

**INSERVICE INSPECTION REPORT**

**UNIT 1 McGuire 1995 REFUELING  
OUTAGE 10**

NRC Docket No. 50-369

Location: Hwy 73, Cowans Ford, North Carolina

National Board No. 44

Commercial Service Date: December 1, 1981

Owner: Duke Power Company  
526 S. Church St.  
Charlotte, N. C. 28201-1006  
**Revision 0**

Prepared By: *Amy D. Barbour* Date 3-26-96  
Reviewed By: *Jerry J. Underwood* Date 3-26-96  
Approved By: *J. Barbour* Date 3/26/96

Copy No. 2 Assigned To NRC Document Control  
Controlled X Uncontrolled \_\_\_\_\_

**CONTROLLED DISTRIBUTION**

<u>Copy No.</u>		<u>Assigned To</u>
Original		Duke Power Company QA Technical Services
1		McGuire Mechanical Maintenance/ QA Technical Support
2		NRC Document Control

**UNCONTROLLED DISTRIBUTION**

3		Hartford Steam Boiler Inspection and Insurance Company (AIA) c/o C. A. Ireland
4		State of North Carolina Department of Labor c/o B. K. Walker

## TABLE OF CONTENTS

<u>Section</u>	<u>Title</u>	<u>Revision</u>
1.	General Information	0
2.	Summary of Inservice Inspections for Outage 10	0
3.	Second Ten Year Interval Inspection Status	0
4.	Final Inservice Inspection Plan for Outage 10	0
5.	Results of Inspections Performed During Outage 10	0
6.	Reportable Indications	0
7.	Personnel, Equipment, and Material Certifications	0
8.	Corrective Action	0
9.	Reference Documents	0
10.	Class 1 and 2 Repairs and Replacements	0

## 1.0 General Information

This report describes the Inservice Inspection of Duke Power Company's McGuire Nuclear Station Unit 1 during the 1995 Refueling Outage (also referred to as Outage 10). This is the First Outage of the Second Inspection Period of the Second Ten Year Interval.

Included in this report are the final Inservice Inspection Plan, the inspection results for each item, a summary for each category of examination and corrective action taken when unacceptable conditions were found. In addition, there is a section included for repairs and replacements required since October 28, 1994.

### 1.1 Identification Numbers

Item	Manufacturer or Installer	Manufacturer or Installer Serial No.	State or Province No.	National Board No.
Reactor Vessel	Combustion Engineering	CE67102	NC-178379	20766
Pressurizer	Westinghouse	1471	NC-178395	68-123
Steam Generator 1A	Westinghouse	1461	NC-178375	68-107
Steam Generator 1B	Westinghouse	1462	NC-178376	68-108
Steam Generator 1C	Westinghouse	1463	NC-178377	68-109
Steam Generator 1D	Westinghouse	1464	NC-178378	68-110
Centrifugal Charging Pump	Pacific Pumps	1A - 48582 1B - 48583	N/A	19 22
Containment Spray Heat Exchanger	Delta Southern Co.	1A-35005-73-1 1B-35005-73-2	NC-147799 NC-147796	3394 3395
Excess Letdown Heat Exchanger	Westinghouse	1809	NC-187817	1554
Letdown Heat Exchanger	Joseph Oat & Sons, Inc.	2049-2A	NC-187881	552
Reciprocating Charging Pump	Westinghouse	N721031B-603	N/A	N/A
Reactor Coolant Pump	Westinghouse	1A 1-114E841G01 1B 2-114E841G01 1C 3-114E841G01 1D 4-114E841G01	N/A	N/A
Reciprocating Charging Pump Accumulator	Metal Bellows Company	74730-001	N/A	001
Reciprocating Charging Pump Suction Stabilizer	Richmond Engineering Supply Co.	N-2409.10	N/A	75219

1.1 Identification Numbers

Continued

Item	Manufacturer or Installer	Manufacturer or Installer Serial No.	State or Province No.	National Board No.
Residual Heat Removal Heat Exchanger	Joseph Oat & Sons, Inc.	1A 2046-2A 1B 2046-2A	NC-234202 NC-234201	635 636
Safety Injection Pump	Pacific Pumps	1A 49355 1B 49356	N/A	80 81
Regenerative Heat Exchanger	Joseph Oat & Sons, Inc.	2047-2A	NC-187897	595 596 597
Seal Water Heat Exchanger	Atlas Industrial Manufacturing Company	1766	NC 169797	1548
Seal Water Injection Filter	AMF Cuno	1A - 13 1B - 14	N/A	3822 3823
Main Steam Supply to Auxiliary Equipment System	Duke Power Co.	SA	N/A	4
Containment Air Release and Addition System	Duke Power Co.	VQ	N/A	12
Main Steam System	Duke Power Co.	SM	N/A	17
Main Steam Vent to Atmosphere System	Duke Power Co.	SV	N/A	18
Reactor Coolant System	Duke Power Co.	NC	N/A	28
Liquid Waste Recycle System	Duke Power Co.	WL	N/A	29
Refueling Water System	Duke Power Co.	FW	N/A	31
Auxiliary Feedwater System	Duke Power Co.	CA	N/A	32
Residual Heat Removal System	Duke Power Co.	ND	N/A	35
Nuclear Service Water System	Duke Power Co.	RN	N/A	36
Chemical & Volume Control System	Duke Power Co.	NV	N/A	37
Component Cooling System	Duke Power Co.	KC	N/A	38
Main Feedwater System	Duke Power Co.	CF	N/A	39

## 1.1 Identification Numbers

Continued

Item	Manufacturer or Installer	Manufacturer or Installer Serial No.	State or Province No.	National Board No.
Containment Spray System	Duke Power Co.	NS	N/A	40
Containment Ventilation Cooling Water System	Duke Power Co.	RV	N/A	41
Safety Injection System	Duke Power Co.	NI	N/A	42
Containment Purge Ventilation	Duke Power Co.	VP	N/A	6
Safety Injection Accumulator Tank 1A	Delta Southern Co.	41617-72-1	NC-178396	3038
Safety Injection Accumulator Tank 1B	Delta Southern Co.	41617-72-2	NC-178397	3039
Safety Injection Accumulator Tank 1C	Delta Southern Co.	41617-72-3	NC-178398	3040
Safety Injection Accumulator Tank 1D	Delta Southern Co.	41617-72-4	NC-178399	3041
Unit 1	Duke Power Co.	N/A	N/A	44

## 1.2 Authorized Nuclear Inservice Inspector(s)

Name:	R. D. Klein
Employer:	The Hartford Steam Boiler Inspection & Insurance Company
Business Address:	The Hartford Steam Boiler Inspection & Insurance Co. 200 Ashford Center North Suite 300 Atlanta, GA 30338

## 2.0 Summary of Inservice Inspections for Outage 10

The information shown below provides an abstract of ASME Section XI Class 1, Class 2, and Augmented Items scheduled and examined during Outage 10 at McGuire Nuclear Station Unit 1.

### 2.1 Class 1 Inspection

#### Section XI Category B-A Pressure Retaining Welds in Reactor Vessel

Item Number	Description	Total Scheduled During Outage	Total Examined During Outage
B01.010	Shell Welds		
B01.011	Circumferential	0	0
B01.012	Longitudinal	0	0
B01.020	Head Welds		
B01.021	Circumferential	0	0
B01.022	Meridional	0	0
B01.030	Shell to Flange Weld	0	0
B01.040	Head to Flange Weld	0	0
B01.050	Repair Welds	None	None
B01.051	Beltline Region	N/A	N/A
TOTALS		0	0

**Section XI Category B-B**

**Pressure Retaining Welds in Vessels  
Other than Reactor Vessels**

Item Number	Description	Total Scheduled During Outage	Total Examined During Outage
	<b>Pressurizer</b>		
B02.010	Shell to Head Welds		
B02.011	Circumferential	0	0
B02.012	Longitudinal	1	1
B02.020	Head Welds		
B02.021	Circumferential	N/A	N/A
B02.022	Meridional	N/A	N/A
	<b>Steam Generators (Primary Side)</b>		
B02.030	Head Welds		
B02.031	Circumferential	N/A	N/A
B02.032	Meridional	N/A	N/A
B02.040	Tubesheet to Head Weld	0	0
	<b>Heat Exchangers (Primary Side)Head</b>		
B02.050	Head Welds	N/A	N/A
B02.051	Circumferential	N/A	N/A
B02.052	Meridional	N/A	N/A
	<b>Heat Exchangers (Primary Side)Shell</b>		
B02.060	Tubesheet to Head Welds	N/A	N/A
B02.070	Longitudinal Welds	N/A	N/A
B02.080	Tubesheet to Shell Welds	N/A	N/A
<b>TOTALS</b>		<b>1</b>	<b>1</b>



**Section XI Category B-D Full Penetration Welds of Nozzles  
in Vessels - Inspection Program B**

Item Number	Description	Total Scheduled During Outage	Total Examined During Outage
	<b>Reactor Vessel</b>		
B03.090	Nozzle to Vessel Welds	0	0
B03.100	Nozzle Inside Radius Section	0	0
	<b>Pressurizer</b>		
B03.110	Nozzle to Vessel Welds	0	0
B03.120	Nozzle Inside Radius Section	0	0
	<b>Steam Generators (Primary Side)</b>		
B03.130	Nozzle to Vessel Welds	N/A	N/A
B03.140	Nozzle Inside Radius Section	4	4
	<b>Heat Exchangers (Primary Side)</b>		
B03.150	Nozzle to Vessel Welds	N/A	N/A
B03.160	Nozzle Inside Radius Section	N/A	N/A
<b>TOTALS</b>		<b>4</b>	<b>4</b>

**Section XI Category B-E      Pressure Retaining Partial Penetration  
Welds in Vessels**

Item Number	Description	Total Scheduled During Outage	Total Examined During Outage
B04.010	Partial Penetration Welds		
B04.011	Vessel Nozzles	N/A	N/A
B04.012	Control Rod Drive Nozzles	0	0
B04.013	Instrumentation Nozzles	0	0
	<b>Pressurizer</b>		
B04.020	Heater Penetration Welds	0	0
<b>TOTALS</b>		0	0

## Section XI Category B-F Pressure Retaining Dissimilar Metal Welds

Item Number	Description	Total Scheduled During Outage	Total Examined During Outage
<b>Reactor Vessel</b>			
B05.010	NPS 4" or Larger Nozzle to Safe End Butt Welds	0	0
B05.020	Less Than NPS 4" Nozzle to Safe End Butt Welds	N/A	N/A
B05.030	Nozzle to Safe End Socket Welds	N/A	N/A
<b>Pressurizer</b>			
B05.040	NPS 4" or Larger Nozzle to Safe End Butt Welds	3	3
B05.050	Less Than NPS 4" Nozzle to Safe End Butt Welds	N/A	N/A
B05.060	Nozzle to Safe End Socket Welds	N/A	N/A
<b>Steam Generator</b>			
B05.070	NPS 4" or Larger Nozzle to Safe End Butt Welds	2	2
B05.080	Less Than NPS 4" Nozzle to Safe End Butt Welds	N/A	N/A
B05.090	Nozzle to Safe End Socket Welds	N/A	N/A
<b>Heat Exchangers</b>			
B05.100	NPS 4" or Larger Nozzle to Safe End Butt Welds	N/A	N/A
B05.110	Less Than NPS 4" Nozzle to Safe End Butt Welds	N/A	N/A
B05.120	Nozzle to Safe End Socket Welds	N/A	N/A
<b>Piping</b>			
B05.130	NPS 4" or Larger Dissimilar Metal Butt Welds	2	2
B05.140	Less Than NPS 4" Dissimilar Metal Butt Welds	N/A	N/A
B05.150	Dissimilar Metal Socket Welds	N/A	N/A
<b>TOTALS</b>		<b>7</b>	<b>7</b>

## Section XI Category B-G-1

Pressure Retaining Bolting,  
Greater Than 2" in Diameter

Item Number	Description	Total Scheduled During Outage	Total Examined During Outage
<b>Reactor Vessel</b>			
B06.010	Closure Head Nuts	21	21
B06.020	Closure Studs (in place)	0	0
B06.030	Closure Studs (when removed)	21	21
B06.040	Threads in Flange	0	0
B06.050	Closure Washers, Bushings	21	21
<b>Pressurizer</b>			
B06.060	Bolts and Studs	N/A	N/A
B06.070	Flange Surface (when connection disassembled)	N/A	N/A
B06.080	Nuts, Bushings and Washers	N/A	N/A
<b>Steam Generators</b>			
B06.090	Bolts and Studs	N/A	N/A
B06.100	Flange Surface (when connection disassembled)	N/A	N/A
B06.110	Nuts, Bushings and Washers	N/A	N/A
<b>Heat Exchangers</b>			
B06.120	Bolts and Studs	N/A	N/A
B06.130	Flange Surface (when connection disassembled)	N/A	N/A
B06.140	Nuts, Bushings and Washers	N/A	N/A
<b>Piping</b>			
B06.150	Bolts and Studs	N/A	N/A
B06.160	Flange Surface (when connection disassembled)	N/A	N/A
B06.170	Nuts, Bushings and Washers	N/A	N/A

**Section XI Category B-G-1**

**Pressure Retaining Bolting,  
Greater Than 2" in Diameter  
Continued**

Item Number	Description	Total Scheduled During Outage	Total Examined During Outage
<b>Pumps</b>			
B06.180	Bolts and Studs	0	0
B06.190 ***	Flange Surface (when connection disassembled)	0	0
B06.200	Nuts, Bushings and Washers	0	0
<b>Valves</b>			
B06.210	Bolts and Studs	N/A	N/A
B06.220	Flange Surface (when connection disassembled)	N/A	N/A
B06.230	Nuts, Bushings and Washers	N/A	N/A
<b>TOTALS</b>		63	63

\*\*\* Note: Items to be inspected but will not be counted in percentages for the B-G-1 category

**Section XI Category B-G-2**

**Pressure Retaining Bolting, 2" and Less in Diameter**

Item Number	Description	Total Scheduled During Outage	Total Examined During Outage
<b>Reactor Vessel</b>			
B07.010	Bolts, Studs and Nuts	N/A	N/A
<b>Pressurizer</b>			
B07.020	Bolts, Studs and Nuts	0	0
<b>Steam Generators</b>			
B07.030	Bolts, Studs and Nuts	4	4
<b>Heat Exchangers</b>			
B07.040	Bolts, Studs and Nuts	N/A	N/A
<b>Piping</b>			
B07.050	Bolts, Studs and Nuts	0	0

**Section XI Category B-G-2 Pressure Retaining Bolting, 2" and Less in Diameter**

**Continued**

Item Number	Description	Total Scheduled During Outage	Total Examined During Outage
	<b>Pumps</b>		
B07.060	Bolts, Studs and Nuts	0	0
	<b>Valves</b>		
B07.070	Bolts, Studs and Nuts	1	1
	<b>CRD Housing</b>		
B07.080	Bolts, Studs and Nuts	0	0
<b>TOTALS</b>		<b>5</b>	<b>5</b>

**Section XI Category B-H Integral Attachments for Vessels**

Item Number	Description	Total Scheduled During Outage	Total Examined During Outage
	<b>Reactor Vessel</b>		
B08.010	Integrally Welded Attachments	0	0
	<b>Pressurizer</b>		
B08.020	Integrally Welded Attachments	1	1
	<b>Steam Generators</b>		
B08.030	Integrally Welded Attachments	N/A	N/A
	<b>Heat Exchangers</b>		
B08.040	Integrally Welded Attachments	N/A	N/A
<b>TOTALS</b>		<b>1</b>	<b>1</b>

**Section XI Category B-J Pressure Retaining Welds in Piping**

Item Number	Description	Total Scheduled During Outage	Total Examined During Outage
B09.010	NPS 4" or Larger		
B09.011	Circumferential Welds	10	10
B09.012	Longitudinal Welds *	N/A	N/A
B09.020	Less than NPS 4"		
B09.021	Circumferential Welds	3	3
B09.022	Longitudinal Welds *	N/A	N/A
B09.030	Branch Pipe Connection Welds		
B09.031	NPS 4" or Larger	1	1
B09.032	Less than NPS 4"	3	3
B09.040	Socket Welds	8	8
TOTALS		25	25

\* Longitudinal welds that intersect circumferential welds are examined as required by Table IWB-2500-1, Category B-J. However, for reporting purposes, the totals do not reflect the number of longitudinal welds examined during this outage.

**Section XI Category B-K-1 Integral Attachments for Piping, Pumps and Valves**

Item Number	Description	Total Scheduled During Outage	Total Examined During Outage
	<b>Piping</b>		
B10.010	Integrally Welded Attachments	N/A	N/A
	<b>Pumps</b>		
B10.020	Integrally Welded Attachments	N/A	N/A
	<b>Valves</b>		
B10.030	Integrally Welded Attachments	N/A	N/A
TOTALS		N/A	N/A

**Section XI Category B-L-1 Pressure Retaining Welds in Pump Casings;  
 B-M-1 Pressure Retaining Welds in Valve Bodies;  
 B-L-2 Pump Casings; B-M-2, Valve Bodies**

Item Number	Description	Total Scheduled During Outage	Total Examined During Outage
<b>Pumps</b>			
B12.010	Pump Casing Welds (B-L-1)	N/A	N/A
B12.020	Pump Casing (B-L-2)	0	0
<b>Valves</b>			
B12.030	Valves, Less than NPS 4" Valve Body Welds (B-M-1)	N/A	N/A
B12.040	Valves, NPS 4" or Larger Valve Body Welds (B-M-1)	N/A	N/A
B12.050	Valve Body, Exceeding NPS 4" (B-M-2)	1	1
<b>TOTALS</b>		<b>1</b>	<b>1</b>

**Section XI Category B-N-1 Interior of Reactor Vessel  
 B-N-2 Integrally Welded Core Support Structures and Interior Attachments to Reactor Vessels  
 B-N-3 Removable Core Support Structures**

Item Number	Description	Total Scheduled During Outage	Total Examined During Outage
<b>Reactor Vessel</b>			
B13.010	Vessel Interior (B-N-1)	1	** 1
<b>Reactor Vessel (PWR)</b>			
B13.050	Interior Attachments Within Beltline Region (B-N-2)	N/A	N/A
B13.060	Interior Attachments Beyond Beltline Region (B-N-2)	0	0
B13.070	Core Support Structure (B-N-3)	0	0
<b>TOTALS</b>		<b>1</b>	<b>** 1</b>

\*\* Reference Section 9, Request for Relief 94-10 & Section 8, Problem Investigation Process Report 1M94-1467.



**Section XI Category B-O Pressure Retaining Welds in Control Rod Housings**

Item Number	Description	Total Scheduled During Outage	Total Examined During Outage
	<b>Reactor Vessel</b>		
B14.010	Welds in CRD Housing	1	1
<b>TOTALS</b>		<b>1</b>	<b>1</b>

**Section XI Category B-P All Pressure Retaining Components**

Item Number	Description	Total Scheduled During Outage	Total Examined During Outage
	<b>Reactor Vessel</b>		
B15.010	Pressure Retaining Boundary	COVERED IN B15.050	COVERED IN B15.050
B15.011	Pressure Retaining Boundary	COVERED IN B15.051	COVERED IN B15.051
	<b>Pressurizer</b>		
B15.020	Pressure Retaining Boundary	COVERED IN B15.050	COVERED IN B15.050
B15.021	Pressure Retaining Boundary	COVERED IN B15.051	COVERED IN B15.051
	<b>Steam Generators</b>		
B15.030	Pressure Retaining Boundary	COVERED IN B15.050	COVERED IN B15.050
B15.031	Pressure Retaining Boundary	COVERED IN B15.051	COVERED IN B15.051
	<b>Heat Exchangers</b>		
B15.040	Pressure Retaining Boundary	N/A	N/A
B15.041	Pressure Retaining Boundary	N/A	N/A
	<b>Piping</b>		
B15.050	Pressure Retaining Boundary	1	1
B15.051	Pressure Retaining Boundary	0	0

**Section XI Category B-P All Pressure Retaining Components Continued**

Item Number	Description	Total Scheduled During Outage	Total Examined During Outage
<b>Pumps</b>			
B15.060	Pressure Retaining Boundary	COVERED IN B15.050	COVERED IN B15.050
B15.061	Pressure Retaining Boundary	COVERED IN B15.051	COVERED IN B15.051
<b>Valves</b>			
B15.070	Pressure Retaining Boundary	COVERED IN B15.050	COVERED IN B15.050
B15.071	Pressure Retaining Boundary	COVERED IN B15.051	COVERED IN B15.051
<b>TOTALS</b>			
		1	1

**Section XI Category B-Q Steam Generator Tubing**

Item Number	Description	Total Scheduled During Outage	Total Examined During Outage
B16.020	Steam Generator Tubing in U-Tube Design	*	*
		N/A	N/A
<b>TOTALS</b>			
		*	*

\* Steam Generator Tubing is examined and documented by the Diversified Services Group of the Electric System Support Department as required by the Station Technical Specifications and is not included in this report. See Eddy Current Examination Report (RFO-10, 1995).

