	15691	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	2MCA-SM-20	Duke Power	36876	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced snubber

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

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

<b>CERTIFICATE OF COMPLIANCE</b>	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u><i>H. Grass Jr.</i></u> <u>FL Grass Jr, QA Tech Specialist</u> Date <u>3/9/2008</u> Owner or Owner's Designee, Title	

<b>CERTIFICATE OF INSERVICE INSPECTION</b>	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>2-14-08</u> to <u>3-10-08</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
<u><i>Jerome F. Swan</i></u> <u>Jerome F Swan</u> Commissions <u>NC1524, N-1</u> Inspector's Signature      National Board, State, Province and Endorsements	
Date <u>3-10-2008</u>	

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

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

1a. Date March 17, 2008  
Sheet 1 of 1

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

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

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

3a. Work Order #: 1745206  
Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM #: N/A

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

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

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2MCA-SM-153	Duke Power	21924	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	2MCA-SM-153	Duke Power	15711	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced snubber.

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

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

<b>CERTIFICATE OF COMPLIANCE</b>	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u><i>[Signature]</i></u> <u>FL Grass Jr, QA Tech Specialist</u> Owner or Owner's Designee, Title	Date <u>3/17/2008</u>

<b>CERTIFICATE OF INSERVICE INSPECTION</b>	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>2-14-08</u> to <u>3-19-08</u> , and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
<u><i>[Signature]</i></u> <u>Jerome F Swan</u> Inspector's Signature	Commissions <u>NC1524, N-I</u> National Board, State, Province and Endorsements
Date <u>3-19-2008</u>	

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

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

1a. Date March 25, 2008  
Sheet 1 of 1

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

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

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

3a. Work Order #: 1745207  
Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM #: N/A

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

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

6. Identification of Components:

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Corrected, Removed, or Installed	Column 8 ASME Code Stamped (yes or no)
A	2MCR-NI-4661	Duke Power	18852	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	2MCR-NI-4661	Duke Power	36875	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced snubber

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

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

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

Signed [Signature] FL Grass Jr, QA Tech Specialist Date 3/25/2008  
Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 2-14-08 to 3-24-08; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

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

Date 3-25-2008



**FORM NIS-2 OWNER'S REPC. FOR REPAIR / REPLACEMENT ACTIVITY**

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date March 25, 2008  
 Sheet 1 of 1

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

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

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

3a. Work Order #: 1745208  
 Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM #: N/A

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

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

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2MCA-SM-74	Duke Power	21930	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	2MCA-SM-74	Duke Power	22392	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced snubber.

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

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

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

Signed [Signature] FL Grass Jr, QA Tech Specialist      Date 3/25/2008  
Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 2-14-08 to 3-26-08; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

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

Date 3-26-2008

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

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

1a. Date March 10, 2008  
Sheet 1 of 1

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

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

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

3a. Work Order #: 1745209  
Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM #: N/A

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

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

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2MCA-SM-283	Duke Power	17331	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	2MCA-SM-283	Duke Power	36631	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced snubber

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

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

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

Signed [Signature] FL Grass Jr, QA Tech Specialist Date 3/10/2008  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 2-14-08 to 3-11-08; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature] Jerome F Swan Commissions NC1524, N-1  
 Inspector's Signature National Board, State, Province and Endorsements  
 Date 3-11-2008

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date March 28, 2008

Sheet 1 of 1

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

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

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

3a. Work Order #: 1745285

Repair Organization Job #

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NS - Containment Spray

4. (b) Class of System: B

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

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	NS Piping	Duke Power	N/A	69	N/A	1982	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced bolting material (studs and nuts) at the inlet and outlet flange at valve 2NS2.

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

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks Functional performed per task 5.

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE		
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.		
Type Code Symbol Stamp	<u>N/A</u>	
Certificate of Authorization No.	<u>N/A</u>	Expiration Date <u>N/A</u>
Signed	<u><i>FL Grass Jr.</i></u> FL Grass Jr, QA Tech Specialist	Date <u>4/4/2008</u>
	Owner or Owner's Designee, Title	

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>3-24-08 to 4-5-08</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
<u><i>Jerome F. Swan</i></u> Inspector's Signature Date <u>4-5-2008</u>	Commissions <u>NC1524, N-1</u> National Board, State, Province and Endorsements

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

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

1a. Date April 3, 2008

Sheet 1 of 1

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

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

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

3a. Work Order #: 1747839  
Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM #: N/A

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

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

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2MCA-BB-5489	Duke Power	N/A	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced material per MD20176.

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

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

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

Date 4/3/2008

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 4-1-08 to 4-4-08; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

*Jerome F Swan* Jerome F Swan  
Inspector's Signature

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

Date 4-4-2008



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

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

1a. Date May 29, 2008  
Sheet 1 of 1

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

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

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

3a. Work Order #: 1750367 - 01  
Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM #: N/A

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

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

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	NV Piping	Duke Power	N/A	80	N/A	1982	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced bolting material in flange at valve 2NV220.

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

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks Visual functional performed per task 2 of this work order with no leaks detected.

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

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

Date 5/29/2008

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 3-14-08 to 5-29-08 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature] Jerome E. Swan  
Inspector's Signature

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

Date 5-29-2008

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

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

1a. Date March 17, 2008

Sheet 1 of 1

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

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

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

3a. Work Order #: 1751042  
Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM #: N/A

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

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

6. Identification of Components:

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

Form NIS-2 (Back)

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

7. Description of Work Replaced control valves in snubber.

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

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

9. Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A  
Certificate of Authorization No. N/A Expiration Date N/A  
Signed [Signature] FL Grass Jr, QA Tech Specialist Date 3/17/2008  
Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 3-7-08 to 3-18-08; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature] Jerome F Swan Commissions NC1524, N-I  
Inspector's Signature National Board, State, Province and Endorsements  
Date 3-18-2008

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

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

1a. Date March 26, 2008

Sheet 1 of 1

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

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

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

3a. Work Order #: 1751150  
Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NS - Nuclear Sampling 4. (b) Class of System: B

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

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2NM-VA-6	Kerotest	VB34-19	21376	N/A	1977	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced disc and bonnet.

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

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks MNT Functional performed per task 8.

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed *FL Grass Jr.* FL Grass Jr, QA Tech Specialist      Date 3/26/2008  
Owner, or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 3-8-08 to 3-26-08; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

*Jerome F. Swan* Jerome F Swan      Commissions NC1524, N-I  
Inspector's Signature      National Board, State, Province and Endorsements  
Date 3-26-08

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

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

1a. Date April 3, 2008  
Sheet 1 of 1

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

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

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

3a. Work Order #: 1761865  
Repair Organization Job #

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

3b. NSM or MM #: N/A

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

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

6. Identification of Components:

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Corrected, Removed, or Installed	Column 8 ASME Code Stamped (yes or no)
A	2MCR-NV-4218	Duke Power	N/A	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced item numbers 9 and 10.

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

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

9. Remarks \_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

<b>CERTIFICATE OF COMPLIANCE</b>	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u>[Signature]</u> <u>FL Grass Jr, QA Tech Specialist</u> Owner of Owner's Designee, Title	Date <u>4/3/2008</u>

<b>CERTIFICATE OF INSERVICE INSPECTION</b>	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>2-7-08</u> to <u>4-5-08</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
Inspector's Signature <u>[Signature]</u> Jerome F. Swan	Commissions <u>NC1524, N-I</u> National Board, State, Province and Endorsements
Date <u>4-5-2008</u>	



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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date April 10, 2008  
 Sheet 1 of 1

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

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

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

3a. Work Order #: 1761865-01  
 Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM #: N/A

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

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

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2NV841	Kerotest	95EP0240	N/A	N/A	1995	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	2NV841	BW/IP International	97EP0308	N/A	N/A	1997	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C	NV Piping	Duke Power	N/A	80	N/A	1982	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced valve and piping between welds NV2FW73-32 & 37 and NV2FW102-5 & 6.

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

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks functional performed per task 04 by procedure MP/0/A/7650/076.

(Applicable Manufacturer's Data Reports to be attached)

<b>CERTIFICATE OF COMPLIANCE</b>	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u>[Signature]</u> <u>FL Grass Jr, QA Tech Specialist</u> Owner or Owner's Designee, Title	Date <u>4/10/2008</u>

<b>CERTIFICATE OF INSERVICE INSPECTION</b>	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>4-17-08</u> to <u>4-14-08</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
Inspector's Signature <u>[Signature]</u> <u>Jerome F Swan</u>	Commissions <u>NC1524, N-I</u> National Board, State, Province and Endorsements
Date <u>4-14-2008</u>	

**FORM NPV-1 CERTIFICATE HOLDERS' DATA REPORT FOR NUCLEAR PUMPS OR VALVES\***  
 As Required by the Provisions of the ASME Code, Section III, Division 1

**BW/IP INTERNATIONAL INC.**

1. Manufactured and certified by BW/IP INTERNATIONAL INC. PUMP DIV., LOS ANGELES OPERATION 2300 EAST VERNON AVE, VERNON, CA 90058  
 (name and address of N Certificate Holder)
2. Manufactured for DUKE POWER CO. MCGUIRE SITE 13225 HAGERS FERRY RD. HWY 73 HUNTERSVILLE, NC 28078-8985  
 (name and address of Purchaser)
3. Location of installation DUKE POWER CO. MCGUIRE SITE 13225 HAGERS FERRY RD. HWY 73 HUNTERSVILLE, NC 28078-8985  
 (name and address)
4. Model No., Series No., or Type CHECK Drawing DP-D-9911-(1) Rev. C CRN N/A
5. ASME Code, Section III, Division 1: 1971 WINTER 1971 1 N/A  
 (edition) (addenda date) (class) (Code Case no.)
6. Pump or valve VALVE Nominal inlet size 2 Outlet size 2  
 (in.) (in.)
7. Material: Body SA182 GR F316 Bonnet N/A Disk SA479 TYPE 316 Bolting N/A

(a) Cert. Holder's Serial No.	(b) Nat'l Board No.	(c) Body Serial No.	(d) Bonnet Serial No.	(e) Disk Serial No.
97EP0303	N/A	328282 SN AHM2	N/A	328293 SN 5
97EP0304	N/A	328282 SN AHM7-6	N/A	328293 SN 6
97EP0305	N/A	328282 SN AHM7-10	N/A	328293 SN 11
97EP0306	N/A	328282 SN AHM7-19	N/A	328293 SN 15
97EP0307	N/A	328282 SN AHM8-2	N/A	328293 SN 17
97EP0308	N/A	328282 SN AHM8-3	N/A	328293 SN 19

\*Supplemental information in form of lists, sketches, or drawings may be used provided (1) size is 8 1/2 x 11, (2) information in items 1 through 4 on this Data Report is included on each sheet, (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

Certificate Holder's Serial No. \_\_\_\_\_

8. Design conditions 3600 psi 100 °F or valve pressure class 1500# (1)  
(pressure) (temperature)
9. Cold working pressure 3600 psi at 100°F
10. Hydrostatic test 5400-5450 psi. Disk differential test pressure 3960-4010 psi

11. Remarks: **MATERIAL COVER: SA182 GR F316** **NAMEPLATE ATTACHED BY WIRE**

CERT HOLDERS SN	COVER
97EPO303	328290 SN 1
97EPO304	328290 SN 2
97EPO305	328290 SN 3
97EPO306	328290 SN 4
97EPO307	328290 SN 5
97EPO308	328290 SN 6

**CERTIFICATION OF DESIGN**

Design Specification certified by ROBERT EUGENE MILLER P.E. State N.C. Reg. no. 4860  
 Design Report certified by DAVID A. WURANGLAN P.E. State CA. Reg. no. M19547

**CERTIFICATE OF COMPLIANCE**

We certify that the statements made in this report are correct and that this pump or valve conforms to the rules for construction of the ASME Code, Section III, Division 1.

N Certificate of Authorization No. N-1130 Expires JUNE 10, 1999

Date SEP 22, 1997 Name BW/IP INTERNATIONAL INC. Signed [Signature]  
(N Certificate Holder) (authorized representative)

**CERTIFICATE OF INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of CALIFORNIA and employed by \*ARKWRIGHT MUTUAL INS. CO. of NORFORD, MASS. have inspected the pump, or valve, described in this Data Report on SEP 23 1997, and state that to the best of my knowledge and belief, the Certificate Holder has constructed this pump, or valve, in accordance with the ASME Code, Section III, Division 1.

