

January 21, 1992

OCAN019202

U. S. Nuclear Regulatory Commission Document Control Desk Mail Station P1-137 Washington, DC 20555

Subject: Arkansas Nuclear One - Units 1 and 2

Docket Nos. 50-313 & 50-368 License Nos. DPR-51 & NFP-6 Revisions to the NIS-2 Forms;

"Owners Report of Repairs or Replacements"

Ge. 1 men:

In letter 1CAN059104, dated May 8, 1991 Entergy Operations submitted the Arkansas Nuclear One, Unit 1 (ANO-1) Inservice Inspection Outage Summary Report. This report provided a summary of the inservice inspections performed during Cycle 9, including the 1R9 refueling outage. The ANO-2 Outage Summary Report was submitted in letter 2CAN079105, dated July 15, 1991. This report provided a summary of the inservice inspections performed during Cycle 8, including the the 2R8 refueling outage. As part of these reports, the NIS-2 Forms "Owners Report of Repairs or Replacements" were submitted.

Based on subsequent review of the inspection data, certain corrections have been made to the NIS-2 Forms. The revised NIS-2 Forms for ANO-1 and ANO-2 are provided in Attachments 1 and 2, respectively.

Should you have any questions regarding this submittal, please contact my office.

Very truly yours,

James J. Fisicaro Director, Licensing

JJF/RWC/sjf Attachments U. S. NRC January 21, 1992 Page 2

cc: Mr. Robert Martin
U. S. Nuclear Regulatory Commission
Region IV
611 Ryan Plaza Drive, Suite 1000
Arlington, TX 76011

NRC Senior Resident Inspector Arkansas Nuclear One - ANO-1 & 2 Number 1, Nuclear Plant Road Russellville, AR 72801

Mr. Thomas W. Alexion
NAR Project Manager, Region IV/ANO-1
U. S. Nuclear Regulatory Commission
NRR Mail Stop 11-D-23
One White Flint North
11555 Rockville Pike
Rockville, Maryland 20852

Ms. Sheri Peterson
NRR Project Manager, Region IV/ANO-2
U. J. Nuclear Regulatory Commission
NRR Mail Stop 11-D-23
One White Flint North
11555 Rockville Pike
Rockville, Maryland 20852

ATTACHMENT 1

APPENDIX II - WAMEATORY

REVISED 06/30/89

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

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FORM MIS-2 (Back)

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Owner or Owner's Designee, Title
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS
CERTIFICATE OF IMPERVICE INSPECTION
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NORWOOD, MASS. Norwood, Mass.
Owner's Report during the period 12-14-88 to 1-7-9 and state that to the best of my knowledge and belief, the Owner has performed
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APPENDIK II - MANDATORY

REVISED 06/30/89

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

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FORM MIS-2 (Back)

REMARKS Applicable Manufecturer's Data Reports to be Attached This NIS- Z has been revised to reflect the carrect value serial number and year built CERTIFICATE OF COMPLIANCE We certify that the statements made in the report are correct and this repair conforms to the rules of the ASSE Code, Section XI. repair or replacement Type Code Symbol Stamp N/A Certificate of Authorization No. N/A Expiration Date N/A Date 12/11 . 1991 Owner or Owner's Decigned, Title R. C. Lane, Nanager Engineering - STANDARDS 4 PROGRAMS CERTIFICATE OF INSERVICE IMSPECTION I, the undersigned, helding a walld commission issued by the Mational Board of Boiler and Pressure Vessel Inspectors and the State or Province of and employed by *ARKWRIGHT MUTUAL INSURANCE CO. NORWOOD, MASS. heve inspected the components described in this Owner's Report during the period 12-14-88 to 1-7-9/ and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASPE Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any varranty, expressed or implied, concerning the exeminations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection. FACTORY MUTUAL SYSTEMS Inspector's Signature Commissions NB-9947, ARK-I133 "N" "I"

Inspector's Signature Setional Board, State, Province, and Endorsements Date December 13 1991

APPENDIX II - MANDATORY

REVISED 06/30/89

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	I, the undersigned, holding a valid commission issued by the Mational Board of Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS and employed by "ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measure: described in this Owner's Report in the requirements of the ASME Code, Section XI.
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APPENDIX II - MANDATORY

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APPENDIX II - MAKNATORY

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APPINDIX II - MANDAPORY

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FORM HIS-2 (Back)

9. REMARKS N/D
9. REMARKS NA Applicable Manufacturer's Data Reports to be Attached
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R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS
CERTIFICATE OF INSERVICE IMEPECTION
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NORWOOD, MASS. have inspected the components described in this and state that to the best of my browledge or the components described in this
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By signing this certificate neither the Inspector nor his employer makes any
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Date 12/19 139/

APPENDIX II - MANDATORY

REVISED 05/30/89

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

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PORM MIS-2 (Back)

9. REMARKS N/A Applicable Manufacturer's Data Reports to be Attached This NISZ has been revised to reflect the applicat Construction Code correction.	4
CERTIFICATE OF COMPLIANCE	-
We certify that the statements made in the report are correct and this repair or replacement comforms to the rules of the ASME Code, Section XI. Type Code Symbol Stamp N/A	
Signed Suthorization No. N/A Expiration Date N/A Signed Owner's Designee, Title R. D. Ane, Manager Engineering - STANDARDS & PROGRAMS	7/
I. The undersigned, holding a valid commission issued by the Mational Board of Valler and Pressure Vessel Inspectors and the State or Province of ARRAGAS And employed by ARRAGIGHT MUTUAL INSURANCE CO. of here inspected the components described in this and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ARME Code, Section XI. By signing this cartificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any mannor for any personal injury or property damage or a loss of any kind arising from 4. commetted with this inspection. FACTORY MUTUAL SYSTEMS Inspector's signature Metional Board, State, Province, and Endorsements Date J. O. Elliott J. A. 19 91	

APPENDIX II - MANDATORY

REVISED OG/30/89

FORM WIS-2 CHARGE'S REPORT FOR REPAIRS OR REPLACEMENTS. As Required by the Provisions of the ARMS Code Section XI

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	This NIS-Z has been revised to reflect the correct
	applicable Construction Code
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	CERTIFICATE OF COMPLIANCE
	We certify that the statements made in the report are correct and this repair or replacement
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	Certificate of Authorization No. N/A Expiration Date N/A
	Owner or Owner's Designee Title
PROFESSION	R. D. Lane, Hanager Engineering - STANDARDS & PROGRAMS
	CERTIFICATE OF INSERVICE INSPECTION
I	the undersigned, holding a valid commission issued by the Mational Board of oiler and Pressure Vessel Inspectors and the State of
	NORWOOD WARE
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FORM MIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Code Section XI

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SECTION XI - DIVISION 1

REVISED 06/30/89

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9. REMARKS N/A
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applicable Construction Code
CERTIFICATE OF COMPLIANCE
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We certify that the statements made in the report are correct and this repair or replacement comforms to the rules of the ASPE Code, Section XI.
repair or replacement
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Certificate of Authorization No. H/A Empiration Date N/A
Signed (111)
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R. D. Lane, Nanager Engineering - STANDARDS & PROGRAMS
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CERTIFICATE OF INSERVICE INSPECTION
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Owner's Report during the period 12-14-88 to 1-7-91
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J. O. E. Illiott Commissions NR -00/7 ARK TISS WITH HOME
Anspector's Signature Metional Board Seaso
To File and Endorsement
Date /2/19 1991

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

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FORM MIS-2 (Back)

9.	REXARKS
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	This NIS- 2 has been revised to reflect the correct
	Applicable Construction Code.
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	CERTIFICATE OF COMPLIANCE
	We certify that the statements made in the report are correct and this conforms to the rules of the ASPER Code, Section XI.
	Type Code Symbol Stamp N/A
	Certificate of Authorization No. W/A
	Certificate of Authorization No. N/A Expiration Date N/A
	Signed And C. Com. O. P. Pate 12/8/91 . 1991 R. D. Lane, Hanager Engineering - STANDARDS & PROGRAMS
	R. D. Lane, Hanager Engineering - STANDARDS & PROGRAMS
-	STARWARDS & PROGRAMS
	PERFECT BY A STATE AS THE PARTY OF THE PARTY
	CERTIFICATE OF INSERVICE INSPECTION
	the undersigned, holding a valid commission issued by the Rational Board of
	NORWOOD, MASS.
40.00	more state that to the had as me because the manufacture of the second s
	examinations and taken corrective measures described in this Owner's Report in secondance with the requirements of the ASPE Code, Section XI.
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	suployer that! he liable to see manner for the Laspertor nor his
0	r a loss of any kind arising from or connected with this improperty demage
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D	J. O. Elliott 12/19 1991
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FORM WIS-2 CHREEK'S REPORT FOR REPLIES OR REPLACEMENTS As Required by the Provisions of the ANIX Code Section XI

				DATE 7-16-90			0/9/)
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POSS MIS-2 (Back)

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applicable Construction Code	-
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	With the Party of
CERTIFICATE OF COMPLIANCE	******
We certify that the statements made in the report are correct and this	
repair or replacement conforms to the rules of the ASSE Code, Section XI.	
repair or replacement	
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THE RESIDENCE OF THE PROPERTY	-
Certificate of Authorization No. N/A Empiretion Date N/A	
Signed Anold B Anol for Sate 12/18/91 Owner or Owner's Designee, Title R. D. Lene, Manager Engineering Country of the Countr	
Owner or Owner's Designee, Title	19_9/
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS	
	THE SHARE STREET, S.
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Date 12/19 19 91	1
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FORM MIS-2 OWNER'S REPORT FOR REPLACEMENTS As Required by the Provisions of the AERE Code Section MI

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FORM MIS-2 (Back)

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	applicable Construction Code.
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	We certify that the statements made in the report are correct and this
	repair or replacement to the rules of the ASSE Code, Section XI.
	repair or replacement
	Type Code Symbol Stamp R/A
	Certificate of Suthorization No. K/A Expiration Date K/A
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	Signed
PARKET NO.	R. D. Lene, Manager Engineering - STANDARDS & PROGRAMS
COMPANSA SA	PEUGEARS
	CERTIFICATE OF THEFTITON THE
	CERTIFICATE OF IMBERVICE INSPECTION
	I, the undersigned, holding a valid commission issued by the Mational Board of
	ARKANSAS and and a contract of Province of
	ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this and state that to the best of my knowledge and belief, the Owner was performed
	and state that to the heat of my
	examinations and taken corrective measures described in this Owner's Report in
	accordance with the requirements of the ASPE Code, Section XI.
	By signing this cartificate outstands
,	By signing this certificate weither the Inspector nor his employer makes any secribed in this Owner's Report. Furthermore points and corrective measures
- 5	described in this Owner's Report. Furthermore, neither the Inspector nor his
	employer shall be liable in any mancher for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
	The commercial with this inspection.
ÿ	Commissions NR-9247, ARK-1133 "N" "
	Mational Board State Co.
D	J. O. Elliott 12/19 1991
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APPENDIX II - HANDATORY

REVISED 06/30/89

FORM MIS-2 CHOKER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Code Section MI

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	This NIS-2 has been revised to reflect the correct
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	applicable Construction Code.
	CERTIFICATE OF COMPLIANCE
	we certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.
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	Signed Authorisation No. N/A Rupiretion Date N/A
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	I, the undersigned, holding a valid commission issued by the Mational Board of ARKANSAS
	I. the undersigned, holding a valid commission issued by the Hational Board of Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS and employed by *ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this and state that to the heat of the period 12-14-58 to 1-1-9
	I, the undersigned, holding a valid commission issued by the Matienal Board of Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS and employed by "ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this and state that to the best of my knowledge and belief, the Owner has performed againstions and taken corrections.
	I, the undersigned, holding a valid commission issued by the Matienal Board of Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS and employed by ARKANIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this and state that to the best of my knowledge and belief, the Owner has performed againstions and taken corrections.
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	I. the undersigned, holding a valid commission issued by the Mational Board of Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS and employed by "ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD. MASS. Owner's Report during the period have inspected the components described in this and state that to the best of my knowledge and belief, the Owner has performed accordance with the requirements of the ASPEC Lode, Section XI. By signing this cartificate neither the Inspector nor his employer makes any described in this Owner's Report. Furthermore, neither the Inspector nor his employer makes any described in this Owner's Report.
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APPENDIX II - HANDATORY

REVISED 06/30/89

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

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9.	REMARKS
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	applicable Construction Orde
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	CERTIFICATE OF COMPLIANCE
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	We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ANGE Code, Section XI.
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	Signed for State Date 12/18 . 1991 R. D. Lene, Manager Engineering - STANDARDS & PROCESSES
	Owner or Owner's Designee, Title
NAME OF TAXABLE PARTY.	R. D. Lane, Manager Engineering - STANDARDS & PROCEARS
	CERTIFICATE OF INSERVICE INSPECTION
	I, the undersigned, holding a valid commission issued by the Mational Board of
	Boiler and Pressure Vessel Inspectors and the State or Province of
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١	erranty, expressed or implied, concerning the examinations and corrective measures
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FORM WIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Code Section XI

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Applicable Manufacturer's Data Reports to be attached This NIS-2 has been revised to reflect the corner Applicable Construction Code.
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASPE Code, Section XI.
Type Code Symbol Stamp H/A
Signed Anald S. A. P. Designee, Title R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS
I, the undersigned, holding a valid commission issued by the Mational Board of Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS and employed by "ARKWRIGHT NUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in By signing this certificate meither the Inspector nor his employer makes any described in this Owner's Report. Furthermore, neither the Inspector nor his employer makes any described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property demage or a loss of any kind arising from or commected with this inspection. FACTORY MUTUAL SYSTEMS Inspector's Signature
Inspector's Signature Metional Board, State, Province, and Endorsements Date 13/19 199/

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AFFENDIX II - NAMDATORY

REVISED 06/30/89

FORM WIS-2 OWNER'S REACRT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASPE Code Section XI

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	CERTIFICATE OF COMPLIANCE
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-	R. D. Lane, Manager Engineering - STARDARDS & PROGRAMS
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	CERTIFICATE OF INSERVICE INSPECTION
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	Boiler and Pressure Vecsel Inspectors and the State or Province of ARKANSAS APPLICATION OF ARKANSAS NORWOOD, MASS. Owner's Report during the period and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this common has performed
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	examinations and taken best of my knowledge and belief, the Owner has performed
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APPENDIN II - MAKDATORY

REVISED 06/30/89

FORM WIS-2 OMMER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASPE Code Section XI

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	Owner or Owner's Designee, Title
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	I, the undersigned, holding a valid commission issued by the Mational Board of Boiler and Pressure Vessel Inspectors and the State or Province of
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APPENDIK II - HANDATORY

REVISED 06/30/89

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

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	AREANSAS MOCI.	Address		UNIT ONE		NAME OF STREET	
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FORM EIS-2 (Back)