### F01.010 Class 1 Component Supports

Item Number	Description	Total Scheduled During Outage	Total Examined During Outage
F01.010	Reference Section 4.0 of this report	8	8
TOTALS		8	8

## 2.2 Class 2 Inspection

### Section XI Category C-A Pressure Retaining Welds in Pressure Vessels

Item Number	Description	Total Scheduled During Outage	Total Examined During Outage
C01.010	Shell Circumferential Welds	2	** 1
C01.020	Head Circumferential Welds	5	** 4
C01.030	Tubesheet to Shell Weld	1	** 0
TOTALS		8	** 5

\*\* Reference Request for Relief 96-02

### Section XI Category C-B Pressure Retaining Nozzle Welds in Vessels

Item Number	Description	Total Scheduled During Outage	Total Examined During Outage
C02.010	Nozzles in Vessels $\leq 1/2$ " Nominal Thickness		
C02.011	Nozzle to Shell (or Head) Weld	0	0
C02.020	Nozzles Without Reinforcing Plate in Vessels $>1/2$ " Nominal Thickness		
C02.021	Nozzle to Shell (or Head) Weld	1	1
C02.022	Nozzle Inside Radius Section	* 1	* 1
C02.030	Nozzles With Reinforcing Plate in Vessels $>1/2$ " Nominal Thickness		
C02.031	Reinforcing Plate Welds to Nozzle and Vessel	0	0
C02.032	Nozzle to Shell (or Head) Welds when Inside of Vessel is Accessible	N/A	N/A

**Section XI Category C-B Pressure Retaining Nozzle Welds in Vessels  
Continued**

Item Number	Description	Total Scheduled During Outage	Total Examined During Outage
C02.033	Nozzle to Shell (or Head) Welds when Inside of Vessel is Inaccessible	4	4
TOTALS		6	6

\* (Item # C02.022) Nozzle Inside Radius Section welds are examined as required by table IWC-2500-1 Category C-B. However, for reporting purposes, the totals do not reflect the number of Nozzle Inside Radius Section welds examined during this outage. Nozzle Inside Radius Section welds are to be examined in conjunction with C02.021. examinations.

**Section XI Category C-C Intergal Attachments for Vessels,  
Piping, Pumps, and Valves**

Item Number	Description	Total Scheduled During Outage	Total Examined During Outage
	<b>Pressure Vessels</b>		
C03.010	Intergally Welded Attachments	0	0
	<b>Piping</b>		
C03.020	Integrally Welded Attachments	2	2
	<b>Pumps</b>		
C03.030	Integrally Welded Attachments	0	0
	<b>Valves</b>		
C03.040	Integrally Welded Attachments	N/A	N/A
TOTALS		2	2

**Section XI Category C-D**

**Pressure Retaining Bolting  
Greater Than 2" in Diameter**

Item Number	Description	Total Scheduled During Outage	Total Examined During Outage
	<b>Pressure Vessels</b>		
C04.010	Bolts and Studs	N/A	N/A
	<b>Piping</b>		
C04.020	Bolts and Studs	N/A	N/A
	<b>Pumps</b>		
C04.030	Bolts and Studs	N/A	N/A
	<b>Valves</b>		
C04.040	Bolts and Studs	N/A	N/A
<b>TOTALS</b>		<b>N/A</b>	<b>N/A</b>

**Section XI Category C-F-1**

**Pressure Retaining Welds in Austenitic  
Stainless Steel or High Alloy Piping**

Item Number	Description	Total Scheduled During Outage	Total Examined During Outage
C05.010	Piping Welds $\geq 3/8$ " Nominal Wall Thickness for Piping $>$ NPS 4"		
C05.011	Circumferential Weld	12	12
C05.012	Longitudinal Weld *	9	9
C05.020	Piping Welds $> 1/5$ " Nominal Wall Thickness for Piping $\geq$ NPS 2" and $\leq$ NPS 4"		
C05.021	Circumferential Weld	6	6
C05.022	Longitudinal Weld *	N/A	N/A
C05.030	Socket Welds	5	5
C05.040	Pipe Branch Connections of Branch Piping $\geq$ NPS 2"		
C05.041	Circumferential Weld	1	1
C05.042	Longitudinal Weld *	N/A	N/A
<b>TOTALS</b>		<b>33</b>	<b>33</b>

\* Longitudinal welds that intersect circumferential welds are examined as required by Table IWC-2500-1, Category C-F-1. However, for reporting purposes, the totals do not reflect the number of longitudinal welds examined during this outage.

**Section XI Category C-F-2**

**Pressure Retaining Welds in Carbon or Low Alloy Steel Piping**

Item Number	Description	Total Scheduled During Outage	Total Examined During Outage
C05.050	Piping Welds $\geq 3/8"$ Nominal Wall Thickness for Piping $> \text{NPS } 4"$		
C05.051	Circumferential Weld	4	4
C05.052	Longitudinal Weld *	3	3
C05.060	Piping Welds $> 1/5"$ Nominal Wall Thickness for Piping $\geq \text{NPS } 2"$ and $\leq \text{NPS } 4"$	N/A	N/A
C05.061	Circumferential	N/A	N/A
C05.062	Longitudinal Weld *	N/A	N/A
C05.070	Socket Welds	N/A	N/A
C05.080	Pipe Branch Connections of Branch Piping $\geq \text{NPS } 2"$	N/A	N/A
C05.081	Circumferential Weld	N/A	N/A
C05.082	Longitudinal Weld *	N/A	N/A
<b>TOTALS</b>		<b>7</b>	<b>7</b>

\* Longitudinal welds that intersect circumferential welds are examined as required by Table IWC-2500-1, Category C-F-2. However, for reporting purposes, the totals do not reflect the number of longitudinal welds examined during this outage.

**Section XI Category C-G**

**Pressure Retaining Welds in Pumps and Valves**

Item Number	Description	Total Scheduled During Outage	Total Examined During Outage
	<b>Pumps</b>		
C06.010	Pump Casing Welds	N/A	N/A
	<b>Valves</b>		
C06.020	Valve Body Welds	1	1
<b>TOTALS</b>		<b>1</b>	<b>1</b>



**Section XI Category C-H All Pressure Retaining Components**

Item Number	Description	Total Scheduled During Outage	Total Examined During Outage
<b>Pressure Vessels</b>			
C07.010	Pressure Retaining Components	COVERED IN C07.030	COVERED IN C07.030
C07.020	Pressure Retaining Components	COVERED IN C07.040	COVERED IN C07.040
<b>Piping</b>			
C07.030	Pressure Retaining Components	27	27
C07.040	Pressure Retaining Components	0	0
<b>Pumps</b>			
C07.050	Pressure Retaining Components	COVERED IN C07.030	COVERED IN C07.030
C07.060	Pressure Retaining Components	COVERED IN C07.040	COVERED IN C07.040
<b>Valves</b>			
C07.070	Pressure Retaining Components	COVERED IN C07.030	COVERED IN C07.030
C07.080	Pressure Retaining Components	COVERED IN C07.040	COVERED IN C07.040
<b>TOTALS</b>		27	27

**F01.020 Class 2 Component Supports**

Item Number	Description	Total Scheduled During Outage	Total Examined During Outage
F01.020	Reference Section 4.0 of this report	23	23
<b>TOTALS</b>		23	23

### F010.40 Supports Other than Piping Supports

Item Number	Description	Total Scheduled During Outage	Total Examined During Outage
F01.040	Reference Section 4.0 of this report	4	4
TOTALS		4	4

### F01.050 Class 1, 2, & 3 Component Support Snubbers

Item Number	Description	Total Scheduled During Outage	Total Examined During Outage
F01.050	Reference Section 4.0 of this report	351	351
TOTALS		351	351

## 2.3 Augmented Inspection

Item Number	Description	Total Scheduled During Outage	Total Examined During Outage
G01.001	RCP Flywheel Exam	2	2
G02.001	S/G (Eddy Current)	*	*
G03.001	Pipe Rupture Protection	5	5
G04.001	S/G Feedwater Modification	1	1
TOTALS		8	8

\* Steam Generator Tubing is examined and documented by the Diversified Services Group of the Electric System Support Department as required by the Station Technical Specifications and is not included in this report. See Eddy Current Examination Report (RFO-10, 1995).

## 2.4 Alternate Examinations

Item Number	Description	Total Scheduled During Outage	Total Examined During Outage
	None Required this Outage	0	0
TOTALS		0	0

A detailed description of each examination listed in Sections 2.1 through 2.4 are located in Section 4 of this report. Results of each examination are located in Section 5 of this report.

### 3.0 Second Ten Year Interval Inspection Status

The completion status of inspections required by the 1989 ASME Code Section XI is summarized in this section. The requirements are listed by the ASME Section XI Examination Category as defined in Table IWB-2500-1 for Class 1 Inspections, in Table IWC-2500-1 for Class 2 Inspections. Augmented and alternate inspections are also included.

#### Class 1 Inspections

Section XI Category	Description	Inspections Required	Inspections Completed	Percentage Completed	<sup>1</sup> Deferral Allowed
B-A	Pressure Retaining Welds in Reactor Vessel	28 welds	5 welds	17.85%	Yes
B-B	Pressure Retaining Welds in Vessels Other than Reactor Vessel	5 welds	3 welds	60%	No
B-D	Full Penetration Welds of Nozzles in Vessels Inspection Program B	36 inspections	16 inspections	44.44%	Partial
B-E	Pressure Retaining Partial Penetration Welds in Vessels	55	0	0%	Yes
B-F	Pressure Retaining Dissimilar Metal Welds	46 welds	17.66 welds	38.39%	No
B-G-1	Pressure Retaining Bolting Greater than 2 Inch Diameter	264 items	174 items	65.90%	No
B-G-2	Pressure Retaining Bolting 2 Inches and Less in Diameter	32 connections	15 connections	46.87%	No
B-H	Integral Attachment for Vessels	12 attachments	5 attachments	41.66%	No
B-J	Pressure Retaining Welds in Piping	221 welds	97 welds	43.89%	No
B-K-1	Integral Attachments for Piping, Pumps and Valves	N/A	N/A	N/A	No
B-L-1	Pressure Retaining Welds in Pump Casings	N/A	N/A	N/A	Yes
B-L-2	Pump Casings	1	1	100%	Yes
B-M-1	Pressure Retaining Welds in Valve Bodies	N/A	N/A	N/A	N/A
B-M-2	Valve Body > 4 in. Nominal Pipe Size	7 valves	3 valves	42.85%	Yes

## Class 1 Inspections

(Continued)

Section XI Category	Description	Inspections Required	Inspections Completed	Percentage Completed	<sup>1</sup> Deferral Allowed
B-N-1	Interior of Reactor Vessel	3 items	1 item	**33.33%	No
B-N-2	Integrally Welded Core Support Structures and Interior Attachments to Reactor Vessels	2 items	0 items	0%	Yes
B-N-3	Removable Core Support Structures	1 item	0 items	0%	Yes
B-0	Pressure Retaining Welds in Control Rod Housings	3 welds	2 welds	66.66%	Yes
B-P	All Pressure Retaining Components				
	System Leakage Test	6	3	50.00%	No
	System Hydrostatic Test	1	0	0%	Yes
B-Q	Steam Generator Tubing	100% Station Technical Specifications Met	*	*	N/A
F-A F01.010	Class 1 Component Supports (Code Case N-491)	67 supports	29 supports	43.28%	No

\* Steam Generator Tubing is examined and documented by the Diversified Services Group of the Electric System Support Department as required by the Station Technical Specifications and is not included in this report. See Eddy Current Examination Report (RFO-10, 1995).

\*\* See Section 2 Category (B-N-1) for additional information.

## Class 2 Inspections

Section XI Category	Description	Inspections Required	Inspections Completed	Percentage Completed	<sup>1</sup> Deferral Allowed
C-A	Pressure Retaining Welds in Pressure Vessels	32 welds	* 14 welds	43.75%	No
C-B	Pressure Retaining Nozzle Welds in Vessels	19 welds	10 welds	52.63%	No
C-C	Integral Attachments for Vessels, Piping, Pumps and Valves	21 attachments	7 attachments	33.33%	No
C-D	Pressure Retaining Bolting Greater Than 2 Inches in Diameter	N/A	N/A	N/A	No
C-F-1	Pressure Retaining Welds in Austenitic Stainless Steel or High Alloy Piping	222 welds	98 welds	44.14%	No
C-F-2	Pressure Retaining Welds in Carbon or Low Alloy Steel Piping	56 welds	22 welds	39.28%	No
C-G	Pressure Retaining Welds in Pumps and Valves	8 valves	3 valves	37.50%	No
C-H	All Pressure Retaining Components				
	System or Component Inservice/Functional Test	94	62	65.95%	No
	System Hydrostatic Test	47	0	0%	Yes
F-A F1.20	Class 2 Component Supports (Code Case N-491)	176 supports	82 supports	46.59%	No

\* 3 Welds not examined. Reference Request for Relief 96-02

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

Section XI Category	Description	Inspections Required	Inspections Completed	Percentage Completed	<sup>1</sup> Deferral Allowed
F-A F01.040	Supports other than Piping Supports Class 1, 2 & 3	24 Supports	10 Supports	41.66%	No
F01.050	Class 1, 2 & 3 Snubber Examinations	351 Snubbers	351 Snubbers	100%	No

<sup>1</sup> Deferral of inspection to the end of the interval as allowed by ASME Section XI Tables IWB-2500-1 and IWC-2500-1.

### Augmented Inspections

Augmented	Description	Inspections Required	Inspections Completed	Percentage Completed
G01.001	Reactor Coolant Pump Flywheel Examinations	20 inspections	9 inspections	45%
G02.001	Steam Generator Preheater Section Tube Examinations	*	*	
G03.001	Pipe Rupture Protection	8 welds	5 welds	62.50%
G04.001	Steam Generator Feedwater Modification	1 xxx	1 xxx	

\* Steam Generator Tubing is examined and documented by the Diversified Services Group of the Electric System Support Department as required by the Station Technical Specifications and is not included in this report. See Eddy Current Examination Report (RFO-10, 1995).

xxx 100% of Requirements Met for Outage 10.

### Alternate Inspections

Section XI Category	Description	Inspections Required	Inspections Completed	Percentage Completed	<sup>1</sup> Deferral Allowed
N/A	N/A	N/A	N/A	N/A	N/A

<sup>1</sup> Deferral of inspection to the end of the interval as allowed by ASME Section XI Tables IWB-2500-1 and IWC-2500-1.

#### 4.0 Final Inservice Inspection Plan For Outage 10

The final ISI Plan presented in this section lists all examinations credited for Outage 10 at McGuire Unit 1. This includes ASME Section XI Class 1 and 2 examinations, augmented examinations, and any alternate examinations required by the plant technical specifications, NRC Bulletins and Problem Investigation Process Forms.

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

A. Items examined by NDE methods

Item Number	= ASME Section XI Tables IWB-2500-1 (Class 1), IWC-2500-1 (Class 2), IWF-2500-1 (Class 1, Class 2), Augmented and Alternate Requirements
ID Number	= Unique Identification Number
Drawing Number	= Location and/or Detail Drawing
Locs.	= Location
Insp. Req.	= Examination Technique - Magnetic Particle, Dye Penetrant, etc.
Proc. Numbers	= Examination Procedures
Material Type/Grade	= General Description of Material
Diam./Thick	= Diameter/Thickness
Calib. Block	= Calibration Block Number
Comments	= General and/or Detail Description



**CATEGORY B-B, Pressure Retaining Welds  
in Vessels Other Than Reactor Vessels**

DUKE POWER COMPANY  
QUALITY ASSURANCE TECHNICAL SERVICES  
Inservice Inspection Database Management System

Plan Report  
Page 1  
03/26/96

**Pressurizer**

McGuire 1

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
<b>**** Shell-to-Head Welds; Longitudinal ****</b>								
B02.012.002	1PZR-9	MCM 1201.01-170	NDE-620	UT	CS	91.500	50337	PRESSURIZER UPPER HEAD TO SHELL
	Other	MCM 1201.01-171	NDE-640			3.750		LONGITUDUAL WELD
Class A								

**Total B02.012 Items: 1**

**Total B02 Items: 1**

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 2  
 03/26/96

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 3

**Steam Generators (Primary Side)**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS	
<b>**** Nozzle Inside Radius Section ****</b>									
B03.140.001	1SGA-INLET	MCM 1201.01-480	NDE-680	UT	CS	39.000	50302	STEAM GENERATOR 1A	
	Other	MCM 1201.01-135				7.440		PRIMARY INLET NOZZLE RADIUSED SECTION	
Class A									
B03.140.002	1SGA-OUTLET	MCM 1201.01-480	NDE-680	UT	CS	39.000	50302	STEAM GENERATOR 1A	
	Other	MCM 1201.01-135				7.440		PRIMARY OUTLET NOZZLE RADIUSED SECTION	
Class A									
B03.140.007	1SGD-INLET	MCM 1201.01-480	NDE-680	UT	CS	39.000	50302	STEAM GENERATOR 1D	
	Other	MCM 1201.01-138				7.440		PRIMARY INLET NOZZLE RADIUSED SECTION	
Class A									
B03.140.008	1SGD-OUTLET	MCM 1201.01-480	NDE-680	UT	CS	39.000	50302	STEAM GENERATOR 1D	
	Other	MCM 1201.01-138				7.440		PRIMARY OUTLET NOZZLE RADIUSED SECTION	
Class A									
<b>Total B03.140 Items:</b>									<b>4</b>
<b>Total B03 Items:</b>									<b>4</b>

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 3  
 03/26/96

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 3

**CATEGORY B-F, Pressure Retaining  
 Dissimilar Metal Welds**

**Pressurizer**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
<b>**** NPS 4 or Larger; Nozzle-to-Safe End Butt Welds ****</b>								
B05.040.002	1PZR-W2SE	MCM 1201.01-170	NDE-610	UT	SS/CS	6.000	50467	PRESSURIZER SPRAY NOZZLE SAFE END
	Other	MCM 1201.01-171				1.250	50211	SELECTION CRITERIA 4.2.1(2 SIDED EXAM)
	Class A							
	Dissimilar							
B05.040.002A	1PZR-W2SE	MCM 1201.01-170	NDE-35	PT	SS/CS	6.000		PRESSURIZER SPRAY NOZZLE SAFE END
	Other	MCM 1201.01-171				1.250		SELECTION CRITERIA 4.2.1
	Class A							
	Dissimilar							
B05.040.003	1PZR-W3SE	MCM 1201.01-170	NDE-610	UT	SS/CS	8.000	50250	PRESSURIZER RELIEF NOZZLE
	Other	MCM 1201.01-171				1.200		SAFE END,(2 SIDED EXAM )
	Class A							CAL BLOCKS; 50250 & 50466
	Dissimilar							
B05.040.003A	1PZR-W3SE	MCM 1201.01-170	NDE-35	PT	SS/CS	8.000		PRESSURIZER RELIEF NOZZLE
	Other	MCM 1201.01-171				1.200		SAFE END
	Class A							
	Dissimilar							
B05.040.004	1PZR-W4ASE	MCM 1201.01-170	NDE-610	UT	SS/CS	8.000	50250	PRESSURIZER SAFETY NOZZLE
	Other	MCM 1201.01-171				1.200		SAFE END (X-Y AXIS)
	Class A							CAL BLOCKS; 50250 & 50466
	Dissimilar							( 2 SIDED EXAM )
B05.040.004A	1PZR-W4ASE	MCM 1201.01-170	NDE-35	PT	SS/CS	8.000		PRESSURIZER SAFETY NOZZLE
	Other	MCM 1201.01-171				1.200		SAFE END (X-Y AXIS)
	Class A							
	Dissimilar							

**Total B05.040 Items: 6**

**CATEGORY B-F, Pressure Retaining  
Dissimilar Metal Welds**

DUKE POWER COMPANY  
QUALITY ASSURANCE TECHNICAL SERVICES  
Inservice Inspection Database Management System