**\*FACTORY MUTUAL ENGINEERING ASSOCIATION**

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the component described in this Data Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Date SEP 23 1997 Signed [Signature] Commissions NBI, IS CA1864  
(Authorized Inspector) [Nat'l. Bd. (incl. endorsements) and state or prov. and no.]

(1) For manually operated valves only.

*[Handwritten signature]*  
 SEP 14 - 08

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date April 6, 2008

Sheet 1 of 1

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

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

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

3a. Work Order #: 1761865 -13

Repair Organization Job #

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

3b. NSM or MM #: N/A

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

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

6. Identification of Components:

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Corrected, Removed, or Installed	Column 8 ASME Code Stamped (yes or no)
A	2MCR-NV-4781	Duke Power	N/A	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced item number 2.

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

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

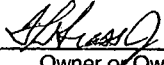
**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

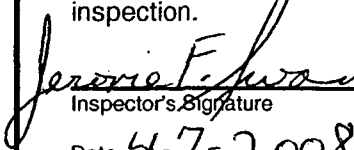
Signed  FL Grass Jr, QA Tech Specialist  
Owner or Owner's Designee, Title

Date 4/6/2008

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 3-31-08 to 4-7-08; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

 Jerome F Swan  
Inspector's Signature

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

Date 4-7-2008

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date April 10, 2008

Sheet 1 of 1

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

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

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

3a. Work Order #: 1769371

Repair Organization Job #

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

3b. NSM or MM #: N/A

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

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

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2NC-VA-3	Crosby	N56925-00-0002	26	N/A	1974	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	2NC-VA-3	Crosby	N56925-00-0001	25	N/A	1974	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced valve.

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

Pressure 2235 psig Test Temp. 558 °F

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks Functional test performed per task 4.

(Applicable Manufacturer's Data Reports to be attached)

<b>CERTIFICATE OF COMPLIANCE</b>		
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.		
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>	
Certificate of Authorization No. <u>N/A</u>		
Signed <u>FL Grass Jr.</u> <u>FL Grass Jr, QA Tech Specialist</u>	Date <u>4/10/2008</u>	
<small>Owner or Owner's Designee, Title</small>		

<b>CERTIFICATE OF INSERVICE INSPECTION</b>		
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>3-6-08</u> to <u>4-14-08</u> , and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.		
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.		
Inspector's Signature <u>Jerome F Swan</u> Date <u>4-14-2008</u>	Name <u>Jerome F Swan</u>	Commissions <u>NC1524, N-1</u> National Board, State, Province and Endorsements



**CROSBY**

**CROSBY VALVE & GAGE COMPANY**  
WRENTHAM, MASS

FORM NV-1 FOR SAFETY AND SAFETY RELIEF VALVES  
As required by the provisions of the ASME Code Rules

Q.C.-41B

NB-25

**DATA REPORT**  
Safety and Safety Relief Valves

1. Manufactured By Crosby Valve & Gage Company, 43 Kendrick St., Wrentham, Mass. 02093  
6M6 HB-BP-86 Name and Address

Model No. N-56925 Order No. N-300580 Contract Date 2/12/73  
Duke Power Company

2. Manufactured For Charlotte, North Carolina Order No. A-33957  
Name and Address

3. Owner Duke Power Company, 422 South Church St., Charlotte, North Carolina 28201  
Name and Address

4. Location of Plant McGuire Nuclear Station Unit #1, Cowans Ford, North Carolina

5. Valve Identification 1-NC-1 Serial No. N56925-00-0001 Drawing No. DS-C-56925 Rev. 0  
2.154

Type Safety Orifice Size M Pipe Size 6 Inlet 6 Outlet 6  
Safety, Safety Relief, Pilot, Power Actuated Inch Inch Inch Inch

6. Set Pressure (PSIG) 2485# 700 F  
Rated Temperature

Stamped Capacity 420006#/hr. 3 % Overpressure 3 Blowdown (PSIG) 124

Hydrostatic Test (PSIG) Inlet 4575 Complete Valve 750

7. The material, design, construction and workmanship comply with ASME Code, Section III.

Class 1 Edition 1971 Addenda Date Winter 1972

Pressure Containing or Pressure Retaining Components

a. Castings	Serial No. Identification	Material Specification Including Type or Grade
Body	<u>N90397-31-0003</u>	<u>ASTM A-351-72 Gr. CF8M</u> <u>ASME SA-351 Gr. CF8M</u>
Bonnet	<u>N90353-34-0016</u>	<u>ASTM A-105-71 Gr. II</u> <u>ASME SA-105 Gr. II</u>
b. Bar Stock and Forgings		
Support Rods		
Nozzle	<u>N90399-31-0003</u>	<u>ASTM A-182-71 Gr. F</u> <u>ASME SA-182 Gr. F</u>
Disc Insert	<u>N90426-33-0010</u>	<u>Haynes Stellite Gr. B6</u>
Spring Washers	Top <u>N90350-32-0035</u> Bottom <u>N90350-32-0036</u>	<u>ASTM A-105-71 Gr. II</u> <u>ASME SA-105 Gr. II</u>
Adjusting Bolt	<u>N90351-35-0024</u>	<u>ASTM A-193-70 Gr. B6</u> <u>ASME SA-193 Gr. B6</u>
Spindle	<u>N90354-34-0025</u>	<u>ASTM A-193-71 Gr. B6</u> <u>ASME SA-193 Gr. B6</u>
Spindle Ball	<u>N90355-0025</u>	<u>ASTM A-276-72 Type 440C</u> <u>ASME SA-276 Type 440C</u>

	Serial No. or Identification	Material Specification Including Type or Grade
c. Spring	<u>NX-2761-0010</u>	<u>ASTM A-304 Gr. 5186011</u>
d. Bolting	_____	_____
e. Other Parts such as Pilot Components	_____	_____
<u>Disc Holder</u>	<u>N90356-34-0014</u>	<u>Incone1.718</u>
<u>Bonnet Stud</u>	<u>87589</u>	<u>ASTM A-193-71 Gr. B7 ASME SA-193 Gr. B7</u>
<u>Bonnet Stud Nut</u>	<u>2371</u>	<u>ASTM A-194-71 Gr. 2H ASME SA-194 Gr. 2H</u>

We certify that the statements made in this report are correct.

Date 8-5 19 74 Signed Crosby Valve & Gage Co. By [Signature]  
 Manufacturer QA Manager

Certificate of Authorization No. 331 expires November 9, 1974

DESIGN INFORMATION ON FILE AT CROSBY VALVE & GAGE COMPANY  
 DESIGN REPORT NO. EC-158

**CERTIFICATE OF SHOP INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Mass. and employed by Mutual Boiler & Machinery Insurance Co.\*, Waltham, Mass. have inspected the equipment described in this Data Report on \_\_\_\_\_ 19\_\_\_\_ and state that to the best of my knowledge and belief, the Manufacturer has constructed this equipment in accordance with the applicable Subsections of ASME Section III.

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

\*Factory Mutual Group of Insurance Co.

Date 8-14 19 74  
[Signature] Commissions N.B. 7390  
 (Inspector) National Board, State, Province and No.

*R*  
*FEI ACII*  
*04-14-08*

DUKE POWER COMPANY  
 DESIGN ENGINEERING DEPARTMENT  
 VENDOR QUALITY ASSURANCE CERTIFICATION

Name of Vendor Crosby Valve & Gage Company Item No. \_\_\_\_\_  
 Address of Vendor Plant Wrentham, Mass. 02093 Spec. No. MCS-1205.09 Rev. 1  
 Component(s) or Material Steel Safety Valve Date 12/18/75  
 \_\_\_\_\_ Shipping ID No. \_\_\_\_\_  
 \_\_\_\_\_ Release No. N/A

Mill Power Order No. A-33957

Certification Included Yes Full X Partial \_\_\_\_\_

The following listed tests and inspections have been completed as required by specification: (If partial certification, list materials or components for which certification applies.)

- 1) Tested in accordance with Crosby Procedure T-16065-0
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Physical and Chemical Analysis	<u>X</u>	Major Repair Records and Chart	<u>X</u>
Design Report	<u>N/A</u>	Repair NDT	<u>X</u>
Stress Report	<u>N/A</u>	Hydro (Test Press. -PSIG _____)	<u>X</u>
Heat Treatment	<u>X</u>	Cleanliness	<u>X</u>
Radiographic Test	<u>X</u>	Operating Test	<u>X</u>
Ultrasonic Test	<u>X</u>	Performance Curve	<u>N/A</u>
Magnetic Particle	<u>X</u>	ASME Data Report	<u>X</u>
Penetrant Tests	<u>X</u>	Personnel Qualifications on Record	<u>X</u>

Deviation Record None

The following QA Documentation as required by the specification is attached to the original copy of this form: (If partial certification, include documentation applicable only to this specific shipment.)

Valve Documentation Package

DUKE POWER COMPANY  
DESIGN ENGINEERING DEPARTMENT  
VENDOR QUALITY ASSURANCE CERTIFICATION

The listed component(s) or material(s) conform to the requirements of Duke Power Company Specification MCS-1205.09 Rev. 1 with the approved deviations noted above. The QA documentation has been completed and attached to this form. No later than component or material shipment, the complete QA documentation packet is being transmitted to Duke Power Company


S. K. Blackley, Jr., Chief Engineer, Mechanical & Nuclear Division

C. J. Wylie, Chief Engineer, Electrical Division

L. C. Dail, Chief Engineer, Civil & Environmental Division

Design Engineering Department  
P. O. Box 2178  
Charlotte, N. C. 28242

A copy of this completed Vendor Quality Assurance Certification form will be included with shipping papers and shipped with the component to Duke Power Company, at the address designated in the specification. This is to certify that the item of equipment identified above fully meets the requirements of the above listed specification including all of the codes, standards, test requirements, and quality assurance requirements invoked therein.

  
Vendor Representative Authorized Signature

Title QA Supervisor Date 12/18/75

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date March 9, 2008  
 Sheet 1 of 1

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

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

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

3a. Work Order #: 1799893  
 Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM #: N/A

4. (a) Identification of System: CA – Auxiliary Feedwater 4. (b) Class of System: B

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

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2MCA-CA-87	Duke Power	N/A	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced pivot pin.

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

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

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

Signed [Signature] FL Grass Jr, QA Tech Specialist      Date 3/9/2008  
Owner of Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 3-5-08 to 3-11-08; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

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

Date 3-11-08

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

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

1a. Date 03/22/2008  
Sheet 1 of 1

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

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

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

3a. Work Order #: 01801521-01  
Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM #: N/A

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

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

6. Identification of Components:

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Corrected, Removed, or Installed	Column 8 ASME Code Stamped (yes or no)
A	Valve 2NI-0349	Kerotest	NU3-24	12035	N/A	1976	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Made Bonnet to Body Seal Weld

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

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

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

Signed *F.R. Sorrow* F.R. Sorrow, QA Tech Support      Date 03/22, 2008  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 3-10-08 to 3-25-08; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

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

Date 3-25-08



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

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

1a. Date March 18, 2008  
Sheet 1 of 1

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

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

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

3a. Work Order #: 1802555  
Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM #: N/A

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

4. (b) Class of System: B

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

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2MCA-S-NV-535-01H	Duke Power	7655	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	2MCA-S-NV-535-01H	Duke Power	03615873-025	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced snubber

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

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

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

Signed *FL Grass Jr.* FL Grass Jr, QA Tech Specialist      Date 3/19/2008  
Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 3-13-08 to 3-19-08; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

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

Date 3-19-2008

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

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

1a. Date March 21, 2008  
Sheet 1 of 1

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

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

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

3a. Work Order #: 1802706  
Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM #: N/A

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

4. (b) Class of System: A

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

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2MCR-NI-4025	Duke Power	12101	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced load pin.

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

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

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

Signed [Signature] FL Grass Jr, QA Tech Specialist      Date 3/21/2008  
Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 3-15-08 to 3-26-08, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

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

Date 3-26-2008

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

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

1a. Date May 5, 2008  
Sheet 1 of 1

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

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

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

3a. Work Order #: 1802766-01  
Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM #: N/A

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

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

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	NV Piping	Duke Power	N/A	80	N/A	1982	<input checked="" type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Repaired weld number 2RCHP-IN.