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	Owner or Owner's Designee, Title
PROFESSION NAME	R. D. Lane, Hanager Engineering - STANDARDS & PROCEAUS
	CERTIFICATE OF IMBERVICE IMSPECTION
	I, the undersigned, holding a valid commission issued by the Mational Board of
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	Owner's Report during the period the components described in this and state that to the best of my knowledge and belief, the Owner has performed
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APPENDIX II - HANDATORY

REVISED 06/30/89

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

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SECTION XI - DIVISION 1

REVISED OF, 30/89

FORM EIS-2 (Beck)

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I the undersigned, holding a valid commission issued by the Boiler and Pressure Vessel Inspectors and the State or Pro-	be Mational Board of
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(b) AFF	CATION OF COM	ON OF SECTION POMENTS REPAIR MANUFACTURER	MATIONAL BOARD	ZED FOR REPAIRS PLACED AND REPL OTHER	OR RE	T COMPONENTS REPAIRED, REPLACED, OR	ASME CODE STAMP

FORM HIS-2 (Back)

	REMARKS	
		Applicable Manufacturer's Data Reports to be Attached
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	B. 1. D.	10. R & L. R. S. S. S. S. S. S. Consect
	affilial S	able Construction Code
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		CERTIFICATE OF COMPLIANCE
	We cer	
	repeat or r	conforms to the rules of the ASPE Code, Section XI.
	Type Code S	ymbol Stamp N/A
		A STATE OF THE PARTY OF THE PAR
		of Authorization No. N/A Empirerton Date N/A
	Signed	Anald S. An P At Date 12/16 . 19 9 Wher or Owner's Designee, Title D. Lane, Manager Engineering - STANDARDS A PROCESSES
	R.	D. Lane Manager Posignee, Title
Manage		D. Lene, Menager Engineering - STANDARDS & PROGRAMS
		CESTIFICATE (S THEFTEN SO COLORS
		CERTIFICATE OF IMBERVICE IMBPECTION
i	ciler and P	signed, holding a valid commission issued by the Mational Board of
	ARKANEAS	and some loved by the first and of
ě	NORWO	oD. MASS. have inspected the components described in this
	Exeminations	and taken corrective measures described in this Owner's Report in
-	eres marke e.	ith the requirements of the ASME Code, Section XI.
	By sign:	ing this certificate neither the Inspector nor his employer makes any
d	escribed in	this Changele Banant Beating the examinetions and corrective measures
影	mployer shall	I be light in any more than the Inspector wor his
0	r a luss of	
A	4.0.6. ll	Complete Autor Autor States
		BELINDO BARRE BRACA BARRETON
	J. O. Elliot	t 12/19 19 91
Di	kto	12/19

APPENDIX II - HAMDATORY

REVISED 06/30/09

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

		AGZFess	AR. 72801	SPEET	<u> </u>	_ of	
2. PLANT _	AREANSAS MUCL	EAR OWE	Mariana Surer delenio	UNIT ONE	-		,
-BT. 1.	BOX 137G. BU	SELLVILLE, Al	R. 72801	Repair Organia	4/2 FA E 100	PO Ne., Job	No., e
. WORK PE	REPORTED BY API	Mases	S. INC.	TTPE CODE STIR			
	Box 137G, RUSS	CHOIL & B R		AUTHORIZATION DAT	R	NAME AND ADDRESS OF THE OWNER, WHEN	
. IDENTIF:	CATION OF SYS	TEX Buil	ding of	Parayo CHEB	-()	Commence of the Commence of th	William Janes
(b) APP	LICABLE EDITI	ODE CASE ON OF SECTION	RI UTILI	ZED FOR REPAIRS	OR RE	PLACEMONTS 1	880 C
NAME OF	NAME OF	PONENTS REPAI	MATIONAL	PLACED AND REPL	ACEPTOR	T COMPONENTS	ASME
NAME OF CORPONENT	CATION OF COR	MANUFACTURER SERIAL NO.	RED OR RE	OTHER IDENTIFICATION	TEAR	REPAIRED,	ASME CODE STAMP (YES
NAME OF COMPONENT	NAME OF	PONENTS REPAI	MATIONAL BOARD NO.	PLACED AND REPL	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMP (YES OR NO
NAME OF CORPONENT	NAME OF MANUFACTURES	PONENTS REPAIR MANUFACTURER SERIAL NO.	MATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMP (YES OR NO

SECTION XI - DIVISION 1

DEVISED C4/30/UV

PORM NIS-2 (Back)

9.	REXARES	MAG
	Applicable Manufecturer's Date Reports to be Attached	-
	This wic- ? has been in the treeted	
	This NIS-2 has been revised to reflect the carret	!
	applicable Construction Code	PERMIT
	CERTIFICATE OF CYMPLIANCE	-
	We certify that the statements made in the report are correct and this repair or replacement comforms to the rules of the ASME Code, Section XI.	
	Type Code Symbol Stemp N/A	
	Certificate of Authorization No. N/A Empiration Date N/A	١
	Simula A OLO V - O	
	Signed Anald & Some for Detail 12/16 . 19 9/	
-	R. D. Lang, Manager Engineering - STARDARDS & PROGRAMS	
-		mar.
	CERTIFICATE OF IMSERVICE IMSPECTION	1
		1
	I, the undersigned, holding a valid commission issued by the Mational Board of Boiler and Pressure Vessel Inspectors and the State or Province of	i
		!
	NORWOOL HASS. have inspected the components described in this	1
	more public to the past of me longer past of mentioned and many many many many many many many many	. !
	examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASPER COGO, Section NI.	
	By signing this certificate neither the Inspector nor his employer makes any	i
	warranty, expressed or implied, concerning the exeminations and corrective measures	1
1	employer shell be lights in any many the true inspector nor bis	i
. 1		!
	J. O. C. LL CO Completed and Man AND AND THE STREET	i
1	Inspector's 1 gnature Batiocal Board, State, Province, and Endorsements	1
1	Date 12/19 1991	-
-	The state of the s	1

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

1. OWNER	APAL/ENTERGY	OPERATIONS, I	MC.	DATE 9-10-9	90 (da	levised 12	110/91
_RT2	BOX 137 G. B	USSELLVILLE, Address	AA. 72801	SPEET	/	_ of	/
PLANT	AREANSAS MUCI	EAR_OFE		UNIT OFF			
RT. 3.	BOX 137G. RU	SELLVILLE. A	R. 72801	Jo. # 00 75	864	PO No. Joh	. We
. WORK PE	REFORMED ST AP	L/EFFERGY OF	S. INC.	TYPE CODE STRE			мо., е
жт. 3,	Box 137G, RUSS	SELLVILLE, AR.	72801	AUTHORIZATION			
IDENTIF			Steam	CEBB-3)		M/A	THE REAL PROPERTY.
(25) A D 1	LITUTALE BUTTON	PORT PLES AND ACCOUNT OF THE PARTY OF THE PA					
NAME OF	CATION OF COM	PONENTS REPAI	RED OR RE	ZED FOR REPAIRS PLACED AND REPL OTHER IDENTIFICATION	TEAR	T COMPONENTS REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMP (TES
IDENTIF	NAME OF	PONENTS REPAI	MATIONAL BOARD	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMP (TES OR MO
NAME OF COMPONENT	NAME OF MANUFACTURES	PONENTS REPAI	MATIONAL BOARD NO.	PLACED AND REPL	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMP (TES OR MO

PORM MIS-2 (Back)

REMARKS Applicable Manufacturer's Data Reports to be Attached This NIS-2 has been revised to reflect the correct audicable Construction Code CRETIFICATE OF COMPLIANCE We certify that the scatements made in the report are correct and this repair or replacement conforms to the "les of the ASSE Code, Section XI. Type Code Symbol Stamp N/A Certificate of Authorization No. N/A Empiretion Date N/A Owner or Owner's Designee, Title Date 12/18 , 1991 R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS CERTIFICATE OF IMSERVICE IMSPECTION I, the undersigned, holding a valid commission issued by the Mational Board of Boiler and Pressure Vessel Inspectors and the State or Province of and employed by *ARKVRIGHT MUTUAL INSURANCE CO. NORWOOD, MASS. here inspected the components described in this owner's Report during the period 12-14-88 to 1-7-9/ and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASPE Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any varranty, expressed or implied, concerning the exeminations and corrective measures described in this Owner's Report. Purthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection. I.O. E. Commissions NB-9947, ARK-II33 "N" "I"

Anspector's Signature Retional Board, State, Province, and Endorsements J. O. Elliott 12/19 1991

APPENDIX II - NAMDATORY

REVISED 06/30/89

FORM MIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASNE Code Section MI

. OWNER	APAL/ENTERGY C	PERATIONS, IN	IC.	DATE 11-13-9	o Ca	eviced 12/	10/91)
RT. 3.	BOX 137 G. RU	ddress	R. 72801	SPEET		_ of	
PLANT _	AREANSAS MUCLE	AR OWE	North House and House State St	UNITY ONE	-		
RT. 3.	BOX 137G. RUS	SELLVILLE. AB	72801	J.O. #0082	820	3 · · · ·	No. at
WORK PE	RFORKED BY APA	L/ESTERGY OFS	YMC.	TYPE CODE STOR			., •
		ddress		AUTHORIZATION DAT	*******		
IDENTIF	CATION OF STS	TEN Decay	2 Near	1(GCB-1)			THE PERSON NAMED OF THE PERSON
(b) AP	PLICABLE EDITIO	ON OF RECITOR	MI UTILI	ZED FOR REPAIRS	OF RE	PLACEMENTS 1	\$ 80 Cu
IDENTIF:	NAME OF MANUFACTURER	POMENTS REPAIR MANUFACTURER SERIAL NO.	MATIONAL BOARD MO.	PLACED AND REPL OTHER IDENTIFICATION	YEAR	REPAIRED, REPLACED, OR	ASME CODE STARP! (YES
NAME OF	NAME OF	NAMUFACTURER	NATIONAL BOARD MO.	PLACED AND REFI	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMP! (YES OR NO

PORM MIS-2 (Back)

9.	REMARKS	
		Applicable Manufacturer's Data Reports to be Attached
	9/12	NIC-7 has been been to the state of
	mpathinting in	VIS- Z has been revised to reflect the conert
	SAMILLES	cable Construction Code.
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. 1		CERTIFICATE OF COMPLIANCE
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	Quri	conforms to the rules of the appropriate correct and this
	repair or	conforms to the rules of the ASPE Code, Section XI.
	Type Code :	Symbol Stamp N/A
		THE PERSON NAMED AND PARTY OF THE PE
		e of Authorization No. N/A Empiration Date N/A
	518beg	Small 0 my for Date 12/18 1991
THE REAL PROPERTY.	R.	Owner or Owner's Designee, Title D. Lane, Manager Engineering - STANDARDS & PROGRAMS
-	The same of the sa	THE PARTY OF THE P
		CERTIFICATE OF IMSERVICE INSPECTION
	t the unde	
	Boiler and	rsigned, holding a valid commission issued by the Mational Board of
	ARKANSAS	and amile the state of Province of
	NORW	ood. Mass. have inspected the components described in this left to the best of my knowledge and belief, the Owner has performed and taken corrective measures described in this
	and state ti	hat to the best of my knowledge and balled the
1	EXEMINATion	s and taken corrective measures described in this Owner's Report in
		and the state of t
	By sign	ming this certificate meither the Inspector nor his employer makes any
d	escribed in	this Corpor's Remove Burney the theminetions and corrective measures
. 6	mplover aka	ill be lighte in any market, merters the Inspector nor his
- 4		To consected with this inspection.
1	.O.Cell	FACTORY MUTUAL SYSTEMS NB-9947, ARK-I133 "N" "I"
		MARKATONIA MARKATA BEARA BARANA A B. A.
D	ate Ellio	tt 12/19 1991
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recorded at the top of this form.

APPENDIX II - MAMDATORY

REVISED 06/30/89

FORM WIS-2 OWNER'S REFORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASMS Code Section XI

				DRXT	***	-	-
PLANT _	ARKANSAS MUCI	EAR ONE	THE RESIDENCE ASSESSMENT	UNIT OF	THE PERSON NAMED IN	town of the same parameters are	-
RT. 3.	BOX 137G. RU	SSELLVILLE, A	72801	Repair Organia	077	PO No. Joh	No.
WORK PE	REPORTED BY AN	L/ESTERCY OF	S. INC.	TYPE CODE SYM			NO., (
RT. 3,	Box 137G, RUS	SELLVILLE, AR.	72801	MOITAGIRONTUA	-	N/A	
IDENTIF			too Can	EXPIRATION DAS			Marine de la company
(a) AP1	LICABLE EDITI	ON OF SECTION	EI UTILI	ZED FOR REPAIRS	OR RE	CPLACEMENTS 1	980 Cu
(a) AP1	LICABLE EDITS	ON OF SECTION	EI UTILI	ZED FOR REPAIRS PLACED AND REPL OTHER IDENTIFICATION	OR RE	T COMPONENTS REPAIRED, REPLACED, DR	ASME CODE STAND (TES
(a) API (b) API IDENTIFY NAME OF ONPONENT	CATION OF COM	ON OF SECTION FOMENTS REPAI MANUFACTURER SERIAL NO.	MATIOMAL BOARD	PLACED AND REPL OTHER IDENTIFICATION	YEAR BUILT	PLACEMENTS 1 T COMPONENTS REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMP (YES OR WO
(a) API (b) API IDENTIFY NAME OF OMPONENT	CATION OF COM	ON OF SECTION FOMENTS REPAI MANUFACTURER SERIAL NO.	RED OR RE	PLACED AND REPL OTHER IDENTIFICATION	YEAR BUILT	PLACEMENTS 1 TONOPONENTS REPAIRED, REPLACED, DR REPLACEMENT	ASME CODE STAMP (YES OR WO
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(a) API (b) AFI IDENTIFY NAME OF COMPONENT LANGUAGE LANGU	NAME OF HANUFACTURER	MANUFACTURER SERIAL NO.	RED GE RE NATIONAL BOARD NO.	PLACED AND REPL OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, DR REPLACED, DR REPLACEPRONT	ASME CODE STAND (YES OR WO

SECTION XI - DIVISION 1

REVIEED 04/30/89

FORM MIS-2 (Back) REMARKS Applicable Manufecturer's Data Reports to be Attached This NIS- 2 how been revised to reflect the correct valicable Construction Code. CERTIFICATE OF COMPLIANCE We certify that the statements made in the report are correct and this Affair conforms to the rules of the ASPE Code, Section XI. repair or replacement Type Code Symbol Stamp N/A Certificate of Authorization No. N/A Expiration Date N/A forold B. From for Date 12/18/41 . 19_____. Owner or Owner's Designee, Title R. D. Lene, Heneger Engineering - STARDARDS & PROGRAMS CENTIFICATE OF INSERVICE IMSPECTION I, the undersigned, holding a walid commission issued by the Mational Board of Boiler and Pressure Vessel Inspectors and the State or Province of and employed by "ARKWRIGHT MUTUAL INSURANCE CO. NORWOOD, MASS. have inspected the components described in this owner's Report during the period 12-14-88 to 1-7-9/ and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section EI. By signing this certificate neither the Inspector nor his employer makes any varranty, empressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection. FACTORY MUTUAL SYSTEMS Inspector's Signature Commissions NB-9947, ARK-I133 "N" "I"

