



Niagara Mohawk Power Corporation  
300 Erie Boulevard West  
Syracuse, New York 13202

**SECOND INSERVICE INSPECTION INTERVAL**  
**THIRD INSPECTION PERIOD**  
**FIFTEENTH REFUELING (RFO-15) OUTAGE**  
**1999 SUMMARY REPORT**

Prepared For

Nine Mile Point Nuclear Power Station Unit 1  
P.O. Box 63  
Lycoming, New York 13093

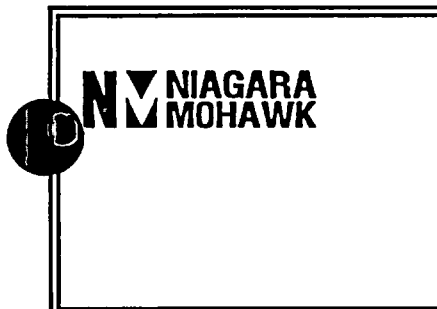
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Prepared by: Edward L. Anderson / ERP 9/10/99  
NMP1 ISI Program Manager

Approved by: Glenn R Perkins 9/10/99  
Supervisor - ASME Section XI Programs

Approved by: W Yaeger 9/10/99  
William Yaeger - Branch Manager



	<b>Nine Mile Point Nuclear Power Station Unit 1</b>	<b>NMP1-ISI-99-05</b>
	<b>SECOND INSERVICE INSPECTION INTERVAL</b>  <b>INSERVICE INSPECTION SUMMARY REPORT SUBMITTAL</b>	<b>Rev. 0</b>  <b>September 14, 1999</b>  <b>Page 2 of 15</b>

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Nine Mile Point Nuclear Power Station  
Unit 1

NMP1-ISI-99-05

SECOND INSERVICE INSPECTION INTERVAL

Rev. 0

INSERVICE INSPECTION  
SUMMARY REPORT SUBMITTAL

September 14, 1999

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## ABSTRACT

This report summarizes the Niagara Mohawk Power Corporation (NMPC), Nine Mile Point Nuclear Power Station, Unit 1, 1999 Inservice Examinations performed during RFO-15, the period of April 6, 1999 through June 16, 1999.

This Inservice Inspection Summary Report complies with the American Society of Mechanical Engineers, Boiler and Pressure Vessel Code, Section XI, 1983 Edition, through the Summer 1983 Addenda, Article IWA-6000, paragraph IWA-6220.

This report provides a summary of the examinations, tests, repairs and replacements performed, conditions noted and corrective actions taken or recommended as documented on the Owners' Report for Inservice Inspection, Form NIS-1, and Owners' Report for Repairs or Replacements, Form NIS-2, included.

This report also summarizes the Augmented examinations performed during the outage activity.

The 1999 Inservice Inspection Summary Report constitutes the Fifteenth Outage (RFO-15) since commercial operation, and the second and last outage of the Third Inspection Period (from September 26, 1995 to December 25, 1999). With the five exceptions noted herein, this report also provides the close-out of the Second Ten Year Inservice Inspection Interval (from June 26, 1986 to December 25, 1999) of Commercial Service .



**ABSTRACT OF EXAMINATIONS**

During the 1999 refueling outage, Niagara Mohawk Power Corporation (NMPC) conducted nondestructive examinations of selected components at Nine Mile Point Nuclear Power Station Unit 1 (NMP1). The nondestructive examinations were performed during the period from April 6, 1999 through June 16, 1999. The inservice examinations constitute the Second outage of the Third Inspection Period and the last Outage (RFO-15) of the Second 10-Year Inservice Inspection Interval of Commercial Operation.

This summary report covers inservice inspection activities which have occurred since the preceding summary report of the last outage (RFO-14), which ended on May 10, 1997, and with the five exceptions noted herein, constitutes a close-out of the Nine Mile Point Unit 1 Second Ten-Year Inservice Inspection Interval, which ends on December 25, 1999.

**NDE EXAMINATIONS** - Approximately twelve hundred and fifty (1250) examination items were performed by Niagara Mohawk Power Corporation and approved nondestructive examination (NDE) vendors (General Electric (GE), Framatome (FTI)) during the third inspection period, which was comprised of RFO-14 and RFO 15. Nondestructive examinations included the automated and manual ultrasonic, radiographic, liquid penetrant, magnetic particle, and visual examination techniques of selected components, systems, and their supports. Appendix B and C (attached), provides a listing of examinations performed during the 1999 outage. The Inservice examinations were performed in accordance with the Ten-Year Inservice Inspection Program Plan and Schedules identified within Document NMP1-ISI-002 and NMP1-IWF-003, respectively.

**CODE CLASS 1 EXAMINATIONS**

During the inservice examination period, NMPC performed four hundred and ninety-six (496) examinations of Code Class 1 items. These examinations included those remaining items required for close-out of the second inservice inspection interval. Appendix B provides a listing of those items examined during this outage for which Code credit is being applied.

**CODE CLASS 2 EXAMINATIONS**

During the inservice examination period, NMPC performed eighty (80) examinations of Code Class 2 items. These examinations included those remaining items required for close-out of the second inservice inspection interval. Appendix B provides a listing of those items examined during this outage for which Code credit is being applied.

**CODE CLASS 3 EXAMINATIONS**

During the inservice examination period, NMPC performed eighty-four (84) examinations of Code Class 3 items. Examinations included those remaining items required for close-out of the second inservice inspection interval. Appendix B provides a listing of those items examined during this outage for which Code credit is being applied. ASME Code Case N-509 was implemented during the third inspection period.

**CODE CLASS 1, 2 and 3 COMPONENT SUPPORTS**

During the inservice examination period, NMPC performed three hundred and forty three (343) examinations of Code Class 1, 2 and 3 component supports. These examinations included those remaining supports for close-out of the second inservice inspection interval. Appendix B provides a listing of those supports examined during this outage for which Code credit is being applied. ASME Code Case N-491-1 was implemented for the third inspection period only.

There are a total of twelve hundred and twenty (1,220) supports subject to examination and eleven hundred and forty-seven (1147) have been completed during the interval. In accordance with the Code Case, the number of supports required for the third period is sixty-nine (69).



**CLASS 1, 2 AND 3 VISUAL VT-2 EXAMINATIONS**

For ASME Class 1, an ASME XI VT-2 examination was performed on the pressure retaining components in the reactor coolant pressure boundary during a system leakage test conducted at the conclusion of RFO-15 to satisfy Examination Category B-P Code requirements. A portion of the Class 1 Core Spray System, between the isolation valves, was pressure tested as a separate section apart from the RPV System Leakage Test. Code Case N-498-1 was utilized as an alternative to the 10-year system hydrostatic test required by Table IWB-2500-1, Category B-P. The boundary subjected to test pressurization extended to all Class 1 pressure retaining components within the system boundary.

For ASME Class 2 & 3, the pressure tests required to satisfy the Third Period examination requirements for Examination Categories C-H, D-A, D-B, D-C have been conducted with the following tests remaining to be performed by 12/25/99, the end of the Third Period:

- Emergency Condenser Vent to Torus
- Shutdown Cooling Keepfill Root Valves (Core Spray)
- Atmospheric/Containment Vacuum Relief (remaining portion)
- Reactor Water Cleanup Vent to Torus
- Emergency Condenser Keepfill

Appendices B and C provides a listing of those items examined during this outage for which Code credit is being applied.

**AUGMENTED EXAMINATIONS**

During the inservice examination period, NMPC performed Augmented examinations of selected components, systems and items. Examinations included those remaining items required for compliance with NMPC commitments based on regulatory, industry and internal commitments other than those required by the ASME Code, Section XI. Appendix C provides a listing of those items examined during this outage for which compliance with the Augmented examination requirements have been satisfied.

**GENERIC LETTER 88-01 EXAMINATIONS**

During the examination period, NMPC performed two hundred and nineteen (219) examinations of IGSCC Categories A, D, G, and S items in accordance with the USNRC Generic Letter 88-01. The table below provides the status of GL 88-01 examinations for the interval. Appendix C provides a listing of those items examined during this outage activity.

IGSCC Category	Total Items	Number Required Interval	Number Complete Interval	Percent (%) Complete
A	146	37	99	100%
D	153	318	318	100%
G	40	43	43	100%
S	6	13	13	100%
<b>Totals Overall</b>	<b>345</b>	<b>411</b>	<b>473</b>	<b>100%</b>

**CORE SHROUD INSPECTIONS** - During the examination period, NMPC performed shroud inspection coverage consistent with the inspection plan. The ring segment welds were inspected, as were the vertical welds. The results of



these inspections were documented in the Core Shroud Inspection Summary Report, Document.NER-1-0-022, Revision 0, that was previously submitted to the NRC.

**INSERVICE CONTAINMENT INSPECTIONS (IWE)** - NMPC initiated IWE examinations during RFO-15 of the general condition of the torus internal pressure retaining components at or below the waterline. The results of these inspections were documented in the RFO-15 TORUS INSPECTION PLAN, Document NER-1S-025, Revision 1, and is provided in Appendix D, attached.

**STATUS OF WORK REQUIRED FOR THE CURRENT INTERVAL** - The status of work required for the Second Ten Year Inservice Inspection Interval is defined on the attached Table, Titled "Inspection Program "B" Compliance". This Table provides such information as Examination Category, Total Items Subject to Examination, Total Examinations Scheduled for the Interval, Total Examinations Scheduled for the Period, Total Examinations credited and the percentage credited for the Interval. Nine Mile Point Unit 1 is in the Third Inservice Inspection Period, therefore, the examinations performed during this period must fall within the percentages identified in IWB-2412-1, IWC-2412-1 and IWD-2412-1 of Inspection Program "B" (100%).

Niagara Mohawk Power Corporation does not anticipate that any remaining items will be required for close-out of the Second Ten-Year Inservice Inspection Interval with the exception of the five (5) areas addressed in the Class 1, 2, and 3 visual VT-2 examinations identified above. In case items are identified during review and close-out of the interval, examinations will be considered for completion during the planned forced outage currently scheduled for December 1999.

**INSPECTION PROGRAM "B" COMPLIANCE**

CODE EXAMINATION CATEGORY	TOTAL ITEMS SUBJECT TO EXAMINATION	TOTAL EXAMINATIONS SCHEDULED FOR INTERVAL	TOTAL EXAMINATIONS SCHEDULED FOR THIS PERIOD	TOTAL EXAMINATIONS CREDITED % FOR INTERVAL	EXCLUSIONS OR DEFERRALS
B-A	44	22	15	100%	
B-D	80	80	33	100%	
B-E	193	48	0	100%	
B-F	48	48	24	100%	
B-G-1	418	392	185	100%	
B-G-2	238	205	72	100%	
B-H	7	6	3	100%	CC N-509
B-J	918	341	74	100%	
B-L-1	This Category is not applicable to Nine Mile Point Unit 1				
B-L-2	5	1	0	100%	
B-M-1	6	1	1	100%	
B-M-2	75	34	2	100%	
B-N-1	5	15	5	100%	
B-N-2	48	48	42	100%	





CODE EXAMINATION CATEGORY	TOTAL ITEMS SUBJECT TO EXAMINATION	TOTAL EXAMINATIONS SCHEDULED FOR INTERVAL	TOTAL EXAMINATIONS SCHEDULED FOR THIS PERIOD	TOTAL EXAMINATIONS CREDITED % FOR INTERVAL	EXCLUSIONS, OR DEFERRALS
B-N-3	Removable Core Support Structure is not applicable to Nine Mile Point Unit 1				
B-O	8	8	4	100%	
C-A	18	5	3	100%	
C-B	18	5	4	100%	
C-C	167	107	33	100%	CC N-509
C-F-1	206	122	10	100%	CC N-408
C-F-2	773	85	26	100%	CC N-408
C-G	80	10	5	100%	
D-A	18	5	2	100%	CC N-509
D-B	This Category is not applicable to Nine Mile Point Unit 1				
D-C	162	156	82	100%	CC N-509
F-A	1220	1147	343	100%	CC N-491-1

**ABSTRACT OF CONDITIONS NOTED.**

All indications/conditions identified during the conduct of Inservice examination activities were documented in accordance with the applicable NMPC NDE Examination procedure and/or NMPC approved vendor NDE Procedures, applicable to the examination being performed. Results of NDE examinations were compared against the acceptance criteria of Section XI.

Components whose examination either confirms the absence of indications/conditions or reveals indications/conditions that did not exceed the acceptance criteria of Section XI, were considered acceptable for continued service.

**SURFACE EXAMINATIONS** - During conduct of the liquid penetrant and magnetic particle examinations, several indications were observed. Indications observed are summarized as follows: (1) 44.1-H1-WD-001 - identified an undersized fillet welds on attachment; (2) 80-WD-195 - identified a linear indication; (3) Several Closure Head Studs and Nuts - identified surface indication; (4) 32-WD-057 identified 4 rounded indications, determined to be acceptable; (5) 33-03-WD-001 - identified three linear indications, determined to be acceptable; (6) 80-WD-195 - identified a linear indication, determined to be a surface anomaly; (7) 39-WD-100 - identified five linear and six rounded indications, all determined to be acceptable.

**VISUAL EXAMINATIONS** - During the performance of the Visual VT-1, VT-2 and VT-3/VT-4 examinations, several observations were identified. Conditions observed are summarized as follows: (1) Mechanical Snubber 44.2-MS-5 - identified clamp ears on bottom side of the pipe were bent; (2) Turbine By-Pass valve manifold 03-1 - identified 5 of 8 nuts on studs holding channel iron to concrete having incomplete thread engagement. (3) Closure Head washers - identified light general surface corrosion, minor nicks and scores; (4) 44.2-MS-1 - lacks washers on snubber paddle to clamp load stud, acceptable.

One through-wall leakage was identified during the performance of the initial Class 1 VT-2 examination conducted to satisfy Pressure Test Program requirements. Non-through-wall leakages from valve packing, pump seals, flanges, CRD



stub tubes, etc. were identified on the VT-2 Examination Report and evaluated based on their individual significance and importance to safety.

**ULTRASONIC EXAMINATIONS** - During the conduct of manual/automated ultrasonic examination and radiographic examination techniques several indications were observed. Indications observed are summarized as follows: (1) 33-WD-005 - a min wall violation, determined to be acceptable as-is; (2) 32-WD-168 - identified a planar indication, which exceeded the criteria of Table IWB-3514-2; (3) RT indication on 81-WD-059 - identified a surface indication that exceeded the acceptance criteria of IWB-3514-4; (4) 32-WD-126 - identified a planar indication that exceeded the acceptance criteria of IWB-3514-2; (5) 39-WD-100 - identified 5 linear and 6 rounded indication, all determined to be acceptable; (6) 32-WD-046 - identified a planar indication that exceeded the acceptance criteria of IWB-3514-2; (7) vertical weld V12 - identified a small OD crack, vertical weld V04 observed the same flaw as previously identified, vertical weld V9 and V10 showed evidence of crack growth; (8) 32-WD-041 - identified a surface planar flaw, and determined to be acceptable per IWB-3514.3; (9) 32-WD-086 - identified a surface planar flaw, which exceeded the criteria of IWB-3514-2; (10) 32-WD-004 - identified subsurface planar indication, determined to be acceptable per Table IWB-3514.2; (11) 32-WD-119 - identified planar indication, determined to be acceptable per Table IWB-3514-2; (12) RV-WD-140 - identified two subsurface flaws that exceeded the acceptance criteria of Table IWB-3510-1; (13) RV-WD-099 - identified seven subsurface flaws that exceeded the acceptance criteria of Table IWB-3510-1.

**GEOMETRIC REFLECTORS** - Numerous geometric reflectors were noted during the ultrasonic examination activity. These geometric reflectors were determined to be caused by a number conditions, such as, beam redirection, configuration of the part or parts being joined, pronounced root, backing bars, counterbores and reflectors from the inside and outside diameter surface. No corrective actions required.

**NOTE:** Appendices B and C provides a listing of examinations performed.

Components whose examination reveals indications/conditions that exceeded the acceptance criteria of Section XI were documented on applicable examination records as prescribed in the NDE procedure and submitted under a Deviation/Event Report (DER) to NMPC Engineering for evaluation and disposition. Appendices B and C provides the identification of the specific DER applicable to the examination item.

**IWB-2420 EXAMINATIONS** - In accordance with IWB-2420(b) and USNRC Generic Letter 88-01, Weld 32-WD-050 was re-examined this outage by the ultrasonic examination method and was determined to be acceptable by evaluation per IWB-3122.4.

**PREVIOUS EXAMINATIONS** - Indications and/or conditions that exceeded the acceptance criteria were compared against the preservice and previous examination documentation where available.

**NIS-2 DATA REPORTS** - Code maintenance, modifications and corrective actions conducted under NMP1's ASME Section XI Repair/Replacement Program during the fifteenth fuel cycle have resulted in 67 Class 1, 26 Class 2, 9 Class 3 and 12 Class MC NIS-2 data reports. Two corrected Class 1 NIS-2 Reports are also included from 1993. They have been signed by a duly authorized representative of our Authorized Inspection Agency and are enclosed.

#### **ABSTRACT OF CORRECTIVE MEASURES RECOMMENDED AND TAKEN.**

Recorded indications and/or conditions noted were compared against the acceptance standards of the ASME Boiler and Pressure Vessel Code, Section XI (where acceptance criteria exists).

Indications exceeding the acceptance criteria were submitted to the NMPC Engineering for evaluation, disposition and corrective action in accordance with plant procedures.



**SURFACE INDICATIONS** - Surface indications that were determined to exceed the acceptance criteria are summarized as follows: (1) 44.1-H1-WD-001 - undersized fillet welds on attachment was repaired by weld build up of the fillet, re-examined and found acceptable. No expansion was performed; (2) 80-WD-195 - identified a linear indication that exceeded the acceptance criteria. The indication could not be observed by the ultrasonic examination method. The indication was determined to be a construction defect, and was removed by grinding, re-examined per 1-4.00-99-0171 and determined to be acceptable; (3) Closure head studs and nuts - identified surface indications determined to be non-relevant and caused by handling and scoring of the parkerization coating, no corrective action required.

**VISUAL OBSERVATIONS** - Visual observations were corrected and or found to be acceptable by engineering evaluation. Conditions observed are as follows: (1) 44.2-MS-5 - Mechanical snubber clamp ears bent, determined to be acceptable as-is; (2) Turbine By-Pass valve manifold 03-1 - identified 5 of 8 nuts on studs holding channel iron to concrete having incomplete thread engagement, determined to be acceptable by engineering evaluation. No corrective action required. No expansion was required.

VT-2 examination identified excessive leakage from the Reactor Vessel Drain Line. A  $\frac{3}{4}$ " long circ split in the pipe was located. The deficient pipe segment was cut out and replaced. Extent of condition exams for other socket welds was performed with no other defects identified. The piping segment was replaced and a satisfactory VT-2 exam of the Class 1 pressure boundary was completed. The preliminary failure mechanism as determined by the outside laboratory is transgranular fatigue cracking. Non-through-wall visual observations were evaluated and either corrected or determined to be acceptable by procedural guidance or an engineering evaluation.

**ULTRASONIC INDICATIONS** - All indications were compared against the acceptance criteria of Section XI, and submitted to Nuclear Engineering for evaluation and disposition as follows: (1) 33-WD-005 - The minimum wall thickness of 0.330 (in) was determined by engineering evaluation to meet the design basis requirements, and was acceptable as-is; (2) 32-WD-168 - identified a planar indication, which exceeded the criteria of Table IWB-3514-2 ; (3) 32-WD-126 - identified a planar indication which exceeded the criteria of Table IWB-3514-2 ; (4) 32-WD-046 - identified a planar indication that exceeded the acceptance criteria of IWB-3514-2 ; (5) 32-WD-086 identified two surface planar indications that exceeded the acceptance criteria of IWB-3514-2; (6) RV-WD-140 - identified two subsurface flaws that exceeded the acceptance criteria of Table IWB-3510-1; (7) RV-WD-099 - identified seven subsurface flaws that exceeded the acceptance criteria of Table IWB-3510-1. An analytical evaluation in accordance with IWB-3600 was performed of all unacceptable indications and determined to be acceptable for continued service. All welds evaluated in accordance with IWB-3600 and qualified as acceptable for continued service shall be re-examined during the next three inspection periods as required by IWB-2420(b).

**CORE SHROUD INSPECTIONS** - Vertical welds V9 and V10 were repaired during the examination outage.

**RADIOGRAPHIC INDICATIONS** - The four (4) indications observed on weld 81-WD-059 was compared against the acceptance standards and determined to be unacceptable. Weld 81-WD-059 was identified outside of the Section XI boundary and as such were submitted to Nuclear Engineering for evaluation and disposition. NMPC evaluated the flaws in accordance with IWB-3600 and determined the flaw indications to be acceptable for service without removal, repair or replacement. Because these flaws were found outside a Section XI boundary, no expansion is required and submittal of the flaw evaluation per IWB-3600 for USNRC review and approval is also not required.

**GEOMETRIC INDICATIONS** - As a result of the geometric reflectors observed, no corrective action was required.

**EXPANDED SAMPLES** - Appendix C provided a listing of the expanded samples as a result of the unacceptable indications identified above. Due to the four unacceptable indications observed on System 32, Reactor Recirculation, NMPC expanded the sample size to 100% of the System 32 welds.



<b>NM NIAGARA MOHAWK</b>	<b>Nine Mile Point Nuclear Power Station Unit 1</b>	<b>NMP1-ISI-99-05</b>
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**APPENDIX A**  
**Owners Data Report for Inservice Inspections Form NIS-1**  
**Pages 1 thru 3**





**FORM NIS-1 OWNERS' DATA REPORT FOR INSERVICE INSPECTIONS**  
As required by the Provisions of the ASME Code Rules

1. Owner Niagara Mohawk Power Corporation PO Box 63, Lycoming, NY 13093  
(Name and Address of Owner)
2. Plant Nine Mile Point Unit #1 PO Box 63, Lycoming, NY 13093  
(Name and Address of Plant)
3. Plant Unit #1 4. Owner Certificate of Authorization (if required) N/A
5. Commercial Service Date Dec. 1969 6. National Board Number for Unit None
7. Components Inspected Please see attached Abstract of Examinations pages 1 - 12

Component or Appurtenance	Manufacturer or Installer	Manufacturer or Installer Serial No.	State or Province No.	National Board No.
RPV & RPV Head	Combustion Engineering	CE64101	N/A	14893
01-102 (E)	Dresser Industries	01-102	N/A	N/A
32-190	Byron Jackson	32-190	N/A	N/A
32-191	Byron Jackson	32-191	N/A	N/A
38-02	Crane-Chapman	38-02	N/A	N/A
38-12	Crane-Chapman	38-12	N/A	N/A
42.1-01	Rockwell International	42.1-01	N/A	N/A
44-189	Anchore Darling	44-189	N/A	N/A
44.3-12	Crane-Chapman	44.3-12	N/A	N/A
80-03	Worthington Pump	80-03	N/A	N/A
80-13	Joseph Oat	80-13	N/A	N/A
81-03	Worthington Pump	81-03	N/A	N/A
01.0 Main Steam	M.W.Kellogg	01.0	N/A	N/A
02.0 Main Steam	M.W.Kellogg	02.0	N/A	N/A
03.0 Turbine Bypass	M.W.Kellogg	03.0	N/A	N/A
31.0 Feedwater	M.W.Kellogg	31.0	N/A	N/A
32.0 Reactor Recirculation	Newport News Industrial Corp.	32.0	N/A	N/A
33.0 Reactor Water Cleanup	M.W.Kellogg	33.0	N/A	N/A
36.0 Reactor Instrumentation	M.W.Kellogg	36.0	N/A	N/A
37.0/37.1 Reactor Vent & Drain	M.W.Kellogg	37.0/37.1	N/A	N/A
38.0 Reactor Shutdown cooling	M.W.Kellogg	38.0	N/A	N/A

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

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**FORM NIS-1 OWNERS' DATA REPORT FOR INSERVICE INSPECTIONS**  
As required by the Provisions of the ASME Code Rules

1. Owner Niagara Mohawk Power Corporation PO Box 63, Lycoming, NY 13093  
(Name and Address of Owner)
2. Plant Nine Mile Point Unit #1 PO Box 63, Lycoming, NY 13093  
(Name and Address of Plant)
3. Plant Unit #1 4. Owner Certificate of Authorization (if required) N/A
5. Commercial Service Date Dec. 1969 6. National Board Number for Unit None
7. Components Inspected Please see attached Abstract of Examinations pages 1 - 12

Component or Appurtenance	Manufacturer or Installer	Manufacturer or Installer Serial No.	State or Province No.	National Board No.
39.0 Emergency Condenser	M.W.Kellogg	39.0	N/A	N/A
40.0/40.1 Core Spray	M.W.Kellogg	40.0/40.1	N/A	N/A
41/42/42.1 Liquid Poison	M.W.Kellogg	41/42/42.1	N/A	N/A
44.2/44.3 Control Rod Drive and Scram Volume	M.W.Kellogg	44.2/44.3	N/A	N/A
50/53/57/57.1 Condensate Storage and Transfer	M.W.Kellogg	50/53/57/57.1	N/A	N/A
54 Spent Fuel Pool Cooling	M.W.Kellogg	54.0	N/A	N/A
60.0 Emergency Condenser Mack-Up	M.W.Kellogg	60.0	N/A	N/A
63.0 RWCU Safety Valve Discharge to Torus	M.W.Kellogg	63.0	N/A	N/A
68.0 Drywell and Torus Vacuum Relief	M.W.Kellogg	68.0	N/A	N/A
70.0 Closed Loop Cooling	M.W.Kellogg	70.0	N/A	N/A
72.0 Service Water	M.W.Kellogg	72.0	N/A	N/A
79.0 Diesel Generator Cooling Water	M.W.Kellogg	79.0	N/A	N/A
80.0 Containment Spray	M.W.Kellogg	80.0	N/A	N/A
81.0/81.1 Core Spray	M.W.Kellogg	81.0/81.1	N/A	N/A
83.0 Drywell Sump	M.W.Kellogg	83.0	N/A	N/A
91.0 Condensate Transfer	M.W.Kellogg	91.0	N/A	N/A
93.0/93.1 Containment Spray Raw Water	M.W.Kellogg	93.0/93.1	N/A	N/A
110.0 Reactor Water Sample	M.W.Kellogg	110.0	N/A	N/A
210.0 Control Room Ventilation Cooling Water	M.W.Kellogg	210.0	N/A	N/A

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8. Examination Dates 5/10/97 to 6/16/99 9. Inspection Interval from 6/86 to 12/99

10. Abstract of Examinations. Include a list of examinations and a statement concerning status of work required for current interval.

See Attached Abstract of Examinations and Summary Report Section

11. Abstract of Conditions Noted  
See Summary Report Section

12. Abstract of Corrective Measures Recommended and Taken  
See Summary Report Section

We certify that the statements made in this report are correct and the examinations and corrective measures taken conform to the rules of the ASME Code, Section XI.

Date Aug 30, 19 99 Signed Niagara Mohawk Power Corporation By William Conolly  
Owner

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

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and/or the State or Province of New York and employed by Arkwright of Mass. have inspected the components described in this Owner's Data Report during the period 5/10/97 to 6/16/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owners' Data Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owners' 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 8/30 1999  
Lynn W Anderson Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province and No.  
(The Inspector's Signature does not include the Augmented Examinations)





Nine Mile Point Nuclear Power Station  
Unit 1

NMP1-ISI-99-05

SECOND INSERVICE INSPECTION INTERVAL

Rev. 0

INSERVICE INSPECTION  
SUMMARY REPORT SUBMITTAL

September 14, 1999

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**APPENDIX B**  
**ABSTRACT OF EXAMINATIONS LISTING**  
**Pages 1 thru 12**





Exam Item	Data Sheet Number	Exam Type	% Comp.	Exam Date	Comments	
Torus	TORUS	1-2.04-99-0106	VT-3	100	4/18/99	Accepted by Examination
00.0	01-WD-033	G2K-9907	UT-AUTO	80.1	5/5/99	Accepted by Examination Relief Request Required
00.0	01-WD-033-IR	G2K-9908	UT-60	100	5/3/99	Accepted by Examination
00.0	01-WD-034	1-4.00-99-0092	MT	100	4/24/99	Accepted by Examination
		1-6.26-99-0042	UT-45	100	4/24/99	
00.0	31-WD-021 (BORE)	G2K-9910	UT-AUTO	100	5/1/99	Accepted by Examination
00.0	31-WD-021-IR	G2K-9910	UT-AUTO	100	5/1/99	Accepted by Examination
00.0	31-WD-030-IR	G2K-9909	UT-AUTO	100	4/30/99	Accepted by Examination
00.0	31-WD-051-IR	G2K-9911	UT-AUTO	100	5/1/99	Accepted by Examination
00.0	31-WD-060-IR	G2K-9912	UT-AUTO	100	5/1/99	Accepted by Examination
00.0	32-WD-044	G2K-9901	UT-AUTO	67.9	5/5/99	Accepted by Examination Relief Request Required
00.0	32-WD-044-IR	G2K-9902	UT-60	100	4/27/99	Accepted by Examination
00.0	32-WD-045	1-3.00-99-0051	PT	100	4/22/99	Accepted by Examination
		R-009	UT-AUTO	97	5/18/99	
00.0	32-WD-084	G2K-9903	UT-AUTO	67.8	4/30/99	Accepted by Examination Relief Request Required
00.0	32-WD-084-IR	G2K-9904	UT-AUTO	100	4/27/99	Accepted by Examination
00.0	32-WD-085	1-3.00-99-0042	PT	100	4/22/99	Accepted by Examination
		R-002	UT-AUTO	95	5/17/99	
00.0	32-WD-124	G2K-9905	UT-AUTO	68	5/5/99	Accepted by Examination Relief Request Required
00.0	32-WD-124-IR	G2K-9906	UT-AUTO	100	4/27/99	Accepted by Examination
00.0	32-WD-125	1-3.00-99-0052	PT	100	4/23/99	Accepted by Examination
		R-001	UT-AUTO	99	5/22/99	
00.0	36-WD-924	1-3.00-99-0075	PT	100	4/27/99	Accepted by Examination
00.0	39-WD-089	G2K-9913	UT-AUTO	52.5	5/5/99	Accepted by Examination Relief Request Required
00.0	39-WD-089-IR	G2K-9914	UT-AUTO	79.3	5/5/99	Accepted by Examination Relief Request Required
00.0	40-WD-040	G2K-9915	UT-AUTO	65.8	5/4/99	Accepted by Examination Relief Request Required
00.0	40-WD-040-IR	G2K-9916	UT-AUTO	89.5	5/3/99	Accepted by Examination Relief Request Required
00.0	40-WD-081	G2K-9917	UT-0/45/60	57.3	5/2/99	Accepted by Examination Relief Request Required
00.0	40-WD-081-IR	G2K-9918	UT-60/70	78.1	5/2/99	Accepted by Examination Relief Request Required
00.0	CH-01-N	1-4.00-99-0053	MT	100	4/21/99	Accepted by Examination
00.0	CH-10-B	1-6.25-99-0002	UT-0	100	4/14/99	Accepted by Examination
		1-6.25-99-0022	UT-0	100	4/14/99	
00.0	CH-19-B	1-6.25-99-0003	UT-0	100	4/14/99	Accepted by Examination
		1-6.25-99-0023	UT-0	100	4/14/99	
00.0	CH-20-B	1-6.25-99-0004	UT-0	100	4/14/99	Accepted by Examination
		1-6.25-99-0024	UT-0	100	4/14/99	
00.0	CH-21-B	1-6.25-99-0005	UT-0	100	4/14/99	Accepted by Examination
		1-6.25-99-0025	UT-0	100	4/14/99	
00.0	CH-23-B	1-6.25-99-0006	UT-0	100	4/14/99	Accepted by Examination
		1-6.25-99-0026	UT-0	100	4/14/99	
00.0	CH-24-B	1-6.25-99-0007	UT-0	100	4/14/99	Accepted by Examination
		1-6.25-99-0027	UT-0	100	4/14/99	
00.0	CH-25-B	1-6.25-99-0008	UT-0	100	4/14/99	Accepted by Examination
		1-6.25-99-0028	UT-0	100	4/14/99	
00.0	CH-26-B	1-6.25-99-0009	UT-0	100	4/14/99	Accepted by Examination
		1-6.25-99-0029	UT-0	100	4/14/99	
00.0	CH-27-B	1-6.25-99-0010	UT-0	100	4/14/99	Accepted by Examination
		1-6.25-99-0030	UT-0	100	4/14/99	



Exam Item	Data Sheet Number	Exam Type	% Comp.	Exam Date	Comments	
00.0	CH-28-B	1-6.25-99-0011	UT-0	100	4/14/99	Accepted by Examination
		1-6.25-99-0031	UT-0	100	4/14/99	
00.0	CH-45-N	1-4.00-99-0054	MT	100	4/21/99	Accepted by Examination
00.0	CH-46-N	1-4.00-99-0055	MT	100	4/21/99	Accepted by Examination
00.0	CH-47-N	1-4.00-99-0056	MT	100	4/21/99	Accepted by Examination
00.0	CH-48-N	1-4.00-99-0057	MT	100	4/21/99	Accepted by Examination
00.0	CH-49-N	1-4.00-99-0058	MT	100	4/21/99	Accepted by Examination
00.0	CH-50-N	1-4.00-99-0059	MT	100	4/21/99	Accepted by Examination
00.0	CH-51-N	1-4.00-99-0060	MT	100	4/21/99	Accepted by Examination
00.0	CH-52-B	1-6.25-99-0012	UT-0	100	4/14/99	Accepted by Examination
		1-6.25-99-0032	UT-0	100	4/14/99	
00.0	CH-52-N	1-4.00-99-0061	MT	100	4/21/99	Accepted by Examination
00.0	CH-53-B	1-6.25-99-0013	UT-0	100	4/14/99	Accepted by Examination
		1-6.25-99-0033	UT-0	100	4/14/99	
00.0	CH-53-N	1-4.00-99-0062	MT	100	4/21/99	Accepted by Examination
00.0	CH-54-N	1-4.00-99-0063	MT	100	4/21/99	Accepted by Examination
00.0	CH-55-B	1-6.25-99-0014	UT-0	100	4/14/99	Accepted by Examination
		1-6.25-99-0034	UT-0	100	4/14/99	
00.0	CH-55-N	1-4.00-99-0064	MT	100	4/21/99	Accepted by Examination
00.0	CH-56-B	1-6.25-99-0015	UT-0	100	4/14/99	Accepted by Examination
		1-6.25-99-0035	UT-0	100	4/14/99	
00.0	CH-56-N	1-4.00-99-0065	MT	100	4/21/99	Accepted by Examination
00.0	CH-57-B	1-6.25-99-0016	UT-0	100	4/14/99	Accepted by Examination
		1-6.25-99-0036	UT-0	100	4/14/99	
00.0	CH-57-N	1-4.00-99-0066	MT	100	4/21/99	Accepted by Examination
00.0	CH-58-B	1-6.25-99-0017	UT-0	100	4/14/99	Accepted by Examination
		1-6.25-99-0037	UT-0	100	4/14/99	
00.0	CH-58-N	1-4.00-99-0067	MT	100	4/21/99	Accepted by Examination
00.0	CH-59-N	1-4.00-99-0068	MT	100	4/21/99	Accepted by Examination
00.0	CH-60-B	1-6.25-99-0018	UT-0	100	4/14/99	Accepted by Examination
		1-6.25-99-0038	UT-0	100	4/14/99	
00.0	CH-60-N	1-4.00-99-0069	MT	100	4/21/99	Accepted by Examination
00.0	CH-61-B	1-6.25-99-0019	UT-0	100	4/14/99	Accepted by Examination
		1-6.25-99-0039	UT-0	100	4/14/99	
00.0	CH-61-N	1-4.00-99-0070	MT	100	4/21/99	Accepted by Examination
00.0	CH-62-B	1-6.25-99-0020	UT-0	100	4/14/99	Accepted by Examination
		1-6.25-99-0040	UT-0	100	4/14/99	
00.0	CH-62-N	1-4.00-99-0071	MT	100	4/21/99	Accepted by Examination
00.0	CH-63-B	1-6.25-99-0021	UT-0	100	4/14/99	Accepted by Examination
		1-6.25-99-0041	UT-0	100	4/14/99	
00.0	CH-63-N	1-4.00-99-0072	MT	100	4/21/99	Accepted by Examination
00.0	CH-64-N	1-4.00-99-0073	MT	100	4/21/99	Accepted by Examination
00.0	CRD-B1-B	1-2.04-99-0177	VT-1	N/A	4/29/99	Accepted by Examination
00.0	CRD-C1-B	1-2.04-99-0176	VT-1	N/A	4/29/99	Accepted by Examination
00.0	CRD-C3-B	1-2.04-99-0175	VT-1	N/A	4/29/99	Accepted by Examination
00.0	CRD-C4-B	1-2.04-99-0202	VT-1	N/A	4/29/99	Accepted by Examination
00.0	CRD-D1-B	1-2.04-99-0178	VT-1	N/A	4/29/99	Accepted by Examination
00.0	CRD-D6-B	1-2.04-99-0169	VT-1	N/A	4/29/99	Accepted by Examination
00.0	CRD-E1-B	1-2.04-99-0182	VT-1	N/A	4/29/99	Accepted by Examination
00.0	CRD-E2-B	1-2.04-99-0181	VT-1	N/A	4/29/99	Accepted by Examination
00.0	CRD-E4-B	1-2.04-99-0171	VT-1	N/A	4/29/99	Accepted by Examination
00.0	CRD-F4-B	1-2.04-99-0193	VT-1	N/A	4/29/99	Accepted by Examination
00.0	CRD-G8-B	1-2.04-99-0172	VT-1	N/A	4/29/99	Accepted by Examination
00.0	CRD-H1-B	1-2.04-99-0183	VT-1	N/A	4/29/99	Accepted by Examination
00.0	CRD-H4-B	1-2.04-99-0180	VT-1	N/A	4/29/99	Accepted by Examination



Exam Item	Data Sheet Number	Exam Type	% Comp.	Exam Date	Comments	
00.0	CRD-H5-B	1-2.04-99-0195	VT-1	N/A	4/29/99	Accepted by Examination
00.0	CRD-H6-B	1-2.04-99-0192	VT-1	N/A	4/29/99	Accepted by Examination
00.0	CRD-H7-B	1-2.04-99-0194	VT-1	N/A	4/29/99	Accepted by Examination
00.0	CRD-J2-B	1-2.04-99-0198	VT-1	N/A	4/29/99	Accepted by Examination
00.0	CRD-J3-B	1-2.04-99-0174	VT-1	N/A	4/29/99	Accepted by Examination
00.0	CRD-J4-B	1-2.04-99-0188	VT-1	N/A	4/29/99	Accepted by Examination
00.0	CRD-K2-B	1-2.04-99-0199	VT-1	N/A	4/29/99	Accepted by Examination
00.0	CRD-K3-B	1-2.04-99-0197	VT-1	N/A	4/29/99	Accepted by Examination
00.0	CRD-K7-B	1-2.04-99-0189	VT-1	N/A	4/29/99	Accepted by Examination
00.0	CRD-M1-B	1-2.04-99-0184	VT-1	N/A	4/29/99	Accepted by Examination
00.0	CRD-M7-B	1-2.04-99-0190	VT-1	N/A	4/29/99	Accepted by Examination
00.0	CRD-N12-B	1-2.04-99-0168	VT-1	N/A	4/23/99	Accepted by Examination
00.0	CRD-N4-B	1-2.04-99-0200	VT-1	N/A	4/29/99	Accepted by Examination
00.0	CRD-N7-B	1-2.04-99-0173	VT-1	N/A	4/29/99	Accepted by Examination
00.0	CRD-N8-B	1-2.04-99-0191	VT-1	N/A	4/29/99	Accepted by Examination
00.0	CRD-O6-B	1-2.04-99-0214	VT-1	N/A	5/4/99	Accepted by Examination
00.0	CRD-P1-B	1-2.04-99-0196	VT-1	N/A	4/29/99	Accepted by Examination
00.0	CRD-P4-B	1-2.04-99-0179	VT-1	N/A	4/29/99	Accepted by Examination
00.0	CRD-P6-B	1-2.04-99-0215	VT-1	N/A	5/4/99	Accepted by Examination
00.0	CRD-Q3-B	1-2.04-99-0187	VT-1	N/A	4/29/99	Accepted by Examination
00.0	CRD-Q4-B	1-2.04-99-0166	VT-1	N/A	4/23/99	Accepted by Examination
00.0	CRD-R2-B	1-2.04-99-0201	VT-1	N/A	4/29/99	Accepted by Examination
00.0	CRD-R8-B	1-2.04-99-0167	VT-1	N/A	4/29/99	Accepted by Examination
00.0	CRD-T6-B	1-2.04-99-0186	VT-1	N/A	4/29/99	Accepted by Examination
00.0	CRD-U3-B	1-2.04-99-0280	VT-1	N/A	6/8/99	Accepted by Examination
00.0	CRD-U4-B	1-2.04-99-0277	VT-1	N/A	6/8/99	Accepted by Examination
00.0	CRD-U6-B	1-2.04-99-0185	VT-1	N/A	4/29/99	Accepted by Examination
00.0	CRD-U8-B	1-2.04-99-0165	VT-1	N/A	4/23/99	Accepted by Examination
00.0	RV-01-L	1-6.09-99-0001	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-01-T	1-2.04-99-0023	VT-1	N/A	4/14/99	Accepted by Examination
00.0	RV-02-L	1-6.09-99-0002	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-02-T	1-2.04-99-0024	VT-1	N/A	4/14/99	Accepted by Examination
00.0	RV-03-L	1-6.09-99-0003	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-03-T	1-2.04-99-0025	VT-1	N/A	4/14/99	Accepted by Examination
00.0	RV-04-L	1-6.09-99-0004	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-04-T	1-2.04-99-0026	VT-1	N/A	4/14/99	Accepted by Examination
00.0	RV-05-L	1-6.09-99-0005	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-05-T	1-2.04-99-0027	VT-1	N/A	4/14/99	Accepted by Examination
00.0	RV-06-I	NMP1R15-99-12	EVT-1	100	4/23/99	Accepted by Examination
00.0	RV-06-L	1-6.09-99-0006	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-06-T	1-2.04-99-0028	VT-1	N/A	4/14/99	Accepted by Examination
00.0	RV-07-I	NMP1R15-99-6	EVT-1	100	4/26/99	Accepted by Examination
00.0	RV-07-L	1-6.09-99-0007	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-07-T	1-2.04-99-0029	VT-1	N/A	4/14/99	Accepted by Examination
00.0	RV-08-L	1-6.09-99-0008	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-08-T	1-2.04-99-0030	VT-1	N/A	4/14/99	Accepted by Examination
00.0	RV-09-L	1-6.09-99-0009	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-09-T	1-2.04-99-0031	VT-1	N/A	4/14/99	Accepted by Examination
00.0	RV-10-L	1-6.09-99-0010	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-11-L	1-6.09-99-0011	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-11-T	1-2.04-99-0033	VT-1	N/A	4/14/99	Accepted by Examination
00.0	RV-12-L	1-6.09-99-0012	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-12-T	1-2.04-99-0034	VT-1	N/A	4/14/99	Accepted by Examination



Exam Item	Data Sheet Number	Exam Type	% Comp.	Exam Date	Comments	
00.0	RV-13-L	1-6.09-99-0013	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-13-T	1-2.04-99-0035	VT-1	N/A	4/14/99	Accepted by Examination
00.0	RV-14-L	1-6.09-99-0014	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-14-T	1-2.04-99-0036	VT-1	N/A	4/14/99	Accepted by Examination
00.0	RV-15-L	1-6.09-99-0015	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-15-T	1-2.04-99-0083	VT-1	N/A	4/14/99	Accepted by Examination
00.0	RV-16-L	1-6.09-99-0016	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-16-T	1-2.04-99-0084	VT-1	N/A	4/14/99	Accepted by Examination
00.0	RV-17-L	1-6.09-99-0017	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-17-T	1-2.04-99-0085	VT-1	N/A	4/14/99	Accepted by Examination
00.0	RV-18-L	1-6.09-99-0018	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-18-T	1-2.04-99-0086	VT-1	N/A	4/14/99	Accepted by Examination
00.0	RV-19-L	1-6.09-99-0019	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-20-L	1-6.09-99-0020	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-21-L	1-6.09-99-0021	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-22-L	1-6.09-99-0022	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-22-T	1-2.04-99-0040	VT-1	N/A	4/14/99	Accepted by Examination
00.0	RV-23-L	1-6.09-99-0023	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-24-L	1-6.09-99-0024	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-25-L	1-6.09-99-0025	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-26-L	1-6.09-99-0026	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-27-L	1-6.09-99-0027	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-28-L	1-6.09-99-0028	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-29-L	1-6.09-99-0029	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-29-T	1-2.04-99-0047	VT-1	N/A	4/14/99	Accepted by Examination
00.0	RV-30-L	1-6.09-99-0030	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-30-T	1-2.04-99-0048	VT-1	N/A	4/14/99	Accepted by Examination
00.0	RV-31-L	1-6.09-99-0031	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-31-T	1-2.04-99-0049	VT-1	N/A	4/14/99	Accepted by Examination
00.0	RV-32-L	1-6.09-99-0032	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-32-T	1-2.04-99-0050	VT-1	N/A	4/14/99	Accepted by Examination
00.0	RV-33-L	1-6.09-99-0033	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-33-T	1-2.04-99-0051	VT-1	N/A	4/14/99	Accepted by Examination
00.0	RV-34-L	1-6.09-99-0034	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-34-T	1-2.04-99-0052	VT-1	N/A	4/14/99	Accepted by Examination
00.0	RV-35-L	1-6.09-99-0035	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-35-T	1-2.04-99-0053	VT-1	N/A	4/14/99	Accepted by Examination
00.0	RV-36-L	1-6.09-99-0036	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-36-T	1-2.04-99-0054	VT-1	N/A	4/14/99	Accepted by Examination
00.0	RV-37-L	1-6.09-99-0037	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-37-T	1-2.04-99-0055	VT-1	N/A	4/14/99	Accepted by Examination
00.0	RV-38-L	1-6.09-99-0038	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-38-T	1-2.04-99-0056	VT-1	N/A	4/14/99	Accepted by Examination
00.0	RV-39-L	1-6.09-99-0039	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-39-T	1-2.04-99-0057	VT-1	N/A	4/14/99	Accepted by Examination
00.0	RV-40-L	1-6.09-99-0040	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-40-T	1-2.04-99-0058	VT-1	N/A	4/14/99	Accepted by Examination
00.0	RV-41-L	1-6.09-99-0041	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-41-T	1-2.04-99-0059	VT-1	N/A	4/14/99	Accepted by Examination
00.0	RV-42-L	1-6.09-99-0042	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-42-T	1-2.04-99-0060	VT-1	N/A	4/14/99	Accepted by Examination
00.0	RV-43-L	1-6.09-99-0043	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-43-T	1-2.04-99-0061	VT-1	N/A	4/14/99	Accepted by Examination





Exam Item	Data Sheet Number	Exam Type	% Comp.	Exam Date	Comments	
00.0	RV-44-L	1-6.09-99-0044	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-44-T	1-2.04-99-0062	VT-1	N/A	4/14/99	Accepted by Examination
00.0	RV-45-L	1-6.09-99-0045	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-45-T	1-2.04-99-0063	VT-1	N/A	4/14/99	Accepted by Examination
00.0	RV-46-L	1-6.09-99-0046	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-46-T	1-2.04-99-0064	VT-1	N/A	4/14/99	Accepted by Examination
00.0	RV-46-TA	1-2.04-99-0114	VT-1	N/A	4/21/99	Accepted by Examination
00.0	RV-46-TB	1-2.04-99-0115	VT-1	N/A	4/21/99	Accepted by Examination
00.0	RV-47-L	1-6.09-99-0047	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-47-T	1-2.04-99-0065	VT-1	N/A	4/14/99	Accepted by Examination
00.0	RV-48-L	1-6.09-99-0048	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-48-T	1-2.04-99-0066	VT-1	N/A	4/14/99	Accepted by Examination
00.0	RV-49-L	1-6.09-99-0049	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-49-T	1-2.04-99-0067	VT-1	N/A	4/14/99	Accepted by Examination
00.0	RV-50-L	1-6.09-99-0050	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-50-T	1-2.04-99-0068	VT-1	N/A	4/14/99	Accepted by Examination
00.0	RV-51-L	1-6.09-99-0051	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-51-T	1-2.04-99-0069	VT-1	N/A	4/14/99	Accepted by Examination
00.0	RV-51-TA	1-2.04-99-0116	VT-1	N/A	4/21/99	Accepted by Examination
00.0	RV-51-TB	1-2.04-99-0117	VT-1	N/A	4/21/99	Accepted by Examination
00.0	RV-52-L	1-6.09-99-0052	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-52-T	1-2.04-99-0070	VT-1	N/A	4/14/99	Accepted by Examination
00.0	RV-52-TA	1-2.04-99-0118	VT-1	N/A	4/21/99	Accepted by Examination
00.0	RV-52-TB	1-2.04-99-0132	VT-1	N/A	4/21/99	Accepted by Examination
00.0	RV-53-L	1-6.09-99-0053	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-53-T	1-2.04-99-0071	VT-1	N/A	4/14/99	Accepted by Examination
00.0	RV-53-TA	1-2.04-99-0119	VT-1	N/A	4/21/99	Accepted by Examination
00.0	RV-53-TB	1-2.04-99-0133	VT-1	N/A	4/21/99	Accepted by Examination
00.0	RV-54-L	1-6.09-99-0054	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-54-T	1-2.04-99-0072	VT-1	N/A	4/14/99	Accepted by Examination
00.0	RV-54-TA	1-2.04-99-0120	VT-1	N/A	4/21/99	Accepted by Examination
00.0	RV-54-TB	1-2.04-99-0134	VT-1	N/A	4/21/99	Accepted by Examination
00.0	RV-55-L	1-6.09-99-0055	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-55-T	1-2.04-99-0073	VT-1	N/A	4/14/99	Accepted by Examination
00.0	RV-55-TA	1-2.04-99-0121	VT-1	N/A	4/21/99	Accepted by Examination
00.0	RV-55-TB	1-2.04-99-0135	VT-1	N/A	4/21/99	Accepted by Examination
00.0	RV-56-L	1-6.09-99-0056	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-56-T	1-2.04-99-0074	VT-1	N/A	4/14/99	Accepted by Examination
00.0	RV-56-TA	1-2.04-99-0122	VT-1	N/A	4/21/99	Accepted by Examination
00.0	RV-56-TB	1-2.04-99-0136	VT-1	N/A	4/21/99	Accepted by Examination
00.0	RV-57-L	1-6.09-99-0057	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-57-T	1-2.04-99-0075	VT-1	N/A	4/14/99	Accepted by Examination
00.0	RV-57-TA	1-2.04-99-0123	VT-1	N/A	4/21/99	Accepted by Examination
00.0	RV-57-TB	1-2.04-99-0137	VT-1	N/A	4/21/99	Accepted by Examination
00.0	RV-58-L	1-6.09-99-0058	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-58-T	1-2.04-99-0076	VT-1	N/A	4/14/99	Accepted by Examination
00.0	RV-58-TA	1-2.04-99-0124	VT-1	N/A	4/21/99	Accepted by Examination
00.0	RV-58-TB	1-2.04-99-0138	VT-1	N/A	4/21/99	Accepted by Examination
00.0	RV-59-L	1-6.09-99-0059	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-59-T	1-2.04-99-0077	VT-1	N/A	4/14/99	Accepted by Examination
00.0	RV-59-TA	1-2.04-99-0125	VT-1	N/A	4/21/99	Accepted by Examination
00.0	RV-59-TB	1-2.04-99-0139	VT-1	N/A	4/21/99	Accepted by Examination
00.0	RV-60-L	1-6.09-99-0060	UT-0	98.61	4/14/99	Accepted by Examination