Plan Report  
Page 4  
03/26/96

**Steam Generator**

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 3

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
<b>**** NPS 4 or Larger; Nozzle-to-Safe End Butt Welds ****</b>								
B05.070.001	1SGA-INLET-SE	MCM 1201.01-135	NDE-610	UT	SS/CS	31.000	50214	SG1A INLET NOZZLE SAFE END TO BE DONE WITH B05.130.002
	Other	MCM 1201.01-480				2.500		
	Class A							
	Dissimilar							
B05.070.001A	1SGA-INLET-SE	MCM 1201.01-135	NDE-35	PT	SS/CS	31.000		SG1A INLET NOZZLE SAFE END TO BE DONE WITH B05.130.002A
	Other	MCM 1201.01-480				2.500		
	Class A							
	Dissimilar							
B05.070.002	1SGA-OUTLET-SE	MCM 1201.01-135	NDE-610	UT	SS/CS	31.000	50214	SG1A OUTLET NOZZLE SAFE END TO BE DONE WITH B05.130.003
	Other	MCM 1201.01-480				2.500		
	Class A							
	Dissimilar							
B05.070.002A	1SGA-OUTLET-SE	MCM 1201.01-135	NDE-35	PT	SS/CS	31.000		SG1A OUTLET NOZZLE SAFE END TO BE DONE WITH B05.130.003A
	Other	MCM 1201.01-480				2.500		
	Class A							
	Dissimilar							

**Total B05.070 Items: 4**

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 5  
 03/26/96

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 3

**CATEGORY B-F, Pressure Retaining**

**Dissimilar Metal Welds**

**Piping**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
<b>**** NPS 4 or Larger; Dissimilar Metal Butt Welds ****</b>								
B05.130.002	1NC1F-1-2	MCM 1201.01-119/1	NDE-610	UT	SS/CS	31.000	50214	UT FROM ELBOW SIDE
	Other	MC 1676-4				2.500		TO BE DONE WITH B05.070.001
	Class A							
	Dissimilar							
B05.130.002A	1NC1F-1-2	MCM 1201.01-119/1	NDE-35	PT	SS/CS	31.000		TO BE DONE WITH B05.070.001A
	Other	MC 1676-4				2.500		
	Dissimilar							
B05.130.003	1NC1F-1-3	MCM 1201.01-119/2	NDE-610	UT	SS/CS	31.000	50214	UT FROM ELBOW SIDE
	Other	MC 1676-4				2.500		TO BE DONE WITH B05.070.002
	Class A							
	Dissimilar							
B05.130.003A	1NC1F-1-3	MCM 1201.01-119/2	NDE-35	PT	SS/CS	31.000		TO BE DONE WITH B05.070-002A
	Other	MC 1676-4				2.500		
	Dissimilar							
<b>Total B05.130 Items:</b>		<b>4</b>						
<b>Total B05 Items:</b>		<b>14</b>						

**CATEGORY B-G-1, Pressure Retaining  
Bolting, Greater than 2" In Diameter**

DUKE POWER COMPANY  
QUALITY ASSURANCE TECHNICAL SERVICES  
Inservice Inspection Database Management System

Plan Report  
Page 6  
03/26/96

Reactor Vessel

McGuire 1

Inservice Inspection Plan for interval 2 Outage 3

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
<b>**** Closure Head Nuts ****</b>								
B06.010.016	1RPV-449-02-16	MCM 1201.01-204	NDE-25	MT	CS	10.540	----	CLOSURE HEAD NUT
	Other	MCM 1201.01-206				1.770		
B06.010.017	1RPV-449-02-17	MCM 1201.01-204	NDE-25	MT	CS	10.540	----	CLOSURE HEAD NUT
	Other	MCM 1201.01-206				1.770		
B06.010.018	1RPV-449-02-18	MCM 1201.01-204	NDE-25	MT	CS	10.540	----	CLOSURE HEAD NUT
	Other	MCM 1201.01-206				1.770		
B06.010.019	1RPV-449-02-19	MCM 1201.01-204	NDE-25	MT	CS	10.540	----	CLOSURE HEAD NUT
	Other	MCM 1201.01-206				1.770		
B06.010.020	1RPV-449-02-20	MCM 1201.01-204	NDE-25	MT	CS	10.540	----	CLOSURE HEAD NUT
	Other	MCM 1201.01-206				1.770		
B06.010.021	1RPV-449-02-21	MCM 1201.01-204	NDE-25	MT	CS	10.540	----	CLOSURE HEAD NUT
	Other	MCM 1201.01-206				1.770		
B06.010.022	1RPV-449-02-22	MCM 1201.01-204	NDE-25	MT	CS	10.540	----	CLOSURE HEAD NUT
	Other	MCM 1201.01-206				1.770		
B06.010.023	1RPV-449-02-23	MCM 1201.01-204	NDE-25	MT	CS	10.540	----	CLOSURE HEAD NUT
	Other	MCM 1201.01-206				1.770		

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 7  
 03/26/96

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 3

**CATEGORY B-G-1, Pressure Retaining  
 Bolting, Greater than 2" In Diameter**

**Reactor Vessel**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
B06.010.024	1RPV-449-02-24	MCM 1201.01-204	NDE-25	MT	CS	10.540	----	CLOSURE HEAD NUT
	Other	MCM 1201.01-206				1.770		
B06.010.025	1RPV-449-02-25	MCM 1201.01-204	NDE-25	MT	CS	10.540	----	CLOSURE HEAD NUT
	Other	MCM 1201.01-206				1.770		
B06.010.026	1RPV-449-02-26	MCM 1201.01-204	NDE-25	MT	CS	10.540	----	CLOSURE HEAD NUT
	Other	MCM 1201.01-206				1.770		
B06.010.027	1RPV-449-02-27	MCM 1201.01-204	NDE-25	MT	CS	10.540	----	CLOSURE HEAD NUT
	Other	MCM 1201.01-206				1.770		
B06.010.028	1RPV-449-02-28	MCM 1201.01-204	NDE-25	MT	CS	10.540	----	CLOSURE HEAD NUT
	Other	MCM 1201.01-206				1.770		
B06.010.029	1RPV-449-02-29	MCM 1201.01-204	NDE-25	MT	CS	10.540	----	CLOSURE HEAD NUT
	Other	MCM 1201.01-206				1.770		
B06.010.030	1RPV-449-02-30	MCM 1201.01-204	NDE-25	MT	CS	10.540	----	CLOSURE HEAD NUT
	Other	MCM 1201.01-206				1.770		
B06.010.031	1RPV-449-02-31	MCM 1201.01-204	NDE-25	MT	CS	10.540	----	CLOSURE HEAD NUT
	Other	MCM 1201.01-206				1.770		

**CATEGORY B-G-1, Pressure Retaining  
Bolting, Greater than 2" In Diameter**

DUKE POWER COMPANY  
QUALITY ASSURANCE TECHNICAL SERVICES  
Inservice Inspection Database Management System

Plan Report  
Page 8  
03/26/96

**Reactor Vessel**

McGuire 1

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
B06.010.032 Other	1RPV-449-02-32	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	10.540 1.770	----	CLOSURE HEAD NUT
B06.010.033 Other	1RPV-449-02-33	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	10.540 1.770	----	CLOSURE HEAD NUT
B06.010.034 Other	1RPV-449-02-34	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	10.540 1.770	----	CLOSURE HEAD NUT
B06.010.035 Other	1RPV-449-02-35	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	10.540 1.770	----	CLOSURE HEAD NUT
B06.010.036 Other	1RPV-449-02-36	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	10.540 1.770	----	CLOSURE HEAD NUT

**Total B06.010 Items: 21**



DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 9  
 03/26/96

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 3

**Reactor Vessel**

**CATEGORY B-G-1, Pressure Retaining  
 Bolting, Greater than 2" In Diameter**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
<b>**** Closure Studs, when removed ****</b>								
B06.030.016	1RPV-449-01-16	MCM 1201.01-204	NDE-942	UT	CS	7.000	50501	CLOSURE STUD
	Other	MCM 1201.01-206				57.688		
Class A								
B06.030.016A	1RPV-449-01-16	MCM 1201.01-204	NDE-25	MT	CS	7.000	----	CLOSURE STUD
	Other	MCM 1201.01-206				57.688		
Class A								
B06.030.017	1RPV-449-01-17	MCM 1201.01-204	NDE-942	UT	CS	7.000	50501	CLOSURE STUD
	Other	MCM 1201.01-206				57.688		
Class A								
B06.030.017A	1RPV-449-01-17	MCM 1201.01-204	NDE-25	MT	CS	7.000	----	CLOSURE STUD
	Other	MCM 1201.01-206				57.688		
Class A								
B06.030.018	1RPV-449-01-18	MCM 1201.01-204	NDE-942	UT	CS	7.000	50501	CLOSURE STUD
	Other	MCM 1201.01-206				57.688		
Class A								
B06.030.018A	1RPV-449-01-18	MCM 1201.01-204	NDE-25	MT	CS	7.000	----	CLOSURE STUD
	Other	MCM 1201.01-206				57.688		
Class A								
B06.030.019	1RPV-449-01-19	MCM 1201.01-204	NDE-942	UT	CS	7.000	50501	CLOSURE STUD
	Other	MCM 1201.01-206				57.688		
Class A								
B06.030.019A	1RPV-449-01-19	MCM 1201.01-204	NDE-25	MT	CS	7.000	----	CLOSURE STUD
	Other	MCM 1201.01-206				57.688		
Class A								

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 10  
 03/26/96

**Reactor Vessel**

McGuire 1

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
B06.030.020 Other Class A	1RPV-449-01-20	MCM 1201.01-204 MCM 1201.01-206	NDE-942	UT	CS	7.000 57.688	50501	CLOSURE STUD
B06.030.020A Other Class A	1RPV-449-01-20	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	7.000 57.688	----	CLOSURE STUD
B06.030.021 Other Class A	1RPV-449-01-21	MCM 1201.01-204 MCM 1201.01-206	NDE-942	UT	CS	7.000 57.688	50501	CLOSURE STUD
B06.030.021A Other Class A	1RPV-449-01-21	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	7.000 57.688	----	CLOSURE STUD
B06.030.022 Other Class A	1RPV-449-01-22	MCM 1201.01-204 MCM 1201.01-206	NDE-942	UT	CS	7.000 57.688	50501	CLOSURE STUD
B06.030.022A Other Class A	1RPV-449-01-22	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	7.000 57.688	----	CLOSURE STUD
B06.030.023 Other Class A	1RPV-449-01-23	MCM 1201.01-204 MCM 1201.01-206	NDE-942	UT	CS	7.000 57.688	50501	CLOSURE STUD
B06.030.023A Other Class A	1RPV-449-01-23	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	7.000 57.688	----	CLOSURE STUD

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 11  
 03/26/96

**Reactor Vessel**

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 3

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
B06.030.024 Other Class A	1RPV-449-01-24	MCM 1201.01-204 MCM 1201.01-206	NDE-942	UT	CS	7.000 57.688	50501	CLOSURE STUD
B06.030.024A Other Class A	1RPV-449-01-24	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	7.000 57.688	----	CLOSURE STUD
B06.030.025 Other Class A	1RPV-449-01-25	MCM 1201.01-204 MCM 1201.01-206	NDE-942	UT	CS	7.000 57.688	50501	CLOSURE STUD
B06.030.025A Other Class A	1RPV-449-01-25	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	7.000 57.688	----	CLOSURE STUD
B06.030.026 Other Class A	1RPV-449-01-26	MCM 1201.01-204 MCM 1201.01-206	NDE-942	UT	CS	7.000 57.688	50501	CLOSURE STUD
B06.030.026A Other Class A	1RPV-449-01-26	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	7.000 57.688	----	CLOSURE STUD
B06.030.027 Other Class A	1RPV-449-01-27	MCM 1201.01-204 MCM 1201.01-206	NDE-942	UT	CS	7.000 57.688	50501	CLOSURE STUD
B06.030.027A Other Class A	1RPV-449-01-27	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	7.000 57.688	----	CLOSURE STUD



DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 13  
 03/26/96

**CATEGORY B-G-1, Pressure Retaining  
 Bolting, Greater than 2" In Diameter**

**Reactor Vessel**

McGuire 1

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
B06.030.032 Other Class A	1RPV-449-01-32	MCM 1201.01-204 MCM 1201.01-206	NDE-942	UT	CS	7.000 57.688	50501	CLOSURE STUD
B06.030.032A Other Class A	1RPV-449-01-32	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	7.000 57.688	----	CLOSURE STUD
B06.030.033 Other Class A	1RPV-449-01-33	MCM 1201.01-204 MCM 1201.01-206	NDE-942	UT	CS	7.000 57.688	50501	CLOSURE STUD
B06.030.033A Other Class A	1RPV-449-01-33	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	7.000 57.688	----	CLOSURE STUD
B06.030.034 Other Class A	1RPV-449-01-34	MCM 1201.01-204 MCM 1201.01-206	NDE-942	UT	CS	7.000 57.688	50501	CLOSURE STUD
B06.030.034A Other Class A	1RPV-449-01-34	MCM 1201.01.204 MCM 1201.01-206	NDE-25	MT	CS	7.000 57.688	----	CLOSURE STUD
B06.030.035 Other Class A	1RPV-449-01-35	MCM 1201.01-204 MCM 1201.01-206	NDE-942	UT	CS	7.000 57.688	50501	CLOSURE STUD
B06.030.035A Other Class A	1RPV-449-01-35	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	7.000 57.688	----	CLOSURE STUD

**CATEGORY B-G-1, Pressure Retaining  
Bolting, Greater than 2" In Diameter**

DUKE POWER COMPANY  
QUALITY ASSURANCE TECHNICAL SERVICES  
Inservice Inspection Database Management System

Plan Report  
Page 14  
03/26/96

**Reactor Vessel**

McGuire 1

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
B06.030.036	1RPV-449-01-36	MCM 1201.01-204	NDE-942	UT	CS	7.000	50501	CLOSURE STUD
Other		MCM 1201.01-206				57.688		
Class A								
B06.030.036A	1RPV-449-01-36	MCM 1201.01-204	NDE-25	MT	CS	7.000	----	CLOSURE STUD
Other		MCM 1201.01-206				57.688		
Class A								

Total B06.030 Items: 42

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 15  
 03/26/96

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 3

**CATEGORY B-G-1, Pressure Retaining  
 Bolting, Greater than 2" In Diameter**

**Reactor Vessel**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
<b>**** Closure Washers, Bushings ****</b>								
B06.050.016	1RPV-449-03-16	MCM 1201.01-204	QAL-13	VT-1	CS	10.560	----	CLOSURE WASHER
	Other	MCM 1201.01-206				1.719		
Class A								
B06.050.017	1RPV-449-03-17	MCM 1201.01-204	QAL-13	VT-1	CS	10.560	----	CLOSURE WASHER
	Other	MCM 1201.01-206				1.719		
Class A								
B06.050.018	1RPV-449-03-18	MCM 1201.01-204	QAL-13	VT-1	CS	10.560	----	CLOSURE WASHER
	Other	MCM 1201.01-206				1.719		
Class A								
B06.050.019	1RPV-449-03-19	MCM 1201.01-204	QAL-13	VT-1	CS	10.560	----	CLOSURE WASHER
	Other	MCM 1201.01-206				1.719		
Class A								
B06.050.020	1RPV-449-03-20	MCM 1201.01-204	QAL-13	VT-1	CS	10.560	----	CLOSURE WASHER
	Other	MCM 1201.01-206				1.719		
Class A								
B06.050.021	1RPV-449-03-21	MCM 1201.01-204	QAL-13	VT-1	CS	10.560	----	CLOSURE WASHER
	Other	MCM 1201.01-206				1.719		
Class A								
B06.050.022	1RPV-449-03-22	MCM 1201.01-204	QAL-13	VT-1	CS	10.560	----	CLOSURE WASHER
	Other	MCM 1201.01-206				1.719		
Class A								
B06.050.023	1RPV-449-03-23	MCM 1201.01-204	QAL-13	VT-1	CS	10.560	----	CLOSURE WASHER
	Other	MCM 1201.01-206				1.719		
Class A								





DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 17  
 03/26/96

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 3

**CATEGORY B-G-1, Pressure Retaining  
 Bolting, Greater than 2" In Diameter**

**Reactor Vessel**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
B06.050.032	1RPV-449-03-32	MCM 1201.01-204	QAL-13	VT-1	CS	10.560	----	CLOSURE WASHER
Other		MCM 1201.01-206				1.719		
Class A								
B06.050.033	1RPV-449-03-33	MCM 1201.01-204	QAL-13	VT-1	CS	10.560	----	CLOSURE WASHER
Other		MCM 1201.01-206				1.719		
Class A								
B06.050.034	1RPV-449-03-34	MCM 1201.01-204	QAL-13	VT-1	CS	10.560	----	CLOSURE WASHER
Other		MCM 1201.01-206				1.719		
Class A								
B06.050.035	1RPV-449-03-35	MCM 1201.01-204	QAL-13	VT-1	CS	10.560	----	CLOSURE WASHER
Other		MCM 1201.01-206				1.719		
Class A								
B06.050.036	1RPV-449-03-36	MCM 1201.01-204	QAL-13	VT-1	CS	10.560	----	CLOSURE WASHER
Other		MCM 1201.01-206				1.719		
Class A								
<b>Total B06.050 Items:</b>								<b>21</b>
<b>Total B06 Items:</b>								<b>84</b>

**CATEGORY B-G-2, Pressure Retaining  
Bolting, 2" And Less In Diameter**

DUKE POWER COMPANY  
QUALITY ASSURANCE TECHNICAL SERVICES  
Inservice Inspection Database Management System

Plan Report  
Page 18  
03/26/96

Steam Generators

McGuire 1

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
<b>**** Bolts, Studs, and Nuts ****</b>								
B07.030.003	1SGB-MW-X-W	MCM 1201.01-136	QAL-13	VT-1	CS	1.880		SG1B PRIMARY MANWAY BOLTING 16 BOLTS
	Other	MCM 1201.01-489				15.510		X-W QUADRANT
	Class A							
B07.030.004	1SGB-MW-Z-W	MCM 1201.01-136	QAL-13	VT-1	CS	1.880		SG1B PRIMARY MANWAY BOLTING 16 BOLTS
	Other	MCM 1201.01-489				15.510		Z-W QUADRANT
	Class A							
B07.030.005	1SGC-MW-X-Y	MCM 1201.01-137	QAL-13	VT-1	CS	1.880		SG1C PRIMARY MANWAY BOLTING 16 BOLTS
	Other	MCM 1201.01-489				15.510		X-Y QUADRANT
	Class A							
B07.030.006	1SGC-MW-Y-Z	MCM 1201.01-137	QAL-13	VT-1	CS	1.880		SG1C PRIMARY MANWAY BOLTING 16 BOLTS
	Other	MCM 1201.01-489				15.510		Y-Z QUADRANT
	Class A							

**Total B07.030 Items: 4**

**CATEGORY B-G-2, Pressure Retaining  
Bolting, 2" And Less In Diameter**

DUKE POWER COMPANY  
QUALITY ASSURANCE TECHNICAL SERVICES  
Inservice Inspection Database Management System

Plan Report  
Page 19  
03/26/96

Valves

McGuire 1

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
<b>**** Bolts, Studs, and Nuts ****</b>								
B07.070.064G	1NI-181	MCM 1205.00-0005	QAL-13	VT-1	SS	0.750		6" VALVE, MCFI-1NI85
	Other	MC 1562-3.1				0.000		INSPECT ONLY ONE VALVE OF THIS TYPE PER INTERVAL
	Class A							INSPECTED OUT.2

**Total B07.070 Items: 1**

**Total B07 Items: 5**

**CATEGORY B-H, Integral Attachments for  
Vessels**

DUKE POWER COMPANY  
QUALITY ASSURANCE TECHNICAL SERVICES  
Inservice Inspection Database Management System

Plan Report  
Page 20  
03/26/96

Pressurizer

McGuire 1

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
-------------	-----------	-----------------	------	----------	---------	---------	------------	----------

**\*\*\*\* Integrally Welded Attachments \*\*\*\***

B08.020.001	1PZR-SKIRT	MCM-1201.01-170	NDE-25	MT	CS	87.000	----	PZR SUPPORT SKIRT TO LOWER HEAD
	Other	EDSK-379441B				1.500		RFO 9 EXAMINED PER IWB-2430
	Class A							REF. PIP 1-M94-1233