Metional Board, State, Province, and Endorsements J. O. Elliott 12/19 19 91

APPENDIX II - MANDATORY

REVISED 06/30/89

PORM WIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASPE Code Section XI

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RMED BY AP	SELLVILLE, A		TO#ODY	8/1/6		
RMED BY AP	Garess		J. C. # 00 78	8/16		
137G, RUSS	Mana		The second secon	setion	PO Me., Job	No. 4
137G, RUSS		S. YMC.	TYPE CODE STIE			., .
	ddress		AUTHORIZATION EXPIRATION DAT	TE		
TION OF SYS	TEM Dua	V Kear	+ (HCR-2-14	(")		PR PERSONAL PRINCIPAL PRIN
NAME OF	HANUFACTURER SERIAL BO.	MATICHEAL BOARD NO.	OTHER	YEAR	REPAIRED, REPLACED, OR	ASME CODE STAMP! (YES
ariam	A / Al	. ACCORDING TO SERVER.	0.1//0.0	меняничи	Alto annual contention and a	OR NO
		N.E.	D/7-208	1970	Syraneo	1st.
OF MARY	Madiliad A		41			
	CABLE CONST A C CABLE EDITION TION OF COM NAME OF INUFACTURER CARLEDON OF COM AND COM CABLE EDITION TO COM TO CO	CABLE CONSTRUCTION CODE CODE CASE CABLE EDITION OF SECTION TION OF COMPONENTS REPAI NAME OF HANUFACTURER SERIAL BO.	CABLE CONSTRUCTION CODE AISC CODE CASE CABLE EDITION OF SECTION EI UTILI TION OF COMPONENTS REPAIRED OR RE NAME OF MANUFACTURE SERIAL NO. NO. AND NAME OF MANUFACTURE SERIAL NO. NO.	CABLE CONSTRUCTION CODE A SC 1963 EDITA CODE CASE CABLE EDITION OF SECTION KI UTILIZED FOR REVAIRS TION OF COMPONENTS REPAIRED OR REPLACED AND REPL NAME OF HANUFACTURER BOARD OTHER UNUFACTURER SERIAL NO. NO. IDENTIFICATION	NAME OF MANUFACTURER SERIAL BO. MATICALL BOARD IDENTIFICATION BUILT ATIANA NA DH-108 1970	CABLE CONSTRUCTION CODE AISC 1963 EDITION, 6 Chitise CODE CASE CABLE EDITION OF SECTION EI UTILIZED FOR REFAIRS OR REPLACEMENTS 1 TION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS NAME OF MANUFACTURIE SERIAL NO. NATIONAL BOARD IDENTIFICATION BUILT OR REPLACED. OR REPLACEMENT AND OH-108 1970 Analysis

FORM MIS-2 (Eack)

THE RESERVE OF THE PROPERTY OF
P. REMARKS
Applicable Manufacturer's Data Reports to be Attached
This NIS-7 has how + 10 1.1
This NIS-Z how been revised to reflect the carrect
applicable Construction Code
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this
repair or replacement conforms to the rules of the ASSE Code, Section XI.
repair or replacement
Type Code Symbol StempN/A
Certificate of Authorization No. N/A Expiration Date N/A
Signed And S. And S. Date 12/18 . 19
Owner or Owner's Designee Title Date 12/16
R. D. Lene, Manager Engineering . STARDARDS & PROGRAMS
CEPTIFICASE AS CHARLES
CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, helding a valid commission issued by the Matical Board of
AND THE PERSON OF THE PERSON O
COLUMN TO BE A PERSON OF THE P
Owner's Report during the period have inspected the components described in the
word state that to the age of my bound of an analysis and an a
exeminations and taken corrective measures described in this Owner's Report in
accordance with the requirements of the ASME Code, Section XI.
By signing this certificate moither the
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measure described in this Owner's Report. Purthermore maintains and corrective measure
described in this Owner's Report. Purthermore, neither the Inspector nor his
employer shall be liable in any manner for any personal injury or property damage
a competted with this inspection.
Insportor's Signature Commissions NE-9947, ARK-I133 "N" "I"
Insportor's Signature Mational Board State Section 11
J. O. Elliott Mational Board, State, Province, and Endorsement
Date 12/19 19 91

I	. o. #0082	5706	par mentana		1	heet 2 of 2	
NAME OF COMPONEN	NAME OF JUFACTORER	MANUFACTURER PRIAL NO.	NATI NAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	OR EPPI ACEMENT	ASME CODE STAMPE (YES OR NO)
-	11:201	NA	NA	HCB-1-H1	1970	agrania	1/2
The state of	Narious	NA.	NA	HCB-2-H4	1870	Renaired	1/4
	1 wille	No.	NA_	HCB-2-45	10	Revaired	Mr
	104	`.a_	NA	4C8-2- DH158	19:0	Quaired	14
1.	asi e	7.1	1 1/19	VICB-2-DH, 46	1970	Revaired	No
وملم	Various	NA	NA	HCB-2-DH147	E	1 2	1/1
MINA .	arious	NA	NA	GC8-2-0H203	1870	Regained	No
the art	Various	NA	NA	YC8-2-DH 110	1970	Quaired	14
Sui east	Various	NA	NA	6CB-2-PH 205	e.	1 .	1/4
Lissort	Vario	NA	NA	6CB-2-DH 709	E	/	Mr
al monent	Navius	NA	Jin.	GCB-2-04204	E	15 .	M
Luxuart Luxuart	Various	NA	NA	HC8-2-H21	1970	1 2 .	no
Syport	Various	NA	NA	He8-6-H1	E	Renained	no
uprovert.	Various	NA	NA	GC8-4-DH125	1970	agroined	10
Sugrant	Narious	NA	NA	GCB-4- DH-121	17770	Derained.	Mr
Supronent	Various	NA	NA	HCB - PH56	É	1 .	
Suggest	Vainue	1 NA	NA	HE8-2-DK 51	E	15 .	ho
Sugart	Narious	NA	NA	GC8-4- H17	142	Agrained	11/4
Survait	Narious	NA	NA	GC8-4-H18	E	1 6	nu
Sugnari	Various	NA	NA	5 CB-4-01+130	E	16 .	10
Le nort	Warine	NA	NA	HCB-2-DH117	E	1	1
Sugraneut	Warious	NA	NA	GCB-4-DH12	E	0	16
**						- Fernance	
				Harrie :			

APPENDIX II - HAMDATORY

REVISED 06/30/89

FORM MIS-2 CHREEK'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASMS Code Section MI

	APAL/ENTERGY	Mama	NG.	DATE 10-22-	90(-6	Cerricol 12	10/91)
RT. 3	. BOX 137 G. B	DESELLVILLE,	AR. 72901	SPECET	1	_ of	2
PLANT	AREANSAS MUCI	EAR ONE	***************************************	UNIT OWE		Application of the second seco	
RT. 3	BOX 137G. RU	SFELLVILLE, A	R. 72801	J.O.# 0082	5 700 Batlon	PO No. Joh	No
WORK PE	RFORMED BY AL	LL/ENTERGY OF	INC.	TYPE CODE STHE			
RT. 3,	Box 137G, RDS	SELLVILLE, AR.	72801	MOITASIRONTUA			
IDENTIF				EXPIRATION DAT	TE	1/4	Martin Colorada (San
IDENTIF	ICATION OF SYS	TEN MALON	TA STAD	244) mid Oras	AND T	Want Cunn	/
(a) AP	PLICABLE EDITI	RUCTION CODE ODE CASE ON OF SECTION	#150	2 19 63 EDIT ZED FOR REPAIRS PLACED AND REPL	TOM, (PLACEDODETS 1	ADDEN
(a) AP (b) AP IDENTIF: NAME OF COMPONENT	PLICABLE COMST	RUCTION CODE ODE CASE ON OF SECTION POSENTS REFAI	#150	ZED FOR REPAIRS	OR RE	PLACEDODETS 1 T COMPONINTS REPAIRED, REPLACED	ASME CODE STAMPS
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(a) AP (b) AP IDENTIF: NAME OF COMPONENT WASHER! WASHER!	PLICABLE COMST A A PLICABLE EDITE CATION OF COM NAME OF MANUFACTURES	RUCTION CODE ODE CASE ON OF SECTION POTENTS REFAI MANUFACTURER STRIAL NO.	HI UTILI RED OR RE MATIONAL BOARD BO.	ZED FOR REPAIRS PLACED AND REPL OTHER IDENTIFICATION GCB- 2-H2	TEAD SUILT	PLACEDENTS 1 T COMPONINTS REPAIRED, REPLACED, OR REPLACEDENT	ASME CODE STAMPS (YES OR NO)
(B) AP (b) AP IDENTIFY NAME OF COMPONENT WAS OFFER	PLICABLE CONST NA PLICABLE EDITI CATION OF COM NAME OF HANUFACTURES MAKE OF HANUFACTURES	RUCTION CODE ODE CASE ON OF SECTION POPENTS REFAI NAMUFACTURER SYRIAL NO.	HI UTILI RED OR RE MATICICAL BOARD BIO. NA	2ED FOR REPAIRS PLACED AND REPL OTHER IDENTIFICATION GCS-2-PH207	TEAD SUILT	PLACEDENTS 1 T COMPONINTS REPLACED, OR REPLACED, OR REPLACED	ASME CODE STAMPS (YES OR NO)
(B) AP (B) AP (B) AP IDENTIF: NAME OF COMPONENT WASHENT WAS	PLICABLE CONST NAME OF COM MAME OF HANUFACTURES Various Various	RUCTION CODE ODE CASE ON OF SECTION POPENTS REPAIR NAMUFACTURER SERIAL NO.	HISTORAL BOARD BO.	22D FOR REPAIRS PLACED AND REPL OTHER IDENTIFICATION GCS-2-0420 GCS-2-0420	TEAD SUILT	PLACEDENTS 1 T CORPORINTS REPAIRED, REPLACED, COR REPLACED, COR REPLACED, COR REPLACED, COR REPLACED, COR REPLACED, COR REPLACED	ASME CODE STAMPS (TES OR NO)
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NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8% in. E 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

POSM MIS-2 (Back)

9. REXARKS	NAME OF TAXABLE PARTY.
Applicable Manufacturer's Data Reports to be Attached	
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CERTIFICATE OF CONFLIANCE	The same of the sa
we certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASPE Code, Section XI.	
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Signed And B. D. De Bete 12/16 Owner or Owner's Designee, Title R. D. Lany, Hanager Engineering - STANDARDS & PROGRAMS	. 199/
R. D. Lang, Hansger Engineering - STANDARDS & PROGRAMS	- Transaction
CERTIFICATE OF INSERVICE INSPECTION	No. of the second secon
I, the undersigned, holding a valid commission issued by the Matismal Board Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS	of '
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Owner's Report during the period 12-14-88	In this
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APPENDIX II - HAMDATORY

REVISED 06/30, 88

PORM WIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASPE Code Section XI

. PLANT	ARKANSAS MUCL	Address EAR ONE		UNIT OUT			
	BOX 137G, RU	rest .		J.O. #0077			Ko.
RT. 3,	Box 137G, RUS	SELIVILLE, AR.	72801	AUTHORIZATION DAT	MO	N/A	
/ m / mr	PLICABLE CONST	MUCTION CODE	AISC	19 63 EDIT	PI COM	1 - 1 6 1 Fr	
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FORM WIS-2 (Bach)

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Applicable Manufacturer's Data Reports to be Attached	Marca a
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applicable Construction Code	e cerana
	nem base
	Name and
CERTIFICATE OF COMPLIANCE	ere quan
We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASSE Code, Section XI.	
. The Code Symbol Stamp N/A	
Certificate of Authorization No. N/A Empiration Date N/A	IRAN
Signed Augs 6 4 0 4	nee-
Signed Owner's Designee, Title Date 12/16 . 199	L
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS	
	-
I, the undersigned, helding a valid commission issued by the Matienal Board of Doiler and Pressure Vessel Inspectors and the State or Province of ARRANSAS and employed by ARRANGIGHT MUTUAL INSURANCE CO. of have inspected the components described in this and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ARME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property demage or a loss of any kind arising from or connected with this inspection. FACTORY MUTUAL SYSTEMS Of the Commissions NE-9947, ARK-II33 "N" "I" Inspector's Signature Bational Board, State, Province, and Endorsements Date 1.0. Elliott Date 1.0. Elliott Date 1.0. Elliott	
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NAMES OF TAXABLE PARTY.	J.O.# 0077	8079				Shirt 3 of	3
NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPE (YES OR NO)
Luna t	Various	NA	NA	MU-166	1970	agraised	16-
Surrort	Various	NA	NA	MU-168	1970	Recalled	110
Lizerart,	Narious	NA	NA	MU-175	1970	agranes	14
Lignort	Various	NA	NA	MU-176	1970	agrained	Mr
Lygnort	Various	NA	NA	M4-178	1970	Recaired	14
Luxuart Luxuart	Narious	NA	NA	MU-182	1910	agrained	16
Sugrant	Various	NA	NA	MU-183	1970	Quaired	Mr
Sympanent	Various	NA	NA	MU-184	1070	agrained	16
Surart autonent	Various	NA	NA	MU-185	1970	Recaired	110
Sugaret	Narious	NA	NA	MU-188	1970	agrained	14
Sugart	Various	NA	NA	M4-193	1972	Ryraired	No
Suggest	Various	17.4	NA	MU-195	197	a sired	the
Sugarent	Various	NA	NA	MU-197	1970	agrained	110
I grant	Narious	NA	NA	MU-198	1970	Re rised	1/1
for our	Narious	NA	NA	MU-201	1970	agrained	110
Sugart ownerst,	Narious	NA	NA	MU-208	1970	agrained	16
Surposent	Navious	NA	NA	M4-211	1970	Derained	110
Surrant	Various	NA	NA	M:1-212	1970	age red	No
Sugart	Various	NA	NA	MU-408	1970	agrained	No
Sugart	Various	NA	NA	MY-451	1970	agraved	10
	1						