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Exam Item	Data Sheet Number	Exam Type	% Comp.	Exam Date	Comments	
00.0	RV-60-T	1-2.04-99-0078	VT-1	N/A	4/14/99	Accepted by Examination
00.0	RV-60-TA	1-2.04-99-0126	VT-1	N/A	4/21/99	Accepted by Examination
00.0	RV-60-TB	1-2.04-99-0140	VT-1	N/A	4/21/99	Accepted by Examination
00.0	RV-61-L	1-6.09-99-0061	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-61-T	1-2.04-99-0079	VT-1	N/A	4/14/99	Accepted by Examination
00.0	RV-61-TA	1-2.04-99-0127	VT-1	N/A	4/21/99	Accepted by Examination
00.0	RV-61-TB	1-2.04-99-0141	VT-1	N/A	4/21/99	Accepted by Examination
00.0	RV-62-L	1-6.09-99-0062	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-62-T	1-2.04-99-0080	VT-1	N/A	4/14/99	Accepted by Examination
00.0	RV-62-TA	1-2.04-99-0128	VT-1	N/A	4/21/99	Accepted by Examination
00.0	RV-62-TB	1-2.04-99-0142	VT-1	N/A	4/21/99	Accepted by Examination
00.0	RV-63-L	1-6.09-99-0063	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-63-TA	1-2.04-99-0129	VT-1	N/A	4/21/99	Accepted by Examination
00.0	RV-63-TB	1-2.04-99-0143	VT-1	N/A	4/21/99	Accepted by Examination
00.0	RV-64-L	1-6.09-99-0064	UT-0	98.61	4/14/99	Accepted by Examination
00.0	RV-64-T	1-2.04-99-0082	VT-1	N/A	4/14/99	Accepted by Examination
00.0	RV-64-TA	1-2.04-99-0130	VT-1	N/A	4/21/99	Accepted by Examination
00.0	RV-64-TB	1-2.04-99-0144	VT-1	N/A	4/21/99	Accepted by Examination
00.0	RV-CRD-R1	1-3.00-99-0082	PT	50	4/27/99	Accepted by Examination Relief Request Required
00.0	RV-CRD-S1	1-3.00-99-0083	PT	50	4/27/99	Accepted by Examination Relief Request Required
00.0	RV-CRD-T3	1-3.00-99-0084	PT	50	4/27/99	Accepted by Examination Relief Request Required
00.0	RV-CRD-U2	1-3.00-99-0085	PT	50	4/27/99	Accepted by Examination Relief Request Required
00.0	RV-SB-2A	1-2.04-99-0151	VT-3	N/A	4/26/99	Accepted by Examination
00.0	RV-SB-2B	1-2.04-99-0152	VT-3	N/A	4/26/99	Accepted by Examination
00.0	RV-SB-4A	1-2.04-99-0153	VT-3	N/A	4/26/99	Accepted by Examination
00.0	RV-SB-4B	1-2.04-99-0154	VT-3	N/A	4/26/99	Accepted by Examination
00.0	RV-SB2-IA-373/374	1-4.00-99-0100	MT	34	4/27/99	Accepted by Examination Relief Request Required
00.0	RV-SB4-IA-377/378	1-4.00-99-0099	MT	34	4/27/99	Accepted by Examination Relief Request Required
00.0	RV-WD-099 (A)	GERIS ID Report # 1	UT-AUTO	83.3	5/19/99	Accepted By Evaluation DER 1-1999-1640
00.0	RV-WD-099 (B)	GERIS ID Report # 1	UT-AUTO	83.3	5/19/99	Accepted By Evaluation DER 1-1999-1640
00.0	RV-WD-099 (C)	GERIS ID Report # 1	UT-AUTO	83.3	5/19/99	Accepted By Evaluation DER 1-1999-1640
00.0	RV-WD-099 (D)	GERIS ID Report # 1	UT-AUTO	83.3	5/19/99	Accepted By Evaluation DER 1-1999-1640
00.0	RV-WD-130	GERIS ID Report # 2	UT-AUTO	100	5/13/99	Accepted by Examination
00.0	RV-WD-131	GERIS ID Report # 3	UT-AUTO	90.4	5/16/99	Accepted by Examination
00.0	RV-WD-132	GERIS ID Report # 4	UT-AUTO	98.1	5/17/99	Accepted by Examination
00.0	RV-WD-133	GERIS ID Report # 5	UT-AUTO	56.4	5/13/99	Accepted by Examination Relief Request Required
00.0	RV-WD-134	GERIS ID Report # 6	UT-AUTO	59	5/13/99	Accepted by Examination Relief Request Required



Exam Item	Data Sheet Number	Exam Type	% Comp.	Exam Date	Comments
00.0	RV-WD-135 GERIS ID Report # 7	UT-AUTO	62.8	5/12/99	Accepted by Examination Relief Request Required
00.0	RV-WD-139 GERIS ID Report # 8	UT-AUTO	100	5/2/99	Accepted by Examination
00.0	RV-WD-140 GERIS ID Report # 9	UT-AUTO	100	5/6/99	Accepted By Evaluation DER 1-1999-1451
00.0	RV-WD-141 GERIS ID Report # 10	UT-AUTO	65.2	5/13/99	Accepted by Examination Relief Request Required
00.0	RV-WD-142 GERIS ID Report # 11	UT-AUTO	75.7	5/3/99	Accepted by Examination Relief Request Required
00.0	RV-WD-143 GERIS ID Report # 12	UT-AUTO	74.9	5/3/99	Accepted by Examination Relief Request Required
00.0	RV-WD-144 GERIS ID Report # 13	UT-AUTO	56.9	5/3/99	Accepted by Examination Relief Request Required
01.0	01-102-E-WD-001 1-6.26-99-0064 1-6.26-99-0065	UT-0 UT-45	100 79.5	4/24/99 4/26/99	Accepted by Examination Relief Request Required
01.0	01-WD-048 1-4.00-99-0115 1-6.26-99-0043 1-6.26-99-0037 1-6.26-99-0044	MT UT-0 UT-45 UT-45	100 100 100 86	4/20/99 4/20/99 4/20/99 4/20/99	Accepted by Examination
01.0	01-WD-483 1-3.00-99-0136	PT	75	5/4/99	Accepted by Examination Relief Request Required
01	RPV,CL1 AND NON-ISOLABLE CL 2 1-2.04-99-0266	VT-2	N/A	6/30/99	Accepted by Examination
02	02-HS-2 1-2.04-99-0148	VT-3/4	N/A	4/23/99	Accepted by Examination
02.0	02-WD-045 1-4.00-99-0123 1-6.26-99-0082 1-6.26-99-0083	MT UT-45 UT-60	96.4 84.9 84.9	4/30/99 4/30/99 4/30/99	Accepted by Examination Relief Request Required
03.0	03-WD-023 1-4.00-99-0147 1-6.26-99-0088 1-6.26-99-0089	MT UT-0 UT-45	100 80 50	5/6/99 5/7/99 5/8/99	Accepted by Examination Relief Request Required
03.0	VALVE MANIFOLD 03-01 1-2.04-99-0218	VT-3	N/A	5/4/99	Accepted By Evaluation DER 1-1999-1466
05.0	EMERGENCY CONDENSER *1-2.04-98-0021	VT-2	N/A	10/12/98	Accepted by Examination
31.0	31-WD-001 1-4.00-99-0098 1-6.26-99-0058 1-6.26-99-0059 1-6.26-99-0060 1-6.26-99-0061 1-6.26-99-0062	MT UT-0 UT-0 UT-45 UT-45 UT-60	99.0 N/A N/A 98 97.5 97.5	4/24/99 4/24/99 4/24/99 4/26/99 4/26/99 4/26/99	Accepted by Examination
31.0	31-WD-031 1-4.00-99-0103 1-6.26-99-0066 1-6.26-99-0067 1-6.26-99-0068 1-6.26-99-0069 1-6.26-99-0070	MT UT-0 UT-0 UT-45 UT-45 UT-60	99.0 N/A N/A 98 97.5 97.5	4/24/99 4/24/99 4/24/99 4/26/99 4/26/99 4/26/99	Accepted by Examination
31.0	31-WD-049 1-4.00-99-0095 1-6.26-99-0048	MT UT-45	100 100	4/26/99 4/26/99	Accepted by Examination
31.0	31-WD-058 1-4.00-99-0096 1-6.26-99-0049	MT UT-45	100 100	4/26/99 4/26/99	Accepted by Examination
32.0	32-12-H3-WD-001 1-3.00-99-0027	PT	100	4/19/99	Accepted by Examination
32.0	32-12-H3-WD-002 1-3.00-99-0028	PT	100	4/19/99	Accepted by Examination
32.0	32-12-H3-WD-003 1-3.00-99-0029	PT	100	4/19/99	Accepted by Examination
32.0	32-12-H3-WD-004 1-3.00-99-0030	PT	100	4/19/99	Accepted by Examination
32.0	32-14-H4-WD-001 1-3.00-99-0031	PT	100	4/19/99	Accepted by Examination
32.0	32-14-H4-WD-002 1-3.00-99-0032	PT	100	4/19/99	Accepted by Examination
32.0	32-14-H4-WD-003 1-3.00-99-0033	PT	100	4/19/99	Accepted by Examination
32.0	32-14-H4-WD-004 1-3.00-99-0034	PT	100	4/19/99	Accepted by Examination
32.0	32-190-PB 1-6.04-99-0001	UT-0	100	4/19/99	Accepted by Examination



Exam Item	Data Sheet Number	Exam Type	% Comp.	Exam Date	Comments	
32.0	32-190-PB-N	1-2.04-99-0104	VT-1	N/A	4/19/99	Accepted by Examination
32.0	32-190-PB-SEAL-HSG	1-2.04-99-0105	VT-1	N/A	4/19/99	Accepted by Examination
32.0	32-191-WD-007	1-3.00-99-0038	PT	100	4/22/99	Accepted by Examination
32.0	32-WD-041	1-3.00-99-0047	PT	100	4/22/99	Accepted by Examination UT Credit in RFO13
32.0	32-WD-046	1-3.00-99-0065	PT	100	4/23/99	Accepted By Evaluation
		1-6.06-99-0007	UT-WSY	N/A	4/24/99	DER 1-1999-1255
		1-6.06-99-0010	UT-52	N/A	4/24/99	
		1-6.06-99-0013	UT-Bimodal	N/A	4/24/99	
		1-6.06-99-0016	UT-60	N/A	4/24/99	
		1-6.06-99-0027	UT-45	N/A	5/4/99	
		1-6.06-99-0030	UT-45	N/A	5/4/99	
		1-6.06-99-0033	UT-60	N/A	5/4/99	
32.0	32-WD-046 (Cont.)	1-6.24-99-0065	UT-45	100	4/24/99	Accepted By Evaluation
		1-6.24-99-0066	UT-45	100	4/24/99	DER 1-1999-1255
		R-015	UT-AUTO	100	5/21/99	
32.0	32-WD-046-D1	1-3.00-99-0062	PT	100	4/23/99	Accepted by Examination
		1-6.24-99-0067	UT-45	100	4/24/99	
32.0	32-WD-046-D2	1-3.00-99-0063	PT	100	4/23/99	Accepted by Examination
		1-6.24-99-0068	UT-45	100	4/24/99	
32.0	32-WD-057	1-3.00-99-0061	PT	100	4/21/99	Accepted by Examination
		1-6.24-99-0076	UT-45	100	4/27/99	
		1-6.24-99-0077	UT-60	100	4/27/99	
32.0	32-WD-057-D1	1-3.00-99-0073	PT	100	4/21/99	Accepted by Examination
		1-6.24-99-0078	UT-45	100	4/27/99	
32.0	32-WD-057-D2	1-3.00-99-0074	PT	100	4/21/99	Accepted by Examination.
		1-6.24-99-0079	UT-45	100	4/27/99	
32.0	32-WD-086	1-3.00-99-0044	PT	100	4/23/99	Accepted By Evaluation
		1-6.06-99-0008	UT-WSY	N/A	4/24/99	DER 1-1999-1255
		1-6.06-99-0011	UT-52	N/A	4/24/99	
		1-6.06-99-0014	UT-Bimodal	N/A	4/24/99	
		1-6.06-99-0017	UT-60	N/A	4/24/99	
		1-6.06-99-0028	UT-45	N/A	5/4/99	
		1-6.06-99-0031	UT-45	N/A	5/4/99	
		1-6.06-99-0034	UT-60	N/A	5/4/99	
32.0	32-WD-086 (Cont.)	1-6.06-99-0035	UT-45	100	5/8/99	Accepted By Evaluation
		1-6.24-99-0059	UT-45	100	4/23/99	DER 1-1999-1255
		1-6.24-99-0060	UT-45	100	4/23/99	
		R-014	UT-AUTO	100	5/19/99	
32.0	32-WD-086-D1	1-3.00-99-0045	PT	100	4/23/99	Accepted by Examination
		1-6.24-99-0061	UT-45	100	4/23/99	
32.0	32-WD-086-D2	1-3.00-99-0046	PT	100	4/23/99	Accepted by Examination
		1-6.24-99-0062	UT-45	100	4/23/99	
33.0	33-03-WD-001	1-3.00-99-0043	PT	100	4/22/99	Accepted by Examination
36.0	36-WD-003	1-3.00-99-0097	PT	100	4/29/99	Accepted by Examination
36.0	36-WD-004	1-3.00-99-0095	PT	100	4/29/99	Accepted by Examination
36.0	36-WD-925	1-3.00-99-0076	PT	100	4/27/99	Accepted by Examination
36.0	36-WD-932	1-3.00-99-0096	PT	100	4/29/99	Accepted by Examination
37.1	37.1-WD-003	1-3.00-99-0064	PT	100	4/24/99	Accepted by Examination
37.1	37.1-WD-009	1-3.00-99-0098	PT	100	4/30/99	Accepted by Examination
37.1	37.1-WD-017	1-3.00-99-0099	PT	100	4/30/99	Accepted by Examination
38.0	38-02-VB	1-2.04-99-0021	VT-1	N/A	4/14/99	Accepted by Examination
38.0	38-12-VB	1-6.04-99-0002	UT-0	100	4/26/99	Accepted by Examination
38.0	38-HS-2	1-2.04-99-0022	VT-3/4	N/A	4/29/99	Accepted by Examination
39.0	39-H-14-WD-001	1-3.00-99-0055	PT	100	4/23/99	Accepted by Examination
39.0	39-H-14-WD-004	1-3.00-99-0054	PT	100	4/23/99	Accepted by Examination
39.0	39-H-14-WD-007	1-3.00-99-0056	PT	100	4/23/99	Accepted by Examination
39.0	39-H-14-WD-010	1-3.00-99-0053	PT	100	4/23/99	Accepted by Examination
39.0	39-H-7-WD-001	1-3.00-99-0057	PT	100	4/23/99	Accepted by Examination





Exam Item	Data Sheet Number	Exam Type	% Comp.	Exam Date	Comments	
39.0	39-H-7-WD-004	1-3.00-99-0058	PT	100	4/23/99	Accepted by Examination
39.0	39-H-7-WD-007	1-3.00-99-0059	PT	100	4/23/99	Accepted by Examination
39.0	39-H-7-WD-010	1-3.00-99-0060	PT	100	4/23/99	Accepted by Examination
39.0	39-HS-1	1-2.04-99-0111	VT-3/4	N/A	4/20/99	Accepted by Examination
39.0	39-HS-16	1-2.04-99-0149	VT-3/4	N/A	4/22/99	Accepted by Examination
39.0	39-HS-3	1-2.04-99-0110	VT-3/4	N/A	4/20/99	Accepted by Examination
39.0	39-HS-7-WD-001	1-3.00-99-0023	PT	100	4/15/99	Accepted by Examination
39.0	39-HS-7-WD-004	1-3.00-99-0024	PT	100	4/15/99	Accepted by Examination
39.0	39-HS-7-WD-007	1-3.00-99-0025	PT	100	4/15/99	Accepted by Examination
39.0	39-HS-7-WD-010	1-3.00-99-0026	PT	100	4/15/99	Accepted by Examination
39.0	39-WD-021-D	2819-88A-198	PT	100	2/22/88	Accepted by Examination
		2434-88A-137	UT-0	100	2/23/88	Examined In 1st Period And
		2818-88A-297	UT-45	100	2/23/88	Inadvertently Left Off The Nis-1
		2818-88A-298	UT-45	100	2/23/88	
39.0	39-WD-021-U	1-3.00-89-0049	PT	100	6/14/89	Accepted by Examination
		2434-88A-138	UT-0	100	2/23/88	Examined In 1st Period And
		1-6.03-89-0024	UT-45	100	6/14/89	Inadvertently Left Off The Nis-1
		1-6.03-89-0023	UT-45	100	6/14/89	
39.0	39-WD-091	1-3.00-99-0077	PT	100	4/27/99	Accepted by Examination
		1-6.24-99-0082	UT-45	100	4/27/99	
39.0	39-WD-100	1-3.00-99-0106	PT	100	4/30/99	Accepted by Examination UT ON RFO14 NIS-1
39.0	EMERGENCY CONDENSER	*1-2.04-98-0021	VT-2	N/A	10/12/98	Accepted by Examination
40.0	40-H-57-A-WD-001	1-3.00-99-0091	PT	75	4/29/99	Accepted by Examination, Relief Request Required
40.0	40-H-57-A-WD-004	1-3.00-99-0092	PT	75	4/29/99	Accepted by Examination Relief Request Required
40.0	40-H-57-A-WD-007	1-3.00-99-0093	PT	75	4/29/99	Accepted by Examination Relief Request Required
40.0	40-H-57-A-WD-010	1-3.00-99-0094	PT	75	4/29/99	Accepted by Examination Relief Request Required
40.0	40-WD-039	1-3.00-99-0072	PT	100	4/26/99	Accepted by Examination
		R-006	UT-AUTO	100	5/24/99	
40	CORE SPRAY	1-2.04-99-0255	VT-2	N/A	5/28/99	Accepted by Examination
		1-2.04-99-0274	VT-2	N/A	6/5/99	
40	CORE SPRAY	1-2.04-99-0263	VT-2	N/A	6/1/99	Accepted by Examination
		1-2.04-99-0272	VT-2	N/A	6/5/99	
40.0	CORE SPRAY	*1-2.04-98-0029	VT-2	N/A	12/14/98	Accepted by Examination
40.1	40.1-WD-026	1-3.00-99-0017	PT	100	4/15/99	Accepted by Examination
40.1	40.1-WD-027	1-3.00-99-0020	PT	100	4/15/99	Accepted by Examination
40.1	40.1-WD-035	1-3.00-99-0016	PT	100	4/15/99	Accepted by Examination
40.1	40.1-WD-037	1-3.00-99-0018	PT	100	4/15/99	Accepted by Examination
40.1	40.1-WD-038	1-3.00-99-0019	PT	100	4/15/99	Accepted by Examination
40.1	CORE SPRAY	1-2.04-99-0263	VT-2	N/A	6/1/99	Accepted by Examination
		1-2.04-99-0272	VT-2	N/A	6/5/99	
41	LIQUID POISON	1-2.04-98-0015	VT-2	N/A	8/17/98	Accepted by Examination
42	LIQUID POISON	1-2.04-99-0008	VT-2	N/A	1/28/99	Accepted by Examination
42	LIQUID POISON	1-2.04-98-0015	VT-2	N/A	8/17/98	Accepted by Examination
42.1	42.1-01-VB	1-2.04-99-0108	VT-1	N/A	4/20/99	Accepted by Examination
42.1	42.1-WD-034	1-3.00-99-0146	PT	100	5/8/99	Accepted by Examination
		1-6.24-99-0240	UT-45	100	5/1/99	
42.1	LIQUID POISON	1-2.04-99-0288	VT-2	N/A	6/11/99	Accepted by Examination
		1-2.04-98-0017	VT-2	N/A	8/31/98	
44.0	CONTROL ROD DRIVE & SCRAM VOLUME	*1-2.04-98-0022	VT-2	N/A	10/13/98	Accepted by Examination
44.2	44.2-MS-1	1-2.04-99-0088	VT-3/4	N/A	4/15/99	Accepted by Examination

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Exam Item	Data Sheet Number	Exam Type	% Comp.	Exam Date	Comments	
44.2	44.2-MS-3	1-2.04-99-0089	VT-3/4	N/A	4/15/99	Accepted by Examination
44.2	44.2-MS-4	1-2.04-99-0090	VT-3/4	N/A	4/15/99	Accepted by Examination
44.2	44.2-MS-5	1-2.04-99-0087	VT-3/4	N/A	4/15/99	Accepted By Evaluation DER 1-1999-1105
44.2	44.2-WD-039	1-4.00-99-0020	MT	100	4/15/99	Accepted by Examination
		1-6.05-99-0027	UT-0	100	4/15/99	
		1-6.26-99-0002	UT-45	100	4/16/99	
		1-6.26-99-0010	UT-0	100	4/16/99	
44.2	44.2-WD-085	1-4.00-99-0021	MT	100	4/15/99	Accepted by Examination
		1-6.05-99-0028	UT-0	100	4/15/99	
		1-6.26-99-0004	UT-45	100	4/15/99	
		1-6.26-99-0011	UT-0	100	4/16/99	
44.2	44.2-WD-092	1-4.00-99-0019	MT	100	4/15/99	Accepted by Examination
		1-6.05-99-0026	UT-0	100	4/15/99	
		1-6.26-99-0003	UT-45	100	4/15/99	
		1-6.26-99-0008	UT-0	100	4/15/99	
44.2	44.2-WD-204	1-4.00-99-0018	MT	100	4/15/99	Accepted by Examination
		1-6.26-99-0005	UT-45	100	4/16/99	
44.2	CONTROL ROD DRIVE & SCRAM VOLUME	1-2.04-99-0228	VT-2	N/A	5/8/99	Accepted by Examination
44.3	44-189-VB	1-2.04-99-0146	VT-1	N/A	4/22/99	Accepted by Examination
44.3	44.3-12-VB	1-2.04-99-0145	VT-1	N/A	4/22/99	Accepted by Examination
44.3	44.3-WD-093	1-3.00-99-0071	PT	100	4/26/99	Accepted by Examination
50.0	CONDENSATE STORAGE & TRANSFER	1-2.04-99-0095	VT-2	N/A	4/16/99	Accepted by Examination
		*1-2.04-98-0023	VT-2	N/A	10/20/98	
		*1-2.04-98-0025	VT-2	N/A	11/10/98	
	CONDENSATE STORAGE & TRANSFER	1-2.04-99-0095	VT-2	N/A	4/16/99	Accepted by Examination
		*1-2.04-98-0023	VT-2	N/A	10/20/98	
54.0	SPENT FUEL POOL COOLING	1-2.04-99-0012	VT-2	N/A	4/9/99	Accepted by Examination
		1-2.04-99-0096	VT-2	N/A	4/17/99	
		1-2.04-99-0112	VT-2	N/A	4/22/99	
57.0	CONDENSATE STORAGE & TRANSFER	1-2.04-99-0095	VT-2	N/A	4/16/99	Accepted by Examination
		*1-2.04-98-0025	VT-2	N/A	11/10/98	
		*1-2.04-98-0023	VT-2	N/A	10/20/98	
57.1	CONDENSATE STORAGE & TRANSFER	1-2.04-99-0095	VT-2	N/A	4/16/99	Accepted by Examination
		*1-2.04-98-0025	VT-2	N/A	11/10/98	
59.0	CONDENSATE STORAGE & TRANSFER	*1-2.04-98-0023	VT-2	N/A	10/20/98	Accepted by Examination
60	EMERGENCY CONDENSER MAKEUP	1-2.04-99-0282	VT-2	N/A	6/9/99	Accepted by Examination
63	RWCU SAFETY VALVE DISCH TO TORUS	1-2.04-99-0278	VT-2	N/A	6/8/99	Accepted by Examination
68	DRYWELL & TORUS VACUUM RELIEF	1-2.04-98-0024	VT-2	N/A	10/20/98	Accepted by Examination
70.0	REACTOR BUILDING CLOSED LOOP COOLING	1-2.04-99-0009	VT-2	N/A	1/28/99	Accepted by Examination
		1-2.04-99-0241	VT-2	N/A	5/22/99	
		*1-2.04-98-0026	VT-2	N/A	11/24/98	
		*1-2.04-99-0254	VT-2	N/A	5/27/99	
70.0	SDC-HX-11	1-2.04-99-0162	VT-3	N/A	4/27/99	Accepted by Examination
72.0	72-A1	1-2.04-99-0017	VT-3	N/A	4/12/99	Accepted by Examination
72.0	72-A2	1-2.04-99-0016	VT-3	N/A	4/12/99	Accepted by Examination
72.0	72-A3	1-2.04-99-0015	VT-3	N/A	4/12/99	Accepted by Examination
72.0	72-SC-59	1-2.04-99-0107	VT-3	N/A	4/20/99	Accepted by Examination
	SERVICE WATER TO EMER SW PUMPS/HX'S	1-2.04-98-0013	VT-2	N/A	8/14/98	Accepted by Examination
		1-2.04-98-0014	VT-2	N/A	8/14/99	
79	DIESEL GEN. COOLING WATER	1-2.04-98-0018	VT-2	N/A	9/2/98	Accepted by Examination
		1-2.04-99-0004	VT-2	N/A	1/12/99	
		1-2.04-99-0005	VT-2	N/A	1/12/99	
80.0	80-03-WD-003	1-4.00-99-0141	MT	100	5/1/99	Accepted by Examination

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Exam Item	Data Sheet Number	Exam Type	% Comp.	Exam Date	Comments
80.0 80-03-WD-004	1-4.00-99-0131	MT	100	5/1/99	Accepted by Examination
	1-6.26-99-0084	UT-0	100	5/1/99	
	1-6.26-99-0085	UT-0	100	5/1/99	
	1-6.26-99-0086	UT-45	99.9	5/1/99	
80.0 80-13-WD-001	1-4.00-99-0004	MT	100	3/12/99	Accepted by Examination
80.0 80-13-WD-002	1-4.00-99-0005	MT	100	3/12/99	Accepted by Examination
80.0 80-13-WD-003	1-4.00-99-0006	MT	100	3/12/99	Accepted by Examination
80.0 80-13-WD-004	1-4.00-99-0007	MT	100	3/12/99	Accepted by Examination
80.0 80-MS-4	1-2.04-99-0101	VT-3/4	N/A	4/17/99	Accepted by Examination
80.0 80-MS-5	1-2.04-99-0100	VT-3/4	N/A	4/17/99	Accepted by Examination
80.0 80-WD-123	1-4.00-99-0032	MT	100	4/17/99	Accepted by Examination
	1-6.05-99-0033	UT-0	100	4/17/99	
	1-6.26-99-0024	UT-45	100	4/17/99	
	1-6.26-99-0025	UT-0	100	4/17/99	
80.0 80-WD-128	1-4.00-99-0033	MT	100	4/17/99	Accepted by Examination
	1-6.05-99-0034	UT-0	100	4/17/99	
	1-6.26-99-0028	UT-0	100	4/17/99	
	1-6.26-99-0029	UT-45	100	4/17/99	
80.0 80-WD-144	1-4.00-99-0022	MT	100	4/16/99	Accepted by Examination
	1-6.26-99-0006	UT-45	100	4/16/99	
80.0 80-WD-145	1-4.00-99-0083	MT	100	4/16/99	Accepted by Examination
	1-6.26-99-0038	UT-0	100	4/21/99	
	1-6.26-99-0039	UT-45	91	4/21/99	
	1-6.26-99-0063	UT-0	100	4/16/99	
80.0 80-WD-167	1-4.00-99-0097	MT	100	4/24/99	Accepted by Examination
	1-6.26-99-0050	UT-0	100	4/24/99	
	1-6.26-99-0051	UT-0	100	4/24/99	
	1-6.26-99-0052	UT-45	100	4/24/99	
80.0 80-WD-169	1-4.00-99-0026	MT	100	4/17/99	Accepted by Examination
	1-6.05-99-0029	UT-0	100	4/17/99	
	1-6.26-99-0016	UT-0	100	4/17/99	
	1-6.26-99-0017	UT-45	100	4/17/99	
80.0 80-WD-170	1-4.00-99-0027	MT	100	4/17/99	Accepted by Examination
	1-6.05-99-0030	UT-0	100	4/17/99	
	1-6.26-99-0018	UT-45	100	4/17/99	
	1-6.26-99-0019	UT-0	100	4/17/99	
80.0 80-WD-171	1-4.00-99-0028	MT	100	4/17/99	Accepted by Examination
	1-6.05-99-0031	UT-0	100	4/17/99	
	1-6.26-99-0022	UT-0	100	4/17/99	
	1-6.26-99-0023	UT-45	100	4/17/99	
80.0 80-WD-176	1-4.00-99-0024	MT	100	4/17/99	Accepted by Examination
	1-6.26-99-0013	UT-45	100	4/17/99	
	1-6.26-99-0032	UT-0	100	4/17/99	
80.0 80-WD-178	1-4.00-99-0025	MT	100	4/17/99	Accepted by Examination
	1-6.26-99-0014	UT-45	100	4/17/99	
	1-6.26-99-0031	UT-0	100	4/17/99	
80.0 80-WD-194	1-4.00-99-0107	MT	100	4/29/99	Accepted by Examination
	1-6.26-99-0075	UT-0	100	4/29/99	
	1-6.26-99-0076	UT-0	100	4/29/99	
	1-6.26-99-0077	UT-45	100	4/29/99	
80.0 80-WD-195	1-4.00-99-0108	MT	100	4/29/99	Accepted By Evaluation DER 1-1999-1405
	1-4.00-99-0171	MT	100	5/13/99	
	1-6.26-99-0078	UT-0	100	4/29/99	
	1-6.26-99-0079	UT-0	100	4/29/99	
	1-6.26-99-0080	UT-45	100	4/29/99	
	1-6.26-99-0081	UT-60	91.9	4/29/99	
80 CONT SPRAY RAW WATER	1-2.04-99-0001	VT-2	N/A	1/4/99	Accepted by Examination
	1-2.04-98-0011	VT-2	N/A	8/3/98	
	1-2.04-98-0012	VT-2	N/A	8/6/98	
	1-2.04-99-0003	VT-2	N/A	1/7/99	
80 CONTAINMENT SPRAY	1-2.04-98-0030	VT-2	N/A	12/28/98	Accepted by Examination

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Exam Item	Data Sheet Number	Exam Type	% Comp.	Exam Date	Comments	
81.0	81-03-WD-005	1-4.00-99-0042	MT	100	4/21/99	Accepted by Examination
81.0	81-03-WD-006	1-4.00-99-0043	MT	100	4/21/99	Accepted by Examination
81.0	81-03-WD-007	1-4.00-99-0044	MT	100	4/21/99	Accepted by Examination
81.0	81-03-WD-008	1-4.00-99-0045	MT	100	4/21/99	Accepted by Examination
81.0	81-03-WD-013	1-4.00-99-0046	MT	100	4/21/99	Accepted by Examination
81.0	81-MS-2	1-2.04-99-0014	VT-3/4	N/A	4/12/99	Accepted by Examination
81	CORE SPRAY	1-2.04-99-0249	VT-2	N/A	5/25/99	Accepted by Examination
		1-2.04-98-0020	VT-2	N/A	9/15/98	
		1-2.04-99-0006	VT-2	N/A	1/15/99	
		1-2.04-99-0109	VT-2	N/A	4/21/99	
81.0	CORE SPRAY	*1-2.04-98-0028	VT-2	N/A	12/14/98	Accepted by Examination
81.1	81.1-WD-047	1-4.00-99-0106	MT	100	4/29/99	Accepted by Examination
		1-6.26-99-0071	UT-0	100	4/30/99	
		1-6.26-99-0072	UT-0	100	4/29/99	
		1-6.26-99-0073	UT-45	95.5	4/29/99	
		1-6.26-99-0074	UT-60	N/A	4/29/99	
83	DRYWELL SUMP	1-2.04-99-0240	VT-2	N/A	5/20/99	Accepted by Examination
		1-2.04-99-0287	VT-2	N/A	6/11/99	
91	CONDENSATE STORAGE & TRANSFER	1-2.04-99-0097	VT-2	N/A	4/17/99	Accepted by Examination
		1-2.04-99-0098	VT-2	N/A	4/17/99	
		*1-2.04-98-0025	VT-2	N/A	11/10/98	
93	CONT SPRAY RAW WATER	1-2.04-99-0001	VT-2	N/A	1/4/99	Accepted by Examination
		1-2.04-98-0011	VT-2	N/A	8/3/98	
		1-2.04-98-0012	VT-2	N/A	8/6/98	
		1-2.04-99-0003	VT-2	N/A	1/7/99	
	93.1-WD-005	1-4.00-99-0084	MT	100	4/21/99	Accepted by Examination.
		1-6.26-99-0040	UT-45	100	4/22/99	
		1-6.26-99-0041	UT-0	100	4/22/99	
93.1	93.1-WD-020	1-4.00-99-0104	MT	100	4/23/99	Accepted by Examination
		1-6.26-99-0053	UT-0	100	4/23/99	
		1-6.26-99-0054	UT-0	100	4/23/99	
		1-6.26-99-0055	UT-45	100	4/23/99	
		1-6.26-99-0056	UT-45	100	4/23/99	
		1-6.26-99-0057	UT-60	100	4/23/99	
93.1	93.1-WD-022	1-4.00-99-0093	MT	100	4/23/99	Accepted by Examination
		1-6.26-99-0045	UT-0	100	4/23/99	
		1-6.26-99-0046	UT-45	100	4/23/99	
		1-6.26-99-0047	UT-45	100	4/23/99	
93.1	93.1-WD-028	1-4.00-99-0041	MT	100	4/19/99	Accepted by Examination
		1-6.26-99-0035	UT-0	100	4/19/99	
		1-6.26-99-0036	UT-45	100	4/19/99	
93.1	93.1-WD-029	1-4.00-99-0040	MT	100	4/19/99	Accepted by Examination
		1-6.26-99-0033	UT-45	100	4/19/99	
		1-6.26-99-0034	UT-0	100	4/19/99	
110	REACTOR WATER SAMPLE	1-2.04-99-0242	VT-2	N/A	5/22/99	Accepted by Examination
		*1-2.04-98-0026	VT-2	N/A	11/24/98	
121	TORUS DRAIN / WATER QUALITY	*1-2.04-98-0019	VT-2	N/A	9/15/98	Accepted by Examination
210.1	CONTROL ROOM VENTILATION COOLING WATER SYSTEM	1-2.04-98-0016	VT-2	N/A	8/27/98	Accepted by Examination

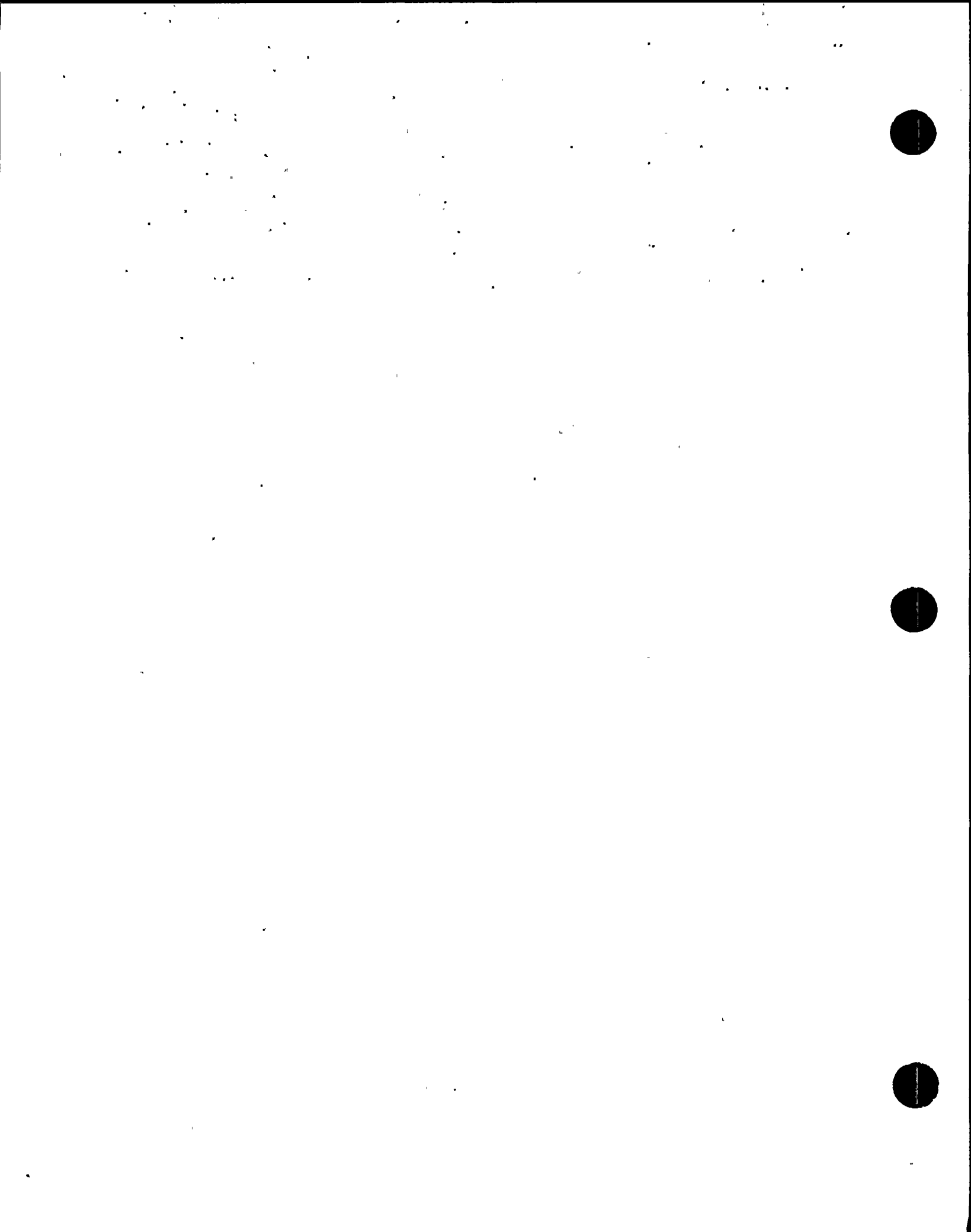
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<b>NM NIAGARA MOHAWK</b>	<b>Nine Mile Point Nuclear Power Station Unit 1</b>	<b>NMP1-ISI-99-05</b>
	<b>SECOND INSERVICE INSPECTION INTERVAL  INSERVICE INSPECTION SUMMARY REPORT SUBMITTAL</b>	<b>Rev. 0 September 14, 1999 Page 12 of 15</b>

**APPENDIX C  
AUGMENTED EXAMINATION LISTING  
Pages 1 thru 7**



Sys	Exam Item	Data Sheet Number	Exam Type	% Comp.	Exam Date	Comments
00.0	31-WD-030 (BORE)	G2K-9909	UT-AUTO	100	4/30/99	Accepted by Examination
00.0	31-WD-051 (BORE)	G2K-9911	UT-AUTO	100	5/1/99	Accepted by Examination
00.0	31-WD-060 (BORE)	G2K-9912	UT-AUTO	100	5/1/99	Accepted by Examination
00.0	32-WD-002	R-017	UT-AUTO	100	5/20/99	Accepted by Examination
00.0	32-WD-122	R-013	UT-AUTO	95	5/19/99	Accepted by Examination
00.0	32-WD-126	1-6.06-99-0018	UT-WSY	100	4/30/99	Accepted By Evaluation
		1-6.06-99-0019	UT-50	100	4/30/99	DER 1-1999-1411
		1-6.06-99-0020	UT-60	100	4/30/99	Expanded Scope
		1-6.24-99-0108	UT-45	100	4/29/99	
		1-6.24-99-0109	UT-45	100	4/29/99	
00.0	32-WD-167	R-003	UT-AUTO	97	5/17/99	Accepted by Examination
00.0	39-WD-002	R-004	UT-AUTO	90.3	5/22/99	Accepted by Examination Expanded Scope
00.0	39-WD-090	1-3.00-99-0078	PT	100	4/27/99	Accepted by Examination
		R-010	UT-AUTO	94	5/20/99	
00.0	40-WD-081-IR	G2K-9918	UT-60/70	78.1	5/2/99	Accepted by Examination
00.0	44.1-WD-018-IR(0619)	G2K-9920	UT-AUTO	100	5/3/99	Accepted by Examination
00.0	DRV-44-3407(NC02)	CRDH-01	UT-AUTO	100	4/25/99	Accepted by Examination
00.0	DRV-44-3419(NC02)	CRDH-01	UT-AUTO	100	4/25/99	Accepted by Examination
00.0	H1	FTI Report	UT-AUTO	N/A	5/7/99	Accepted by Examination
00.0	H2	FTI Report	UT-AUTO	N/A	5/7/99	Accepted by Examination
00.0	H4	FTI Report	UT-AUTO	N/A	5/3/99	Accepted by Examination
00.0	H5	FTI Report	UT-AUTO	N/A	5/6/99	Accepted by Examination
00.0	H6B	FTI Report	UT-AUTO	N/A	5/7/99	Accepted by Examination
00.0	H8	NMP1R15-99-9	EVT-1	N/A	5/5/99	Accepted by Examination
00.0	H9	NMP1R15-99-8	EVT-1	N/A	5/3/99	Accepted by Examination
00.0	H9-090	NMP1R15-99-8	VT-1	N/A	5/3/99	Accepted by Examination
00.0	H9-166	NMP1R15-99-8	VT-1	N/A	5/3/99	Accepted by Examination
00.0	H9-270	NMP1R15-99-8	VT-1	N/A	5/3/99	Accepted by Examination
00.0	H9-350	NMP1R15-99-8	VT-1	N/A	5/3/99	Accepted by Examination
00.0	SIL409-IDTC3645	R15-99-10	VT-1	N/A	4/22/99	Accepted by Examination
00.0	SIL571-N12	1-2.04-99-0266	VT-2	N/A	6/12/99	Accepted by Examination
00.0	SIL571-N13A	1-2.04-99-0266	VT-2	N/A	6/12/99	Accepted by Examination
00.0	SIL571-N13B	1-2.04-99-0266	VT-2	N/A	6/12/99	Accepted by Examination
00.0	SIL571-N14A	1-2.04-99-0266	VT-2	N/A	6/12/99	Accepted by Examination
00.0	SIL571-N14B	1-2.04-99-0266	VT-2	N/A	6/12/99	Accepted by Examination
00.0	SIL571-N15A	1-2.04-99-0266	VT-2	N/A	6/12/99	Accepted by Examination
00.0	SIL571-N15B	1-2.04-99-0266	VT-2	N/A	6/12/99	Accepted by Examination
00.0	SIL571-N16A	1-2.04-99-0266	VT-2	N/A	6/12/99	Accepted by Examination
00.0	SIL571-N16B	1-2.04-99-0266	VT-2	N/A	6/12/99	Accepted by Examination
00.0	SIL571-N17A	1-2.04-99-0266	VT-2	N/A	6/12/99	Accepted by Examination
00.0	SIL571-N17B	1-2.04-99-0266	VT-2	N/A	6/12/99	Accepted by Examination
00.0	TOPGUIDE BWRVIP-26	R15-99-11	VT-1	N/A	4/22/99	Accepted by Examination
00.0	V1	FTI Report	UT-AUTO	N/A	5/8/99	Accepted by Examination
00.0	V10	FTI Report	UT-AUTO	N/A	5/2/99	Accepted by Examination
00.0	V11	FTI Report	UT-AUTO	N/A	4/25/99	Accepted by Examination
00.0	V12	FTI Report	UT-AUTO	N/A	5/8/99	Accepted by Examination
00.0	V13	FTI Report	UT-AUTO	N/A	4/26/99	Accepted by Examination
00.0	V14	FTI Report	UT-AUTO	N/A	5/8/99	Accepted by Examination
00.0	V15	FTI Report	UT-AUTO	N/A	5/8/99	Accepted by Examination
00.0	V16	FTI Report	UT-AUTO	N/A	5/8/99	Accepted by Examination
00.0	V2	FTI Report	UT-AUTO	N/A	5/9/99	Accepted by Examination
00.0	V3	FTI Report	UT-AUTO	N/A	5/9/99	Accepted by Examination
00.0	V4	FTI Report	UT-AUTO	N/A	5/8/99	Accepted by Examination
00.0	V5	FTI Report	UT-AUTO	N/A	5/8/99	Accepted by Examination



Sys	Exam Item	Data Sheet Number	Exam Type	% Comp.	Exam Date	Comments
00.0	V6	FTI Report	UT-AUTO	N/A	5/8/99	Accepted by Examination
00.0	V7	FTI Report	UT-AUTO	N/A	5/8/99	Accepted by Examination
00.0	V8	FTI Report	UT-AUTO	N/A	5/8/99	Accepted by Examination
00.0	V9	FTI Report	UT-AUTO	N/A	5/4/99	Accepted by Examination
01.0	01-04-VBY	1-2.04-99-0161	VT-3	N/A	4/28/99	Accepted by Examination
32.0	32-WD-003	1-6.24-99-0117	UT-45	100	4/30/99	Accepted by Examination
		1-6.24-99-0118	UT-45	100	4/30/99	Expanded Scope
32.0	32-WD-004	1-6.06-99-0038	UT-45	100	5/14/99	Accepted by Examination
		1-6.06-99-0040	UT-60	100	5/14/99	Expanded Scope
		1-6.24-99-0275	UT-WSY	100	5/11/99	
		1-6.24-99-0276	UT-0	100	5/11/99	
		1-6.24-99-0277	UT-45	100	5/9/99	
		1-6.24-99-0278	UT-60	100	5/9/99	
		1-6.24-99-0279	UT-60	100	5/11/99	
		1-6.24-99-0291	UT-45	100	5/14/99	
32.0	32-WD-004	1-6.24-99-0063	UT-45	100	4/23/99	Accepted by Examination Mixing Tee Base Metal Scan
32.0	32-WD-004A	1-6.24-99-0254	UT-45	100	5/8/99	Accepted by Examination
		1-6.24-99-0255	UT-60	100	5/8/99	Expanded Scope
32.0	32-WD-004B	1-6.24-99-0064	UT-45	100	4/24/99	Accepted by Examination
32.0	32-WD-004CR	1-6.24-99-0287	UT-0	57	5/11/99	Accepted by Examination
		1-6.24-99-0288	UT-45	50	5/11/99	Expanded Scope
		1-6.24-99-0289	UT-60	50	5/11/99	
32.0	32-WD-005	1-6.24-99-0252	UT-45	100	5/8/99	Accepted by Examination
		1-6.24-99-0253	UT-60	100	5/8/99	Expanded Scope
32.0	32-WD-007	1-6.24-99-0256	UT-45	100	5/9/99	Accepted by Examination
		1-6.24-99-0257	UT-60	100	5/9/99	Expanded Scope
		1-6.24-99-0258	UT-70	100	5/9/99	
32.0	32-WD-007A	1-6.24-99-0167	UT-45	100	5/4/99	Accepted by Examination
		1-6.24-99-0168	UT-60	100	5/4/99	Expanded Scope
32.0	32-WD-007B	1-6.24-99-0165	UT-45	100	5/4/99	Accepted by Examination Expanded Scope
32.0	32-WD-008	1-6.24-99-0227	UT-45	100	5/8/99	Accepted by Examination Expanded Scope
32.0	32-WD-009	1-6.24-99-0216	UT-45	100	5/6/99	Accepted by Examination
		1-6.24-99-0217	UT-60	100	5/6/99	Expanded Scope
32.0	32-WD-010	1-6.24-99-0218	UT-45	100	5/6/99	Accepted by Examination
		1-6.24-99-0219	UT-60	100	5/6/99	Expanded Scope
32.0	32-WD-012	1-6.24-99-0139	UT-45	100	5/2/99	Accepted by Examination
		1-6.24-99-0140	UT-45	100	5/2/99	Expanded Scope
32.0	32-WD-015	1-6.24-99-0153	UT-45	100	5/2/99	Accepted by Examination
		1-6.24-99-0154	UT-60	100	5/2/99	Expanded Scope
32.0	32-WD-017	1-6.24-99-0155	UT-45	100	5/2/99	Accepted by Examination
		1-6.24-99-0156	UT-60	100	5/2/99	Expanded Scope
32.0	32-WD-021	1-6.24-99-0141	UT-45	100	5/2/99	Accepted by Examination
		1-6.24-99-0142	UT-45	100	5/2/99	Expanded Scope
32.0	32-WD-022	1-6.24-99-0214	UT-45	100	5/6/99	Accepted by Examination
		1-6.24-99-0215	UT-60	100	5/6/99	Expanded Scope
32.0	32-WD-035	1-6.24-99-0212	UT-45	100	5/6/99	Accepted by Examination
		1-6.24-99-0213	UT-60	100	5/6/99	Expanded Scope
32.0	32-WD-036	1-6.24-99-0247	UT-45	100	5/7/99	Accepted by Examination Expanded Scope
32.0	32-WD-039	1-6.24-99-0230	UT-45	100	5/7/99	Accepted by Examination
		1-6.24-99-0231	UT-45	100	5/7/99	Expanded Scope
32.0	32-WD-040	1-6.24-99-0234	UT-45	100	5/7/99	Accepted by Examination
		1-6.24-99-0235	UT-45	100	5/7/99	Expanded Scope
32.0	32-WD-041	1-6.06-99-0006	UT-WSY	N/A	4/24/99	Accepted by Examination
		1-6.06-99-0009	UT-52	N/A	4/24/99	
		1-6.06-99-0012	UT-Bimodal	N/A	4/24/99	
		1-6.06-99-0015	UT-60	N/A	4/24/99	
		1-6.24-99-0057	UT-45	100	4/23/99	
		1-6.24-99-0058	UT-45	100	4/23/99	