**Total B08.020 Items: 1**

**Total B08 Items: 1**

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 21  
 03/26/96

**CATEGORY B-J, Pressure Retaining Welds In Piping**

**NPS 4 or Larger**

McGuire 1

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
<b>**** Circumferential Welds ****</b>								
B09.011.053	1NCP-224-1	MCFI-1NC-5	NDE-600	UT	SS	6.000	50211	STRESS WELD
	Other	MC-1553-2.0			160	0.719		SELECTION CRITERIA 4.2.1
Class A	Stress weld			Elbow to Flange				
B09.011.053A	1NCP-224-1	MCFI-1NC-5	NDE-35	PT	SS	6.000		STRESS WELD
	Other	MC-1553-2.0			160	0.719		SELECTION CRITERIA 4.2.1
Class A	Stress weld			Elbow to Flange				
B09.011.054	1NC1F-546	MCFI-1NC-5	NDE-600	UT	SS	6.000	50211	TERMINAL END
	Other	MC-1553-2.0			160	0.719		PRESSURIZER RELIEF LINE
Class A	Term end							PIPE TO SE,(2 SIDED EXAM)
B09.011.054A	1NC1F-546	MCFI-1NC-5	NDE-35	PT	SS	6.000		TERMINAL END
	Other	MC-1553-2.0			160	0.719		PRESSURIZER RELIEF LINE
Class A	Term end			Nozzle to Elbow				
B09.011.055	1NC1F-547	MCFI-1NC-5	NDE-600	UT	SS	6.000	50211	
	Other	MC-1553-2.0			160	0.719		
Class A				Elbow to Pipe				
B09.011.055A	1NC1F-547	MCFI-1NC-5	NDE-35	PT	SS	6.000		
	Other	MC-1553-2.0			160	0.719		
Class A				Elbow to Pipe				
B09.011.056	1NC-128-2	MCFI-1NC-47	NDE-600	UT	SS	10.000	50209	STRESS WELD
	Other	MC-1553-1.0			140	1.000		SELECTION CRITERIA 4.2.1
Class A	Stress weld			Pipe to Elbow				
B09.011.056A	1NC-128-2	MCFI-1NC-47	NDE-35	PT	SS	10.000		STRESS WELD
	Other	MC-1553-1.0			140	1.000		SELECTION CRITERIA 4.2.1
Class A	Stress weld			Pipe to Elbow				

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 22  
 03/26/96

**CATEGORY B-J, Pressure Retaining Welds In Piping**

**NPS 4 or Larger**

McGuire 1

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
B09.011.057	1NC-128-1	MCFI-1NC-47 MC-1553-1.0	NDE-600	UT	SS 140	10.000 1.000	50209	STRESS WELD SELECTION CRITERIA 4.2.1
Class A	Other Stress weld							Elbow to Pipe
B09.011.057A	1NC-128-1	MCFI-1NC-47 MC-1553-1.0	NDE-35	PT	SS 140	10.000 1.000		STRESS WELD SELECTION CRITERIA 4.2.1
Class A	Other Stress weld							Elbow to Pipe
B09.011.058	1NC-102-2	MCFI-1NC-47 MC-1553-1.0	NDE-600	UT	SS 140	10.000 1.000	50209	STRESS WELD SELECTION CRITERIA 4.2.1
Class A	Other Stress weld							Pipe to Elbow
B09.011.058A	1NC-102-2	MCFI-1NC-47 MC-1553-1.0	NDE-35	PT	SS 140	10.000 1.000		STRESS WELD SELECTION CRITERIA 4.2.1
Class A	Other Stress weld							Pipe to Elbow
B09.011.059	1NC-102-1	MCFI-1NC-47 MC-1553-1.0	NDE-600	UT	SS 140	10.000 1.000	50209	STRESS WELD SELECTION CRITERIA 4.2.1
Class A	Other Stress weld							Elbow to Pipe
B09.011.059A	1NC-102-1	MCFI-1NC-47 MC-1553-1.0	NDE-35	PT	SS 140	10.000 1.000		STRESS WELD SELECTION CRITERIA 4.2.1
Class A	Other Stress weld							Elbow to Pipe
B09.011.060	1NC1F-109	MCFI-1NC-47 MC-1553-1.0	NDE-600	UT	SS 140	10.000 1.000	50209	STRESS WELD SELECTION CRITERIA 4.2.1
Class A	Other Stress weld							Elbow to Nozzle
B09.011.060A	1NC1F-109	MCFI-1NC-47 MC-1553-1.0	NDE-35	PT	SS 140	10.000 1.000		STRESS WELD SELECTION CRITERIA 4.2.1
Class A	Other Stress weld							Elbow to Nozzle

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 23  
 03/26/96

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 3

**CATEGORY B-J, Pressure Retaining Welds in Piping**

NPS 4 or larger

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
B09.011.226	1N1F-266	MCFI-1NI-85 MC-1562-3.1	NDE-600	UT	SS 160	6.000 0.719	50211	Pipe to Elbow
Class A	Other							
B09.011.226A	1N1F-266	MCFI-1NI-85 MC-1562-3.1	NDE-35	PT	SS 160	6.000 0.719		Pipe to Elbow
Class A	Other							
B09.011.227	1NI-180-1	MCFI-1NI-85 MC-1562-3.1	NDE-600	UT	SS 160	6.000 0.719	50211	Pipe to Elbow
Class A	Other							
B09.011.227A	1NI-180-1	MCFI-1NI-85 MC-1562-3.1	NDE-35	PT	SS 160	6.000 0.719		Pipe to Elbow
Class A	Other							

**Total B09.011 Items: 20**

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 24  
 03/26/96

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 3

**CATEGORY B-J, Pressure Retaining Welds In Piping**

**Less Than NPS 4**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
-------------	-----------	-----------------	------	----------	---------	---------	------------	----------

\*\*\*\* Circumferential Welds \*\*\*\*

B09.021.001	1NC1F-2643	MCFI-1NC-5	NDE-35	PT	SS	3.000		
	Other	MC-1553-2.0			160	0.438		
Class A					Reducer to Pipe			
B09.021.002	1NC1F-2652	MCFI-1NC-5	NDE-35	PT	SS	3.000		
	Other	MC-1553-2.0			160	0.438		
Class A					Tee to Pipe			
B09.021.005	1NC1F-525	MCFI-1NC-5	NDE-35	PT	SS	3.000	----	
	Other	MC-1553-2.0			XXS	0.600		
Class A					Valve to Pipe			

Total B09.021 Items: 3



DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 25  
 03/26/96

**CATEGORY B-J, Pressure Retaining Welds In Piping**

**Branch Pipe Connection Welds**

McGuire 1

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
<b>**** NPS 4 or Larger ****</b>								
B09.031.004	1NC47-WN8	MCFI-1NC-47	NDE-610	UT	SS	10.000	50214	SAFETY INJECTION LOOP 1
	Other	MCM 1201.01-119/3			140	1.000		PC.B TO PC.1
	Class A				LOOP 1 PC.B to			UT FROM MAIN LOOP SIDE ONLY
					LOOP 1 PC.1 (1-2)			
B09.031.004A	1NC47-WN8	MCFI-1NC-47	NDE-35	PT	SS	10.000		
	Other	MCM 1201.01-119/3			140	1.000		
	Class A				LOOP 1 PC.B to			
					LOOP 1 PC.1 (1-2)			
<b>Total B09.031 Items: 2</b>								
<b>**** Less Than NPS 4 ****</b>								
B09.032.005	1NC23-WN2	MCFI-1NC-23	NDE-35	PT	SS	2.000	----	RTD BYPASS LOOP 4
	Other	MCM 1201.01-119/12				0.344		PC.E TO PC.1
	Class A				LOOP 4 PC.E to			
					LOOP 4 PC.1 (4-6)			
B09.032.006	1NC24-WN2	MCFI-1NC-24	NDE-35	PT	SS	2.000	----	RTD BYPASS LOOP 3
	Other	MCM 1201.01-119/9				0.344		PC.D TO PC.1
	Class A				LOOP 3 PC.D to			
					LOOP 3 PC.1 (3-15)			
B09.032.007	1NC32-WN8	MCFI-1NC-32	NDE-35	PT	SS	2.000	----	REACTOR COOLANT DRAIN LOOP 4
	Other	MCM 1201.01-119/11				0.344		PC.D TO PC.2
	Class A				LOOP 4 PC.D to			
					LOOP 4 PC.2 (4-4)			
<b>Total B09.032 Items: 3</b>								

**CATEGORY B-J, Pressure Retaining Welds In Piping**

**DUKE POWER COMPANY  
QUALITY ASSURANCE TECHNICAL SERVICES  
Inservice Inspection Database Management System**

Plan Report  
Page 26  
03/26/96

**Socket Welds**

McGuire 1

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
B09.040.001	1NC1F-281	MCFI-1NC-3 MC-1553-1.0	NDE-35	PT	SS 160		2.000 0.344	Nozzle to Pipe
Class A	Other							
B09.040.216	1NV1F-5418	MCFI-1NV-137 MC-1554-1.0	NDE-35	PT	SS 160		2.000 0.344	Pipe to Elbow
Class A	Other							
B09.040.218	1NV1F-5425	MCFI-1NV-137 MC-1554-1.0	NDE-35	PT	SS 160		2.000 0.344	Elbow to Pipe
Class A	Other							
B09.040.219	1NV1F-5431	MCFI-1NV-137 MC-1554-1.0	NDE-35	PT	SS 160		2.000 0.344	Valve to Reducing Insert
Class A	Other							
B09.040.220	1NV1F-5685	MCFI-1NV-143 MC-1554-1.1	NDE-35	PT	SS 160		2.000 0.344	Pipe to Tee
Class A	Other							
B09.040.222	1NV1F-6573	MCFI-1NV-143 MC-1554-1.1	NDE-35	PT	SS 160		2.000 0.344	Elbow to Pipe
Class A	Other							
B09.040.223	1NV1F-5694	MCFI-1NV-143 MC-1554-1.1	NDE-35	PT	SS 160		2.000 0.344	Pipe to Elbow
Class A	Other							
B09.040.224	1NV1F-5698	MCFI-1NV-143 MC-1554-1.1	NDE-35	PT	SS 160		2.000 0.344	Pipe to Valve
Class A	Other							

**Total B09.040 Items: 8**

**CATEGORY B-J, Pressure Retaining Welds In**

**Piping**

**Socket Welds**

DUKE POWER COMPANY  
QUALITY ASSURANCE TECHNICAL SERVICES  
Inservice Inspection Database Management System

McGuire 1

**Inservice Inspection Plan for Interval 2 Outage 3**

Plan Report  
Page 27  
03/26/96

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DI/THK	CAL	BLOCKS	COMMENTS
<b>Total B09 Items:</b>		<b>36</b>							

**CATEGORY B-M-2, Valve Bodies**

DUKE POWER COMPANY  
QUALITY ASSURANCE TECHNICAL SERVICES  
Inservice Inspection Database Management System

Plan Report  
Page 28  
03/26/96

**Valves**

McGuire 1

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
<b>**** Valve Body, Exceeding NPS 4 ****</b>								
B12.050.004F	1NI-82	MCM 1205.36-0010	QAL-14	VT-3	SS	10.000		MCFI-1NI87
	Of	MC 1562-2.1				0.000		ATWOOD-MORRILL CHECK VALVE
Class A								.INSPECT ONE VALVE OF THIS TYPE PER INTERVAL.INSPECT ONLY IF DISASSEMBLED

**Total B12.050 Items: 1**  
**Total B12 Items: 1**

**CATEGORY B-N-1, Interior of Reactor Vessel**

DUKE POWER COMPANY  
QUALITY ASSURANCE TECHNICAL SERVICES  
Inservice Inspection Database Management System

Plan Report  
Page 29  
03/26/96

**Reactor Vessel**

McGuire 1

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
<b>**** Vessel Interior ****</b>								
B13.010.001	1RPV-INTERIOR	MCM 1201.01-146	QAL-14	VT-3	SS	0.000	----	AREA ABOVE AND BELOW CORE MADE
	Other	MCM 1201.01-223				0.000		ACCESSIBLE DURING REF.
	Class A							REF PIP:1M94-1467, RFR94-10 SEE DESIGN EVAL. MC 1201.01

Total B13.010 Items: 1

Total B13 Items: 1

**CATEGORY B-O, Pressure Retaining Welds  
In Control Rod Housings**

DUKE POWER COMPANY  
QUALITY ASSURANCE TECHNICAL SERVICES  
Inservice Inspection Database Management System

Plan Report  
Page 30  
03/26/96

Reactor Vessel

McGuire 1

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
<b>**** Welds in CRD Housing ****</b>								
B14.010.010	1RPV-CRDM-64	MCM 1201.01-224	NDE-35	PT	SS/Inconel	4.000	----	CRD HOUSING WELD (PERIPHERAL)
	Other					0.642		
	Class A							

**Total B14.010 Items: 1**

**Total B14 Items: 1**

**CATEGORY B-Q, Steam Generator Tubing**

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

**Steam Generator Tubing in U-Tube Design**

McGuire 1

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** ****								
B16.020.001	1SGA-TUBES	MCM 1201.01-135		ET	Inconel	0.750		INFO ON S/G TUBE EXAMS CAN BE ACQUIRED FROM THE DIVERSIFIED SERVICES GROUP OF THE ELEC. SYSTEM DEPT. OF DPC
	Other	MCM 1201.01-187				0.043		
	Class A							
B16.020.002	1SGB-TUBES	MCM 1201.01-136		ET	Inconel	0.750		INFO ON S/G TUBE EXAMS CAN BE ACQUIRED FROM THE DIVERSIFIED SERVICES GROUP OF THE ELEC. SYSTEM DEPT. OF DPC
	Other	MCM 1201.01-187				0.043		
	Class A							
B16.020.003	1SGC-TUBES	MCM 1201.01-137		ET	Inconel	0.750		INFO ON S/G TUBE EXAMS CAN BE ACQUIRED FROM THE DIVERSIFIED SERVICES GROUP OF THE ELEC. SYSTEM DEPT. OF DPC
	Other	MCM 1201.01-187				0.043		
	Class A							
B16.020.004	1SGD-TUBES	MCM 1201.01-138		ET	Inconel	0.750		INFO ON S/G TUBE EXAMS CAN BE ACQUIRED FROM THE DIVERSIFIED SERVICES GROUP OF THE ELEC. SYSTEM DEPT. OF DPC
	Other	MCM 1201.01-187				0.043		
	Class A							
<b>Total B16.020 Items:</b>		<b>4</b>						
<b>Total B16 Items:</b>		<b>4</b>						

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 32  
 03/26/96

McGuire 1

**Inservice Inspection Plan for Interval 2 Outage 3**

**CATEGORY C-A, Pressure Retaining Welds  
 In Pressure Vessels**

**Shell Circumferential Welds**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
C01.010.080 Other Class B	1ACSHX-SH-47	MCM 1201.06-25	NDE-630	UT	NA	54.000 0.625	50422	CONTAINMENT SPRAY HEAT EXCHANGER 1A SHELL TO PLATE 1/16" MIN. CLADDING
C01.010.090 Other Class B	1RCPA-8-1	MCM 1201.04-197	NDE-630	UT	SS	6.660 0.495	50319	RECIPROCATING CP ACC. FLANGE TO SHELL (UT WALL THICK. TO VERIFY THE USE OF CORRECT UT PROCEDURE)
<b>Total C01.010 Items:</b>		<b>2</b>						



DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 33  
 03/26/96

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 3

**CATEGORY C-A, Pressure Retaining Welds  
 In Pressure Vessels**

**Head Circumferential Welds**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
C01.020.001 Other Class B	1SGD-06B-07	MCM 1201.01-138	NDE-620 NDE-640	UT	CS	0.000 3.890	50279	STEAM GENERATOR 1D UPPER SHELL TO HEAD
C01.020.050 Other Class B	1LDHX-04-03	MCM 1201.06-21	NDE-630	UT	SS	22.000 0.480	50420	LETDOWN HEAT EXCHANGER HEAD TO BONNET SHELL
C01.020.080 Other Class B	1RCPA-10-1	MCM 1201.04-197	NDE-630	UT	SS	6.660 0.495	50319	RECIPROCATING CP ACC. SHELL TO HEAD (UT WALL THICK. TO VERIFY THE USE OF CORRECT UT PROCEDURE)
C01.020.090 Other Class B	1RCPSS-SH-3	MCM 1201.04-272	NDE-630	UT	SS	12.000 0.375	50313	RECIPROCATING CP SUCTION STABLIZER SHELL TO UPPER HEAD
C01.020.091 Other Class B	1RCPSS-SH-2	MCM 1201.04-272	NDE-630	UT	SS	12.000 0.375	50313	RECIPROCATING CP SUCTION STABLIZER SHELL TO LOWER HEAD

**Total C01.020 Items: 5**

**CATEGORY C-A, Pressure Retaining Welds  
In Pressure Vessels**

DUKE POWER COMPANY  
QUALITY ASSURANCE TECHNICAL SERVICES  
Inservice Inspection Database Management System

Plan Report  
Page 34  
03/26/96

**Tubesheet-to-Shell Weld**

McGuire 1

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
C01.030.010	1ACSHX-SH-48	MCM 1201.06-25	NDE-630	UT	CS	55.250 0.625	50422	CONTAINMENT SPRAY HEAT EXCHANGER 1A SHELL TO TUBESHEET CS+1/16 MIN. CLADDING
Other Class B								

**Total C01.030 Items: 1**

**Total C01 Items: 8**

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 3

Plan Report

Page 35

03/26/96

**CATEGORY C-B, Pressure Retaining Nozzle**

**Welds In Vessels**

**Nozzles Without Reinforcing Plate In Vessels >**

**1/2 in. Nom. Thickness**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
<b>**** Nozzle-to-Shell (or Head) Weld ****</b>								
C02.021.002	1SGA-SB-02	MCM 1201.01-117	NDE-620	UT	CS	16.000	50279	STEAM GENERATOR 1A
	Other	MCM 1201.01-135	NDE-640			3.250		FEEDWATER NOZZLE TO STUB BARREL
Class B								
C02.021.002A	1SGA-SB-02	MCM 1201.01-117	NDE-25	MT	CS	16.000		STEAM GENERATOR 1A
	Other	MCM 1201.01-135				3.250		FEEDWATER NOZZLE TO STUB BARREL
Class B								
<b>Total C02.021 Items:</b>		<b>2</b>						
<b>**** Nozzle Inside Radius Section ****</b>								
C02.022.002	1SGA-SB-02	MCM-1201.01-117	NDE-680	UT	CS	16.000	50279	STEAM GENERATOR 1A
	Other	MCM-1201.01-135				3.250		FEEDWATER NOZZLE INSIDE RADIUS
Class B								
<b>Total C02.022 Items:</b>		<b>1</b>						

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 36  
 03/26/96

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 3

**CATEGORY C-B, Pressure Retaining Nozzle  
 Welds In Vessels**

**Nozzles With Reinforcing Plate In Vessels > 1/2  
 in. Nominal Thickness**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
<b>**** Nozzle-to-Shell (or Head) Welds When Inside of Vessel Is Inaccessible ****</b>								
C02.033.001	1RHR-1A-INLET	MCM 1201.06-22	QAL-15	VT-2	SS	14.000		RHR HEAT EXCH. 1A
	Other					0.750		INLET NOZ. A AND REINF. PADS:EXAM. EACH PER.,REF. C07.030.005 (1ST & 2ND PER. ),C07.040.018 (3RD PER.)
Class B								
C02.033.002	1RHR-1A-OUTLET	MCM 1201.06-22	QAL-15	VT-2	SS	14.000		RHR HEAT EXCH. 1A OUTLET NOZ. B AND REINF. PADS:EXAM. EACH PERIOD,REF. C07.030.005 (1ST & 2ND PER. ),C07.040.018 (3RD PER.)
	Other					0.750		
Class B								
C02.033.005	1ACSHX-1A-INLET	MCM 1201.06-25 MC 1563-1.0	QAL-15	VT-2	SS	10.000		CONT.SPRY. HX 1A
	Other					0.250		INLET NOZ.A AND REINF. PADS:EXAM. EACH PERIOD,REF. C07.030.009 (1ST & 2ND PER.),C07.040.024(3RD PERIOD)
Class B								
C02.033.006	1ACSHX-1B-OUTLET	MCM 1201.06-25 MC 1563-1.0	QAL-15	VT-2	SS	10.000		CONT.SPRY.HX 1A
	Other					0.250		OUTLET NOZ.A AND REINF.PADS:EXAM. EACH PERIOD,REF. C07.030.009 (1ST & 2ND PER. ),C07.040.024(3RD PERIOD)
Class B								