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

Pressure 2560 psig      Test Temp. 94 °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks Functional performed on work order 1748696 - 07 per procedure MP/O/A/7650/076.

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

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

Signed *FL Grass Jr* FL Grass Jr, QA Tech Specialist      Date 5/5/2008  
Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 4-11-08 to 5-5-08; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

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

Date 5-5-2008

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date April 3, 2008  
 Sheet 1 of 1

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

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

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

3a. Work Order #: 1802942  
 Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM #: N/A

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

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

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2MCR-NV-5055	Duke Power	N/A	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced item numbers 3, 4, and 5.

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

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

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

Signed *Al Grass* FL Grass Jr, QA Tech Specialist      Date 4/5/2008  
Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 3-31-08 to 4-4-08; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

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

Date 4-4-2008



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

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

1a. Date March 24, 2008

Sheet 1 of 1

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

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

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

3a. Work Order #: 1803324  
Repair Organization Job #

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

3b. NSM or MM #: N/A

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

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

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2MCR-NV-4106 (A)	Duke Power	5002	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	2MCR-NV-4106 (A)	Duke Power	36739	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	2MCR-NV-4106 (B)	Duke Power	10972	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D	2MCR-NV-4106 (B)	Duke Power	36738	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced snubbers.

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

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

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

Date 3/25/2008

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 3-19-08 to 3-26-08; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature] Jerome F Swan  
Inspector's Signature

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

Date 3-26-2008

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

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

1a. Date April 1, 2008  
Sheet 1 of 1

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

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

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

3a. Work Order #: 1803674  
Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM #: N/A

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

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

6. Identification of Components:

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Corrected, Removed, or Installed	Column 8 ASME Code Stamped (yes or no)
A	2MCR-NC-4272	Duke Power	3522	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	2MCR-NC-4272	Duke Power	35716	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced snubber and adapter plate.

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

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

<b>CERTIFICATE OF COMPLIANCE</b>	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u>[Signature]</u> <u>FL Grass Jr, QA Tech Specialist</u> Owner or Owner's Designee, Title	Date <u>4/1/2008</u>

<b>CERTIFICATE OF INSERVICE INSPECTION</b>	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>3-21-08</u> to <u>4-1-08</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
<u>[Signature]</u> Inspector's Signature	Commissions <u>NC1524, N-I</u> National Board, State, Province and Endorsements
Date <u>4-1-2008</u>	

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

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

1a. Date April 7, 2008  
Sheet 1 of 1

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

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

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

3a. Work Order #: 1804042  
Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM #: N/A

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

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

6. Identification of Components:

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Corrected, Removed, or Installed	Column 8 ASME Code Stamped (yes or no)
A	2MCA-NV-5315	Duke Power	945	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	2MCA-NV-5315	Duke Power	30700002/004	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced snubber.

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

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

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

Date 4/7/2008

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 3-25-08 to 4-7-08; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature] Jerome F Swan  
Inspector's Signature

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

Date 4-7-2008

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

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

1a. Date 03/27/2008  
Sheet 1 of 1

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

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

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

3a. Work Order #: 00583573-07  
Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM #: N/A

4. (a) Identification of System: RN Nuclear Service Water 4. (b) Class of System: C

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases  
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2RNPU0004	Bingham	B-2-988	88	(2B)RNPU	1973	<input checked="" type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Weld Buildup on ID Of Top and Bottom Casing of 2RNPU0004  
(2B)

8. Tests Conducted: Hydrostatic  Pneumatic  Nom. Operating Press.  Other  Exempt

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.

Type Code Symbol Stamp N/A  
Certificate of Authorization No. N/A Expiration Date N/A

Signed F.R. Sorrow F.R. Sorrow, QA Tech Support Date 03/27, 2008  
Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 3-7-08 to 3-28-08; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Jerome F. Swan Jerome F Swan Commissions NC1524, N-I  
Inspector's Signature National Board, State, Province and Endorsements

Date 3-28-2008



**FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY**  
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte, NC 28201-1006

1a. Date June 28, 2007  
Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station  
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 1699256  
Repair Organization Job # \_\_\_\_\_

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: MD200353

4. (a) Identification of System: RN - Nuclear Service Water 4. (b) Class of System: C

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases  
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	RN Piping	Duke Power	N/A	60	N/A	1982	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Additional piping added per MD200353.

8. Tests Conducted: Hydrostatic  Pneumatic  Nom. Operating Press.  Other  Exempt

Pressure 91 psig Test Temp. 65 °F

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks Test performed per MP/0/A/7650/076.

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] FL Grass Jr, QA Tech Specialist  
Owner or Owner's Designee, Title

Date 6/28/2007

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 11-8-06 to 7-10-07; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature] Jerome F Swan  
Inspector's Signature

Commissions NC1524, N-1  
National Board, State, Province and Endorsements

Date 7-10-07

**FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY**  
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte, NC 28201-1006

1a. Date 03/21/2008  
Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station  
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order # : 01699326-01  
Repair Organization Job # \_\_\_\_\_

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: N/A

4. (a) Identification of System: KC - COMPONENT COOLING

4. (b) Class of System: C

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases  
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	PIPING	Duke Energy	N/A	78	2KC	1982	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Replaced Studs and Nuts in flange joint 2KC4-FL2 at valve 2KC-57A

8. Tests Conducted: Hydrostatic  Pneumatic  Nom. Operating Press.  Other  Exempt

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

<b>CERTIFICATE OF COMPLIANCE</b>	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u>F.R. Sorrow</u> <u>F.R. Sorrow, QA Tech Support</u>	Date <u>03/21/2008</u>
<small>Owner or Owner's Designee, Title</small>	

<b>CERTIFICATE OF INSERVICE INSPECTION</b>	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>3-19-08 to 3-21-08</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
<u>Jerome F. Swan</u> Inspector's Signature	Commissions <u>NC1524, N-1</u> National Board, State, Province and Endorsements
Date <u>3-21-2008</u>	

**FORM NIS-2 OWNER'S REPO. FOR REPAIR / REPLACEMENT ACTIVITY**  
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte, NC 28201-1006

1a. Date March 24, 2008

Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station  
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit:  1  2  3  Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 1699327 / 01  
Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: N/A

4. (a) Identification of System: KC - Component Cooling 4. (b) Class of System: C

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases  
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports).

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	KC Piping	Duke Power	N/A	78	N/A	1982	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Replaced bolting material in flange at valve 2KC82.

8. Tests Conducted: Hydrostatic  Pneumatic  Nom. Operating Press.  Other  Exempt

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks Visual functional performed per task 11 of work order.

(Applicable Manufacturer's Data Reports to be attached)

<b>CERTIFICATE OF COMPLIANCE</b>	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u>[Signature]</u> <u>FL Grass Jr, QA Tech Specialist</u> Owner or Owner's Designee, Title	Date <u>3/24/2008</u>

<b>CERTIFICATE OF INSERVICE INSPECTION</b>	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>3-11-08 to 3-25-08</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
<u>[Signature]</u> <u>Jerome F Swan</u> Inspector's Signature	Commissions <u>NC1524, N-1</u> National Board, State, Province and Endorsements
Date <u>3-25-2008</u>	

**FORM NIS-2 OWNER'S REPC. FOR REPAIR / REPLACEMENT ACTIVITY**  
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte, NC 28201-1006

1a. Date May 8, 2008  
Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station  
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit:  1  2  3  Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 1763015-32  
Repair Organization Job # \_\_\_\_\_

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: MD200464

4. (a) Identification of System: RN - Nuclear Service Water 4. (b) Class of System: C

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases  
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	RN Piping	Duke Power	N/A	60	N/A	1982	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	2RN-VA-408	Crane	D5479	N/A	N/A	2006	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C	2RN-VA-410	Crane	D5892	N/A	N/A	2006	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Added valves 2RN VA 408 and 410 with piping per MD200464.

8. Tests Conducted: Hydrostatic  Pneumatic  Nom. Operating Press.  Other  Exempt

Pressure 71 psig Test Temp. 52.4 °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks Functional performed per task 32 on procedure MP/0/A/7650/076.

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.

Type Code Symbol Stamp N/A  
 Certificate of Authorization No. N/A Expiration Date N/A

Signed [Signature] FL Grass Jr, QA Tech Specialist Date 5/8/2008  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 10-22-07 to 5-12-08 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature] Jerome F Swan Commissions NC1524, N-1  
 Inspector's Signature National Board, State, Province and Endorsements

Date 5-12-2008



FORM NPV-1 CERTIFICATE HOLDERS' DATA REPORT FOR NUCLEAR PUMPS OR VALVES\*  
As Required by the Provisions of the ASME Code, Section III, Division 1

\*Corrected NPV-1

1. Manufactured and certified by CRANE Nuclear, Inc., 860 Remington Boulevard, Bolingbrook, IL 60440  
(name and address of N Certificate Holder)

2. Manufactured for Duke Energy Corporation, PO Box 1006, Charlotte, NC 28201-1015  
(name and address of purchaser)

3. Location of installation McGuire Nuclear Station, 13225 Hagers Ferry Rd. HWY 73, Huntersville, NC 28078-8985  
(name and address)

4. Model No., Series No., or Type 47-1/2UF-SPL Drawing CC03984 Rev. C CRN N/A

5. ASME Code, Section III, Division 1: 1998 2000 3 N/A  
(edition) (addenda date) (class) (Code Case no.)

6. Pump or valve Gate Valve Nominal inlet size 6 Outlet size 6  
(in.) (in.)

7. Material:

(a) valve Body SA351 CF8M Bonnet SA351 CF8M Disk SA351 CF8M Bolting SA193 B8M  
SA194 8M

(b) pump Casting          Cover          Bolting         

(a) Cert. Holder's Serial No.	(b) Nat'l Board No.	(c) Body/Casing Serial No.	(d) Bonnet/Cover Serial No.	(e) Disk Serial No.
<u>D5478</u>	<u>N/A</u>	<u>D5408</u>	<u>D5409</u>	<u>D5422</u>
<u>D5479</u>	<u>N/A</u>	<u>D5405</u>	<u>D5410</u>	<u>D5419</u>
<u>D5480</u>	<u>N/A</u>	<u>D5407</u>	<u>D5411</u>	<u>D5421</u>

\* Supplemental information in the form of lists, sketches, or drawings may be used provided (1) size is 8 1/2 x 11, (2) information in items 1 through 4 on this Data Report is included on each sheet. (3) each sheet is numbered and the number of sheets is recorded at the top of this form.  
This form (E00037) may be obtained from the Order Dept. ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300.

1819765,6,7

FORM NPV-1 (Back) --- Pg. 2 of 2

Certificate Holder's Serial No. D5478 through D5480

- 8 Design conditions 135 psi 150 °F or valve pressure class \_\_\_\_\_ (1)  
(pressure) (temperature)
- 9 Cold working pressure 275 psi at 100°F
- 10 Hydrostatic test 425 psi. Disk differential test pressure 305 psi
- 11 Remarks: \*Corrected P.E. first name from James to Jesse.  
PO No. DP20357, PO Item 0040, Duke Item No. 1MV-556  
CNI SO No. 28451-04

**CERTIFICATION OF DESIGN**

Design Specifications certified by \*Jesse M. Hawkins P.E. State NC Reg. no. 20159  
 Design Report certified by N/A P.E. State N/A Reg. no. N/A

**CERTIFICATE OF COMPLIANCE**

We certify that the statements made in this report are correct and that this pump or valve conforms to the rules for construction of the ASME Code, Section III, Division 1.

N Certificate of Authorization No. N-2899 Expires September 24, 2008

Date 08/09/06 Name CRANE Nuclear, Inc. Signed Joseph P. Hill  
(N Certificate Holder) (Joseph P. Hill) (QA Engineer)

**CERTIFICATE OF INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Illinois and employed by HSBCT of Hartford, CT have inspected the pump, or valve, described in this Data Report on August 09, 2006 and state that to the best of my knowledge and belief, the Certificate Holder has constructed this pump, or valve, in accordance with the ASME Code, Section III, Division 1.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the component described in this Data Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or loss of any kind arising from or connected with this inspection.

Date 08/09/06 Signed Todd Ward Commissions IL 1903  
(Authorized Nuclear Inspector) (Nat'l. Bd. (incl. endorsements) and state or prov. and no.)