Sys	Exam Item	Data Sheet Number	Exam Type	% Comp.	Exam Date	Comments
32.0	32-WD-047	1-6.24-99-0111	UT-45	100	4/30/99	Accepted by Examination Expanded Scope
		1-6.24-99-0112	UT-45	100	4/30/99	
32.0	32-WD-048	1-6.24-99-0203	UT-45	100	5/6/99	Accepted by Examination Expanded Scope
32.0	32-WD-049	1-6.24-99-0180	UT-45	100	5/5/99	Accepted by Examination Expanded Scope
		1-6.24-99-0181	UT-60	100	5/5/99	
32.0	32-WD-050	1-6.06-99-0002	UT-45	100	4/20/99	Accepted By Evaluation DER 1-1999-1211
		1-6.06-99-0003	UT-60	100	4/20/99	
		1-6.06-99-0004	UT-60	100	4/20/99	
		1-6.06-99-0005	UT-ODCR	100	4/20/99	
		1-6.24-99-0020	UT-45	100	4/16/99	
32.0	32-WD-052	1-6.24-99-0143	UT-45	100	5/2/99	Accepted by Examination Expanded Scope
		1-6.24-99-0144	UT-45	100	5/2/99	
32.0	32-WD-055	1-6.24-99-0172	UT-60	100	5/4/99	Accepted by Examination Expanded Scope
		1-6.24-99-0173	UT-45	100	5/4/99	
32.0	32-WD-061	1-6.24-99-0048	UT-45	100	4/21/99	Accepted by Examination
32.0	32-WD-062	1-6.24-99-0176	UT-45	100	5/5/99	Accepted by Examination Expanded Scope
		1-6.24-99-0177	UT-60	100	5/5/99	
32.0	32-WD-075	1-6.24-99-0178	UT-45	100	5/5/99	Accepted by Examination Expanded Scope
		1-6.24-99-0179	UT-60	100	5/5/99	
32.0	32-WD-076	1-6.24-99-0202	UT-45	100	5/6/99	Accepted by Examination Expanded Scope
32.0	32-WD-079	1-6.24-99-0190	UT-45	100	5/6/99	Accepted by Examination Expanded Scope
		1-6.24-99-0191	UT-45	100	5/6/99	
32.0	32-WD-080	1-6.24-99-0192	UT-45	100	5/6/99	Accepted by Examination Expanded Scope
		1-6.24-99-0193	UT-45	100	5/6/99	
32.0	32-WD-081	1-6.24-99-0157	UT-45	100	5/3/99	Accepted by Examination Expanded Scope
		1-6.24-99-0158	UT-45	100	5/3/99	
32.0	32-WD-087	1-6.24-99-0115	UT-45	100	4/30/99	Accepted by Examination Expanded Scope
		1-6.24-99-0116	UT-45	100	4/30/99	
32.0	32-WD-088	1-6.24-99-0280	UT-45	100	5/7/99	Accepted by Examination Expanded Scope
		1-6.24-99-0281	UT-60	100	5/8/99	
32.0	32-WD-089	1-6.24-99-0184	UT-45	100	5/5/99	Accepted by Examination Expanded Scope
		1-6.24-99-0185	UT-60	100	5/5/99	
32.0	32-WD-090	1-6.24-99-0182	UT-45	100	5/5/99	Accepted by Examination Expanded Scope
		1-6.24-99-0183	UT-60	100	5/5/99	
32.0	32-WD-092	1-6.24-99-0169	UT-45	100	5/4/99	Accepted by Examination Expanded Scope
		1-6.24-99-0171	UT-45	100	5/4/99	
32.0	32-WD-095	1-6.24-99-0127	UT-45	100	5/2/99	Accepted by Examination Expanded Scope
		1-6.24-99-0128	UT-60	100	5/2/99	
32.0	32-WD-097	1-6.24-99-0133	UT-45	100	5/2/99	Accepted by Examination Expanded Scope
		1-6.24-99-0134	UT-60	100	5/2/99	
32.0	32-WD-101	1-6.24-99-0166	UT-45	100	5/4/99	Accepted by Examination Expanded Scope
		1-6.24-99-0170	UT-45	100	5/4/99	
32.0	32-WD-102	1-6.24-99-0186	UT-45	100	5/5/99	Accepted by Examination Expanded Scope
		1-6.24-99-0187	UT-60	100	5/5/99	
32.0	32-WD-115	1-6.24-99-0188	UT-45	100	5/5/99	Accepted by Examination Expanded Scope
		1-6.24-99-0189	UT-60	100	5/5/99	
32.0	32-WD-116	1-6.24-99-0282	UT-45	100	5/7/99	Accepted by Examination Expanded Scope
		1-6.24-99-0283	UT-60	100	5/8/99	
32.0	32-WD-119	1-6.06-99-0037	UT-45	100	5/14/99	Accepted by Examination Expanded Scope
		1-6.06-99-0039	UT-60	100	5/14/99	
		1-6.24-99-0284	UT-45	100	5/8/99	
		1-6.24-99-0285	UT-45	100	5/8/99	
		1-6.24-99-0286	UT-60	100	5/12/99	
32.0	32-WD-120	1-6.24-99-0238	UT-45	100	5/8/99	Accepted by Examination Expanded Scope
		1-6.24-99-0239	UT-45	100	5/8/99	
32.0	32-WD-121	1-6.24-99-0149	UT-45	100	5/3/99	Accepted by Examination Expanded Scope
		1-6.24-99-0150	UT-45	100	5/3/99	





Sys	Exam Item	Data Sheet Number	Exam Type	% Comp.	Exam Date	Comments
32.0	32-WD-126(Cont.)	1-6.06-99-0026	UT-45	N/A	5/4/99	Accepted By Evaluation
		1-6.06-99-0029	UT-45	N/A	5/4/99	DER 1-1999-1411
		1-6.06-99-0032 R-007	UT-60 UT-AUTO	N/A 100	5/4/99 5/20/99	Expanded Scope
32.0	32-WD-127	1-6.24-99-0232	UT-45	100	5/8/99	Accepted by Examination
		1-6.24-99-0233	UT-60-RL	100	5/8/99	Expanded Scope
32.0	32-WD-128	1-6.24-99-0267	UT-0	100	5/11/99	Accepted by Examination
		1-6.24-99-0268	UT-45	100	5/8/99	Expanded Scope
		1-6.24-99-0269	UT-60	100	5/8/99	
		1-6.24-99-0270	UT-70	100	5/11/99	
32.0	32-WD-128A	1-6.24-99-0271	UT-0	100	5/11/99	Accepted by Examination
		1-6.24-99-0272	UT-45	100	5/8/99	Expanded Scope
		1-6.24-99-0273	UT-60	100	5/8/99	
		1-6.24-99-0274	UT-70	100	5/11/99	
32.0	32-WD-129	1-6.24-99-0075	UT-45	100	4/27/99	Accepted by Examination
32.0	32-WD-130	1-6.24-99-0228	UT-45	100	5/8/99	Accepted by Examination Expanded Scope
32.0	32-WD-131	1-6.24-99-0208	UT-45	100	5/6/99	Accepted by Examination
		1-6.24-99-0209	UT-60	100	5/6/99	Expanded Scope
32.0	32-WD-132	1-6.24-99-0204	UT-45	100	5/6/99	Accepted by Examination
		1-6.24-99-0205	UT-60	100	5/6/99	Expanded Scope
32.0	32-WD-134	1-6.24-99-0137	UT-45	100	5/2/99	Accepted by Examination
		1-6.24-99-0138	UT-45	100	5/2/99	Expanded Scope
32.0	32-WD-137	1-6.24-99-0174	UT-45	100	5/4/99	Accepted by Examination
		1-6.24-99-0175	UT-60	100	5/4/99	Expanded Scope
32.0	32-WD-139	1-6.24-99-0039	UT-45	100	4/19/99	Accepted by Examination
		1-6.24-99-0040	UT-60	100	4/19/99	
32.0	32-WD-143	1-6.24-99-0135	UT-45	100	5/2/99	Accepted by Examination
		1-6.24-99-0136	UT-45	100	5/2/99	Expanded Scope
32.0	32-WD-144	1-6.24-99-0206	UT-45	100	5/6/99	Accepted by Examination
		1-6.24-99-0207	UT-60	100	5/6/99	Expanded Scope
32.0	32-WD-157	1-6.24-99-0210	UT-45	100	5/6/99	Accepted by Examination
		1-6.24-99-0211	UT-60	100	5/6/99	Expanded Scope
32.0	32-WD-158	1-6.24-99-0229	UT-45	100	5/8/99	Accepted by Examination Expanded Scope
32.0	32-WD-161	1-6.24-99-0248	UT-45	100	5/8/99	Accepted by Examination
		1-6.24-99-0249	UT-45	100	5/8/99	Expanded Scope
32.0	32-WD-162	1-6.24-99-0250	UT-45	100	5/8/99	Accepted by Examination
		1-6.24-99-0251	UT-45	100	5/8/99	Expanded Scope
32.0	32-WD-163	1-6.24-99-0113	UT-45	100	4/30/99	Accepted by Examination
		1-6.24-99-0114	UT-45	100	4/30/99	Expanded Scope
32.0	32-WD-168	1-6.06-99-0021	UT-WSY	100	5/3/99	Accepted By Evaluation
		1-6.06-99-0022	UT-60	100	5/3/99	DER 1-1999-1255
		1-6.06-99-0023	UT-45	N/A	5/4/99	Expanded Scope
		1-6.06-99-0024	UT-45	N/A	5/4/99	
		1-6.06-99-0025	UT-60	N/A	5/4/99	
		1-6.06-99-0036	UT-45	100	5/8/99	
		1-6.24-99-0125	UT-45	100	5/2/99	
32.0	32-WD-168 (Cont.)	1-6.24-99-0226	UT-45	100	5/8/99	Accepted By Evaluation
		R-005	UT-AUTO	100	5/19/99	DER 1-1999-1255 Expanded Scope
32.0	32-WD-169	1-6.24-99-0159	UT-45	100	5/4/99	Accepted by Examination
		1-6.24-99-0160	UT-45	100	5/4/99	Expanded Scope
32.0	32-WD-170	1-6.24-99-0046	UT-45	100	4/20/99	Accepted by Examination Mixing Tee Base Metal Scan
32.0	32-WD-170	1-6.24-99-0161	UT-45	100	5/4/99	Accepted by Examination
		1-6.24-99-0162	UT-60	100	5/4/99	Expanded Scope
32.0	32-WD-171	1-6.24-99-0221	UT-45	100	5/7/99	Accepted by Examination
		1-6.24-99-0222	UT-45	100	5/7/99	Expanded Scope
32.0	32-WD-171A	1-6.24-99-0225	UT-45	100	5/7/99	Accepted by Examination Expanded Scope



Sys	Exam Item	Data Sheet Number	Exam Type	% Comp.	Exam Date	Comments
32.0	32-WD-171BR	1-6.24-99-0223	UT-45	72.3	5/7/99	Accepted by Examination
		1-6.24-99-0224	UT-60	72.3	5/7/99	Expanded Scope
32.0	32-WD-172	1-6.24-99-0163	UT-45	100	5/4/99	Accepted by Examination
		1-6.24-99-0164	UT-60	100	5/4/99	Expanded Scope
32.0	32-WD-173	1-6.24-99-0194	UT-45	100	5/5/99	Accepted by Examination
		1-6.24-99-0195	UT-60	100	5/5/99	Expanded Scope
32.0	32-WD-174	1-6.24-99-0196	UT-45	100	5/5/99	Accepted by Examination
		1-6.24-99-0197	UT-60	100	5/5/99	Expanded Scope
32.0	32-WD-176	1-6.24-99-0145	UT-45	100	5/2/99	Accepted by Examination
		1-6.24-99-0146	UT-45	100	5/2/99	Expanded Scope
32.0	32-WD-179	1-6.24-99-0129	UT-45	100	5/2/99	Accepted by Examination
		1-6.24-99-0130	UT-60	100	5/2/99	Expanded Scope
32.0	32-WD-181	1-6.24-99-0131	UT-45	100	5/2/99	Accepted by Examination
		1-6.24-99-0132	UT-60	100	5/2/99	Expanded Scope
32.0	32-WD-185	1-6.24-99-0147	UT-45	100	5/2/99	Accepted by Examination
		1-6.24-99-0148	UT-45	100	5/2/99	Expanded Scope
32.0	32-WD-186	1-6.24-99-0200	UT-45	100	5/5/99	Accepted by Examination
		1-6.24-99-0201	UT-60	100	5/5/99	Expanded Scope
32.0	32-WD-199	1-6.24-99-0198	UT-45	100	5/5/99	Accepted by Examination
		1-6.24-99-0199	UT-60	100	5/5/99	Expanded Scope
32.0	32-WD-200	1-6.24-99-0220	UT-45	100	5/7/99	Accepted by Examination
						Expanded Scope
32.0	32-WD-203	1-6.24-99-0241	UT-45	100	5/8/99	Accepted by Examination
		1-6.24-99-0242	UT-60	100	5/8/99	Expanded Scope
32.0	32-WD-204	1-6.24-99-0259	UT-45	100	5/10/99	Accepted by Examination
		1-6.24-99-0260	UT-60	100	5/10/99	Expanded Scope
32.0	32-WD-204A	1-6.24-99-0236	UT-45	100	5/8/99	Accepted by Examination
		1-6.24-99-0237	UT-60	100	5/8/99	Expanded Scope
32.0	32-WD-205	1-6.24-99-0047	UT-45	100	4/20/99	Accepted by Examination Mixing Tee Base Metal Scan
32.0	32-WD-205	1-6.24-99-0243	UT-45	100	5/8/99	Accepted by Examination
		1-6.24-99-0244	UT-60	100	5/8/99	Expanded Scope
32.0	32-WD-206	1-6.24-99-0245	UT-45	100	5/8/99	Accepted by Examination
		1-6.24-99-0246	UT-45	100	5/8/99	Expanded Scope
32.0	32-WD-207	1-6.24-99-0151	UT-45	100	5/3/99	Accepted by Examination
		1-6.24-99-0152				Expanded Scope
33.0	33-FW-022	1-54-ISI-838-00-99-0001	UT-45	62	5/1/99	Accepted by Examination
		1-54-ISI-838-00-99-0002	UT-45	62	5/1/99	
		1-54-ISI-838-00-99-0003	UT-60	62	5/1/99	
		1-54-ISI-838-00-99-0004	UT-60	62	5/1/99	
33.0	33-FW-35	1-6.24-99-0053	UT-45	100	4/21/99	Accepted by Examination
		1-6.24-99-0054	UT-60	100	4/21/99	
33.0	33-FW-36	1-6.24-99-0055	UT-45	100	4/21/99	Accepted by Examination
		1-6.24-99-0056	UT-60	100	4/21/99	
33.0	33-FW-37	1-6.24-99-0050	UT-45	100	4/21/99	Accepted by Examination
		1-6.24-99-0051	UT-60	100	4/21/99	
		1-6.24-99-0052	UT-60	100	4/21/99	
33.0	33-WD-014	1-2.04-99-0266	VT-2	N/A	6/12/99	Accepted by Examination
33.0	33-WD-015	1-2.04-99-0266	VT-2	N/A	6/12/99	Accepted by Examination
33.0	33-WD-035	1-2.04-99-0266	VT-2	N/A	6/12/99	Accepted by Examination
33.0	33-WD-036	1-2.04-99-0266	VT-2	N/A	6/12/99	Accepted by Examination
37.0	37-WD-003	1-6.24-99-0073	UT-45	100	4/26/99	Accepted by Examination
		1-6.24-99-0074	UT-70	100	4/26/99	
37.1	37.1-WD-003	1-3.00-99-0183	PT	100	6/9/99	Accepted by Examination Expanded Scope
37.1	37.1-WD-006	1-3.00-99-0176	PT	100	6/8/99	Accepted by Examination Expanded Scope



Sys	Exam Item	Data Sheet Number	Exam Type	% Comp.	Exam Date	Comments
37.1	37.1-WD-007	1-3.00-99-0175	PT	100	6/8/99	Accepted by Examination Expanded Scope
37.1	37.1-WD-009	1-3.00-99-0182	PT	100	6/9/99	Accepted by Examination Expanded Scope
37.1	37.1-WD-013	1-3.00-99-0174	PT	100	6/8/99	Accepted by Examination Expanded Scope
37.1	37.1-WD-018	1-3.00-99-0177	PT	100	6/8/99	Accepted by Examination Expanded Scope
38.0	38-WD-001	1-6.24-99-0080	UT-45	100	4/27/99	Accepted by Examination
		1-6.24-99-0081	UT-60	100	4/27/99	
38.0	38-WD-005	1-6.24-99-0119	UT-45	100	4/30/99	Accepted by Examination
		1-6.24-99-0120	UT-60	100	4/30/99	
38.0	38-WD-006	1-6.24-99-0121	UT-45	100	4/30/99	Accepted by Examination
		1-6.24-99-0122	UT-60	100	4/30/99	
38.0	38-WD-007	1-2.04-99-0266	VT-2	N/A	6/12/99	Accepted by Examination
38.0	38-WD-008	1-2.04-99-0266	VT-2	N/A	6/12/99	Accepted by Examination
38.0	38-WD-087	1-2.04-99-0266	VT-2	N/A	6/12/99	Accepted by Examination
38.0	38-WD-088	1-2.04-99-0266	VT-2	N/A	6/12/99	Accepted by Examination
38.0	38-WD-091	1-6.24-99-0019	UT-45	100	4/16/99	Accepted by Examination
38.0	38-WD-092	1-6.24-99-0107	UT-45	100	4/29/99	Accepted by Examination
38.0	38-WD-094	1-6.24-99-0105	UT-45	100	4/29/99	Accepted by Examination
		1-6.24-99-0106	UT-60	100	4/29/99	
39.0	39-09R-WD-001	1-2.04-99-0266	VT-2	N/A	6/12/99	Accepted by Examination
39.0	39-10R-WD-001	1-2.04-99-0266	VT-2	N/A	6/12/99	Accepted by Examination
39.0	39-WD-009	1-2.04-99-0266	VT-2	N/A	6/12/99	Accepted by Examination
39.0	39-WD-021	1-6.24-99-0123	UT-45	100	4/30/99	Accepted by Examination
		1-6.24-99-0124	UT-60	100	4/30/99	
39.0	39-WD-097	1-2.04-99-0266	VT-2	N/A	6/12/99	Accepted by Examination
39.0	39-WD-125	1-6.24-99-0049	UT-45	100	4/15/99	Accepted by Examination
39.0	39-WD-194	1-2.04-99-0266	VT-2	N/A	6/12/99	Accepted by Examination
39.0	39-WD-194A	1-2.04-99-0266	VT-2	N/A	6/12/99	Accepted by Examination
39.0	39-WD-195	1-6.24-99-0100	UT-45	100	4/28/99	Accepted by Examination
39.0	39-WD-196	1-6.24-99-0103	UT-45	100	4/28/99	Accepted by Examination
39.0	39-WD-197	1-6.24-99-0104	UT-45	100	4/28/99	Accepted by Examination
39.0	39-WD-198	1-6.24-99-0102	UT-45	100	4/28/99	Accepted by Examination
39.0	39-WD-199	1-6.24-99-0101	UT-45	100	4/28/99	Accepted by Examination
39.0	39-WD-200	1-6.24-99-0099	UT-45	100	4/28/99	Accepted by Examination
39.0	39-WD-203R	1-6.24-99-0042	UT-45	100	4/19/99	Accepted by Examination
39.0	39-WD-204A	1-6.24-99-0041	UT-45	95	4/19/99	Accepted by Examination
39.0	39-WD-204R	1-6.24-99-0098	UT-45	100	4/28/99	Accepted by Examination
39.0	39-WD-226	1-2.04-99-0266	VT-2	N/A	6/12/99	Accepted by Examination
39.0	39-WD-226A	1-2.04-99-0266	VT-2	N/A	6/12/99	Accepted by Examination
39.0	39-WD-227	1-6.24-99-0097	UT-45	100	4/28/99	Accepted by Examination
39.0	39-WD-229	1-6.24-99-0095	UT-45	100	4/28/99	Accepted by Examination
39.0	39-WD-230	1-6.24-99-0096	UT-45	100	4/28/99	Accepted by Examination
39.0	39-WD-232	1-6.24-99-0092	UT-45	100	4/28/99	Accepted by Examination
39.0	39-WD-233	1-6.24-99-0094	UT-45	100	4/28/99	Accepted by Examination
39.0	39-WD-233A	1-6.24-99-0093	UT-45	100	4/28/99	Accepted by Examination
39.0	39-WD-234A	1-6.24-99-0090	UT-45	100	4/28/99	Accepted by Examination
39.0	39-WD-235R	1-6.24-99-0091	UT-45	100	4/28/99	Accepted by Examination
40.0	40-WD-001	1-6.24-99-0028	UT-45	100	4/19/99	Accepted by Examination
		1-6.24-99-0029	UT-60	100	4/19/99	
40.0	40-WD-003	1-6.24-99-0030	UT-45	94.4	4/19/99	Accepted by Examination
		1-6.24-99-0031	UT-60	94.4	4/19/99	
40.0	40-WD-004	1-6.24-99-0032	UT-45	100	4/19/99	Accepted by Examination
		1-6.24-99-0033	UT-60	100	4/19/99	



Sys	Exam Item	Data Sheet Number	Exam Type	% Comp.	Exam Date	Comments
40.0	40-WD-005	1-6.24-99-0069	UT-45	79.3	4/23/99	Accepted by Examination
40.0	40-WD-006	1-6.24-99-0070	UT-45	94.25	4/23/99	Accepted by Examination
40.0	40-WD-007	1-6.24-99-0034	UT-45	100	4/19/99	Accepted by Examination
		1-6.24-99-0035	UT-60	100	4/19/99	
40.0	40-WD-008	1-6.24-99-0036	UT-45	100	4/19/99	Accepted by Examination
40.0	40-WD-009	1-6.24-99-0037	UT-45	100	4/19/99	Accepted by Examination
		1-6.24-99-0038	UT-60	100	4/19/99	
40.0	40-WD-010A	1-2.04-99-0266	VT-2	N/A	6/12/99	Accepted by Examination
40.0	40-WD-011	1-6.24-99-0026	UT-60	45	4/17/99	Accepted by Examination
		1-6.24-99-0027	UT-45	45	4/17/99	
40.0	40-WD-012	1-6.24-99-0043	UT-45	100	4/17/99	Accepted by Examination
		1-6.24-99-0044	UT-60	100	4/17/99	
40.0	40-WD-013	1-6.24-99-0045	UT-45	100	4/17/99	Accepted by Examination
40.0	40-WD-014	1-6.24-99-0024	UT-45	100	4/17/99	Accepted by Examination
		1-6.24-99-0025	UT-60	100	4/17/99	
40.0	40-WD-015	1-6.24-99-0023	UT-45	100	4/17/99	Accepted by Examination
40.0	40-WD-016	1-6.24-99-0022	UT-45	100	4/17/99	Accepted by Examination
40.0	40-WD-017	1-6.24-99-0009	UT-45	100	4/15/99	Accepted by Examination
40.0	40-WD-018	1-6.24-99-0010	UT-45	100	4/15/99	Accepted by Examination
40.0	40-WD-020	1-6.24-99-0011	UT-45	100	4/15/99	Accepted by Examination
40.0	40-WD-021	1-6.24-99-0012	UT-45	100	4/15/99	Accepted by Examination
40.0	40-WD-022	1-6.24-99-0071	UT-45	100	4/23/99	Accepted by Examination
		1-6.24-99-0072	UT-60	100	4/23/99	
40.0	40-WD-023	1-6.24-99-0002	UT-45	100	4/15/99	Accepted by Examination
40.0	40-WD-024	1-6.24-99-0003	UT-45	100	4/15/99	Accepted by Examination
		1-6.24-99-0017	UT-60	100	4/15/99	
40.0	40-WD-025	1-6.24-99-0004	UT-45	100	4/15/99	Accepted by Examination
		1-6.24-99-0018	UT-60	100	4/15/99	
40.0	40-WD-026	1-6.24-99-0084	UT-45	100	4/26/99	Accepted by Examination
40.0	40-WD-027	1-6.24-99-0013	UT-45	100	4/15/99	Accepted by Examination
40.0	40-WD-028	1-6.24-99-0005	UT-45	99	4/15/99	Accepted by Examination
		1-6.24-99-0015	UT-60	100	4/15/99	
40.0	40-WD-029	1-6.24-99-0006	UT-45	100	4/15/99	Accepted by Examination
		1-6.24-99-0016	UT-60	100	4/15/99	
40.0	40-WD-030	1-6.24-99-0014	UT-45	100	4/15/99	Accepted by Examination
40.0	40-WD-031	1-6.24-99-0007	UT-45	100	4/15/99	Accepted by Examination
40.0	40-WD-032	1-6.24-99-0008	UT-45	100	4/15/99	Accepted by Examination
40.0	40-WD-033	1-6.24-99-0085	UT-45	100	4/26/99	Accepted by Examination
40.0	40-WD-034	1-6.24-99-0083	UT-45	100	4/26/99	Accepted by Examination
40.0	40-WD-035	1-6.24-99-0086	UT-45	100	4/26/99	Accepted by Examination
		1-6.24-99-0087	UT-60	100	4/26/99	
40.0	40-WD-036	1-6.24-99-0088	UT-45	100	4/26/99	Accepted by Examination
40.0	40-WD-038	1-3.00-99-0086	PT	100	4/26/99	Accepted by Examination
		1-6.24-99-0089	UT-45	100	4/26/99	
40.0	40-WD-038A	1-6.24-99-0110	UT-45	100	4/29/99	Accepted by Examination
40.0	40-WD-050A	1-2.04-99-0266	VT-2	N/A	6/12/99	Accepted by Examination







Nine Mile Point Nuclear Power Station  
Unit 1

NMP1-ISI-99-05

SECOND INSERVICE INSPECTION INTERVAL

Rev. 0

INSERVICE INSPECTION  
SUMMARY REPORT SUBMITTAL

September 16, 1999

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**APPENDIX D**  
**RFO-15 TORUS INSPECTION PLAN**  
**Pages 1 thru 40**




# NIAGARA MOHAWK POWER CORPORATION

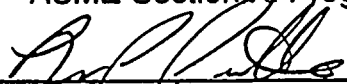
## NUCLEAR ENGINEERING REPORT NINE MILE POINT UNIT


### RFO15 TORUS INSPECTION PLAN

#### NER-1S-025, Rev. 1

Prepared By:  Date: 5/12/99  
Tom Brombach  
Structural Design, Unit 1

Reviewed By:  Date: 5/14/99  
Glenn Perkins, Supervisor  
ASME Section XI Programs

Approved By:  Date: 5/14/99  
Larry Prunotto, Supervisor  
Structural Design, Unit 1

Reviewed By:  Date: 5/17/99  
Authorized Nuclear Inservice Inspector

#### PURPOSE:

This Engineering Report provides guidance and specific details needed to implement an inspection to determine the general condition of the torus internal pressure retaining components at and below the waterline. This revision also includes and documents the RFO15 inspection results. This inspection was performed due to the availability of the exposed surfaces as a result of the ECCS suction strainer modification. This inspection satisfied a portion of the requirements of the 1992 Edition with 92 Addenda, ASME Section XI, Article IWE, Table IWE-2500-1, for the first inspection period of the inspection interval of the Containment ISI Inspection Program to be developed in the future. In conjunction with the specific examination requirements the final results of the inspections are included as an attachment to this report.

Note: This NER shall not be used to perform examinations subsequent to RFO15.



**CONTENTS:**

RFO15 torus inspection requirements are provided in the sections noted below:

**BACKGROUND**

**GENERAL REQUIREMENTS:**

- 1.0 PREREQUISITES:
- 2.0 SURFACES SUBJECT TO EXAMINATION
- 3.0 TYPE OF EXAMINATION
- 4.0 ACCEPTANCE CRITERIA
- 5.0 TORUS WATERLINE REGION
- 6.0 PREPARATION FOR THE SUPPLEMENTAL EXAMINATION
- 7.0 SUPPLEMENTAL EXAMINATION
- 8.0 SUPPLEMENTAL EXAMINATION ACCEPTANCE CRITERIA
- 9.0 RECORDS

**REFERENCES:**

- 1. 10CFR50.55a(b)(2)(vi)
- 2. Unit 1 Technical Specification, Section 3/4.2.6
- 3. ASME Section XI, 1992 Edition with Addenda through 1992
- 4. Calculation Engineering - Calculation S0-Torus-M008
- 5. Figure 1
- 6. Figure 2

**INSPECTION RESULTS:**

Attachment 1 - Torus Inspection Summary

Attachment 2 - Work Order 98-08031-00

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**BACKGROUND**

The NRC has issued a final rule change amending 10CFR50.55a, Codes and Standards, to incorporate by reference the 1992 Edition and Addenda of Subsections IWE and IWL of Section XI of the ASME Code. Subsections IWE and IWL provide the requirements for inservice inspection (ISI) of Class MC components (metal containments) and Class CC components (concrete containments) of light water-cooled nuclear power plants. Since Unit 1 has a metal containment only the rules of IWE apply. The amended rule became effective on September 9, 1996; it requires that licensees incorporate the new requirements into their ISI Program and to complete the first period of examinations for an inspection interval not later than September 9, 2001. Repair or replacement activities are required to be performed in accordance with Subsection IWE subsequent to September 9, 1996.

Since NMPC is in the process of developing a comprehensive inspection program to comply with the regulations this interim plan is required. RFO15 and the installation of the ECCS suction strainer has presented an opportunity to examine an area of the Torus that would normally be inaccessible because of the water level being maintained for safety considerations during a shutdown. The proposed inspection will provide NMPC with information and data to determine the structural integrity of components normally submerged in the suppression pool.

It is the intent of this NER to provide guidance and acceptance criteria to the QI/NDE organization as an interim mechanism until the full IWE inspection plan is developed and approved. The following information is provided for the inspection: It should be noted that this NER is limited to inspections to be performed for RFO15.

**GENERAL REQUIREMENTS:**

**1.0 PREREQUISITES:**

The Torus must be dewatered and applicable internal surfaces be cleaned (limited to power washing for sludge and minor scale removal) prior to examination. After cleaning and prior to the ECCS Suction Strainer modification work, RP permission to enter the Torus must be obtained. QI/NDE will perform the examination and enter the Torus as soon as practical after the cleaning. (Note that RP may not allow entry until Torus cleaning is complete and satisfactory air tests have been obtained)

**2.0 SURFACES SUBJECT TO EXAMINATION:**

The primary examination area of interest will be the Torus shell at the waterline region. Additionally, designated IWE pressure boundary surfaces submerged normally below the waterline of the Torus, major structural attachment welds including the base metal for one half inch beyond the weld, reinforcing structures such as, intersecting ring girders, manhole frames, penetration reinforcements, downcomers and ring (vent) headers. The visual examination will be conducted from the inside of the Torus. Supports and structural elements do not require inspection except where welded to the pressure boundary as described above.





### 3.0 TYPE OF EXAMINATION:

A visual examination (VT-3) in accordance with the ASME Code, Section XI, 1992 Edition with the 1992 Addenda, Subsections IWA and IWE will be required to be performed in accordance with Procedure NDEP-VT-2.04. It is recommended that a direct examination be performed with a minimal illumination of the examination surface of fifty foot-candles at a distance not to exceed four feet. Portable light sources or installed temporary lighting may be used. If portable battery operated light sources are used they must be checked before and after an examination or series of examinations, but not to exceed four hours. The VT-3 examination procedure will require qualification demonstrating resolution of a 0.105 inch character at the maximum expected examination distance (four feet) and minimum illumination (fifty foot-candles). As an alternative, a remote examination may be performed. When performing remotely, the visual examinations required by this inspection plan, the maximum direct examination distance specified in Table IWA 2210-1 may be extended and the minimum illumination requirements specified by the table may be decreased provided that the conditions or indications for which the examination is performed can be detected at the chosen distance and illumination and the procedure be demonstrated to resolve the lower case test character height of 0.105 inches. It is not necessary to measure illumination levels on each examination surface when the same portable or similar installed light source is demonstrated to provide the specified illumination at the maximum examination distance. The VT-3 examination is being conducted with the intent to determine the general mechanical and structural condition of the Torus and its applicable pressure retaining components. Engineering shall participate in the examination with QI/NDE.

### 4.0 ACCEPTANCE CRITERIA:

The visual (VT-3) examination will look for cracks, wear, excessive pitting, excessive corrosion, gouges, dents, arc strikes, and other signs of surface irregularities that could affect operability or the functional adequacy of the Torus. Areas determined to be suspect will require acceptance by an Engineering Evaluation per IWE 3510.3 and documented in accordance with Procedure NIP-ECA-01, "Deviation/Event Report" or the component or area may be corrected by repair or replacement in accordance with IWE-3122. Additionally, the Engineering Evaluation shall call for supplemental examinations when determined to be applicable

### 5.0 TORUS WATERLINE REGION:

Photo documentation from previous Torus entries indicates that the waterline region may potentially exhibit generalized, non specific corrosion. As a pre-emptive activity, awaiting Torus entry to identify potential unsatisfactory surface conditions at the waterline, Engineering has determined it necessary to stage areas external to the Torus that may require "Supplemental Examinations". Supplemental Examinations" will be performed from the outside surface of the Torus by taking ultrasonic thickness measurements of the Torus shell plate at the waterline region,. The examination is to determine the general Torus shell thickness and if minimum wall thickness requirements have been violated by the corrosion.

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## 6.0 PREPARATION FOR THE SUPPLEMENTAL EXAMINATION:

Engineering has determined it will be necessary to erect temporary scaffolding at the Torus waterline, in the center of the bay, (approximately 211 ft. 6 inch elevation) and prepare 8 locations/areas to be ultrasonically examined. The size of each location will be a rectangle, one foot by two foot, marked off in a 3 inch by 3 inch grid pattern. Areas of examination will include (2 per bay) the outside and inside diameter of the Torus on Bays 3, 9, 13, and 19. The grid shall be located and cleaned to base metal to remove adhering paint or other deleterious material so as not to impede with the transmission of sound as determined by a qualified Level II or Level III UT examiner. Additional areas may require examination predicated on the results of the VT-3 conducted on the Torus inside surface.

## 7.0 SUPPLEMENTAL EXAMINATION:

The ultrasonic examination will commence immediately after unit shutdown as soon as the Torus is no longer operationally required. Ultrasonic thickness measurements shall be taken using Procedure NDEP-UT-6.05 Data and examination reports are to be forwarded to NMP1 Design Engineering for evaluation. If a localized or general area reading approaches 0.434 inches, notify Engineering immediately.

## 8.0 SUPPLEMENTAL EXAMINATION ACCEPTANCE CRITERIA:

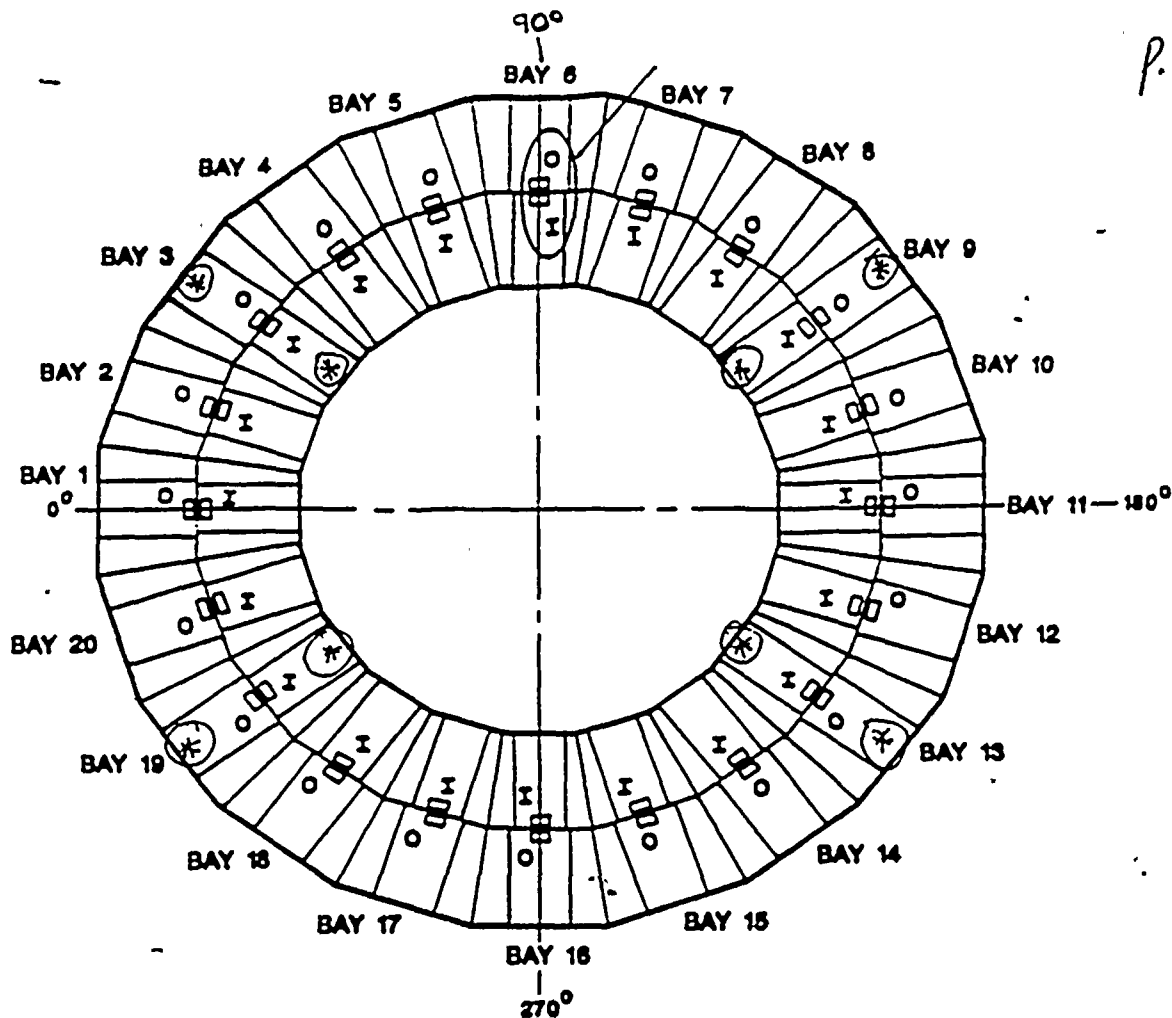
For ultrasonic thickness measurements reading less than 0.434 inches, QI/NDE shall write a DER in accordance with Procedure NIP-ECA-01. NMP1 Design Engineering will perform an evaluation of the examination results. As a minimum, an increase scope expansion will be required of an additional area to include the Torus shell plate material directly adjacent to the area to determine the extent of encroachment on minimum wall thickness. Further expansion of the examination areas will be as determined by Engineering.

## 9.0 RECORDS

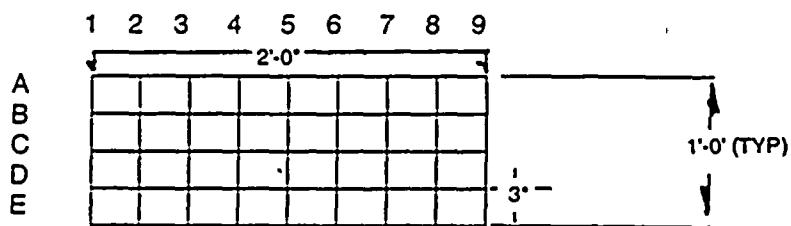
All examinations required by this document shall be performed in accordance with the requirements set forth in ASME Section XI and recorded in a manner consistent with Article IWA-6000. A summary of the examination results are included in Attachment 1 and the results of actual work performed are included in Attachment 2.



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PLAN VIEW OF SHELL PLATE ARRANGEMENT



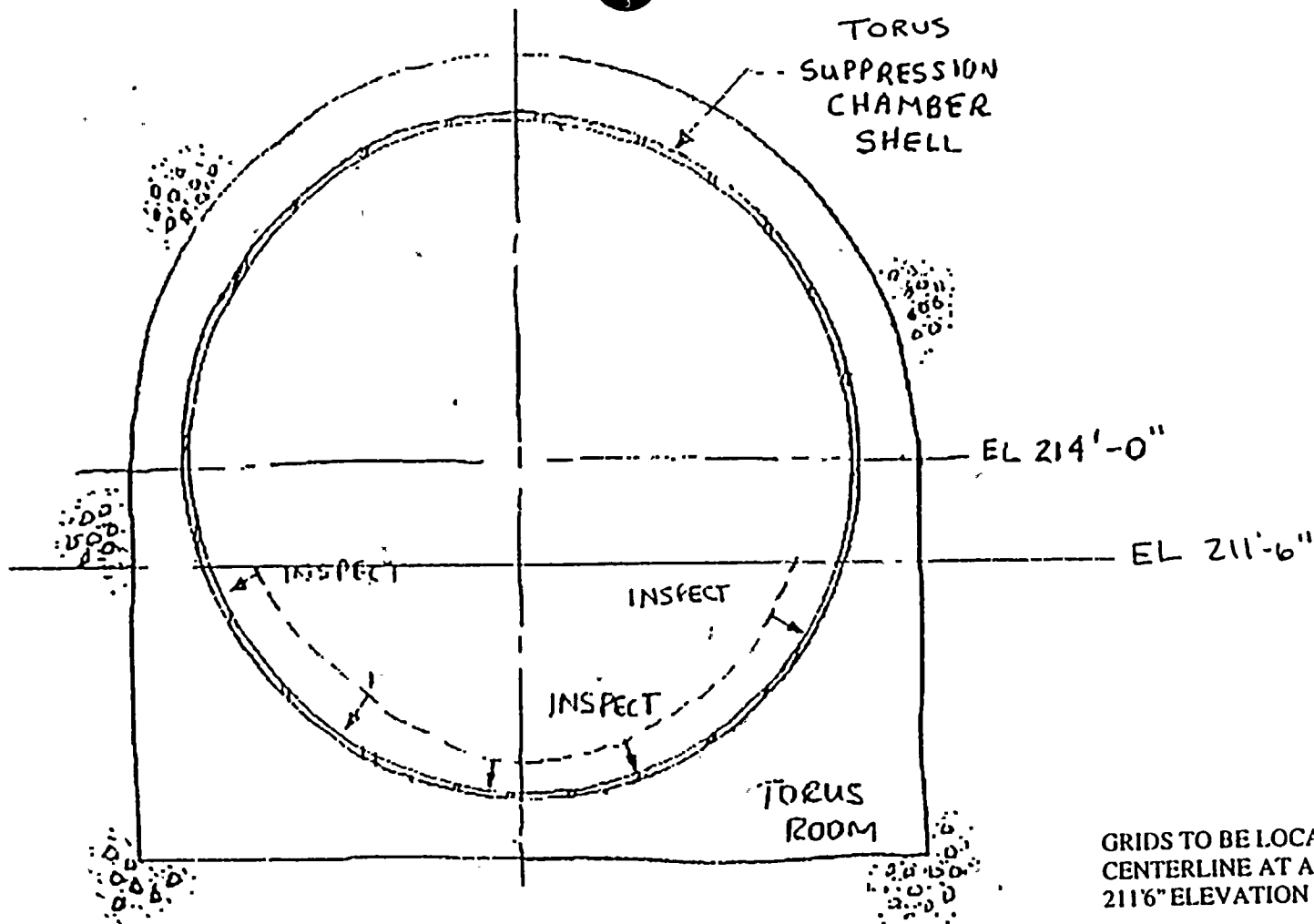
GRID DETAIL

\*GRIDS TO BE IDENTIFIED AS:  
 3-O 9-O 13-O 19-O  
 3-I 9-I 13-I 19-I

LOCATION OF SHELL PLATE MEASUREMENTS

FIGURE 1





GRIDS TO BE LOCATED WITH  
CENTERLINE AT APPROXIMATELY  
211'6" ELEVATION

GRIDS TO BE PLACED ON INSIDE AND  
OUTSIDE RADIUS OF BAY CENTER

FIGURE 2

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P. 8 of 40

## ATTACHMENT 1

### TORUS INSPECTION SUMMARY

#### BACKGROUND:

RFO 15 presented an opportunity to perform the internal IWE inspection of the NMP1 torus surfaces that are normally submerged. The torus was dewatered and applicable internal surfaces cleaned (limited to washing for sludge and minor scale removal) prior to the examination. After cleaning and prior to the ECCS Suction Strainer modification work, QI performed an interior VT-3 examination of the torus and conducted ultrasonic thickness measurements from the exterior with assistance from Engineering. The work was conducted in accordance to the requirements of NER-1S-025, Rev. 0 under Work Order, WO 98-08031-00.

#### SURFACES SUBJECT TO EXAMINATION:

The primary examination area of interest was the internal torus shell plate, at the waterline region and below. Additionally, designated IWE pressure boundary surfaces normally submerged below the waterline of the torus, including major structural attachment welds including the base metal for one half inch beyond the weld, and reinforcing structures such as, intersecting ring girders, manhole frames, penetration reinforcements, downcomers and ring headers. The visual examination was conducted from inside the torus. Supports and structural elements did not require inspection except where welded to the pressure boundary as described above.

#### TYPE OF EXAMINATION:

A visual examination (VT-3) was performed in accordance with the ASME Code, Section XI, 1992 Edition with the 1992 Addenda, Subsections IWA and IWE. A direct examination was performed with the illumination requirements meeting Section XI and 10CFR50.55a. Installed lighting as well as portable battery operated light sources were used. The portable lights were checked before and after the examination and found to be acceptable. The VT-3 examination was conducted with the intent to determine the general mechanical and structural condition of the torus and its applicable pressure retaining components.

#### ACCEPTANCE CRITERIA:

The visual (VT-3) examination looked for cracks, wear, excessive pitting, excessive corrosion, gouges, dents and other signs of surface irregularities that could affect operability or the functional adequacy of the Torus. Acceptance was based on ASME Section XI, Subsection IWE - 3000 and Engineering Report 1S-NER-027.

h.



### EXAMINATION RESULTS:

#### Shell Plate

Flaking and blooming rust was noted at the waterline region (211 ft. elevation). Several areas in different bays were lightly scraped removing the loosely adhered corrosion, revealing reasonably smooth shell plate material with areas of broad, but very shallow pits. There was no single area exhibiting a corrosion rate different than that of the entire torus surface. Additionally, a black discoloration band was exhibited in all bays on the shell plate starting at approximately the 209 foot elevation extending four to six feet toward the bottom. This was attributed to an oxide layer of magnetite that was tightly adhering and estimated to be less than 3 to 4 mils in thickness:

To demonstrate that shell plate material losses from corrosion were within expectations, a confirming ultrasonic inspection was performed of the shell plate from the torus exterior. Eight (8) locations/areas were selected to perform the supplemental examination. The size of each location/area was a one foot by two foot rectangle, marked off in a 3 inch by 3 inch grid pattern.. The grids were located on the intrados and extrados surface of torus Bays 3, 9, 13, and 19 with the centerline of the grid located at the 211 foot elevation. Procedure NDEP-UT-6.05. was used to perform the examination. The results of the inspection were tabulated on NDE Inspection Report 1-6.05-99-0017 associated with WO.98-08031-00. Of the 45 readings taken per bay, the readings averaged:

Bay 3-I	0.455 inches	Bay 3-O	0.458 inches
Bay 9-I	0.462 inches	Bay 9-O	0.467 inches
Bay 13-I	0.463 inches	Bay 13-O	0.466 inches
Bay 19-I	0.468 inches	Bay 19-O	0.456 inches

Of the 360 readings taken, the lowest recorded point (0.0438 inches) was in Bay 3-I at location B6. Since the allowable minimum wall was 0.397 inches at this location, the recorded readings were found to be acceptable.

#### Ring Girders

Pitting was noted on the top surfaces of the ring girder flanges. The pitting was broad and shallow with the deepest pits determined to be less than or equal to 1/32 of an inch. The ring girder web sections and integral welds to the torus shell plate were covered with a thin layer of corrosion and magnetite. Mild brushing/scraping easily removed the layer of corrosion and portions of the oxide layer to bare base metal. Care was taken to confine this action to those limited areas appearing to have a corrosion layer heavier than that of the general area. This was to preclude or minimize accelerating the corrosion rate. The ring girders and attaching integral welds to the torus shell plate were found to be acceptable.

8



**Other Areas:**

After washing and as the containment vent header and downcomer surfaces dried, minor rust blooms formed on the regions normally submerged. Several of these areas were scraped revealing broad shallow pits. No discernable material loss was evident under the corrosion layer.

It was noted that at the exit end of the downcomers a 3" x 3" x 1/4" angle iron ring was welded circumferentially to the downcomer outside diameter. Several of these rings were bent laterally and usually adjacent to tie bracing that had been removed from an earlier design change. The removal of these braces and the bent rings do not contribute to the structural integrity of the downcomers nor to they pose an issue of impeding flow.

**Conclusion:**

The results of the VT-3 inspection and confirmatory ultrasonic inspection of the torus shell plates indicate an acceptable condition. Based upon the current corrosion rates established for the torus, by analysis, the submerged portions of the torus and associated components will remain functional and structurally acceptable for the life of the unit.



**ATTACHMENT 2**

This attachment includes a copy of the WO that performed the inspections and a copy of the NDE examination results. The original documents are filed with the Work Order in Records Management.





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NIAGARA MOHAWK CORP.  
AUTHORIZED TO WORK

WO NO: 98-08031-00

GE MPL/ALTID ..

PAGE 01 OF 21

DATE/TIME PRINTED: 04/09/1999 16:52:09

===== ORIGINATING DATA =====

PID: DATE/TIME FOUND: 12/01/1998 21:28  
KEY/QUAL:

ID: PCS-TORUS-MASTER 000 MAIN CATEGORY  
COMPONENT DESCRIPTION: -- MASTER COMPONENT --

LOCATION: EL: COL: ROW:  
SYSTEM: PCS PRIMARY CONTAINMENT STRUCTURE SUB-SYSTEM: TORUS TORUS

SAFETY CLASS: 01 SAFETY RELATED ENVIRONMENT: IST: ASME: HRULE UNAVAIL IMPACTED: N  
ORIGINATOR: JAMES PORTER TEL EXT: 7986

PROBLEM DESCRIPTION: PERFORM ASME SECTION XI IWE TORUS EXAMINATIONS IN RFO15.

MATERIAL ACCOUNT: 705.60-000-050860-321165-0000-400-000005-0000-000000-0070

===== WORK CLASSIFICATION =====

WORK CLASS: 1 CLASS 1 WORK ACTION CODE: I PROGRAMMATIC INSPECTION PLANT CONDITION: 0 OUTAGE  
PRIORITY: RM PHT: 3 PHT NOT REQUIRED

WO REQUIRED DATE: 03/15/1999 PH DEFERRAL DATE: PH GRACE DATE:  
PLANNER: JAMES PORTER RESP DEPT: 460800 QUALITY ASSURANCE  
WO STATUS: READY PROJECT NO: SCHED/WIN: R150A 00980 PRIMARY CONTAINMENT SYSTEM WIND

ADDITIONAL INFORMATION: 93 CAT 3: NON-IMPACTING

===== WORK ACTION AND AUTHORIZATION =====

WORK TITLE: PERFORM TORUS VISUAL/UT EXAMS WORK DESCRIPTION: PERFORM TORUS ASME EXAMS PER NER-1S-025

LCR/ATTACH:

APPROVAL TO WORK: JAMES PORTER  
DATE: 04/09/1999 TIME: 16:48

SIGNATURE/DATE: [Signature] #1059

CSO SIGNATURE/DATE: [Signature] #47059

===== WORK COMPLETION =====

CHANGE TO PLAN: YES  NO (CIRCLE ONE) COMM DED PARTS USED: DP NO: \_\_\_\_\_

AS FOUND CONDITION/WORK PERFORMED: (HANDWRITTEN):

AS FOUND: TORUS DEWATERED AND CLEANED.

WORK PERFORMED: UT THICKNESS & WATERLING FROM OUTSIDE OF SHELL, VISUAL EXAM OF INTERNALS FROM WATERLINE DOWN.