**Total C02.033 Items: 4**

---

**Total C02 Items: 7**

**CATEGORY C-C, Integral Attachments For  
Vessels, Piping, Pumps, And Valves**

DUKE POWER COMPANY  
QUALITY ASSURANCE TECHNICAL SERVICES  
Inservice Inspection Database Management System

Plan Report  
Page 37  
03/26/96

**Piping**

McGuire 1

**Inservice Inspection Plan for interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
-------------	-----------	-----------------	------	----------	---------	---------	------------	----------

**\*\*\*\* Integrally Welded Attachments \*\*\*\***

C03.020.001	1MCR-CF-158	1MCR-CF-H158	NDE-25	MT	CS		0.000	
	Other	MCSR-D-CFC/1					1.125	
Class B								

C03.020.003	1MCR-CF-174	1MCR-CF-H174	NDE-25	MT	CS		0.000	
	Other	MCSR-D-CFC/6					1.125	
Class B								

**Total C03.020 Items: 2**

**Total C03 Items: 2**

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 38  
 03/26/96

**CATEGORY C-F-1, Pressure Retaining Welds  
 In Austenitic SS or High Alloy Piping**

**Piping Welds <sup>3</sup> 3/8 in. Nominal Wall Thickness  
 for Piping > NPS 4**

McGuire 1

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
<b>**** Circumferential Weld ****</b>								
C05.011.007	1ND12A-1	MCFI 1ND24 MC 1561-1.0	NDE-600	UT	SS STD	18.000 0.375	50431	TO BE DONE WITH C05.012.008
Class B	Other			Reducer to Tee				
C05.011.007A	1ND12A-1	MCFI 1ND24 MC 1561-1.0	NDE-35	PT	SS STD	18.000 0.375		TO BE DONE WITH C05.012.008A
Class B	Other			Reducer to Tee				
C05.011.010	1ND1F21A	MCFI 1ND24 MC 1561-1.0	NDE-600	UT	SS STD	18.000 0.375	50431	TO BE DONE WITH C05.012.012
Class B	Other			Pipe to Tee				
C05.011.010A	1ND1F21A	MCFI 1ND24 MC 1561-1.0	NDE-35	PT	SS STD	18.000 0.375		TO BE DONE WITH C05.012.012A
Class B	Other			Pipe to Tee				
C05.011.011	1ND1F125	MCFI 1ND30 MC 1561-1.0	NDE-600	UT	SS	14.000 0.375	50432	TERMINAL END R TO CONN TO RHR HX1B TO BE DONE WITH C05.012.013
Class B	Other Term end			Reducer to CONN TO RHR HX1B				
C05.011.011A	1ND1F125	MCFI 1ND30 MC 1561-1.0	NDE-35	PT	SS	14.000 0.375		TO BE DONE WITH C05.012.013A
Class B	Other			Reducer to CONN TO RHR HX1B				
C05.011.012	1ND133-1	MCFI 1ND31 MC 1561-1.0	NDE-600	UT	SS STD	12.000 0.375	50313	TO BE DONE WITH C05.012.014
Class B	Other			Tee to Reducer				
C05.011.012A	1ND133-1	MCFI 1ND31 MC 1561-1.0	NDE-35	PT	SS STD	12.000 0.375		TO BE DONE WITH C05.012.014A
Class B	Other			Tee to Reducer				

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 39  
 03/26/96

**CATEGORY C-F-1, Pressure Retaining Welds  
 In Austenitic SS or High Alloy Piping**

**Piping Welds <sup>3</sup> 3/8 in. Nominal Wall Thickness  
 for Piping > NPS 4**

McGuire 1

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
C05.011.029 Other Class B	1ND1F-87	MCFI 1ND31 MC 1561-1.0	NDE-600	UT	SS STD	12.000 0.375	50313	TO BE DONE WITH C05.012.031
				Pipe to Elbow				
C05.011.029A Other Class B	1ND1F-87	MCFI 1ND31 MC 1561-1.0	NDE-35	PT	SS STD	12.000 0.375		TO BE DONE WITH C05.012.031A
				Pipe to Elbow				
C05.011.030 Other Class B	1ND72-6A	MCFI 1ND31 MC 1561-1.0	NDE-600	UT	SS	12.000 0.375	50313	TO BE DONE WITH C05.012.032
C05.011.030A Other Class B	1ND72-6A	MCFI 1ND31 MC 1561-1.0	NDE-35	PT	SS	12.000 0.375		TO BE DONE WITH C05.012.032A
C05.011.031 Other Class B	1ND72-5A	MCFI 1ND31 MC 1561-1.0	NDE-600	UT	SS STD	12.000 0.375	50313	TO BE DONE WITH C05.012.033
				Pipe to Elbow				
C05.011.031A Other Class B	1ND72-5A	MCFI 1ND31 MC 1561-1.0	NDE-35	PT	SS STD	12.000 0.375		TO BE DONE WITH C05.012.033A
				Pipe to Elbow				
C05.011.032 Other Class B	1ND72-4	MCFI 1ND31 MC 1561-1.0	NDE-600	UT	SS STD	12.000 0.375	50313	TO BE DONE WITH C05.012.034
				Elbow to Pipe				
C05.011.032A Other Class B	1ND72-4	MCFI 1ND31 MC 1561-1.0	NDE-35	PT	SS STD	12.000 0.375		TO BE DONE WITH C05.012.034A
				Elbow to Pipe				

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 40  
 03/26/96

**CATEGORY C-F-1, Pressure Retaining Welds  
 In Austenitic SS or High Alloy Piping**

**Piping Welds <sup>3</sup> 3/8 in. Nominal Wall Thickness  
 for Piping > NPS 4**

McGuire 1

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
C05.011.033 Other Class B	1ND72-3	MCFI 1ND31 MC 1561-1.0	NDE-600	UT	SS STD	12.000 0.375	50313	TO BE DONE WITH C05.012.035
								Pipe to Elbow
C05.011.033A Other Class B	1ND72-3	MCFI 1ND31 MC 1561-1.0	NDE-35	PT	SS	12.000 0.375		TO BE DONE WITH C05.012.035A
								Pipe to Elbow
C05.011.034 Other Class B	1ND72-2	MCFI 1ND31 MC 1561-1.0	NDE-600	UT	SS STD	12.000 0.375	50313	TO BE DONE WITH C05.012.036
								Elbow to Pipe
C05.011.034A Other Class B	1ND72-2	MCFI 1ND31 MC 1561-1.0	NDE-35	PT	SS STD	12.000 0.375		TO BE DONE WITH C05.012.036A
								Elbow to Pipe
C05.011.035 Other Class B	1ND72-1	MCFI 1ND31 MC 1561-1.0	NDE-600	UT	SS STD	12.000 0.375	50313	TO BE DONE WITH C05.012.037
								Pipe to Elbow
C05.011.035A Other Class B	1ND72-1	MCFI 1ND31 MC 1561-1.0	NDE-35	PT	SS STD	12.000 0.375		TO BE DONE WITH C05.012.037A
								Pipe to Elbow
C05.011.037 Other Class B	1ND70-1	MCFI 1ND31 MC 1561-1.0	NDE-600	UT	SS 80	12.000 0.688	50433	
								Pipe to Flange
C05.011.037A Other Class B	1ND70-1	MCFI 1ND31 MC 1561-1.0	NDE-35	PT	SS 80	12.000 0.688		
								Pipe to Flange

**Total C05.011 Items: 24**

**\*\*\*\* Longitudinal Weld \*\*\*\***



DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 41  
 03/26/96

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 3

**CATEGORY C-F-1, Pressure Retaining Welds  
 In Austenitic SS or High Alloy Piping**

**Piping Welds <sup>3</sup> 3/8 in. Nominal Wall Thickness  
 for Piping > NPS 4**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
C05.012.013 Other Class B	1ND1F-125L	MCFI-1ND-30 MC-1561-1.0	NDE-600	UT	SS	14.000 0.375	50432	REDUCER TO BE DONE WITH C05.011.011
C05.012.013A Other Class B	1ND1F-125L	MCFI-1ND-30 MC-1561-1.0	NDE-35	PT	SS	14.000 0.375		REDUCER TO BE DONE WITH C05.011.011A
C05.012.014 Other Class B	1ND133-1L	MCFI-1ND-31 MC-1561-1.0	NDE-600	UT	SS	12.000 0.375	50313	REDUCER TO BE DONE WITH C05.011.012
C05.012.014A Other Class B	1ND133-1L	MCFI-1ND-31 MC-1561-1.0	NDE-35	PT	SS	12.000 0.375		REDUCER TO BE DONE WITH C05.011.012A
C05.012.031 Other Class B	1ND1F-87L	MCFI-1ND31 MC-1561-1.0	NDE-600	UT	SS	12.000 0.375	50313	ELBOW TO BE DONE WITH C05.011.029
C05.012.031A Other Class B	1ND1F-87L	MCFI-1ND31 MC-1561-1.0	NDE-35	PT	SS	12.000 0.375		ELBOW TO BE DONE WITH C05.011.029A
C05.012.032 Other Class B	1ND-72-6AL	MCFI-1ND31 MC1561-1.0	NDE-600	UT	SS	12.000 0.375	50313	ELBOW TO BE DONE WITH C05.011.030
C05.012.032A Other Class B	1ND-72-6AL	MCFI-1ND31 MC-1561-1.0	NDE-35	PT	SS	12.000 0.375		ELBOW TO BE DONE WITH C05.011.030A

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 42  
 03/26/96

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 3

**CATEGORY C-F-1. Pressure Retaining Welds  
 In Austenitic SS or High Alloy Piping**

**Piping Welds <sup>3</sup> 3/8 in. Nominal Wall Thickness  
 for Piping > NPS 4**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
C05.012.033 Other Class B	1ND-72-5AL	MCFI-1ND31 MC-1561-1.0	NDE-600	UT	SS	12.000 0.375	50313	ELBOW TO BE DONE WITH C05.011.031
C05.012.033A Other Class B	1ND-72-5AL	MCFI-1ND31 MC-1561-1.0	NDE-35	PT	SS	12.000 0.375		ELBOW TO BE DONE WITH C05.011.031A
C05.012.034 Other Class B	1ND-72-4L	MCFI-1ND31 MC1561-1.0	NDE-600	UT	SS	12.000 0.375	50313	ELBOW TO BE DONE WITH C05.011.032
C05.012.034A Other Class B	1ND-72-4L	MCFI-1ND31 MC-1561-1.0	NDE-35	PT	SS	12.000 0.375		ELBOW TO BE DONE WITH C05.011.032A
C05.012.035 Other Class B	1ND-72-3L	MCFI-1ND31 MC-1561-1.0	NDE-600	UT	SS	12.000 0.375	50313	ELBOW TO BE DONE WITH C05.011.033
C05.012.035A Other Class B	1ND-72-3L	MCFI-1ND31 MC-1561-1.0	NDE-35	PT	SS	12.000 0.375		ELBOW TO BE DONE WITH C05.011.033A
C05.012.036 Other Class B	1ND-72-2L	MCFI-1ND31 MC-1561-1.0	NDE-600	UT	SS	12.000 0.375	50313	ELBOW TO BE DONE WITH C05.011.034
C05.012.036A Other Class B	1ND-72-2L	MCFI-1ND31 MC-1561-1.0	NDE-35	PT	SS	12.000 0.375		ELBOW TO BE DONE WITH C05.011.034A

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 43  
 03/26/96

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 3

**Piping Welds <sup>3</sup> 3/8 in. Nominal Wall Thickness  
 for Piping > NPS 4**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
C05.012.037	1ND-72-1L	MCFI-1ND31	NDE-600	UT	SS	12.000	50313	ELBOW
	Other	MC-1561-1.0				0.375		TO BE DONE WITH C05.011.035
Class B								
C05.012.037A	1ND-72-1L	MCFI-1ND31	NDE-35	PT	SS	12.000		ELBOW
	Other	MC-1561-1.0				0.375		TO BE DONE WITH C05.011.035A
Class B								

**Total C05.012 Items: 18**

**CATEGORY C-F-1, Pressure Retaining Welds  
In Austenitic SS or High Alloy Piping**

DUKE POWER COMPANY  
QUALITY ASSURANCE TECHNICAL SERVICES  
Inservice Inspection Database Management System

Plan Report  
Page 44  
03/26/96

**Piping Welds > 1/5 in. Nom Wall For Piping<sup>3</sup>  
NPS 2 And<sup>2</sup> NPS 4**

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 3

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
<b>**** Circumferential Weld ****</b>								
C05.021.051	1NV615-1	MCFI-1NV-5	NDE-600	UT	SS	2.000	50217	
	Other	MC-1554-1.1			160	0.344		
Class B				Pipe to Flange				
C05.021.051A	1NV615-1	MCFI-1NV-5	NDE-35	PT	SS	2.000	----	
	Other	MC-1554-1.1			160	0.344		
Class B				Pipe to Flange				
C05.021.053	1NV1F-5681	MCFI-1NV-8	NDE-600	UT	SS	4.000	50275	
	Other	MC-1554-3.1			160	0.531		
Class B				Tee to Pipe				
C05.021.053A	1NV1F-5681	MCFI-1NV-8	NDE-35	PT	SS	4.000	----	
	Other	MC-1554-3.1			160	0.531		
Class B				Tee to Pipe				
C05.021.054	1NV15-2	MCFI-1NV-8	NDE-600	UT	SS	4.000	50275	
	Other	MC-1554-3.1			160	0.531		
Class B				Tee to Pipe				
C05.021.054A	1NV15-2	MCFI-1NV-8	NDE-35	PT	SS	4.000	----	
	Other	MC-1554-3.1			160	0.531		
Class B				Tee to Pipe				
C05.021.055	1NV1F-1981	MCFI-1NV-8	NDE-600	UT	SS	3.000	50225	
	Other	MC-1554-3.1			160	0.438		
Class B				Tee to Elbow				
C05.021.055A	1NV1F-1981	MCFI-1NV-8	NDE-35	PT	SS	3.000		
	Other	MC-1554-3.1			160	0.438		
Class B				Tee to Elbow				

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 45  
 03/26/96

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 3

**CATEGORY C-F-1, Pressure Retaining Welds  
 In Austenitic SS or High Alloy Piping**

**Piping Welds > 1/5 in. Nom Wall For Piping <sup>3</sup>  
 NPS 2 And <sup>2</sup> NPS 4**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
C05.021.056	1NV18A-3	MCFI-1NV-9	NDE-600	UT	SS	4.000	50275	
	Other	MC-1554-3.1			160	0.531		
Class B				Tee to Pipe				
C05.021.056A	1NV18A-3	MCFI-1NV-9	NDE-35	PT	SS	4.000		
	Other	MC-1554-3.1			160	0.531		
Class B				Tee to Pipe				
C05.021.057	1NV7-1	MCFI-1NV-9	NDE-600	UT	SS	3.000	50225	
	Other	MC-1554-3.1			160	0.438		
Class B				Elbow to Elbow				
C05.021.057A	1NV7-1	MCFI-1NV-9	NDE-35	PT	SS	3.000		
	Other	MC-1554-3.1			160	0.438		
Class B				Elbow to Elbow				

**Total C05.021 Items: 12**

**CATEGORY C-F-1, Pressure Retaining Welds  
In Austenitic SS or High Alloy Piping**

DUKE POWER COMPANY  
QUALITY ASSURANCE TECHNICAL SERVICES  
Inservice Inspection Database Management System

Plan Report  
Page 46  
03/26/96

**Socket Welds**

McGuire 1

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
C05.030.066	1NV1F179-180	MCFI-1NV-149	NDE-35	PT	SS		2.000	
	Other	MC-1554-1.0			160		0.344	
Class B	Term end							Pipe to Elbow
C05.030.067	1NV1F-3251	MCFI-1NV-91	NDE-35	PT	SS		2.000	
	Other	MC-1554-3.1			160		0.154	
Class B	Term end							Tee to Pipe
C05.030.068	1NV1F-7872	MCFI-1NV-67	NDE-35	PT	SS		2.000	
	Other	MC-1554-3.0			160		0.344	
Class B								Pipe to Full Coupling
C05.030.071	1NV1F-2239	MCFI-1NV-67	NDE-35	PT	SS		2.000	
	Other	MC-1554-3.0			160		0.344	
Class B								Elbow to Pipe
C05.030.072	1NV1F-3245	MCFI-1NV-91	NDE-35	PT	SS		2.000	
	Other	MC-1554-3.1			40		0.154	
Class B								Valve to Pipe

**Total C05.030 Items: 5**

**CATEGORY C-F-1, Pressure Retaining Welds  
In Austenitic SS or High Alloy Piping**

DUKE POWER COMPANY  
QUALITY ASSURANCE TECHNICAL SERVICES  
Inservice Inspection Database Management System

Plan Report  
Page 47  
03/26/96

**Pipe Branch Connections or Branch Piping<sup>3</sup>  
NPS 2**

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 3

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
-------------	-----------	-----------------	------	----------	---------	---------	------------	----------

**\*\*\*\* Circumferential Weld \*\*\*\***

C05.041.050	1NV43A-2	MCFI-1NV-9	NDE-35	PT	SS	2.000		
	Other	MC-1554-3.1			40	0.154		
	Class B				Pipe to Half Coupling			

Total C05.041 Items: 1

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 48  
 03/26/96

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 3

**CATEGORY C-F-2, Pressure Retaining Welds  
 In Carbon Or Low Alloy Steel Piping**

**Piping Welds <sup>3</sup> 3/8 in. Nominal Wall Thickness  
 for Piping > NPS 4**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL B.LOCKS	COMMENTS
<b>**** Circumferential Weld ****</b>								
C05.051.201	1SM1F-358	MCFI 1SM-15 MC 1593-1.3	NDE-600	UT	CS 80	6.000 0.432	50331	TO BE DONE WITH C05.052.020
Other								Elbow to Valve
Class B								
C05.051.201A	1SM1F-358	MCFI 1SM-15 MC 1593-1.3	NDE-25	MT	CS 80	6.000 0.432		TO BE DONE WITH C05.052.020A
Other								
Class B								Elbow to Valve
C05.051.204	1SM1F-63	MCFI 1SM-10 MC 1593-1.0	NDE-600	UT	CS	36.000 2.437	50385	
Other								
Class B								Pipe to Valve
C05.051.204A	1SM1F-63	MCFI 1SM-10 MC 1593-1.0	NDE-25	MT	CS	36.000 2.437		
Other								
Class B								Pipe to Valve
C05.051.214	1SM1F-3D	MCFI 1SM-4 MC 1593-1.3	NDE-600	UT	CS	34.000 1.250	50444	34" MIN. W 1.250 NOM. W 1.375 TO BE DONE WITH C05.052.028
Other								
Class B								
C05.051.214A	1SM1F-3D	MCFI 1SM-4 MC 1593-1.3	NDE-25	MT	CS	34.000 1.250		TO BE DONE WITH C05.052.028A
Other								
Class B								
C05.051.216	1SM1F-2A	MCFI 1SM-3 MC 1593-1.0	NDE-600	UT	CS	34.000 1.250	50444	34" MIN W. 1.250 NOM. W 1.375 TO BE DONE WITH C05.052.030
Other								
Class B								
C05.051.216A	1SM1F-2A	MCFI 1SM-3 MC 1593-1.0	NDE-25	MT	CS	34.000 1.250		TO BE DONE WITH C05.052.030A
Other								
Class B								

**Total C05.051 Items: 8**



**CATEGORY C-F-2, Pressure Retaining Welds  
In Carbon Or Low Alloy Steel Piping**

DUKE POWER COMPANY  
QUALITY ASSURANCE TECHNICAL SERVICES  
Inservice Inspection Database Management System