(1) For manually operated valves only.

*R*  
*JFH AWJ*  
*8-12-08*

FORM NPV-1 CERTIFICATE HOLDERS' DATA REPORT FOR NUCLEAR PUMPS OR VALVES\*  
As Required by the Provisions of the ASME Code, Section III, Division 1

Pg. 1 of 2

1. Manufactured and certified by  CRANE Nuclear, Inc., 860 Remington Boulevard, Bolingbrook, IL 60440  
(name and address of N Certificate Holder)

2. Manufactured for Duke Energy Corporation, PO Box 1006, Charlotte, NC 28201-1015  
(name and address of purchaser)

3. Location of installation  McGuire Nuclear Station, 13225 Hagers Ferry Rd. HWY 73, Huntersville, NC 28078-8985  
(name and address)

4. Model No., Series No., or Type 47-1/2UF-SPL Drawing CC04072 Rev. B CRN N/A

5. ASME Code, Section III, Division 1:  1998  2000 3 N/A  
(edition) (addenda date) (class) (Code Case no.)

6. Pump or valve  Gate Valve Nominal inlet size 6 Outlet size  6  
(in.) (in.)

7. Material:

(a) valve Body  SA216 WCB Bonnet  SA216 WCB Disk  SA351 CF8M Bolting  SA193 B7  
 SA194 2H

(b) pump Casting \_\_\_\_\_ Cover \_\_\_\_\_ Bolting \_\_\_\_\_

(a)  
Cert.  
Holder's  
Serial No.

(b)  
Nat'l  
Board  
No.

(c)  
Body/Casing  
Serial  
No.

(d)  
Bonnet/Cover  
Serial  
No.

(e)  
Disk  
Serial  
No.

D5892  
 D5893  
 D5894  
 D5895

N/A  
N/A  
N/A  
N/A

D5896  
 D5897  
 D5898  
 D5899

D5908  
 D5909  
 D5910  
 D5911

D5916  
 D5917  
 D5918  
 D5919

~~1832817 1832818 1832819 1832820~~

\* Supplemental information in the form of lists, sketches, or drawings may be used provided (1) size is 8 1/2 x 11, (2) information in items 1 through 4 on this Data Report is included on each sheet. (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NPV-1 (Back) --- Pg. 2 of 2

Certificate Holder's Serial No. ✓ D5892 through D5895

- 8 Design conditions ✓ 135 (pressure) psi ✓ 95 (temperature) °F or valve pressure class \_\_\_\_\_ (1)
- 9 Cold working pressure ✓ 285 psi at 100°F
- 10 Hydrostatic test ✓ 450 psi. Disk differential test pressure ✓ 315 psi

11. Remarks:

✓ PO No. 00001637, PO Item 0007, Duke Item No. 1MV-565  
✓ CNI SO No. 29401-01  
✓ Bolting: Studs HI. # 230113/Nuts HI. # B87035

CERTIFICATION OF DESIGN

Design Specifications certified by Jesse M. Hawkins P.E. State NC Reg. no. 20159  
 Design Report certified by N/A P.E. State N/A Reg. no. N/A

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and that this pump or valve conforms to the rules for construction of the ASME Code, Section III, Division 1.

✓ N Certificate of Authorization No. N-2899 Expires September 24, 2008  
 Date 12/27/06 Name CRANE Nuclear, Inc. Signed *Jerome K. Kuroski*  
(N Certificate Holder) Jerome K. Kuroski, P.E., Sr. QA Engineer

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Illinois and employed by HSBCT of Hartford, CT have inspected the pump, or valve, described in this Data Report on December 27, 2006 and state that to the best of my knowledge and belief, the Certificate Holder has constructed this pump, or valve, in accordance with the ASME Code, Section III, Division 1.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the component described in this Data Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or loss of any kind arising from or connected with this inspection.

Date 12/27/06 Signed *Robert Rainey* Commissions IL 932  
(Authorized Nuclear Inspector) (Nat'l. Bd. (incl. endorsements) and state or prov. and no.)  
 Robert Rainey

(1) For manually operated valves only.

00000000000000000000000000000000

*Handwritten:* R, J.E. AWH, 05-12-08

**FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY**  
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte, NC 28201-1006

1a. Date December 4, 2007

Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station  
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit:  1  2  3  Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 1730869-39  
Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: MD200464

4. (a) Identification of System: RN - Nuclear Service Water 4. (b) Class of System: C

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases  
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2MCA-RN-3404	Duke Power	N/A	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work New installed hanger per MOD # MD200464.

8. Tests Conducted: Hydrostatic  Pneumatic  Nom. Operating Press.  Other  Exempt

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.

Type Code Symbol Stamp N/A  
Certificate of Authorization No. N/A      Expiration Date N/A

Signed *Alfred O. FL Grass Jr.* FL Grass Jr, QA Tech Specialist      Date 12/4/2007  
Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 11/14/07 to 12/5/07; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

*Jerome F Swan* Jerome F Swan      Commissions NC1524, N-1  
Inspector's Signature      National Board, State, Province and Endorsements

Date 12/5/07

**FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY**  
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte, NC 28201-1006

1a. Date December 5, 2007

Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station  
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit:  1  2  3  Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order # : 1730869-40  
Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: MD200464

4. (a) Identification of System: RN - Nuclear Service Water 4. (b) Class of System: C

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases  
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2MCA-RN-3405	Duke Power	N/A	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work New installed hanger per MOD # MD200464.

8. Tests Conducted: Hydrostatic  Pneumatic  Nom. Operating Press.  Other  Exempt

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.

Type Code Symbol Stamp N/A  
Certificate of Authorization No. N/A      Expiration Date N/A

Signed *FL Grass Jr.* FL Grass Jr, QA Tech Specialist      Date 12/5/2007  
Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 11/27/07 to 12/5/07; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

*Jerome F Swan* Jerome F Swan      Commissions NC1524, N-I  
Inspector's Signature      National Board, State, Province and Endorsements

Date 12/5/07



**FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY**  
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte, NC 28201-1006

1a. Date December 5, 2007  
Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station  
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 1730869-41  
Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: MD200464

4. (a) Identification of System: RN - Nuclear Service Water 4. (b) Class of System: C

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases  
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2MCA-RN-3406	Duke Power	N/A	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work New installed hanger per MOD # MD200464.

8. Tests Conducted: Hydrostatic  Pneumatic  Nom. Operating Press.  Other  Exempt

Pressure _____ psig	Test Temp. _____ °F
Pressure _____ psig	Test Temp. _____ °F
Pressure _____ psig	Test Temp. _____ °F

9. Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.

Type Code Symbol Stamp N/A  
Certificate of Authorization No. N/A Expiration Date N/A

Signed [Signature] FL Grass Jr, QA Tech Specialist Date 12/5/2007  
Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 11/27/07 to 12/5/07; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature] Jerome F Swan Commissions NC1524, N-I  
Inspector's Signature National Board, State, Province and Endorsements

Date 12/5/07

**FORM NIS-2 OWNER'S REPORT OR REPAIR / REPLACEMENT ACTIVITY**  
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte, NC 28201-1006

1a. Date December 4, 2007  
Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station  
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 1730869-42  
Repair Organization Job # \_\_\_\_\_

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: MD200464

4. (a) Identification of System: RN - Nuclear Service Water 4. (b) Class of System: C

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases  
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2MCA-RN-3407	Duke Power	N/A	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work New installed hanger per MOD # MD200464.

8. Tests Conducted: Hydrostatic  Pneumatic  Nom. Operating Press.  Other  Exempt

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

<b>CERTIFICATE OF COMPLIANCE</b>	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u>[Signature]</u> <u>FL Grass Jr, QA Tech Specialist</u> Owner or Owner's Designee, Title	Date <u>12/4/2007</u>

<b>CERTIFICATE OF INSERVICE INSPECTION</b>	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>11/27/07 to 12/5/07</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
<u>[Signature]</u> <u>Jerome F Swan</u> Inspector's Signature	Commissions <u>NC1524, N-I</u> National Board, State, Province and Endorsements
Date <u>12/5/07</u>	

**FORM NIS-2 OWNER'S REPORT OF REPAIR / REPLACEMENT ACTIVITY**  
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte, NC 28201-1006

1a. Date January 2, 2008

Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station  
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit:  1  2  3  Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 1730869-43  
Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: MD200464

4. (a) Identification of System: RN - Nuclear Service Water 4. (b) Class of System: C

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases  
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2MCA-RN-3408	Duke Power	N/A	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work New installed hanger per MOD # MD200464.

8. Tests Conducted: Hydrostatic  Pneumatic  Nom. Operating Press.  Other  Exempt

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u>[Signature]</u> <u>FL Grass Jr, QA Tech Specialist</u>	Date <u>1/2/2008</u>
<small>Owner or Owner's Designee, Title</small>	

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>12/10/07</u> to <u>1/2/08</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
<u>[Signature]</u> <u>Jerome F Swan</u>	Commissions <u>NC1524, N-I</u>
<small>Inspector's Signature      National Board, State, Province and Endorsements</small>	
Date <u>1/2/2008</u>	

**FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY**

As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte, NC 28201-1006

1a. Date December 4, 2007  
 Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station  
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit:  1  2  3  Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
 Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 1730869-44  
 Repair Organization Job # \_\_\_\_\_

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: MD200464

4. (a) Identification of System: RN - Nuclear Service Water 4. (b) Class of System: C

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases  
 (b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2MCA-RN-3409	Duke Power	N/A	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work New installed hanger per MOD # MD200464.

8. Tests Conducted: Hydrostatic  Pneumatic  Nom. Operating Press.  Other  Exempt

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.

Type Code Symbol Stamp N/A  
 Certificate of Authorization No. N/A      Expiration Date N/A

Signed [Signature] FL Grass Jr, QA Tech Specialist      Date 12/4/2007  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 11/19/07 to 12/5/07; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature] Jerome F Swan      Commissions NC1524, N-I  
 Inspector's Signature      National Board, State, Province and Endorsements

Date 12/5/07



**FORM NIS-2 OWNER'S REPORT . . . OR REPAIR / REPLACEMENT ACTIVITY**  
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte, NC 28201-1006

1a. Date December 4, 2007  
Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station  
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit:  1  2  3  Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 1730869-45  
Repair Organization Job # \_\_\_\_\_

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: MD200464

4. (a) Identification of System: RN - Nuclear Service Water 4. (b) Class of System: C

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases  
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2MCA-RN-3410	Duke Power	N/A	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work New installed hanger per MOD # MD200464.

8. Tests Conducted: Hydrostatic  Pneumatic  Nom. Operating Press.  Other  Exempt

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.

Type Code Symbol Stamp N/A  
 Certificate of Authorization No. N/A      Expiration Date N/A

Signed [Signature] FL Grass Jr, QA Tech Specialist      Date 12/4/2007  
Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT, have inspected the components described in this Owner's Report during the period 11/27/07 to 12/05/07; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature] Jerome F Swan      Commissions NC1524, N-I  
Inspector's Signature      National Board, State, Province and Endorsements

Date 12/05/07

**FORM NIS-2 OWNER'S REPORT JR REPAIR / REPLACEMENT ACTIVITY**

As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte, NC 28201-1006

1a. Date December 4, 2007  
 Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station  
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
 Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 1730869-46  
 Repair Organization Job # \_\_\_\_\_

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: MD200464

4. (a) Identification of System: RN - Nuclear Service Water 4. (b) Class of System: C

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases  
 (b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2MCA-RN-3411	Duke Power	N/A	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work New installed hanger per MOD # MD200464.

8. Tests Conducted: Hydrostatic  Pneumatic  Nom. Operating Press.  Other  Exempt

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] FL Grass Jr, QA Tech Specialist  
Owner or Owner's Designee, Title

Date 12/4/2007

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 11/7/07 to 12/5/07; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature]  
Inspector's Signature  
Date 12/5/07

Jerome F Swan

Commissions NC1524, N-1  
National Board, State, Province and Endorsements

**FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY**  
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte, NC 28201-1006

1a. Date December 4, 2007  
Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station  
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit:  1  2  3  Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 1730869-47  
Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: MD200464

4. (a) Identification of System: RN - Nuclear Service Water 4. (b) Class of System: C

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases  
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Corrected, Removed, or Installed	Column 8 ASME Code Stamped (yes or no)
A	2MCA-RN-3412	Duke Power	N/A	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work New installed hanger per MOD # MD200464.