DER ISSUED: YES  NO (CIRCLE ONE) DER NO: N/A

FAILURE DESCRIPTION (HANDWRITTEN):

N/A FAILURE.

FAILURE CODES: N/A

ACTUAL CREW SIZE: 4 ACTUAL DURATION: 16

WORK COMPLETE (DEPT SUPERVISOR) SIGNATURE/DATE: [Signature] 5/4/99

RECONCILIATION CODE/DESCRIPTION (HANDWRITTEN): AS PLANNED

RECONCILIATION CODE: 00

PHT SATISFACTORY: YES  NO SIGNATURE/DATE: [Signature] 5/4/99

COMMENTS: N/A - PHT NOT REQ'D. INSPECTION WORK ONLY

===== SSS WO COMPLETION REVIEW =====

WORK : SAT UNSAT (CIRCLE ONE) NEW PID NO: \_\_\_\_\_

SHIFT SUPERVISOR SIGNATURE/DATE: \_\_\_\_\_



NIAGARA MOHAWK CORP.  
AUTHORIZED TO WORK

WO NO: 98-08031-00

GE MPL/ALTID ..

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DATE/TIME PRINTED: 04/09/1999 16:52:09

===== OPERATIONS/OPS DATA =====

TECH SPEC APPLICABLE: Y      TECH SPEC NO: 3.4.3      DER: N      LCO REQUIRED: N  
REMEDIAL ACTION OR TIME LIMIT OF A TECH SPEC REQ'D (Y/N): N  
IF YES THEN STATE:

PLANT OR TECH SPEC CONDITION REQUIRED FOR WORK OR PHT, IF WORK OR TEST NOT CURRENTLY ALLOWED:  
PHT : 3 PHT NOT REQUIRED

ADDITIONAL INFORMATION: 93 CAT 3: NON-IMPACTING

PLANT IMPACT: =====

EQUIPMENT IMPACT:

- \* QA WILL BE PERFORMING UT AND VISUAL INSPECTIONS OF VARIOUS COMPONENTS/SECTIONS OF THE TORUS EXTERIOR AND INTERIOR.

PLANT IMPACT:

- \* EXTERIOR INSPECTIONS/UTS WILL REQUIRE ENTRY INTO THE TORUS ROOM. DURING TIMES WHEN CORE SPRAY IS OPERABLE FROM THE TORUS THE TORUS ROOM DOORS MUST REMAIN CLOSED EXCEPT FOR PASSAGE TO ENSURE CORE SPRAY OPERABILITY.

- \* INTERIOR TORUS INSPECTIONS WILL BE PERFORMED WHEN THE TORUS IS DEWATERED. NO PLANT IMPACT FOR INSPECTIONS DURING THIS TIME FRAME.

\*\*\*\*\*T. HOWARD 03/24/1999\*\*

===== AFFECTED EQUIPMENT =====



PERMITS/NOTIFICATIONS/ALARA CONSIDERATIONS

PERMITS/TAGS REQUIRED	ID NUMBER	DESCRIPTION	COMMENTS
<b>MARKUP</b>			
<input type="checkbox"/>		FIRE MARKUP	
<input type="checkbox"/>		BREACH PERMIT	
<input type="checkbox"/>		HOT WORK PERMIT	
<input checked="" type="checkbox"/>	SEE SWO-01	FOR PREP AND GRIDDING	
<input type="checkbox"/>		INSULATION REMOVE/INSTALL	
<input type="checkbox"/>		HEAT STRESS CHECKLIST	
<input checked="" type="checkbox"/>	* SEE NOTES	8 SCAFFOLDS REQUIRED	
<input type="checkbox"/>		KEYS REQUIRED	
<input type="checkbox"/>			
<b>NOTIFICATIONS</b>			
<input type="checkbox"/>		CHEMISTRY	
<input type="checkbox"/>		SYSTEM ENGINEERING	
<input type="checkbox"/>		ENVIRONMENTAL	
<input type="checkbox"/>		RX PHYSICS	
<input type="checkbox"/>			
<b>SAFETY CONSIDERATIONS</b>			
<input type="checkbox"/>		OVERHEAD LINE HAZARD	
<input type="checkbox"/>		ASBESTOS WORK PERMIT	
<input type="checkbox"/>		CONFINED SPACE ENTRY PERMIT	
<input type="checkbox"/>		EXCAVATION PERMIT	
<input type="checkbox"/>		DIVING PERMIT	
<input type="checkbox"/>			
<b>ALARA CONSIDERATIONS</b>			
<input type="checkbox"/>		HEAT STRESS SURVEY	
<input checked="" type="checkbox"/>	99-01	BOP ISI/EC EXAMS	
<input checked="" type="checkbox"/>	333	RWP	
	600	STANDING RWP	
<input type="checkbox"/>		TEMPORARY SHIELDING	
<input type="checkbox"/>		ASME TRAVELER	
<input type="checkbox"/>		1ST EVAL	
<input type="checkbox"/>		PACKING TRAVELER	
<input type="checkbox"/>		PICK TICKET	
<input type="checkbox"/>			

*Handwritten note in cloud:*  
 BOP ISI/EC EXAMS  
 RE 198' TORUS RM  
 JOHN RP

PM PROGRAM BASE DATA  
 PM TYPE CODE: GE MPL/ALTID .. TEXT ID: INSPECTION FILE NO: CALIBRATION FILE NO:

*Handwritten notes:*  
 Drywall offices (2100)  
 TORUS → (1275)  
 SEE THEM IN A.M.









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===== DETAILED WORKPLAN =====

STEP DEPT CREW CRAFT STEP TEXT SIGNOFFS --> 0

1 460800 QA WORK DESCRIPTION AND PREREQUISITES

PERSONNEL PERFORMING WORK  
(SIGNATURE & INITIALS)

<u>Eric Turmont</u>	<u>ET</u>	_____	_____
<u>Tommy Dwyer</u>	<u>TD</u>	_____	_____
<u>Tommy Dwyer</u>	<u>TD</u>	_____	_____
_____	_____	_____	_____

SCOPE

.....

THE SCOPE OF THIS WORK ORDER IS TO PERFORM ASME SECTION XI IWE TORUS EXAMINATIONS DURING RFO15. EXAMINATIONS WILL BE PERFORMED PER THE REQUIREMENTS OF NUCLEAR ENGINEERING REPORT: NER-1S-025 REV.0

PRECAUTIONS / LIMITATIONS

.....

APPLICABLE RADIOLOGICAL PRECAUTIONS SHALL BE OBSERVED. RP SHALL BE CONTACTED AS NEEDED.

ALARA PRACTICES SHALL BE OBSERVED TO PREVENT PERSONNEL EXPOSURE AND SPREAD OF CONTAMINATION.

MAINTAIN GENERAL HOUSEKEEPING PRACTICES PER THE REQUIREMENTS OF GAP-HSC-01.

MAINTAIN SYSTEM CLEANNESS AND FOREIGN MATERIAL EXCLUSION CONTROLS PER THE REQUIREMENTS OF GAP-HSC-02.

CHEMICALS SHALL BE CONTROLLED PER THE REQUIREMENTS OF NIP-CHEM-01.

CONFINED SPACE REQUIREMENTS OF SFC-OSH-0107 SHALL BE COMPLIED WITH IF APPLICABLE.



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===== DETAILED WORKPLAN =====

STEP 1 CONTINUED

PREREQUISITES

.....

A PRE-JOB BRIEF WITH THE CREW MUST BE PERFORMED PRIOR TO STARTING WORK.

PERSONNEL SHALL FULLY UNDERSTAND THE WORK PACKAGE PLANT IMPACT.

PERSONNEL MUST VERIFY THE CORRECT COMPONENT ID PRIOR TO PERFORMING THE WORK.

SUPPORT WORK SUCH AS SCAFFOLDING, INSULATION REMOVAL, AND SURFACE PREP WILL BE PROVIDED BY SUPPORT DEPARTMENTS ON SEPARATE WORK ORDERS. SEE WO NOTES FOR REQUIRED SUPPORT WORK.

\*\*\* THE TORUS MUST BE DEWATERED AND APPLICABLE INTERNAL SURFACES \*\*\*  
\*\*\* CLEANED (LIMITED TO POWER WASHING FOR SLUDGE AND MINOR SCALE \*\*\*  
\*\*\* REMOVAL) PRIOR TO EXAMINATION. AFTER CLEANING AND PRIOR TO \*\*\*  
\*\*\* THE ECCS SUCTION STRAINER MODIFICATION WORK, RP PERMISSION TO \*\*\*  
\*\*\* ENTER THE TORUS MUST BE OBTAINED. QI WILL PERFORM THE EXAMIN-\*\*\*  
\*\*\* ATION AND ENTER THE TORUS AS SOON AS PRACTICAL AFTER CLEANING\*\*\*

WORK INSTRUCTIONS

.....

1.0 SIGHOFFS FOR EACH STEP SHALL BE INITIALED AND DATED.

2.0 RESULTS OF EACH EXAMINATION TO BE RECORDED FOR EACH ITEM EXAMINED AT THE APPLICABLE STEP TEXT.

EX.: SAT ( ) UNSAT ( )

THE RESULTS OF THE INSPECTIONS WILL BE DOCUMENTED PER THE REQUIREMENTS OF THE APPLICABLE NDE PROCEDURE.

NONCONFORMING CONDITIONS SHALL BE IDENTIFIED PER THE REQUIREMENTS OF NIP-ECA-01.



===== DETAILED WORKPLAN =====

STEP 1 CONTINUED

STEP	DEPT	CREW	CRAFT	STEP TEXT	FOR UT EXAM ONLY	FOR VT-3	SIGNOFFS
2	460800	QA		CONDUCT A PRE-JOB BRIEF			0
				JOB SCOPE	/	/	ASm 4/13/99
				PLANT IMPACTS	/	/	ASm 4/18/99
				WHO DOES WHAT	/	/	
				VERIFICATION/STAAR	/	/	
				RWP	/	/	
				MARKUPS	/	/	
				TURNOVER INFO	/	/	
				TOOLS/EQUIPMENT	/	/	
				QUALIFICATIONS	/	/	
				JOB ENVIRONMENT	/	/	
				INTERFACES	/	/	
				PROCEDURE(S)	/	/	
				KEY STEPS/EVOLUTIONS	/	/	
				POTENTIAL TRAPS	/	/	
				SAFETY	/	/	
				LESSONS LEARNED	/	/	
				STOP POINTS	/	/	
				NOTIFICATIONS	/	/	
				"WHAT IF" ACTIONS	/	/	



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===== DETAILED WORKPLAN =====

STEP DEPT CREW CRAFT STEP TEXT

3 460800 QA QA 1PERFORM VT-3 EXAM OF TORUS SHELL @ AND BELOW WATER LINE  
1(FROM INSIDE TORUS)

PERFORM VT-3 EXAMINATION OF TORUS SHELL AT AND BELOW THE WATER LINE  
REGION, IN ACCORDANCE WITH THE ASME CODE, SECTION XI, 1992 EDITION AND  
1992 ADDENDA.

EXAMINATION BOUNDARY INCLUDES IWE PRESSURE BOUNDARY SURFACES SUBMERGED  
1BELOW THE WATERLINE OF THE TORUS, MAJOR STRUCTURAL ATTACHMENT  
1WELDS INCLUDING THE BASE METAL FOR ONE HALF INCH BEYOND THE WELD,  
1REINFORCING STRUCTURES SUCH AS, INTERSECTING RING GIRDERS,  
1MANHOLE FRAMES, PENETRATION REINFORCEMENTS, DOWNCOMERS, AND RING(VENT)  
1HEADERS.

SUPPORTS AND STRUCTURAL ELEMENTS DO NOT REQUIRE INSPECTION EXCEPT WHERE  
WELDED TO THE PRESSURE BOUNDARY AS DESCRIBED ABOVE.

EXAMINATION TO BE PERFORMED IN ACCORDANCE WITH NDEP-VT-2.04

\*\*\*\*\* ACCEPTANCE CRITERIA \*\*\*\*\*

VT-3 EXAMINATION WILL LOOK FOR CRACKS, WEAR, EXCESSIVE PITTING, EXCESSIVE  
CORROSION, GOUGES, DENTS AND OTHER SIGNS OF SURFACE IRREGULARITIES THAT  
COULD AFFECT OPERABILITY OR THE FUNCTIONAL ADEQUACY OF THE TORUS

1  
1 (REFERENCE SECTION 4.0 OF NER-1S-025, LATEST REV.)

\*\*\*\*\*

1  
1  
1

SAT (X) UNSAT ( )

*Handwritten signature and date: 4/20/99*

QI DATE

NDR: 1-2.04-99-0104

*\* Contact Control Room / Outside SSS prior to access  
to Torus (External) area.*





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===== DETAILED WORKPLAN =====

STEP DEPT CREW CRAFT STEP TEXT

4 460800 QA QA IPERFORM VT-3 EXAM OF TORUS SHELL ABOVE WATER LINE  
I(FROM INSIDE TORUS)

I(NOTE:EXAM AREA AT AND BELOW THE WATER LINE IN STEP TEXT 3 IS THE  
IREQUIRED MINIMUM EXAMINATION AREA AS REQUIRED BY NER-1S-025,THE EXAM  
IAREA ABOVE THE WATER LINE IS IN ADDITION TO THE MINIMUM REQUIREMENTS  
IAND MAY BE N/A'D IF NOT PERFORMED.)

IPERFORM VT-3 EXAMINATION OF TORUS SHELL ABOVE THE WATER LINE  
IREGION,IN ACCORDANCE WITH THE ASME CODE,SECTION XI,1992 EDITION AND  
I1992 ADDENDA.

IEXAMINATION BOUNDARY INCLUDES IWE PRESSURE BOUNDARY SURFACES  
IOF THE TORUS,MAJOR STRUCTURAL ATTACHMENT WELDS INCLUDING THE BASE METAL  
IFOR ONE HALF INCH BEYOND THE WELD,REINFORCING STRUCTURES SUCH AS,  
IINTERSECTING RING GIRDERS,MANHOLE FRAMES,PENETRATION REINFORCEMENTS,  
IDOWNCOMERS,AND RING(VENT)HEADERS.

ISUPPORTS AND STRUCTURAL ELEMENTS DO NOT REQUIRE INSPECTION EXCEPT WHERE  
IWELDED TO THE PRESSURE BOUNDARY AS DESCRIBED ABOVE.

EXAMINATION TO BE PERFORMED IN ACCORDANCE WITH NDEP-VT-2.04

\*\*\*\*\* ACCEPTANCE CRITERIA \*\*\*\*\*

VT-3 EXAMINATION WILL LOOK FOR CRACKS,WEAR,EXCESSIVE PITTING,EXCESSIVE  
CORROSION,GOUGES,DENTS AND OTHER SIGNS OF SURFACE IRREGULARITIES THAT  
COULD AFFECT OPERABILITY OR THE FUNCTIONAL ADEQUACY OF THE TORUS

(REFERENCE SECTION 4.0 OF NER-1S-025,LATEST REV.)

\*\*\*\*\*  
I  
I  
I

SAT ( ) UNSAT ( ) *N/A* *As needed* *5/27/99*  
DATE

NDER:.....*N/A* *SEE NOTES PAGE*.....



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===== DETAILED WORKPLAN =====

STEP DEPT CREW CRAFT STEP TEXT

5 460800 QA QA PERFORM UT EXAMS OF TORUS SHELL AT WATERLINE (FROM OUTSIDE)

\*\*\*\*\* ACCEPTANCE CRITERIA \*\*\*\*\*

! \*\*\*\*\* IF A LOCALIZED OR GENERAL AREA READING APPROACHES 0.434" NOTIFY \*\*\*\*\*  
! ENGINEERING IMMEDIATELY

ULTRASONIC THICKNESS MEASUREMENTS SHALL NOT BE LESS THAN 0.434 INCHES

NOTE: TAKE ONE READING IN THE APPROXIMATE CENTER OF EACH 3" BY 3" GRID  
! (REFERENCE SECTION 7.0 OF NER-1S-015, LATEST REV)

1) PERFORM UT THICKNESS MEASUREMENT, PER NDEP-UT-6.05, OF BAY 3 INSIDE  
DIAMETER, IN ONE FOOT BY TWO FOOT RECTANGLE AREA, WITH A 3" BY 3"  
GRID PATTERN.

SAT ( / ) UNSAT ( )

*JSR* 4/14/99  
.....  
QI DATE

2) PERFORM UT THICKNESS MEASUREMENT, PER NDEP-UT-6.05, OF BAY 3 OUTSIDE  
DIAMETER, IN ONE FOOT BY TWO FOOT RECTANGLE AREA, WITH A 3" BY 3"  
GRID PATTERN.

SAT ( / ) UNSAT ( )

*JSR* 4/14/99  
.....  
QI DATE

3) PERFORM UT THICKNESS MEASUREMENT, PER NDEP-UT-6.05, OF BAY 9 INSIDE  
DIAMETER, IN ONE FOOT BY TWO FOOT RECTANGLE AREA, WITH A 3" BY 3"  
GRID PATTERN.

SAT ( / ) UNSAT ( )

*JSR* 4/14/99  
.....  
QI DATE

4) PERFORM UT THICKNESS MEASUREMENT, PER NDEP-UT-6.05, OF BAY 9 OUTSIDE  
DIAMETER, IN ONE FOOT BY TWO FOOT RECTANGLE AREA, WITH A 3" BY 3"  
GRID PATTERN.

SAT ( / ) UNSAT ( )

*JSR* 4/14/99  
.....  
QI DATE

27



===== DETAILED WORKPLAN =====

STEP 5 CONTINUED

5) PERFORM UT THICKNESS MEASUREMENT, PER NDEP-UT-6.05, OF BAY 13 INSIDE DIAMETER, IN ONE FOOT BY TWO FOOT RECTANGLE AREA, WITH A 3" BY 3" GRID PATTERN.

SAT (  ) UNSAT ( )

*ASm* 4/14/99  
.....  
QI DATE

6) PERFORM UT THICKNESS MEASUREMENT, PER NDEP-UT-6.05, OF BAY 13 OUTSIDE DIAMETER, IN ONE FOOT BY TWO FOOT RECTANGLE AREA, WITH A 3" BY 3" GRID PATTERN.

SAT (  ) UNSAT ( )

*ASm* 4/14/99  
.....  
QI DATE

7) PERFORM UT THICKNESS MEASUREMENT, PER NDEP-UT-6.05, OF BAY 19 INSIDE DIAMETER, IN ONE FOOT BY TWO FOOT RECTANGLE AREA, WITH A 3" BY 3" GRID PATTERN.

SAT (  ) UNSAT ( )

*ASm* 4/14/99  
.....  
QI DATE

8) PERFORM UT THICKNESS MEASUREMENT, PER NDEP-UT-6.05, OF BAY 19 OUTSIDE DIAMETER, IN ONE FOOT BY TWO FOOT RECTANGLE AREA, WITH A 3" BY 3" GRID PATTERN.

SAT (  ) UNSAT ( )

*ASm* 4/14/99  
.....  
QI DATE

NDER: 1-6.05-99-0017  
.....



DETAILED WORKPLAN

STEP DEPT CREW CRAFT STEP TEXT

6 460800 QA2 QA2 IQI TO REINSPECT TORUS FOR DAMAGE FOLLOWING ALL CONSTRUCTION ACTIVITIES  
 !  
 ! INSPECT TORUS SHELL PLATE AND RING GIRDERS AFTER ALL CONSTRUCTION  
 ! ACTIVITIES ARE COMPLETE AND SCAFFOLD HAS BEEN REMOVED. INSPECTION SHALL  
 ! BE FROM THE APPROXIMATE WATERLINE TO BOTTOM OF TORUS. INSPECTION IS  
 ! LIMITED TO MECHANICAL DAMAGE CAUSED BY CONSTRUCTION/SCAFFOLD ACTIVITIES.  
 !  
 ! 1) INSPECT TORUS SHELL AND RING GIRDERS FOR DAMAGE. NOTE ANY DAMAGE AND  
 ! REPORT TO ENGINEERING ON A DER PER NIP-ECA-01. DOCUMENT INSPECTION IN  
 ! ACCORDANCE WITH QAP-INS-10.30, REV 02 AND INCLUDE COPY WITH THIS WO.  
 !  
 ! IQIR NUMBER: ..... 1-99-0376 .....  
 !  
 ! RESULTS: SAT (X) UNSAT ( ) IF UNSAT, RECORD DER NO: ..... N/A .....  
 !  
 ! INSPECTOR SIGNATURE: *[Signature]* ..... DATE: 5/4/99 .....

*[Handwritten]*  
5/22/99

*[Handwritten]*  
4-22-99

STEP DEPT CREW CRAFT STEP TEXT

7 460800 QA QA WO CLOSE OUT  
 !  
 ! VERIFY THAT ALL EXAMINATIONS HAVE BEEN PERFORMED PER THE  
 ! REQUIREMENTS OF MER-1S-025, REV. 0 AND THAT ALL UNSAT  
 ! CONDITIONS HAVE BEEN IDENTIFIED ON A  
 ! DER AS REQUIRED BY NIP-ECA-01..

SIGNOFFS -->

*[Handwritten Signature]* 5/4/99





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DETAILED WORKPLAN

STEP	DEPT	CREW	CRAFT	STEP TEXT
8	460800	QA		MAINTENANCE HISTORY:

SIGNOFFS *ASm 5/4/99*

TOTAL (SHIFT) CREWSIZE

*4*

TOTAL DURATION OF JOB IN HRS

*16*

RECONCILIATION OF ANY DEVIATION FROM THE ORIGINAL WORK PLAN (SUCH AS WRONG PARTS, NEEDED ENGINEERING, INCORRECT ESTIMATES, INCREASES IN JOB SCOPE, OTHER SCOPE CHANGES, ETC.) (GAP-PSH-01)

*NONE*

DETAILED DESCRIPTION OF ANY WORK COMPLETED IN ADDITION TO THAT ORIGINALLY PLANNED. (GAP-PSH-01)

*FARE CLEANLINESS INSPECTION FROM WATERLINE DOWN ON 5/4/99.*

UNUSUAL CONDITIONS IDENTIFIED DURING THE WORK ACTIVITY (SUCH AS UNUSUAL SOUNDS, WEAR PATTERNS, INSTRUMENT RESPONSE, ETC.)

*NONE*

ADDITIONAL COMMENTS:

*NONE*



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NIAGARA MOHAWK CORP.  
AUTHORIZED TO WORK

WO NO: 98-08031-00

GE MPL/ALTID ..

PAGE 10 OF 10

DATE/TIME PRINTED: 04/22/1999 10:50:06

DETAILED WORKPLAN

STEP 8 CONTINUED

MAINTENANCE HISTORY ENTERED BY:

*Steve G. 5/14/99*

UNIT 1

Work Order: 98-08031-00

HPAC\_LIVE



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NIAGARA MOHAWK CORP.  
AUTHORIZED TO WORK

WO NO: 98-08031-00

GE, MPL/ALTID ..

DATE/TIME FILED: 8/09/1999 16:52:09

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===== WORK ORDER TECHNICAL REFERENCE ATTACHMENTS =====

TECHNICAL REFERENCE ATTACHMENTS

===== EXTERNAL ATTACHMENTS =====

NO EXTERNAL ATTACHMENTS



===== WORK ORDER ATTACHMENTS =====

ATTACHMENTS *Item 4/14/99*

ATT. 1

ULTRASONIC NDE REPORT # 1-6.05-99-0017

ATT. 2

IWE VISUAL REPORT # 1-2.04-99-0106

ATT. 3

QIR # 1-99-0376





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NIAGARA MOHAWK CORP.  
AUTHORIZED TO WORK

WO NO: 98-08031-00

GE MPL/ALTID ..

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DATE/TIME PRINTED: 04/09/1999 16:52:09

===== WORK ORDER PARTS PAGE =====

SYMBOL NO	QUAN/QUAL	CAPTION 1	CAPTION 2	CAPTION 3	TYP	PO/REQ	UM	CONT	QTY	ROD	ISSUED	STK	ISS	NO
-----------	-----------	-----------	-----------	-----------	-----	--------	----	------	-----	-----	--------	-----	-----	----

NO PARTS



NIAGARA MOHAWK CORP.  
AUTHORIZED TO WORK

WO NO: 98-08031-00

GE MPL/ALTID ..

PAGE 17 OF 21

DATE/TIME PRINTED: 04/09/1999 16:52:09

===== PLANT COMPONENT DATABASE ELEMENTS =====

COMPONENT ID ..... PCS-TORUS-MASTER 000

GE MPL/ALTID .....

ISI FLAG .....

KEYWORD .....

EQ RELATED .....

QUALIFIER .....

SEISMIC .....

DESCRIPTION ..... -- MASTER COMPONENT --

APPENDIX R .....

LOCATION .....

REG GUIDE 1.97 .....

SYSTEM ID ..... PCS PRIMARY CONTAINMENT STRUCTURE

CONTAINMENT .....

SUB-SYSTEM ID ..... TORUS TORUS

TECH SPEC .....

COMP CAT/HPRDS .....

RPS/ECCS DIV .....

SAFETY CLASS ..... 07 QS MSR COMP OF SR ASSEM U2

LABEL REQMENT .....

QA ANS .....

DESIGN CODE .....

ENVIRONMENT .....

ORIG SPEC NO .....

MANUFACTURER .....

SUPPLIER .....

MODEL NO .....

GE MPL/ALTERNATE IDS .

RACK/PANEL/ASSM .....

GE MPL/ALTERNATE IDS .

GE MPL/ALTERNATE IDS .

GE MPL/ALTERNATE IDS .

HPRDS REPORTABLE .....

SERIAL NUMBER .....

ISI FLAG .....

PO NUMBER .....

INSTALLED DATE .....

RESP DEPARTMENT .....

EGRM .....

ASME .....

===== ASSOCIATED COMPONENTS =====



P. 30 of 40

NIAGARA MOHAWK CORP.  
AUTHORIZED TO WORK

WO NO: 98-08031-00

GE MPL/ALTID ..

PAGE 18 OF 21

DATE/TIME PRINTED: 04/09/1999 16:52:09

===== PLANT COMPONENT DATABASE TYPE CODE ATTRIBUTES =====



P.31 of 40

NIAGARA MOHAWK CORP.  
AUTHORIZED TO WORK

WO NO: 98-08031-00

GE MPL/ALTID ..

PAGE 19 OF 21

DATE/TIME PRINTED: 04/09/1999 16:52:09

===== MASTER PARTS LISTING =====

MASTER PARTS LIST





P.32 of 40

NIAGARA MOHAWK CORP.  
AUTHORIZED TO WORK

WO NO: 98-08031-00

GE MPL/ALTID ..

PAGE 20 OF 21

DATE/TIME PRINTED: 04/09/1999 16:52:09

===== WORK ORDER TOOLS LIST =====

TOOL NO	NOUN/QUAL	REQD	TOOL RECEIVED BY
---------	-----------	------	------------------

NO TOOLS

4



P.33240

NIAGARA MOHAWK CORP.  
AUTHORIZED TO WORK

WO NO: 98-08031-00

GE MPL/ALTID ..

PAGE 21 OF 21

DATE/TIME PRINTED: 04/09/1999 16:52:09

===== WORK ORDER ASSOCIATED PM TEXTS =====

COMPONENT ID ..... PCS-TORUS-MASTER

FILE NO .....

COMPONENT ID	FILE NO	DESCRIPTION	COMPLETED
-----	-----	-----	-----

NO ASSOCIATED TEXT

1 2 3 4



# NIAGARA MOHAWK

## ULTRASONIC EXAMINATION RE

Nine Mile Point Unit 1  
 ISO/Dwg.: N/A  
 System: PCS

NDE Report: 1-6.05-99-0017  
 Page 1 of 3  
 Work Document: 98-08031-00  
 Exam Item: SEE REMARKS  
 Procedure: NDEP-UT - 6.05 / Rev. 11

### INSTRUMENT SETTINGS

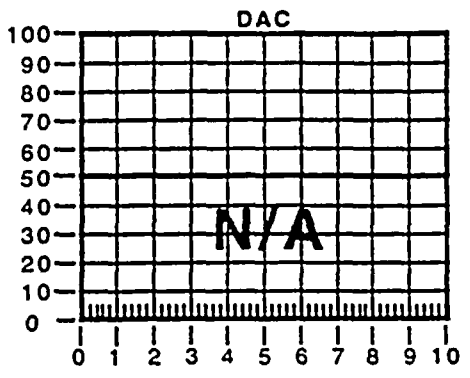
Serial #: QA-NDE-UT-035  
 MFG./Model #: KB-DMS  
 Quarterly Due: 6/20/99  
 Velocity: .2317

S.U. Location: CD  
 Scan Direction: N/A

Pulse Length/ Damp.: N/A  
 Freq.: N/A Range: N/A  
 DEC/Gate: N/A Reject: N/A  
 Jacks: T&R  
 Mode Select: Dual  
 Coarse Gain: N/A Fine: N/A  
 Scan Sens.: N/A

CRT Calibrated In Inches Of  
 Each Major Screen Division = N/A

Reflector	Orient.	%FSH	Pos.
.199"	N/A	N/A	N/A
.399"	N/A	N/A	N/A
.801"	N/A	N/A	N/A
	N/A	N/A	N/A
	N/A	N/A	N/A
	N/A	N/A	N/A



### Linearity Verification Performed

Horiz.  Vert.  Amp.

### SEARCH UNIT

Serial #: 00B6CH  
 Brand: KBA Frequency: 4 mHz  
 Size/Shape: .625" / Round Dual  
 Style/Type: Gamma/KBA560

### COUPLANT

SILICON Batch: 9344799

### THERMOMETER

QA-NDE-T-080 Due: 7/20/99  
 Block Temperature: 66 °F  
 Comp. Temperature: 66 °F

Scan Angle: 0°  
 Measured Angle: N/A  
 Mode: Longitudinal  
 Cable: Self-Contained 2x6'

### CALIBRATION CHECKS

Initial Calibration 0730  
 Intermediate N/A  
 Intermediate N/A  
 Intermediate N/A  
 Final Calibration 0910

### CALIBRATION BLOCK

SW-CS-02  
 Block Thickness: .04998-.8010  
 Component Thickness: N/A in.  
 Surface: CD

Acceptance Criteria: .434" PER NER-1S-025, REV. 0

### Remarks:

UT THICKNESS EXAMS PERFORMED ON OUTSIDE OF TORUS SHELL IN ACCORDANCE WITH NER-1S-025 REV.0. AREAS EXAMINED WERE: BAY 3 (INSIDE & OUTSIDE), BAY 9 (INSIDE & OUTSIDE), BAY 13 (INSIDE & OUTSIDE), BAY 19 (INSIDE & OUTSIDE). SEE ATTACHED SKETCH SHEETS FOR READINGS.

Reason(s) for Incomplete Exam

% of Exam Completed: 100

N/A

Exam Item is? Acceptable

Examiner 1: Todd L. Davis Level: II Date: 04/14/99

Examiner 2: N/A Level: NA Date: N/A

Reviewer: Daniel M. Robinson Level: IR Date: 4/14/99 Previous Outage Data Reviewed?

ANII: N/A Date: N/A Yes N/A No N/A Reviewer N/A



**NIAGARA  
 MOHAWK**

NDE SKETCH SHEET

Line Mile Point Unit 1  
 ISO/Dwg.: N/A  
 System: PCS

NDE Report: 1-6.05-99-0017  
 Page 2 of 3  
 Work Document: 98-08031-00  
 Exam Item: SEE REMARKS  
 Procedure: NDEP-UT - 6.05 / Rev. 11

Exam Item: **3-I**

	A	B	C	D	E
1	0.454	0.454	0.465	0.456	0.458
2	0.464	0.442	0.454	0.460	0.461
3	0.448	0.448	0.453	0.458	0.463
4	0.452	0.451	0.450	0.455	0.458
5	0.449	0.461	0.449	0.459	0.460
6	0.462	0.438	0.447	0.454	0.459
7	0.455	0.459	0.452	0.460	0.452
8	0.452	0.453	0.451	0.454	0.463
9	0.464	0.454	0.445	0.461	0.458

Exam Item: **3-O**

	A	B	C	D	E
1	0.454	0.464	0.454	0.448	0.464
2	0.456	0.468	0.449	0.455	0.466
3	0.462	0.455	0.457	0.461	0.461
4	0.474	0.463	0.462	0.456	0.454
5	0.461	0.476	0.467	0.458	0.461
6	0.456	0.450	0.458	0.466	0.462
7	0.459	0.455	0.452	0.460	0.454
8	0.457	0.461	0.451	0.455	0.462
9	0.458	0.455	0.450	0.453	0.457

Exam Item: **9-I**

	A	B	C	D	E
1	0.478	0.457	0.461	0.466	0.469
2	0.475	0.449	0.461	0.466	0.468
3	0.462	0.461	0.464	0.464	0.455
4	0.471	0.479	0.461	0.464	0.454
5	0.462	0.448	0.460	0.463	0.450
6	0.472	0.464	0.450	0.467	0.457
7	0.467	0.467	0.462	0.469	0.457
8	0.454	0.466	0.451	0.464	0.455
9	0.464	0.454	0.446	0.470	0.474

Exam Item: **9-O**

	A	B	C	D	E
1	0.466	0.452	0.461	0.461	0.472
2	0.461	0.457	0.459	0.465	0.477
3	0.470	0.477	0.463	0.474	0.480
4	0.468	0.465	0.461	0.472	0.474
5	0.452	0.477	0.452	0.463	0.462
6	0.469	0.478	0.459	0.463	0.469
7	0.462	0.476	0.464	0.481	0.461
8	0.459	0.472	0.475	0.487	0.458
9	0.467	0.471	0.478	0.481	0.457

Examiner 1: Todd L. Dan Level: II Date: 4/14/99  
 Examiner 2: N/A Level: N/A Date: 4/14/99  
 Reviewer: Daniel M. Roberts Level: III Date: 4/14/99  
 ANII: N/A Date: N/A





**NIAGARA  
 MOHAWK**

NDE SKETCH SHEET

Nine Mile Point Unit 1  
 ISO/Dwg.: N/A  
 System: PCS

NDE Report: 1-6.05-99-0017  
 Page 3 of 3  
 Work Document: 98-08031-00  
 Exam Item: SEE REMARKS  
 Procedure: NDEP-UT - 6.05 / Rev. 11

Exam Item: **13-I**

	A	B	C	D	E
1	0.463	0.454	0.452	0.466	0.471
2	0.472	0.457	0.456	0.461	0.467
3	0.462	0.448	0.448	0.464	0.464
4	0.472	0.445	0.448	0.458	0.471
5	0.475	0.454	0.461	0.470	0.465
6	0.471	0.464	0.459	0.469	0.461
7	0.446	0.463	0.460	0.473	0.468
8	0.465	0.473	0.457	0.482	0.464
9	0.457	0.474	0.456	0.477	0.463

Exam Item: **13-O**

	A	B	C	D	E
1	0.472	0.464	0.463	0.461	0.479
2	0.471	0.468	0.463	0.467	0.462
3	0.471	0.474	0.471	0.472	0.467
4	0.472	0.471	0.457	0.461	0.463
5	0.465	0.462	0.460	0.461	0.461
6	0.467	0.469	0.459	0.461	0.464
7	0.465	0.470	0.468	0.463	0.467
8	0.461	0.473	0.455	0.474	0.474
9	0.471	0.470	0.460	0.468	0.464

Exam Item: **19-I**

	A	B	C	D	E
1	0.464	0.464	0.462	0.478	0.457
2	0.468	0.468	0.464	0.464	0.469
3	0.474	0.462	0.471	0.477	0.474
4	0.471	0.461	0.458	0.464	0.470
5	0.483	0.474	0.462	0.474	0.466
6	0.481	0.482	0.461	0.474	0.463
7	0.477	0.462	0.459	0.470	0.472
8	0.481	0.462	0.462	0.474	0.467
9	0.474	0.466	0.467	0.458	0.462

Exam Item: **19-O**

	A	B	C	D	E
1	0.480	0.452	0.449	0.461	0.461
2	0.454	0.461	0.460	0.471	0.453
3	0.464	0.461	0.458	0.455	0.449
4	0.454	0.455	0.456	0.461	0.457
5	0.456	0.455	0.445	0.468	0.468
6	0.466	0.450	0.454	0.460	0.445
7	0.447	0.455	0.440	0.455	0.448
8	0.453	0.448	0.448	0.452	0.466
9	0.462	0.460	0.450	0.448	0.454

Examiner 1: [Signature] Level: II Date: 4/14/99  
 Examiner 2: N/A Level: N/A Date: 4/14/99  
 Reviewer: Daniel M. Robinson Level: IR Date: 4/14/99  
 ANII: N/A Date: N/A



# NIAGARA MOHAWK

## IWE VISUAL EXAMINATION REPORT

Nine Mile Point Unit 1  
ISO/Dwg./BZ: C-15156-C Rev 07  
System: PCS-TORUS

NDE Report: 1-2.04-99-0106  
Page 1 of 3  
Work Document: 98-08031-00  
Exam Item: TORUS  
Procedure: NDEP-VT - 2.04 [ Rev. 02

Method Used: IWE VT-3 Direct/Remote  
Surface Condition: Noncoated / Dry & Wet  
Surface Location: Inside  
Illumination Equipment: Battery  
Light Meter M&TE: IC2 3439/IC23440

Illumination Time Checks  
Initial } SEE ATT. PAGES  
Intermediate } N/A DSM  
Intermediate } N/A 4/20/99  
Final }

Equipment Used:  
Tape,  
Video Camera,  
Character Card,  
Flashlights  
Light Meter  
Pit Gage  
6" Rule.

Due Date: 09/01/99

Illumination Data: Distance to Exam Surface 8' fc 90

Condition		Description
Flaking/Blistering/Peeling	N/A	Non-Coated Surfaces
Discoloration	Accept	See attachment page(s)
Cracks	Accept	No cracks found
Corrosion	Accept	See attachment page(s)
Wear/Dents	Accept	See attachment page(s)
Gouges	Accept	No gouges found
Pitting	Accept	See attachment page(s)
Arc Strikes	Accept	No arc strikes found
Surface Irregularities	Accept	See attachment page(s)
Other Signs of Distress	<del>N/A</del> ACCEPT	No other signs of distress noted

DSM A/21/99

Reference Documents: N/A

Acceptance Criteria: 1992 ASME Sect. XI, 1992 Add.  
NER-15-025, REV 00.

Exam Item is? Acceptable

### Remarks:

Examinations were performed on 4/18/99 and 4/19/99. The exams were conducted by two examiners, one on day shift, one on night shift. The day shift examiner was accompanied by an engineer responsible for the Torus. Both examiners qualified the examination to a distance of 8' by discerning the required 4' distance characters with light levels above the minimum requirement of 50 foot candles. See attachment page(s) for light levels and times.

Examiner 1: David J. McCloskey

David J. McCloskey Level: II Date: 04/18/99

Examiner 2: Ean Tennant

Ean Tennant Level: II Date: 4/18/99

Reviewer: F. Oldfield

Level: III Date: 4-21-99

Previous Outage Data Reviewed?  
Yes N/A No N/A  
Reviewer N/A

ANII: L. W. Anderson

Date: 4/21/99



De Mile Point Unit 1  
Dwg.: C-151510-e, R-07  
System: FCS-TORUS

NDE Report: 1-2.04-99-0106  
Page of 3 08031  
Work Document: 98-03081-00 4/21/99  
Exam Item: TORUS  
Procedure: NDEP-VI-2.04, R.02

**UNIT 1 TORUS IWE EXAMINATION PARAMETERS**

This report documents examinations performed on the inside surfaces of the torus in accordance with ASME Section XI, Subsection IWE, Table IWE 2500-1, Categories E1.12 & E1.20.

The examinations were performed from the normal operating water level line to the bottom of the torus. This examination was performed to take advantage of the planned dewatering for installation of new ECCS Suction Strainers during RFO-15.

Specific examination items and areas are listed below:

- Torus shell from the waterline (approximately elev. 211'6") and below.
- Torus ring girder from the waterline down.
- Torus downcomers from the waterline down including both inside and outside surfaces.
- T-Quenchers from the waterline down.
- Vent Header assembly from the waterline down.

Examiner 1 inspected bays 1,2,3,5,9,10,12,13,14,15,16,17,18,19,20. Examiner 1 qualified the light source using the light meter at 8' with the following levels and times:

Begin exam 04/18/99 @ 0730 hrs. Value = 120 fc.  
End exam 04/18/99 @ 1015 hrs. Value = 80 fc.  
Begin exam 04/18/99 @ 1530 hrs. Value = 80 fc.  
End exam 04/18/99 @ 1715 hrs. Value = 60 fc.

Jim  
4/21/99

Examiner 2 inspected bays 4,6,7,8,11. Examiner 2 qualified the light source using the light meter at 8' with the following levels and times:

Begin exam 04/18/99 @ 2145 hrs. Value = 90 fc.  
End exam 04/18/99 @ 2230 hrs. Value = 90 fc.  
Begin exam 04/19/99 @ 0015 hrs. Value = 90 fc.  
End exam 04/19/99 @ 0150 hrs. Value = 90 fc.

Examiner 1: D. McCloskey Level: II Date: 4/20/99  
Examiner 2: Eau Tennant Level: II Date: 4/20/99  
Reviewer: T. O'Brien Level: III Date: 4-21-99  
ANII: Z. W. Anderson Date: 4/21/99



One Mile Point Unit 1  
IDwg.: E-15156-C, R-07  
System: PCS-TORUS

NDE Report: 1-2.04-99-0106  
Page 3 of 3  
Work Document: 98-03081-00  
Exam Item: TORUS  
Procedure: NDEP-VT-2.04 R02

**UNIT 1 TORUS IWE EXAMINATION RESULTS**

- Flaking and blooming rust was observed at the waterline region (elevation 211' 6") of each torus bay (1-20). Several areas were mildly scraped to assess the base metal condition. There was no discernable evidence of aggressive corrosion or significant loss of shell plate material. The freshly exposed metal revealed a hard, dark and thin oxide layer. In conjunction with the ultrasonic thickness measurements taken from outside the torus in eight areas on the waterline, the general corrosion observed is within acceptable limits. (Refer to NER-1S-025, Rev 00, Sections 4.0 through 8.0; NER-1S-027, Rev 00, Section 3.0, and UT Report 1-6.05-99-0017 associated with WO 98-08031-00)
- Flaking rust was observed on the ring girders with the worst case found at the underside of the girders at the waterline region. Several of these areas were scraped, revealing smooth, non-pitted flange surfaces. There was no discernable material loss. The ring girders in these areas are acceptable. (Refer to NER-1S-027, Rev 00)
- Black discoloration of the shell plate was noted throughout the torus starting at approximately 2' below the waterline and extending for 4'-6' toward the bottom of the torus. According to Engineering, the discoloration is a form of corrosion. The corrosion is very thin (<1/32") and tightly adhered. There is no discernable loss of material in the discolored area. Based on Engineering's evaluation of this area while accompanying QI during the inspection, this area is acceptable.
- Pitting was noted in Bay 4 on the top surface of the ring girder flange. The deepest area found is approximately 1/32". Per Engineering Report NER-1S-027, several different corrosion allowances are given for the ring girder flange. The most conservative allowance is .035". This minimum value is deeper than 1/32", therefore, the pitting noted is acceptable.
- Rust blooms were observed on the inner and outer surfaces of the Containment Vent Downcomers. The blooms were scraped in several areas revealing no discernable material loss. Therefore, the rust on the downcomers is not considered excessive and the downcomers are acceptable.
- Several downcomers have bent/damaged laterally oriented, circumferential rings welded to the lower ends. These rings are left over from a previous design that tied together all downcomer tailpieces. The tie bars connecting the downcomers were removed and the rings were retired in place. There was no damage observed on the downcomers resulting from the ring damage. Therefore, ring damage is a satisfactory. (Ref to dwg F-58018-C, Rev 00)
- The general condition of the torus shell plate is very good below the waterline. The rust condition is minor with no unacceptable pitting or mechanical damage noted.

Examiner 1: D. McClockey Level: II Date: 4/20/99

Examiner 2: Earl Tennant Level: II Date: 4/20/99

Reviewer: T. Oldfield Level: III Date: 4-21-99

ANII: Z. W. Anderson Date: 4/21/99

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ATT. 3 TO WD 40-0001-1-1  
 Pg 1 of 1  
 P. 40 of 40

NIAGARA MOHAWK - NUCLEAR  
 ASSURANCE DEPARTMENT

QUALITY INSPECTION REPORT

QIR NO. 1.99.0376

IPCODE \_\_\_\_\_ PAGE 1 OF 1

PROCEDURE TITLE/SCOPE OF WORK: TORUS REINSPECTION FOLLOWING ECCS CONSTRUCTION ACTIVITIES

SYSTEM/EQUIPMENT PIECE: PCS-TORUS

NRC SAFETY CLASSIFICATION: SR ASME CLASS: IWE (CL 1,2,3 & 4 FOR B31.1), ASME XI: Y

EQUIPMENT/COMPONENT DESCRIPTION: TORUS SHELL PLATE AND RING GIRDERS FROM WATERLINE TO BOTTOM OF TORUS

RESPONSIBLE CONTRACTOR/DEPARTMENT: NAME QI - NO WORK GROUP

INSPECTION PERFORMED TO: WO# 98-08031-00 DDC# N/A SDC#/PCR#(SC2/PC2- N/A)

INSPECTION ACCEPT/REJECT CRITERIA PER: NO MECHANICAL DAMAGE; NER-1S-025, RO; NER-1S-027, RO

ITEM #	PROCEDURAL STEPS/INSPECTION ATTRIBUTES, REMARKS AND QC M&TE USED (TYPE & ID #):	INSPECTION			
		REF.	S-U-N/A	INITIAL	DATE
1	PERFORM INSPECTION OF TORUS SHELL PLATE AND RING GIRDERS IN ALL 20 BAYS FROM THE APPROXIMATE WATERLINE TO BOTTOM OF TORUS. INSPECT FOR SIGNS OF MECHANICAL DAMAGE RESULTING FROM ECCS STRAINER INSTALLATION AND SCAFFOLD ACTIVITIES. NOTE ANY DAMAGE IN THIS REPORT AND INITIATE DER FOR ENGINEERING EVALUATION.		SAT	JSM	5/14/99
	<i>No damage was found. JSM 5/14/99</i>				

INSPECTION PLAN PREPARED BY: D. MCCLOSKEY DATE: 4/22/99 QI REVIEWED: JSM 5/14/99

REF. NO.	CORRECTIVE ACTION	REINSPECTION		
		S-U-N/A	INITIAL	DATE

QIR CLOSED BY: \_\_\_\_\_ DATE: \_\_\_\_\_





Nine Mile Point Nuclear Power Station  
Unit 1

NMP1-ISI-99-05

SECOND INSERVICE INSPECTION INTERVAL

Rev. 0

INSERVICE INSPECTION  
SUMMARY REPORT SUBMITTAL

September 14, 1999

Page 14 of 15

**APPENDIX E  
NIS-2 (116 TOTAL)  
OWNERS' REPORT FOR  
REPAIRS OR REPLACEMENTS**



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

1. Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 07/07/99  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1  
Mechanical Maintenance WO # 98-04872-00  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System Control Rod Drive

5. (a) Applicable Construction Code ASME VIII 1965 Edition, N/A Addenda, 1270-N Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983 Sum.'83 Add.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
DRV-44-1427 (CRD 14-27)	General Electric	71-585	N/A	NC02 CLASS 1	1967	Replaced	YES

Description of Work: Replace Control Rod Drive with rebuilt spare as part of preventive maintenance.  
Replaced CRD and flange capscrews per ASME Work Plan in Work Order 98-04872-00 at core location 14-27.

8. Tests Conducted:

Hydrostatic  Pneumatic  Nominal Operating Pressure  Other

Pressure 1056 psig Test Temp. 236 °F Test Procedure: N1-IST-LK-101

**NOTE:**

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. CRD exchanged as part of preventive maintenance. Serial No. 71-585 replaced by Serial No. A8492. VT-2 per NDE Report No. 1-2.04-99-0266. Replaced eight (8) flange capscrews. Heat code AFD. VT-1 for PSI per NDE Report No. 1-2.04-99-0020.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maint. Manager Date 7-27, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 10/9/98 to 7/29/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn D Anderson Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 7/29, 1999

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

As Required by the Provisions of the ASME Code Section XI

Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 09/07/99  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1  
Mechanical Maintenance WO # 98-02093-00  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System Control Rod Drive

5. (a) Applicable Construction Code ASME VIII 1965 Edition, N/A Addenda, 1270-N Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983 Sum.'83 Add.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
DRV-44-1435 (CRD 14-35)	General Electric	71-399	- N/A	NC02 CLASS 1	1967	Replaced	YES

Description of Work: Replace Control Rod Drive with rebuilt spare as part of preventive maintenance. Replaced CRD and flange capscrews per ASME Work Plan in Work Order 98-02093-00 at core location 14-35. Reference DER 1-1999-1312 for serial number discrepancy.

8. Tests Conducted:

Hydrostatic  Pneumatic  Nominal Operating Pressure  Other

Pressure 1056 psig Test Temp. 236 ° F Test Procedure: N1-IST-LK-101

**NOTE:**

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. CRD exchanged as part of preventive maintenance. Serial No. 71-399 replaced by Serial No. 71-659. VT-2 per NDE Report No. 1-2.04-99-0266. Replaced eight (8) flange capscrews. Heat code AFD. VT-1 for PSI per NDE Report No. 1-2.04-99-0020.

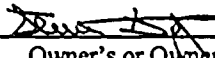
Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

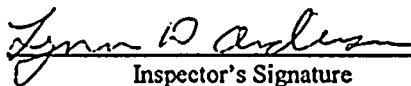
Certificate of Authorization No. NONE Expiration Date NONE

Signed:  Maint. Manager Date 9.7, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 7/29/98 to 9/8/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

 Commissions NE 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 9/8, 19 99



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

As Required by the Provisions of the ASME Code Section XI

Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 07/08/99  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1

Mechanical Maintenance WO # 98-02967-01  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System Control Rod Drive

5. (a) Applicable Construction Code ASME VIII 1965 Edition, N/A Addenda, 1270-N Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum.'83 Add.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
DRV-44-1443 (CRD 14-43)	General Electric	71-566	- N/A	NC02 CLASS 1	1967	Replaced	YES

Description of Work: Replace Control Rod Drive with rebuilt spare as part of preventive maintenance. Replaced CRD per ASME Work Plan in Work Order 98-02967-01 at core location 14-43.

8. Tests Conducted: -  
 Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
 Pressure 1056 psig Test Temp. 236 °F Test Procedure: N1-IST-LK-101

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. CRD exchanged as part of preventive maintenance. Serial No. 71-566 replaced by Serial No. A5226. VT-2 per NDE Report No. 1-2.04-00-0266. VT-1 for ISI exam of existing capscrews per NDE Report No. 1-2.04-99-0168.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *ASJ* Maint. Manager Date 7.27, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 11/9/98 to 7/29/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

*Lynn W Anderson* Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 7/29, 1999

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 07/29/99  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1  
Mechanical Maintenance WO # 98-02097-00  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System Control Rod Drive

5. (a) Applicable Construction Code ASME III 1974 Edition, W'75 Addenda, 1361-2 Code Case .  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum.'83 Add.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
DRV-44-1447 (CRD 14-47)	General Electric	A8455	- N/A	NC02 CLASS 1	1988	Replaced	YES

Description of Work: Replace Control Rod Drive with rebuilt spare as part of preventive maintenance. Replaced CRD per ASME Work Plan in Work Order 98-02097-00 at core location 14-47.