Plan Report  
Page 49  
03/26/96

**Piping Welds  $\frac{3}{8}$  in. Nominal Wall Thickness  
for Piping > NPS 4**

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 3

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
<b>**** Longitudinal Weld ****</b>								
C05.052.020	1SM1F-358L	MCFI 1SM-15	NDE-600	UT	CS	6.000	50331	ELBOW
	Other	MC 1593-1.3				0.432		TO BE DONE WITH C05.051.201
Class B								
C05.052.020A	1SM1F-358L	MCFI 1SM-15	NDE-25	MT	CS	6.000		ELBOW
	Other	MC 1593-1.3				0.432		TO BE DONE WITH C05.051.201A
Class B								
C05.052.028	1SM1F-3DL	MCFI 1SM-4	NDE-600	UT	CS	34.000	50385	ELBOW
	Other	MC 1593-1.3				1.250		TO BE DONE WITH C05.051.214
Class B								
C05.052.028A	1SM1F-3DL	MCFI 1SM-4	NDE-25	MT	CS	34.000		ELBOW
	Other	MC 1593-1.3				1.250		TO BE DONE WITH C05.051.214A
Class B								
C05.052.030	1SM1F-2AL	MCFI 1SM-3	NDE-600	UT	CS	34.000	50385	ELBOW
	Other	MC 1593-1.0				1.250		TO BE DONE WITH C05.051.216
Class B								
C05.052.030A	1SM1F-2AL	MCFI 1SM-3	NDE-25	MT	CS	34.000		ELBOW
	Other	MC 1593-1.0				1.250		TO BE DONE WITH C05.051.216A
Class B								

**Total C05.052 Items: 6**

**Total C05 Items: 74**

**CATEGORY C-G, Pressure Retaining Welds  
In Pumps And Valves**

DUKE POWER COMPANY  
QUALITY ASSURANCE TECHNICAL SERVICES  
Inservice Inspection Database Management System

Plan Report  
Page 50  
03/26/96

**Valves**

McGuire 1

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
<b>**** Valve Body Welds ****</b>								
C06.020.003A	1NV-237-1	MCM 1205.00-15	NDE-35	PT	SS	3.000		VALVE BODY TO SEAT RING INSERT
	Other	MCFI-1NV11				0.000		
Class B								
C06.020.003B	1NV-237-2	MCM 1205.00-15	NDE-35	PT	SS	3.000		VALVE BODY TO SEAT RING INSERT
	Other	MCFI-1NV11				0.000		

**Total C06.020 Items: 2**

**Total C06 Items: 2**

**CATEGORY F-A, Supports (Category A)**

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

**Class 1 Piping Supports**

McGuire 1

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.010.005A Other Class A	1-MCR-NC-540	MCSRDC NC-003	QAL-14	VT-3	NA	4.000 0.000		RIGID RESTRAINT/SUPPORT
F01.010.007A Other Class A	1-MCR-NC-545	MCSRDC NC-003	QAL-14	VT-3	NA	6.000 0.000		RIGID RESTRAINT/SUPPORT
F01.010.008A Other Class A	1-MCR-NC-555	MCSRDC NC-003	QAL-14	VT-3	NA	4.000 0.000		RIGID SUPPORT
F01.010.053C Mech snubber Class A	1-MCR-ND-507	MCSRDC ND-001	QAL-14	VT-3	NA	14.000 0.000		MECHANICAL SNUBBER INSPECT WITH F01.050.175
F01.010.103B Other Class A	1-MCR-NI-527	MCSRDC NI-001	QAL-14	VT-3	NA	6.000 0.000		RIGID SUPPORT
F01.010.107A Other Class A	1-MCR-NI-547	MCSRDC NI-003	QAL-14	VT-3	NA	6.000 0.000		RIGID SUPPORT
F01.010.151B Other Class A	1-MCR-NV-814	MCSRDC NV-008	QAL-14	VT-3	NA	2.000 0.000		SUPPORT
F01.010.152B Other Class A	1-MCR-NV-848	MCSRDC NV-006	QAL-14	VT-3	NA	2.000 0.000		SUPPORT

**Total F01.010 Items: 8**

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 52  
 03/26/96

**CATEGORY F-A, Supports (Category A)**

**Class 2 Piping Supports**

McGuire 1

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK	CAL BLOCKS	COMMENTS
F01.020.001C Hyd snubber Class B	1MCA-CA-365	MCSRDCAM	QAL-14	VT-3	NA	6.000 0.000		INSPECT WITH F01.050.022
F01.020.007C Hyd snubber Class B	1-MCA-CA-411	MCSRDCAN	QAL-14	VT-3	NA	6.000 0.000		INSPECT WITH F01.050.028
F01.020.051C Hyd snubber Class B	1-MCA-CF-152	MCSRDC-C	QAL-14	VT-3	NA	18.000 0.000		INSPECT WITH F01.050.076
F01.020.101C Other Class B	1-MCA-FW-001	MCSRDFWA	QAL-14	VT-3	NA	14.000 0.000		SPRING HANGER
F01.020.151C Other Class B	1-MCA-ND-002	MCSRDNDA	QAL-14	VT-3	NA	8.000 0.000		SPRING HANGER
F01.020.152B Other Class B	1-MCA-ND-007	MCSRDNDA	QAL-14	VT-3	NA	8.000 0.000		RIGID SUPPORT
F01.020.154A Other Class B	1-MCA-ND-021	MCSRDNDA	QAL-14	VT-3	NA	8.000 0.000		RIGID SUPPORT
F01.020.213C Other Class B	1-MCR-NI-688	MCSRDN-011	QAL-14	VT-3	NA	2.000 0.000		SPRING HANGER

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 53  
 03/26/96

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 3

**Class 2 Piping Supports**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.020.222C	1-MCR-NI-717	MCSRDN-NI-011	QAL-14	VT-3	NA	2.000		INSPECT WITH F01.050.262
	Hyd snubber					0.000		
	Class B							
F01.020.225B	1-MCR-NI-774	MCSRDN-NI-009	QAL-14	VT-3	NA	4.000		RIGID SUPPORT
	Other					0.000		
	Class B							
F01.020.226B	1-MCR-NI-775	MCSRDN-NI-009	QAL-14	VT-3	NA	4.000		RIGID SUPPORT
	Other					0.000		
	Class B							
F01.020.260A	1-MCA-NS-030	MCSRDN-NSC	QAL-14	VT-3	NA	10.000		RIGID SUPPORT
	Other					0.000		
	Class B							
F01.020.261B	1-MCA-NS-036	MCSRDN-NSA	QAL-14	VT-3	NA	8.000		RIGID SUPPORT
	Other					0.000		
	Class B							
F01.020.262C	1-MCA-NS-039	MCSRDN-NSA	QAL-14	VT-3	NA	8.000		SPRING HANGER
	Other					0.000		
	Class B							
F01.020.316A	1-MCA-NV-023	MC 1190-NV-01-03	QAL-14	VT-3	NA	3.000		RIGID SUPPORT
	Other					0.000		
	Class B							
F01.020.317A	1-MCA-NV-027	MC 1190-NV-01-03	QAL-14	VT-3	NA	3.000		RIGID SUPPORT
	Other					0.000		
	Class B							

**CATEGORY F-A, Supports (Category A)**

**DUKE POWER COMPANY  
QUALITY ASSURANCE TECHNICAL SERVICES  
Inservice Inspection Database Management System**

Plan Report  
Page 54  
03/26/96

**Class 2 Piping Supports**

McGuire 1

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.020.318B Other Class B	1-MCA-NV-029	MC 1190-NV-01-03	QAL-14	VT-3	NA	3.000 0.000		RIGID SUPPORT
F01.020.319A Other Class B	MC 1683-NV-04-R27	MC 1683-NV-04	QAL-14	VT-3	NA	2.000 0.000		RIGID SUPPORT
F01.020.320C Other Class B	MC 1683-NV-04-R28	MC 1683-NV-04	QAL-14	VT-3	NA	2.000 0.000		HYDRAULIC SNUBBER
F01.020.554A Other Class B	1-MCA-SM-070	MCSRDR-SMA	QAL-14	VT-3	NA	36.000 0.000		RIGID SUPPORT
F01.020.555C Hyd snubber Class B	1-MCA-SM-073	MCSRDR-SMA	QAL-14	VT-3	NA	42.000 0.000		INSPECT WITH F01.050.478
F01.020.601C Other Class B	1-MCA-SV-013	MCSRDR-SVA	QAL-14	VT-3	NA	6.000 0.000		SPRING HANGER
F01.020.652A Other Class B	1-MCA-VQ-011	MCSRDR-VQA	QAL-14	VT-3	NA	6.000 0.000		RIGID SUPPORT

**Total F01.020 items: 23**

**CATEGORY F-A, Supports (Category A)**

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 55  
 03/26/96

**Class 3 Piping Supports**

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 3

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS	
F01.030.059C Mech snubber Class C	MC 1683-NV-04-R15	MC 1683-NV-04	QAL-14	VT-3	NA	2.000 0.000		INSPECT WITH F01.050.365	
F01.030.060B her Class C	MC 1683-NV-04-R20	MC 1683-NV-04	QAL-14	VT-3	NA	2.000 0.000		RIGID SUPPORT	
F01.030.070C Mech snubber Class C	MC 1683-NV-50-R2	MC 1683-NV-50	QAL-14	VT-3	NA	3.000 0.000		MECHANICAL SNUBBER INSPECT WITH F01.050.363	
<b>Total F01.030 Items:</b>		<b>3</b>							

**CATEGORY F-A, Supports**

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 56  
 03/26/96

Supports other than Piping Supports (Class 1, 2,  
 3)

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 3

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.040.001 Other	1PZR-SKIRT	MCM 1201.01-170 EDSK-379441B	QAL-14	VT-3	NA		0.000 0.000	PRESSURIZER SKIRT
F01.040.002 Other	1PZR-LUGS	MCM 1201.01-170 EDSK-379438B	QAL-14	VT-3	NA		0.000 0.000	PRESSURIZER SUPPORT LUGS
F01.040.007 Other	1RCP-B-SUPPORT	MC 1070-4 MC 1070-17	QAL-14	VT-3	NA		0.000 0.000	REACTOR COOLANT PUMP SUPPORT (3 ASSEMBLIES)
F01.040.014 Other	1RC PSS-SUP	MCM 1201.04-272 MCM 1201.04-276	QAL-14	VT-3	NA		0.000 0.000	RECIPROCATING CHARGING PUMP SUCTION STABILIZER
<b>Total F01.040 Items:</b>		<b>4</b>						



DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 57  
 03/26/96

**Inservice Inspection of Class 1, 2, and 3  
 Snubbers**

McGuire 1

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.001	1-MCA-CA-187	MCSRDCAD	QAL-14	VT-3	NA		4.000 0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class C							
F01.050.002	1-MCA-CA-220	MCSRDCAD	QAL-14	VT-3	NA		4.000 0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class C							
F01.050.003	1-MCA-CA-347	MCSRDCAK	QAL-14	VT-3	NA		8.000 0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class C							
F01.050.004	1-MCA-CA-349	MCSRDCAK	QAL-14	VT-3	NA		8.000 0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class C							
F01.050.005	1-MCA-CA-498	MCSRDCAM	QAL-14	VT-3	NA		4.000 0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class C							
F01.050.006	1-MCA-CA-422	MCSRDCAN	QAL-14	VT-3	NA		4.000 0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class C							
F01.050.007	1-MCA-CA-423	MCSRDCAN	QAL-14	VT-3	NA		4.000 0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class C							
F01.050.008	1-MCA-CA-460	MCSRDCAP	QAL-14	VT-3	NA		4.000 0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class C							

**CATEGORY F-A, Supports**

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 58  
 03/26/96

**Inservice Inspection of Class 1, 2, and 3**

McGuire 1

**Snubbers**

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.009	1-MCA-CA-459	MCSRDCAP	QAL-14	VT-3	NA	4.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class C							
F01.050.010	1-MCA-CA-198	MCSRDCAP	QAL-14	VT-3	NA	4.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class C							
F01.050.011	1-MCA-CA-228	MCSRDCAP	QAL-14	VT-3	NA	4.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class C							
F01.050.012	1-MCA-CA-325	MCSRDCAP-152	QAL-14	VT-3	NA	8.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class C							
F01.050.013	1-MCR-CA-392	MCSRDCAM/1 OF 2	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class B							
F01.050.014	1-MCR-CA-391	MCSRDCAM/1 OF 2	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY. INSPECT WITH F01.020.004C
	Hyd snubber							
	Class B							
F01.050.015	1-MCR-CA-394	MCSRDCAM/1 OF 2	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.016	1-MCR-CA-389	MCSRDCAM/1 OF 2	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 59  
 03/26/96

**CATEGORY F-A, Supports**

**Inservice Inspection of Class 1, 2, and 3  
 Snubbers**

McGuire 1

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.017	1-MCR-CA-388	MCSRDCAM/1 OF 2	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.018	1-MCA-CA-366	MCSRDCAM/1 OF 2	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.019	1-MCA-CA-369	MCSRDCAM/1 OF 2	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.020	1-MCA-CA-370	MCSRDCAM/1 OF 2	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.021	1-MCA-CA-385	MCSRDCAM/2 OF 2	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.022	1-MCA-CA-365	MCSRDCAM/2 OF 2	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.020.001C
	Hyd snubber							
	Class B							
F01.050.023	1-MCR-CA-396	MCSRDCAN/1 OF 2	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.024	1-MCR-CA-382	MCSRDCAN/1 OF 2	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 60  
 03/26/96

**CATEGORY F-A, Supports**

**Inservice Inspection of Class 1, 2, and 3**

McGuire 1

**Snubbers**

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.025	1-MCR-CA-398	MCSRDCAN/1 OF 2	QAL-14	VT-3	NA		6.000 0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class B							
F01.050.026	1-MCR-CA-401	MCSRDCAN/1 OF 2	QAL-14	VT-3	NA		6.000 0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class B							
F01.050.027	1-MCA-CA-410	MCSRDCAN/1 OF 2	QAL-14	VT-3	NA		6.000 0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.028	1-MCA-CA-411	MCSRDCAN/1 OF 2	QAL-14	VT-3	NA		6.000 0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.020.007C
	Hyd snubber							
	Class B							
F01.050.029	1-MCA-CA-412	MCSRDCAN/1 OF 2	QAL-14	VT-3	NA		6.000 0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.030	1-MCA-CA-419	MCSRDCAN/2 OF 2	QAL-14	VT-3	NA		6.000 0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class B							
F01.050.031	1-MCA-CA-417	MCSRDCAN/2 OF 2	QAL-14	VT-3	NA		6.000 0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.020.009C
	Hyd snubber							
	Class B							
F01.050.032	1-MCA-CA-415	MCSRDCAN/2 OF 2	QAL-14	VT-3	NA		6.000 0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.020.008C
	Mech snubber							
	Class B							

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 61  
 03/26/96

**CATEGORY F-A, Supports**

**Inservice Inspection of Class 1, 2, and 3**

McGuire 1

**Snubbers**

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.033	1-MCA-CA-414	MCSRDCAN/2 OF 2	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.034	1-MCR-CA-484	MCSRDCAP/1 OF 2	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class B							
F01.050.035	1-MCR-CA-487	MCSRDCAP/1 OF 2	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.020.014C
	Hyd snubber							
	Class B							
F01.050.036	1-MCR-CA-490	MCSRDCAP/1 OF 2	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snub/Mech snub							
	Class B							
F01.050.037	1-MCA-CA-473	MCSRDCAP/1 OF 2	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.038	1-MCA-CA-474	MCSRDCAP/1 OF 2	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.039	1-MCA-CA-475	MCSRDCAP/1 OF 2	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.040	1-MCA-CA-467	MCSRDCAP/2 OF 2	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class B							

**CATEGORY F-A, Supports**

**DUKE POWER COMPANY  
QUALITY ASSURANCE TECHNICAL SERVICES  
Inservice Inspection Database Management System**

Plan Report  
Page 62  
03/26/96

**Inspection of Class 1, 2, and 3**

McGuire 1

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.041 Mech snubber Class B	1-MCA-CA-468	MCSR-D-CAP/2 OF 2	QAL-14	VT-3	NA	6.000 0.000		SNUBBER INSPECTION ONLY INSPECT WITH F01.020.013C
F01.050.042 Hyd snubber Class B	1-MCA-CA-470	MCSR-D-CAP/2 OF 2	QAL-14	VT-3	NA	6.000 0.000		SNUBBER INSPECTION ONLY
F01.050.043 Hyd snubber Class B	1-MCA-CA-471	MCSR-D-CAP/2 OF 2	QAL-14	VT-3	NA	6.000 0.000		SNUBBER INSPECTION ONLY
F01.050.044 Hyd snubber Class B	1-MCA-CA-432	MCSR-D-CAO/1 OF 3	QAL-14	VT-3	NA	6.000 0.000		SNUBBER INSPECTION ONLY
F01.050.045 Hyd snubber Class B	1-MCA-CA-430	MCSR-D-CAO/1 OF 3	QAL-14	VT-3	NA	6.000 0.000		SNUBBER INSPECTION ONLY
F01.050.046 Hyd snubber Class B	1-MCA-CA-433	MCSR-D-CAO/1 OF 3	QAL-14	VT-3	NA	6.000 0.000		SNUBBER INSPECTION ONLY
F01.050.047 Hyd snubber Class B	1-MCR-CA-443	MCSR-D-CAO/1 OF 3	QAL-14	VT-3	NA	6.000 0.000		SNUBBER INSPECTION ONLY
F01.050.048 Hyd snubber Class B	1-MCR-CA-445	MCSR-D-CAO/1 OF 3	QAL-14	VT-3	NA	6.000 0.000		SNUBBER INSPECTION ONLY

**CATEGORY F-A, Supports**

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 63  
 03/26/96

**Inservice Inspection of Class 1, 2, and 3**

McGuire 1

**Snubbers**

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.049	1-MCR-CA-447	MCSR-CAO/1 OF 3	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.050	1-MCR-CA-448	MCSR-CAO/1 OF 3	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class B							
F01.050.051	1-MCA-CA-427	MCSR-CAO/2 OF 3	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.052	1-MCA-CA-425	MCSR-CAO/2 OF 3	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.053	1-MCA-CA-458	MCSR-CAO/2 OF 3	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.075	1-MCA-CF-151	MCSR-CFC/1 OF 12	QAL-14	VT-3	NA	18.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.076	1-MCA-CF-152	MCSR-CFC/1 OF 12	QAL-14	VT-3	NA	18.000	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.020.051C
	Hyd snubber							
	Class B							
F01.050.077	1-MCA-CF-154	MCSR-CFC/1 OF 12	QAL-14	VT-3	NA	18.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 64  
 03/26/96

**Inservice Inspection of Class 1, 2, and 3**

McGuire 1

**Snubbers**

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.078	1-MCA-CF-157	MCSRDCFC/1 OF 12	QAL-14	VT-3	NA	26.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.079	1-MCR-CF-160	MCSRDCFC/1 OF 12	QAL-14	VT-3	NA	18.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.080	1-MCR-CF-159	MCSRDCFC/1 OF 12	QAL-14	VT-3	NA	18.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.081	1-MCR-CF-210	MCSRDCFC/12 OF 12	QAL-14	VT-3	NA	18.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.082	1-MCR-CF-302	MCSRDCFC/12 OF 12	QAL-14	VT-3	NA	18.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.083	1-MCA-CF-208	MCSRDCFC/12 OF 12	QAL-14	VT-3	NA	26.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.084	1-MCA-CF-206	MCSRDCFC/12 OF 12	QAL-14	VT-3	NA	18.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.085	1-MCA-CF-204	MCSRDCFC/12 OF 12	QAL-14	VT-3	NA	18.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							



DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 65  
 03/26/96

**Inservice Inspection of Class 1, 2, and 3**

McGuire 1

**Snubbers**

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.086	1-MCA-CF-203	MCSRDCFC/12 OF 12	QAL-14	VT-3	NA	18.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.087	1-MCA-CF-201	MCSRDCFC/12 OF 12	QAL-14	VT-3	NA	18.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.088	1-MCA-CF-171	MCSRDCFC/6 OF 12	QAL-14	VT-3	NA	18.000	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.020.053C
	Hyd snubber							
	Class B							
F01.050.089	1-MCA-CF-173	MCSRDCFC/6 OF 12	QAL-14	VT-3	NA	18.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.090	1-MCR-CF-175	MCSRDCFC/6 OF 12	QAL-14	VT-3	NA	18.000	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.020.054C
	Mech snubber							
	Class B							
F01.050.091	1-MCR-CF-189	MCSRDCFC/9 OF 12	QAL-14	VT-3	NA	18.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.092	1-MCA-CF-187	MCSRDCFC/9 OF 12	QAL-14	VT-3	NA	18.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.093	1-MCA-CF-185	MCSRDCFC/9 OF 12	QAL-14	VT-3	NA	18.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 66  
 03/26/96