8. Tests Conducted: Hydrostatic  Pneumatic  Nom. Operating Press.  Other  Exempt

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u>[Signature]</u> <u>FL Grass Jr, QA Tech Specialist</u>	Date <u>12/4/2007</u>
<small>Owner or Owner's Designee, Title</small>	

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>11/7/07</u> to <u>12/5/07</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
<u>[Signature]</u> Inspector's Signature	<u>Jerome F Swan</u> Commissions <u>NC1524, N-I</u> National Board, State, Province and Endorsements
Date <u>12/5/07</u>	

**FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY**  
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte, NC 28201-1006

1a. Date April 15, 2008  
Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station  
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit:  1  2  3  Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 1730869-65  
Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: MD200464

4. (a) Identification of System: RN - Nuclear Service Water 4. (b) Class of System: C

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases  
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	RN System	Duke Power	N/A	60	N/A	1982	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	2RN VA 1086	Crane	D5360	N/A	N/A	2006	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C	2RN VA 1087	Crane	D5462	N/A	N/A	2006	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Replaced valve 2RN-VA-1086 & 1087 and Piping per MD200464.

8. Tests Conducted: Hydrostatic  Pneumatic  Nom. Operating Press.  Other  Exempt

Pressure 71 psig      Test Temp. 52.4 °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks Functional performed per task 65 on procedure MP/O/A/7650/076.

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] FL Grass Jr, QA Tech Specialist  
Owner or Owner's Designee, Title

Date 5/5/2008

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 3-7-08 to 5-5-08; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature] Jerome F Swan  
Inspector's Signature

Commissions NC1524, N-I  
National Board, State, Province and Endorsements

Date 5-5-2008





FORM NPV-1 (Back) -- Pg. 2 of 2

Certificate Holder's Serial No. D5359 through D5360

8 Design conditions 135 psi 150 °F or valve pressure class \_\_\_\_\_ (1)  
 (pressure) (temperature)

9. Cold working pressure 275 psi at 100°F

10. Hydrostatic test 425 psi. Disk differential test pressure 305 psi

11. Remarks: \*Corrected P.E. first name from James to Jesse.  
PO No. DP20357, PO Item 0010, Duke Item No. 1MV-559  
CNI SO No. 28451-01  
Hinge Pin Plugs: ASME SA182 F316, Heat # 56457  
Cover Plug: ASME SA182 F316, Heat # 56457, Code ACT

CERTIFICATION OF DESIGN

Design Specifications certified by \*Jesse M. Hawkins P.E. State NC Reg. no. 20159

Design Report certified by N/A P.E. State N/A Reg. no. N/A

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and that this pump or valve conforms to the rules for construction of the ASME Code, Section III, Division 1.

N Certificate of Authorization No. N-2899 Expires September 24, 2008

Date 08/09/06 Name CRANE Nuclear, Inc. Signed Joseph P. Hill  
 (N Certificate Holder) (QA Engineer)

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Illinois and employed by HSBCT of Hartford, CT have inspected the pump, or valve, described in this Data Report on August 09, 2006 and state that to the best of my knowledge and belief, the Certificate Holder has constructed this pump, or valve, in accordance with the ASME Code, Section III, Division 1.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the component described in this Data Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or loss of any kind arising from or connected with this inspection.

Date 08/09/06 Signed Todd Ward Commissions IL 1903  
 (Authorized Nuclear Inspector) (Nat'l. Bd. (incl. endorsements) and state or prov. and no.)

(1) For manually operated valves only.

1819779

1819780

0719181



FORM NPV-1 (Back) --- Pg. 2 of 2

Certificate Holder's Serial No. D5462 through D5463

8 Design conditions 135 psi 150 °F or valve pressure class \_\_\_\_\_ (1)  
 (pressure (temperature)

9. Cold working pressure 275 psi at 100°F

10. Hydrostatic test 425 psi. Disk differential test pressure 305 psi

11. Remarks:

PO No. DP20357, PO Item 0060, Duke Item No. 1MV-560

CNI SO No. 28451-06

End Cap Bolts: HL # 150722

Valve supplied with Gear Operator

CERTIFICATION OF DESIGN

Design Specifications certified by Jesse M. Hawkins P.E. State NC Reg. no. 20159

Design Report certified by N/A P.E. State N/A Reg. no. N/A

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and that this pump or valve conforms to the rules for construction of the ASME Code, Section III, Division 1.

N Certificate of Authorization No. N-2899 Expires September 24, 2008

Date August 30, 2006 Name CRANE Nuclear, Inc. Signed Jerome A. Kurowski  
(N Certificate Holder) Jerome A. Kurowski, P.E. Sr. QA Engineer

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Illinois and employed by HSBCT of Hartford, CT have inspected the pump, or valve, described in this Data Report on August 30, 2006 and state that to the best of my knowledge and belief, the Certificate Holder has constructed this pump, or valve, in accordance with the ASME Code, Section III, Division 1.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the component described in this Data Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or loss of any kind arising from or connected with this inspection.

Date 08/30/06 Signed Fred Ouyang Commissions IL 1005  
Authorized Nuclear Inspector (Nat'l. Bd. (incl. endorsements) and state or prov. and no.)

(1) For manually operated valves only.

1821041

1821042

**FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY**  
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte, NC 28201-1006

1a. Date January 23, 2008  
Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station  
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 1734686  
Repair Organization Job # \_\_\_\_\_

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: N/A

4. (a) Identification of System: NV - Chemical and Volume Control 4. (b) Class of System: C

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases  
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	NV System	Duke Power	N/A	80	N/A	1982	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Replaced bolting material in filter trap at flange 2NVFL0051.

8. Tests Conducted: Hydrostatic  Pneumatic  Nom. Operating Press.  Other  Exempt

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F


9. Remarks Maint functional verified no leakage at system pressure.

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.

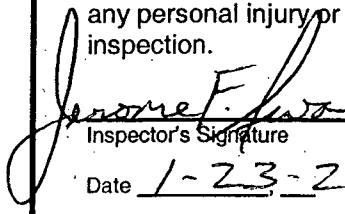
Type Code Symbol Stamp N/A  
Certificate of Authorization No. N/A Expiration Date N/A

Signed  FL Grass Jr, QA Tech Specialist Date 1/23/2008  
Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 10-29-07 to 1-23-08; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

 Jerome F Swan Commissions NC1524, N-1  
Inspector's Signature National Board, State, Province and Endorsements

Date 1-23-2008

**FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY**

As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte, NC 28201-1006

1a. Date April 6, 2008  
 Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station  
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
 Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 1745180  
 Repair Organization Job # \_\_\_\_\_

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: N/A

4. (a) Identification of System: NB - Boron Recycle 4. (b) Class of System: C

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases  
 (b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8	
Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)	
A	2MCA-NB-14	Duke Power	20718	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	2MCA-NB-14	Duke Power	36856	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Replaced snubber and mounting bolting material.

8. Tests Conducted: Hydrostatic  Pneumatic  Nom. Operating Press.  Other  Exempt

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.

Type Code Symbol Stamp N/A  
 Certificate of Authorization No. N/A      Expiration Date N/A

Signed [Signature] FL Grass Jr, QA Tech Specialist      Date 4/6/2008  
Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 2-14-08 to 4-7-08; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature] Jerome F Swan      Commissions NC1524, N-I  
Inspector's Signature      National Board, State, Province and Endorsements

Date 4-7-2008



**FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY**  
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte, NC 28201-1006

1a. Date March 17, 2008  
Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station  
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 1745196  
Repair Organization Job # \_\_\_\_\_

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: N/A

4. (a) Identification of System: KC - Component Cooling 4. (b) Class of System: C

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases  
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2MCA-KC-3030	Duke Power	15122	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	2MCA-KC-3030	Duke Power	36877	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Replaced snubber.

8. Tests Conducted: Hydrostatic  Pneumatic  Nom. Operating Press.  Other  Exempt

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u><i>Arthur J. Grass</i></u> <u>FL Grass Jr, QA Tech Specialist</u>	Date <u>3/17/2008</u>
<small>Owner of Owner's Designee, Title</small>	

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>2-14-08</u> to <u>3-18-08</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
<u><i>Jerome F. Swan</i></u> Inspector's Signature	<u>Jerome F Swan</u> Commissions <u>NC1524, N-I</u> National Board, State, Province and Endorsements
Date <u>3-18-2008</u>	

**FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY**

As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte, NC 28201-1006

1a. Date March 17, 2008

Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station  
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit:  1  2  3  Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
 Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 1758578  
 Repair Organization Job # \_\_\_\_\_

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: N/A

4. (a) Identification of System: LD - Diesel Generator Engine Lube Oil 4. (b) Class of System: C

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases  
 (b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Corrected, Removed, or Installed	Column 8 ASME Code Stamped (yes or no)
A	2LD32	Walworth	C59073	576	N/A	1976	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Replaced bolting material in bonnet.

8. Tests Conducted: Hydrostatic  Pneumatic  Nom. Operating Press.  Other  Exempt

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks External leakage performed per task 2 of this work order. No discrepancies found.

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] FL Grass Jr, QA Tech Specialist  
Owner or Owner's Designee, Title

Date 3/17/2008

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 3-10-08 to 3-18-08; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature] Jerome F Swan  
Inspector's Signature

Commissions NC1524, N-1  
National Board, State, Province and Endorsements

Date 3-18-2008

**FORM NIS-2 OWNER'S REPORT . . . OR REPAIR / REPLACEMENT ACTIVITY**  
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte, NC 28201-1006

1a. Date December 4, 2007  
Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station  
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 1763015-26  
Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: MD200464

4. (a) Identification of System: RN - Nuclear Service Water 4. (b) Class of System: C

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases  
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Corrected, Removed, or Installed	Column 8 ASME Code Stamped (yes or no)
A	2MCA-RN-3413	Duke Power	N/A	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work New installed hanger per MOD # MD200464.

8. Tests Conducted: Hydrostatic  Pneumatic  Nom. Operating Press.  Other  Exempt

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u>[Signature]</u> <u>FL Grass Jr, QA Tech Specialist</u> Owner or Owner's Designee, Title	Date <u>12/4/2007</u>

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>11/5/07</u> to <u>12/5/07</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
Inspector's Signature <u>[Signature]</u> <u>Jerome F Swan</u>	Commissions <u>NC1524, N-1</u> National Board, State, Province and Endorsements
Date <u>12/5/07</u>	

**FORM NIS-2 OWNER'S REPORT . . OR REPAIR / REPLACEMENT ACTIVITY**

As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte, NC 28201-1006

1a. Date January 2, 2008

Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station  
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
 Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order # : 1763015-46  
 Repair Organization Job # \_\_\_\_\_

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: MD200464

4. (a) Identification of System: RN - Nuclear Service Water 4. (b) Class of System: C

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases  
 (b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Corrected, Removed, or Installed	Column 8 ASME Code Stamped (yes or no)
A	2MCA-RN-3413	Duke Power	N/A	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes





**FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY**

As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte, NC 28201-1006

1a. Date April 10, 2008  
 Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station  
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit:  1  2  3  Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
 Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 1763617-32  
 Repair Organization Job # \_\_\_\_\_

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: MD201471

4. (a) Identification of System: RN – Nuclear Service Water 4. (b) Class of System: C

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases  
 (b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2-RN-VA-69	Walworth	C59134	637	V-File# 714	1976	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	2-RN-VA-69	Crane Nuclear	D7265	N/A	N/A	2008	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Replaced valve.

8. Tests Conducted: Hydrostatic  Pneumatic  Nom. Operating Press.  Other  Exempt

Pressure 100 psig Test Temp. 74 °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks Functional performed per task 32.

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.