J.C.	0077807	Tomorrow or wise reason	THE STREET STREET		-	but 2 of 3	
NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERTAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPEI (YES OR NO)
Surrorent	Various	NA	NA	MU-158	1970	agravied	1/2
suggest	Various	NA	NA	MU-200	V970	Resorted	1
Surrort	Narious	NA-	NA	MU-260		Luaired	
suranent Jura pert	Various	NA	NA	MU-210B		Quaired	
Suranent	Various	NA	NA	MU-206		agrained	1
Sugart	Various	NA	NA	MU-205		Denaired	1
autonent	Various	NA NA	NA	MU-403		Deraired	1
Sugaranent	Various	NA	NA	MU-405		Quaired	No
Engrant	Various	1	The same			150	1 41
Communent	1	NA	NA	MU-177		Agrained .	
Engranant	Various	NA NA	NA	MU-180		Agrained	1
Egypanent	Various	NA	NA	MU-207		Agrained	
Surranent Campanent	Various	I NA	NA	MU-184		Agrained	44
Sugart Conflorent,	Various	NA	NA.	MU-163	1970		1
Egigranent		NA NA	NA	MU-224A	V970		1
Surant	Various	\ NA	NA	MU-178		agrained	
Sugrant Considerat	Various	+ NA	1 NA	MU-154		agrained	1 44
Ladronent	Various	NA	NA	MU-169		agrained	
Lawrencent	Various	NA	NA	MU-186	1/970	Renaired	110
Luggart	Various	NA_	NA	MU-213	1970	agraired	10
Lycart	Various	NA	NA	MU-225	11970	Quaired	No
Surrort	Various	NA	NA	MU-237	197	a agraine	1 no
Lugrant	Narious	NA	NA	MU-156	11970	agraires	6 No
Surrort,	Narious	NA	N/A	MU-157	1/97	Quarier	No
Supronent	Various	NA	NA	MU- 161	1/97	Derairea	lino
Eableonen; Lurnart	Narious	NA	NA	MU-162		o Derairea	

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

		Neme	Marie San	DATE 3-1-89	SPACE S	Des O Theren	3300 12/1
_RT3	. BOX 137 G. R	USSELLVILLE.	AR. 72801	SPEET		_ of	3
PLANT	ARRANSAS WDCL	EAR ONE	Processing the Street Street	THET _ONE	-		
_RT3	BOX 137G. BU	SSELLVILLE, A	R. 72801	J.O. # 007	780	79 PO No. Joh	- Wo
WORK PE	ERFORMED BY AP	AL/ESTERGY OF	S. IEC.	TYPE CODE STOR			
	Box 137G, RUS:	PMRT 699		EXPIRATION DAY			
1-7	The Committee Barata	ON OF BREITOR	AI OTILI	ZED FOR REPAIRS	OR RE	PLACENEMTS 1	\$80 CW8
IDENTIF	NAME OF MANUFACTURES	PONENTS REPAI	MATICHAL BOARD	PLACED AND REPL	ACEPHER TRAR	REPAIRED, REPLACED, CR	ASME CODE STAMPE ES
NAME OF COMPONENT	NAME OF MANUFACTURES	MANUFACTURER SERIAL NO.	MATICHAL BOARD MO.	OTHER IDENTIFICATION	TEAR SUILT	REPLACEMENT	ASPE CODE STAMPE ES OR MO)
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NAME OF OHPONEIT	NAME OF MANUFACTURES	MANUFACTURER SERIAL NO.	MATICHAL BOARD MO.	OTHER IDENTIFICATION MU-194 MU-185	TEAR BUILT	REPAIRED, REPLACED, CR REPLACEMENT REPLACEMENT	ASPE CODE STANPE ES OR MO)
NAME OF COMPONENT	NAME OF HANUFACTURER Various Various Various	MANUFACTURER SERIAL NO.	MATICHAL BOARD MO.	OTHER IDENTIFICATION MU-194 MU-185 MU-164	TEAR BUILT VETO VETO	REPAIRED, REPLACED, CR REPLACEDENT REPLACEMENT REPLACEMENT REPLACEMENT	ASME CODE STANDED ES OR MO)
NAME OF COMPONENT	NAME OF HANUFACTURER Various Various	MANUFACTURER SERIAL NO.	MATICHAL BOARD MO.	OTHER IDENTIFICATION MU-194 MU-185 MU-184 MU-195	TEAR BUILT 1970 1970 1970	REPAIRED, REPLACED, CR REPLACEMENT REPLACEMENT	ASME CODE STANDED ES OR MO)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8% in. E 11 in., (2) information in items 1 through 6 on this report is 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)

9. NARRS
Applicable Manufecturer's Date Reports to be Attached
This NES- I has been revised to reflect the conce
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applicable Construction Code.
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CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this conforms to the rules of the ASSE Code, Section XI.
Type Code Symbol Stamp N/A
Certificate of Authorization No. N/A Expiration Date N/A
Simulation Date
Signed foreld 6. For file Date 12/16 . 15 71 R. D. Lane, Manager Engineer State
R. D. Lene, Manager Engineering - STANDARDS & PROGRAMS
CERTIFICATE OF IMBERVICE IMPRECTION
I, the undersigned, holding a valid commission issued by the Mational Board of Moiler and Pressure Vessel Inspectors and the State or Province of AREANIAS and employed by AREANIAS
ARRANSAS and employed by ARRANGED MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
exeminations and take best of my knowledge and belief, the Owner has performed
examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector his employer makes any described in this Owner's Report. Furthermore mattheward and corrective measures
described in this Owner's Report. Furthermore, neither the Inspector nor his
employer chall be liable in any manner for any personal injury or property damage
The same as a supported with this inspection
Commissions NB-9947, ARK-T133 "N" "T"
MULICIPAL MARKA MARKA MARKATANA
Date 12/19 1991

APPENDIX II - MAMDATORY

REVISED 06/30/89

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

	APAL/INTERET	OPERATIONS, I	MC	DATE 11-18-9	o (a	evired 12/	10/9/)
_BT1	. BOX 137 5. R	USSELLVILLE, Address	AR. 72601	SPEET		_ of	
2. PLANT	AREAMSAS NOCL	EAR ONE	The second second second second	UNIT ONE		Madel Collection of Collection of Collection	
BI. 3	BOX 1376. RU	SELLVILLE, A	R. 72801	J.O. # 00 82	558 Lation	PO No. Joh	No es
. WORK PE	RFORMED BY AR	L/EFFERGY OF	S. JNC.	TYPE CODE STOR			NO., EL
RT. 3,	Box 137G, RUSS	SELLVILLE, AR.	72801	AUTHORIZATION DAT			
. IDENTIF	ICATION OF SYS	TEN Deca	w Kear	4(cc8-4)	MARKETERS	The same of the sa	THE STREET STREET, STR
(b) API	PLICABLE EDITIO	UN OF SECTION	EI UTILI	19 <u>63</u> EDIT	OR RE	PLACEMENTS 1	e so Cup
NAME OF COMPONENT	NAME OF MANUFACTURER	POMENTS EEPAI NAMUVACTURER SERIAL NO.	MATIONAL BOARD NO.	PLACED AND REPL	YEAR	REPAIRED, REPLACED, OR	ASME CODE STAMPED
NAME OF	NAME OF MANUFACTURER	NAMUVACTURER SERIAL NO.	MATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPLACED, OR REPLACED,	ASME CODE STAMPED (YES OR MO)
NAME OF COMPONENT	NAME OF	POMENTS EEPAI MANUVACTURER	MATIONAL BOARD NO.	PLACED AND REPL	YEAR BUILT	REPLACED, OR REPLACED,	ASME CODE STAMPED (YES OR MO)

PORES MIS-2 (Back)

9.	RENARKS
	Applicable Manufacturer's Data Reports to be Attached
	This NIC-7 has here
	- week to reflect the correct
	This NIS-Z has been revised to reflect the correct
	CERTIFICATE OF COMPLIANCE
	We certify that the statements made in the report are correct and this
	repair or replacement conforms to the rules of the ASSE Code, Section XI.
	repair or replacement
	Type Code Symbol Stamp N/A
	Certificate of Authorization No. N/A Expiration Date N/A
	Simula 1014CO
	Signed Anold S. F. A. Deta 12/18 . 1991 B. D. Lane, Monager Ingineering - STANDARDS & PROCESSES
-	E. D. Vane, Manager Ingineering - STANDARDS & PROGRAMS
NE RESIDENCE	TO A CONTROL OF THE PROPERTY O
	CERTIFICATE OF IMPERVICE DESPECTION
	I, the undersigned, holding a valid commission issued by the Mational Board of ARKANSAL
	ARKARAS
	NORWOOD, MASS. have inspected the components described in this and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in the owner has performed
	and state that to the best of my provided and the 1-7-9/
	examinations and taken corrective measures described in this Owner has performed accordance with the requirements of the large Code.
	accordance with the requirements of the ARR Code, Section XI.
	By signing this certificate neither the Inspector nor his employer makes any
	varranty, expressed or implied, concerning the examinations and corrective measures
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•	or a loss of any kind arising from or commected with this increase in the commercial injury or property damage
	FACTORY MUTUAL SYSTEMS
B	Aspector's Signature Mational Board, State, Province, and Endorsements
	source source, state, Frovince, and Endergoments
***************************************	J. O. Elliott 12/19 1991

APPENDIR II - MANDATORY

REVISED 06/30/89

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

1. OWNER	APAL/ENTERGY	OPERATIONS, I	EC.	DATE 11-15-	90 (-	Revised 1.	2/10/91
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2. PLANT _	AREANSAS MUCL	EAR OFT		UNIT ONE	TO STATE OF THE PERSON NAMED IN A		
_RI3.	BOX 137G. BU	ESELLVILLE, A	2. 72801	To# 0080	2820	PO Mo Joh	No
. WORK PE	REFORMED BY AP	L/ESTERGY OF	S. THC.	TYPE CODE STIE	NOL ST	MP N/A	MO. , E.
RT. 3,	Box 137G, RUS:	SELLVILLE, AR.	72801	AUTHORIZATION EXPIRATION DAT	NO	N/A	
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	man amendment of deposits T	MANCHED PORTE	17/30	1965 EDIT	TOM:	6 Edition	ADDENDA
(b) APP IDINTIFI NAME OF COMPONENT	CATION OF COM	ON OF SECTION FOMENTS REPAIR RAMUFACTURER SERIAL NO.	EI UTILI	ZED FOR REPAIRS	OR REAL	PLACEMENTS 1 REPAIRED, REPLACED	980 Cus
(b) APP	CATION OF COM	ON OF SECTION FOMENTS REPAIR RAMUFACTURER SERIAL NO.	RED OR RE	ZED FOR REPAIRS PLACED AND REPL OTHER	OR RE	PLACEMENTS 1 T COMPLANENTS REPLACED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)

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9. RENERKS
Applicable Manufacturer's Data Reports to be Attached
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applicable Construction Coo's
CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASSE Code, Section XI.
Type Code Symbol Stamp N/A
Certificate of Authorization No. N/A Empiration Date N/A
signed made of the h
Signed Designee, Title nate
R. D. Lane, Manager Engineering - STARDARDS & PROCRAMS
CERTIFICATE OF IMPRERVICE INSPECTION
I, the undersigned, holding a walld commission issued by the Mational Board of
Boiler and Pressure Vessel Inspectors and the State or Province of
ARKANSAS and caployed by ARKWRIGHT MUTUAL INSURANCE CO. of
NORWOOD, MASS. here inspected the components described in this and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in the owner has performed
examinations and take best of my knowledge and belief, the Owner has performed
examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any
described in this Comer's Report
employer shall be liable in any manner for any personal injury or property damage
1 - Conducted with this lbsbection
Compassions NB-9947, ARK-I133 "N" "I"
Inspector's Signature Setional Board, State, Province, and Endorsements
Date 12/19 1991

APPENDIK II - MANDATORY

REVISED 06/30/89

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

1. OWNER	APAL (DETERG)	OPERATIONS, I	ис.	MT 11-25	-90 (Deviced 12	10/91)
BT. 3	BOX 137 G. B	DSSFLLVILLE.	AR. 72ED1	SHETT	/	of	
2. PLANT _	ARKANSAS MUCI	EAR ONE		UNIT ONE		CONTRACTOR AND	
_RI3.	BOX 137G. RU	SSELLVILLE. Al	R. 72801	T.O. #008/6	049 setion	PO No. Joh	No or
3. WORK PE	RFORMED BY AP	AL/ENTERGY OF	INC.	TYPE CODE STHE	OL ST	NG N/A	100., et
RT. 3,	Box 1'17G, RUS!	SELLVILLE, AR.	72801	AUTHORIZATION DAY			
4. IDENTIF:	ICATION OF SYS		-1/2 C	ECE-5)			
(b) API	PLICABLE EDITION OF COM	ON OF SECTION POMENTS REPAIR	KI UTILI	1963 EDIT EED FOR REPAIRS PLACED AND REPL OTHER IDENTIFICATION	OR RE	PLACEMENTS 1 T COMPONENTS REPAIRED,	ASME CODE STAMPED
Component,	Manager of the Control of the Contro		- MATERIAL PROPERTY IN COLUMN TO A STATE OF THE STATE OF		-	REPLACEMENT	OR NO)
Synast	Various	NA-		N.U-237	1970	Quaired	1/4
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DESCRIPT:	NDUCTED: HYDR	OSTATIC D	POSPIDIA		AL OPE	TAME RATING PRESS	URE D

POGN HIS-2 (Brck)

9. REKARKS
This NIS-Z has been revised to sellet the
applicable Construction Code.
We certify that the statements made in the report are correct and this repair or replacement
Type Code Symbol Stamp N/A Certificate of Authorization No. N/A Empiration Date N/A
Signed And S A for Date 12/16 . 1991 Owner or Owner's Designee, Title R. D. Lane, Manager Engineerity - STANDARDS & PROGRAMS
I, the undersigned, holding a valid commission issued by the Matienal Board of Boiler and Pressure Vessel Inspectors and the State or Province of ARKAWSAS and employed by "ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this and state that to the period 12-14-88 to 17-94 and state that to the pest of my know: Sye and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the aSME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any varranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Purthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection. FACTORY MUTUAL SYSTEMS Commissions NB-9947, ARK-I133 "N' "I" Inspector's Signature Mational Board, State, Province, and Endorsements J. O. Elliott Date 12/19 19 91

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APPENDIK II - MAMDATORY

REVISED 06/30/89

PORM WIS-2 OWNER'S REPORT NOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASPE Code Socilon XI

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FORM MIS-2 (Back)

9. REKARKS
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Applicable Contruction Code
CERTIFICATE OF COMPLIANCE
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Certificate of Authorization No. N/A Expiration Date N/A
Owner or Owner's Designee, Title R. D. Lene, Naneger Engineering - STANDARDS & PROCESSES
Owner or Owner's Designee, Title
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CERTIFICATE OF IMSERTICE IMSPECTION
I, the undersigned helding a walld and
Boiler and Pressure Vessel Inspectors and the State or Province of
ARRANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of
NORWOOD, MASS. have inspected the components described in this and state that to the lest of my knowledge and belief, the Owner has performed examinations and taken corrective measures described.
and state that to the lest of my knowledge and belief the 7-91
examinations and taken corrective measures described in this Owner's Report in
accordance with the requirements of the ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any
verranty, expressed or implied, concerning the exeminations and corrective measures described in this Owner's Report. Furthermore maintains and corrective measures
employer shall be liable to amy manner for the inspector nor his
employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
FACTORY MUTUAL SYSTEMS
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SECTIONAL MARK WORKS WITHOUT
Date 12/19 1991