**Inservice Inspection of Class 1, 2, and 3**

McGuire 1

**Snubbers**

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.094	1-MCA-CF-303	MCSR-D-CAM/2 OF 2	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.100	1-MCR-NC-564	MCSR-D-NC-03	QAL-14	VT-3	NA	4.000	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.010.010C
	Hyd snubber							
	Class A							
F01.050.101	1-MCR-NC-562	MCSR-D-NC-03	QAL-14	VT-3	NA	4.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class A							
F01.050.102	1-MCR-NC-503	MCSR-D-NC-03	QAL-14	VT-3	NA	4.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class A							
F01.050.103	1-MCR-NC-504	MCSR-D-NC-03	QAL-14	VT-3	NA	4.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class A							
F01.050.104	1-MCR-NC-561	MCSR-D-NC-03	QAL-14	VT-3	NA	4.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class A							
F01.050.105	1-MCR-NC-551	MCSR-D-NC-03	QAL-14	VT-3	NA	4.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class A							
F01.050.106	1-MCR-NC-553	MCSR-D-NC-03	QAL-14	VT-3	NA	4.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class A							

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 67  
 03/26/96

**Inservice Inspection of Class 1, 2, and 3**

McGuire 1

**Snubbers**

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.107	1-MCR-NC-569	MCSRDC-NC-03	QAL-14	VT-3	NA	4.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class A							
F01.050.108	1-MCR-NC-568	MCSRDC-NC-03	QAL-14	VT-3	NA	4.000	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.010.013C
	Mech snubber							
	Class A							
F01.050.109	1-MCR-NC-554	MCSRDC-NC-03	QAL-14	VT-3	NA	4.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class A							
F01.050.110	1-MCR-NC-557	MCSRDC-NC-03	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class A							
F01.050.111	1-MCR-NC-559	MCSRDC-NC-03	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class A							
F01.050.112	1-MCR-NC-574	MCSRDC-WL-02/SHT 1	QAL-14	VT-3	NA	2.000	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.010.015C
	Hyd snubber							
	Class A							
F01.050.113	1-MCR-NC-573	MCSRDC-WL-02/SHT 1	QAL-14	VT-3	NA	2.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class A							
F01.050.114	1-MCR-NC-891	MCSRDC-WL-02/SHT 1	QAL-14	VT-3	NA	2.000	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.010.025C
	Mech snubber							
	Class A							

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 68  
 03/26/96

**Inservice Inspection of Class 1, 2, and 3  
 Snubbers**

McGuire 1

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.115	1-MCR-NC-889	MCSRDL-WL-02/SHT 1	QAL-14	VT-3	NA		2.000 0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class A							
F01.050.116	1-MCR-NC-888	MCSRDL-WL-02/SHT 1	QAL-14	VT-3	NA		2.000 0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class A							
F01.050.117	1-MCR-NC-886	MCSRDL-WL-02/SHT 1	QAL-14	VT-3	NA		2.000 0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class A							
F01.050.118	1-MCR-NC-887	MCSRDL-WL-02/SHT 1	QAL-14	VT-3	NA		2.000 0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class A							
F01.050.119	1-MCR-NC-579	MCSRDL-WL-02/SHT 5	QAL-14	VT-3	NA		2.000 0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.010.017C
	Mech snubber							
	Class A							
F01.050.120	1-MCR-NC-576	MCSRDL-WL-02/SHT 5	QAL-14	VT-3	NA		2.000 0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class A							
F01.050.121	1-MCR-NC-791	MCSRDL-NC-02/SHT 2	QAL-14	VT-3	NA		3.000 0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class A							
F01.050.122	1-MCR-NC-792	MCSRDL-NC-02/SHT 2	QAL-14	VT-3	NA		3.000 0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class A							

**CATEGORY F-A, Supports**

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Pian Report  
 Page 69  
 03/26/96

**Inservice Inspection of Class 1, 2, and 3**

McGuire 1

**Snubbers**

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.123	1-MCR-NC-790	MCSR-NC-02/SHT 2	QAL-14	VT-3	NA	3.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class A							
F01.050.124	1-MCR-NC-789	MCSR-NC-02/SHT 2	QAL-14	VT-3	NA	3.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class A							
F01.050.125	1-MCR-NC-793	MCSR-NC-02/SHT 2	QAL-14	VT-3	NA	3.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class A							
F01.050.126	1-MCR-NC-767	MCSR-NC-02/SHT 2	QAL-14	VT-3	NA	3.000	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.010.021C
	Mech snubber							
	Class A							
F01.050.127	1-MCR-NC-768	MCSR-NC-02/SHT 2	QAL-14	VT-3	NA	3.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class A							
F01.050.128	1-MCR-NC-761	MCSR-NC-02/SHT 2	QAL-14	VT-3	NA	3.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class A							
F01.050.129	1-MCR-NC-766	MCSR-NC-02/SHT 2	QAL-14	VT-3	NA	3.000	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.010.020C
	Mech snubber							
	Class A							
F01.050.130	1-MCR-NC-765	MCSR-NC-02/SHT 2	QAL-14	VT-3	NA	3.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class A							

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 70  
 03/26/96

**CATEGORY F-A, Supports**

**Inservice Inspection of Class 1, 2, and 3**

McGuire 1

**Snubbers**

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.131	1-MCR-NC-763	MCSRDC-NC-02/SHT 2	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class A							
F01.050.132	1-MCR-NC-762	MCSRDC-NC-02/SHT 2	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.010.019C
	Mech snubber							
	Class A							
F01.050.133	1-MCR-NC-773	MCSRDC-NC-02/SHT 2	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class A							
F01.050.134	1-MCR-NC-764	MCSRDC-NC-02/SHT 2	QAL-14	VT-3	NA	3.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class A							
F01.050.135	1-MCR-NC-769	MCSRDC-NC-02/SHT 2	QAL-14	VT-3	NA	3.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class A							
F01.050.136	1-MCR-NC-770	MCSRDC-NC-02/SHT 2	QAL-14	VT-3	NA	3.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class A							
F01.050.137	1-MCR-NC-679	MCSRDC-NC-02/SHT 3	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class A							
F01.050.138	1-MCR-NC-678	MCSRDC-NC-02/SHT 3	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class A							

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 71  
 03/26/96

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 3

**Inservice Inspection of Class 1, 2, and 3  
 Snubbers**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.139	1-MCR-NC-685	MCSRDC-NC-02/SHT 3	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class A							
F01.050.140	1-MCR-NC-686	MCSRDC-NC-02/SHT 3	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class A							
F01.050.141	1-MCR-NC-687	MCSRDC-NC-02/SHT 3	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.010.018C
	Hyd snubber							
	Class A							
F01.050.142	1-MCR-NC-688	MCSRDC-NC-02/SHT 3	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class A							
F01.050.143	1-MCR-NC-689	MCSRDC-NC-02/SHT 3	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class A							
F01.050.144	1-MCR-NC-750	MCSRDC-NC-02/SHT 3	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class A							
F01.050.145	1-MCR-NC-571	MCSRDC-WL-02/SHT 4	QAL-14	VT-3	NA	2.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class A							
F01.050.146	1-MCR-NC-570	MCSRDC-WL-02/SHT 4	QAL-14	VT-3	NA	2.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class A							

**CATEGORY F-A, Supports**

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 72  
 03/26/96

**Inservice Inspection of Class 1, 2, and 3**

McGuire 1

**Snubbers**

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.147	1-MCR-NC-542	MCSRDC-NC-03/SHT 2	QAL-14	VT-3	NA	4.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class A							
F01.050.148	1-MCR-NC-566	MCSRDC-NC-03/SHT 2	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.010.012C
	Mech snubber							
	Class A							
F01.050.149	1-MCR-NC-567	MCSRDC-NC-03/SHT 2	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class A							
F01.050.150	1-MCR-NC-546	MCSRDC-NC-03/SHT 2	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class A							
F01.050.151	1-MCR-NC-565	MCSRDC-NC-03/SHT 2	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.010.011C
	Hyd snubber							
	Class A							
F01.050.152	1-MCR-NC-549	MCSRDC-NC-03/SHT 2	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class A							
F01.050.153	1-MCR-NC-502	MCSRDC-NC-01/SHT 1	QAL-14	VT-3	NA	14.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class A							
F01.050.154	1-MCR-NC-801	MCSRDC-NI-013/2 OF 2	QAL-14	VT-3	NA	1.500	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class A							



**CATEGORY F-A, Supports**

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 73  
 03/26/96

**Inservice Inspection of Class 1, 2, and 3**

McGuire 1

**Snubbers**

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.155	1-MCR-NC-903	MCSRDN-15/2 OF 2	QAL-14	VT-3	NA	1.500	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class A							
F01.050.156	1-MCR-NC-902	MCSRDN-15/2 OF 2	QAL-14	VT-3	NA	1.500	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class A							
F01.050.157	1-MCR-NC-900	MCSRDN-15/2 OF 2	QAL-14	VT-3	NA	1.500	0.000	SNUBBER INSPECTION ONLY.
	Hyd snubber							
	Class A							
F01.050.158	1-MCR-NC-803	MCSRDNV-04/ 1 OF 4	QAL-14	VT-3	NA	2.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class A							
F01.050.159	1-MCR-NC-813	MCSRDNV-02/ 3 OF 3	QAL-14	VT-3	NA	3.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class A							
F01.050.175	1-MCR-ND-507	MCSRDN-01/SHT 1	QAL-14	VT-3	NA	14.000	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.010.053C
	Mech snubber							
	Class A							
F01.050.176	1-MCR-ND-503	MCSRDN-01/SHT 1	QAL-14	VT-3	NA	14.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class A							
F01.050.177	1-MCR-ND-511	MCSRDN-01/SHT 1	QAL-14	VT-3	NA	14.000	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.010.055C
	Mech snubber							
	Class A							

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 74  
 03/26/96

**CATEGORY F-A, Supports**

**Inservice Inspection of Class 1, 2 and 3**

McGuire 1

**Snubbers**

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.178	1-MCA-ND-301	MCSRND-NDA/SHT 4	QAL-14	VT-3	NA	8.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.179	1-MCA-ND-277	MCSRND-NDA/SHT 1	QAL-14	VT-3	NA	8.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.180	1-MCA-ND-275	MCSRND-NDA/SHT 1	QAL-14	VT-3	NA	8.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.181	1-MCA-ND-286	MCSRND-NDA/SHT 1	QAL-14	VT-3	NA	8.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.182	1-MCA-ND-35	MCSRND-NDA/SHT 3	QAL-14	VT-3	NA	8.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.183	1-MCA-ND-290	MCSRND-NDA/SHT 3	QAL-14	VT-3	NA	12.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.184	1-MCA-ND-297	MCSRND-NDA/SHT 3	QAL-14	VT-3	NA	12.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.185	1-MCA-ND-282	MCSRND-NDA/SHT 3	QAL-14	VT-3	NA	8.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							

**CATEGORY F-A, Supports**

**DUKE POWER COMPANY  
QUALITY ASSURANCE TECHNICAL SERVICES  
Inservice Inspection Database Management System**

Plan Report  
Page 75  
03/26/96

**Inservice Inspection of Class 1, 2, and 3**

McGuire 1

**Snubbers**

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.186	1-MCA-ND-260	MCSR-D-FWA/SHT 7	QAL-14	VT-3	NA	14.000		SNUBBER INSPECTION ONLY
	Mech snubber					0.000		INSPECT WITH F01.020.172C
	Class B							
F01.050.187	1-MCA-ND-258	MCSR-D-FWA/SHT 7	QAL-14	VT-3	NA	14.000		SNUBBER INSPECTION ONLY
	Hyd snubber					0.000		INSPECT WITH F01.020.171C
	Class B							
F01.050.188	1-MCA-ND-273	MCSR-D-NDA/SHT 2	QAL-14	VT-3	NA	8.000		SNUBBER INSPECTION ONLY
	Hyd snubber					0.000		
	Class B							
F01.050.189	1-MCA-ND-287	MCSR-D-NDA/SHT 2	QAL-14	VT-3	NA	8.000		SNUBBER INSPECTION ONLY
	Hyd snubber					0.000		
	Class B							
F01.050.190	1-MCA-ND-296	MCSR-D-NDA/SHT 2	QAL-14	VT-3	NA	8.000		SNUBBER INSPECTION ONLY
	Hyd snubber					0.000		
	Class B							
F01.050.191	1-MCA-ND-295	MCSR-D-NDA/SHT 2	QAL-14	VT-3	NA	8.000		SNUBBER INSPECTION ONLY
	Mech snubber					0.000		INSPECT WITH F01.020.174C
	Class B							
F01.050.192	1-MCA-ND-331	MCSR-D-NDA/SHT 7	QAL-14	VT-3	NA	8.000		SNUBBER INSPECTION ONLY
	Mech snubber					0.000		INSPECT WITH F01.020.178C
	Class B							
F01.050.193	1-MCA-ND-298	MCSR-D-NDA/SHT 6	QAL-14	VT-3	NA	8.000		SNUBBER INSPECTION ONLY
	Hyd snubber					0.000		
	Class B							

**CATEGORY F-A, Supports**

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 76  
 03/26/96

**Inservice Inspection of Class 1, 2, and 3**

McGuire 1

**Snubbers**

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.194	1-MCA-ND-270	MCSRND-NDA/SHT 6	QAL-14	VT-3	NA		8.000 0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.195	1-MCA-ND-271	MCSRND-NDA/SHT 6	QAL-14	VT-3	NA		8.000 0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.196	1-MCA-ND-289	MCSRND-NDA/SHT 5	QAL-14	VT-3	NA		8.000 0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.197	1-MCA-ND-281	MCSRND-NDA/SHT 5	QAL-14	VT-3	NA		8.000 0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.020.173C
	Hyd snubber							
	Class B							
F01.050.198	1-MCA-ND-272	MCSRND-NDA/SHT 5	QAL-14	VT-3	NA		8.000 0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.199	1-MCA-ND-304	MCSRND-NDA/SHT 5	QAL-14	VT-3	NA		8.000 0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.020.176C
	Hyd snubber							
	Class B							
F01.050.200	1-MCA-ND-256	MCSRND-FWA/SHT 4	QAL-14	VT-3	NA		12.000 0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.020.170C
	Hyd snubber							
	Class B							
F01.050.201	1-MCA-ND-253	MCSRND-FWA/SHT 4	QAL-14	VT-3	NA		12.000 0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							

**CATEGORY F-A, Supports**

**DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System**

Plan Report  
 Page 77  
 03/26/96

**Inservice Inspection of Class 1, 2, and 3**

**McGuire 1**

**Snubbers**

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.202	1-MCA-ND-252	MCSR-D-FWA/SHT 4	QAL-14	VT-3	NA		12.000 0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.203	1-MCA-ND-257	MCSR-D-FWA/SHT 4	QAL-14	VT-3	NA		12.000 0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.204	1-MCA-ND-255	MCSR-D-FWA/SHT 4	QAL-14	VT-3	NA		12.000 0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.020.169C
	Hyd snubber							
	Class B							
F01.050.205	1-MCA-ND-254	MCSR-D-FWA/SHT 4	QAL-14	VT-3	NA		12.000 0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.206	1-MCA-ND-251	MCSR-D-FWA/SHT 4	QAL-14	VT-3	NA		12.000 0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.020.168C
	Mech snubber							
	Class B							
F01.050.207	1-MCA-ND-250	MCSR-D-FWA/SHT 4	QAL-14	VT-3	NA		12.000 0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.208	1-MCA-ND-246	MCSR-D-FWA/SHT 6	QAL-14	VT-3	NA		14.000 0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.209	1-MCA-ND-110	MCSR-D-FWA/SHT 6	QAL-14	VT-3	NA		14.000 0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class B							

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 78  
 03/26/96

**Inservice Inspection of Class 1, 2, and 3**

McGuire 1

**Snubbers**

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.210	1-MCA-ND-247	MCSR-D-FWA/SHT 6	QAL-14	VT-3	NA	14.000	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.020.167C
	Hyd snubber							
	Class B							
F01.050.211	1-MCA-ND-249	MCSR-D-FWA/SHT 6	QAL-14	VT-3	NA	14.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.212	1-MCA-ND-248	MCSR-D-FWA/SHT 6	QAL-14	VT-3	NA	14.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.213	1-MCA-ND-H327	MCSR-D-NIA/2 OF 2	QAL-14	VT-3	NA	8.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class B							
F01.050.214	1-MCA-ND-H326	MCSR-D-NIA/2 OF 2	QAL-14	VT-3	NA	8.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class B							
F01.050.215	1-MCA-ND-H325	MCSR-D-NIA/2 OF 2	QAL-14	VT-3	NA	8.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class B							
F01.050.216	1-MCA-ND-H324	MCSR-D-NIA/2 OF 2	QAL-14	VT-3	NA	8.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class B							
F01.050.225	1-MCR-NI-653	MCSR-D-ND-01/SHT 2	QAL-14	VT-3	NA	8.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class A							

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 79  
 03/26/96

**CATEGORY F-A, Supports**

**Inservice Inspection of Class 1, 2, and 3**

McGuire 1

**Snubbers**

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.226	1-MCR-NI-941	MCSRSD-ND-01/SHT 2	QAL-14	VT-3	NA	8.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class A							
F01.050.227	1-MCR-NI-664	MCSRSD-ND-01/SHT 2	QAL-14	VT-3	NA	8.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class B							
F01.050.228	1-MCR-NI-661	MCSRSD-ND-01/SHT 2	QAL-14	VT-3	NA	8.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class A							
F01.050.229	1-MCR-NI-660	MCSRSD-ND-01/SHT 2	QAL-14	VT-3	NA	8.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class A							
F01.050.230	1-MCR-NI-947	MCSRSD-ND-01/SHT 2	QAL-14	VT-3	NA	8.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class A							
F01.050.231	1-MCR-NI-658	MCSRSD-ND-01/SHT 2	QAL-14	VT-3	NA	8.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class A							
F01.050.232	1-MCR-NI-537	MCSRSD NI-01/3 OF 4	QAL-14	VT-3	NA	10.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class A							
F01.050.233	1-MCR-NI-531	MCSRSD NI-01/3 OF 4	QAL-14	VT-3	NA	10.000	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.010.105C
	Mech snubber							
	Class A							

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 80  
 03/26/96

**CATEGORY F-A, Supports**

**Inservice Inspection of Class 1, 2, and 3**

McGuire 1

**Snubbers**

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.234	1-MCR-NI-538	MCRSD NI-01/3 OF 4	QAL-14	VT-3	NA	10.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class A							
F01.050.235	1-MCR-NI-528	MCSRSD NI-01/3 OF 4	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.010.104C
	Hyd snubber							
	Class A							
F01.050.236	1-MCR-NI-613	MCSRSD NI-01/1 OF 4	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class A							
F01.050.237	1-MCR-NI-612	MCSRSD NI-01/1 OF 4	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class A							
F01.050.238	1-MCR-NI-515	MCSRSD NI-01/1 OF 4	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.010.101C
	Hyd snubber							
	Class A							
F01.050.239	1-MCR-NI-513	MCSRSD NI-01/1 OF 4	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class B							
F01.050.240	1-MCR-NI-510	MCSRSD NI-01/1 OF 4	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.241	1-MCR-NI-615	MCSRSD NI-01/4 OF 4	QAL-14	VT-3	NA	10.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class A							



**CATEGORY F-A, Supports**

**DUKE POWER COMPANY  
QUALITY ASSURANCE TECHNICAL SERVICES  
Inservice Inspection Database Management System**

Plan Report  
Page 81  
03/26/96

**Inservice Inspection of Class 1, 2, and 3**

McGuire 1

**Snubbers**

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.242	1-MCR-NI-617	MCSRDI NI-01/4 OF 4	QAL-14	VT-3	NA	10.000	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.010.118C
	Hyd snubber							
	Class A							
F01.050.243	1-MCR-NI-733	MCSRDI NI-09/1 OF 3	QAL-14	VT-3	NA	2.000	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.010.120C
	Hyd snubber							
	Class A							
F01.050.244	1-MCR-NI-744	MCSRDI NI-09/1 OF 3	QAL-14	VT-3	NA	2.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class A							
F01.050.245	1-MCR-NI-858	MCSRDI NI-16	QAL-14	VT-3	NA	1.500	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.010.121C
	Mech snubber							
	Class A							
F01.050.246	1-MCR-NI-588	MCSRDI NI-03/1 OF 5	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class A							
F01.050.247	1-MCR-NI-584	MCSRDI NI-03/1 OF 5	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.248	1-MCR-NI-586	MCSRDI NI-03/5 OF 5	QAL-14	VT-3	NA	10.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class A							
F01.050.249	1-MCR-NI-570	MCSRDI NI-03/5 OF 5	QAL-14	VT-3	NA	10.000	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.010.111C
	Mech snubber							
	Class A							