Type Code Symbol Stamp N/A  
 Certificate of Authorization No. N/A Expiration Date N/A

Signed [Signature] FL Grass Jr, QA Tech Specialist Date 5/8/2008  
Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 3-10-08 to 5-8-08; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature] Jerome F Swan Commissions NC1524, N-1  
Inspector's Signature National Board, State, Province and Endorsements

Date 5-8-2008



FORM NPV-1 (Back) --- Pg. 2 of 2

Certificate Holder's Serial No. 07265

8 Design conditions 135 psi (pressure) 95 °F (temperature) or valve pressure class \_\_\_\_\_ (1)

9. Cold working pressure 285 psi at 100°F

10. Hydrostatic test 450 psi. Disk differential test pressure 315 psi

11. Remarks: Bonnet Stud Heat Code: 1H62, Bonnet Stud Nut Heat Code: 1H65  
By-Pass Piping: SA108 GR B, Ht. #: 203644, By-Pass Piping Elbows: SA105, Ht. #: 77230  
By-Pass Piping Valve S/N: 071171-13  
PO No. 00091378 PO Item # 0003, Duke Item 02B-839  
CNI S/O 31377-01

CERTIFICATION OF DESIGN

Design Specifications certified by James Lamb, Jr. P.E. State NC Reg. no. 6005

Design Report certified by N/A P.E. State N/A Reg. no. N/A

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and that this pump or valve conforms to the rules for construction of the ASME Code, Section III, Division 1.

N Certificate of Authorization No. N-2899 Expires September 24, 2008

Date 03/07/08 Name CRANE Nuclear, Inc. Signed Jerome A. Kurawski  
(N Certificate Holder) Jerome A. Kurawski, P.E.  
Sr. Quality Assurance Engineer

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Illinois and employed by HSBCT of Hartford, CT have inspected the pump, or valve, described in this Data Report on March 7, 2008 and state that to the best of my knowledge and belief, the Certificate Holder has constructed this pump, or valve, in accordance with the ASME Code, Section III, Division 1.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the component described in this Data Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or loss of any kind arising from or connected with this inspection.

Date 03/07/08 Signed J.D.C. [Signature] Commissions Illinois 1005  
(Natl. Bd. (incl. endorsements) and state or prov. and no.)

*Handwritten notes:*  
R  
J.F.  
Am II  
5-8-08

1906068

**FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY**  
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte, NC 28201-1006

1a. Date 03/26/2008  
Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station  
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 01763617-60  
Repair Organization Job # \_\_\_\_\_

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: MD20147D

4. (a) Identification of System: RN Nuclear Service Water 4. (b) Class of System: C

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases  
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Corrected, Removed, or Installed	Column 8 ASME Code Stamped (yes or no)
A	2-MCA-CA-5625	Duke Energy	N/A	N/A	Hanger	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Added Item 12, 1/2 Plate Per MD20147D

8. Tests Conducted: Hydrostatic  Pneumatic  Nom. Operating Press.  Other  Exempt

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.

Type Code Symbol Stamp N/A  
 Certificate of Authorization No. N/A                                      Expiration Date N/A

Signed F.R. Sorrow F.R. Sorrow, QA Tech Support      Date 03/26, 2008  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 3-22-08 to 3-27-08 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Jerome F Swan      Jerome F Swan      Commissions NC1524, N-I  
 Inspector's Signature                                      National Board, State, Province and Endorsements

Date 3-27-2008

**FORM NIS-2 OWNER'S REPO. FOR REPAIR / REPLACEMENT ACTIVITY**  
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte, NC 28201-1006

1a. Date April 14, 2008

Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station  
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 1764228-32  
Repair Organization Job # \_\_\_\_\_

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: MD201471

4. (a) Identification of System: CA – Auxiliary Feedwater 4. (b) Class of System: C

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases  
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2CA-VA-86	Walworth	C61561	677	V File# 781	1976	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	2CA-VA-86	Crane	D7264	N/A	N/A	2008	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Cut out and replaced valve.

8. Tests Conducted: Hydrostatic  Pneumatic  Nom. Operating Press.  Other  Exempt

Pressure 62 psig Test Temp. 60 °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks Functional performed per task 32.

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.

Type Code Symbol Stamp N/A  
Certificate of Authorization No. N/A Expiration Date N/A

Signed [Signature] FL Grass Jr, QA Tech Specialist Date 5/8/2008  
Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 3-10-08 to 5-8-08; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature] Jerome F Swan Commissions NC1524, N-1  
Inspector's Signature National Board, State, Province and Endorsements

Date 5-8-2008





FORM NPV-1 (Back) -- Pg. 2 of 2

Certificate Holder's Serial No. D7264 ✓

- 8. Design conditions 135 psi ✓ (pressure) 95 °F (temperature) or valve pressure class \_\_\_\_\_ (1)
- 9. Cold working pressure 285 ✓ psi at 100°F
- 10. Hydrostatic test 450 ✓ psi. Disk differential test pressure 315 ✓ psi
- 11. Remarks: Bonnet Stud Heat Code: 1H62 ✓ Bonnet Stud Nut Heat Code: 1H65 ✓  
By-Pass Piping: SA106 GR B. HL #: 203644 ✓ By-Pass Piping Elbows: SA105. HL #: 77230 ✓  
By-Pass Piping Valve S/N: 071171-12 ✓  
PO No. 00091378 PO Item # 0003, Duke Item 02B-839 ✓  
CNI S/O 31377-01

**CERTIFICATION OF DESIGN**

Design Specifications certified by James Lamb, Jr. P.E. State NC Reg. no. 6005

Design Report certified by N/A P.E. State N/A Reg. no. N/A

**CERTIFICATE OF COMPLIANCE**

We certify that the statements made in this report are correct and that this pump or valve conforms to the rules for construction of the ASME Code, Section III, Division 1.

N Certificate of Authorization No. N-2899 Expires September 24, 2008

Date 03/10/08 Name CRANE Nuclear, Inc. Signed Jerome A. Kutowski ✓  
(N Certificate Holder) Sr. Quality Assurance Engineer

**CERTIFICATE OF INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Illinois and employed by HSBCT of Hartford, CT have inspected the pump, or valve, described in this Data Report on March 10, 2008 and state that to the best of my knowledge and belief, the Certificate Holder has constructed this pump, or valve, in accordance with the ASME Code, Section III, Division 1.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the component described in this Data Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or loss of any kind arising from or connected with this inspection.

Date 03/10/08 Signed Fred Ouyang Commissions Illinois 1005  
(Natl. Bd. (incl. endorsements) and state or prov. and no.)

R  
 JFX  
 AWII  
 5-8-08

**FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY**  
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte, NC 28201-1006

1a. Date February 25, 2008

Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station  
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit:  1  2  3  Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 1785753  
Repair Organization Job # \_\_\_\_\_

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: MD100461

4. (a) Identification of System: RN - Nuclear Service Water 4. (b) Class of System: C

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases  
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2RN404	Crane	D5481	N/A	Utc# 1819769	2006	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	2RN409	Crane	D5894	N/A	Utc# 1832819	2006	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Added piping and new valves 2RN404 and 2RN409 per MD 100461.

8. Tests Conducted: Hydrostatic  Pneumatic  Nom. Operating Press.  Other  Exempt

Pressure 62 psig Test Temp. 63 °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks Test performed per procedure MP/O/A/7650/076.

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u>[Signature]</u> <u>FL Grass Jr, QA Tech Specialist</u> Owner or Owner's Designee, Title	Date <u>2/26/2008</u>

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>1-23-08 to 2-26-08</u> , and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
<u>[Signature]</u> <u>Jerome F Swan</u> Inspector's Signature	Commissions <u>NC1524, N-I</u> National Board, State, Province and Endorsements
Date <u>2-26-2008</u>	



FORM NPV-1 (Back) --- Pg. 2 of 2

Certificate Holder's Serial No. 05481

8. Design conditions 135 psi 150 °F or valve pressure class \_\_\_\_\_ (1)  
 (pressure) (temperature)
9. Cold working pressure 275 psi at 100°F
10. Hydrostatic test 425 psi. Disk differential test pressure 305 psi
11. Remarks: \*Corrected P.E. first name from James to Jesse.  
PO No. DP20357, PO Item 0040, Duke Item No. 1MV-556  
CNI SO No. 28451-04

CERTIFICATION OF DESIGN

Design Specifications certified by \*Jesse M. Hawkins P.E. State NC Reg. no. 20159  
 Design Report certified by N/A P.E. State N/A Reg. no. N/A

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and that this pump or valve conforms to the rules for construction of the ASME Code, Section III, Division 1.

N Certificate of Authorization No. N-2899 Expires September 24, 2008

Date 08/09/06 Name CRANE Nuclear, Inc. Signed Joseph F. Hill  
 (N Certificate Holder) (Joseph F. Hill) QA Engineer

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Illinois and employed by HSBCT of Hartford, CT have inspected the pump, or valve, described in this Data Report on August 09, 2006 and state that to the best of my knowledge and belief, the Certificate Holder has constructed this pump, or valve, in accordance with the ASME Code, Section III, Division 1.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the component described in this Data Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or loss of any kind arising from or connected with this inspection.

Date 08/09/06 Signed Todd Ward Commissions IL 1903  
 (Authorized Nuclear Inspector) (Nat'l. Bd. (incl. endorsements) and state or prov. and no.)  
 Todd Ward

(1) For manually operated valves only.



Certificate Holder's Serial No. ✓ D5892 through D5895

8. Design conditions ✓ 135 psi ✓ 95 °F or valve pressure class \_\_\_\_\_ (1)  
 (pressure) (temperature)
9. Cold working pressure ✓ 285 psi at 100°F
10. Hydrostatic test ✓ 450 psi. Disk differential test pressure ✓ 315 psi
11. Remarks:  
PO No. 00001637, PO Item 0007, Duke Item No. 1MV-565  
CNI SQ No. 29401-01  
Bolting Studs Ht. # 230113/Nuts Ht. # B87035

CERTIFICATION OF DESIGN

Design Specifications certified by Jesse M. Hawkins P.E. State NC Reg. no. 20159  
 Design Report certified by N/A P.E. State N/A Reg. no. N/A

CERTIFICATE OF COMPLIANCE

I hereby certify that the statements made in this report are correct and that this pump or valve conforms to the rules for construction of the ASME Code, Section III, Division 1.

Certificate of Authorization No. N-2899 Expires September 24, 2008  
 Date 12/27/06 Name CRANE Nuclear, Inc. Signed Jerome A. Karowski  
(N Certificate Holder) (P.E. Sr. QA Engineer)

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Illinois and employed by HSBCT of Hartford, CT have inspected the pump, or valve, described in this Data Report on December 27, 2006 and state that to the best of my knowledge and belief, the Certificate Holder has constructed this pump, or valve, in accordance with the ASME Code, Section III, Division 1.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the component described in this Data Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or loss of any kind arising from or connected with this inspection.

Date 12/27/06 Signed Robert Rainey Commission # IL 922  
(Authorized Nuclear Inspector) (Natl. Bd. Check entries (months) and state or prov. and no.)

(1) For manually operated valves only.

00000001 00000001 00000001 00000001 00000001



**FORM NIS-2 OWNER'S REPORT OF REPAIR / REPLACEMENT ACTIVITY**

As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte, NC 28201-1006

1a. Date March 25, 2008  
 Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station  
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit:  1  2  3  Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
 Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 1801758  
 Repair Organization Job # \_\_\_\_\_

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: N/A

4. (a) Identification of System: KC - Component Cooling 4. (b) Class of System: C

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases  
 (b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2MCA-KC-3332	Duke Power	3617	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	2MCA-KC-3332	Duke Power	017	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Replaced snubber.

8. Tests Conducted: Hydrostatic  Pneumatic  Nom. Operating Press.  Other  Exempt

Pressure _____ psig	Test Temp. _____ °F
Pressure _____ psig	Test Temp. _____ °F
Pressure _____ psig	Test Temp. _____ °F

9. Remarks \_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u><i>FL Grass Jr.</i></u> <u>FL Grass Jr, QA Tech Specialist</u>	Date <u>3/25/2008</u>
<small>Owner or Owner's Designee, Title</small>	

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>3-19-08</u> to <u>3-25-08</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
<u><i>Jerome F Swan</i></u> <u>Jerome F Swan</u>	Commissions <u>NC1524, N-1</u>
<small>Inspector's Signature</small>	<small>National Board, State, Province and Endorsements</small>
Date <u>3-25-2008</u>	

**FORM NIS-2 OWNER'S REPORT OR REPAIR / REPLACEMENT ACTIVITY**

As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte, NC 28201-1006

1a. Date April 6, 2008

Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station  
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit:  1  2  3  Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
 Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 1801841  
 Repair Organization Job # \_\_\_\_\_

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: N/A

4. (a) Identification of System: RN – Nuclear Service Water 4. (b) Class of System: C

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases  
 (b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2MCA-RN-3019	Duke Power	3128	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	2MCA-RN-3019	Duke Power	8515	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Replaced snubber.