8. Tests Conducted: -  
 Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
 Pressure 1056 psig Test Temp. 236 °F Test Procedure: N1-IST-LK-101

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. CRD exchanged as part of preventive maintenance. Serial No. 8455 replaced by Serial No. A5518. VT-2 per NDE Report No. 1-2.04-99-0266. VT-1 for ISI exam of existing capscrews per NDE Report No. 1-2.04-99-0167.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maintenance Manager Date 7.30, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 7/23/98 to 8/2/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn D Anderson Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 8/2, 1999

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

Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 07/07/99  
Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1

Mechanical Maintenance WO # 98-02104-00  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System Control Rod Drive

5. (a) Applicable Construction Code ASME VIII 1965 Edition, N/A Addenda, 1270-N Code Case  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum.'83 Add.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
DRV-44-1815 (CRD 18-15)	General Electric	71-722-	- N/A	NC02 CLASS 1	1967	Replaced	YES

Description of Work: Replace Control Rod Drive with rebuilt spare as part of preventive maintenance. Replaced CRD and flange capscrews per ASME Work Plan in Work Order 98-02104-00 at core location 18-15.

8. Tests Conducted:

Hydrostatic  Pneumatic  Nominal Operating Pressure  Other

Pressure 1056 psig Test Temp. 236 °F Test Procedure: N1-IST-LK-101

**NOTE:**

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. CRD exchanged as part of preventive maintenance. Serial No. 71-722 replaced by Serial No. A8062. VT-2 per NDE Report No. 1-2.04-99-0266. Replaced eight (8) flange capscrews. Heat code MI. VT-1 for PSI per NDE Report No. 1-2.04-99-0020.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maint. Manager Date 7-27, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 7/28/98 to 7/29/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 7/29, 1999

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 07/07/99  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1  
Mechanical Maintenance WO # 98-02060-00  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System Control Rod Drive

5. (a) Applicable Construction Code ASME VIII 1965 Edition, N/A Addenda, 1270-N Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum.'83 Add.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
DRV-44-1823 (CRD 18-23)	General Electric	71-463	N/A	NC02 CLASS 1	1967	Replaced	YES

Description of Work: Replace Control Rod Drive with rebuilt spare as part of preventive maintenance. Replaced CRD and flange capscrews per ASME Work Plan in Work Order 98-02060-00 at core location 18-23.

8. Tests Conducted:

Hydrostatic  Pneumatic  Nominal Operating Pressure  Other

Pressure 1056 psig Test Temp. 236 ° F Test Procedure: N1-IST-LK-101

**NOTE:**

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. CRD exchanged as part of preventive maintenance. Serial No. 71-463 replaced by Serial No. 71-555. VT-2 per NDE Report No. 1-2.04-99-0266. Replaced eight (8) flange capscrews. Heat code MI. VT-1 for PSI per NDE Report No. 1-2.04-99-0020.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maint. Manager Date 7-27, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 7/29/99 to 7/29/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 3496 NY 2512  
Inspector's Signature National Board, State, Province, and Endorsements

Date 7/30, 1999



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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 07/08/99  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1

Mechanical Maintenance WO # 98-02109-00  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System Control Rod Drive

5. (a) Applicable Construction Code ASME III 1971 Edition, S'73 Addenda, 1361-2 Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983' Sum.'83 Add.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
DRV-44-1827 (CRD 18-27)	General Electric	A8030	- N/A	NC02 CLASS 1	1986	Replaced	YES

Description of Work: Replace Control Rod Drive with rebuilt spare as part of preventive maintenance. Replaced CRD and flange capscrews per ASME Work Plan in Work Order 98-02109-00 at core location 18-27.

8. Tests Conducted:

Hydrostatic       Pneumatic       Nominal Operating Pressure       Other

Pressure 1056 psig      Test Temp. 236 ° F      Test Procedure: N1-IST-LK-101

NOTE:

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. CRD exchanged as part of preventive maintenance. Serial No. A8030 replaced by Serial No. 71-476. VT-2 per NDE Report 1-2.04-99-0266. Replaced eight (8) flange capscrews. Heat code AFD. VT-1 for PSI per NDE Report No. 1-2.04-99-0020.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maint. Manager Date 7-27, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 7/28/98 to 7/29/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 7/29, 1999

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

As Required by the Provisions of the ASME Code Section XI

Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 08/26/99  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1

Mechanical Maintenance WO # 97-05835-00  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System Control Rod Drive

5. (a) Applicable Construction Code ASA B31.1 1955 Edition, N/A Addenda, N/A Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum.'83 Add.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
System 44.1	General Electric	N/A	- N/A	NC02 CLASS 1	1969	Replaced	YES

Description of Work: Replace CRD flange capscrews as part of preventive maintenance per ASME work plan in Work Order 97-05835-00 at core location 18-35. Reference DER 1-1999-1968 for replacements without an ASME Sect. XI work plan.

8. Tests Conducted:

Hydrostatic  Pneumatic  Nominal Operating Pressure  Other

Pressure 1056 psig Test Temp. 236 °F Test Procedure: N1-IST-LK-101

**NOTE:**

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. CRD flange capscrews replaced as part of preventive maintenance. Replaced eight (8) flange capscrews, Heat code AFD. VT-1 for PSI per NDE Report No. 1-2.04-99-0020. VT-2 per NDE Report No. 1-2.04-99-0266.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maintenance Manager Date 8.15, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 7/29/98 to 9/9/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NE 3496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 9/9, 1999

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 07/08/99  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1  
Mechanical Maintenance WO # 98-02111-00  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System Control Rod Drive

5. (a) Applicable Construction Code ASME VIII 1965 Edition, N/A Addenda, 1270-N Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum.'83 Add.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
DRV-44-1851 (CRD 18-51)	General Electric	71-634	N/A	NC02 CLASS 1	1967	Replaced	YES

Description of Work: Replace Control Rod Drive with rebuilt spare as part of preventive maintenance. Replaced CRD per ASME Work Plan in Work Order 98-02111-00 at core location 18-51.

8. Tests Conducted: -  
 Hydrostatic       Pneumatic       Nominal Operating Pressure       Other   
 Pressure 1056 psig      Test Temp. 236 °F      Test Procedure: N1-IST-LK-101

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. CRD exchanged as part of preventive maintenance. Serial No. 71-634 replaced by Serial No. A5294. VT-2 per NDE Report No. 1-2.04-99-0266. VT-1 for ISI exam of existing capscrews per NDE Report No. 1-2.04-99-0165.

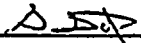
Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

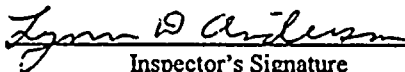
Certificate of Authorization No. NONE Expiration Date NONE

Signed:  Maint. Manager Date 7.27, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 7/28/98 to 7/29/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

 Commissions NI 38496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 7/29, 1999

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 07/08/99  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1

Mechanical Maintenance WO # 98-01362-00  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System Control Rod Drive

5. (a) Applicable Construction Code ASME VIII 1965 Edition, N/A Addenda, 1270-N Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum.'83 Add.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
DRV-44-2239 (CRD 22-39)	General Electric	71-615	- N/A	NC02 CLASS 1	1967	Replaced	YES

Description of Work: Replace Control Rod Drive with rebuilt spare as part of preventive maintenance. Replaced CRD and flange capscrews per ASME Work Plan in Work Order 98-01362-00 at core location 22-39.

8. Tests Conducted:

Hydrostatic       Pneumatic       Nominal Operating Pressure       Other

Pressure 1056 psig      Test Temp. 236 °F      Test Procedure: N1-IST-LK-101

**NOTE:**

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. CRD exchanged as part of preventive maintenance. Serial No. 71-615 replaced by Serial No. 71-658. VT-2 per NDE Report No. 1-2.04-99-0266. Replaced eight (8) flange capscrews, Heat code MI. VT-1 for PSI per Nde Report No. 1-2.04-99-0020.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maint. Manager Date 7.27, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 7/20/99 to 7/29/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 7/29, 1999



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

1. Owner Niagara Mohawk Power Corporation Date 07/08/99  
Name  
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1  
Address
2. Plant Nine Mile Point Unit 1  
Name  
Lycoming, NY 13093 Mechanical Maintenance WO # 98-02116-00  
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A  
Name  
PO Box 63, Lycoming, NY 13093 Authorization No. N/A  
Address Expiration Date N/A
4. Identification of System Control Rod Drive
5. (a) Applicable Construction Code ASME VIII 1965 Edition, N/A Addenda, 1270-N Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum.'83 Add.
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
DRV-44-2607 (CRD 26-07)	General Electric	71-650	N/A	NC02 CLASS 1	1967	Replaced	YES

Description of Work: Replace Control Rod Drive with rebuilt spare as part of preventive maintenance. Replaced CRD and flange capscrews per ASME Work Plan in Work Order 98-02116-00 at core location 26-07.

8. Tests Conducted:  
 Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
 Pressure 1056 psig Test Temp. 236 °F Test Procedure: N1-IST-LK-101

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. CRD exchanged as part of preventive maintenance. Serial No. 71-650 replaced by Serial No. 71-625, VT-2 per NDE Report No. 1-2.04-99-0266. Replaced eight (8) flange capscrews, Heat code MI, VT-1 for PSI per NDE Report No. 1-2.04-99-0020.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maint. Manager Date 7-27, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 7/25/99 to 7/29/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions N 63496 NY 2512  
Inspector's Signature National Board, State, Province, and Endorsements

Date 7/29, 1999

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date 08/25/99  
Name  
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1  
Address
2. Plant Nine Mile Point Unit 1  
Name  
Lycoming, NY 13093 Mechanical Maintenance WO # 98-02121-00  
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A  
Name  
PO Box 63, Lycoming, NY 13093 Authorization No. N/A  
Address Expiration Date N/A
4. Identification of System Control Rod Drive
5. (a) Applicable Construction Code ASME III 1971 Edition, S '73 Addenda, 1361-2 Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum. 83' Add.
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
DRV-44-2635 (CRD 26-35)	General Electric	A5512	- N/A	NC02 CLASS 1	1982	Replaced	YES

Description of Work: Replace Control Rod Drive with rebuilt spare as part of preventive maintenance. Replaced CRD and flange capscrews per ASME Work Plan in Work Order 98-02121-00 at core location 26-35.

8. Tests Conducted:  
 Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
 Pressure 1056 psig Test Temp. 236 °F Test Procedure: N1-IST-LK-101

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. Crd exchanged as part of preventive maintenance. Serial No.-A5512 replaced by Serial No. 71-572. VT-2 per NDE Report No. 1-2.04-99-0266. Replaced eight (8) flange capscrews. Heat code AFD. VT-1 for PSI per NDE Report No. 1-2.04-99-0020.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maintenance Manager Date 8.26, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 10/12/98 to 8/30/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 8/30, 1999

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date 08/25/99  
Name  
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1  
Address
2. Plant Nine Mile Point Unit 1  
Name  
Lycoming, NY 13093 Mechanical Maintenance WO # 98-02120-00  
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A  
Name  
PO Box 63, Lycoming, NY 13093 Authorization No. N/A  
Address Expiration Date N/A

4. Identification of System Control Rod Drive
5. (a) Applicable Construction Code ASME III 1971 Edition, S '73 Addenda, 1361-2 Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum.'83 Add.
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
DRV-44-2619 (CRD 26-19)	General Electric	A5160	N/A	NC02 CLASS 1	1982	Replaced	YES

Description of Work: Replace Control Rod Drive with rebuilt spare as part of preventive maintenance. Replaced CRD and flange capscrews per ASME Work Plan in Work Order 98-02120-00 at core location 26-19.

8. Tests Conducted:  
 Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
 Pressure 1056 psig Test Temp. 236 °F Test Procedure: N1-IST-LK-101

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. CRD exchanged as part of preventive maintenance. Serial No. A5160 replaced by Serial No. 9295. VT-2 per NDE Report No. 1-2.04-99-0266. Replaced eight (8) flange capscrews, Heat code AFD. VT-1 for PSI per NDE Report No. 1-2.04-99-0020.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maintenance Manager Date 8.26, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 7/28/99 to 8/30/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 8/30, 1999

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 07/08/99  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1  
Mechanical Maintenance WO # 98-00755-00  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System Control Rod Drive

5. (a) Applicable Construction Code ASME VIII 1965 Edition, N/A Addenda, 1270-N Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum.'83 Add.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
DRV-44-2611 (CRD 26-11)	General Electric	71-417	N/A	NC02 CLASS 1	1967	Replaced	YES

Description of Work: Replace Control Rod Drive with rebuilt spare as part of preventive maintenance. Replaced CRD and flange capscrews per ASME Work Plan in Work Order 98-00755-00 at core location 26-11.

8. Tests Conducted:

Hydrostatic  Pneumatic  Nominal Operating Pressure  Other

Pressure 1056 psig Test Temp. 236 °F Test Procedure: N1-IST-LK-101

**NOTE:**

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FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. CRD exchanged as part of preventive maintenance. Serial No. 71-417 replaced by Serial No. 71-556. VT-2 per NDE Report No. 1-2.04-99-0266. Replaced eight (8) flange capscrews. Heat code AFD. VT-1 for PSI per NDE Report No. 1-2.04-99-0020.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maint. Manager Date 7-27, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 3/19/99 to 7/28/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NE 3496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 7/29, 1999



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

As Required by the Provisions of the ASME Code Section XI

Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 06/29/99  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1  
Mechanical Maintenance WO # 98-02124-00  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System Control Rod Drive

5. (a) Applicable Construction Code ASME VIII 1965 Edition, N/A Addenda, 1270-N Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983 Sum.'83 Add.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
DRV-44-3035 (CRD 30-35)	General Electric	71-464	N/A	NC02 CLASS 1	1967	Replaced	YES

Description of Work: Replace Control Rod Drive with rebuilt spare as part of preventive maintenance. Replaced CRD and flange capscrews per ASME Work Plan in Work Order 98-02124-00 at core location 30-35.

8. Tests Conducted:

Hydrostatic  Pneumatic  Nominal Operating Pressure  Other

Pressure 1056 psig Test Temp. 236 °F Test Procedure: N1-IST-LK-101

**NOTE:**

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. CRD exchanged as part of preventive maintenance. Serial No. 71-464 replaced by Serial No. 6874. VT-2 per NDE Report No. 1-2.04-99-0266. Replaced eight (8) flange capscrews, Heat code AFD. VT-1 for PSI per NDE Report No. 1-2.04-99-0020.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maint. Manager Date 7.27, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 7/23/99 to 7/29/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 7/29, 1999

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 06/29/99  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1  
Mechanical Maintenance WO # 98-02122-00  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System Control Rod Drive

5. (a) Applicable Construction Code ASME VIII 1965 Edition, N/A Addenda, 1270-N Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983 Sum.'83 Add.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
DRV-44-3031 (CRD 30-31)	General Electric	71-627	N/A	NC02 CLASS 1	1967	Replaced	YES

Description of Work: Replace Control Rod Drive with rebuilt spare as part of preventive maintenance. Replaced CRD and flange capscrews per ASME Work Plan in Work Order 98-02122-00 at core location 30-31.

8. Tests Conducted:  
 Hydrostatic       Pneumatic       Nominal Operating Pressure       Other   
 Pressure 1056 psig      Test Temp. 236 °F      Test Procedure: N1-IST-LK-101

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. CRD exchanged as part of prevent. maintenance. Serial No. 71-627 replaced by Serial No. A8014. VT-2 per NDE Report No. 1-2.04-99-0266. Replaced eight (8) flange capscrews. Heat code AFD. VT-1 for PSI per NDE Report No. 1-2.04-99-0020.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maint. Manager Date 7-27, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 7/29/98 to 7/29/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 7/29, 1999

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 06/18/99  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1  
Mechanical Maintenance WO # 98-02127-00  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System Control Rod Drive

5. (a) Applicable Construction Code ASME VIII 1965 Edition, N/A Addenda, 1270-N Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum. '83 Add.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
DRV-44-3415 (CRD 34-15)	General Electric	71-449	N/A	NC02 CLASS 1	1967	Replaced	YES

Description of Work: Replace Control Rod Drive with rebuilt spare as part of preventive maintenance. Replaced CRD and flange capscrews per ASME Work Plan in Work Order 98-02127-00 at core location 34-15.

8. Tests Conducted:

Hydrostatic  Pneumatic  Nominal Operating Pressure  Other

Pressure 1056 psig Test Temp. 236 ° F Test Procedure: N1-IST-LK-101

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. CRD exchanged as part of preventive maintenance. Serial No. 71-449 replaced by Serial No. 71-497. VT-2 per NDE Report No. 1-2.04-99-0266. Replaced eight (8) flange capscrews. Heat code AFD. VT-1 for PSI per NDE Report No. 1-2.04-99-0020.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maint. Manager Date 7-27, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 7/29/98 to 7/29/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NY 2812  
Inspector's Signature NB 8496  
National Board, State, Province, and Endorsements

Date 7/29, 1999

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date 06/29/99  
Name  
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1  
Address
2. Plant Nine Mile Point Unit 1  
Name  
Lycoming, NY 13093 Mechanical Maintenance WO # 98-02125-00  
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A  
Name  
PO Box 63, Lycoming, NY 13093 Authorization No. N/A  
Address Expiration Date N/A
4. Identification of System Control Rod Drive
5. (a) Applicable Construction Code ASME III 1971 Edition, S' 73 Addenda, 1361-2 Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum. '83 Add.
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
DRV-44-3407 (CRD 34-07)	General Electric	A3545	N/A	NC02 CLASS 1	1980	Replaced	YES

Description of Work: Replace Control Rod Drive with rebuilt spare as part of preventive maintenance. Replaced CRD and flange capscrews per ASME Work Plan in Work Order 98-02125-00 at core location 34-07.

8. Tests Conducted:  
 Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
 Pressure 1056 psig Test Temp. 236 °F Test Procedure: N1-IST-LK-101

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. CRD exchanged as part of preventive maintenance. Serial No. A3545 replaced by Serial No. 71-640. VT-2 per NDE Report No. 1-2.04-99-0266. Replaced eight (8) flange capscrews, Heat code AFD, VT-1 for PSI per NDE Report No. 1-2.04-99-0020.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maint. Manager Date 7-27, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 7/28/98 to 7/29/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 7/29, 1999



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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date 06/18/99  
Name  
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1  
Address
2. Plant Nine Mile Point Unit 1  
Name  
Lycoming, NY 13093 Mechanical Maintenance WO # 98-02132-00  
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A  
Name  
PO Box 63, Lycoming, NY 13093 Authorization No. N/A  
Address Expiration Date N/A
4. Identification of System Control Rod Drive
5. (a) Applicable Construction Code ASME VIII 1965 Edition, N/A Addenda, 1270-N Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum. '83 Add.
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
DRV-44-4223 (CRD 42-23)	General Electric	71-592	N/A	NC02 CLASS 1	1967	Replaced	YES

Description of Work: Replace Control Rod Drive with rebuilt spare as part of preventive maintenance. Replaced CRD and flange capscrews per ASME Work Plan in Work Order 98-02132-00 at core location 42-23.

8. Tests Conducted:  
 Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
 Pressure 1056 psig Test Temp. 236 °F Test Procedure: N1-IST-LK-101

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. CRD exchanged as part of preventive maintenance. Serial No. 71-592 replaced by Serial No. 71-661. VT-2 per NDE Report No. 1-2.04-99-0266. Replaced eight (8) flange capscrews, Heat code AFD. VT-1 for PSI per NDE Report No. 1-2.04-99-0020.


Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

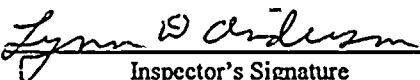
Certificate of Authorization No. NONE Expiration Date NONE

Signed:  Maint. Manager Date 7-27, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 7/23/99 to 7/29/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

 Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 7/29, 1999

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date 06/18/99  
Name  
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1  
Address
2. Plant Nine Mile Point Unit 1  
Name  
Lycoming, NY 13093 Mechanical Maintenance WO # 98-02131-00  
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A  
Name  
PO Box 63, Lycoming, NY 13093 Authorization No. N/A  
Address Expiration Date N/A
4. Identification of System Control Rod Drive
5. (a) Applicable Construction Code ASME VIII 1965 Edition, N/A Addenda, 1270-N Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum. '83 Add.
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
DRV-44-3447 (CRD 34-47)	General Electric	71-578	- N/A	NC02 CLASS 1	1967	Replaced	YES

Description of Work: Replace Control Rod Drive with rebuilt spare as part of preventive maintenance. Replaced CRD and flange capscrews per ASME Work Plan in Work Order 98-02131-00 at core location 34-47.

8. Tests Conducted:  
 Hydrostatic       Pneumatic       Nominal Operating Pressure       Other

Pressure 1056 psig      Test Temp. 236 °F      Test Procedure: N1-IST-LK-101

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. CRD exchanged as part of preventive maintenance. Serial No. 71-578 replaced by Serial No. 71-551. VT-2 per NDE Report No. 1-2.04-99-0266. Replaced eight (8) flange capscrews. Heat code AFD. VT-1 for PSI per NDE Report No. 1-2.04-99-0020.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maint. Manager Date 7-27, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 7/28/99 to 7/29/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 7/29, 1999

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

As Required by the Provisions of the ASME Code Section XI

Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 06/18/99  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1  
Mechanical Maintenance WO # 98-02130-00  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System Control Rod Drive

5. (a) Applicable Construction Code ASME VIII 1965 Edition, N/A Addenda, 1270-N Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum. '83 Add.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
DRV-44-3443 (CRD 34-43)	General Electric	71-573	N/A	NC02 CLASS 1	1967	Replaced	YES

Description of Work: Replace Control Rod Drive with rebuilt spare as part of preventive maintenance. Replaced CRD and flange capscrews per ASME Work Plan in Work Order 98-02130-00 at core location 34-43.

8. Tests Conducted:

Hydrostatic  Pneumatic  Nominal Operating Pressure  Other

Pressure 1056 psig Test Temp. 236 °F Test Procedure: N1-IST-LK-101

**NOTE:**

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. CRD exchanged as part of preventive maintenance. Serial No. 71-573 replaced by Serial No. A9306. VT-2 per NDE Report No. 1-2.04-99-0266. Replaced eight (8) flange capscrews, Heat code AFD. VT-1 for PSI per NDE Report No. 1-2.04-99-0020.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maint. Manager Date 7-27, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 7/23/99 to 7/29/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NIB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 7/29, 1999

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

As Required by the Provisions of the ASME Code Section XI

Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 06/18/99  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1  
Mechanical Maintenance WO # 98-01363-00  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System Control Rod Drive

5. (a) Applicable Construction Code ASME VIII 1965 Edition, N/A Addenda, 1270-N Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum. '83 Add.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
DRV-44-3439 (CRD 34-39)	General Electric	71-630	N/A	NC02 CLASS 1	1967	Replaced	YES

Description of Work: Replace Control Rod Drive with rebuilt spare as part of preventive maintenance. Replaced CRD and flange capscrews per ASME Work Plan in Work Order 98-01363-00 at core location 34-39.

8. Tests Conducted:

Hydrostatic  Pneumatic  Nominal Operating Pressure  Other

Pressure 1056 psig Test Temp. 236 °F Test Procedure: N1-IST-LK-101

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. CRD exchanged as part of preventive maintenance. Serial No. 71-630 replaced by Serial No. A3616. VT-2 per NDE Report No. 1-2.04-99-0266. Replaced eight (8) flange capscrews. Heat code AFD. VT-1 for PSI per NDE Report No. 1-2.04-99-0020.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maint. Manager Date 7-27, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 7/29/98 to 7/29/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 7/29, 1999



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

1. Owner Niagara Mohawk Power Corporation Date 07/29/99  
Name  
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1  
Address

2. Plant Nine Mile Point Unit 1  
Name  
Lycoming, NY 13093 Mechanical Maintenance WO # 98-02129-00  
Address Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A  
Name  
PO Box 63, Lycoming, NY 13093 Authorization No. N/A  
Address Expiration Date N/A

4. Identification of System Control Rod Drive

5. (a) Applicable Construction Code ASME VIII 1965 Edition, N/A Addenda, 1270-N Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum. '83 Add.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
DRV-44-3435 (CRD 34-35)	General Electric	71-664	- N/A	NC02 CLASS 1	1967	Replaced	YES

Description of Work: Replace Control Rod Drive with rebuilt spare as part of preventive maintenance. Replaced CRD and flange capscrews per ASME Work Plan in Work Order 98-02129-00 at core location 34-35.

8. Tests Conducted:  
 Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
 Pressure 1056 psig Test Temp. 236 °F Test Procedure: N1-IST-LK-101

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. CRD exchanged as part of preventive maintenance. Serial No. 71-664 replaced by Serial No. 7451. VT-2 per NDE Report No. 1-2.04-99-0266. Replaced eight (8) flange capscrews. Heat code AFD. VT-1 for PSI per NDE Report No. 1-2.04-99-0020.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maintenance Manager Date 7-30, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 7/28/98 to 8/2/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 8/2, 1999

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date 06/18/99  
Name  
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1  
Address
2. Plant Nine Mile Point Unit 1  
Name  
Lycoming, NY 13093 Mechanical Maintenance WO # 98-02128-00  
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A  
Name  
PO Box 63, Lycoming, NY 13093 Authorization No. N/A  
Address Expiration Date N/A
4. Identification of System Control Rod Drive
5. (a) Applicable Construction Code ASME VIII 1965 Edition, N/A Addenda, 1270-N Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum. '83 Add.
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
DRV-44-3419 (CRD 34-19)	General Electric	71-678	N/A	NC02 CLASS 1	1967	Replaced	YES

Description of Work: Replace Control Rod Drive with rebuilt spare as part of preventive maintenance. Replaced CRD and flange capscrews per ASME Work Plan in Work Order 98-02128-00 at core location 34-19.

8. Tests Conducted:  
 Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
 Pressure 1056 psig Test Temp. 236 ° F Test Procedure: N1-IST-LK-101

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. CRD exchanged as part of preventive maintenance. Serial No. 71-678 replaced by Serial No. 71-582. VT-2 per NDE Report No. 1-2.04-99-0266. Replaced eight (8) flange capscrews, Heat code AFD. VT-1 for PSI per NDE Report No. 1-2.04-99-0020.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maint. Manager Date 7-27, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 7/28/98 to 7/29/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 7/29, 1999

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date 06/18/99  
Name  
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1  
Address
2. Plant Nine Mile Point Unit 1  
Name  
Lycoming, NY 13093 Mechanical Maintenance WO # 98-01360-00  
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A  
Name  
PO Box 63, Lycoming, NY 13093 Authorization No. N/A  
Address Expiration Date N/A
4. Identification of System Control Rod Drive
5. (a) Applicable Construction Code ASME III 1971 Edition, N/A Addenda, 1361-1 Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum. '83 Add.
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
DRV-44-4231 (CRD 42-31)	General Electric	6416	- N/A	NC02 CLASS 1	1974	Replaced	YES

Description of Work: Replace Control Rod Drive with rebuilt spare as part of preventive maintenance. Replaced CRD and flange capscrews per ASME Work Plan in Work Order 98-01360-00 at core location 42-31.

8. Tests Conducted:  
 Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
 Pressure 1056 psig Test Temp. 236 °F Test Procedure: N1-IST-LK-101

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. CRD exchanged as part of preventive maintenance. Serial No. 6416 replaced by Serial No. 71-646. VT-2 per NDE Report No. 1-2.04-99-0266. Replaced eight (8) flange capscrews, Heat code AFD, VT-1 for PSI per NDE Report No. 1-2.04-99-0020.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

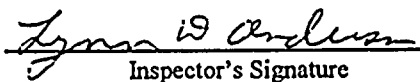
Certificate of Authorization No. NONE Expiration Date NONE

Signed:  Maint. Manager Date 7-27, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 7/20/98 to 7/29/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

 Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 7/29, 1999

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 06/18/99  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1  
Mechanical Maintenance WO # 98-02133-00  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System Control Rod Drive

5. (a) Applicable Construction Code ASME VIII 1965 Edition, N/A Addenda, 1270-N Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum. '83 Add.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
DRV-44-4227 (CRD 42-27)	General Electric	71-453	N/A	NC02 CLASS 1	1967	Replaced	YES

Description of Work: Replace Control Rod Drive with rebuilt spare as part of preventive maintenance. Replaced CRD and flange capscrews per ASME Work Plan in Work Order 98-02133-00 at core location 42-27.

8. Tests Conducted:  
 Hydrostatic       Pneumatic       Nominal Operating Pressure       Other   
 Pressure 1056 psig      Test Temp. 236 °F      Test Procedure: N1-IST-LK-101

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. CRD exchanged as part of preventive maintenance. Serial No. 71-453 replaced by Serial No. A5517. VT-2 per NDE Report No. 1-2.04-99-0266. Replaced eight (8) flange capscrews. Heat code AFD. VT-1 for PSI per NDE Report No. 1-2.04-99-0020.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *[Signature]* Maint. Manager Date 7-27, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 7/28/98 to 7/29/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

*[Signature]* Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 7/29, 1999



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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 06/18/99  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1  
Mechanical Maintenance WO # 98-02134-00  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System Control Rod Drive

5. (a) Applicable Construction Code ASME VIII 1965 Edition, N/A Addenda, 1270-N Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum. '83 Add.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
DRV-44-4639 (CRD 46-39)	General Electric	71-368	N/A	NC02 CLASS 1	1967	Replaced	YES

Description of Work: Replace Control Rod Drive with rebuilt spare as part of preventive maintenance.  
Replaced CRD and flange capscrews per ASME Work Plan in Work Order 98-02134-00 at core location 46-39.

8. Tests Conducted:  
 Hydrostatic  Pneumatic  Nominal Operating Pressure  Other

Pressure 1056 psig Test Temp. 236 °F Test Procedure: N1-IST-LK-101

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. CRD exchanged as part of preventive maintenance. Serial No. 71-368 replaced by Serial No. 71-337. VT-2 per NDE Report No. 1-2.04-99-0266. Replaced eight (8) flange capscrews. Heat code AFD. VT-1 for PSI per NDE Report No. 1-2.04-99-0020.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maint. Manager Date 7-27, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 7/28/98 to 7/29/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NIB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 7/29, 1999

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

As Required by the Provisions of the ASME Code Section XI



Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 08/26/99  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1

Mechanical Maintenance WO # 97-05836-00  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System Control Rod Drive

5. (a) Applicable Construction Code ASA B31.1 1955 Edition, N/A Addenda, N/A Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum.'83 Add.

6. Identification of Components Repaired or Replaced and Replacement Components:



Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
System 44.1	General Electric	N/A	- N/A	NC02 CLASS1	1969	Replaced	YES

Description of Work: Replace CRD flange capscrews as part of preventive maintenance per ASME work plan in Work Order 97-05836-00 at core location 46-27. Reference DER 1-1999-1968 for replacements without an ASME Sect. XI work plan.

8. Tests Conducted:

Hydrostatic       Pneumatic       Nominal Operating Pressure       Other

Pressure 1056 psig      Test Temp. 236 ° F      Test Procedure: N1-IST-LK-101



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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. CRD flange capscrews replaced as part of preventive maintenance. Replaced eight (8) flange capscrews, Heat code AFD, VT-1 for PSI per NDE Report No. 1-2.04-99-0020, VT-2 per NDE Report No. 1-2.04-99-0266.

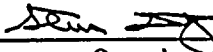
Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

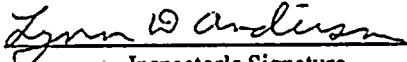
Certificate of Authorization No. NONE Expiration Date NONE

Signed:  Maint. Manager Date 8.26, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 11/5/98 to 9/9/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

 Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 9/9, 1999

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

As Required by the Provisions of the ASME Code Section XI

Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 08/24/99  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1  
Mechanical Maintenance WO # 98-07852-00  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System Reactor Recirculation (System 32)

5. (a) Applicable Construction Code ASME III 1977 Edition, S '78 Addenda, N/A Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983 S '83 Add.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
System 32 Piping	Newport News Indust. Corp.	N/A	N/A	CLASS 1 Piping	1982	Replacement	NO

Description of Work: Installed bolted ECP flange to the suction decon flange on the 12 Recirc Loop per ASME Work Plan in Work Order 98-07852-00 and DDC 1M00713.

8. Tests Conducted: -  
 Hydrostatic       Pneumatic       Nominal Operating Pressure       Other   
 Pressure 1056 Test Temp. 236 ° F      Test Procedure: N1-IST-LK-101

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. New component added as part of design change. Replacement materials: flange (Cert.No.C-99-0535/Serial No.99S03217), studs (Cert.No.C-96-1109/Ht.no.8073133), nuts (Cert.No.C-93-0987/Ht.no.8079196), VT-1 of studs and nuts to reestablish baseline per NDE Report 1-2.04-99-0163. VT-2 per NDE Report 1-2.04-99-0266.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maint. Manager Date 8-25, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF-INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 4/22/99 to 8/26/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn W Anderson Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 8/26, 1999

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 07/23/99  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1

Mechanical Maintenance WO # 99-02239-00  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System Control Rod Drive (System 44.1)

5. (a) Applicable Construction Code ASA B31.1 1955 Edition, N/A Addenda, N/A Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum.83 Add.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
44.1-H1	M.W. Kellogg	NONE	N/A	CLASS 1 Piping System	1969	Repaired	NO

Description of Work: Repair defective integral attachment weld on pipe support 44.1-H1 and linear indications found in adjacent base metal in accordance with ASME work plan in Work Order 99-02239-00. Reference DER 1-1999-1246.

8. Tests Conducted:

Hydrostatic       Pneumatic       Nominal Operating Pressure       Other   
 Pressure \_\_\_\_\_      Test Temp. \_\_\_\_\_ °F      Test Procedure: NONE

**NOTE:**

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

FORM NIS-2 (Back)

9. Remarks: This repair was not the result of an inservice failure. During ISI preparation of integral attachment, indications in weld and adjacent base metal were observed (reference DER 1-1999-1246). This work includes weld repair, base metal removal /repair, NDE exams and reestablishment of preservice inspection baseline. Cert No. of weld material: C-97-0754. Reference NDE Report No.s 1-3.00-99-0147, 0139, 0150 and 1-6.05-99-0063, 0052, 0064.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maintenance Manager Date 7-30, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 5/4/99 to 8/2/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn D Anderson Commissions NB 3496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 8/2, 1999



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

As Required by the Provisions of the ASME Code Section XI

Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 08/28/99  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1  
Mechanical Maintenance WO # 98-06604-00  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System Rx Pressure Vessel & Internals (RPVI)

5. (a) Applicable Construction Code ASME III 1968 Edition, N/A Addenda, N/A Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983 S '83 Add.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PSV-01-119D	Dresser	BK 6303	N/A	CLASS 1	1969	Replaced	NO
PSV-01-119F	Dresser	BK 6254	N/A	CLASS 1	1969	Replaced	NO
PSV-01-119G	Dresser	BK 6267	N/A	CLASS 1	1969	Replaced	NO

Description of Work: Removed valves PSV-01-119D, F, G for testing and replaced with spare valves in accordance with ASME Work Plan in Work Order 98-06604-00. Reference DER 1-1999-1886 for bypassed inspections.

8. Tests Conducted:

Hydrostatic  Pneumatic  Nominal Operating Pressure  Other

Pressure 1056 psi Test Temp. 236 °F Test Procedure: N1-IST-LK-101

**NOTE:**

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

FORM NIS-2 (Back)

9. Remarks: This replacement is not the result of an inservice failure. Replaced serial number BK 6303 with BK 6292 at PSV-01-119D. Replaced serial number BK 6254 with BK 6297 at PSV-01-119F. Replaced serial number BK 6267 with BK 6256 at PSV-01-119G. VT-2 per NDE Report No. 1-2.04-99-0266.

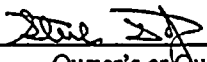
Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

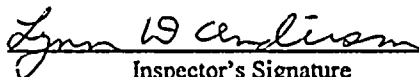
Certificate of Authorization No. NONE Expiration Date NONE

Signed:  Maint. Manager Date 9.7, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 10/27/98 to 9/19/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

 Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 9/9, 1999

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date 08/28/99  
Name  
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1  
Address
2. Plant Nine Mile Point Unit 1  
Name  
Lycoming, NY 13093 Mechanical Maintenance WO # 98-06604-00  
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A  
Name  
PO Box 63, Lycoming, NY 13093 Authorization No. N/A  
Address Expiration Date N/A
4. Identification of System Rx Pressure Vessel & Internals (RPVI)
5. (a) Applicable Construction Code ASME III 1968 Edition, N/A Addenda, N/A Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983 S '83 Add.
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PSV-01-119A	Dresser	BK 6280	N/A	CLASS 1	1969	Replaced	NO
PSV-01-119B	Dresser	BK 6325	N/A	CLASS 1	1969	Replaced	NO
PSV-01-119C	Dresser	BK 8508	N/A	CLASS 1	1969	Replaced	NO

Description of Work: Removed valves PSV-01-119A, B, C for testing and replaced with spare valves in accordance with ASME Work Plan in Work Order 98-06604-00. Reference DER 1-1999-1886 for bypassed inspections.

8. Tests Conducted:  
 Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
 Pressure 1056 psi Test Temp. 236 °F Test Procedure: N1-IST-LK-101

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

FORM NIS-2 (Back)

9. Remarks: This replacement is not the result of an inservice failure. Replaced serial number BK 6280 with BK 6535 at PSV-01-119A. Replaced serial number BK 6325 with BK 6253 at PSV-01-119B. Replaced serial number BK 8508 with BK 6520 at PSV-01-119C. VT-2 per NDE Report No. 1-2.04-99-0266.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maint. Manager Date 9.7, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 10/27/98 to 9/9/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 9/9, 1999

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date 09/07/99  
Name  
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1  
Address
2. Plant Nine Mile Point Unit 1  
Name  
Lycoming, NY 13093 Mechanical Maintenance WO # 98-03842-06  
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A  
Name  
PO Box 63, Lycoming, NY 13093 Authorization No. N/A  
Address Expiration Date N/A
4. Identification of System Reactor Core Support Structures (Shroud Stabilizers)
5. (a) Applicable Construction Code ASME I 1962 Edition, N/A Addenda, \* see list below Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983 S '83 Add.
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
TIEROD-RXVE-166	General Electric	N/A	- N/A	CLASS 1	1995	Replacement	NO

Description of Work: Replaced tierod spring assembly of core shroud support TIEROD-RXVE-166 in accordance with ASME Work Plan in Work Order 98-03842-06, DDC 1M00788 and General Electric Traveler NMP1-SSM-TQ. \* Reference original construction Code Cases 1270N, 1272N, 1273N and 1275N. Reference DER 1-1999-1375.

8. Tests Conducted:  
 Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
 Pressure \_\_\_\_\_ Test Temp. \_\_\_\_\_ °F Test Procedure: N/A

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. Core shroud tierod spring assembly replaced as part of engineering design change. New spring assembly (Serial no.5 ), brackets (Ht.no.244820) hex cap screws (Ht.no. A6087H,H1007), pins (Ht.no.706827,702827), Cert.No. for all materials C-99-0727. VT-3 exam per General Electric Report No.NMP1R15-99-18. Reference DER 1-1999-1621 for gouges/metal deformation.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maint. Manager Date 9.7, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 5/17/99 to 9/8/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 9/8, 1999

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date 09/07/99  
Name  
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1  
Address
2. Plant Nine Mile Point Unit 1  
Name  
Lycoming, NY 13093 Mechanical Maintenance WO # 98-03842-05  
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A  
Name  
PO Box 63, Lycoming, NY 13093 Authorization No. N/A  
Address Expiration Date N/A
4. Identification of System Reactor Core Support Structures (Shroud Stabilizers)
5. (a) Applicable Construction Code ASME I 1962 Edition, N/A Addenda, \* see list below Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983 S '83 Add.
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
TIEROD-RXVE-90	General Electric	N/A	- N/A	Class 1	1995	Replacement	NO

Description of Work: Performed machining and installed clamps and bolts on upper spring of core shroud support TIEROD-RXVE-90 in accordance with ASME Work Plan in Work Order 98-03842-05, DDC 1M00788 and General Electric Traveler NMP1-SSM-NCR-01A. Reference original construction code cases 1270N, 1272N, 1273N and 1275N. Reference DER 1-1999-1375.

8. Tests Conducted:
- Hydrostatic  Pneumatic  Nominal Operating Pressure  Other
- Pressure \_\_\_\_\_ Test Temp. \_\_\_\_\_ °F Test Procedure: N/A

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. Core shroud tierod support modified as part of engineering design change. Installed materials include: brackets(2) (Cert.No. C-99-0727/Ht.no. 24482O), hex cap screws(3) (Cert.No. C-99-0727/Ht.nos.A6087H, H1007), pins(3) (Cert.No.C-99-0727/Ht.no.706827), VT-3 exam per General Electric Report No. NMP1R15-99-18. Reference DER 1-1999-1621 for gouges/metal deformation.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maint. Manager Date 9.7, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 5/16/99 to 9/8/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 9/8, 1999



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

As Required by the Provisions of the ASME Code Section XI

Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 08/28/99  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1

Mechanical Maintenance WO # 98-06604-00  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System Rx Pressure Vessel & Internals (RPVI)

5. (a) Applicable Construction Code ASME 1968 Edition, N/A Addenda, N/A Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983 S '83 Add.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PSV-01-119H	Dresser	BK 6524	- N/A	CLASS 1	1969	Replaced	NO
PSV-01-119J	Dresser	BK 6317	N/A	CLASS 1	1969	Replaced	NO
PSV-01-119M	Dresser	BK 6250	N/A	CLASS 1	1969	Replaced	NO

Description of Work: Removed valves PSV-01-119H, J, M for testing and replaced with spare valves in accordance with ASME Work Plan in Work Order 98-06604-00. Reference DER 1-1999-1886 for bypassed inspections.

8. Tests Conducted:

Hydrostatic  Pneumatic  Nominal Operating Pressure  Other

Pressure 1056 psi Test Temp. 236 ° F Test Procedure: NI-IST-LK-101

**NOTE:**

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. Replaced serial number BK 6524 with BK 6521 at PSV-01-119H. Replaced serial number BK 6317 with BK 6319 at PSV-01-119J. Replaced serial number BK 6250 with BK 6522 at PSV-01-119M. VT-2 per NDE Report No. 1-2.04-99-0266.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *[Signature]* Maint. Manager Date 9-7, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 10/27/98 to 9/9/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

*[Signature]* Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 9/9, 1999

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

Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 09/07/99  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1

Mechanical Maintenance WO # 97-04392-02  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System Reactor Vessel (RXVE)

5. (a) Applicable Construction Code ASME I 1962 Edition, N/A Addenda, \* see below Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983 S '83 Add.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Core Shroud	General Electric	N/A	N/A	CLASS 1	1969	Replacement	NO

Description of Work: Installation of clamps at core shroud vertical welds V9 and V10 in accordance with ASME Work Plan in Work Order 97-04392-02 and Framatome procedure no. 03-5003989-01. \* Applicable Code Cases 1270N, 1272N, 1273N, and 1275N. Reference DER 1-1999-0724.

8. Tests Conducted:

Hydrostatic  Pneumatic  Nominal Operating Pressure  Other

Pressure \_\_\_\_\_ Test Temp. \_\_\_\_\_ °F Test Procedure: N/A

**NOTE:**

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

FORM NIS-2 (Back)

9. Remarks: This replacement is the result of an inservice failure. Two clamps were installed at core shroud vertical weld V9 (Clamp ID's: CLAMP-A-V9-RXVE, CLAMP-B-V9-RXVE Cert. Nos. C-99-0695). Two clamps were installed at core shroud vertical weld V10 (Clamp ID's: CLAMP-A-V10-RXVE, CLAMP-B-V10-RXVE Cert. No. C-99-0695). VT-3 performed per NDE Report Nos. 1-2.04-99-0243, 0244, 0245 and 0246.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] MAINT. MANAGER Date 9.8, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 5/9/99 to 9/9/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 3496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 9/9, 1999

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date 09/02/99  
Name  
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1  
Address
2. Plant Nine Mile Point Unit 1  
Name  
Lycoming, NY 13093 Mechanical Maintenance WO # 98-03842-09  
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A  
Name  
PO Box 63, Lycoming, NY 13093 Authorization No. N/A  
Address Expiration Date N/A
4. Identification of System Reactor Core Support Structures (Shroud Stabilizers)
5. (a) Applicable Construction Code ASME I 1962 Edition, N/A Addenda, \* see below Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983 S '83 Add.
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
TIEROD-RXVE-350	General Electric	N/A	N/A	CLASS 1	1995	Replacement	NO

Description of Work: Replaced core shroud stabilizer tie rod (TIEROD-RXVE-350) upper spring jack bolt retainer clip in accordance with ASME Work Plan in Work Order 98-03842-09 and GE Traveler NMP1-SSM-NCR-03. Reference DER 1-1999-1773 for jacking bolt not fully engaged. \* Reference original construction code cases 1270N, 1272N, 1273N, and 1275N.

- 8: Tests Conducted:  
 Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
 Pressure \_\_\_\_\_ Test Temp. \_\_\_\_\_ °F Test Procedure: N/A

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. Replacement performed per DER 1-1999-1773 disposition. Replacement material: spring retainer (Cert.No. C-99-0492/Ht.no.36011).VT-3 performed per General Electric NDE Report NMP1R15-99-21.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maint. Manager Date 9.7, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 5/26/99 to 9/8/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 9/8, 1999

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

As Required by the Provisions of the ASME Code Section XI

Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 09/07/99  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1  
Mechanical Maintenance WO # 98-03842-08  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System Reactor Core Support Structures (Shroud Stabilizers)

5. (a) Applicable Construction Code ASME I 1962 Edition, N/A Addenda, \* see list below Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983 S '83 Add.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
TIEROD-RXVE-350	General Electric	N/A	N/A	CLASS I	1995	Replacement	NO

Description of Work: Performed machining and installed clamps and bolts on upper spring of core shroud support TIEROD-RXVE-350 in accordance with ASME Work Plan in Work Order 98-03842-08, DDC 1M00788 and General Electric Traveler NMP1-SSM-NCR-01A. Reference DER 1-1999-1375. \* Reference original construction Code Cases 1270N, 1272N, 1273N and 1275N.

8. Tests Conducted:

Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
 Pressure \_\_\_\_\_ Test Temp. \_\_\_\_\_ °F Test Procedure: N/A

**NOTE:**

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. Core shroud tierod support modified as part of engineering design change. All installed materials have Cert.No. of C-99-0727. Brackets Ht.no.24482Q, hex cap screws Ht.nos. A6087H,H1007, pins Ht.no.706827. VT-3 exam per General Electric Report No. NMP1R15-99-21. Reference DER 1-1999-1621 for gouges/metal deformation.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maint. Manager Date 9.7, 1999  
Owner or Owner's Designee, Title

CERTIFICATE OF-INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 5/16/99 to 9/8/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NBS 496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 9/8, 1999



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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date 09/07/99  
Name  
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1  
Address
2. Plant Nine Mile Point Unit 1  
Name  
Lycoming, NY 13093 Mechanical Maintenance WO # 98-03842-07  
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A  
Name  
PO Box 63, Lycoming, NY 13093 Authorization No. N/A  
Address Expiration Date N/A
4. Identification of System Reactor Core Support Structures (Shroud Stabilizers)
5. (a) Applicable Construction Code ASME I 1962 Edition, N/A Addenda, \* see list below Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983 S '83 Add.
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
TIEROD-RXVE-270	General Electric	N/A	N/A	CLASS I	1995	Replacement	NO

**Description of Work:** Performed machining and installed clamps and bolts on upper spring of core shroud support TIEROD-RXVE-270 in accordance with ASME Work Plan in Work Order 98-03842-07, DDC 1M00788 and General Electric Traveler NMP1-SSM-NCR-01A. Reference DER 1-1999-1375. \* Reference original construction Code Cases 1270N, 1272N, 1273N and 1275N.

8. Tests Conducted:  
 Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
 Pressure \_\_\_\_\_ Test Temp. \_\_\_\_\_ °F Test Procedure: N/A

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. Core shroud tierod support modified as part of engineering design change. All installed materials have Cert.No. of C-99-0727. Brackets Ht.no. 244820, hex cap screws Ht.nos.A6087H,H1007, pins Ht.no.706827. VT-3 exam per General Electric Report No. NMP1R15-99-18. Reference DER 1-1999-1621 for gouges/metal deformation.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maint. Manager Date 9.7, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 5/16/99 to 9/8/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 3496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 9/8, 1999

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

1. Owner Niagara Mohawk Power Corporation Date 3/16/93  
Name  
301 Plainfield Road, N. Syracuse, N.Y. 13212 Sheet 1 of 1  
Address
2. Plant Nine Mile Point Unit 1  
Name  
Lycoming, New York 13093 MECHANICAL MAINTENANCE WO # 11-99237-00  
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed By Niagara Mohawk Power Corp. Type Code Symbol Stamp NONE  
Name Authorization No. NONE  
301 Plainfield Road, N. Syracuse, N.Y. 13212 Expiration Date NONE  
Address
4. Identification of System CONTROL ROD DRIVE
5. (a) Applicable Construction Code ASA B31.1 1955 Edition, N/A Addenda, N/A Code Case.  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 83, S 83
6. Identification of Components Repaired or Replaced and Replacement Components

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER'S SERIAL No.	National Board No.	OTHER IDENTIFICATION	Year Built	Repaired Replaced, or Replacement	ASME Code Stamped (Yes or No)
CRD 10-39	GENERAL ELECTRIC	<del>71-399</del> 71348	N/A	NC02 CLASS.1	1967	REPLACED	YES

7. Description of Work REPLACED CONTROL ROD DRIVE WITH REBUILT SPARE  
SERIAL NUMBER CORRECTION WAS MADE IN ACCORDANCE WITH DER 1-1999-B12

8. Tests Conducted: -  
 Hydrostatic  Pneumatic  Nominal Operating Pressure   
 Other  Pressure 1035 1075 Test Temp. 200 327 °F Test Procedure: IST N1-ISI-LK-101 Rev.00

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

FORM NIS-2 (Back)

9. Remarks: THIS WAS NOT THE RESULT OF AN INSERVICE FAILURE. THE CRD WAS EXCHANGED AS PART OF PREVENTATIVE MAINTENANCE. THIS INCLUDES A VT-1 EXAM ( REFERENCE NDE REPORT 1-2.01-93-0039, 1-2.01-93-0154 ) FOR CATEGORY BG2 ITEM B7.80 BOLTS, AND VT-2 EXAM ( REFERENCE NDE REPORT 1-2.01-93-0244 ). CRD SERIAL NO. 71-399 WAS BUILT TO ASME SECTION VIII.