APPENDIX II - MANDATORY

REVISED 06/30/89

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accordance with the requirements	of the Asser Code Section 37
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or a loss of any kind arising from	anner for any personal injury or property demage or connected with this inspection.
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Date 12/19 19 9	Metional Board, State, Province, and Endorgements

APPENDIX II - NAMDATORY

MEVISED 06/30/89

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1. OWNER	APAL/EXTERGY	OPERATIONS. I	MC.	DATE 1-10-90	ca	evised 12)	10/91
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PERFER PLANT AND AND THE PROPERTY OF THE PERFER PARTY OF THE PERFE
CERTIFICATE OF IMPERVICE IMPRECTION
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Boiler and Pressure Vessel Inspectors and the State or Province of
NORWOOD MASS
Owner's Report during the period have inspected the components described in this
Owner's Report during the period have inspected the components described in this and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASY's Code, Section XI.
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By signing this certificate meither the Inspector nor his employer makes any described in this Owner's Report. Furthermore maintains and corrective measure
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J. O. Elliott 12/19 1991
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Owner's Designee, Title
R. D. Lane, Wanager Engineering - STAND. & PROGRAMS
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I, the undersigned, helding a valid commission issued by the Mational Soard of Boiler and Pressure Vessel Inspectors and the State or Prevince of ADEANSAS and employed by *APPUPLICAT PROVINCE OF
ADEANSAS and employed by ARKWRIGHT MUTUAL INSURANC CO. of Owner's Report during the period 12-14-88
NORWOOD, MASS. have inspected the components described in this and state that to the best of my knowledge and belief, the Gwner has performed
and state that to the base of me
examinations and taken corrective measures described in this Owner's Report in
accordance with the requirements of the ANNE Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any
described in this Owner's Report. Furthernore moither the amployer makes any
described in this Owner's Report. Furthermore, neither the Inspector nor his
employer shall be liable in any manner for any personal injury or property demage or a loss of any kind arising from or connected with this inspection.
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Commissions NB-9947, ARK-II33 "N" "IF
Metional Board, State, Province, and Endorsements
Date 12/19 1991

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	I, the undersigned, holding a valid commission issued by the Mational Board of Boiler and Pressure Vessel Inspectors and the State or Province of
	NORWOOD, MASS.
	NORWOOD, MASS. have inspected the components described in this land state that to the best of my knowledge and belief, the Owner has performed
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FORM MIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Code Section XI

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9.	REPERKS
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	Type Code Symbol Stamp N/A
	Certificate of Authorization No. N/A Empiration Date N/A
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	Owner or Owner's Designee, Title R. D. Lene, Manager Engineering - STANJARDS & WOODS 1991
-	R. D. Lame, Manager Engineering - STANLARDS & PROCEASES
Minerop	THE RESERVE THE PROPERTY OF TH
	CERTIFICATE OF INSERVICE INSPECTION
	I, the undersigned, helding a valid commission issued by the Maticual Board of
	ARKANSAS AND AND AND AND STATE OF PROVINCE OF
	NORWOOD, MASS. have inspected the components described in this and state that to the best of my provided to the components described in this
	Owner's Report during the period have inspected the components described in this and state that to the best of my knowledge and belief, the Owner has performed
	examinations and taken correction manufactured and Deller, the Owner has performed
	accordance with the requirements of the ASSE Code, Section EI.
	By signing this corridicate moith-
1	By signing this certificate neither the Inspector nor his employer makes any varranty, empressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Purthernore anither than and corrective measures
	described in this Owner's Report. Furthermore, neither the Inspector nor his
	employer shall be liable in any manner for any personal injury or property damage
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3	
	J. O. Elliott Bational Board, State, Province, and Endorsements
D	J. O. Elliott 12/19 19 91
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APPENDIK II - MANDATORT

REVISED 06/30/89

SUMEN MIS-2 ORDER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASPE Code Section XI

RT. 3	BOX 137 G. R	USSELLVILLE.	AR. 72801	SPEET	/	of	/
	AREANSAS MUCL	memas # D B		UNIT ONE			
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. WORK PE	RFORMED BY AP	AL/FIFTERGY OF	S. INC.	TIFE CODE SING	BOL	B NA	жо., (
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POSM MIS-2 (Back)

	REXERS
	Applicable Manufacturer's Data Reports to be Attached
	This NIS- Z has been revised to reflect the cornect
	Di DD D DELLE SEVEN TO SELLET THE CONECT
	applicable Construction Code
	CERTIFICATE OF COMPLIANCE
	We certify that the statements made in the report are correct and this repair or replacement
	repair or replacement
	Type Code Symbol Stamp N/A
	The state of the s
	Certificate of Au orization No. N/A Expiration Date N/A
	Signed
	Owner or Owner's Designee, Title
Period cons	R. D Lane, Nameger Engineer; ng - STANDARDS & PROCEAMS
-	
	CERTIFICATE OF INSERVICE INSPECTION
	I, the undersigned, holding a valid commission issued by the Mational Soard of Boiler and Pressure Vessel Inspectors and the State or Province of AREANSAS
	ARRANSAS
	ARRANSAS
	NORWOOD MASS. ARRANGAS NORWOOD MASS. Deve inspected the components described in this and state that to the besided in this
	ARRANSAS and employed by ARRANIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this and state that to the best of my knowledge and belief, the Owner has performed
	ARRANSAS and employed by ARRWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this and state that to the best of my knowledge and belief, the Owner has performed
	ARRANSAS ARRANSAS NORWOOD, MASS: Owner's Report during the period and state that to the best of my knowledge and belief, the Owner has performed arranged and taken corrective measures described in this owner's Report in accordance with the requirements of the ASME Code, Section EI.
1	ARRANSAS and employed by ARRWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any
	ARRANSAS ARRANSAS NORWOOD, MASS. have inspected the components described in this and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in Sy signing this certificate neither the Inspector nor his employer makes any described in this Owner's Report in Sy signing this certificate neither the Inspector nor his employer makes any described in this Owner's Report in Sy signing this certificate neither the Inspector nor his employer makes any described in this Owner's Report in Secribed in this Owner's Repor
	ARRANSAS NORWOOD, MASS. Norw
	ARRANSAS NORWOOD, MASS: bave inspected the components described in this and state that to the best of my knowledge and belief, the Owner's Report in the requirements of the ASME Code, Section MI. By signing this certificate neither the Inspector nor his employer makes any described in this Owner's Report. Furthermore, neither the Inspector nor his employer makes any described in this Owner's Report. Furthermore, neither the Inspector nor his measures seployer shall be liable in any manner for any personal injury or property demage or a loss of any kind arising from pr connected with this inspection.
	AREANSAS and employed by AREWRIGHT MUTUAL INSURANCE CO. of NORWOOD. MASS. Dever's Report during the period and state that to the best of my knowledge and belief, the Owner has performed accordance with the requirements of the ARME Code, Section EI. By signing this certificate neither the Inspector nor his employer makes any arranty, expressed or implied, concerning the examinations and corrective measures sployer shall be liable in any manner for any personal injury or property damage of a loss of any kind arising from preceded with this inspection. FACTORY MUTUAL SYSTEMS
2000	AREANSAS AND COMPANY NORWOOD, MASS. Owner's Report during the period and state that to the best of my knowledge and belief, the Owner has performed and state that to the best of my knowledge and belief, the Owner has performed accordance with the requirements of the ARMS Code, Section XI. By signing this certificate meither the Inspector nor his employer makes any carranty, expressed or implied, concerning the examinations and corrective measures may be a liable in any manner for any personal injury or property democrations and corrective measures appropriately and arising from or connected with this inspection. FACTORY MUTUAL SYSTEMS Commissions NB-9947, ARK-II33 "N" "I" Massector's Signature
2000	AREANSAS and employed by AREWRIGHT MUTUAL INSURANCE CO. of NORWOOD. MASS. Dever's Report during the period and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in examinations with the requirements of the ASME Code, Section EI. By signing this certificate neither the Inspector nor his employer makes any exarranty, expressed or implied, concerning the examinations and corrective measures exployer shall be liable in any manner for any personal injury or property damage of a loss of any kind arising from pr connected with this inspection. FACTORY MUTUAL SYSTEMS

	APAL/EXTERGY O	PERATIONS, IN	2	DATE 11-14-90	Clev	ied 12/19	(91)
RT. 3.	BOX 137 G. RD	SSELLVILLE. A	R. 72801	SHETT		of	
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RT. 3.	BOX 137G. RUS	SELLVILLE, AN	72801	T.O.#00828	296 stion	PO No. Job	No at
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SECTION XI - DIVISION 1

REVISED 04/30/89

PORM MIS-2 (Back)

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	Applicable Manufacturer's Data Reports to be Attached
	of his was ?
	This NIS-Z how been revised to reflect the cornect
	applicable Construction Code
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	CEETIFICATE OF COMPLIANCE
	We certify that the statements made in the report are serrent and this repair or replacement
	repair or replacement
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	Type Code Symbol Stamp W/A
	Certificate of Authorization Ma
	Certificate of Authorization No. N/A Empiration Date N/A
	Signed Date 12/18 . 1991 Corner or Owner's Designee, Title R. D. Lane, Nanager Engineering - STANDALDS & PROCESSES
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erene.	The second secon
	CERTIFICIAN OF THORNESS OF
	CERTIFICATE OF IMMERVICE IMMPROTION
	I, the undersigned, holding a valid commission issued by the Mational Board of
	Boiler and Pressure Vessel Inspectors and the State or Province of ARKAWSAS and employed by *ARKWRIGHT MUTUAL INSURANCE CO. of
	NORWOOD, MASS. here inspected the components described in this
	THE REAL PROPERTY AND THE PROPERTY AND T
	examinations and taken corrective measures described in this Owner's Report in
	accordance with the requirements of the ASME Code, Section XI.
	By signing this certificate anishes the
	varranty, expressed or implied, concerning the examinations and corrective neasures
	described in this Owner's Report. Furthermore, neither the Inspector nor his
	employer shall be liable in any menner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
	FACTORY MUTUAL SYSTEMS
0	Commissions NB-9947, ARK-II33 "N" "I"
	Date 12/19 1991
THE REAL PROPERTY.	A SECOND

APPENDIX II - NAMBATORY

REVISED 06/30/89

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

1. OWNER _	APAL/ENTERGY C	PERATIONS, IN	<u>C.</u>	DATE 11-15-9	o Ca	wised 12,	10/91)
RT. 3.	BOX 137 G. NO	ddress	R. 72801	SPEET		of	
2. FLANT	REAKSAS MUCLE	AR OWY		UNIT _ONE		DO MODERNA TO SERVICE	THE REPORT OF SHEET BASE
-RT. 1.	BOX 137G. RUS	SELLVILLE, AR	72801	TO # 00 823	700 ation	PO No., Job	Mo., etc
3. WORK PER	FORMED BY APA	L/ENTERGY OPS	INC.	TTPE CODE STICE			
	- I	ddress		AUTHORIZATION DAT			
5. (a) APP (b) APP	LICABLE EDITI	RUCTION CODE ODE CASE ON OF SECTION	A150	1963 EDIT	OR RE	PLACEMENTS 1	
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9.	REXARKS
	Applicable Manufecturer's Data Reports to be ittached
	This NIS-2 has been revised to reflect the cornect
	1: 10 B rever of to reflect the correct
	applicable Construction Cods.
	CERTIFICATE OF COMPLIANCE
	We certify that the statements made in the report are correct and this repeir or replacement
	Type Code Symbol Stemp N/A
	The state of the s
	Certificate of Authorization No. N/A Empiration Date N/A
	Owner or Owner's Designee, Title E. D. Lane, Manager Engineering - STANDARDS & PROCESSES
	Owner or Owner's Designes, Title
excession.	E. D. Lene, Menager Engineering - STANDARDS & PROGRAMS
	CERTIFICATE OF IMPERVICE INSPECTION
	I, the undersigned, holding a walld commission (and
	I, the undersigned, holding a valid commission issued by the Mational Board of Boiler and Pressure Vessel Inspectors and the State or Province of
	ARKANSAS and employed by "ARKWRIGHT MUTUAL INSURANCE CO. of
	NORWOOD, MASS. have inspected the components described in this and state that to the best of my knowledge and belief, the Owner has performed
	and state that to the best of my knowledge and belief the Corner has northwest.
	exeminations and taken corrective measures described in this Owner has performed accordance with the requirements of the ASPE Code, Section KI.
	By signing this certificate neither the Inspector nor his employer makes any
,	erranty, expressed or implied, concerning the examinations and corrective measures the cribed in this Owner's Report. Furthermore maintains and corrective measures
- 6	suployer shell be liable to any manual for the inspector nor his
0	or a loss of any kind arising from or connected with this inspection
	PACTORY MUTUAL SYSTEMS
T	hapecter's Signature NE-9947, ARK-II33 "N" "I"
	J. O. Elliotr
20	12/19 29 91
ā	FACTORY MUTUAL SYSTEMS NE-9947, ARK-I133 "N" "I" Netional Board, State, Province, and Endorsements ate 12/19 19 91

FORM MIS-2 CHARER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Code Section MI

. OWNER	APAL/EXTERGY	PERATIONS, IN	<u></u>	DATE 11-15-9	o (Re	wired 12/1	(9/9/)
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. WORK	PERFORMED BY AN	L/EFTERGY OPS	INC.	TYPE CODE SYMB	OL STA	NO N/A	NO., EC
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PORM HIS-2 (Beck)

. REMARKS	
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Soff Scalle	Construction Code

	CERTIFICATE OF COMPLIANCE
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repair or replacem	conforms to the rules of the ASSE Code, Section XI.
Type Code Symbol St	:ampN/A
Certificate of Auth	porisetion No. N/A Empiretion Dete N/A
Signed /	A & A . A.
Owner or	Owner's Designee, Title Manager Engineering - STANDARDS & PROCESSES
R. D. Lame	. Hensger Engineering - STANDARDS & PROGRAMS
A SPECIAL CONTRACTOR OF SPECIAL CONTRACTOR O	
	CERTIFICATE OF INSERVICE INSPECTION
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Boiler and Pressure	bolding a valid commission issued by the Sational Board of Vessel Inspectors and the State or Province of
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Date . Elliott 12.	119 1991
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APPENDIX II - MAMDATORY

REVISED 06/30/89

FORM NIS-2 CHOCER'S REPORT FOR REPAIRS OR REPLACEMENTS :

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a. PLANT _	AREANSAS MUCI	EAR ONY	-	UNIT ONE	The state of the same of		
87. 3.	BOX 137G. RD	SSELLVILLE, A	R. 72801	J.O. # 008.	28/7	PO 80., Job	No., s
. WORK PE	RFORMED BY AP	AL/ENTERGY OF	S. INC.	TYPE CODE STRE	BOL STI	MCP N/A	***
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PORM MIS-2 (Back)