8. Tests Conducted: Hydrostatic  Pneumatic  Nom. Operating Press.  Other  Exempt

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

<b>CERTIFICATE OF COMPLIANCE</b>	
I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u>[Signature]</u> <u>FL Grass Jr, QA Tech Specialist</u> Owner or Owner's Designee, Title	Date <u>4/6/2008</u>

<b>CERTIFICATE OF INSERVICE INSPECTION</b>	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSB CT</u> have inspected the components described in this Owner's Report during the period <u>3-28-08 to 4-7-08</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
<u>[Signature]</u> <u>Jerome F Swan</u> Inspector's Signature	Commissions <u>NC1524, N-I</u> National Board, State, Province and Endorsements
Date <u>4-7-2008</u>	

**FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY**

As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte, NC 28201-1006

1a. Date 04/04/2008  
 Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station  
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit:  1  2  3  Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
 Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order # : 01802868  
 Repair Organization Job # \_\_\_\_\_

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: MD201740

4. (a) Identification of System: RN Nuclear Service Water 4. (b) Class of System: C

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases  
 (b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	Piping	Duke Energy	N/A	60	2RN	1982	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Added 2" piping per MD201740 , Welds RN2FW57-12,13,16, 17 & RN2FW13-6, 7, 8, 9, 10

8. Tests Conducted: Hydrostatic  Pneumatic  Nom. Operating Press.  Other  Exempt

Pressure \*101.1 psig      Test Temp. \*56 °F  
Pressure \*\*101.1 psig      Test Temp. \*\*56.2 °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks \*Task 09 for valve 2RN-1072 at 101.1 psig & 56 °F- RN2FW57-12,13,16,17.  
\*\*Task 12 for valve 2RN-1073 at 101.1 psig & 56.2 °F- RN2FW13-6,7,8,9,10

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.

Type Code Symbol Stamp N/A  
Certificate of Authorization No. N/A      Expiration Date N/A

Signed F.R. Sorrow F.R. Sorrow, QA Tech Support      Date 04/04, 2008  
Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 3-27-08 to 4-4-08; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Jerome F Swan Jerome F Swan      Commissions NC1524, N-I  
Inspector's Signature      National Board, State, Province and Endorsements  
Date 4-4-2008

**FORM NIS-2 OWNER'S REPORT FOR REPAIR / REPLACEMENT ACTIVITY**  
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte, NC 28201-1006

1a. Date March 27, 2008

Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station  
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit:  1  2  3  Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 1802998  
Repair Organization Job # \_\_\_\_\_

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: MD201697

4. (a) Identification of System: RN – Nuclear Service Water 4. (b) Class of System: C

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases  
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial.No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2-RN-VA-285	BNL	A981103-4-21	N/A	N/A	2000	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	2-RN-VA-285	BNL	A981103-4-13	N/A	N/A	1999	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Replaced valve

8. Tests Conducted: Hydrostatic  Pneumatic  Nom. Operating Press.  Other  Exempt

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks functional performed on task 06 per procedure MP/0/A/7700/045

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] FL Grass Jr, QA Tech Specialist  
Owner or Owner's Designee, Title

Date 4/4/2008

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 3-21-08 to 4-4-08; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature] Jerome F Swan  
Inspector's Signature

Commissions NC1524, N-I  
National Board, State, Province and Endorsements

Date 4-4-2008



**FORM NIS-2 OWNER'S REPORT . . . OR REPAIR / REPLACEMENT ACTIVITY**  
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte, NC 28201-1006

1a. Date April 7, 2008  
Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station  
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit:  1  2  3  Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 1805056  
Repair Organization Job # \_\_\_\_\_

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: N/A

4. (a) Identification of System: CA - Auxiliary Feedwater 4. (b) Class of System: C

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases  
(b) Applicable Edition of Section XI Utilized for Repair / Replacement Activity: 1998, 2000 Addenda (1998 through 2000 Addenda for Class MC and CC and their supports)

6. Identification of Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (yes or no)
A	2MCA-CA-128	Duke Power	112	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	2MCA-CA-128	Duke Power	20375	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Replaced snubber.

8. Tests Conducted: Hydrostatic  Pneumatic  Nom. Operating Press.  Other  Exempt

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

I certify that the statements made in the report are correct and this conforms to the requirements of the ASME Code, Section XI.

Type Code Symbol Stamp N/A  
 Certificate of Authorization No. N/A      Expiration Date N/A

Signed [Signature] FL Grass Jr, QA Tech Specialist      Date 4/7/2008  
Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB CT have inspected the components described in this Owner's Report during the period 4-1-08 to 4-7-08; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature] Jerome F Swan      Commissions NC1524, N-I  
Inspector's Signature      National Board, State, Province and Endorsements

Date 4-7-08

## 6.0 Pressure Testing

### *First Period – Third 10-Year Interval*

All system pressure test requirements have been satisfied for the First Inspection Period. Some pressure test zones were completed after EOC 17 but prior to March 1, 2007, the date ending the First Period. Those pressure test zones credited for the First Period which were not listed in the Summary Report for EOC 17 are shown in Table 6-1.

**Table 6-1 Detailed Class 2 - 1<sup>st</sup> Period Zones Not Listed in EOC17 Report**

	Zone Number	Boundary Dwg	Completion Status	VT-2 Examination Date
1	2BB-040L-B	MC-ISIL-2580-01.00	1 <sup>st</sup> Period Complete	2/22/2007
2	2CA-040L-B	MC-ISIL-2592-01.00	1 <sup>st</sup> Period Complete	2/21/2007
3	2CA-043L-B	MC-ISIL-2584-01.00	1 <sup>st</sup> Period Complete	2/22/2007
		MC-ISIL-2591-01.01	1 <sup>st</sup> Period Complete	2/22/2007
		MC-ISIL-2592-01.00	1 <sup>st</sup> Period Complete	2/22/2007
		MC-ISIL-2617-01.00	1 <sup>st</sup> Period Complete	2/22/2007
4	2FW-007L-B	MC-ISIL-2554-03.00	1 <sup>st</sup> Period Complete	1/9/2007
		MC-ISIL-2554-03.01	1 <sup>st</sup> Period Complete	1/9/2007
		MC-ISIL-2561-01.00	1 <sup>st</sup> Period Complete	1/9/2007
		MC-ISIL-2562-03.00	1 <sup>st</sup> Period Complete	1/9/2007
		MC-ISIL-2563-01.00	1 <sup>st</sup> Period Complete	1/9/2007
		MC-ISIL-2571-01.00	1 <sup>st</sup> Period Complete	1/9/2007
5	2ND-009L-B	MC-ISIL-2554-01.02	1 <sup>st</sup> Period Complete	1/17/2007
		MC-ISIL-2561-01.00	1 <sup>st</sup> Period Complete	1/17/2007
		MC-ISIL-2562-03.00	1 <sup>st</sup> Period Complete	1/17/2007
		MC-ISIL-2562-03.01	1 <sup>st</sup> Period Complete	11/4/2006
		MC-ISIL-2563-01.00	1 <sup>st</sup> Period Complete	1/17/2007
		MC-ISIL-2571-01.00	1 <sup>st</sup> Period Complete	1/17/2007
		MC-ISIL-2572-01.00	1 <sup>st</sup> Period Complete	1/17/2007
6	2ND-010L-B	MC-ISIL-2561-01.00	1 <sup>st</sup> Period Complete	12/6/2006
		MC-ISIL-2562-03.01	1 <sup>st</sup> Period Complete	12/6/2006
		MC-ISIL-2563-01.00	1 <sup>st</sup> Period Complete	12/6/2006
7	2NI-015L-B	MC-ISIL-2562-03.00	1 <sup>st</sup> Period Complete	1/16/2007
8	2NI-016L-B	MC-ISIL-2562-03.00	1 <sup>st</sup> Period Complete	2/4/2006

	Zone Number	Boundary Dwg	Completion Status	VT-2 Examination Date
9	2NI-017L-B	MC-ISIL-2562-03.00	1 <sup>st</sup> Period Complete	1/16/2007
		MC-ISIL-2562-03.01	1 <sup>st</sup> Period Complete	1/16/2007
10	2NI-018L-B	MC-ISIL-2562-03.01	1 <sup>st</sup> Period Complete	1/16/2007
11	2NI-061L-B	MC-ISIL-2562-01.00	1 <sup>st</sup> Period Complete	1/30/2007
12	2NI-062L-B	MC-ISIL-2562-01.00	1 <sup>st</sup> Period Complete	1/30/2007
13	2NM-027L-B	MC-ISIL-2572-03.00	1 <sup>st</sup> Period Complete	2/21/2007
14	2NS-019L-B	MC-ISIL-2563-01.00	1 <sup>st</sup> Period Complete	1/15/2007
15	2NV-003L-B	MC-ISIL-2554-01.00	1 <sup>st</sup> Period Complete	2/21/2007
		MC-ISIL-2554-01.01	1 <sup>st</sup> Period Complete	2/21/2007
		MC-ISIL-2554-01.02	1 <sup>st</sup> Period Complete	2/21/2007
		MC-ISIL-2554-01.03	1 <sup>st</sup> Period Complete	11/8/2006
16	2NV-005L-B	MC-ISIL-2554-01.02	1 <sup>st</sup> Period Complete	11/8/2006
17	2RN-044L-B	MC-ISIL-2574-04.00	1 <sup>st</sup> Period Complete	2/21/2007
18	2SA-047L-B	MC-ISIL-2593-01.02	1 <sup>st</sup> Period Complete	2/22/2007
19	2SM-040L-B	MC-ISIL-2591-01.01	1 <sup>st</sup> Period Complete	2/21/2007
		MC-ISIL-2593-01.00	1 <sup>st</sup> Period Complete	2/21/2007
		MC-ISIL-2593-01.03	1 <sup>st</sup> Period Complete	2/21/2007

*Second Period – Third 10-Year Interval*

Table 6-2 shows the number of Class 1 (Category B-P), Class 2 (Category C-H), and Risk Informed Segment (Category R-A) pressure tests zones completed from refueling outage EOC-17 through refueling outage EOC-18. There was no through-wall leakage observed during these pressure tests.

<b>Examination Category</b>	<b>Test Requirement</b>	<b>Total Zones Completed EOC18</b>
B-P	System Leakage Test (IWB-5220)	1
C-H	System Leakage Test (IWC-5220)	3
R-A	Risk Informed VT-2 for Socket Welds	66 Segments

Table 6-3 shows a completion status for the number of pressure test zones conducted during the second period of the third ten-year interval.

<b>Examination Category</b>	<b>Test Requirement</b>	<b>Total Zones Required For This Period</b>	<b>Total Zones Credited For This Period</b>	<b>(%) Zones Complete For This Period</b>
B-P	System Leakage Test (IWB-5220)	3	1	33.33 %
C-H	System Leakage Test (IWC-5220)	34	3	8.82 %
R-A	System Leakage Test	(66 Segments Each Refueling Outage) 198 For Period	66	33.33 %

The Class 1 (Category B-P) pressure test zone is required each refueling outage. Table 6-4 shows a completion status of the Class 1 (Category B-P) pressure test zone conducted during refueling cycle EOC18.

**Table 6-4 Detailed Class 1 Listing**

Zone Number	Boundary Dwg	EOC18 Completion Status	EOC18 VT-2 Examination Date
2NC-001L-A	MC-ISIL-2553-01.00	Complete	4/10/2008
	MC-ISIL-2553-02.00	Complete	4/10/2008
	MC-ISIL-2553-02.01	Complete	4/10/2008
	MC-ISIL-2554-01.00	Complete	4/10/2008
	MC-ISIL-2554-01.01	Complete	4/10/2008
	MC-ISIL-2554-01.02	Complete	4/10/2008
	MC-ISIL-2561-01.00	Complete	4/10/2008
	MC-ISIL-2562-01.00	Complete	4/10/2008
	MC-ISIL-2562-02.00	Complete	4/10/2008
	MC-ISIL-2562-02.01	Complete	4/10/2008
	MC-ISIL-2562-03.00	Complete	4/10/2008
	MC-ISIL-2562-03.01	Complete	4/10/2008

Class 2 (Category C-H) pressure test zones are required once each inspection period. Table 6-5 shows a completion status for the Class 2 (Category C-H) pressure tests required for the second period of the third ten-year interval.