CERTIFICATE OF COMPLIANCE	
We certify that the statements made in the report are correct and this <u>REPLACEMENT</u> conforms to the rules of the ASME Code, Section XI. <small>repair or replacement</small>	
Type Code Symbol Stamp	<u>NONE</u>
Certificate of Authorization No	<u>NONE</u> Expiration Date <u>NONE</u>
Signed <u>Robert Y. Tessier</u> Date <u>6/4</u> , 19 <u>93</u>	<u>Magi Maint Unit 1</u> <u>7-8-11</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>NEW YORK</u> and employed by <u>ARKWRIGHT</u> of <u>MASSACHUSETTS</u> have inspected the components described in this Owner's Report during the period <u>3/18/93</u> to <u>6/7/93</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 the ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be 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>Lynn W Anderson</u>	FACTORY MUTUAL SYSTEM
Inspector's Signature	Commissions <u>ND 5496 SNY 2812</u>
	National Board, State, Province, and Endorsements
Date <u>6/7</u> , 19 <u>93</u>	<u>Lynn W Anderson</u> <u>9/8/99</u>

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

1. Owner Niagara Mohawk Power Corporation Date 3/16/93  
Name
- 301 Plainfield Road, N. Syracuse, N.Y. 13212 Sheet 1 of 1  
Address
2. Plant Nine Mile Point Unit 1  
Name
- Lycoming, New York 13093 MECHANICAL MAINTENANCE WO # 11-99250-00  
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed By Niagara Mohawk Power Corp. Type Code Symbol Stamp NONE  
Name Authorization No. NONE
- 301 Plainfield Road, N. Syracuse, N.Y. 13212 Expiration Date NONE  
Address
4. Identification of System CONTROL ROD DRIVE
5. (a) Applicable Construction Code ASA B31.1 1955 Edition, N/A Addenda, N/A Code Case.  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 83, S 83
6. Identification of Components Repaired or Replaced and Replacement Components

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER'S SERIAL No.	National Board No.	OTHER IDENTIFICATION	Year Built	Repaired Replaced, or Replacement	ASME Code Stamped (Yes or No)
CRD 14-35	GENERAL ELECTRIC	<del>71-348</del> 71-399	N/A	NC02 CLASS 1	1967	REPLACED	YES

7. Description of Work REPLACED CONTROL ROD DRIVE WITH REBUILT SPARE  
SERIAL NUMBER CORRECTIONS WERE MADE IN ACCORDANCE WITH DER 1-1999-1312

8. Tests Conducted:

Hydrostatic  Pneumatic  Nominal Operating Pressure   
 Other  Pressure 1035-1045 Test Temp. -200 ± 27 °F Test Procedure: N1-151-LK-101 Rev.00

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 ½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

*Em*  
6-2-93

FORM NIS-2 (Back)

9. Remarks: THIS WAS NOT THE RESULT OF AN INSERVICE FAILURE. THE CRD WAS EXCHANGED AS PART OF PREVENTATIVE MAINTENANCE. THIS INCLUDES A VT-1 EXAM ( REFERENCE NDE REPORT 1-2.01-93-0739, 1-2.01-93-0218 ) FOR CATEGORY BG2 ITEM B7.80 BOLTS, AND VT-2 EXAM ( REFERENCE NDE REPORT 1-2.01-93-0244 ). CRD SERIAL NO. 71-348 WAS BUILT TO ASME SECTION VIII.

6/11/93

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No NONE Expiration Date NONE

Signed Robert Tessier Mngr Maint Unit 1 Date 6/1, 1993  
Owner or Owner's Designee, Title 9-8-99

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of boiler and Pressure Vessel Inspectors and the State or Province of NEW YORK and employed by ARKWRIGHT of MASSACHUSETTS have inspected the components described in this Owner's Report during the period 2/15/93 to 6/4/93, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn W Anderson Inspector's Signature FACTORY MUTUAL SYSTEM  
 Commissions NB 8496 SNY 2812  
National Board, State, Province, and Endorsements

Date 6/4, 1993 Lynn W Anderson 9/8/99

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

As Required by the Provisions of the ASME Code Section XI

Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 08/24/99  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1  
Mechanical Maintenance WO # 98-07548-08  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System Feedwater/HPCI (System 31)

5. (a) Applicable Construction Code ASME III 1980 Edition, S'82 Addenda, N-62-2 Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum. '83 Add.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
CKV-31-01R	Anchor Darling	E6619-1-1	N/A	CLASS 1 VALVE	1986	Replacement	NO

Description of Work: Replace valve seat in accordance with ASME Work Plan in Work Order 98-07548-08. Reference DER 1-1999-1469 for failed LLRT.

8. Tests Conducted: -  
 Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
 Pressure 1056 psi Test Temp. 236 °F Test Procedure: N1-IST-LK-101

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. Valve seat replaced due to poor LLRT history. Replacement materials: valve seat (Cert.No. C-95-0804), weld filler material ER308 (Cert.No. C-97-0754/Ht.no.CT6878). VT-2 examination performed during N1-IST-LK-101 reference NDE Report No. 1-2.04-99-0266, QIR Report per 1-99-0495.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maint. Manager Date 8-25, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 5/15/99 to 8/26/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions XIB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 8/26, 1999



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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date 08/05/99  
Name  
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1  
Address
2. Plant Nine Mile Point Unit 1  
Name  
Lycoming, NY 13093 Mechanical Maintenance WO # 98-05915-06  
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A  
Name  
PO Box 63, Lycoming, NY 13093 Authorization No. N/A  
Address Expiration Date N/A
4. Identification of System Reactor Recirculation (System 32)
5. (a) Applicable Construction Code ASME I 1965 Edition, NONE Addenda, NONE Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, S'83 Add.
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
BV-32-381	General Electric	N/A	N/A	CLASS 1	1969	Replacement	NO

Description of Work: Replace damaged valve gland studs and nuts as part of preventive maintenance. Replaced 2 (two) studs and 4 (four) nuts per ASME Work Plan in Work Order 98-05915-06 at BV-32-381.

8. Tests Conducted: -  
 Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
 Pressure 1056 psi Test Temp. 236 ° F Test Procedure: N1-IST-LK-101

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. Replaced two studs and four nuts as part of preventive maintenance. New items installed, studs (Cert.No. C-96-1109/Ht.No.8073133), nuts (Cert.No. C-93-0987/Ht. No. 8079196), VT-1 of studs per NDE Report 1-2.04-99-0156. VT-2 per NDE Report 1-2.04-99-0266.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maintenance Manager Date 8-11, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 4/27/99 to 8/17/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 8/17, 1999

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

Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 08/05/99  
Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1

Mechanical Maintenance WO # 98-04789-00  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System Main Steam (System 01)

5. (a) Applicable Construction Code ASME I 1962 Edition, Latest Addenda, Latest Code Case  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983 S'83 Add.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
IV-01-02	Atwood Morrill	Unknown	- N/A	MSIV CLASS 1	1969	Replaced	NO

Description of Work: Replace valve stem, poppet, (9)studs and (16)nuts in accordance with ASME Work Plan in Work Order 98-04789-00 and DDC 1M00113A. Existing seat was machined per WSI traveler within Work Order.

8. Tests Conducted:  
Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
Pressure 1056 psi Test Temp. 236 °F Test Procedure: N1-IST-LK-101

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. Valve retrofit modification performed to enhance performance: Replacement material includes: stem (Cert.No.C-94-0856/Ht.No.39600), poppet (Cert.No.C-94-0855/Ht.No.C2731), studs (Cert.No.C-99-0580/Ht.No.B4), nuts (Cert.No.C-99-0607/Ht.No.S-273). VT-1 of new studs and nuts per NDE Report 1-2.04-99-0212. VT-2 per NDE Report 1-2.04-99-0266.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maintenance Manager Date 8-11, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 4/24/99 to 8/17/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 3496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 8/17, 1999

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 08/21/99  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1  
Mechanical Maintenance WO # 98-07548-00  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System Feedwater/HPCI (System 31)

5. (a) Applicable Construction Code ASME III 1980 Edition, S'82 Addenda, N-62-2 Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum.'83 Add.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
CKV-31-01R	Anchor Darling	E6619-1-1	N/A	CLASS 1 VALVE	1986	Replacement	NO

Description of Work: Replace valve hinge pins, bonnet nuts and seat in accordance with ASME work plan in Work Order 98-07548-00, DDC 1M00797 and N1-MPM-GEN-242.

8. Tests Conducted: -  
 Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
 Pressure 1056 psi Test Temp. 236 °F Test Procedure: N1-IST-LK-101

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. Valve refurbished due to poor LLRT history. Parts replaced: hinge pins (Cert.No. C-99-0706/Ht.No. H1075), bonnet nuts (Cert.No.C-91-0838 / Ht.No.YM1), seat (Cert.No.C-95-0804), filler weld material E308 (Cert.No.2B-1652/Ht.467366). VT-2 examination performed during N1-IST-LK-101 reference NDE Report No. 1-2.04-99-0266.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maint. Manager Date 8-25, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 12/14/98 to 8/26/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 8/26, 1999

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

As Required by the Provisions of the ASME Code Section XI

Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 07/23/99  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1  
Mechanical Maintenance WO # 98-04319-00  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System Main Steam (System 01)

5. (a) Applicable Construction Code ASA B31.1 1955 Edition, NONE Addenda, N/A Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum. '83 Add.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
01-HS-02	Grinnell-Bendix Westinghouse	N/A	- N/A	CLASS 1 Pipe Support	1969	Replacement	NO

Description of Work: Remove, test, rebuild and reinstall snubber in accordance with ASME work plan in Work Order 98-04319-00 and procedure N1-MSP-GEN-352.

8. Tests Conducted: -  
 Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
 Pressure \_\_\_\_\_ Test Temp. \_\_\_\_\_ °F Test Procedure: NONE

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. Snubber rebuilt as part of preventive maintenance. Snubber replacement parts/Cert. No.s: load stud (Cert. No. C-OX-1146), hex nut (Cert. No. 2B1291). Performed VT-3 to reestablish PSI baseline, reference NDE Report 1-2.04-99-0205.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maintenance Manager Date 7-30, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 9/17/98 to 8/3/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NC 3496 NY 2312  
Inspector's Signature National Board, State, Province, and Endorsements

Date 8/3, 1999



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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date 07/31/99  
Name  
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1  
Address
2. Plant Nine Mile Point Unit 1  
Name  
Lycoming, NY 13093 Mechanical Maintenance WO # 98-03534-02  
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A  
Name  
PO Box 63, Lycoming, NY 13093 Authorization No. N/A  
Address Expiration Date N/A
4. Identification of System ADS Automatic Depressurization (System 66)
5. (a) Applicable Construction Code ASME III 1968 Edition, N/A Addenda, N/A Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983 S'83 Add.
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PSV-01-102D	Dresser Industries	BT-06130	- N/A	CLASS I	1979	Replacement	NO

Description of Work: Replace 1(one) stud and 2(two) nuts in accordance with ASME Work Plan in Work Order 98-03534-02.

8. Tests Conducted: -  
 Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
 Pressure 1056 psig Test Temp. 236 °F Test Procedure: N1-IST-LK-101

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. Stud damaged during maintenance. Replacement material: stud (Cert.No. C-91-0894/Ht.no.F3), nuts (Cert.No.C-91-0838/Ht.no.RH85), VT-1 for PSI baseline performed per NDE Report 1-2.04-99-0204. VT-2 per NDE Report 1-2.04-99-0266.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maintenance Manager Date 8/11, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 4/28/99 to 8/17/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn W Anderson Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 8/17, 1999

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

As Required by the Provisions of the ASME Code Section XI

Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 08/25/99  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1  
Mechanical Maintenance WO # 98-04791-00  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System Main Steam (System 01)

5. (a) Applicable Construction Code ASME I 1962 Edition, N/A Addenda, N/A Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983 S'83 Add.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
IV-01-04	Atwood Morrill	Unknown	N/A	MSIV CLASS 1	1969	Replacement	NO

Description of Work: Replace valve stem, poppet, cover, (13) studs, (13) nuts in accordance with ASME Work Plan in Work Order 98-04791-00 and DDC's 1M00632A, 1M00637. Existing seat was machined per WSI traveler within Work Order. Reference DER 1-1999-2601 for documentation of materials in work order.

8. Tests Conducted:

Hydrostatic  Pneumatic  Nominal Operating Pressure  Other

Pressure 1056 psi Test Temp. 236 °F Test Procedure: N1-IST-LK-101

**NOTE:**

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. Valve retrofit modification performed to enhance performance. Replacement material includes: stem (Cert.No.C-94-0856/Ht.no.94015), poppet (Cert.No.C-94-0855/Ht.no.3438), cover (Cert.No.C-98-1302/Ht.no.207s429), studs (Cert.No.C-99-0580,H138), nuts (Cert.No.C-90-1126/Ht.no.AZ and Cert.No.C-99-0607/Ht.no.S273). VT-1 of new studs per NDE Reports 1-2.04-99-0160,0203. VT-1 of new nuts per NDE Reports 1-2.04-99-0160, 0164. VT-3 of valve internals per NDE Report 1-2.04-99-0161. VT-2 per NDE Report 1-2.04-99-0266.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maint. Manager Date 8-25, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 4/17/99 to 9/9/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 9/9, 1999

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date \_\_\_\_\_  
Name  
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1  
Address
2. Plant Nine Mile Point Unit 1  
Name  
Lycoming, NY 13093 Mechanical Maintenance WO # 99-02375-07  
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A  
Name  
PO Box 63, Lycoming, NY 13093 Authorization No. N/A  
Address Expiration Date N/A
4. Identification of System Reactor Water Cleanup (System 33)
5. (a) Applicable Construction Code ASA B31.1 1955 Edition, NONE Addenda, N/A Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983 Sum.'83 Add.
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPING System 33	M.W. Kellogg	N/A	N/A	CLASS 1 Piping System	1969	Replacement	NO

Description of Work: Original 6 inch valve IV-33-01R replaced with new valve due to failed LLRT and damaged internals. Work was completed in accordance with ASME work plan in Work Order 99-02375-07 and DDC 1M00789B. Reference DER 's 1-1999-1363 and 1-1999-1443. WSI performed welding in accordance with approved WSI travelers within W.O. 99-02375-07.

8. Tests Conducted:  
 Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
 Pressure 1056 psi Test Temp. 236° F Test Procedure: N1-IST-LK-101

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

FORM NIS-2 (Back)

9. Remarks: This replacement is not the result of an inservice failure. Valve replaced per Mod. N1-98-007. Valve, (Cert.No.C-99-0687/Serial No. C7712), weld filler material, (insert Cert.No.C-97-1042/Ht.T6834, spool wire Cert.No.C97-1018/Ht.T6834). VT-3 exam of accessible valve internals for PSI baseline per NDE Report No. 1-2.04-99-0230. UT exam of welds for PSI baseline per NDE Report No.s 1-6.24-99-261, 262, 263, 264, 265 and 266. Vt-2 per NDE Report No. 1-2.04-99-0266. Reference DER 1-1999-1622. Final RT exams per NDE Reports 1-5.02-99-0012, 1-5.02-99-0013. WSI NDE exams (PT) per report nos. 39032Crane R/O/IV-33-01R/002 and 39032Crane R/O /IV-33-01R/003.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maintenance Manager Date 8-11, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 5/9/99 to 8/17/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 3496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 8/17, 1999

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 07/07/99  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1  
Mechanical Maintenance WO # 98-02092-00  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System Control Rod Drive

5. (a) Applicable Construction Code ASME VIII 1965 Edition, N/A Addenda, 1270-N Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum.'83 Add.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
DRV-44-1419 (CRD 14-19)	General Electric	71-663	- N/A	NC02 CLASS1	1967	Replaced	YES

Description of Work: Replace Control Rod Drive with rebuilt spare as part of preventive maintenance. Replaced CRD and flange capscrews per ASME Work Plan in Work Order 98-02092-00 at core location 14-19.

8. Tests Conducted:

Hydrostatic       Pneumatic       Nominal Operating Pressure       Other

Pressure 1056 psig      Test Temp. 236 ° F      Test Procedure: N1-IST-LK-101

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. CRD exchanged as part of preventive maintenance. Serial No. 71-663 replaced by Serial No. 71-639. VT-2 per NDE Report No. 1-2.04-99-0266. Replaced eight (8) flange capscrews. Heat code AFD. VT-1 for PSI per NDE Report No. 1-2.04-99-0020.

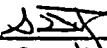
Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

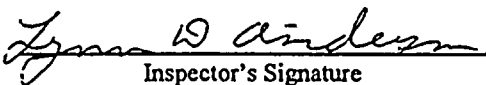
Certificate of Authorization No. NONE Expiration Date NONE

Signed:  Maint. Manager Date 7.27, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 7/28/99 to 7/29/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

 Commissions NY 2812  
Inspector's Signature NB 8496 NY 2812  
National Board, State, Province, and Endorsements

Date 7/29, 1999



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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 07/29/99  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1

Mechanical Maintenance WO # 98-02091-00  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System Control Rod Drive

5. (a) Applicable Construction Code ASME III 1971 Edition, S'73 Addenda, 1361-2 Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum.'83 Add.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
DRV-44-1411 (CRD 14-11)	General Electric	A3492	N/A	NC02 CLASS 1	1980	Replaced	YES

Description of Work: Replace Control Rod Drive with rebuilt spare as part of preventive maintenance. Replaced CRD and flange capscrews per ASME Work Plan in Work Order 98-02091-00 at core location 14-11.

8. Tests Conducted:

Hydrostatic  Pneumatic  Nominal Operating Pressure  Other

Pressure 1056 psig Test Temp. 236 °F Test Procedure: N1-IST-LK-101

**NOTE:**

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FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. CRD exchanged as part of preventive maintenance. Serial No. A3492 replaced by Serial No. 71-540. VT-2 per NDE Report No. 1-2.04-99-0266. Replaced eight (8) flange capscrews, Heat code AFD. VT-1 for PSI per NDE Report No. 1-2.04-99-0020.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maintenance Manager Date 7.20, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 7/28/98 to 8/2/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB: 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 8/2, 1999

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

As Required by the Provisions of the ASME Code Section XI

Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 07/08/99  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1

Mechanical Maintenance WO # 98-01359-00  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System Control Rod Drive

5. (a) Applicable Construction Code ASME VIII 1965 Edition, N/A Addenda, 1270-N Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum.'83 Add.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
DRV-44-1043 (CRD 10-43)	General Electric	71-651	- N/A	NC02 CLASS 1	1967	Replaced	YES

Description of Work: Replace Control Rod Drive with rebuilt spare as part of preventive maintenance. Replaced CRD per ASME Work Plan in Work Order 98-01359-00 at core location 10-43.

8. Tests Conducted: -  
 Hydrostatic       Pneumatic       Nominal Operating Pressure       Other   
 Pressure 1056 psig      Test Temp. 236 °F      Test Procedure: N1-IST-LK-101

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. CRD exchanged as part of preventive maintenance. Serial No. 71-651 replaced by Serial No. A5311. VT-2 per NDE Report No. 1-2.04-99-0266. VT-1 ISI exam for existing CRD flange capscrews per NDE Report No. 1-2.04-99-0166.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maint. Manager Date 7-17, 1999  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 7/20/98 to 7/29/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 7/29, 1999

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date 07/08/99  
Name  
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1  
Address
2. Plant Nine Mile Point Unit 1  
Name  
Lycoming, NY 13093 Mechanical Maintenance WO # 98-01361-00  
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A  
Name  
PO Box 63, Lycoming, NY 13093 Authorization No. N/A  
Address Expiration Date N/A
4. Identification of System Control Rod Drive
5. (a) Applicable Construction Code ASME VIII 1965 Edition, N/A Addenda, 1270-N Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum. '83 Add.
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
DRV-44-1035 (CRD 10-35)	General Electric	71-563	- N/A	NC02 CLASS 1	1967	Replaced	YES

Description of Work: Replace Control Rod Drive with rebuilt spare as part of preventive maintenance.  
Replaced CRD and flange capscrews per ASME Work Plan in Work Order 98-01361-00 at core location 10-35.

8. Tests Conducted:  
 Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
 Pressure 1056 psig Test Temp. 236 °F Test Procedure: N1-IST-LK-101

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. CRD exchanged as part of preventive maintenance. Serial No. 71-563 replaced by Serial No. 71-729. VT-2 per NDE Report No. 1-2.04-99-0266. Replaced eight (8) flange capscrews. Heat code AFD. VT-1 for PSI per NDE Report No. 1-2.04-99-0020.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *[Signature]* Maint Manager Date 7-27, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 7/20/98 to 7/29/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

*Lynn B Anderson* Commissions NB38496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 7/29, 1999

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 07/07/99  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1

Mechanical Maintenance WO # 98-02001-00  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System Control Rod Drive

5. (a) Applicable Construction Code ASME VIII 1965 Edition, N/A Addenda, 1270-N Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum.'83 Add.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
DRV-44-1031 (CRD 10-31)	General Electric	71-373	N/A	NC02 CLASS 1	1967	Replaced	YES

Description of Work: Replace Control Rod Drive with rebuilt spare as part of preventive maintenance. Replaced CRD and flange capscrews per ASME Work Plan in Work Order 98-02001-00 at core location 10-31.

8. Tests Conducted:

Hydrostatic  Pneumatic  Nominal Operating Pressure  Other

Pressure 1056 psig Test Temp. 236 °F Test Procedure: N1-IST-LK-101

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. CRD exchanged as part of preventive maintenance. Serial No. 71-373 replaced by Serial No. 71-419. VT-2 per NDE Report No. 1-2.04-99-0266. Replaced eight (8) flange capscrews, Trace/Heat code AFD. VT-1 for PSI per NDE Report No. 1-2.04-99-0020.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maint Manager Date 7-27, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 7/29/99 to 7/29/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 7/29, 1999



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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 07/08/99  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1  
Mechanical Maintenance WO # 98-01357-00  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System Control Rod Drive

5. (a) Applicable Construction Code ASME VIII 1965 Edition, N/A Addenda, 1270-N Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum.'83 Add.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
DRV-44-1027 (CRD 10-27)	General Electric	71-595	- N/A	NC02 CLASS 1	1967	Replaced	YES

Description of Work: Replace Control Rod Drive with rebuilt spare as part of preventive maintenance. Replaced CRD and flange capscrews per ASME Work Plan in Work Order 98-01357-00 at core location 10-27.

8. Tests Conducted:

Hydrostatic  Pneumatic  Nominal Operating Pressure  Other

Pressure 1056 psig Test Temp. 236 ° F Test Procedure: N1-IST-LK-101

**NOTE:**

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FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. CRD exchanged as part of preventive maintenance. Serial No. 71-595 replaced by Serial No. 71-719. VT-2 per NDE Report No. 1-2.04-99-0266. Replaced eight (8) flange capscrews, Heat code AFD, VT-1 for PSI per NDE Report No. 1-2.04-99-0020.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *[Signature]* Plant Manager Date 7.27, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 7/20/99 to 7/29/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

*[Signature]* Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 7/29, 1999

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

1. Owner Niagara Mohawk Power Corporation Date 09/03/99  
Name  
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1  
Address
2. Plant Nine Mile Point Unit .1  
Name  
Lycoming, NY 13093 Mechanical Maintenance WO # 98-01358-00  
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A  
Name  
PO Box 63, Lycoming, NY 13093 Authorization No. N/A  
Address Expiration Date N/A
4. Identification of System Control Rod Drive
5. (a) Applicable Construction Code ASME III 1971 Edition, S '73 Addenda, 1361-2 Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983 S '83 Add.
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
DRV-44-1011 (CRD 10-11)	General Electric	A3500	- N/A	NC02 CLASS 1	1980	Replaced	NO

Description of Work: Replace Control Rod Drive with rebuilt spare as part of preventive maintenance. Replaced CRD and flange capscrews per ASME Work Plan in Work Order 98-01358-00 at core location 10-11.

8. Tests Conducted:  
 Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
 Pressure 1056 psig Test Temp. 236 °F Test Procedure: N1-IST-LK-101

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. CRD exchanged as part of preventive maintenance. Serial No- A3500 replaced by Serial No. 7662. VT-2 per NDE Report No. 1-2.04-99-0266. Replaced eight (8) flange capscrews. Heat code AFD. VT-1 for PSI per NDE Report No. 1-2.04-99-0020.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maint. Manager Date 9.7, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 7/20/99 to 9/8/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 9/8, 19 99

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

As Required by the Provisions of the ASME Code Section XI

Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 07/07/99  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1

Mechanical Maintenance WO # 98-02105-00  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System Control Rod Drive

5. (a) Applicable Construction Code ASME VIII 1965 Edition, N/A Addenda, 1270-N Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum.'83 Add.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
DRV-44-0623 (CRD 06-23)	General Electric	71-560	- N/A	NC02 CLASS 1	1967	Replaced	YES

Description of Work: Replace Control Rod Drive with rebuilt spare as part of preventive maintenance. Replaced CRD and flange capscrews per ASME Work Plan in Work Order 98-02105-00 at core location 06-23.

8. Tests Conducted:

Hydrostatic  Pneumatic  Nominal Operating Pressure  Other

Pressure 1056 psig Test Temp. 236 °F Test Procedure: N1-IST-LK-101

**NOTE:**

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. CRD exchanged as part of preventive maintenance. Serial No. 71-560 replaced by Serial No. 5639. VT-2 per NDE Report No. 1-2.04-99-0266. Replaced eight (8) flange capscrews. Heat code AFD. VT-1 for PSI per NDE Report No. 1-2.04-99-0020.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maint. Manager Date 7-27, 1999  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 7/28/99 to 7/29/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 7/29, 1999

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

As Required by the Provisions of the ASME Code Section XI

Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 06/30/99  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1  
Mechanical Maintenance WO # 98-01953-00  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System Control Rod Drive

5. (a) Applicable Construction Code ASME VIII 1965 Edition, N/A Addenda, 1270-N Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum.'83 Add.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
DRV-44-0619 (CRD 06-19)	General Electric	71-682	- N/A	NC02 CLASS 1	1967	Replaced	YES

Description of Work: Replace Control Rod Drive with rebuilt spare as part of preventive maintenance. Replaced CRD and flange capscrews per ASME Work Plan in Work Order 98-01953-00 at core location 06-19.

8. Tests Conducted:

Hydrostatic  Pneumatic  Nominal Operating Pressure  Other

Pressure 1056 psig Test Temp. 236 °F Test Procedure: N1-IST-LK-101

**NOTE:**

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. CRD exchanged as part of preventive maintenance. Serial No. 71-682 replaced by Serial No. 71-338. VT-2 per Report No. 1-2.04-99-0266. Replaced eight (8) flange capscrews. Heat code AFD. VT-1 for PSI per NDE Report No. 1-2.04-99-0020.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *D. J. [Signature]* Plant Manager Date 7-27, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 7/28/99 to 7/29/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

*Lynn R Anderson* Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 7/29, 1999



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

1. Owner Niagara Mohawk Power Corporation Date 06/30/99  
Name  
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1  
Address

2. Plant Nine Mile Point Unit 1  
Name  
Lycoming, NY 13093 Mechanical Maintenance WO # 98-01948-00  
Address Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A  
Name  
PO Box 63, Lycoming, NY 13093 Authorization No. N/A  
Address Expiration Date N/A

4. Identification of System Control Rod Drive

5. (a) Applicable Construction Code ASME VIII 1965 Edition, N/A Addenda, 1270-N Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum.'83 Add.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
DRV-44-0223 (CRD 02-23)	General Electric	71-649	N/A	NC02 CLASS1	1967	Replaced	YES

Description of Work: Replace Control Rod Drive with rebuilt spare as part of preventive maintenance. Replaced CRD and flange capscrews per ASME Work Plan in Work Order 98-01948-00 at core location 02-23.

8. Tests Conducted:  
 Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
 Pressure 1056 psig Test Temp. 236 °F Test Procedure: N1-IST-LK-101

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. CRD exchanged as part of preventive maintenance. Serial no. 71-649 replaced by Serial No. 71-596. VT-2 per NDE Report No. 1-2.04-99-0266. Replaced eight (8) flange capscrews, Heat code AFD. VT-1 for PSI per NDE Report No. 1-2.04-99-0020.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maint. Manager Date 7-27, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 7/23/99 to 7/29/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 7/29, 1999

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

As Required by the Provisions of the ASME Code Section XI

Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 06/30/99  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1  
Mechanical Maintenance WO # 98-01947-00  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System Control Rod Drive

5. (a) Applicable Construction Code ASME VIII 1965 Edition, N/A Addenda, 1270-N Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum.'83 Add.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
DRV-44-0219 (CRD 02-19)	General Electric	71-471	N/A	NC02 CLASS1	1967	Replaced	YES

Description of Work: Replace Control Rod Drive with rebuilt spare as part of preventive maintenance. Replaced CRD and flange capscrews per ASME Work Plan in Work Order 98-01947-00 at core location 02-19.

8. Tests Conducted:  
 Hydrostatic       Pneumatic       Nominal Operating Pressure       Other   
 Pressure 1056 psig      Test Temp. 236 °F      Test Procedure: N1-IST-LK-101

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. CRD exchanged as part of preventive maintenance. Serial no. 71-471 replaced by Serial no. 71-336. VT-2 per NDE Report No. 1-2.04-99-0266. Replaced eight (8) flange capscrews, Heat code AFD. VT-1 for PSI per NDE Report No. 1-2.04-99-0020.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *[Signature]* Maint Manager Date 7.27, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 7/28/98 to 7/29/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

*[Signature]* Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 7/29, 19 99

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

As Required by the Provisions of the ASME Code Section XI

Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 08/01/99  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit .1

Mechanical Maintenance WO # 98-01978-00  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System Liquid Poison (System 42.1)

5. (a) Applicable Construction Code ASA B31.1 1955 Edition, None Addenda, None Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983 S'83 Add.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
CKV-42.1-02	CRANE	N/A	N/A	CLASS 1 VALVE	1966	Replacement	NO

Description of Work: Replaced center body assembly of CKV-42.1-02 in accordance with ASME Work Plan in Work Order 98-01978-00.

8. Tests Conducted: -  
 Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
 Pressure 1056 psi Test Temp. 236 °F Test Procedure: N1-IST-LK-101

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. Valve internals replaced for preventive maintenance.-Replacement materials: body center section (Cert.No. C-97-0294/Ser.No. A7104). VT-2 per NDE Report 1-2.04-99-0266.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *Steve D...* Maintenance Manager Date 8-11, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 7/16/98 to 8/17/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

*Lynn D Anderson* Commissions NB 3496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 8/17, 1999

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date 08/05/99  
Name  
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1  
Address
2. Plant Nine Mile Point Unit 1  
Name  
Lycoming, NY 13093 Mechanical Maintenance WO # 98-00531-06  
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A  
Name  
PO Box 63, Lycoming, NY 13093 Authorization No. N/A  
Address Expiration Date N/A
4. Identification of System Emergency Condenser (System 39)
5. (a) Applicable Construction Code ASME III 1986 Edition, N/A Addenda, N62-4 Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum.'83 Add.
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
CKV-39-04	Atwood & Morrill Co.	N/A	N/A	CLASS 1 VALVE	1992	Replacement	NO

Description of Work: Replace body to bonnet stud and nut in accordance with ASME work plan in Work Order 98-00531-06. Reference DER 1-97-0592.

8. Tests Conducted: -  
 Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
 Pressure 1056 psig Test Temp. 236 ° F Test Procedure: N1-IST-LK-101

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an in service failure. Stud replaced as part of preventive maintenance. Material replaced: stud (Cert.No. C-97-0414/Ht.No.52D), nut (Cert.No.C-99-0699/Ht.No.99480). VT-1 of stud performed per NDE Report No.1-2.04-99-0235. VT-2 performed per NDE Report No. 1-2.04-99-0266.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maintenance Manager Date 8/11, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF-INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 5/10/99 to 8/17/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 8/17, 1999



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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date 08/05/99  
Name  
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1  
Address

2. Plant Nine Mile Point Unit 1  
Name  
Lycoming, NY 13093 Mechanical Maintenance WO # 99-02901-00  
Address Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A  
Name  
PO Box 63, Lycoming, NY 13093 Authorization No. N/A  
Address Expiration Date N/A

4. Identification of System Reactor Water Cleanup (System 37.1)

5. (a) Applicable Construction Code ASA B31.1 1955 Edition, None Addenda, None Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983 S'83 Add. / 1992 Ed., Code Case N416-1

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
37.1 RX. CLN-UP	M.W. Kellogg	N/A	N/A	CLASS I Piping System	1969	Replaced	NO

Description of Work: Replaced piping in accordance with ASME Work Plan in Work Order 99-02901-00. Reference DER 1-1999-1907 for engineering evaluation for service induced failure.

8. Tests Conducted:

Hydrostatic  Pneumatic  Nominal Operating Pressure  Other

Pressure 1056 psig Test Temp. 236 °F Test Procedure: N1-2.04-99-0266

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

FORM NIS-2 (Back)

9. Remarks: This replacement was the result of an inservice failure. Replacement materials: pipe (Cert.No.B50), weld filler material ER 316L 3/32, 1/8 (Cert.Nos. C-92-0490/Ht. CT6289 and Cert.No. C-98-0446/Ht. DT7011). PT exam of new welds per NDE Reports (root) 1-3.00-99-0179, final 1-3.00-99-0180. VT-2 per NDE Report 1-2.04-99-0266.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maintenance Manager Date 8-11, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 6/7/99 to 8/17/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn D Anderson Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 8/17, 1999

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

As Required by the Provisions of the ASME Code Section XI

Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 06/08/99  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1  
Mechanical Maintenance WO # 97-03086-01  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System Reactor Instrumentation (System 36)

5. (a) Applicable Construction Code ASA B31.1 1955 Edition, NONE Addenda, N/A Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum. '83 Add.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
36-HS-05	M.W. Kellogg Grinnell Industries	N/A	N/A	CLASS 1 Hydraulic Snubber	1969	Replacement	NO

Description of Work: Replace snubber in accordance with DDC 1S00215 and ASME work plan in Work Order 97-03086-01. Reference DER 1-1997-0081.

8. Tests Conducted: -  
 Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
 Pressure \_\_\_\_\_ Test Temp. \_\_\_\_\_ °F Test Procedure: NONE

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

FORM NIS-2 (Back)

9. Remarks: This replacement is not the result of an inservice failure. Snubber was replaced as preventive action for DER 1-1997-0081 (original snubber obsolete requiring special order parts to maintain).  
Snubber Cert. No. C-20-97, capscrew Cert. No.s C-99-0599. Performed VT-3 to reestablish PSI baseline, reference NDE Report No. 1-2.04-99-0219.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maintenance Manager Date 7-30, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 11/6/98 to 3/3/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NE 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 3/3, 1999

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

As Required by the Provisions of the ASME Code Section XI

Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 07/23/99  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1

Mechanical Maintenance WO # 97-03085-01  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System Reactor Instrumentation (System 36)

5. (a) Applicable Construction Code ASA B31.1 1955 Edition, NONE Addenda, N/A Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum. '83 Add.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
36-HS-04	M.W. Kellogg Grinnell Industries	N/A	N/A	CLASS 1 Hydraulic Snubber	1969	Replacement	NO

Description of Work: Replace snubber in accordance with DDC 1S00215 and ASME work plan in Work Order 97-03085-01. Reference DER 1-1997-0081.

8. Tests Conducted: -  
 Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
 Pressure \_\_\_\_\_ Test Temp. \_\_\_\_\_ °F Test Procedure: NONE

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

FORM NIS-2 (Back)

9. Remarks: This replacement is not the result of an inservice failure. Snubber was replaced as preventive action for DER 1-1997-0081 (original snubber obsolete requiring special order parts to maintain).  
Snubber Cert. No. C-20-97, capscrews Cert. No. C-99-0599. Performed VT-3 to reestablish PSI baseline, reference NDE Report No. 1-2.04-99-0213.

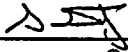
Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE


Certificate of Authorization No. NONE Expiration Date NONE

Signed:  Maintenance Manager Date 7.30, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 1/15/99 to 8/3/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

 Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 8/3, 1999

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 07/26/97  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1  
Mechanical Maintenance WO # 97-01203-00  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System IA - Instrument Air

5. (a) Applicable Construction Code ASME VIII, Div 1 1965 Edition, N/A Addenda, N/A Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum. '83 ADD.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
CMPR-94-01	JOY Mfg. Corp.	80913	N/A	Compressor Intercooler, CLASS 3	1969	Replacement	NO

Description of Work: Replacement of one (1) existing bolt on the compressor intercooler end cover with a stud and nut per DCR N1-94-001LG282, ASME Work Plan, and Work Order No. 97-01203-00. Ref. DER No. 1-97-0926.

8. Tests Conducted:

Hydrostatic       Pneumatic       Nominal Operating Pressure       Other   
 Pressure \_\_\_\_\_      Test Temp. \_\_\_\_\_ °F      Test Procedure: System Inservice

**NOTE:**

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. Installed as replacement one (1) - 10 UNC hex nut A-194 Gr. 2H and one (1) 3/4" - 10 UNC stud SA-193 Gr. B7 heat code CAH. Reference DER No. 1-97-0926. VT-2 performed per NDE report number 1-2.01-97-0157.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *Steve D. J...* MAINT. MGR. UNIT 1 Date 10-28, 1998  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 5/1/97 to 10/28/98 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

*Lynn D. Anderson* Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 10/28, 1998



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

1. Owner Niagara Mohawk Power Corporation Date March 11, 1998  
Name  
Nine Mile Point P.O. Box 63 Lycoming N.Y. 13093 Sheet 1 of 1  
Address

2. Plant Nine Mile Point Unit 1  
Name  
P.O. Box 63 Lycoming, New York 13093 Mech. Maint. Work Order No. 95-03818-00  
Address Repair Organization P.O. No., Job No., etc.

3. Work Performed By Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A  
Name Authorization No. N/A  
Nine Mile Point P.O. Box 63 Lycoming N.Y. 13093 Expiration Date N/A  
Address

4. Identification of System Condensate Storage and transfer (SYSTEM 57)

5. (a) Applicable Construction Code ASA B31.1 1955 Edition, N/A Addenda, none Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 83, Sum. '83 ADD.

6. Identification of Components Repaired or Replaced and Replacement Components

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER'S SERIAL No.	National Board No.	OTHER IDENTIFICATION	Year Built	Repaired Replaced, or Replacement	ASME Code Stamped (Yes or No)
VLV-57-164	CRANE	N/A	N/A	CLASS 3	N/A	REPLACEMENT	NO

7. Description of Work: The valve was removed and replaced in accordance with an ASME work plan provided on work order 95-03818-00.

8. Tests Conducted:

Hydrostatic  Pneumatic  Nominal Operating Pressure  Test Procedure: IWA- 5211C (Inservice test)  
 Other  Pressure \_\_\_\_\_ Test Temp. \_\_\_\_\_ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 ½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)  
(Applicable Manufacturer's Data Reports to be attached)

9. Remarks: This replacement was not the result of an Inservice failure. The valve, which was originally a Hancock valve, was replaced with a Crane valve. The seat was damaged on the original valve and a one for one replacement is not available. The replacement valve was purchased commercial grade and dedicated. The cert number for the replacement valve is C-97-0129. A VT-2 examination was completed in conjunction with an Inservice test, reference NDE report 1-2.01-97-0159.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp None

Certificate of Authorization No None Expiration Date None

Signed [Signature] Maint. MGR. Unit-1 Date 8.7, 19 98  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of boiler and Pressure Vessel Inspectors and the State or Province of NEW YORK and employed by ARKWRIGHT MUTUAL INS. of MASSACHUSETTS have inspected the components described in this Owner's Report during the period 12/6/96 to 9/14/98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 9/14, 19 98

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

1. Owner Niagara Mohawk Power Corporation Date August 3, 1998  
Name

Nine Mile Point P.O. Box 63 Lycoming N.Y. 13093 Sheet 1 of 1  
Address

2. Plant Nine Mile Point Unit 1  
Name

P.O. Box 63 Lycoming, New York 13093 Mech. Maint. Work Order No. 97-01077-00  
Address Repair Organization P.O. No., Job No., etc.

3. Work Performed By Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A  
Name

Nine Mile Point P.O. Box 63 Lycoming N.Y. 13093 Authorization No. N/A  
Address Expiration Date N/A

4. Identification of System Diesel Generator Cooling Water (SYSTEM 79)

5. (a) Applicable Construction Code USA Standard institute B.58.1 1961 Edition, N/A Addenda, none Code Case  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 83, Sum. '83 ADD.

6. Identification of Components Repaired or Replaced and Replacement Components

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER'S SERIAL No.	National Board No.	OTHER IDENTIFICATION	Year Built	Repaired Replaced, or Replacement	ASME Code Stamped (Yes or No)
PMP-79-54	PEERLESS PUMP	317891	N/A	<i>Mar 9-14-99</i> CLASS # 3	1991	REPLACED	NO

7. Description of Work: THE NEEDLE VALVE AND TUBE NUT WERE REPLACED ON THIS PUMP PER ASME SECTION XI WORK PLAN AND IN ACCORDANCE WITH WO 97-01077-00

8. Tests Conducted:

Hydrostatic  Pneumatic  Nominal Operating Pressure  Test Procedure: N1-ST-025 (FLOW TEST)

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

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 ½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)  
(Applicable Manufacturer's Data Reports to be attached)

9. Remarks: This replacement was not the result of an inservice failure. DER 1-97-0497 identified a cracked tube nut, but determined this was not an inservice failure. The cert number for the tube nut is C-97-0283-2 and the cert number for the needle valve is C97-0561-1. There is no inspection report as a flow test was performed per IWA-5244 (a).

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp None

Certificate of Authorization No None Expiration Date None

Signed [Signature] Maint. MGR. Unit-1 Date 9-14, 19 98  
Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of boiler and Pressure Vessel Inspectors and the State or Province of NEW YORK and employed by ARKWRIGHT MUTUAL INS. of MASSACHUSETTS have inspected the components described in this Owner's Report during the period 5/1/97 to 9/14/98 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions ND 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 9/14, 1998

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 12/07/97  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1  
Mechanical Maintenance WO # 97-05366-23  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System EC Emergency Cooling

5. (a) Applicable Construction Code ASA B31.1 1955 Edition, N/A Addenda, N/A Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum. '83 ADD.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
39-A2	M.W. Kellogg Co.	N/A	N/A	Class 1 Piping Support	1969	Replacement	NO

Description of Work: Attached instrumentation supports to existing Class 1 support, 39-A2, by welding. Drilled holes in existing 39-A2 support member for mounting of instrumentation supports. Work performed per ASME Work Plan and W.O. No. 97-05366-23 and DDC No. 1S00241. Reference DER's 1-98-0076 and 1-98-0080.

8. Tests Conducted:

Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
 Pressure \_\_\_\_\_ Test Temp. \_\_\_\_\_ °F Test Procedure: N/A

**NOTE:**

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

FORM NIS-2 (Back)

9. Remarks: This replacement is not part of a service failure. Installed (per DDC No. 1S00241), by welding instrumentation supports 39-A2-b & c. Heat number for weld material is 76970 and cert. number is C-96-0214. Drilled four (4) 5/16" holes in existing 39-A2 support member for installation of instrumentation supports per DDC No. 1S00241. Two (2) holes unused reference DDC No. 1S00253 and DER's 1-98-0076 and 1-98-0080. VT-3 performed to re-establish PSI baseline per NDE report numbers 1-2.01-97-0170 (for welding) and 1-2.01-98-0003 (for drilled holes. See W.O. No. 98-00611-00 for inspection).

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *[Signature]* MAINT. MGR. HANEY Date 10-28, 1998  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 11/30/97 to 10/28/98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

*[Signature]* Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 10/28, 1998

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date 02/25/99  
Name  
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1  
Address
2. Plant Nine Mile Point Unit 1  
Name  
Lycoming, NY 13093 Mechanical Maintenance WO # 99-00895-00  
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A  
Name  
PO Box 63, Lycoming, NY 13093 Authorization No. N/A  
Address Expiration Date N/A
4. Identification of System 39 EMERGENCY CONDENSER
5. (a) Applicable Construction Code ASA B31.1 1955 Edition, N/A Addenda, N/A Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum. '83 ADD.
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
HTX-60-46	FOSTER-WHEELER	49.595	2314	CLASS 2 Portion of System	1966	Replacement	NO

Description of Work: This NIS-2 is to serve as a corrected copy for the original. Work Order 99-00895-00 to perform previously omitted non-destructive examinations on welds (See remarks). Reference DER 1-99-0460. NIS-2 for installation and Testing see original dated 08/27/98 for Work Order 97-04629-29 and Sub-work orders 97-04629-11,26,28,30, and 32.

8. Tests Conducted:  
 Hydrostatic  Pneumatic  Nominal Operating Pressure  Other

Pressure N/A Test Temp. N/A °F Test Procedure: \_\_\_\_\_

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

FORM NIS-2 (Back)

9. Remarks: This NIS-2 is to serve as a corrected copy to the original (Attached). This documents the performance of previously omitted non-destructive examinations (NDE) per Work Order No. 99-00895-00 to Emergency Condenser 111. NDE performed on weld no. 60-46-WD-001C1 - NDE Report No.s 1-6.21-99-0006, 1-6.21-99-0008, & 1-6.21-99-0009 for U.T.s and 1-3.00-99-0007 for P.T., weld no. 60-46-WD-006C1 - NDE Report No.s 1-6.21-99-0005, 1-6.21-99-0007, & 1-6.21-99-00011 for U.T.s and 1-3.00-99-0008 for P.T., weld no. 60-46-WD-005C1 - NDE Report No.s 1-6.21-99-0004 & 1-6.21-99-0002 for U.T.s, and weld no. 60-46-WD-002C1 - NDE Report No.s 1-6.21-99-0003 & 1-6.21-99-0001 for U.T.s. NDE performed on welds no. 60-46-WD-001C1, 60-46-WD-006C1, 60-46-WD-005C1 and 60-46-WD-002C1 - NDE Report No. 1-6.21-99-0010 for U.T.. There was no additional surface examination (P.T.) required on welds 60-46WD-005C1 and 60-46WD-002C1. Reference DER No. 1-99-0460.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maint. Manager Date 2-26, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 2/26/99 to 2/26/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn W Anderson Commissions NB 8426 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 2/26, 1999



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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 07/23/99  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1

Mechanical Maintenance WO # 98-04941-02  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System Emergency Cooling (System 39)

5. (a) Applicable Construction Code ASA B31.1 1955 Edition, NONE Addenda, N/A Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum. '83 Add.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
39-HS-05	M.W. Kellogg Grinnell Industries	N/A	N/A	CLASS 2 Pipe Support	1969	Replacement	NO

Description of Work: Replace snubber with new one in accordance with DDC 1S00332 and ASME work plan in work order 98-04941-02. Reference DER 1-1999-2579 for parts replacement without documentation.

8. Tests Conducted: -  
 Hydrostatic       Pneumatic       Nominal Operating Pressure       Other   
 Pressure \_\_\_\_\_      Test Temp. \_\_\_\_\_ °F      Test Procedure: NONE

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

FORM NIS-2 (Back)

9. Remarks: This replacement is not the result of an inservice failure. New snubber installed per DDC 1S00332. Replacement materials: cylinder (Cert.No. C-20-97), pivot mount (Cert.No. C-97-0319). Performed VT-3 to reestablish PSI baseline, reference NDE Report No. 1-2.04-99-0007.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maint. Manager Date 8-25, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 11/29/99 to 9/10/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 3496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 9/10, 19 99

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date 07/23/99  
Name  
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1  
Address
2. Plant Nine Mile Point Unit 1  
Name  
Lycoming, NY 13093 Mechanical Maintenance WO # 98-04947-00  
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A  
Name  
PO Box 63, Lycoming, NY 13093 Authorization No. N/A  
Address Expiration Date N/A
4. Identification of System Emergency Condenser(System 39)
5. (a) Applicable Construction Code ASA B31.1 1955 Edition, N/A Addenda, N/A Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum. 83 Add.
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
39-HS-27	Bergan Patterson	NONE	N/A	Class 2 Pipe Support	1969	Replacement	NO

Description of Work: Rebuild hydraulic snubber using replacement parts in accordance with ASME work plan in Work Order 98-04947-00 and procedure N1-MMP-GEN-350.

8. Tests Conducted: -  
 Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
 Pressure \_\_\_\_\_ Test Temp. \_\_\_\_\_ °F Test Procedure: NONE

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. Replaced cylinder tie rod and nut. Cert No.s for both items C-OX-0810. Performed VT-3 to reestablish baseline, reference NDE Report No. 1-2.04-99-0010.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maintenance Manager Date 7-30, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 3/2/99 to 3/3/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 3496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 8/3, 1999

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

As Required by the Provisions of the ASME Code Section XI

Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 08/21/99  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit .1

Mechanical Maintenance WO # 99-01731-00 \*  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System Core Spray (System 40.1)

5. (a) Applicable Construction Code ASME III 1977 Edition, S '79 Addenda, N/A Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, S'83 Add. Code Case N-416-1

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
CKV-40-22	Rockwell International	AZ640	N/A	CLASS 2	1981	Replacement	NO

Description of Work: Replace valve internals and seal weld cap. \* Valve internals replaced per ASME Work Plan in Work Order 99-01731-03. Valve cover seal weld was removed and new seal weld made after new internals installed per ASME Work Plan in Work Order 99-01731-00.

8. Tests Conducted:

Hydrostatic       Pneumatic       Nominal Operating Pressure       Other

Pressure 150 psig      Test Temp. N/A °F      Test Procedure: N1-IST-GEN-FUN-ATT 4D

**NOTE:**

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. Valve refurbished due to poor performance. Replacement materials include: disc (Cert.No. C-99-0751/Ht.no.L-84), spring (Cert.No. C-99-0751/Ht.no.A6146H), cover (Cert.No. C-99-0751/Ht.no.12378.21), weld filler material ER316L (Cert.No. C-92-0490/Ht.no.CT6289), PT exam of welding per NDE Report 1-3.00-99-0168. VT-2 exam per NDE Report 1-2.04-99-0274.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maint. Manager Date 8-25, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 4/22/99 to 8/26/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2312  
Inspector's Signature National Board, State, Province, and Endorsements

Date 8/26, 1999

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 08/21/99  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1  
Mechanical Maintenance WO # 99-01721-00 \*  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System Core Spray (System 40.1)

5. (a) Applicable Construction Code ASME III 1977 Edition, S'79 Addenda, N/A Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements-1983 S'83 Add. Code Case N-416-1

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
CKV-40-23	Rockwell International	AZ641	N/A	CLASS 2	1981	Replacement	NO

Description of Work: Replace valve internals and seal weld cap. \* Valve internals replaced per ASME Work Plan in Work Order 99-01721-02. Valve cover seal weld was removed and new seal weld made after new internals installed per ASME Work Plan in Work Order 99-01721-00.

8. Tests Conducted:

Hydrostatic       Pneumatic       Nominal Operating Pressure       Other

Pressure 150 psi      Test Temp. N/A °F      Test Procedure: N1-IST-GEN-FUN-ATT 4D

**NOTE:**

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. Valve refurbished due to poor performance. Replacement materials include: disc (Cert.No. C-99-0751/Ht.no.L-82), spring (Cert.No. C-99-0751/Ht.no.A6146H), cover (Cert.No. C-99-0751/Ht.no.12378-20), weld filler material ER 316L (Cert.No. C-92-0490/Ht.no.CT6289). PT exam of welding per NDE Report 1-3.00-99-0169. VT-2 exam per NDE Report 1-2.04-99-0274.