9.	REMARKS
	Applicable Ranufacturer's Data Reports to be Attached
	This NIC-7 has he
	This NIS-Z has been revised to reflect the correct
	applicable Construction Code.
	CERTIFICATE OF COMPLIANCE
	We certify that the statements made in the report are correct and this
	repair or replacement conforms to the rules of the ASSE Code, Section XI.
	Type Code Sumbal Same
	Type Code Symbol Stamp N/A
	Certificate of Authorization No. N/A Empiration Date N/A
	Owner or Owner's Designed Title
Name of Street,	R. D. Lane, Manager Engineering - STARDARDS & PROCEARS
A PARTICIPAL DE	
	CERTIFICATE OF IMPERVICE IMPERCTION
	I, the undersigned holding a molid
1	I, the undersigned, holding a valid commission issued by the Mational Board of Boiler and Pressure Vessel Inspectors and the State or Province of
	CONTRACTOR OF THE PARTY OF THE
	NORWOOD, MASS. here inspected the components described in this
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	examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASPE Code, Section XI.
	The mark code, section XI.
v	By signing this certificate neither the Inspector nor his amployer makes any
d	escribed in this Chaper's Report Purchase and corrective measures !
	sployer shall be liable in any manner for any personal injury or property demage
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1	Commissions NB-9947, ARK-I133 "N" "I"
	metional soard, State, Province, and Endorsements
Di	ste 12/19 1991
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FORM WIS-2 ENG-021

APPENDIX II - MANDATORY

REVISED 06/30/89

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

_RT2.	BOX 137 G. R	DSSELLVILLE,	AR. 72801	SHEET		of	1
PLANT _	APEARSAS MUCL	EAR OWE	-	TREETY CHEE			
. RT. 3.	BOX 137G. RU	SEELLVILLE A	8. 72801	J.O. #008	1656	y	
. WORK PE	RFORMED BY AP	AL/ENTERGY OF	L. INC.	TTPE CODE STRE			NO.,
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(b) APP	ALBERTAIN						
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FORM HIS-2 (Back)

9.	REXARKS
	Applicable Manufecturer's Data Reports to be Attached
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	This NIS-3 has been revised to reflect the correct
	Applicable Construction Code.
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	CERTIFICATE OF COMPLIANCE
	We certify that the statements made in the report are correct and this conforms to the rules of the ASSE Code, Section El.
	Type Code Symbol Steam W/A
	Certificate of Authorization No. N/A Empiration Date N/A
	Signed Designee, Title Dete
	Coppe or Copper's Passance Bate 12/16 199/
MARKET AND ADDRESS OF	R. D. Lene, Manager Engineering - STANDARDS & PROCEAMS
Messac	AND THE PART OF TH
	CERTIFICATE OF IMEERVICE LESPECTION
	I, the undersigned, holding a valid commission issued by the Mational Board of Boiler and Pressure Vessel Inspectors and the State or Province of ARKARSAS
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	NORWOOD, MASS. have inspected the components described in this and state that to the best of my immoved and belief, the Owner has performed examinations and taken corrective measures described to this examinations and taken corrective measures described to the owner has performed
	examinations and taken corrective measures described in this Owner has performed accordance with the requirements of the ASME Code, Section XI.
,	By signing this certificate neither the Inspector nor his employer makes any erranty, expressed or implied, concerning the examinations and corrective measures exployer shell be liable in any manner for our neither the Inspector nor his
•	r a loss of any kind arising from or connected with this inspection.
1	Commissions NB-9947, ARK-II33 "N" "I"
	sactomer soera, State, Province, and Endorsements
D	ate /2/19 1991
SECTION S.	

FORM NIS-2 COMMER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASPE Code Section NI

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_KT3.	BOX 137 G. RU	ddress	R. 72801	SPEET		_ of	
PLANT _	ARKARSAS MUCLE	AR OWE		UNIT OUR	-	EARL STREET, STREET, SECTION CO.	UNITED BOX PLATFORMS OF
_RT3.	BOX 137G. RUS	STLLVILLE, AS	72801	J.O. # 00828 Repair Overnis	etion	PO No. Joh	No at
	RFOFMED BY APA	E5-8500x8		TYPE CODE SYMB	OL STA	NP N/A	., .
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FORM MIS-2 (Back)

9. REMARKS
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applicable Courtruction Code
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We certify that the statements made in the report are correct and this
repair or replacement conforms to the rules of the ASSE Code, Section KI.
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Type Code Symbol Stemp N/A
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Signed Designee, Title Dete
Owner's Designee Title
2. D. Lane, Renager Engineering - STANDARDS & PROGRAMS
CONTRICATE AS THE PROPERTY OF THE PARTY OF T
CERTIFICATE OF IMEREVICE INSPECTION
I, the undersigned, holding a valid commission issued by the Mational Board of
Boiler and Pressure Vessel Inspectors and the State or Province of
AREARSAS Lad employed by AREWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS.
NORWOOD, MASS. have inspected the components described in this and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in the context of the owner has performed
and state that to the best of my knowledge and balled
examinations and taken corrective measures described in this Owner's Report in
accordance with the requirements of the AFRE Code, Section EI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied concerning the
described in this Comer's Report Purchament examinetions and corrective measures
employer shall be liable in any manner for any personal injury or property demage
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FACTORY MUTUAL SYSTEMS
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Date 12/19 1991
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FORM MIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASSE Code Section XI

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FORM MIS-2 (Back)

9.	REXARKS
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	This NIS-Z has been revised to reflect the consect
	applicable Construction Code
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	CERTIFICATE OF COMPLIANCE
	We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASSE Code, Section KI.
	Type Code Symbol Stamp N/A
	Certificate of Autho.isstion No. N/A Empiration Date N/A
	Signed Auton of Manager Pate N/A
	Signed
*****	R. D. Lame, Manager Engineering - STANDARDS & PROGRAMS
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	CERTIFICATE OF INEL /ICE IMSPECTION
	I, the undersigned, holding a walid commission issued by the Mational Board of Boiler and Pressure Vessel Inspectors and the State or Province of
	ARKANSAS and employed by Assert of Frovince of
	Owner's Report during the period 12-14-38 the components described in this
	more state that to the house as me because a decimal and a
	examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
	By signing this certificate neither the Inspector nor his employer makes any
	described in this Owner's Report. Furthermore, neither the Inspector nor his
-	or a loss of any kind arising from or connected with this injury or property demage
	O. E. Elens
0	Inspector's Signature Commissions NB-9947, ARK-I133 "N" "I" Betional Board, State, Province and Endorgonal
	J. O. Elliott Data 12//9 19 9/
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Inspector's Signature Commissions NB-9947, ARK-I133 "N" "I"

Betional Board, State, Province, and Endorsements J. O. Elliott 12/19 19 91

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APPENDIK II - MANDATORY

REVISED 06/30/89

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POSM HIS-2 (Back)

9.	REXARKS
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	Applicable Construction Pode.
	CERTIFICATE OF COMPLIANCE
	We certify that the statements made in the report are correct and this conforms to the rules of the ASSES Code, Section XI.
	Type Code Symbol Stamp W/A
	Certificate of Authorization No. N/A Expiration Date N/A
	Signed Inclif B. Some by Baco 11/15
	Owner or Owner's Designee, Title R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS
	CERTIFICATE OF INSERVICE INSPECTION
	I, the undersigned, holding a valid commission issued by the Mational Board of Boiler and Pressure Vessel Inspectors and the State or Pressing of
	NORWOOD, MASS. Owner's Report Living the period /2-/4-58 to /
	examinations and taken corrective measures described in this Owner has performed accordance with the requirements of the ASME Code, Section XI.
•	By signing this certificate neither the Inspector nor his employer makes any varranty, empressed or implied, concerning the examinations and corrective measures imployer shall be liable in any manner for any personal injury or property damage or a loss of any kind crising from or connected with this inspection. FACTORY MUTUAL SYSTEMS Commissions NB-9947 ARK-I133 "N" "I"
100	nspector's Signature J. O. Elliott J. 19 91

APPENDIX II - MANDATORY

REVISED 06/30/89

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D 5	Various	A A A	NA.	DH-144	V968	ageanie.	ANNUALINATED

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	Applicable Manufacturer's Date Reports to be Attached
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A. A	100 p & La Correct
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repair o	conforms to the rules of the ASME Code, Section XI.
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	AND ADDRESS OF THE PARTY OF THE
-41 -71764	te of Authorization No. N/A Expiration Date N/A
\$igned	Owner's Designee, Title R. D. Lane, Hanager Engineer State
	Owner's Designee, Title
	R. D. Lene, Heneger Engineering - STANDARDS & PROGRAMS
	CERTIFICATE OF INSERVICE IMEPECTION
Boiler an	dersigned, helding a walid commission issued by the Mational Board of S Pressure Vessel Inspectors and the State or Province of
Owner's R	s and employed by "ARKWRIGHT MUTUAL INSURANCE CO. of have inspected the components described in this that to the best of my knowledge and belief the Owner has performed that and taken corrective measures described in this components."
examination	that to the best of my knowledge and belief the Owner has performed one and taken corrective measures described in this Owner's Report in with the requirements of the ANNE Code, Section XI.
	The same code, section XI.
By si werranty,	eming this certificate meither the Inspector nor his employer makes any appressed or implied, concerning the examinations and corrective measures to this Owner's Report. Further the property and corrective measures
employer a	in this Owner's Report. Further meit! the Inspector nor his
or a loss	hall be liable in any manner buy person injury or property demage of any kind arising from or conscied with this inspection.
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FORM WIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Code Section XI

	BOX 137 G. B	Address	76P-1	PPERS I	damento	of	
PLANT _	AREAMSAS MUCL	EAR OWE		CHIT ONE			
_KT 3.	BOX 1376. BU	SFELLVILLE, A	72801	TO #0082	022	4	
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FORM MI .- 2 (Back)

9.	REXARES
	Applicable Manufacturer's Data Reports to be Attached
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	applicable Construction Orde

	CERTIFICATE OF COMPLIANCE
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	Signed Angle Somer's Designee, Title Date 12/19 . 19 7/
-	R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS
Nation and	
	CERTIFICATE OF IMBERVICE IMPRECTION
	I, the undersigned, holding a valid commission issued by the Estimal Soard of AREANSAS
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	examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASPE Code, Section XI.
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FORM MIS-2 CARGER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASPE Code Section XI

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9.	ROGERS
	Applicable Manufecturer's Data Reports to be Attached
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	This NIS- 2 has been review to reflect the correct
	Agelicable Construction Code.
	CERTIFICATE OF COMPLIANCE
	We certify that the statements made in the report are correct and this comforms to the rules of the ASSE Code, Section KI.
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	Certificate of Authorization No. N/A Empiration Date N/A
	Signed Angerous
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Tion of the last	R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS
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	CERTIFICATE OF INSERVICE IMSPECTION
	I, the undersigned, holding a walid commission issued by the Mational Roard of Boiler and Pressure Wessel Inspectors and the State or Province of
	AREARSAS and ompleved by *Appropriate of
	NORWOOD, MASS. here inspected the components described in this
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A	nspector's Signature Commissions NB-9947, ARK-I133 "N" "I" Bational Board, State Province and Podential State Province and Podentia
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support	Various	NA	NA	M4-453	1971	agrained	no		
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ATTACHMENT 2

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APPENDIX II - HANDATORY

REVISED 06/30/89

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

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9. REMARKS	
	Applicable Manufacturer's Data Reports to be Attached
This N	15-2 was revised to reflect the correct
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	CERTIFICATE OF COMPLIANCE
We count	
repair or rep	fy that the statements made in the report are correct and this conforms to the rules of the ASSE Code, Section XI.
Type Code Sym	bol Stemp N/A
	The state of the s
Certificate o	f Authorization No. N/A Expiration Date N/A
Signed	per or Owner's Designee, Title Lane, Manager Engineering - STANDARDS & PROCESSES
Ovs	per or Owner's Designée, Title
T. D.	Lane, Manager Engineering - STANDARDS & PROGRAMS
	CERTIFICATE OF IMPERVICE IMSPECTION
I, the undersi	gmed, holding a valid commission issued by the Mational Board of ssure Vessel Inspectors and the State or Province of
ARKANSAS	and omployed by cate of Province of
Owner's Report	MASS. here inspected the components described in this d
more arata that	ED Pho Part of the last to a second of the s
examinations a accordance wit	nd taken corrective measures described in this Owner's Report in the requirements of the ASPE Code, Section XI.
By signin	g this certificate neither the Inspector nor his employer makes any
described in	essed or implied, concerning the examinations and corrective measures
employer shall	be limble in any manner for the Last the Inspector nor his
or a loss of a	be liable in any manner for any personal injury or property damage by kind arising from or commented with this inspection.
20.8 00	FACTORY MUTUAL SYSTEMS
Anspector's \$19	Commissions NB-9947, ARK-I133 "N" "I"
Date Deck	mules 13 1991
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NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPEI (YES OR NO)
Lygrand	PSA	10745	NA	20CH-15-H24	1991	Redocement	No
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Lugari	PSA	239	NA	20CH-21-H15	rink	agreer	11-
Eugenerat	PSA	5659	NA	ZCC#-21-415	1991	aprovement	14
Lycart	PSA	354	NA	2008-22-H14	tinh	agranes	1st
Euronent Couronant	PSA	2729	NA	2CCH-22-H14	1991	agrincement	n
Carlonens -	PSA	221	MA	2CCH-23-H11	Mule	Ryclased	14
Sureart	PSA	5058	MA	200A-25-HI	1991	Rylacement	14
Eliscort	PSA	104	NA	200A-25-H21	Wink	Agrlaced	1/4
Sugrant	PSA	10719	NII	200A-23-H21	1991	agelorement	110
Surranent	PSA.	334		200M-23-H28			
Commonent	PSA	5052	NA	25CA-28-HZ8		-	
Sugrant	PSA	335	NA	200A-24-H15	Huk	Ryelaced	Ar
furnant California	PSA	505/	NA	ECCH-24-415			
Surranent	PSA	202	N#	200H-25-418			
Sugarant	P5A	12123	NA	200H-25-H18		The second second	
Caphonent	PSA	13690		200A-25-HIV			
Component	PSA	10004		2CCN-25-1114			
Enghanent	40	872		RE88-16-45			
Eggenens"	AP .	874		2888-16-H5			
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quironent	PSA	26160	Control of the control	2HC8-4-H179			
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Eugenet .	P-M	18/9(18)	KA	A-HS-REPDE	Unix	aprilaced	he
Confronent Linnart	P-M	18/6(15)	KA	2-HS-RIFPE		Pax locument	
Liverart	P-M	1815 (14)	NA	ZHS-RCPDW	Make.	Reslaver	Ha
Lugioriat	ρ-	18/9(18)	NA-	ZHS-RCPDW		Regulacion	
Suproment	PSH	1851	NA	2E80-8-49	tink	Rylacia	no
Luxuart	PSA	12774	NA	ZEBU-5-H8	1991	Reconnect	Mr
surrort	PSA	112	NA	2880-4-410	Much	Replaced	Ir
Engranery Engrant	PSA	30677	NA	ZE80-4-HID		Rylocoment	Mr
Evipanent Evipanent	AD	14	NA	2CCH-15-H45		1	No
Supposent Support	AD	1406	NA	2008-15-H45			
Luxurt Commencent	AD	5	NA	200A-15- H48		1 .	1 2
Lugrant	AD	1407	NA.	200A-15-H48		-	
Englanent	AD	417	NA	2CCA-15-H53		1.0	
Ligrant	HD.	1006	NA.	200H-15-H55	#		
congrament	AD	7	NA	RCC#-15-H60		1 2	
Carponent	A-D	415	NA	ZCCA-15-H60 ZCCA-16-11		Ayelocement	
Surart Component	AD	4	NA	PETRIL - N 2004-16-11		By breed	1.0
Egypenent	AD	26	NA	DETA14 - A 2008-47-1		1 ageli comen	
Congrament,	AP	17	NA	DETAIL - M		Revious	
Sugart	A D	4/6	NA	DETAIL- A	/99/	Agricana Agricana	10-
				490 9			