**Table 6-5 Detailed Class 2 Second Period Listing**

	Zone Number	Boundary Dwg	Completion Status	VT-2 Examination Date
1	2BB-040L-B	MC-ISIL-2580-01.00	Not Yet Tested	N/A
2	2BB-074L-B	MC-ISIL-2572-03.00	Not Yet Tested	N/A
		MC-ISIL-2580-01.00	Not Yet Tested	N/A
		MC-ISIL-2584-01.00	Not Yet Tested	N/A
3	2CA-040L-B	MC-ISIL-2592-01.00	Not Yet Tested	N/A
4	2CA-043L-B	MC-ISIL-2584-01.00	Not Yet Tested	N/A
		MC-ISIL-2591-01.01	Not Yet Tested	N/A
		MC-ISIL-2592-01.00	Not Yet Tested	N/A
		MC-ISIL-2617-01.00	Not Yet Tested	N/A

	Zone	Boundary Dwg	Completion Status	VT-2 Examination Date
5	2FW-007L-B	MC-ISIL-2554-03.00	Not Yet Tested	N/A
		MC-ISIL-2554-03.01	Not Yet Tested	N/A
		MC-ISIL-2561-01.00	Not Yet Tested	N/A
		MC-ISIL-2562-03.00	Not Yet Tested	N/A
		MC-ISIL-2563-01.00	Not Yet Tested	N/A
		MC-ISIL-2571-01.00	Not Yet Tested	N/A
6	2ND-009L-B	MC-ISIL-2554-01.02	Not Yet Tested	N/A
		MC-ISIL-2561-01.00	Partial	3/1/2008
		MC-ISIL-2562-03.00	Not Yet Tested	N/A
		MC-ISIL-2562-03.01	Not Yet Tested	N/A
		MC-ISIL-2563-01.00	Not Yet Tested	N/A
		MC-ISIL-2571-01.00	Not Yet Tested	N/A
		MC-ISIL-2572-01.00	Not Yet Tested	N/A
7	2ND-010L-B	MC-ISIL-2561-01.00	Not Yet Tested	N/A
		MC-ISIL-2562-03.01	Not Yet Tested	N/A
		MC-ISIL-2563-01.00	Not Yet Tested	N/A
8	2NI-012L-B	MC-ISIL-2562-02.00	Complete	4/8/2008
		MC-ISIL-2572-01.01	Complete	4/8/2008
9	2NI-013L-B	MC-ISIL-2562-02.01	Complete	4/8/2008
		MC-ISIL-2572-01.01	Complete	4/8/2008
10	2NI-014L-B	MC-ISIL-2562-02.01	Complete	4/3/2008
		MC-ISIL-2562-03.00	Complete	4/3/2008
11	2NI-015L-B	MC-ISIL-2562-03.00	Not Yet Tested	N/A
12	2NI-016L-B	MC-ISIL-2562-03.00	Not Yet Tested	N/A
13	2NI-017L-B	MC-ISIL-2562-03.00	Not Yet Tested	N/A
		MC-ISIL-2562-03.01	Not Yet Tested	N/A
14	2NI-018L-B	MC-ISIL-2562-03.01	Not Yet Tested	N/A
15	2NI-060L-B	MC-ISIL-2562-03.00	Not Yet Tested	N/A
16	2NI-061L-B	MC-ISIL-2562-01.00	Partial	3/7/2008
17	2NI-062L-B	MC-ISIL-2562-01.00	Not Yet Tested	N/A
18	2NM-026L-B	MC-ISIL-2572-01.01	Not Yet Tested	N/A

	Zone	Boundary Dwg	Completion Status	VT-2 Examination Date
19	2NM-027L-B	MC-ISIL-2572-03.00	Not Yet Tested	N/A
20	2NS-019L-B	MC-ISIL-2563-01.00	Not Yet Tested	N/A
21	2NS-020L-B	MC-ISIL-2563-01.00	Not Yet Tested	N/A
22	2NV-003L-B	MC-ISIL-2554-01.00	Partial	4/10/2008
		MC-ISIL-2554-01.01	Partial	4/10/2008
		MC-ISIL-2554-01.02	Not Yet Tested	N/A
		MC-ISIL-2554-01.03	Partial	4/10/2008
23	2NV-004L-B	MC-ISIL-1554-05.00	Not Yet Tested	N/A
		MC-ISIL-2554-01.00	Not Yet Tested	N/A
		MC-ISIL-2554-01.01	Partial	4/11/2008
		MC-ISIL-2554-01.02	Not Yet Tested	N/A
		MC-ISIL-2554-02.00	Not Yet Tested	N/A
		MC-ISIL-2554-02.01	Not Yet Tested	N/A
		MC-ISIL-2554-03.00	Partial	4/11/2008
		MC-ISIL-2554-03.01	Partial	4/11/2008
		MC-ISIL-2561-01.00	Partial	4/11/2008
		MC-ISIL-2562-01.00	Complete	4/11/2008
MC-ISIL-2562-03.00	Partial	4/11/2008		
24	2NV-005L-B	MC-ISIL-2554-01.02	Partial	4/10/2008
25	2NV-006L-B	MC-ISIL-2554-03.00	Partial	4/29/2008
26	2NV-008L-B	MC-ISIL-2554-01.02	Not Yet Tested	N/A
27	2NV-011L-B	MC-ISIL-2554-03.01	Partial	4/11/2008
28	2RN-044L-B	MC-ISIL-2574-04.00	Partial	4/3/2008
29	2RV-048L-B	MC-ISIL-2604-03.00	Partial	3/6/2008
30	2SA-047L-B	MC-ISIL-2593-01.02	Not Yet Tested	N/A
31	2SM-040L-B	MC-ISIL-2591-01.01	Not Yet Tested	N/A
		MC-ISIL-2593-01.00	Not Yet Tested	N/A
		MC-ISIL-2593-01.03	Not Yet Tested	N/A
32	2SM-045L-B	MC-ISIL-2593-01.00	Not Yet Tested	N/A
		MC-ISIL-2593-01.02	Not Yet Tested	N/A
		MC-ISIL-2593-01.03	Not Yet Tested	N/A



	Zone	Boundary Dwg	Completion Status	VT-2 Examination Date
33	2SM-046L-B	MC-ISIL-2593-01.00	Not Yet Tested	N/A
		MC-ISIL-2593-01.03	Not Yet Tested	N/A
34	2YA-063L-B	MC-ISIL-2617-01.00	Not Yet Tested	N/A

Risk Informed Segments (Category R-A) that receive a pressure test are required each refueling outage. Table 6-6 shows a completion status of the Risk Informed Segment pressure test zones conducted during refueling cycle EOC18.

	Zone Number	Boundary Dwg	Segment Number	EOC18 Completion Status	EOC18 VT-2 Examination Date
1	2NC-001L-A	MC-ISIL-2553-01.00	NC-18	Complete	4/10/2008
2			NC-19	Complete	4/10/2008
3			NC-20	Complete	4/10/2008
4			NC-21	Complete	4/10/2008
5			NC-23	Complete	4/10/2008
6			NC-86 <sup>1</sup>	Complete	4/10/2008
7			NC-89	Complete	4/10/2008
8			NC-90	Complete	4/10/2008
9		MC-ISIL-2553-02.00	NC-054	Complete	4/10/2008
10			NC-055	Complete	4/10/2008
11			NC-056	Complete	4/10/2008
12		MC-ISIL-2554-01.00	NV-033A	Complete	4/10/2008
13			NV-033B	Complete	4/10/2008
14			NV-034A	Complete	4/10/2008
15			NV-034B	Complete	4/10/2008
16			NV-037	Complete	4/10/2008
17			NV-038	Complete	4/10/2008
18			NV-041A	Complete	4/10/2008
19			NV-041B	Complete	4/10/2008
20			NV-042A	Complete	4/10/2008
21			NV-042B	Complete	4/10/2008

<sup>1</sup> Part of this segment is also shown on drawing MC-ISIL-2553-02.01.

	Zone Number	Boundary Dwg	Segment Number	EOC18 Completion Status	EOC18 VT-2 Examination Date	
22	2NC-001L-A	MC-ISIL-2554-01.01	NV-030A	Complete	4/10/2008	
23			NV-030B	Complete	4/10/2008	
24			NV-032A	Complete	4/10/2008	
25			NV-032B	Complete	4/10/2008	
26			NV-035	Complete	4/10/2008	
27			NV-036	Complete	4/10/2008	
28			NV-039A	Complete	4/10/2008	
29			NV-039B	Complete	4/10/2008	
30			NV-040A	Complete	4/10/2008	
31			NV-040B	Complete	4/10/2008	
32			MC-ISIL-2562-01.00	NI-068	Complete	4/10/2008
33				NI-069	Complete	4/10/2008
34				NI-070	Complete	4/10/2008
35				NI-071	Complete	4/10/2008
36	2ND-009L-B	MC-ISIL-2561-01.00	ND-008C	Complete	3/1/2008	
37			ND-009C	Complete	3/1/2008	
38	2NI-061L-B	MC-ISIL-2562-01.00	NI-063B	Complete	3/7/2008	
39	2NV-003L-B	MC-ISIL-2554-01.03	2NV026 <sup>2</sup>	Complete	4/10/2008	
40			2NV027 <sup>3</sup>	Complete	4/10/2008	
41			NV-028 <sup>3</sup>	Complete	4/10/2008	
42			NV-029 <sup>4</sup>	Complete	4/10/2008	
43	2NV-004L-B	MC-ISIL-2554-01.01	NV-020AD	Complete	4/11/2008	
44		MC-ISIL-2554-03.00	NV-019AA <sup>4</sup>	Complete	4/11/2008	
45		NV-019AB	Complete	4/11/2008		
46		NV-019AD	Complete	4/11/2008		
47		NV-019B	Complete	4/11/2008		
48		NV-019D	Complete	4/11/2008		
49		NV-020AA	Complete	4/11/2008		
50		NV-020AB	Complete	4/11/2008		
51		NV-020AE	Complete	4/11/2008		
52		NV-021A	Complete	4/11/2008		
53		NV-021B	Complete	4/11/2008		
54		MC-ISIL-2554-03.01	NV-002AB <sup>5</sup>	Complete	4/11/2008	
55	NV-002D		Complete	4/11/2008		
56	NV-019C		Complete	4/11/2008		
57	NV-019E		Complete	4/11/2008		
58	2NV-005L-B	MC-ISIL-2554-01.02	NV-080A	Complete	4/10/2008	
59			NV-080B	Complete	4/10/2008	

<sup>2</sup> Part of this segment is also shown on drawing MC-ISIL-2554-01.01.

<sup>3</sup> Part of this segment is also shown on drawing MC-ISIL-2554-01.00.

<sup>4</sup> Part of this segment is also shown on drawing MC-ISIL-2554-03.01.

<sup>5</sup> Part of this segment is also shown on drawing MC-ISIL-2554-03.00.

	Zone Number	Boundary Dwg	Segment Number	EOC18 Completion Status	EOC18 VT-2 Examination Date
60	2NV-005L-B	MC-ISIL-2554-01.02	NV-084A	Complete	4/10/2008
61			NV-084B	Complete	4/10/2008
62			NV-084C	Complete	4/10/2008
63	2NV-006L-B	MC-ISIL-2554-03.00	NV-002C <sup>6</sup>	Complete	4/29/2008
64			NV-108A <sup>6</sup>	Complete	4/29/2008
65			NV-109 <sup>6</sup>	Complete	4/29/2008
66	2NV-011L-B	MC-ISIL-2554-03.01	NV-011A <sup>7</sup>	Complete	4/11/2008

Section 6 Prepared By:	Date:
<i>Jim Baughman</i>	5-21-08

Section 6 Reviewed By:	Date:
<i>[Signature]</i>	5-21-08

<sup>6</sup> The NV PD Pump was out of service during outage 2EOC-18 (ref. PIP M-08-1705). Therefore, RI Segments NV-002C, NV-008A and NV-109 were tested when the pump was placed in service for fuel cycle 2EOC-19.

<sup>7</sup> Part of this segment is also part of zone 2NV-004L-B.