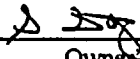
Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

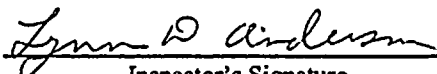
Certificate of Authorization No. NONE Expiration Date NONE

Signed:  Maint. Manager Date 8.25, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 4/22/99 to 8/26/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

 Commissions NIB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 8/26, 1999



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

As Required by the Provisions of the ASME Code Section XI

Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 07/29/99  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1

Mechanical Maintenance WO # 99-00393-00  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System Condensate Transfer (System 58.1)

5. (a) Applicable Construction Code ASA B31.1 1955 Edition, N/A Addenda, N/A Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum.'83 Add.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
FLANGE-58.1-07	M.W. Kellogg	N/A	N/A	CLASS 2	1969	Replacement	NO

Description of Work: Replace flange studs and nuts in accordance with ASME work plan in Work Order 99-00393-00.

8. Tests Conducted: -

Hydrostatic  Pneumatic  Nominal Operating Pressure  Other

Pressure 35 PSI Test Temp. N/A °F Test Procedure: N/A

**NOTE:**

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FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. Spectacle flange studs and nuts were replaced as part of preventive maintenance. Items replaced: eight studs (Cert.No. X5A00421/Ht.No. B23332), sixteen (16) nuts (Cert.No. C-98-0623/Ht.No. 8077124), VT-2 performed per NDE Report No. 1-2.04-99-0271.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maintenance Manager Date 7-30, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 2/9/99 to 8/2/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 8/2, 1999

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

As Required by the Provisions of the ASME Code Section XI

Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 07/23/99

Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1

Mechanical Maintenance WO # 99-00927-03  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System Containment Spray (System 80)

5. (a) Applicable Construction Code ASA B31.1 1955 Edition, NONE Addenda, N/A Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum. '83 Add.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
80-H82	M.W. Kellogg	N/A	N/A	CLASS 2 Pipe Support	1969	Replacement	NO

Description of Work: Fabricate and install new items for support 80-H82 in accordance with DDC 1S00344 and ASME work plan in Work Order 99-00927-03. Reference DER 1-1999-0484.

8. Tests Conducted: -

Hydrostatic       Pneumatic       Nominal Operating Pressure       Other

Pressure \_\_\_\_\_      Test Temp. \_\_\_\_\_ °F      Test Procedure: NONE

**NOTE:**

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

FORM NIS-2 (Back)

9. Remarks: This replacement is not the result of an inservice failure. New items installed per design change: plate (Cert. No. C-98-1098/HT. No. U-925), bolts (Cert. No. C-91-0768/HT. No. 8097696), nuts (Cert. No. C-95-0272/HT. No. Y334350). Performed VT-3 exam to reestablish PSI baseline, reference NDE Report No. 1-2.04-99-0011.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NO

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maintenance Manager Date 7-30, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 3/3/99 to 8/2/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 8/2, 1999

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date 07/23/99  
Name  
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1  
Address
2. Plant Nine Mile Point Unit 1  
Name  
Lycoming, NY 13093 Mechanical Maintenance WO # 99-00927-00  
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A  
Name  
PO Box 63, Lycoming, NY 13093 Authorization No. N/A  
Address Expiration Date N/A
4. Identification of System Containment Spray (System 80)
5. (a) Applicable Construction Code ASA B31.1 1955 Edition, NONE Addenda, N/A Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum. '83 Add.
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
80-H86	M.W. Kellogg	N/A	N/A	CLASS 2 Pipe Support	1969	Replacement	NO

Description of Work: Fabricate and install new items for support 80-H86 in accordance with DDC 1S00344 and ASME work plan in Work Order 99-00927-00. Reference DER 1-1999-0484.

8. Tests Conducted: -  
 Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
 Pressure \_\_\_\_\_ Test Temp. \_\_\_\_\_ °F Test Procedure: NONE

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. New items installed per design change: angle (Cert. No. C-99-0098/HT.No.JB0228), plate (Cert.No. C-98-1098/HT.No. U925), bolts (Cert.No. X5A00116/HT.NO. ASI), nuts (Cert.No. C-99-0020 HT.NO.8868157), weld material E7108 (Cert. No. C-96-0214/HT. No. 76970). Performed VT-3 exam to reestablish PSI baseline reference NDE Report No. 1-2.04-99-0113.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maintenance Manager Date 7-30, 1999  
Owner's or Owner's Designee, Title ..

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 3/3/99 to 8/2/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 8/2, 1999

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

As Required by the Provisions of the ASME Code Section XI

Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 07/23/99  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1  
Mechanical Maintenance WO # 99-00927-04  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System Containment Spray (System 80)

5. (a) Applicable Construction Code ASA B31.1 1955 Edition, NONE Addenda, N/A Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum.'83 Add.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
80-H87	M.W.Kellogg	NONE	- N/A	CLASS 2 Pipe Support	1969	Replacement	NO

Description of Work: Fabricate and install new items for support 80-H87 in accordance with DDC 1S00344 and ASME work plan in Work Order 99-00927-04. Reference DER 1-1999-0484.

8. Tests Conducted: -  
 Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
 Pressure \_\_\_\_\_ Test Temp. \_\_\_\_\_ °F Test Procedure: NONE

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

FORM NIS-2 (Back)

9. Remarks: This replacement is not the result of an inservice failure. New items installed per design change plate (Cert. No. C-98-1098 HT. No. U-925), bolts (Cert No. C-91-0768 HT. No. 8097696), nuts (Cert. No. C-95-0272 HT. No. Y334350). Performed VT-3 exam to reestablish PSI baseline, reference NDE Report No. 1-2.04-99-0099.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maintenance Manager Date 7-30, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 3/3/99 to 3/3/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 3496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 3/3, 1999



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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date 07/23/99  
Name  
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1  
Address
2. Plant Nine Mile Point Unit 1  
Name  
Lycoming, NY 13093 Mechanical Maintenance WO # 99-00927-02  
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A  
Name  
PO Box 63, Lycoming, NY 13093 Authorization No. N/A  
Address Expiration Date N/A
4. Identification of System Containment Spray (System 80)
5. (a) Applicable Construction Code ASA B31.1 1955 Edition, NONE Addenda, N/A Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum. '83 Add.
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
80-H88	M.W. Kellogg	N/a	N/A	CLASS 2 Pipe Support	1969	Replacement	NO

Description of Work: Fabricate and install new items for support 80-H88 in accordance with DDC 1S00344 and ASME work plan in Work Order 99-00927-02. Reference DER 1-1999-0484.

8. Tests Conducted: -  
 Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
 Pressure \_\_\_\_\_ Test Temp. \_\_\_\_\_ °F Test Procedure: NONE

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

FORM NIS-2 (Back)

9. Remarks: This replacement is not the result of an inservice failure. New items installed per design change: angle (Cert. No. C-99-0098/HT. No. JB0228), bolts (Cert. No. F17292), nuts (Cert. No. C-99-0020/HT. No. LTM), weld material ER70S-2 1/16" (Cert. No. 2B1675/HT. No. 421N3602), 1/8" (Cert. No. C-96-0072/HT. No. F8080). Performed VT-3 exam to reestablish PSI baseline, reference NDE Report No. 1-2.04-99-0010.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maintenance Manager Date 7-30, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 3/3/99 to 3/2/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 3/2, 1999

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date 08/01/99  
Name  
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1  
Address
2. Plant Nine Mile Point Unit 1  
Name  
Lycoming, NY 13093 Mechanical Maintenance WO # 99-01014-03  
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A  
Name  
PO Box 63, Lycoming, NY 13093 Authorization No. N/A  
Address Expiration Date N/A
4. Identification of System Containment Spray (System 80)
5. (a) Applicable Construction Code ASME I 1965 Edition, None Addenda, None Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983 S'83 Add.
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
BV-80-40	Powell	None	- N/A	CLASS 2	1966	Replacement	NO

Description of Work: Replaced valve wedge in accordance with ASME Work Plan in Work Order 99-01014-03. Reference DER 1-99-0199.

8. Tests Conducted: -  
 Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
 Pressure NOP Test Temp. N/A °F Test Procedure: SYS. FUN. N1-ST-Q6C

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. Valve internal wedge replaced as part of preventive maintenance. Replacement material: wedge (Cert.No. C-OX-0919/Ht.No. CM5392B). VT-2 per NDE Report 1-2.04-99-0253.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maintenance Manager Date 8-11, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 4/22/99 to 8/17/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn W Anderson Commissions NB 3496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 8/17, 19 99

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

As Required by the Provisions of the ASME Code Section XI

Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 08/24/99  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1

Mechanical Maintenance WO # 99-00972-02  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System Containment Spray (System 80)

5. (a) Applicable Construction Code ASME I 1965 Edition, None Addenda, None Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983 S'83 Add

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
CKV-80-68	Crane Chapman	N/A	N/A	CLASS 2	1965	Replacement	NO

Description of Work: Replaced stud in accordance with ASME Work Plan in Work Order 99-00972-02. Reference DER 1-1999-2734 for documentation of materials in work order.

8. Tests Conducted: -  
 Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
 Pressure N/A Test Temp. N/A °F Test Procedure: N1-ST-C4

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. Valve CKV-80-68 body stud replaced as part of preventive maintenance. Replaced materials: stud (Cert.No. X5A00894/Ht.no. ACV). Valve CKV-80-68 part of open ended system, demonstration of a open flow path (OPS procedure N1-ST-C4) satisfies Sect XI Code.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: A. S. P. Maint. Manager Date 8-25, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF-INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 4/23/99 to 9/9/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn W. Anderson Commissions NB 4496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 9/9, 1999

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date 08/01/99  
Name  
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1  
Address
2. Plant Nine Mile Point Unit 1  
Name  
Lycoming, NY 13093 Mechanical Maintenance WO # 99-02405-00  
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A  
Name  
PO Box 63, Lycoming, NY 13093 Authorization No. N/A  
Address Expiration Date N/A
4. Identification of System Containment Spray (System 80)
5. (a) Applicable Construction Code ASA B31.1 1955 Edition, None Addenda, None Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983 S'83 Add.
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
80 CTN-SP	M.W. Kellogg	N/A	N/A	CLASS 2 Piping System	1969	Repaired	NO

Description of Work: Removed indications in piping upstream of IV-80-35 per DER 1-99-1405 in accordance with ASME Repair Plan in Work Order 99-02405-00.

8. Tests Conducted: -  
 Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
 Pressure \_\_\_\_\_ Test Temp. \_\_\_\_\_ °F Test Procedure: N/A

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

FORM NIS-2 (Back)

9. Remarks: This repair was not the result of an inservice failure. Pipe indication removal by grinding per DER 1-99-1405 disposition. Indication removed and MT/UT exams performed per NDE Reports: MT 1-4.00-99-0171, UT 1-6.05-99-0069.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maint. Manager Date 8-11, 1997  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 5/11/99 to 8/17/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 8/17, 1999



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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date 08/01/99  
Name  
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1  
Address
2. Plant Nine Mile Point Unit 1  
Name  
Lycoming, NY 13093 Mechanical Maintenance WO # 98-06674-00  
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A  
Name  
PO Box 63, Lycoming, NY 13093 Authorization No. N/A  
Address Expiration Date N/A

4. Identification of System Containment (System 201)
5. (a) Applicable Construction Code ASA B31.1 1955 Edition, None Addenda, None Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983 S'83 Add.
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
HTX-201-03	Aerofin Corp.	N/A	N/A	CLASS 2	1966	Replacement	NO

Description of Work: Replaced 2 (two) coil assemblies and piping of component HTX-201-03 in accordance with ASME Work Plan in Work Order 98-06674-00. Reference DER 1-98-1930.

8. Tests Conducted: -  
 Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
 Pressure NOPT Test Temp. N/A °F Test Procedure: N1-IST-GEN-INS Att. 9A

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. Area cooler coils and piping replaced as part of preventive maintenance. Replacement materials: coils (2) (Cert.No. C-99-0319/Ht.nos. 282684, 282996), pipe (Cert.No. C-99-0565/Ht.no.203734). VT-2 per NDE Report 1-2.04-99-0241.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maintenance Manager Date 8-11, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New-York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 4/6/99 to 8/17/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 8/17, 1999

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date 09/07/99  
Name  
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1  
Address
2. Plant Nine Mile Point Unit 1  
Name  
Lycoming, NY 13093 Mechanical Maintenance WO # 98-02552-03  
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A  
Name  
PO Box 63, Lycoming, NY 13093 Authorization No. N/A  
Address Expiration Date N/A
4. Identification of System Rx. Bldg. Closed Loop Cooling (System 70)
5. (a) Applicable Construction Code ASA B31.1 1955 Edition, N/A Addenda, None Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983 S '83 Add.
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
System 70 Piping	M.W. Kellogg	N/A	N/A	CLASS 2	1969	Replaced	NO

Description of Work: Replaced flow switch in RBCLC piping in accordance with ASME Work Plan in Work order 98-02552-03.

8. Tests Conducted: -  
 Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
 Pressure NOP Test Temp. N/A °F Test Procedure: N1-IST-GEN-INS Attach 9A

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

FORM NIS-2 (Back)

9. Remarks: This replacement is not the result of an inservice failure. Flow switch replaced due to malfunction. Replacement flow switch Cert.No. C-98-1118. VT-2 performed per NDE Report 1-2.04-99-0241.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maint. Manager Date 9.7, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 9/9/98 to 9/8/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 9/8, 1999

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date 09/07/99  
Name  
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1  
Address
2. Plant Nine Mile Point Unit 1  
Name  
Lycoming, NY 13093 Mechanical Maintenance WO # 98-02090-00  
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A  
Name  
PO Box 63, Lycoming, NY 13093 Authorization No. N/A  
Address Expiration Date N/A
4. Identification of System Containment Spray (System 80)
5. (a) Applicable Construction Code ASME III 1980 Edition, None Addenda, None Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983 S '83 Add.
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
HTX-80-33	Joseph Oat Corporation	J-2479-C	N/A	CLASS 2	1985	Replacement	NO

Description of Work: Replaced one end cover stud and two nuts in accordance with ASME Work Plan in Work Order 98-02090-00. Reference DER 1-1998-2403 for need to perform preventive maintenance on heat exchanger. Reference DER 1-1999-2911 for incomplete work order documentation.

8. Tests Conducted:  
 Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
 Pressure NOP Test Temp. N/A °F Test Procedure: N1-ST-Q6B

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. Heat exchanger end cover stud and nuts replaced as part of preventive maintenance. Replacement materials: stud (Cert.No. F22875/Ht.no.T1), nuts (Cert.No. C-99-0331/Ht.no. 8098740). VT-2 performed per NDE Report No. 1-2.04-99-0275.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maint. Manager Date 9-5, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 5/2/98 to 9/9/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB8496 NY2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 9/9, 1999

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 10/26/98  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1  
Mechanical Maintenance WO # 97-04657-31  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System 39 EMERGENCY CONDENSER

5. (a) Applicable Construction Code ASA B31.1 1955 Edition, N/A Addenda, none Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum. '83 Add.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
39-H3	M.W.Kellogg	N/A	N/A	Class 2 pipe support	1969	Replacement	NO

Description of Work: Modified and reinstalled support 39-H3 in accordance with DDC's 1S00221A, 1S00234, 1S00238 and ASME Work Plan. Reference Work Order 97-04657-31.

8. Tests Conducted: N/A

Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
 Pressure \_\_\_\_\_ Test Temp. \_\_\_\_\_ °F Test Procedure: \_\_\_\_\_

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

FORM NIS-2 (Back)

9. Remarks: THIS IS NOT THE RESULT OF AN INSERVICE FAILURE. SUPPORT 39-H3 WAS MODIFIED AND REINSTALLED TO FACILITATE TUBE BUNDLE REPLACEMENT ON EMERGENCY CONDENSER 121. THIS WORK INCLUDES INSTALLATION OF INTEGRAL ATTACHMENTS AND THE REESTABLISHMENT OF PRESERVICE INSPECTION BASELINE (REFERENCE INSPECTION REPORT 1-97-0471, NDE REPORTS 1-3.00-97-0352, 1-2.01-97-0162, MATERIAL CERT. NO. C-97-1178 AND WELD MAT'L CERT NOS. C-96-0794, C-92-0072, C-2465).

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *Steve J. MAINT. MGR. UNZ* Date 10.31, 1998  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 11/15/97 to 11/2/98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

*Lynn D Anderson* Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 11/2, 1998



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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date 10/14/98  
Name  
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1  
Address

2. Plant Nine Mile Point Unit 1  
Name  
Lycoming, NY 13093 Mechanical Maintenance WO # 97-04629-38  
Address Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A  
Name  
PO Box 63, Lycoming, NY 13093 Authorization No. N/A  
Address Expiration Date N/A

4. Identification of System 39 EMERGENCY CONDENSER

5. (a) Applicable Construction Code ASA B31.1 1955 Edition, N/A Addenda, none Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum. '83 Add.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
39-H1	M.W.Kellogg	N/A	N/A	Class 2 pipe support	1969	Replacement	NO

Description of Work: Modified and reinstalled support 39-H1 in accordance with DDC 1S00219A and ASME Work Plan. Reference Work Order 97-04629-38.

8. Tests Conducted: N/A  
 Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
 Pressure \_\_\_\_\_ Test Temp. \_\_\_\_\_ °F Test Procedure: \_\_\_\_\_

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

FORM NIS-2 (Back)

9. Remarks: THIS IS NOT THE RESULT OF AN INSERVICE FAILURE. SUPPORT 39-H1 WAS MODIFIED AND REINSTALLED TO FACILITATE TUBE BUNDLE REPLACEMENT ON EMERGENCY CONDENSER 111. THIS WORK INCLUDES INSTALLATION OF INTEGRAL ATTACHMENTS AND THE REESTABLISHMENT OF PRESERVICE INSPECTION BASELINE (REFERENCE INSPECTION REPORT 1-97-0473, NDE REPORTS 1-3.00-97-0373, 1-2.01-97-0168, MATERIAL CERT. NO. C-97-1178 AND WELD MAT'L CERT NOS. C-96-0794, C-92-0072).

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: Steve Day, ASNT. MGR. CHIEF Date 10-31-98, 19\_\_  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 11/15/97 to 11/2/98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn W Anderson Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 11/2, 1998

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date 10/26/98  
Name  
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1  
Address
2. Plant Nine Mile Point Unit 1  
Name  
Lycoming, NY 13093 Mechanical Maintenance WO # 97-04407-50  
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A  
Name  
PO Box 63, Lycoming, NY 13093 Authorization No. N/A  
Address Expiration Date N/A
4. Identification of System 39 EMERGENCY CONDENSER
5. (a) Applicable Construction Code ASA B31.1 1955 Edition, N/A Addenda, none Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum. '83 Add.
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
39-H4	M.W.Kellogg	N/A	N/A	Class 2 pipe support	1969	Replacement	NO

Description of Work: Modified and reinstalled support 39-H4 in accordance with DDC's 1S00222A, 1S00234, 1S00238 and ASME Work Plan. Reference Work Order 97-04407-50.

8. Tests Conducted: N/A  
 Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
 Pressure \_\_\_\_\_ Test Temp. \_\_\_\_\_ °F Test Procedure: \_\_\_\_\_

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

FORM NIS-2 (Back)

9. Remarks: THIS IS NOT THE RESULT OF AN INSERVICE FAILURE. SUPPORT 39-H4 WAS MODIFIED AND REINSTALLED TO FACILITATE TUBE BUNDLE REPLACEMENT ON EMERGENCY CONDENSER 122. THIS WORK INCLUDES INSTALLATION OF INTEGRAL ATTACHMENTS AND THE REESTABLISHMENT OF PRESERVICE INSPECTION BASELINE (REFERENCE INSPECTION REPORT 1-97-0465, NDE REPORTS 1-3.00-97-0339, 1-2.01-97-0163, MATERIAL CERT. NO. C-97-1178, C-94-0575 AND WELD MAT'L CERT NOS. C-96-0794, C-92-0072, C-2465).

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *[Signature]* Date 10-31, 1998  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 11/25/97 to 11/2/98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

*[Signature]* Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 11/2, 1998

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date 11/03/98  
Name  
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1  
Address
2. Plant Nine Mile Point Unit 1  
Name  
Lycoming, NY 13093 Mechanical Maintenance WO # 95-01432-34  
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A  
Name Authorization No. N/A  
PO Box 63, Lycoming, NY 13093 Expiration Date N/A  
Address
4. Identification of System 39 EMERGENCY CONDENSER
5. (a) Applicable Construction Code ASA B31.1 1955 Edition, N/A Addenda, none Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum.'83 Add.
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
39-H2	M.W.Kellogg	N/A	N/A	Class 2 pipe support	1969	Replacement	NO

Description of Work: Modified and reinstalled support 39-H2 in accordance with DDC 1S00220A and ASME Work Plan, Reference Work Order 95-01432-34.

8. Tests Conducted: N/A  
 Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
 Pressure \_\_\_\_\_ Test Temp. \_\_\_\_\_ °F Test Procedure: \_\_\_\_\_

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

FORM NIS-2 (Back)

9. Remarks: THIS IS NOT THE RESULT OF AN INSERVICE FAILURE. SUPPORT 39-H2 WAS MODIFIED AND REINSTALLED TO FACILITATE TUBE BUNDLE REPLACEMENT ON EMERGENCY CONDENSER 112. THIS WORK INCLUDES INSTALLATION OF INTEGRAL ATTACHMENTS AND THE REESTABLISHMENT OF PRESERVICE INSPECTION BASELINE (REFERENCE INSPECTION REPORT 1-97-0480, NDE REPORTS 1-3,00-97-0365, 1-2,01-97-0164, MATERIAL CERT NOS. C-97-1178, C-97-1179 AND WELD MAT'L CERT. NOS. C-92-0072, C-96-0794).

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *Lynn D Anderson* Maint. Manager Date 11-10, 1998  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 11/16/97 to 11/12/98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

*Lynn D Anderson* Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 11/12, 1998

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date 10/22/98  
Name  
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1  
Address
2. Plant Nine Mile Point Unit 1  
Name  
Lycoming, NY 13093 Mechanical Maintenance WO # 98-05696-01  
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A  
Name  
PO Box 63, Lycoming, NY 13093 Authorization No. N/A  
Address Expiration Date N/A
4. Identification of System CTN-SP Containment Spray
5. (a) Applicable Construction Code ASME III, NC 1980 Edition, S '81 Addenda, N/A Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum. '83 ADD.
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
FCV-93-71	XOMOX CORP	N/A	N/A	12" Flow Control Valve - Class 2	1983	Replacement	NO

Description of Work: Replaced existing valve plug with new plug per ASME Work Plan and W.O. No. 98-05696-01.

8. Tests Conducted:  
 Hydrostatic  Pneumatic  . Nominal Operating Pressure  Other   
 Pressure N/A Test Temp. N/A °F Test Procedure: System Funct. (N1-ST-Q1A)

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not a result of a service failure. Replaced existing valve plug with new plug. The cert. number for the new plug C-93-0205. VT-2 performed per NDE report number 1-2.04-98-0010.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *Lynn Anderson* Date 10-31, 1998  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 7/30/98 to 11/2/98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

*Lynn Anderson* Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 11/2, 1998



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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date 08/27/98  
Name  
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1  
Address
2. Plant Nine Mile Point Unit 1  
Name  
Lycoming, NY 13093 Mechanical Maintenance WO # see remarks  
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A  
Name  
PO Box 63, Lycoming, NY 13093 Authorization No. N/A  
Address Expiration Date N/A
4. Identification of System 39 EMERGENCY CONDENSER / 60 EMER. COND. MAKEUP
5. (a) Applicable Construction Code ASA B31.1 1955 Edition, None Addenda, None Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983.S83
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
HTX-60-46	FOSTER - WHEELER	49.595	2314	CLASS 2	1966	Replaced	NO
SYS 39 PIPING SYSTEM	MW KELLOGG	NONE	N/A	CLASS 2 PIPING SYSTEM	1969	Replaced	NO

Description of Work: Original tube bundle for Emer. Cond. heat exchanger HTX-60-46 was replaced with new bundle. Work scope included cutting and replacing pipe and vessel welds to gain access to the tube sheet and bundle. Reference DER 1-97-2669.

8. Tests Conducted:  
 Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
 Pressure 1540 psig Test Temp. N/A F Test Procedure: N1-IST-HYD-007 R/1

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

FORM NIS-2 (Back)

9. Remarks: This replacement was the result of service failure. Work order 97-04629-29 replaced the tube bundle. Sub-work orders 97-04629-11, 26, 28, 30, and 32 replaced condenser and piping welds and condenser piping. Certification/Serial numbers for tube bundle, piping and weld material are recorded in each applicable work order. All code-required non-destructive exam reports are also documented in each work order. Deviation/event reports generated during replacement activities were DER 1-97-3184, 1-97-3212, and 1-97-3252. Hydrostatic test was performed per work order 97-04407-64 and documented on VT-2 data report 1-2.01-97-0169.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] MAINT. MGR. UNIT Date Sept 11, 1998  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 11/7/97 to 9/14/98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8446 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 9/14, 19 98

FORM N-2 CERTIFICATE HOLDER'S DATA REPORT FOR IDENTICAL  
NUCLEAR PARTS AND APPURTENANCES\*

41-04667-27

As Required by the Provisions of the ASME Code, Section III  
Not to Exceed One Day's Production

Manufactured and certified by Joseph Oat Corporation 2500 Broadway, Camden, NJ 08104  
(name and address of NPT Certificate Holder)

2. Manufactured for Niagara Mohawk Power Corp. Lake Road Lycoming, NY 13093  
(name and address of purchaser)

3. Location of installation Niagara Mohawk Power Corp. Nine Mile Point Nuclear Station Lycoming, NY 13093  
(name and address)

4 Type: D-11858.01/3 \*See Remarks 75 ksi N/A 1997  
(drawing no.) (mat'l spec. no.) (tensile strength) (CRN) (year built)

5. ASME Code, Section III, Division 1: 1986 None 2 N/A  
(edition) (addenda date) (class) (Code Case no.)

6. Fabricated in accordance with Const. Spec. (Div. 2 only) N/A Revision N/A Date N/A

7. Remarks: Part is a U-Tube Bundle with Inlet/Outlet Bonnets. Bundle length = 22'-2.25".

Inlet/Outlet Bonnet length = 1'-2.437" \* Tubes = SA213-316. Bonnets = SA240-316.

Tubesheets = SA182-F316

8. Nom. thickness (in.) 1.25 Min. design thickness (in.) .340 Dia. ID (ft & in.) 1"-6.625" Length overall (ft. & in.) 23"-4.687"

9. When applicable, Certificate Holder's Data Reports are attached for each item of this report:

Part or Appurtenance Serial Number	National Board No. in Numerical Order
(1) <u>2570D</u>	<u>N/A</u>
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
(12)	
(13)	
(14)	
(15)	
(16)	
(17)	
(18)	
(19)	
(20)	
(21)	
(22)	
(23)	
(24)	
(25)	

Part or Appurtenance Serial Number	National Board No. in Numerical Order
(26)	
(27)	
(28)	
(29)	
(30)	
(31)	
(32)	
(33)	
(34)	
(35)	
(36)	
(37)	
(38)	
(39)	
(40)	
(41)	
(42)	
(43)	
(44)	
(45)	
(46)	
(47)	
(48)	
(49)	
(50)	

10. Design pressure 1250 psi. Temp. 575 °F. Hydro. test pressure 1980 at temp 50 °F.  
(when applicable)

FORM N-2 (BACK - Pg. 2 of 2)

Certificate Holder's Serial Nos. 2570D through -----

CERTIFICATION OF DESIGN

Design specifications certified by M. Annett P. E. State NY Reg. no. 068270  
 Design report\* certified by M. Holtz P. E. State PA Reg. no. 28767-E

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and that this (these) Tube Bundle, Inlet/Outlet Bonnet conforms to the rules of construction of the ASME Code, Section III, Division 1.

NPT Certificate of Authorization No. N-1489 Expires 8/23/2000

Date 11/31/97 Name Joseph Oat Corporation Signed [Signature]  
(NPT 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 NJ and employed by Commercial Union Insurance Company of Boston, MA have inspected these items described in this Data Report on 11-25-97 and state that to the best of my knowledge and belief, the Certificate Holder has fabricated these parts or appurtenances in accordance with the ASME Code, Section III, Division 1. Each part listed has been authorized for stamping on the date shown above.

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 loss of any kind arising from or connected with this inspection.

Date 11-21-97 Signed [Signature] Commissions NB-10539-NA/NJ-1121  
(Authorized Inspector) [Nat'l. Bd. (incl. endorsements) and state or prov. and no.]

**FORM N-2 CERTIFICATE HOLDER'S DATA REPORT FOR IDENTICAL  
NUCLEAR PARTS AND APPURTENANCES\***

As Required by the Provisions of the ASME Code, Section III  
Not to Exceed One Day's Production

Manufactured and certified by Joseph Oat Corporation 2500 Broadway, Camden, NJ 08104  
(name and address of NPT Certificate Holder)

2. Manufactured for Niagara Mohawk Power Corp. Lake Road Lycoming, NY 13093  
(name and address of purchaser)

3. Location of installation Niagara Mohawk Power Corp. Nine Mile Point Nuclear Station Lycoming, NY 13093  
(name and address)

4 Type: D-11858.01/3 \*See Remarks 70 ksi N/A 1997  
(drawing no.) (mat'l spec. no.) (tensile strength) (CRN) (year built)

5. ASME Code, Section III, Division 1: 1986 None 3 N/A  
(edition) (addenda-date) (class) (Code Case no.)

6. Fabricated in accordance with Const. Spec. (Div. 2 only) N/A Revision N/A Date N/A

7. Remarks: Part is a Shell Nozzle. \* Nozzle = SA312-316, Flange = SA516-70N

8. Nom. thickness (in.) 0.5 Min. design thickness (in.) .008 Dia. ID (ft & in.) 1'-8" Length overall (ft. & in.) 0'-4.875"

9. When applicable, Certificate Holder's Data Reports are attached for each item of this report:

Part or Appurtenance Serial Number	National Board No. in Numerical Order
(1) <u>2570D</u>	<u>N/A</u>
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
(11) _____	
(12) _____	
(13) _____	
(14) _____	
(15) _____	
(16) _____	
(17) _____	
(18) _____	
(19) _____	
(20) _____	
(21) _____	
(22) _____	
(23) _____	
(24) _____	
(25) _____	

Part or Appurtenance Serial Number	National Board No. in Numerical Order
(26) _____	
(27) _____	
(28) _____	
(29) _____	
(30) _____	
(31) _____	
(32) _____	
(33) _____	
(34) _____	
(35) _____	
(36) _____	
(37) _____	
(38) _____	
(39) _____	
(40) _____	
(41) _____	
(42) _____	
(43) _____	
(44) _____	
(45) _____	
(46) _____	
(47) _____	
(48) _____	
(49) _____	
(50) _____	

10. Design pressure 15/FV psi. Temp. 300 °F. Hydro. test pressure ----- at temp. °F.  
(when applicable)

FORM N-2 (BACK - Pg. 2 of 2)

Certificate Holder's Serial Nos. 2570D through     

CERTIFICATION OF DESIGN

Design specifications certified by M. Annett P. E. State NY Reg. no. 068270  
 Design report\* certified by M. Holtz P. E. State PA Reg. no. 28767-E

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and that this (these) Shell Nozzle  
 conforms to the rules of construction of the ASME Code, Section III, Division 1.

NPT Certificate of Authorization No. N-1489 Expires 8/23/2000

Date 11/21/97 Name Joseph Oat Corporation Signed [Signature]  
(NPT 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 NJ and employed by Commercial Union Insurance Company of Boston, MA have inspected these items described in this Data Report on 11-20-97 and state that to the best of my knowledge and belief, the Certificate Holder has fabricated these parts or appurtenances in accordance with the ASME Code, Section III, Division 1. Each part listed has been authorized for stamping on the date shown above.

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 loss of any kind arising from or connected with this inspection.

Date 11-21-97 Signed [Signature] Commissions NB-10539-NA/NJ-1121  
(Authorized Inspector) [Nat'l. Bd. (incl. endorsements) and state or prov. and no.]

ITEM	HEAT NUMBER	ITEM	HEAT NUMBER	ITEM	HEAT NUMBER	WELD WIRE
1	MR103	62	NOT USED			3E406A02
1	SF344	THRU	NOT USED			2H310A02
1	438306	79	NOT USED			AT6670
1	437276	80	* NP BRACKET			7D3E-3A
1	710439	81	* NAMEPLATE			7D4E-4A
1	438052	END				DT7011
1	710493					ET7102
1	438054					
1	710187					
2A	1N716					
2B	1N716					
3A	BPX					
3B	BPX					
4A	26042					
4B	26042					
5	U3907/2BA					
6	8654043					
7	28440					
8	* TEST CAP					
9	* TEST RING					
10	* TEST VENT					
11	* TEST CAP					
12	* TEST RING					
13	96931-4B					
14	NOT USED					
THRU	NOT USED					
19	NOT USED					
20	R898					
21	R898					
22A	R898					
22B	R898					
23	R898					
24	SD372					
25	NOT USED					
THRU	NOT USED					
56	NOT USED					
57	R332					
58	14655					
59	C8-2214					
60A	953197					
60B	953197					
60C	953197					
61	* EDQ					

\* = No Documentation Req'd.





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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 08/27/98

Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1

Mechanical Maintenance WO # see remarks  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System 39 EMERGENCY CONDENSER / 60 EMER. COND. MAKEUP

5. (a) Applicable Construction Code ASA B31.1 1955 Edition, None Addenda, None Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983,S83

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
HTX-60-44	FOSTER - WHEELER	49.597	2316	CLASS 2	1966	Replaced	NO
SYS 39 PIPING SYSTEM	MW KELLOGG	NONE	N/A	CLASS 2 PIPING SYSTEM	1969	Replaced	NO

Description of Work: Original tube bundle for Emer. Cond. heat exchanger HTX-60-44 was replaced with new bundle. Work scope included cutting and replacing pipe and vessel welds to gain access to the tube sheet and bundle. Reference DER 1-97-2669.

8. Tests Conducted:

Hydrostatic  Pneumatic  Nominal Operating Pressure  Other

Pressure 1540 psig Test Temp. N/A F Test Procedure: N1-IST-HYD-007 R/1

NOTE:

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

FORM NIS-2 (Back)

9. Remarks: This replacement was the result of service failure. Work order 97-04657-32 replaced the tube bundle. Sub-work orders 97-04657-08, 22, 23, 24, 33, and 35 replaced condenser and piping welds and condenser piping. Certification/Serial numbers for tube bundle, piping and weld material are recorded in each applicable work order. All code-required non-destructive exam reports are also documented in each work order. Deviation/event reports generated during replacement activities were DER 1-97-2818 and 1-97-3155. Hydrostatic test was performed per work order 97-04407-52 and documented on VT-2 data report 1-2.01-97-0165.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] MAINT. MGR. UNIT 1 Date Sept 11, 1998  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 11/8/97 to 7/14/98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 9/14, 1998

71-09601-02

FORM N-2 CERTIFICATE HOLDER'S DATA REPORT FOR IDENTICAL NUCLEAR PARTS AND APPURTENANCES\* As Required by the Provisions of the ASME Code, Section III Not to Exceed One Day's Production

Manufactured and certified by Joseph Oat Corporation 2500 Broadway, Camden, NJ 08104 (name and address of NPT Certificate Holder)

2. Manufactured for Niagara Mohawk Power Corp. Lake Road Lycoming, NY 13093 (name and address of purchaser)

3. Location of Installation Niagara Mohawk Power Corp. Nine Mile Point Nuclear Station Lycoming, NY 13093 (name and address)

4 Type: D-11858.01/3 \*See Remarks 75 ksi N/A 1997 (drawing no.) (mat'l spec. no.) (tensile strength) (CRN) (year built)

5. ASME Code, Section III, Division 1: 1986 None 2 N/A (edition) (addenda date) (class) (Code Case no.)

6. Fabricated in accordance with Const. Spec. (Div. 2 only) N/A Revision N/A Date N/A

7. Remarks: Part is a U-Tube Bundle with Inlet/Outlet Bonnets. Bundle length = 22'-2.25"

Inlet/Outlet Bonnet length = 1'-2.437" \* Tubes = SA213-316. Bonnets = SA240-316.

Tubesheets = SA182-F316

8. Nom. thickness (in.) 1.25 Min. design thickness (in.) .340 Dia. ID (ft & in.) 1"-6.625" Length overall (ft. & in.) 23"-4.687"

9. When applicable, Certificate Holder's Data Reports are attached for each item of this report:

Table with 2 columns: Part or Appurtenance Serial Number, National Board No. in Numerical Order. Row 1: (1) 2570B, N/A. Rows 2-25 are empty.

Table with 2 columns: Part or Appurtenance Serial Number, National Board No. in Numerical Order. Rows 26-50 are empty.

10. Design pressure 1250 psi. Temp. 575 °F. Hydro. test pressure 1980 (when applicable) at temp. 50° F.

FORM N-2 (BACK - Pg. 2 of 2)

Certificate Holder's Serial Nos. 2570B through     

CERTIFICATION OF DESIGN

Design specifications certified by M. Annett P. E. State NY Reg. no. 068270  
 Design report\* certified by M. Holtz P. E. State PA Reg. no. 28767-E

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and that this (these) Tube Bundle, Inlet/Outlet Bonnet conforms to the rules of construction of the ASME Code, Section III, Division 1.

NPT Certificate of Authorization No. N-1489 Expires 8/23/2000

Date 11/12/97 Name Joseph Oat Corporation Signed [Signature]  
(NPT 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 NJ and employed by Commercial Union Insurance Company of Boston, MA have inspected these items described in this Data Report on 7-1-97, and state that to the best of my knowledge and belief, the Certificate Holder has fabricated these parts or appurtenances in accordance with the ASME Code, Section III, Division 1. Each part listed has been authorized for stamping on the date shown above. 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 loss of any kind arising from or connected with this inspection.

Date 11-12-97 Signed [Signature] Commissions NB-10539-NA/NJ-1121  
(Authorized Inspector) (Nat'l. Bd. (incl. endorsements) and state or prov. and no.)

**FORM N-2 CERTIFICATE HOLDER'S DATA REPORT FOR IDENTICAL  
NUCLEAR PARTS AND APPURTENANCES\***  
As Required by the Provisions of the ASME Code, Section III  
Not to Exceed One Day's Production

1. Manufactured and certified by Joseph Oat Corporation 2500 Broadway, Camden, NJ 08104  
(name and address of NPT Certificate Holder)

2. Manufactured for Niagara Mohawk Power Corp. Lake Road Lycoming, NY 13093  
(name and address of purchaser)

3. Location of Installation Niagara Mohawk Power Corp. Nine Mile Point Nuclear Station Lycoming, NY 13093  
(name and address)

4 Type: D-11858.01/3 \*See Remarks 70 ksi N/A 1997  
(drawing no.) (mat'l spec. no.) (tensile strength) (CRN) (year built)

5. ASME Code, Section III, Division 1: 1986 None 3 N/A  
(edition) (addenda date) (class) (Code Case no.)

6. Fabricated in accordance with Const. Spec. (Div. 2 only) N/A Revision N/A Date N/A

7. Remarks: Part is a Shell Nozzle. \* Nozzle = SA312-316, Flange = SA516-70N

8. Nom. thickness (in.) 0.5 Min. design thickness (in.) .008 Dia. ID (ft & in.) 1'-8" Length overall (ft. & in.) 0'-4.875"

9. When applicable, Certificate Holder's Data Reports are attached for each item of this report:

Part or Appurtenance Serial Number	National Board No. in Numerical Order
(1) <u>2570B</u>	<u>N/A</u>
(2) _____	_____
(3) _____	_____
(4) _____	_____
(5) _____	_____
(6) _____	_____
(7) _____	_____
(8) _____	_____
(9) _____	_____
(10) _____	_____
(11) _____	_____
(12) _____	_____
(13) _____	_____
(14) _____	_____
(15) _____	_____
(16) _____	_____
(17) _____	_____
(18) _____	_____
(19) _____	_____
(20) _____	_____
(21) _____	_____
(22) _____	_____
(23) _____	_____
(24) _____	_____
(25) _____	_____

Part or Appurtenance Serial Number	National Board No. in Numerical Order
(26) _____	_____
(27) _____	_____
(28) _____	_____
(29) _____	_____
(30) _____	_____
(31) _____	_____
(32) _____	_____
(33) _____	_____
(34) _____	_____
(35) _____	_____
(36) _____	_____
(37) _____	_____
(38) _____	_____
(39) _____	_____
(40) _____	_____
(41) _____	_____
(42) _____	_____
(43) _____	_____
(44) _____	_____
(45) _____	_____
(46) _____	_____
(47) _____	_____
(48) _____	_____
(49) _____	_____
(50) _____	_____

10. Design pressure 15/EV psi. Temp. 300 °F. Hydro. test pressure \_\_\_\_\_ at temp. \_\_\_\_\_ °F.  
(when applicable)

FORM N-2 (BACK - Pg. 2 of 2)

Certificate Holder's Serial Nos. 2570B through     

CERTIFICATION OF DESIGN

Design specifications certified by M. Annett P. E. State NY Reg. no. 068270  
 Design report\* certified by M. Holtz P. E. State PA Reg. no. 28767-E

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and that this (these) Shell Nozzle  
 conforms to the rules of construction of the ASME Code, Section III, Division 1.

NPT Certificate of Authorization No. N-1489 Expires 8/23/2000

Date 11/12/97 Name Joseph Oat Corporation Signed [Signature]  
(NPT 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 NJ and employed by Commercial Union Insurance Company of Boston, MA have inspected these items described in this Data Report on 11-11-97, and state that to the best of my knowledge and belief, the Certificate Holder has fabricated these parts or appurtenances in accordance with the ASME Code, Section III, Division 1. Each part listed has been authorized for stamping on the date shown above.

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 loss of any kind arising from or connected with this inspection.

Date 11-12-97 Signed [Signature] Commissions NB-10539-NA/NJ-1121  
(Authorized Inspector) [Nat'l. Bd. (incl. endorsements) and state or prov. and no.]

ITEM	HEAT NUMBER	ITEM	HEAT NUMBER	ITEM	HEAT NUMBER	WELD WIRE
1	MR103	62	NOT USED			3E406A02
1	SF344	THRU	NOT USED			2H310A02
1	438306	79	NOT USED			AT6670
1	437276	80	* NP BRACKET			7D3E-3A
1	710439	81	* NAMEPLATE			7D4E-4A
1	438052	END				DT7011
1	710493					ET7102
1	438054					
1	710187					
2A	1N716					
2B	1N716					
3A	BPX					
3B	BPX					
4A	26042					
4B	26042					
5	U3907/2BA					
6	8654043					
7	28440					
8	* TEST CAP					
9	* TEST RING					
10	* TEST VENT					
11	* TEST CAP					
12	* TEST RING					
13	96931-4B					
14	NOT USED					
THRU	NOT USED					
19	NOT USED					
20	R898					
21	R898					
22A	R898					
22B	R898					
23	R898					
24	SD372					
25	NOT USED					
THRU	NOT USED					
56	NOT USED					
57	R332					
58	14655					
59	C8-2214					
60A	953197					
60B	953197					
60C	953197					
61	* EDQ					

\* = No Documentation Req'd.





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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 08/27/98  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1  
Mechanical Maintenance WO # see remarks  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System 39 EMERGENCY CONDENSER / 60 EMER. COND. MAKEUP

5. (a) Applicable Construction Code ASA B31.1 1955 Edition, None Addenda, None Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983,S83

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
HTX-60-42	FOSTER - WHEELER	49.596	2315	CLASS 2	1966	Replaced	NO
SYS 39 PIPING SYSTEM	MW KELLOGG	NONE	N/A	CLASS 2 PIPING SYSTEM	1969	Replaced	NO

Description of Work: Original tube bundle for Emer. Cond. heat exchanger HTX-60-42 was replaced with new bundle. Work scope included cutting and replacing pipe and vessel welds to gain access to the tube sheet and bundle. Reference DER 1-97-2669.

8. Tests Conducted:

Hydrostatic  Pneumatic  Nominal Operating Pressure  Other

Pressure 1540 psig Test Temp. N/A F Test Procedure: N1-IST-HYD-007 R/1

**NOTE:**

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

FORM NIS-2 (Back)

9. Remarks: This replacement was the result of service failure. Work order 97-04407-53 replaced the tube bundle. Sub-work orders 97-04407-20, 21, 41, 42, 43, 51 and 54 replaced condenser and piping welds and condenser piping. Certification/Serial numbers for tube bundle, piping and weld material are recorded in each applicable work order. All code-required non-destructive exam reports are also documented in each work order. Deviation/event reports generated during replacement activities were DER 1-97-2764 and 1-97-2796, 1-97-2830, 1-97-2862, 1-97-2873, 1-97-3129 and 1-97-3150. Hydrostatic test was performed per work order 97-04407-52 and documented on VT-2 data report 1-2.01-97-0165.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] MAINT. MGR. UNIT 1 Date Sept 11, 1998  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 11/7/97 to 9/14/98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 9/14, 1998

71-04401-53

FORM N-2 CERTIFICATE HOLDER'S DATA REPORT FOR IDENTICAL NUCLEAR PARTS AND APPURTENANCES\* As Required by the Provisions of the ASME Code, Section III Not to Exceed One Day's Production

1. Manufactured and certified by Joseph Oat Corporation 2500 Broadway, Camden, NJ 08104 (name and address of NPT Certificate Holder)

2. Manufactured for Niagara Mohawk Power Corp. Lake Road Lycoming, NY 13093 (name and address of purchaser)

3. Location of installation Niagara Mohawk Power Corp. Nine Mile Point Nuclear Station Lycoming, NY 13093 (name and address)

4 Type: D-11858.01/3 (drawing no.) \*See Remarks (mat'l spec. no.) 75 ksi (tensile strength) N/A (CRN) 1997 (year built)

5. ASME Code, Section III, Division 1: 1986 (edition) None (sodenda date) 2 (class) N/A (Code Case no.)

6. Fabricated in accordance with Const. Spec. (Div. 2 only) N/A Revision N/A Date N/A

7. Remarks: Part is a U-Tube Bundle with Inlet/Outlet Bonnets. Bundle length = 22'-2.25".

Inlet/Outlet Bonnet length = 1'-2.437" \* Tubes = SA213-316. Bonnets = SA240-316.

Tubesheets = SA182-F316

8. Nom. thickness (in.) 1.25 Min. design thickness (in.) .340 Dia. ID (ft & in.) 1"-6.625" Length overall (ft. & in.) 23"-4.687"

9. When applicable, Certificate Holder's Data Reports are attached for each item of this report:

Table with 2 columns: Part or Appurtenance Serial Number, National Board No. in Numerical Order. Row 1: (1) 2570A, N/A. Rows 2-25 are empty.

Table with 2 columns: Part or Appurtenance Serial Number, National Board No. in Numerical Order. Rows 26-50 are empty.

10. Design pressure 1250 psi. Temp. 575 °F. Hydro. test pressure 1980 (when applicable) at temp 50°F.

FORM N-2 (BACK - Pg. 2 of 2)

Certificate Holder's Serial Nos. 2570A through     

CERTIFICATION OF DESIGN

Design specifications certified by M. Annett P. E. State NY Reg. no. 068270  
 Design report\* certified by M. Holtz P. E. State PA Reg. no. 28767-E

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and that this (these) Tube Bundle, Inlet/Outlet Bonnet conforms to the rules of construction of the ASME Code, Section III, Division 1.

NPT Certificate of Authorization No. N-1489 Expires 8/23/2000

Date 11/7/97 Name Joseph Oat Corporation Signed [Signature]  
(NPT 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 NJ and employed by Commercial Union Insurance Company of Boston, MA have inspected these items described in this Data Report on 7-8-97 and state that to the best of my knowledge and belief, the Certificate Holder has fabricated these parts or appurtenances in accordance with the ASME Code, Section III, Division 1. Each part listed has been authorized for stamping on the date shown above.  
 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 loss of any kind arising from or connected with this inspection.

Date 11-7-97 Signed [Signature] Commissions NB-10539-NA/NJ-1121  
(Authorized Inspector) (Nat'l. Bd. (incl. endorsements) and state or prov. and no.)

**FORM N-2 CERTIFICATE HOLDER'S DATA REPORT FOR IDENTICAL  
NUCLEAR PARTS AND APPURTENANCES\***

As Required by the Provisions of the ASME Code, Section III  
Not to Exceed One Day's Production

Manufactured and certified by Joseph Oat Corporation 2500 Broadway, Camden, NJ 08104  
(name and address of NPT Certificate Holder)

2. Manufactured for Niagara Mohawk Power Corp. Lake Road Lycoming, NY 13093  
(name and address of purchaser)

3. Location of installation Niagara Mohawk Power Corp. Nine Mile Point Nuclear Station Lycoming, NY 13093  
(name and address)

4 Type: D-11858.01/3 \*See Remarks 70 ksi N/A 1997  
(drawing no.) (mat'l spec. no.) (tensile strength) (CRN) (year built)

5. ASME Code, Section III, Division 1: 1986 None 3 N/A  
(edition) (addenda date) (class) (Code Case no.)

6. Fabricated in accordance with Const. Spec. (Div. 2 only) N/A Revision N/A Date N/A

7. Remarks: Part is a Shell Nozzle. \* Nozzle = SA312-316. Flange = SA516-70N

8. Nom. thickness (in.) 0.5 Min. design thickness (in.) .008 Dia. ID (ft & in.) 1'-8" Length overall (ft. & in.) 0'-4.875"

9 When applicable, Certificate Holder's Data Reports are attached for each item of this report:

Part or Appurtenance Serial Number	National Board No. in Numerical Order
(1) <u>2570A</u>	<u>N/A</u>
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
(12)	
(13)	
(14)	
(15)	
(16)	
(17)	
(18)	
(19)	
(20)	
(21)	
(22)	
(23)	
(24)	
(25)	

Part or Appurtenance Serial Number	National Board No. in Numerical Order
(26)	
(27)	
(28)	
(29)	
(30)	
(31)	
(32)	
(33)	
(34)	
(35)	
(36)	
(37)	
(38)	
(39)	
(40)	
(41)	
(42)	
(43)	
(44)	
(45)	
(46)	
(47)	
(48)	
(49)	
(50)	

10. Design pressure 15/FV psi. Temp. 300 °F. Hydro. test pressure ----- at temp. ----- °F.  
(when applicable)

FORM N-2 (BACK - Pg. 2 of 2)

Certificate Holder's Serial Nos. 2570A through -----

CERTIFICATION OF DESIGN

Design specifications certified by M. Annett P. E. State NY Reg. no. 068270  
 Design report\* certified by M. Holtz P. E. State PA Reg. no. 28767-E

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and that this (these) Shell Nozzle  
 conforms to the rules of construction of the ASME Code, Section III, Division 1.

NPT Certificate of Authorization No. N-1489 Expires 8/23/2000

Date 11/7/97 Name Joseph Oat Corporation Signed [Signature]  
(NPT 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 NJ and employed by Commercial Union Insurance Company of Boston, MA have inspected these items described in this Data Report on 11-5-97 and state that to the best of my knowledge and belief, the Certificate Holder has fabricated these parts or appurtenances in accordance with the ASME Code, Section III, Division 1. Each part listed has been authorized for stamping on the date shown above. 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 loss of any kind arising from or connected with this inspection.

Date 11-2-97 Signed [Signature] Commissions NB-10539-NA/NJ-1121  
(Authorized Inspector) (Nat'l Bd. (incl. endorsements) and state or prov. and no.)