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

	ROX 137 G. KU	SSELLVILLE, A	R. 72801	SPEZT		of	3
PLANT _A	REANSAS WOCLE	AR OWE		UW17 Two			Name of Street
_R73J	SOX 137G. RUS	SELLVILLE. AR	72801	J.O.#0083	265	9 No., Job 1	40 et
WORK PERF	FORMED BY APA	L/ESTERGY OFS	INC.	TYPE CODE STREET			
RT. 3, 80	0x 137G, MUSS	ELLVILLE, AR.	72801	AUTHORIZATION I	-	- committed the extension	
IDENTIFIC		odress ren Steam	Gener	ator CRE-		11/4	
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	REMARKS
	Applicable Manufacturer's Data Reports to be Attached
	- This NIS-Z was revised to reflect the correct of
	order number.
	a war number
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	CERTIFICATE OF COMPLIANCE
	repair or replacement comforms to the rules of the ASSE Code, Section KI.
	repair or replacement
	Type Code Symbol Stamp N/A
	Certificate of Authorization No. N/A Expiration Date N/A
	Signed 1000 1
	Owner or Owner's Designee, Title R. D. Lanc, Menager Figure Title
-	R. D. Lane, Reneger Engineering - STANDARDS & PROCEASES
-	
	CERTIFICATE OF IMBERVICE IMBPECTION
1	
1	the undersigned, holding a valid commission issued by the Matienal Board of AREANIAS
ç	NORWOOD, MASS. have inspected the components described in this and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this examinations and taken corrective measures described.
4	raminations and the best of my knowledge and belief, the Owner has performed
	Examinations and taken corrective measures described in this Owner's Report in coordance with the requirements of the ASME Code, Section EI.
w	By signing this certificate neither the Inspector nor his employer makes any
d	escribed in this Owner's Research
8 6	mployer shall be liable in any manner for any personal injury or property damage
	I. commercial atth this inspection
7	Commissions NE-9947, ARK-I133 "N" "I"
pe 1	metional Board, State, Province, and Endorsements to December 13 1991
	J. D. Ellints

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NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
Primary Itus	C, E.	NA	NA	BP30	1989	Certaced	to
friendry Link	C. E.	NA	NA	BP50-1	1991	ayelarment	no
Frishary Stud	C.E.	NA	NA	8932	1989	Rylared	20
Warnes Stud Warnes Stud	C.E.	NA	NA	BP32-1	1991	Rychrement	24
Farmary Stra	C.E.	NA	NA	BP36	1989	agraced	24
Vancos Stud	C.E.	NA	NA	BP36-1	1991	Replacement	24
Hannay Stud		NA	NA	8937	1	Belacen	
Grinary Stud		N/A	NA	BP37-1	E	Rylacement	
Plannon Stud		NA.	NA	BP38		agreered	
Frimay,		NA.	NA	BP38-1		Agrianine	
Grundy tha		NA	NA	8939		agriaced	
Friman Stud		NA	NA	BP39-!	E	Rychesimen	
Maniver Stud		NA.	NA	BP40-1		Agriaced	
Mannay Stud	C, E.	N#	NA.		1777	Regulacement	1
			HEE				

-FORM NIS-2 ENG-021

APPENDIX II - HANDATORY

REVISED 06/30/89

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

	Eranda.	BOX 137 G. K	DESECTABLE.			2 -		
P.			iddress	X X801	SHEET		_ of	
	LANT _	DEANSAS MUCH	LAR OWE		UNIT TWO			
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WO	ORK PER	FORMED BY AP	L/ENTERGY OPE	LUC.	TYPE CODE STHE			
		,	ELLVILLE, AR.		AUTHORIZATION DAT		N/A	
II	ENTIFI	CATION OF SYS	TEN Chemico	4. Valu	nee Control	Lini	tem (cvc	(2
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NAME	OF	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	MATIONAL BOARD NO.	OTMER IDENTIFICATION	YEAR	REPAIRED, REPLACED,	ASME CODE STAMPE (YES OR NO)
lich Clas	Value	Dockwell	KA-609	NB	2010-78	1970	Rulació	No
	Valre	archwell	NA-353	NA	2010-78	1975	aplacement	No
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POWN MIS-2 (Back)

	Applicable Manufacturer's Data Reports to be Attached
	This NIS-Z was revised to reflect the type of
	gressers test conducted.
	CERTIFICATE OF COMPLIANCE
ï	We certify that the statements made in the report are correct and this conforms to the rules of the ASSE Code, Section XI.
T	ype Code Symbol Stamp N/A
C	ertificate of Authorization No. N/A Empiration Date N/A
5	Owner/or Owner's Designed Title Date 12/11 . 199
-	R. D. Lane, Manager Engineering - STAFDARUS & PROCRAMS
OV AT	the undersigned, helding a valid commission issued by the Mational Board of ciler and Pressure Vessel Inspectors and the State or Province of arkansas and employed by Arkwright Mutual Insurance co. of NORWOOD, MASS. have inspected the components described in this destate that to the best of my knowledge and belief, the Owner has performed aminations and taken corrective measures described in this Owner's Report in cordance with the requirements of the ARME Code, Section XI.
or Q	By signing this certificate neither the Inspector nor his employer makes any rranty, empressed or implied, concerning the examinations and corrective measures acribed in this Owner's Report. Furthermore, neither the Inspector nor his ployer shall be liable in any manner for any personal injury or property damage a loss of any kind arising from or connected with this inspection. FACTORY MUTUAL SYSTEMS Commissions NB-9947, ARK-I.33 "N" "I" Spector's Signature Bational Found State
	O. Elliott December /2 1991

Used) IFUT VIETS

FOIN NPV-1 MANUFACTURERS' BATA REPORT FOR NUCLEAR PUMPS OR VALVES*

		As Required by the Provinces of the ASNE Code fieles 5/N - 353	
		control Division 61-90531 Co. Box 501, Sulphur Springs, Texas 75480 Order No.	
		(Name & Address of Manufactures)	200
2.	Manufactured for	P. O. Box 3965, Sen Francisco, California 94119 Nov. 6600-M-2114-	CC

Arkansas Power and Light Company P. O. Box 459, Russellville, Arkenses 72001 Arkanses Nuclear Che, Unit Number Two

Pump or Valve Sectification (3) 2"D3674 F316T1 Valves Serial Number NA352 thru NA354

Rockwell International Assembly Lot No. M695 (Beset description of service for watch equipment was decigned)

D-473665 Rev. None Prepared by David H. Thernesu The subsequent of the second of the A TO THE PERSON OF THE PERSON

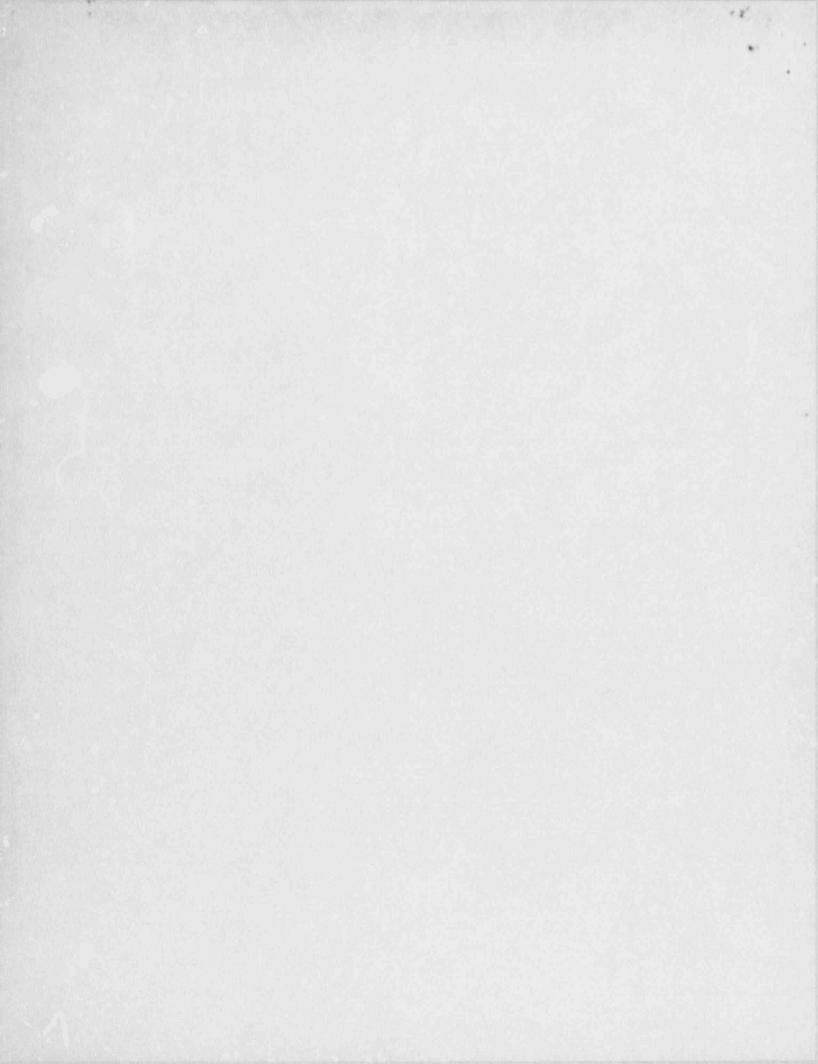
Design Conditions (Piessure)

7. The material, design construction, and workmanship complies with ASMF Code Section III. Class

Edition 1971 Address Date December 31, 1972e No. None

\$6 pm of part pres Staterial Spac. No. (a) Castings K8778 * Valve Disk A5674 Consolidated --Heat E . SK867N Valve Bodies AA182-CR-F31CN Toxas Porge _ Heat 08672** Valve Body A102=GR=1'31CN Texas Forge ... Heat 09001

** Mills / Haddeny Ladine



OF THE CONTROL OF THE WAR AND A STANDARD STREET, A STANDARD OF THE STANDARD OF Motors of Specialities (c) Bobing 27/---(d) Other Parcs _ Valve Covers Best X15327 . SA479-T-316 crucible... Heat L-2134 " _ Sealweld Filler SEAS 9-ER316 Teledyne McKey Hydrosistic test 5400 pet CERTIFICATION OF DESIGN 0 Design isforms on se Sie at Rockwell International, Sulphur Springs, Texas 0 Seress sasiya : report on file at _ Hookve'l International, Sulphur Springs, Texas Design specifications centified by Br Re Leonard, Ore (1) Prof. Eng Store Texas Reg. No. 25165 Serves analysis report certified by David He Thornton (1) port Eng. State Toxes . Reg. No. 300 (1) (1) Signature accepaired. List name only. We certify that the statements made in this report are correct. ... Dare 197 5 med Bookwell Interpational Hy Ce utience of Au socie tion No. NB48 espires August 6, 1977 CERTIFICATE OF SHOP INSPECTION I, the undersigned, holding a valid commission issued by the National Board of Builts and Pressure Vessel Inspector-And/is the State of Province of TOXUS and employed by JAIDESTIONS Extual Cosualty Co.

LONG Grove, 12110010 60049

bare inspected the equipment described in this Data

Report on 1975., and state that to the best of my knowledge and belief, the Manufactures has constructed this equipment in accordance with the applicable Subsections of AsMI Code, Section III.

By regaining this equipment described in this Data Report. Furthermore, neither the losportar and his employed mains and according to the label in any manner to any personal injury or property demands of a loss of any kind along them or constructed to the label in any manner to any personal injury or property demands of a loss of any kind along from an endocated with the any expectation. 11 28 1175

FORW NPV-1 (book)

FORM NIS-2 ENG-021

APPENDIX II - MANDATORY

REVISED 06/30/89

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

_RT3.	BOX 137 G. N	SSELLVILLE.	AR. 72801	SHEET	_	_ of	
PLANT _	AREANSAS MUCILI		NA SCHOOLSENSON PROPERTY.	UNIT INO			
_BTJ.	BOX 137G. BU	SELLVILLE, AN	72801	J.O. BOOS &	467 ation	PO No., Job	No., et
. WORK PE	RECRUED BY AND	L/ENTERGY OF	INC.	TYPE CODE SYMB			
RT. 3.	Box 137G, RUSS		72801	AUTHORIZATION EXPIRATION DAT	-	AND THE REAL PROPERTY AND ADDRESS OF THE PARTY	· HOLEMBOOK BANCORN
. IDENTIF	CATION OF STS	EM Deso	ton Core	ant Sentem			
(b) AFI	PLICABLE EDITI	ON OF SECTION	KI UTILI	ZED FOR REPAIRS PLACED AND REPL	OR RE	PLACEMENTS 1	Grant Parent C. Weinster.
	NAME OF	MANUFACTURER	MATIONAL	ОТНЕВ	YEAR	REPAIRED,	ASHE
NAME OF COMPONENT	MANUFACTURER	SERIAL NO.	BOARD BO.	IDENTIFICATION		REPLICED, ENR RELLACEMENT	(YES
	The second secon		NO.	TO STREET,	BUILT	RE. LACEMENT	The state of the s

FORM MIS-2 (Back)

	Applicable Ranufacturer's Data Reports to be Attached This NIS-Z was revised to reflect the carrest values are all number.						
	CERTIFICATE OF COMPLIANCE						
	We certify that the statements made in the report are correct and this conforms to the rules of the ASSE Code, Section KI.						
	Type Code Symbol Steamp N/A						
	Certificate of Authorisation No. N/A Empiration Date N/A						
-	Owner or Owner's Designee, Title R. D. Lane, Meneger Engineering - STANDARDS & PROGRAMS						
. 10	CERTIFICATE OF IMPRECTION The undersigned, helding a valid commission issued by the Mational Board of Markansas and employed by "ARKANIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this and state that to the best of my knowledge and belief, the Owner has performed maninations and taken corrective measures described in this owner's Report in the requirements of the ASME Code, Section XI.						
0.	By signing this certificate neither the Inspector nor his employer makes any arranty, expressed or implied, concerning the examinations and corrective measures escribed in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage a loss of any kind arising from or connected with this inspection. FACTORY MUTUAL SYSTEMS Commissions NE-9947, ARK-I133 "N" "I" Retional Board, State, Province, and Endorsements						
	ite filtember 13 1941						