ITEM	HEAT NUMBER	ITEM	HEAT NUMBER	ITEM	HEAT NUMBER	WELD WIRE
1	MR103	62	NOT USED			3E406A02
1	SF344	THRU	NOT USED			2H310A02
1	438306	79	NOT USED			AT6670
1	437276	80	* NP BRACKET			7D3E-3A
1	710439	81	* NAMEPLATE			7D4E-4A
1	438052	END				DT7011
1	710493					ET7102
1	438054					
1	710187					
2A	1N716					
2B	1N716					
3A	BPX					
3B	BPX					
4A	26042					
4B	26042					
5	U3907/2BA					
6	8654043					
7	28440					
8	* TEST CAP					
9	* TEST RING					
10	* TEST VENT					
11	* TEST CAP					
12	* TEST RING					
13	96931-4B					
14	NOT USED					
THRU	NOT USED					
19	NOT USED					
20	R898					
21	R898					
22A	R898					
22B	R898					
23	R898					
24	SD372					
25	NOT USED					
THRU	NOT USED					
56	NOT USED					
57	R332					
58	14655					
59	C8-2214					
60A	953197					
60B	953197					
60C	953197					
61	* EDQ					

\* = No Documentation Req'd.





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

1. Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 08/21/98  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1  
Mechanical Maintenance WO # see remarks  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System 39 EMERGENCY CONDENSER / 60 EMER. COND. MAKEUP

5. (a) Applicable Construction Code ASA B31.1 1955 Edition, None Addenda, None Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983.S83

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
HTX-60-45	FOSTER - WHEELER	49.598	2317	CLASS 2	1966	Replaced	NO
SYS 39 PIPING SYSTEM	MW KELLOGG	NONE	N/A	CLASS 2 PIPING SYSTEM	1969	Replaced	NO

Description of Work: Original tube bundle for Emer. Cond. heat exchanger HTX-60-45 was replaced with new bundle. Work scope included cutting and replacing pipe and vessel welds to gain access to the tube sheet and bundle. Reference DER 1-97-2669.

8. Tests Conducted:

Hydrostatic  Pneumatic  Nominal Operating Pressure  Other

Pressure 1540 psig Test Temp. N/A F Test Procedure: N1-IST-HYD-007 R/1

NOTE:

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

FORM NIS-2 (Back)

9. Remarks: This replacement was the result of service failure. Work order 95-01432-30 replaced the tube bundle. Sub-work orders 95-01432-10, 11, 23, 24, 25, 26, 31 and 33 replaced condenser and piping welds and condenser piping. Certification/Serial numbers for tube bundle, piping and weld material are recorded in each applicable work order. All code-required non-destructive exam reports are also documented in each work order. Deviation/event reports generated during replacement activities were DER 1-97-2831. Hydrostatic test was performed per work order 97-04407-64 and documented on VT-2 data report 1-2.01-97-0169.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] MAINT. MGR UNIT 1 Date Sept 11, 1998  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 11/8/97 to 9/14/98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 9/14, 1998

FORM NPT CERTIFICATE HOLDER'S DATA REPORT FOR IDENTICAL  
 NUCLEAR PARTS AND APPURTENANCES\*

45-01476 20

As Required by the Provisions of the ASME Code, Section III  
 Not to Exceed One Day's Production

1. Manufactured and certified by Joseph Oat Corporation 2500 Broadway, Camden, NJ 08104  
(name and address of NPT Certificate Holder)

2. Manufactured for Niagara Mohawk Power Corp. Lake Road Lycoming, NY 13093  
(name and address of purchaser)

3. Location of Installation Niagara Mohawk Power Corp. Nine Mile Point Nuclear Station Lycoming, NY 13093  
(name and address)

4 Type: D-11858.01/3 \*See Remarks 75 ksi N/A 1997  
(drawing no.) (mat'l spec. no.) (tensile strength) (CRN) (year built)

5. ASME Code, Section III, Division 1: 1986 None 2 N/A  
(edition) (addenda date) (class) (Code Case no.)

6. Fabricated in accordance with Const. Spec. (Div. 2 only) N/A Revision N/A Date N/A

7. Remarks: Part is a U-Tube Bundle with Inlet/Outlet Bonnets. Bundle length = 22'-2.25".

Inlet/Outlet Bonnet length = 1'-2.437" \* Tubes = SA213-316. Bonnets = SA240-316.

Tubesheets = SA182-F316

8. Nom. thickness (in.) 1.25 Min. design thickness (in.) .340 Dia. ID (ft & in.) 1"-6.625" Length overall (ft. & in.) 23"-4.687"

9. When applicable, Certificate Holder's Data Reports are attached for each item of this report:

Part or Appurtenance Serial Number	National Board No. In Numerical Order
(1) <u>2570C</u>	<u>N/A</u>
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
(12)	
(13)	
(14)	
(15)	
(16)	
(17)	
(18)	
(19)	
(20)	
(21)	
(22)	
(23)	
(24)	
(25)	

Part or Appurtenance Serial Number	National Board No. In Numerical Order
(26)	
(27)	
(28)	
(29)	
(30)	
(31)	
(32)	
(33)	
(34)	
(35)	
(36)	
(37)	
(38)	
(39)	
(40)	
(41)	
(42)	
(43)	
(44)	
(45)	
(46)	
(47)	
(48)	
(49)	
(50)	

10. Design pressure 1250 psi. Temp. 575 °F. Hydro. test pressure 1980 at temp. 50 °F.  
(when applicable)

Certificate Holder's Serial Nos. 2570C through     

**CERTIFICATION OF DESIGN**

Design specifications certified by M. Annett P. E. State NY Reg. no. 068270

Design report\* certified by M. Holtz P. E. State PA Reg. no. 28767-E

**CERTIFICATE OF COMPLIANCE**

We certify that the statements made in this report are correct and that this (these) Tube Bundle, Inlet/Outlet Bonnet conforms to the rules of construction of the ASME Code, Section III, Division 1.

NPT Certificate of Authorization No. N-1489 Expires 8/23/2000

Date 11/14/97 Name Joseph Oat Corporation Signed [Signature]  
(NPT 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 NJ and employed by Commercial Union Insurance Company of Boston, MA have inspected these items described in this Data Report on 11-14-97, and state that to the best of my knowledge and belief, the Certificate Holder has fabricated these parts or appurtenances in accordance with the ASME Code, Section III, Division 1. Each part listed has been authorized for stamping on the date shown above.

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 loss of any kind arising from or connected with this inspection.

Date 11-14-97 Signed [Signature] Commissions NB-10539-NA/NJ-1121  
(Authorized Inspector) [Nat'l Bd. (incl. endorsements) and state or prov. and no.]

**NUCLEAR PARTS AND APPURTENANCES\***  
**As Required by the Provisions of the ASME Code, Section III**  
**Not to Exceed One Day's Production**

Manufactured and certified by Joseph Oat Corporation 2500 Broadway, Camden, NJ 08104  
(name and address of NPT Certificate Holder)

Manufactured for Niagara Mohawk Power Corp. Lake Road Lycoming, NY 13093  
(name and address of purchaser)

3. Location of installation Niagara Mohawk Power Corp. Nine Mile Point Nuclear Station Lycoming, NY 13093  
(name and address)

4 Type: D-11858.01/3 \*See Remarks 70 ksi N/A 1997  
(drawing no.) (mat'l spec. no.) (tensile strength) (CRN) (year built)

5. ASME Code, Section III, Division 1: 1986 None 3 N/A  
(edition) (addenda-date) (class) (Code Case no.)

6. Fabricated in accordance with Const. Spec. (Div. 2 only) N/A Revision N/A Date N/A

7. Remarks: Part is a Shell Nozzle. \* Nozzle = SA312-316. Flange = SA516-70N

8. Nom. thickness (in.) 0.5 Min. design thickness (in.) .008 Dia. ID (ft & in.) 1'-8" Length overall (ft. & in.) 0'-4.875"

9. When applicable, Certificate Holder's Data Reports are attached for each item of this report:

Part or Appurtenance Serial Number	National Board No. in Numerical Order
(1) <u>2570C</u>	<u>N/A</u>
(2) _____	_____
(3) _____	_____
(4) _____	_____
(5) _____	_____
(6) _____	_____
(7) _____	_____
(8) _____	_____
(9) _____	_____
(10) _____	_____
(11) _____	_____
(12) _____	_____
(13) _____	_____
(14) _____	_____
(15) _____	_____
(16) _____	_____
(17) _____	_____
(18) _____	_____
(19) _____	_____
(20) _____	_____
(21) _____	_____
(22) _____	_____
(23) _____	_____
(24) _____	_____
(25) _____	_____

Part or Appurtenance Serial Number	National Board No. in Numerical Order
(26) _____	_____
(27) _____	_____
(28) _____	_____
(29) _____	_____
(30) _____	_____
(31) _____	_____
(32) _____	_____
(33) _____	_____
(34) _____	_____
(35) _____	_____
(36) _____	_____
(37) _____	_____
(38) _____	_____
(39) _____	_____
(40) _____	_____
(41) _____	_____
(42) _____	_____
(43) _____	_____
(44) _____	_____
(45) _____	_____
(46) _____	_____
(47) _____	_____
(48) _____	_____
(49) _____	_____
(50) _____	_____

10. Design pressure 15/FV psi. Temp. 300 °F. Hydro. test pressure \_\_\_\_\_ at temp. \_\_\_\_\_ °F.  
(when applicable)

Certificate Holder's Serial Nos. 2570C through     

**CERTIFICATION OF DESIGN**

Design specifications certified by M. Annett P. E. State NY Reg. no. 068270  
 Design report\* certified by M. Holtz P. E. State PA Reg. no. 28767-E

**CERTIFICATE OF COMPLIANCE**

We certify that the statements made in this report are correct and that this (these) Shell Nozzle  
 conforms to the rules of construction of the ASME Code, Section III, Division 1.

NPT Certificate of Authorization No. N-1489 Expires 8/23/2000

Date 11/4/97 Name Joseph Oat Corporation Signed [Signature]  
(NPT 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 NJ and employed by Commercial Union Insurance Company of Boston, MA have inspected these items described in this Data Report on 11-14-97, and state that to the best of my knowledge and belief, the Certificate Holder has fabricated these parts or appurtenances in accordance with the ASME Code, Section III, Division 1. Each part listed has been authorized for stamping on the date shown above. 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 loss of any kind arising from or connected with this inspection.

Date 11-14-97 Signed [Signature] Commissions NB-10539-NA/NJ-1121  
(Authorized Inspector) (Nat'l. Bd. (incl. endorsements) and state or prov. and no.)

ITEM	HEAT NUMBER	ITEM	HEAT NUMBER	ITEM	HEAT NUMBER	WELD WIRE
1	MR103	62	NOT USED			3E406A02
1	SF344	THRU	NOT USED			2H310A02
1	438306	79	NOT USED			AT6670
1	437276	80	* NP BRACKET			7D3E-3A
1	710439	81	* NAMEPLATE			7D4E-4A
1	438052	END				DT7011
1	710493					ET7102
1	438054					
1	710187					
2A	1N716					
2B	1N716					
3A	BPX					
3B	BPX					
4A	26042					
4B	26042					
5	U3907/2BA					
6	8654043					
7	28440					
8	* TEST CAP					
9	* TEST RING					
10	* TEST VENT					
11	* TEST CAP					
12	* TEST RING					
13	96931-4B					
14	NOT USED					
THRU	NOT USED					
19	NOT USED					
20	R898					
21	R898					
22A	R898					
22B	R898					
23	R898					
24	SD372					
25	NOT USED					
THRU	NOT USED					
56	NOT USED					
57	R332					
58	14655					
59	C8-2214					
60A	953197					
60B	953197					
60C	953197					
61	* EDQ					

\* = No Documentation Req'd.





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

1. Owner Niagara Mohawk Power Corporation Date January 7, 1998  
Name  
Nine Mile Point P.O. Box 63 Lycoming N.Y. 13093 Sheet 1 of 1  
Address
2. Plant Nine Mile Point Unit 1  
Name  
P.O. Box 63 Lycoming, New York 13093 Mech. Maint. Work Order No. 97-02234-02  
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed By Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A  
Name Authorization No. N/A  
Nine Mile Point P.O. Box 63 Lycoming N.Y. 13093 Expiration Date N/A  
Address
4. Identification of System Reactor Bldg. Closed loop cooling (system 70)
5. (a) Applicable Construction Code ASA B31.1 1955 Edition, N/A Addenda, none Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum. '83 ADD.
6. Identification of Components Repaired or Replaced and Replacement Components

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER'S SERIAL No.	National Board No.	OTHER IDENTIFICATION	Year Built	Repaired Replaced, or Replacement	ASME Code Stamped (Yes or No)
FS-70-540	PEECO	N/A	N/A	CLASS 2	1981	REPLACEMENT	NO

7. Description of Work: Flow switch was replaced with a new flow switch in accordance with ASME work plan provided on work order 97-02234-02. DER 1-97-3198 was generated due to the original work document sent to the field did not contain an ASME work plan.

8. Tests Conducted:

Hydrostatic  Pneumatic  Nominal Operating Pressure  Test Procedure: IWA 5211B (system functional)

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

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

FORM HIS-2 (Back)  
(Applicable Manufacturer's Data Reports to be attached)

9. Remarks: This replacement was not the result of an inservice failure. Replaced the entire switch due to nonpressure boundary Portion not functioning properly. The original pressure switch was procured commercial grade and dedicated. The replacement was also procured in the same manner from the original manufacturer. The replacement was longer than the original requiring the pipe to be cut and rethreaded. Cert number of replacement switch is C-97-1201. A VT-2 examination was completed in conjunction with a system functional test. Reference NDE report no. 1-2.01-97-0167

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp None

Certificate of Authorization No None Expiration Date None

Signed [Signature] Maint. MGR. Unit-1 Date 8-7, 19 98  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of boiler and Pressure Vessel Inspectors and the State or Province of NEW YORK and employed by ARKWRIGHT MUTUAL INS. of MASSACHUSETTS have inspected the components described in this Owner's Report during the period 11/25/97 to 9/14/98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 9/14/98, 1998

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date 08/05/99  
Name  
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1  
Address
2. Plant Nine Mile Point Unit 1  
Name  
Lycoming, NY 13093 Mechanical Maintenance WO # 99-02654-01  
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A  
Name  
PO Box 63, Lycoming, NY 13093 Authorization No. N/A  
Address Expiration Date N/A
4. Identification of System Rx Bldg. Closed Loop Cooling (System 70)
5. (a) Applicable Construction Code ASA B31.1 1955 Edition, None Addenda, None Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983 S'83 Add.
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
System 70 Piping	M.W. Kellogg	N/A	N/A	CLASS 3 PIPING	1969	Replaced	NO

Description of Work: Replaced piping and fittings on 2" suction line to drywell cooler in accordance with ASME Work Plan in Work Order 99-02654-01.

8. Tests Conducted: -  
 Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
 Pressure NOP Test Temp. N/A °F Test Procedure: System In-Service

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. Piping components replaced as part of preventive maintenance. Replaced materials: union (Cert.No. C-97-1289), elbow (Cert.No. C-OX-0376), coupling (C-92-0404). VT-2 per NDE Report 1-2.04-99-0273.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maintenance Manager Date 8.11, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 5/27/99 to 8/17/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 8/17, 1999

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 08/05/99  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1

Mechanical Maintenance WO # 99-00112-01  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System Rx Bldg. Closed Loop Cooling (System 70)

5. (a) Applicable Construction Code ASA B31.1 1955 Edition, None Addenda, None Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983 S'83 Reference Code Case N-416-1

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
System 70 Piping	M.W. Kellogg	N/A	N/A	CLASS 3 PIPING	1969	Replaced	NO

Description of Work: Installed 2" piping, fittings, valve assembly in 20" RBCLC line to provide mark-up boundry-drain line in accordance with ASME Work Plan in Work Order 99-00112-01. Reference DER 1-97-0579.

8. Tests Conducted:

Hydrostatic  Pneumatic  Nominal Operating Pressure  Other

Pressure 85 psi Test Temp. 64 °F Test Procedure: System Leakage (N-416-1)

**NOTE:**

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. Drain line components added to support operational mark-ups. Replacement materials: pipe (Cert.No.C-92-0075/Ht.no.L00503), sockolet (Cert.no.X3003734/S837), valve (Cert.no.C-99-0159/Ht.no.426564), cap (Cert.no.C-98-1321/Ht.no.9113), filler weld material ER70S-2 1/8"C-92-0072, E7018 3/32" C-98-1220, E7018 1/8" C-98-0070. NDE Reports of weld root and final passes: 1-3.00-99-0022, 1-4.00-99-0030, 1-4.00-99-0031. Final visual exams per QIR 1-99-0169. VT-2 per NDE Report No. 1-2.04-99-0102.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maintenance Manager Date 8-11, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 4/17/99 to 8/17/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 8/17, 1999

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 07/29/99  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1  
Mechanical Maintenance WO # 98-01304-00  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System Service Water (System 72)

5. (a) Applicable Construction Code ASA B31.1 1955 Edition, NONE Addenda, N/A Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum.'83 Add. Code Case N416-1

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPING SYSTEM 72	M.W. Kellogg	N/A	N/A	CLASS 3 Piping System	1969	Replaced	NO
BV-72-123 VALVE	Powell William Co.	93053	N/A	CLASS 3	1991	Replacement	NO

Description of Work: Remove existing valve and elbow and replace with new components in accordance with ASME work plan in Work Order 98-01304-00 and DDC 1M00647A. Reference DER 1-91-0687.

8. Tests Conducted:

Hydrostatic  Pneumatic  Nominal Operating Pressure  Other

Pressure NOP\* Test Temp. 60 ° F Test Procedure: System Leakage

**NOTE:**

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. Valve replaced due to poor performance. Materials replaced: valve (Cert. No. C-91-0396/Ht. No. A-6045), flanges (Cert. No. C-90-0063/Ht. No. Q9024-A), elbow (Cert. No. X7A00118/Ht. No. DX6B), pipe (Cert. No. C-97-0299/Ht. No. L22569), studs (Cert. No. C-X4002770/Ht. No. ACB-B), nuts (Cert. No. C-98-0623/Ht. No. 8077124), weld filler material (ER70S-2 3/32, C-97-1061/Ht. No. 065651, 1/8, C-92-0072/Ht. No. F8080, E7018 C-98-1220/Ht. No. T50210), VT-2 per NDE Report 1-2.04-99-0225, NDE of welding per PT exams 1-3.00-99-0013, 0014, 0015, MT exams 1-4.00-99-0105, 0151.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maintenance Manager Date 7.30, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 4/6/99 to 8/2/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 3496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 8/2, 1999



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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 08/06/99  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1  
Mechanical Maintenance WO # 98-05951-02  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System Emer. Diesel Generator (System 79)

5. (a) Applicable Construction Code ASA B31.1 1955 Edition, None Addenda, None Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983 'S83 Add. Code Case N-416-

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
System 79 Piping	M.W. Kellogg	N/A	N/A	Class 3 Piping	1969	Replaced	NO

Description of Work: Installed elbowlet on six inch line in accordance with ASME Work Plan in Work Order 98-05951-02 and DDC 1M00638. Reference DER 1-97-3359.

8. Tests Conducted: -

Hydrostatic  Pneumatic  Nominal Operating Pressure  Other

Pressure NOP Test Temp. 60 °F Test Procedure: System Leakage

**NOTE:**

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. Fittings welded into piping to support system cleaning. Materials installed: elbowlet (Cert.No. C-99-0442/Ht.no.853ZNR), pipe (Cert.No. C-98-0698/Ht.no. S42839), cap (Cert.No. X2002574/lot CJ91), weld filler material ER70S-2 1/16" Cert. 2B-1675/Ht.no.421N3602, 3/32" Cert. C-92-0072/Ht.no. F8080, 1/8" Cert. C-97-1061/Ht.no. 065651, E7018 3/32" Cert. C-98-1220/Ht.no.T-50210. MT exam of root pass per NDE Report 1-4.00-99-0016, final MT per 1-4.00-99-0017. VT-2 per NDE Report 1-2.04-99-0150. QIR report per 1-99-0161.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maintenance Manager Date 8' 11, 1991  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 3/15/99 to 3/17/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 3/17, 1999

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date 08/05/99  
Name  
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1  
Address
2. Plant Nine Mile Point Unit 1  
Name  
Lycoming, NY 13093 Mechanical Maintenance WO # 98-05201-00  
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A  
Name  
PO Box 63, Lycoming, NY 13093 Authorization No. N/A  
Address Expiration Date N/A
4. Identification of System Containment Spray Raw Water (System 93)
5. (a) Applicable Construction Code ASA B31.1 1955 Edition, None Addenda, None Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983 S'83 Add.
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
93 CNT-SP Raw Water	M.W. Kellogg	N/A	N/A	CLASS 3 Piping System	1969	Replacement	NO

Description of Work: Removed existing 2" valve and replaced with welded cap in accordance with ASME Work Plan in Work Order 98-0521-00; Reference DER 1-98-0784.

*98-05201-00 C. Russell 8-11-99*

8. Tests Conducted: -  
 Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
 Pressure 145 psi Test Temp. N/A °F Test Procedure: N1-IST-GEN-FUN Att. 3B

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. Valve removed and pipe capped to be consistent with PSRS requirements (ref. DER 1-98-0784). Replacement material: cap (Cert.No. X3003254), weld material E7018 3/32 Cert.No. C-98-1220/Ht.no. T50210. Final weld inspection per QIR 1-99-0294. VT-2 per NDE Report 1-2.04-99-0252.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maintenance Manager Date 8-11, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 11/12/98 to 8/17/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 8/17, 19 99

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 11/16/98  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1  
Mechanical Maintenance WO # 96-03456-01  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System CRAC-Control Room HVAC

5. (a) Applicable Construction Code AISC 8th Edition, N/A Addenda, N/A Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum. '83 ADD.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
HTX-210.1-119	Carrier Corp.	N/A	N/A	CLASS 3 Seismic Restraint	1969	Replacement	NO

Description of Work: Install seismic restraints at two (2) location on Control Room Chiller HTX-210.1-119 per ASME Work Plan in Work Order 96-03456-01 and DDC No. 1S00244C. Reference DER No. 1-95-3216.

8. Tests Conducted:

Hydrostatic  Pneumatic  Nominal Operating Pressure  Other

Pressure N/A Test Temp. N/A °F Test Procedure: N/A

**NOTE:**

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. Installation and inspection of seismic restraints at two (2) location on Control Room Chiller HTX-210.1-119 per DDC No. 1S00244C. Reference QIR No. 1-98-0204 for final visual exam of welds. Reference certifications for materials used for fabrication and installation of seismic restraints: C-98-0195 (Ht. No. C44716) Tube steel, C-98-0089 (Ht. No. 314700) Tube steel, C-98-1098 (Ht. No. B31308) Tube steel, C-98-1098 (Ht. No. U947) Plate, C-97-1152 (Ht. No. 5B21361) Plate, C-95-0940 (Ht. No. C72103) Bolt(s), C-95-0272 (Ht. No. Y334350) Nut(s), C-96-0214 (Ht. No. 76970) Weld rod, and C-96-1186 (Ht. No. 104931) Weld rod. Reference DER No. 1-95-3216.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maint Manager Date 1.5, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 7/28/98 to 1/6/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 1/6, 1999

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

Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 04/27/98  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1

Mechanical Maintenance WO # 96-03271-01  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System CRAC-Control Room HVAC

5. (a) Applicable Construction Code AISC 8th Edition, N/A Addenda, N/A Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum. '83 ADD.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
HTX-210.1-120	Carrier Corp.	N/A	-N/A	CLASS 3 Seismic Restraint	1969	Replacement	NO

Description of Work: Install seismic restraints at two (2) location on Control Room Chiller HTX-210.1-120 per ASME Work Plan in Work Order 96-03271-01 and DDC No. 1S00244B. Reference DER No. 1-95-3216.

8. Tests Conducted:

Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
 Pressure N/A Test Temp. N/A °F Test Procedure: N/A

**NOTE:**

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. Installation and inspection of seismic restraints at two (2) location on Control Room Chiller HTX-210.1-120 per DDC No. 1S00244B. Reference QIR No. 1-98-0050 for final visual exam of welds. Reference certifications for materials used for fabrication and installation of seismic restraints: C-98-0195 (Ht. No. C44716) Tube steel, C-98-0089 (Ht. No. 314700) Tube steel, C-97-0384 (Ht. No.263405) Tube steel, C-97-1052 (Ht. No. R525) Plate, C-97-1152 (Ht. No. 5B21361) Plate, C-95-0940 (Ht. No. C72103) Bolt(s), C-95-0272 (Ht. No. Y334350) Nut(s), C-96-0214 (Ht. No. 76970) Weld rod, and C-96-1186 (Ht. No. 104931) Weld rod. Reference DER No. 1-95-3216.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *[Signature]* Plant Manager Date 1.5, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 3/6/98 to 1/6/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

*[Signature]* Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 1/6, 1999



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

1. Owner Niagara Mohawk Power Corporation Date 12/09/98  
Name  
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1  
Address
2. Plant Nine Mile Point Unit 1  
Name  
Lycoming, NY 13093 Mechanical Maintenance WO # 98-00888-02  
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A  
Name  
PO Box 63, Lycoming, NY 13093 Authorization No. N/A  
Address Expiration Date N/A
4. Identification of System DG - Emergency Diesel Generator
5. (a) Applicable Construction Code ASA B31.1 1955 Edition, N/A Addenda, N/A Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum. '83 ADD.
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
HTX-79-03	Young Radiator Co.	2694620	N/A	CLASS 3	1996	Replacement	NO

Description of Work: Replaced heat exchanger per ASME Work Plan in Work Order 98-00888-02 on Emergency Diesel Generator 102. Reference DER 1-98-1962.

8. Tests Conducted: -  
 Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
 Pressure NOP Test Temp. N/A °F Test Procedure: N1-ST-M4

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. Heat exchanger serial no. 2694620 replaced by serial no 2813075. VT-2 per NDE Report No. 1-2.04-98-0027.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *Steve St* Maint Manager Date 12-30, 1998  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 11/9/98 to 12/31/98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

*Lynn W Anderson* Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 12/31, 1998

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

1. Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 12/09/98  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1  
Mechanical Maintenance WO # 98-05175-00  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System DG - Emergency Diesel Generator

5. (a) Applicable Construction Code ASA B31.1 1955 Edition, N/A Addenda, N/A Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1983, Sum. '83 ADD.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
HTX-79-04	Young Radiator Co.	2693001	N/A	CLASS 3	1996	Replacement	NO

Description of Work: Replaced heat exchanger per ASME Work Plan in Work Order 98-05175-00 on Emergency Diesel Generator 102. Reference DER 1-98-1962.

8. Tests Conducted: -  
 Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
 Pressure NOP Test Temp. N/A °F Test Procedure: N1-ST-M4

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. Heat exchanger serial no. 2693001 replaced by serial no 2422086. VT-2 per NDE Report No.1-2.04-98-0027.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: Steve Det Man. Manager Date 12.30, 1998  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 11/20/98 to 12/31/98, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn W. Anderson Commissions NB 3496 NY 2512  
Inspector's Signature National Board, State, Province, and Endorsements

Date 12/31, 1998

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

1. Owner Niagara Mohawk Power Corporation Date 08/05/99  
Name  
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1  
Address
2. Plant Nine Mile Point Unit 1  
Name  
Lycoming, NY 13093 Mechanical Maintenance WO # 98-03314-04  
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A  
Name  
PO Box 63, Lycoming, NY 13093 Authorization No. N/A  
Address Expiration Date N/A
4. Identification of System PCS (TORUS)
5. (a) Applicable Construction Code ASME III 1965 Edition, Sub. Sect. B Addenda, N/A Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1992, '92 Add.
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
TORUS	CB&I	G1293	N/A	CLASS MC	1965	Replacement	YES

Description of Work: Install new Torus hatch studs and nuts for penetration hatches, XS-310, XS-311 and XS-312 in accordance with ASME work plan in Work Order 98-03314-04. Reference DER 1-1999-1074.

8. Tests Conducted: -  
 Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
 Pressure 34.6 Test Temp. N/A °F Test Procedure: N1-TSP-201-001 Rev. 4

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

FORM NIS-2 (Back)

9. Remarks: This replacement is not the result of an inservice failure. Torus penetration XS-310, XS-311 and XS-312 hatch studs and nuts did not comply with design drawing F-48271-C and are being replaced per DER 1-1999-1074 disposition. New studs Heat code MBE. New nuts Heat code DJO. This work includes final acceptance and establishment of PSI baseline. Refer to NMPC NDE reports for each hatch as listed. Torus hatch XS-310: VT-1 (bolting) 1-2.04-99-0223, Torus hatch XS-311: VT-1 (bolting) 1-2.04-99-0224, Torus hatch XS-312: VT-1 (bolting) 1-2.04-99-0222, VT-2 per 1-2.04-99-0270.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maintenance Manager Date 8-11, 1997  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 4/5/99 to 8/17/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NIB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 8/17, 1999

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date 08/05/99  
Name  
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1  
Address
2. Plant Nine Mile Point Unit 1  
Name  
Lycoming, NY 13093 Mechanical Maintenance WO # 98-03314-06  
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A  
Name  
PO Box 63, Lycoming, NY 13093 Authorization No. N/A  
Address Expiration Date N/A
4. Identification of System Torus (PCS)
5. (a) Applicable Construction Code ASME III 1965 Sub. B Edition, N/A Addenda, N/A Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1992, 92 Add.
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
TORUS	Chicago Bridge&Iron	G-1293	N/A	CLASS MC	1965	Replacement	YES

Description of Work: Install new support baseplates (2) as part of the Torus ECCS suction strainer modification N1-96-005. Support baseplates installed per ASME work plan in Work Order 98-03314-06 and DDC 1M00686.

8. Tests Conducted:  
 Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
 Pressure 34.6 psig Test Temp. N/A °F Test Procedure: N1-TSP-201-001 R/04

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. Support baseplates installed as part of Modification N1-96-005. Installed materials include: plates (Cert.No.C-99-0167/Ht.No.401A3431) weld filler material E7018 3/32 (Cert.No. 98-1220/Ht.No. T50210), 1/8 (Cert.No. 98-0070/Ht.No. 107165). Performed VT-1 examination to reestablish PSI baseline per NDE Report No. 1-2.04-99-0209. MT per NDE Reports 1-4.00-99-0128 and 1-4.00-99-0110. VT-2 per NDE Report No. 1-2.04-99-0269.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maintenance Manager Date 8-11, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 4/13/99 to 8/17/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 8/17, 1999



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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date 08/05/99  
Name  
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1  
Address
2. Plant Nine Mile Point Unit 1  
Name  
Lycoming, NY 13093 Mechanical Maintenance WO # 98-03314-08  
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A  
Name  
PO Box 63, Lycoming, NY 13093 Authorization No. N/A  
Address Expiration Date N/A
4. Identification of System Torus (PCS)
5. (a) Applicable Construction Code ASME III 1965 Sub. B Edition, N/A Addenda, N/A Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1992, 92 Add.
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
TORUS	Chicago Bridge&Iron	G-1293	- N/A	CLASS MC	1965	Replacement	YES

Description of Work: Install new support baseplates (2) as part of the Torus ECCS suction strainer modification N1-96-005. Support baseplates installed per ASME work plan in Work Order 98-03314-08 and DDC 1M00686.

8. Tests Conducted:  
 Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
 Pressure 34.6 psig Test Temp. N/A °F Test Procedure: N1-TSP-201-001 R/04

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. Support baseplates installed as part of Modification N1-96-005. Installed materials include: plates (Cert.No.C-99-0167/Ht.No.401A3431) weld filler material E7018 3/32 (Cert.No. 98-1220/Ht.No. T50210), 1/8 (Cert.No. 98-0070/Ht.No. 107165). Performed VT-1 examination to reestablish PSI baseline per NDE Report No. 1-2.04-99-0211. MT per NDE Reports 1-4.00-99-0111 and 1-4.00-99-0112. VT-2 per NDE Report No. 1-2.04-99-0269.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maintenance Manager Date 8-11, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 4/13/99 to 8/17/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn W Anderson Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 8/17, 1999

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date 08/05/99  
Name  
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1  
Address
2. Plant Nine Mile Point Unit 1  
Name  
Lycoming, NY 13093 Mechanical Maintenance WO # 98-03314-07  
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A  
Name  
PO Box 63, Lycoming, NY 13093 Authorization No. N/A  
Address Expiration Date N/A
4. Identification of System Torus (PCS)
5. (a) Applicable Construction Code ASME III 1965 Sub. B Edition, N/A Addenda, N/A Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1992, 92 Add.
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
TORUS	Chicago Bridge&Iron	G-1293	N/A	CLASS MC	1965	Replacement	YES

Description of Work: Install new support baseplates (2) as part of the Torus ECCS suction strainer modification N1-96-005. Support baseplates installed per ASME work plan in Work Order 98-03314-07 and DDC 1M00686.

8. Tests Conducted:  
 Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
 Pressure 34.6 psig Test Temp. N/A °F Test Procedure: N1-TSP-201-001 R/04

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. Support baseplates installed as part of Modification N1-96-005. Installed materials include: plates (Cert.No.C-99-0167/Ht.No.401A3431) weld filler material E7018 3/32 (Cert.No. C-98-1220/Ht.No.T50210), 1/8 (C-99-0245/Ht.No. 114590 and C-98-0070/Ht.No. 107165). Performed VT-1 examination to reestablish PSI baseline per NDE Report No. 1-2.04-99-0210. MT per NDE Reports 1-4.00-99-0129 and 1-4.00-99-0130. VT-2 per NDE Report No. 1-2.04-99-0269.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *[Signature]* Maintenance Manager Date 8-11, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 4/13/99 to 8/17/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

*[Signature]* Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 8/17, 1999

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date 08/05/99  
Name  
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1  
Address
2. Plant Nine Mile Point Unit 1  
Name  
Lycoming, NY 13093 Mechanical Maintenance WO # 98-03314-05  
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A  
Name  
PO Box 63, Lycoming, NY 13093 Authorization No. N/A  
Address Expiration Date N/A
4. Identification of System Torus (PCS)
5. (a) Applicable Construction Code ASME III 1965 Sub. B Edition, N/A Addenda, N/A Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1992, 92 Add.
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
TORUS	Chicago Bridge&Iron	G-1293	- N/A	CLASS MC	1965	Replacement	YES

Description of Work: Install new support baseplates (2) as part of the Torus ECCS suction strainer modification N1-96-005. Support baseplates installed per ASME work plan in Work Order 98-03314-05 and DDC 1M00686.

8. Tests Conducted:  
 Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
 Pressure 34.6 psig Test Temp. N/A °F Test Procedure: N1-TSP-201-001 R/4

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. Support baseplates installed as part of Modification N1-96-005. Installed materials include: plates (Cert.No. C-99-0167/Ht.No.401A3431) weld filler material E7018 3/32 (Cert.No. C-98-1220/Ht.No.T50210), 1/8 (C-99-0245/HtNo.114590 and C-98-0070/Ht.No.107165). Performed VT-1 examination to reestablish PSI baseline per NDE Report No. 1-2.04-99-0208. MT per NDE Reports 1-4.00-99-0113 and 1-4.00-99-0118. VT-2 per NDE Report No. 1-2.04-99-0269.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maintenance Manager Date 8.11, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 4/13/99 to 4/17/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB3496 NY2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 8/17, 1999

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date 08/17/99  
Name  
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1  
Address
2. Plant Nine Mile Point Unit 1  
Name  
Lycoming, NY 13093 Mechanical Maintenance WO # 99-01884-00  
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A  
Name  
PO Box 63, Lycoming, NY 13093 Authorization No. N/A  
Address Expiration Date N/A
4. Identification of System PCS (TORUS)
5. (a) Applicable Construction Code ASME III 1965 Edition, Sub.Sec. B Addenda, N/A Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1992, '92 Add.
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
XS-312 (TORUS)	CB&I	G1293	N/A	CLASS MC	1965	Replacement	YES

Description of Work: Welded new studs and nuts for Torus penetration XS-312 manway hatch cover in accordance with ASME work plan in Work Order 99-01884-00. Reference DER 1-1999-1074.

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

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

FORM NIS-2 (Back)

9. Remarks: This work is not the result of an inservice failure. Torus penetration XS-312 hatch studs were not welded to top nuts as depicted in NMPC drawing F-48271-C. DER 1-1999-1074 disposition required fabrication of new studs and nuts. New studs Heat code MBE. New nuts Heat code DJQ. Weld material Cert. No. C-97-1061. This work includes final acceptance and establishment of PSI baseline, refer to NMPC NDE report: VT-1, 1-2.04-99-0222.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maint. Manager Date 8-25, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 4/30/99 to 8/26/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 8/26, 1999



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

Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 08/05/99  
Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1

Mechanical Maintenance WO # 99-01884-02  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System PCS (TORUS)

5. (a) Applicable Construction Code ASME III 1965 Edition, Sub.Sec.B Addenda, N/A Code Case  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1992, '92 Add.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
XS-311 (TORUS)	CB&I	G1293	- N/A	CLASS MC	1965	Replacement	YES

Description of Work: Welded new studs and nuts for Torus penetration XS-311 manway hatch cover in accordance with ASME work plan in Work Order 99-01884-02. Reference DER 1-1999-1074.

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

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

FORM NIS-2 (Back)

9. Remarks: This work is not the result of an inservice failure. Torus penetration XS-311 hatch studs were not welded to top nuts as depicted in NMPC drawing F-48271-C. DER 1-1999-1074 disposition required fabrication of new studs and nuts. New studs Heat code MBE. New nuts Heat code DJQ. Weld material Cert. No. C-97-1061. This work includes final acceptance and establishment of PSI baseline, refer to NMPC NDE report: VT-1, 1-2.04-99-0224.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *[Signature]* Maintenance Manager Date 8-11, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 4/30/99 to 8/17/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

*Lynn D Anderson* Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 8/17, 1999

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 09/06/99  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1

Mechanical Maintenance WO # 99-01884-01  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System PCS (TORUS)

5. (a) Applicable Construction Code ASME III 1965 Edition, Sub.Sec.B Addenda, N/A Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1992, '92 Add.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
XS-310 (TORUS)	CB&I	G1293	N/A	CLASS MC	1965	Replacement	YES

Description of Work: Welded new studs and nuts for Torus penetration XS-310 manway hatch cover in accordance with ASME work plan in Work Order 99-01884-01. Reference DER 1-1999-1074.

8. Tests Conducted: -

Hydrostatic  Pneumatic  Nominal Operating Pressure  Other

Pressure N/A Test Temp. N/A °F Test Procedure: N/A

**NOTE:**

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

FORM NIS-2 (Back)

9. Remarks: This work is not the result of an inservice failure. Torus penetration XS-310 hatch studs were welded to top nuts as depicted in NMPC drawing F-48271-C. DER 1-1999-1074 disposition required fabrication of new studs and nuts. New studs Heat code MBE. New nuts Heat code DJQ. Weld material Cert. No. C-97-1061. This work includes final acceptance and establishment of PSI baseline, refer to NMPC NDE report: VT-1, 1-2.04-99-0223.

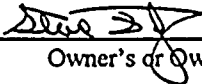
Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

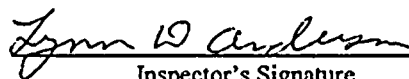
Certificate of Authorization No. NONE Expiration Date NONE

Signed:  Maint. Manager Date 9-7, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 4/30/99 to 9/8/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

 Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 9/8, 1999

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 08/24/99  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1

Mechanical Maintenance WO # 99-01882-04  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System Primary Cont. Structure (Drywell)

5. (a) Applicable Construction Code ASME III, NE 1986 Edition, 87 Addenda, N/A Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1992 '92 Add.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PENET-X-2B	PATHWAY	N/A	- N/A	CLASS MC	1969	Repaired	NO

Description of Work: Weld repair performed on Mainsteam drywell bellows due to failed VT-2 exam in accordance with ASME Work Plan in Work Order 99-01882-04. Reference DER 1-1999-1619.

8. Tests Conducted: -  
 Hydrostatic  Pneumatic  Nominal Operating Pressure  Other   
 Pressure 35.3 Test Temp. N/A °F Test Procedure: N1-ISP-LRT-TYB Att. 58

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

FORM NIS-2 (Back)

9. Remarks: This repair was not the result of an inservice failure. Repair welding was required due to failed VT-2 exam. Repair weld filler material ER NI CR3 (Cert.No. C-95-0353/Ht.no. AM6577). PT exams of weld repairs per NDE Reports 1-3.00-99-0157 and 1-3.00-99-0158. VT-1 for PSI baseline per NDE Report 1-2.04-99-0237. VT-2 per NDE Report 1-2.04-99-0233.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *[Signature]* Maint. Manager Date 8-25, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission-issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 5/15/99 to 8/26/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

*[Signature]* Commissions NB 8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 8/26, 1999

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 08/24/99  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1

Mechanical Maintenance WO # 99-01882-01  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System Primary Cont. Structure (Drywell)

5. (a) Applicable Construction Code ASME III, NE 1986 Edition, 87 Addenda, N/A Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1992 '92 Add.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PENET-X-2B	PATHWAY	N/A	- N/A	CLASS MC	1969	Replaced	NO

Description of Work: Cut out existing mainsteam drywell bellows and weld in new bellows for component PENET-X-2B in accordance with ASME Work Plan in Work Order 99-01882-01. Reference DER 1-1999-1113.

8. Tests Conducted:

Hydrostatic  Pneumatic  Nominal Operating Pressure  Other

Pressure 35.3 psi Test Temp. N/A °F Test Procedure: N1-ISP-LRT-TYB Att. 58

**NOTE:**

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. Main steam drywell bellows replaced per DER 1-1999-1113. Replacement materials: bellows (Cert.No. C-92-0411), weld filler material ER70S2 1/16" Cert.No. 2B-1675, 3/32" Cert.No. C-97-1061, ERNiCrMo-3 .045" Cert.No. C-95-0573, 1/16" Cert.Nos. C-95-0353 and C-96-0006. VT-1 for PSI baseline per NDE Report 1-2.04-99-0237, VT-2 per NDE Report 1-2.04-99-0233.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maint. Manager Date 8.25, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 4/30/99 to 8/26/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NY 2812  
Inspector's Signature NY 8496 National Board, State, Province, and Endorsements

Date 8/26, 1999



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

Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 08/24/99  
Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit .1

Mechanical Maintenance WO # 95-01308-01  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System Reactor Vessel (System 00.0)

5. (a) Applicable Construction Code ASME III 1965 Edition, Sub.Sec.B Addenda, N/A Code Case  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1992 S '92 Add.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
HATCH-DW-HEAD	CB&I	G-1292	- N/A	MC Metal Containment	1965	Replacement	NO

Description of Work: Drywell Head swingbolts (2) installed per Work Order 95-01308-01. Reference DER 1-1997-1860 which identifies swingbolts not in compliance with design documents. Reference DER 1-98-3926 for parts installation without ASME XI work plan.

8. Tests Conducted:

Hydrostatic  Pneumatic  Nominal Operating Pressure  Other

Pressure \_\_\_\_\_ Test Temp. \_\_\_\_\_ °F Test Procedure: N1-ISP-LRT-TYB Att. 6

**NOTE:**

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

FORM NIS-2 (Back)

9. Remarks: This replacement was not the result of an inservice failure. Reactor swingbolts replaced as part of preventive maintenance. Swingbolts material ASTM A320 Grade L43 (symbol no. 95-83-440, P.O. 22335).

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maint: Manager Date 8-25, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 12/17/78 to 8/26/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB8496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 8/26, 1999

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation  
Name  
P.O. Box 63, Lycoming, NY 13093  
Address

Date 07/27/99  
 Sheet 1 of 1

2. Plant Nine Mile Point  
Name  
Lycoming, NY 13093  
Address

Unit 1

Mechanical Maintenance WO # 98-03786-00  
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.  
Name  
PO Box 63, Lycoming, NY 13093  
Address

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

4. Identification of System Reactor Vessel (System 00.0)

5. (a) Applicable Construction Code ASME III 1965 Edition, Sub.Sec. B Addenda, N/A Code Case  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1992, 92 Add.

6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
HATCH-DW-HEAD	CB&I	G-1292	NONE	MC Metal Containment	1965	Replacement	YES

Description of Work: Replace reactor drywell dome bolting and washers in accordance with AMSE work plan in Work Order 98-03786-00 as part of preventive maintenance.

8. Tests Conducted:

Hydrostatic       Pneumatic       Nominal Operating Pressure       Other

Pressure 59.8 psig      Test Temp. N/A °F      Test Procedure: N1-ISP-LRT-TYB Att. 6 R/O

**NOTE:**

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

FORM NIS-2 (Back)

9. Remarks: This replacement is not the result of an inservice failure. Drywell dome bolts replaced as part of preventive maintenance. Ten (10) dome bolts replaced (HT. No.s K6Z2, LN22, LN21, AGZ1), ten (10) nuts replaced (HT. No. LZZ) ten (10) washers replaced (HT. No.3M07261). Cert No. for all assemblies C-99-0173). Performed VT-1 for PSI per NDE Report No. 1-2.04-99-0247. VT-2 per NDE Report No. 1-2.04-99-0268. Reference DER 1-99-1763 for bolt surface blemishes corrected pwe W.O. 98-03786-01.

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] Maintenance Manager Date 7.30, 1999  
Owner's or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of New York and employed by Arkwright Mutual Ins. Co. of Massachusetts have inspected the components described in this Owner's Report during the period 4/6/99 to 5/3/99, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 5496 NY 2812  
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/3, 1999



Nine Mile Point Nuclear Power Station  
Unit 1

NMP1-ISI-99-05

SECOND INSERVICE INSPECTION INTERVAL

Rev. 0

INSERVICE INSPECTION  
SUMMARY REPORT SUBMITTAL

September 14, 1999

Page 15 of 15

END OF  
NMP-1  
1999 SUMMARY REPORT



## ENCLOSURE 2

### Reactor Pressure Vessel Weld Flaw Evaluations

In accordance with the requirements of ASME Code Section XI, Subsection IWB-3610 (1983 Edition with Summer 1983 Addenda), Niagara Mohawk Power Corporation (NMPC) is submitting for NRC staff review and approval a structural flaw evaluation of subsurface flaw indications found in two (2) Reactor Pressure Vessel (RPV) welds (RV-WD-140 and RV-WD-099) during RFO15. By letter dated December 10, 1998 (NMP1L 1391), NMPC requested permanent relief from the inservice inspection requirements of 10 CFR 50.55a(g) for the volumetric examinations of circumferential RPV welds in response to NRC Generic Letter 98-05. In that letter, NMPC informed the staff of our intent to perform volumetric examinations of longitudinal RPV shell welds and the shell-to-flange weld (ASME Code Section XI, Table IWB-2500-1, Examination Category B-A, Item 1.12, Longitudinal Shell Welds and Item 1.30, Shell-to-Flange Weld). By letter dated April 7, 1999, the NRC approved our request. The examinations were completed from the inside surface of the RPV using the General Electric Remote Inspection System (GERIS-2000) during RFO15.

The ultrasonic (UT) examinations identified subsurface flaw indications in shell weld RV-WD-140 and shell-to-flange weld RV-WD-099 that exceeded the acceptance standards of ASME XI, IWB-3510. Further analytic evaluation performed in accordance with the methods prescribed in ASME Code Section XI, IWB-3600, demonstrate that the welds containing the flaws are acceptable for continued service for twenty-eight (28) Effective Full Power Years (EFPY). The flaw evaluations included fatigue crack growth and irradiation embrittlement for up to 28 EFPY.

Prior to RFO15, GE Nuclear Energy developed for NMP-1, flaw evaluation criteria entitled, "GE Nuclear Energy RPV Flaw Evaluation Handbook for NMP1", (See Attachment 2A). The attached flaw handbook includes analysis methods prescribed by ASME Code Section XI IWB-3600. The flaw handbook contains a series of flaw evaluation curves that are used to determine the allowable flaw sizes. The flaw handbook also contains flaw evaluation worksheets in Section B of the handbook. Completed flaw evaluation worksheets including the UT data sheets and flaw evaluation curves for each flaw evaluated to the criteria in the flaw handbook are included in the attached calculation S0VESSELM030 (Attachment 2B).

The flaw indications evaluated using the flaw handbook were all subsurface and were plotted to the region of the weld fusion lines and are attributed to lack of fusion and/or thin film slag deposits remaining from fabrication (Reference 1). The original RPV fabrication radiographs (RT) and the UT data for welds RV-WD-140 and RV-WD-099 were compared. The radiographs for these welds have been digitized and were reviewed with computer enhancements. The RT and UT comparison evaluation concluded that the indications recorded by the GERIS ID system can be attributed to the fabrication process. This is demonstrated by the presence of indications in the digitally enhanced radiographs from the original construction (Reference 2). The fact that there are numerous intermittent linear RT indications with characteristics of slag inclusions throughout the area that contains UT indications shows the complementary nature of these two examination techniques, and provides reasonable assurance that these indications are related to the original fabrication processes (Reference 3).

As documented in the Nine Mile Point Unit 1 Second Ten-Year Interval Inservice Inspection Program Plan, NMPC utilizes the philosophy of ASME Code Section XI, 1986 Edition, IWB-2430, which requires selection of additional examinations according to the Code item number of the defective item. Weld RV-WD-140 is a RPV longitudinal shell weld in Examination Category B-A, Code item 1.12. All of the accessible Code item 1.12 longitudinal shell welds were examined (approximately 79% coverage of the total cumulative weld lengths), including approximately 91% coverage in the beltline region. These examinations were part of the original examination scope. No additional unacceptable flaw indications were detected. Additionally, the examination of the RPV longitudinal welds included incidental examination of at least 3 percent of the





intersecting circumferential shell welds, consistent with the NRC's April 7, 1999, safety evaluation. No unacceptable flaw indications were detected in these intersecting regions. Weld RV-WD-099 is the only RPV shell-to-flange weld for Code item 1.30. This weld was examined to the maximum extent practicable using the GERIS ID system, resulting in approximately 83% coverage. Thus, the Code expanded sample requirements for each Code item examined were completed.

ASME Code Section XI, IWB-2420(b) requires that areas found to have indications that were evaluated per IWB-3600, be re-examined during the next three inspection periods. Code Case N-526 provides alternative requirements for successive inspections of Class 1 vessels. The Code Case does not require re-examination of the areas containing subsurface flaws if the requirements delineated in the Code Case are met. NMPC has determined that the flaws in welds RV-WD-140 and RV-WD-099 meet Code Case N-526 requirements. As this Code Case has not yet received Regulatory Guide 1.147 endorsement, NMPC plans to submit a relief request to allow the use of Code Case N-526 as an alternative to re-examination. The relief request will be included in the NMP-1 Third Ten-Year Interval Inservice Inspection Program Plan, which will be submitted by October 30, 1999.

### References:

1. GE Nuclear Energy Report (Project 1JHN2), Revision 1, August 11, 1999, entitled, "Flaw Indications in the NMP-1 Reactor Pressure Vessel".
2. Level III Review of Data for DER 1-1999-1451, "Comparison of Radiographic and Ultrasonic Data for Weld RV-WD-140", dated May 6, 1999.
3. Internal Correspondence from Quality Inspection to DER 1-1999-1640 (File Code 99108), "Level III Review of Data for DER 1-1999-1640, Weld RV-WD-099: Comparison of Digitized Construction Radiographs to GE Automated Ultrasonic Data".



**ATTACHMENT 2A**



1992