FORM NIS-2 ENG-021

APPENDIX II - MANDATORY

REVISED 06/30/89

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

/Y H	LEAR ONE Name USSELLVILLE, AI Address PAL/ENTERSY OP Name SSELLVILLE, AR Address STRUCTION CODE CODE CASE TION OF SECTION	2. 72801 S. JEC. . 72801 Pressure 	DOTT TWO JOSSI Repair Organis TYPE COOR STATE AUTHORIZATION DAT EXPIRATION DAT Lafty Sy 19 7/ EDIT ZED FOR REPAIRS	OR RE	NA PLACEDOOPTS 1	ADDENDA
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(b) APPLICABLE EDI:	TION OF SECTION	XI UTILI	ZED FOR REPAIRS	OR RE	PLACEDONTS 1	986
6. IDENTIFICATION OF CO						
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COMPONENT MANUFACTURE	NAMUTACTURER SERIAL BO.	MATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
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	DROSTATIC D	PHEURI				
			/A pai TE	SI TEN	P. NA	.F

	REXARKS
	Applicable Manufacturer's Data Reports to be Attached
	- This NIS-Z day been revised to reflect the conent
	value serial number and rate of manufactures.
	The state of the s
	CERTIFICATE OF COMPLIANCE
	We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.
	Type Code Symbol Stemp R/A
	Certificate of Authorization No. N/A Empiretion Date N/A
	Signed for Owner's Designee, Title Bate 12/11 . 1991
	R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS
	CERTIFICATE OF INSERVICE INSPECTION
	the undersigned, holding a valid commission issued by the Mational Board of Coller and Pressure Vessel Inspectors and the State or Province of
-	NORWOOD, MASS. have inspected the components described in this:
	Examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
	By signing this certificate neither the Inspector nor his employer makes any arranty, expressed or implied, concerning the examinations and corrective measures escribed in this Owner's Report. Furthermore, neither the Inspector nor his mployer shall be liable in any manner for any personal injury or property demage r a loss of any kind arising from or connected with this inspection. FACTORY MUTUAL SYSTEMS
1	Comissions NB-9947, ARK-I133 "N" "I"
	J. O. Elliott ste Fleender 13 1991
nesses	The state of the s

*FORM NIS-2 ENG-021

APPENDIX II - HAMDATORY

REVISED 06/30/89

FORM WIS-2 CHREEK'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Cods Section XI

		OPERATIONS. II	HC.	DATE 3-/9-	9/ ()	12/9/91)(ancies
_RT3.	BOX 137 G. B	USSELLVILLE,	R. 72801	SHEET		_ of	
PLANT	ARKANSAS KUCL	EAR ONE		UNIT TWO		AND THE PERSON NAMED IN COLUMN TWO	
-RI-J	BOX 1376. RU	SELLVILLE, A	72801	Lo. # 008/	240 ation	3 PO No., Job	No., et
. WORK PEI	REFORMED BY AND	L/ENTERGY OF	L. IRC.	TYPE CODE STHE		AVA_	THE RESERVE OF STREET
		ddress		AUTHORIZATION DAT		N/A	
. IDENTIFE	CATION OF SYS	TEN Chemic	alxNa	lune Centra	l le	xtem	
(b) APY	LICABLE EDITI	ODE CASE ON OF SECTION	MI UTILI	19EDIT ZED FOR REPAIRS PLACED AND REPL	OR RE	PLACEDEDRTS 1	andend
NAME OF COMPONENT	NAME OF HANUFACTURER	MANUFACTURER SERIAL NO.	MATIONAL BOARD MO.	OTHER IDENTIFICATION	TEAR BUILT	REPLACED, DR REPLACEMENT	ASME CODE STAMPE (YES OR NO)
		4. ARKETERS EXPENDED ANCIETY WANTED STORY.	ARREST DESCRIPTIONS	and the second s	-	-	
2" Class - 2 Sate Nalve	Warner	939	MA	2010-28	197/	Quaried	Hu

PORM MIS-2 (Back)

Applicable Hanufacturer's Data Report. to be Attribed This NIS-2 was revived to reflect the careet walk Alrial number. CERTIFICATE OF COMPLIANCE We certify that the statements made in the report are correct and this comforms to the rules of the ADM Code, Section XI. Type Code Symbol Stamp B/A Certificate of Authorization No. N/A. Empiration Date N/A Signed COMPLIANCE R. D. Lane, Manager Engineering - STANDARDS & PROLLAMS CENTIFICATE OF IMPRICION I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of ARRAMANS ARRAMANS ARRAMANS And employed by "ARRAMICET MUTUAL INSURANCE CO. of NORHOOD, MASS. have inspected the components described in this Owner's Report during the period 11-20-89 to 120-77 and state that to the best of my knowledge and belief, the Owner's Report in accordance with the requirements of the ARMS Code, Section XI.
CERTIFICATE OF COMPLIANCE We certify that the statements made in the report are correct and this conforms to the rules of the ADM Code, Section XI. Type Code Symbol Stamp R/A Certificate of Authorization Mo. R/A Dute 12/11 1991 Dener or Owner's Designee, Title R. D. Lane, Hanager Engineering - STANDARDS & PROLLAMS CENTIFICATE OF IMSERVICE INSPECTION I. the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of ARLANASS and employed by ARKYLIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this and state that to the best of my knowledge and belief, the Owner's Report during the period 11-20-89 to 9-20-91 and state that to the best of my knowledge and belief, the Owner's Report in accordance with the requirements of the ARMS Code, Section XI.
We certify that the statements made in the report are correct and this comforms to the rules of the ALDEE Code, Section XI. Type Code Symbol Stamp R/A Certificate of Authorization Mo. R/A Empiration Date R/A Signed Date 12/11 1991 Owner'or Owner's Designee, Title R. D. Lane, Manager Engineering - STARDARDS & PROLLAMS CENTIFICATE OF INSERVICE INSPECTION I. the undersigned, holding a valid commission issued by the National Board of ARKARSAS and employed by "ARKARIGHT MUTUAL INSURANCE CO. of ARKARSAS and employed by "ARKARIGHT MUTUAL INSURANCE CO. of NORMOOD, MASS. have inspected the components described in this owner's Report during the period 11-20-89 to 4-20-9/ and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ARMS Code, Section XI.
We certify that the statements made in the report are correct and this comforms to the rules of the ALDEE Code, Section XI. Type Code Symbol Stamp R/A Certificate of Authorization Mo. R/A Empiration Date R/A Signed Date 12/11 1991 Owner'or Owner's Designee, Title R. D. Lane, Manager Engineering - STARDARDS & PROLLAMS CENTIFICATE OF INSERVICE INSPECTION I. the undersigned, holding a valid commission issued by the National Board of ARKARSAS and employed by "ARKARIGHT MUTUAL INSURANCE CO. of ARKARSAS and employed by "ARKARIGHT MUTUAL INSURANCE CO. of NORMOOD, MASS. have inspected the components described in this owner's Report during the period 11-20-89 to 4-20-9/ and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ARMS Code, Section XI.
Type Code Symbol Stamp M/A
Type Code Symbol Stamp R/A Certificate of Authorization Mo. N/A Signed Comper's Designee, Title R. D. Lane, Manager Engineering - STANDARDS & PROLLAMS CERTIFICATE OF INSERVICE INSPECTION I. the undersigned, holding a valid commission issued by the Mational Board of ARKANSAS and employed by "ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the compensate described in this and state that to the best of my knowledge and belief, the Owner's Report in accordance with the requirements of the ARMS Code, Section XI.
Type Code Symbol Stamp R/A Certificate of Authorization Mo. N/A Signed Comper's Designee, Title R. D. Lane, Manager Engineering - STANDANDS & PROLLAMS CENTIFICATE OF IMSERVICE IMSPECTION I. the undersigned, holding a valid commission issued by the National Board of ARKANSAS and employed by "ARKWRIGHT MUTUAL INSURANCE CO. of Normal Report during the period 11-20-89 and state that to the best of my knowledge and belief, the Owner's Report in accordance with the requirements of the ARMS Code, Section XI.
Type Code Symbol Stamp N/A Gertificate of Authorization No. N/A Empiretion Date N/A Signed Debe 12/11 1991 Owner's Designee, Title R. D. Lane, Manager Engineering - STANDANDS & PROLLAMS CENTIFICATE OF IMPREVICE IMPRECTION I, the undersigned, holding a valid commission issued by the Matical Board of Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS and omployed by "ARKANGAINH MUTUAL INSURANCE CO. of NORMOOD, MASS. have inspected the components described in this Owner's Report during the period 11-20-89 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ARM Code, Section XI.
CENTIFICATE OF INSERVICE INSPECTION I, the undersigned, holding a valid commission issued by the National Board of ARKANSAS and employed by "IREVELIGHT MUTUAL INSURANCE CO. of have inspected the components described in this and state that to the best of my knowledge and belief, the Owner's Report in accordance with the requirements of the ARKANS Code, Section XI.
CENTIFICATE OF IMESERVICE IMESERVICE Date 12/11 1991 CONDER'S Designee, Title R. D. Lane, Manager Engineering - STANDARDS & PROCESS CENTIFICATE OF IMESERVICE IMESERVICE I, the undersigned, holding a valid commission issued by the Mational Board of Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS and employed by "ARKARIGHT MUTUAL INSURANCE CO. of bave inspected the components described in this owner's Report during the period 11-20-89 to 4-20-9/ and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this owner's Report in accordance with the requirements of the ASPE Code, Section XI.
Owner's Designee, Title R. D. Lane, Manager Engineering - STARDARDS & PROLLAMS CERTIFICATE OF INSERVICE IMEPECTION I, the undersigned, holding a valid commission issued by the Matical Board of Boiler and Pressure Vessel Inspectors and the State or Procince of ARKANSAS and employed by "ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. bave inspected the components described in this and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in secondance with the requirements of the ARMS Code, Section XI.
CENTIFICATE OF IMSERVICE IMSPECTION I, the undersigned, holding a valid commission issued by the Mational Board of Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS and employed by "ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASPE Code, Section XI.
CENTIFICATE OF IMSERVICE IMSPECTION I, the undersigned, helding a valid commission issued by the Mational Board of Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS and employed by "ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASPE Code, Section XI.
I, the undersigned, holding a valid commission issued by the Mational Board of Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS and employed by "ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD. MASS. bave inspected the components described in this and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASPE Code, Section XI.
I, the undersigned, holding a valid commission issued by the Mational Board of Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS and employed by "ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD. MASS. have inspected the components described in this owner's Report during the period 11-20-89 to 4-20-9/ and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this owner's Report in accordance with the requirements of the ASMS Code, Section XI.
ARKANSAS and employed by "ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD. MASS. Owner's Report during the period 11-20-89 to 4-20-9/ and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this owner's Report in accordance with the requirements of the ASPE Code, Section XI.
NORWOOD, MASS. Now inspected the components described in this owner's Report during the period 11-20-89 to 4-20-9/ examinations and taken corrective measures described in this owner's Report in the requirements of the ASPE Code, Section XI.
and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASPE Code, Section XI.
accordance with the requirements of the ASSE Code, Section XI.
accordance with the requirements of the ASPE Code, Section XI.
By signing this certificate neither the Inspector mor his employer makes any
described in this Cheer's Banert Banert
employer shall be lights in any manner to be the portor nor his
T. Commerced With this imspection.
Commissions NB-9947, ARK-I133 "N" "1"
J. O. Filliant Board, State, Province, and Endorsements
Date Determine 13 1991

FORM NIS-2 ENG-021

APPENDIX II - HANDATORY

REVISED 06/30/89

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

	APAL/ENTERGY	OPERATIONS, IN	<u>ıç.</u>	DATE 3-15-9	16	ericed 12	(9/9/)
. RT J.	BOX 137 G. R	SSELLVILLE, A	R. 72801	SHEET		_ of	/
. PLANT	AREANSAS NUCLE	CAR ONE	-	UNIT Two		-	
RT. 3.	BOX 137G. BUS	SELLVILLE, AB	72801	J.O. #0078	8440 etion	PO No., Job	No., et
WORK PER	REFORMED BY APA	L/DETERGY OPS	INC.	TTPE CODE STHE	OL STA	MP N/A	
		Name		AUTHORIZATION	MO.	N/A	
		ddress		EXPIRATION DAT		The second secon	
. IDENTIFI	CATION OF SYS	TEN MUNICIPALITY	ren R	uge (HPA)			
(b) APP	LICABLE EDITI	ON OF SECTION	MI UTILI	19 EDIT ZED FOR REPAIRS PLACED AND REPL	OR RE	PLACEMENTS 1	ADDENDA 86
NAME OF	NAME OF NANUFACTURER	MANUFACTURES SERIAL NO.	MATIONAL BOARD NO.	OTHER IDENTIFICATION	TEAR BUILT	REPAIRED, REPLACED, OR	ASME CODE STAMPE
COMPONENT	HEE					REPLACEMENT	(YES
	Target Brek	#3	NA	25V-8275-/	1976	At montess vacantains.	(TES OR NO)

FORM MIS-2 (Back)

Anni Conti a Manufactura de la constante de la	
Applicable Manufacturer's Data Reports to be Attached	-
This NIS-Z was revised to reflect the	Contract of the Contract of th
serial number.	
	-
CERTIFICATE OF COMPLIANCE	A THE RESIDENCE OF THE PARTY OF
we certify that the statements made in the report are correct and conforms to the rules of the ASSME Code, Section :	this XI.
Type Code Symbol Stamp N/A	
Certificate of Authorization No. N/A Empiration Date N	/A
Owner or Owner's Designee, Title R. D. Lane, Manager Engineering - STANDARDS & PROCESSES	199/
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS	Management of the second
TOTAL STREET,	
CERTIFICATE OF INSERVICE INSPECTION	
I. the undersigned, holding a valid commission issued by the Mational B Boiler and Pressure Vessel Inspectors and the State or Province of	
NOR OOD, MASS: Owner's Report during the period 11-20-89 and state that to the best of my knowledge and belief, the Owner has period examinations and taken corrective measures described.	lbed in th #:4
examinations and taken corrective measures described in this Owner's Researchance with the requirements of the ASPE Code, Section XI.	port in
By signing this certificate neither the Inspector nor his amployer varranty, empressed or implied, concerning the examinations and correct; described in this Owner's Report. Furthermore, neither the Inspector ne employer shall be liable in any manner for any personal injury or proper or a loss of any kind arising from or connected with this inspection.	ive measures
FACTORY MUTUAL SYSTEMS Inspector's Signature Commissions NB-9947, ARK-I133 "N" "I"	
Bational Board State Security	Indors among
Date Date 13 1991	MANUAL SEMBUTS