**CATEGORY F-A, Supports**

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 82  
 03/26/96

**Inservice Inspection of Class 1, 2, and 3**

McGuire 1

**Snubbers**

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.250	1-MCR-NI-569	MCSRDI NI-03/5 OF 5	QAL-14	VT-3	NA	10.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class A							
F01.050.251	1-MCR-NI-585	MCSRDI NI-03/4 OF 5	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.010.113C
	Mech snubber							
	Class A							
F01.050.252	1-MCR-NI-580	MCSRDI NI-03/4 OF 5	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class A							
F01.050.253	1-MCR-NI-587	MCSRDI NI-03/2 OF 5	QAL-14	VT-3	NA	10.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class A							
F01.050.254	1-MCR-NI-589	MCSRDI NI-03/2 OF 5	QAL-14	VT-3	NA	10.000	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.010.114C
	Hyd snubber							
	Class A							
F01.050.255	1-MCR-NI-548	MCSRDI NI-03/2 OF 5	QAL-14	VT-3	NA	10.000	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.010.108C
	Hyd snubber							
	Class A							
F01.050.256	1-MCR-NI-549	MCSRDI NI-03/2 OF 5	QAL-14	VT-3	NA	10.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class A							
F01.050.257	1-MCR-NI-526	MCSRDI NI-01/2 OF 4	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 83  
 03/26/96

**Inservice Inspection of Class 1, 2, and 3  
 Snubbers**

McGuire 1

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.258	1-MCR-NI-541	MCSRDI NI-03/3 OF 5	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.020.208C
	Hyd snubber							
	Class B							
F01.050.259	1-MCR-NI-552	MCSRDI NI-03/3 OF 5	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.260	1-MCR-NI-556	MCSRDI NI-03/3 OF 5	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.020.210C
	Mech snubber							
	Class B							
F01.050.261	1-MCR-NI-786	MCSRDI NI-09/3 OF 3	QAL-14	VT-3	NA	4.000	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.020.228C
	Hyd snubber							
	Class B							
F01.050.262	1-MCR-NI-717	MCSRDI NI-11/1 OF 3	QAL-14	VT-3	NA	2.000	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.020.222C
	Hyd snubber							
	Class B							
F01.050.263	1-MCR-NI-676	MCSRDI NI-11/1 OF 3	QAL-14	VT-3	NA	4.000	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.020.211C
	Hyd snubber							
	Class B							
F01.050.264	1-MCR-NI-697	MCSRDI NI-11/1 OF 3	QAL-14	VT-3	NA	2.000	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.020.215C
	Mech snubber							
	Class B							
F01.050.265	1-MCR-NI-719	MCSRDI NI-11/3 OF 3	QAL-14	VT-3	NA	2.000	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.020.223C
	Hyd snubber							
	Class B							

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 84  
 03/26/96

**Inservice Inspection of Class 1, 2, and 3**

McGuire 1

**Snubbers**

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.266	1-MCR-NI-721	MCSRDN-11/3 OF 3	QAL-14	VT-3	NA	2.000	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.020.224C
	Hyd snubber							
	Class B							
F01.050.267	1-MCR-NI-895	MCSRDN-13/1 OF 2	QAL-14	VT-3	NA	3.000	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.020.233C
	Hyd snubber							
	Class B							
F01.050.268	1-MCR-NI-852	MCSRDN-15/1 OF 2	QAL-14	VT-3	NA	3.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.269	1-MCA-NI-012	MCSRDN-1A/1 OF 2	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.270	1-MCA-NI-010	MCSRDN-1A/1 OF 2	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.271	1-MCA-NI-009	MCSRDN-1A/1 OF 2	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.272	1-MCA-NI-249	MCSRDN-1B/2 OF 2	QAL-14	VT-3	NA	4.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.273	1-MCA-NI-083	MCSRDN-1B/2 OF 2	QAL-14	VT-3	NA	4.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							

**CATEGORY F-A, Supports**

**DUKE POWER COMPANY  
QUALITY ASSURANCE TECHNICAL SERVICES  
inservice Inspection Database Management System**

Plan Report  
Page 85  
03/26/96

**Inservice Inspection of Class 1, 2, and 3**

**McGuire 1**

**Snubbers**

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.274	1-MCA-NI-253	MCSR-D-NIB/1 OF 2	QAL-14	VT-3	NA	4.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.275	1-MCA-NI-255	MCSR-D-NIB/1 OF 2	QAL-14	VT-3	NA	4.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.276	1-MCA-NI-355	MCSR-D-NIO/1 OF 1	QAL-14	VT-3	NA	18.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.277	1-MCA-NI-357	MCSR-D-NIO/1 OF 1	QAL-14	VT-3	NA	18.000	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.020.207C
	Mech snubber							
	Class B							
F01.050.278	1-MCA-NI-377	MC 1190-NV-01-01	QAL-14	VT-3	NA	4.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class B							
F01.050.300	1-MCA-NS-106	MCSR-D-FWA/SHT 4	QAL-14	VT-3	NA	12.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.301	1-MCA-NS-102	MCSR-D-NSC	QAL-14	VT-3	NA	10.000	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.020.267C
	Hyd snubber							
	Class B							
F01.050.302	1-MCA-NS-101	MCSR-D-NSC	QAL-14	VT-3	NA	10.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 86  
 03/26/96

**Inservice Inspection of Class 1, 2, and 3  
 Snubbers**

McGuire 1

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.303	1-MCA-NS-085	MCSRDN-NSB	QAL-14	VT-3	NA	10.000	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.020.265C
	Hyd snubber							
	Class B							
F01.050.304	1-MCA-NS-098	MCSRDN-NSB	QAL-14	VT-3	NA	10.000	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.020.266C
	Hyd snubber							
	Class B							
F01.050.305	1-MCA-NS-088	MCSRDN-NSB	QAL-14	VT-3	NA	10.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.307	1-MCA-NS-091	MCSRDN-NSB	QAL-14	VT-3	NA	10.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.310	1-MCA-NS-105	MCSRDN-FWA/SHT 4	QAL-14	VT-3	NA	12.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.325	1-MCA-NV-5609	MCSRDN-NVD/1 OF 3	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class B							
F01.050.326	1-MCA-NV-464	MCSRDN-NVD/1 OF 3	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.327	1-MCA-NV-5608	MCSRDN-NVD/2 OF 3	QAL-14	VT-3	NA	8.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class B							

**CATEGORY F-A, Supports**

**DUKE POWER COMPANY  
QUALITY ASSURANCE TECHNICAL SERVICES  
Inservice Inspection Database Management System**

Plan Report  
Page 87  
03/26/96

**Inservice Inspection of Class 1, 2, and 3**

**McGuire 1**

**Snubbers**

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.328	1-MCA-NV-5621	MC 1190-NV-01-02	QAL-14	VT-3	NA	4.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class B							
F01.050.329	1-MCA-NV-5622	MC 1190-NV-01-02	QAL-14	VT-3	NA	4.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class B							
F01.050.330	1-MCA-NV-5619	MC 1190-NV-01-01	QAL-14	VT-3	NA	4.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class B							
F01.050.331	MC 1683-NV-11-R20	MC 1683-NV-11	QAL-14	VT-3	NA	3.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class B							
F01.050.332	1-MCR-NV-581	MCSRDNV-24F/1 OF1	QAL-14	VT-3	NA	2.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.333	1-MCR-NV-1263	MCSRDNV-24F/1 OF1	QAL-14	VT-3	NA	2.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class B							
F01.050.335	1-MCA-NV-5625	MC 1190-NV-01-03	QAL-14	VT-3	NA	3.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class B							
F01.050.336	1-MCA-NV-498	MCSRDNVK/2 OF 2	QAL-14	VT-3	NA	2.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							

**CATEGORY F-A, Supports**

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 88  
 03/26/96

**Inservice Inspection of Class 1, 2, and 3**

McGuire 1

**Snubbers**

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.337	1-MCA-NV-435	MCSRDNVA/ 6 OF 9	QAL-14	VT-3	NA		3.000 0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.338	1-MCA-NV-467	MCSRDNVA/ 6 OF 9	QAL-14	VT-3	NA		3.000 0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.339	1-MCR-NV-548	MCSRDNV25F/ 1 OF 1	QAL-14	VT-3	NA		2.000 0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.340	1-MCR-NV-545	MCSRDNV25F/ 1 OF 1	QAL-14	VT-3	NA		2.000 0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.341	1-MCA-NV-433	MCSRDNVA/9 OF 9	QAL-14	VT-3	NA		3.000 0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.342	MC 1683-NV-04-R33	MC 1683-NV-04	QAL-14	VT-3	NA		2.000 0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.343	MC 1683-NV-04-R28	MC 1683-NV-04	QAL-14	VT-3	NA		2.000 0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.344	1-MCR-NV-852	MCSRDNV-06	QAL-14	VT-3	NA		2.000 0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.010.153C
	Hyd snubber							
	Class A							



DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 89  
 03/26/96

**CATEGORY F-A, Supports**

**Inservice Inspection of Class 1, 2, and 3**

McGuire 1

**Snubbers**

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DI A/THK	CAL BLOCKS	COMMENTS
F01.050.345	1-MCR-NV-851	MCSR D-NV-06	QAL-14	VT-3	NA	2.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class A							
F01.050.347	1-MCR-NV-855	MCSR D-NV-06	QAL-14	VT-3	NA	2.000	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.010.154C
	Hyd snubber							
	Class A							
F01.050.348	1-MCR-NV-1291	MCSR D-NV-09	QAL-14	VT-3	NA	2.000	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.010.163C
	Mech snubber							
	Class A							
F01.050.349	1-MCR-NV-1293	MCSR D NV-09	QAL-14	VT-3	NA	2.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class A							
F01.050.350	1-MCR-NV-819	MCSR D NV-08/ 1 OF 2	QAL-14	VT-3	NA	2.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class A							
F01.050.351	1-MCR-NV-1064	MCSR D NV-04/ 1 OF 4	QAL-14	VT-3	NA	2.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class A							
F01.050.352	1-MCR-NV-1062	MCSR D NV-04/ 1 OF 4	QAL-14	VT-3	NA	2.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class A							
F01.050.353	1-MCR-NV-1067	MCSR D NV-04/ 1 OF 4	QAL-14	VT-3	NA	2.000	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.010.161C
	Hyd snubber							
	Class A							

**CATEGORY F-A, Supports**

**DUKE POWER COMPANY  
QUALITY ASSURANCE TECHNICAL SERVICES  
Inservice Inspection Database Management System**

Plan Report  
Page 90  
03/26/96

**Inservice Inspection of Class 1, 2, and 3**

McGuire 1

**Snubbers**

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.354	1-MCR-NV-1011	MCSRDNV-04/ 1 OF 4	QAL-14	VT-3	NA		3.000 0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.355	1-MCR-NV-1054	MCSRDNV-04/ 4 OF 4	QAL-14	VT-3	NA		3.000 0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class A							
F01.050.356	1-MCR-NV-1238	MCSRDNV-02/ 3 OF 3	QAL-14	VT-3	NA		3.000 0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class A							
F01.050.357	1-MCR-NV-1237	MCSRDNV-02/ 3 OF 3	QAL-14	VT-3	NA		3.000 0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class A							
F01.050.358	1-MCR-NV-1235	MCSRDNV-02/ 3 OF 3	QAL-14	VT-3	NA		3.000 0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class A							
F01.050.359	1-MCR-NV-1234	MCSRDNV-02/ 3 OF 3	QAL-14	VT-3	NA		3.000 0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.010.162C
	Mech snubber							
	Class A							
F01.050.360	1-MCA-NV-471	MCSRDNVD/ 3 OF 3	QAL-14	VT-3	NA		6.000 0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.361	1-MCA-NV-5624	MC 1190-NV-01-03	QAL-14	VT-3	NA		3.000 0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class B							

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 91  
 03/26/96

Inservice Inspection of Class 1, 2, and 3

McGuire 1

Snubbers

Inservice Inspection Plan for Interval 2 Outage 3

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.362	MC 1683-NV-01-R8A	MC 1190-NV-01	QAL-14	VT-3	NA	2.000	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.030.055C
	Hyd snubber							
	Class C							
F01.050.363	MC 1683-NV-50-R2	MC 1683-NV-50	QAL-14	VT-3	NA	3.000	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.030.070C
	Mech snubber							
	Class C							
F01.050.364	MC 1683-NV-53-R9	MC 1683-NV-53	QAL-14	VT-3	NA	3.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class C							
F01.050.365	MC 1683-NV-04-R15	MC 1683-NV-04/2 OF 2	QAL-14	VT-3	NA	3.000	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.030.059C
	Mech snubber							
	Class C							
F01.050.366	MC 1683-NV-04-R22	MC 1683-NV-04/2 OF 2	QAL-14	VT-3	NA	2.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class C							
F01.050.367	MC 1683-NV-06-R9A	MC 1683-NV-06	QAL-14	VT-3	NA	2.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class C							
F01.050.368	MC1683-NV-06-R12A	MC1683-NV-06	QAL-14	VT-3	NA	2.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class C							
F01.050.400	1-MCA-RN-959	MCSRDRN-309	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.020.451C
	Mech snubber							
	Class B							

**CATEGORY F-A, Supports**

**DUKE POWER COMPANY  
QUALITY ASSURANCE TECHNICAL SERVICES  
Inservice Inspection Database Management System**

Plan Report  
Page 92  
03/26/96

**Inservice Inspection of Class 1, 2, and 3**

McGuire 1

**Snubbers**

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.401	1-MCA-RN-974	MCSRDRN-304	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class A							
F01.050.425	1-MCA-SA-27	MCSRDSAA/SHT2	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class C							
F01.050.426	1-MCA-SA-23	MCSRDSAA/SHT 1	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class C							
F01.050.427	1-MCA-SA-22	MCSRDSAA/SHT 1	QAL-14	VT-3	NA	6.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class C							
F01.050.450	1-MCR-SM-89	MCSRDSMA/SHT 3	QAL-14	VT-3	NA	42.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class B							
F01.050.451	1-MCR-SM-91	MCSRDSMA/SHT 3	QAL-14	VT-3	NA	42.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.452	1-MCR-SM-90	MCSRDSMA/SHT 3	QAL-14	VT-3	NA	42.000	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.020.557C
	Hyd snubber							
	Class B							
F01.050.453	1-MCR-SM-93	MCSRDSMA/SHT 3	QAL-14	VT-3	NA	42.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 93  
 03/26/96

**CATEGORY F-A, Supports**

**Inservice Inspection of Class 1, 2, and 3**

McGuire 1

**Snubbers**

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.454	1-MCR-SM-94	MCSR-D-SMA/SHT 3	QAL-14	VT-3	NA	42.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.455	1-MCR-SM-97	MCSR-D-SMA/SHT 3	QAL-14	VT-3	NA	34.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class B							
F01.050.456	1-MCA-SM-175	MCSR-D-SMA/SHT 3	QAL-14	VT-3	NA	42.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.457	1-MCA-SM-100	MCSR-D-SMA/SHT 3	QAL-14	VT-3	NA	42.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.458	1-MCA-SM-101	MCSR-D-SMA/SHT 3	QAL-14	VT-3	NA	42.000	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.020.558C
	Mech snubber							
	Class B							
F01.050.459	1-MCA-SM-102	MCSR-D-SMA/SHT 3	QAL-14	VT-3	NA	42.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.460	1-MCA-SM-103	MCSR-D-SMA/SHT 3	QAL-14	VT-3	NA	42.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.461	1-MCA-SM-104	MCSR-D-SMA/SHT 3	QAL-14	VT-3	NA	42.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 94  
 03/26/96

**CATEGORY F-A, Supports**

**Inservice Inspection of Class 1, 2, and 3**

McGuire 1

**Snubbers**

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.462	1-MCA-SM-108	MCSR-D-SMA/SHT 3	QAL-14	VT-3	NA	36.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.463	1-MCR-SM-1	MCSR-D-SMA/SHT 2	QAL-14	VT-3	NA	42.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class B							
F01.050.464	1-MCR-SM-3	MCSR-D-SMA/SHT 2	QAL-14	VT-3	NA	42.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.465	1-MCR-SM-2	MCSR-D-SMA/SHT 2	QAL-14	VT-3	NA	42.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.466	1-MCR-SM-5	MCSR-D-SMA/SHT 2	QAL-14	VT-3	NA	42.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.467	1-MCR-SM-6	MCSR-D-SMA/SHT 2	QAL-14	VT-3	NA	42.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.468	1-MCR-SM-9	MCSR-D-SMA/SHT 2	QAL-14	VT-3	NA	34.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class B							
F01.050.469	1-MCA-SM-12	MCSR-D-SMA/SHT 2	QAL-14	VT-3	NA	42.000	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.020.551C
	Hyd snubber							
	Class B							

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 95  
 03/26/96

**CATEGORY F-A, Supports**

**Inservice Inspection of Class 1, 2, and 3**

McGuire 1

**Snubbers**

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.470	1-MCA-SM-11	MCSR-D-SMA/SHT 2	QAL-14	VT-3	NA	42.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.471	1-MCA-SM-16	MCSR-D-SMA/SHT 2	QAL-14	VT-3	NA	42.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.472	1-MCA-SM-17	MCSR-D-SMA/SHT 2	QAL-14	VT-3	NA	42.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class B							
F01.050.473	1-MCA-SM-18	MCSR-D-SMA/SHT 2	QAL-14	VT-3	NA	42.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.474	1-MCA-SM-19	MCSR-D-SMA/SHT 2	QAL-14	VT-3	NA	42.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.475	1-MCA-SM-20	MCSR-D-SMA/SHT 2	QAL-14	VT-3	NA	42.000	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.020.553C
	Hyd snubber							
	Class B							
F01.050.476	1-MCA-SM-24	MCSR-D-SMA/SHT 2	QAL-14	VT-3	NA	36.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class B							
F01.050.477	1-MCA-SM-69	MCSR-D-SMA/SHT 4	QAL-14	VT-3	NA	36.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 96  
 03/26/96

**CATEGORY F-A, Supports**

**Inservice Inspection of Class 1, 2, and 3**

McGuire 1

**Snubbers**

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.478	1-MCA-SM-73	MCSR-D-SMA/SHT 4	QAL-14	VT-3	NA	42.000	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.020.555C
	Hyd snubber							
	Class B							
F01.050.479	1-MCA-SM-75	MCSR-D-SMA/SHT 4	QAL-14	VT-3	NA	42.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.480	1-MCA-SM-74	MCSR-D-SMA/SHT 4	QAL-14	VT-3	NA	42.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.481	1-MCA-SM-76	MCSR-D-SMA/SHT 4	QAL-14	VT-3	NA	42.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class B							
F01.050.482	1-MCA-SM-77	MCSR-D-SMA/SHT 4	QAL-14	VT-3	NA	42.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.483	1-MCA-SM-174	MCSR-D-SMA/SHT 4	QAL-14	VT-3	NA	42.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.484	1-MCR-SM-154	MCSR-D-SMA/SHT 4	QAL-14	VT-3	NA	34.000	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.020.563C
	Mech snubber							
	Class B							
F01.050.485	1-MCR-SM-159	MCSR-D-SMA/SHT 4	QAL-14	VT-3	NA	42.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							



**CATEGORY F-A, Supports**

**DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System**

Plan Report  
 Page 97  
 03/26/96

**Inservice Inspection of Class 1, 2, and 3  
 Snubbers**

McGuire 1

**Inservice Inspection Plan for interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.486	1-MCR-SM-158	MCSR-D-SMA/SHT 4	QAL-14	VT-3	NA	42.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.487	1-MCR-SM-161	MCSR-D-SMA/SHT 4	QAL-14	VT-3	NA	42.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.488	1-MCR-SM-162	MCSR-D-SMA/SHT 4	QAL-14	VT-3	NA	42.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.489	1-MCR-SM-163	MCSR-D-SMA/SHT 4	QAL-14	VT-3	NA	42.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class B							
F01.050.490	1-MCR-SM-86	MCSR-D-SMA/SHT 5	QAL-14	VT-3	NA	42.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.491	1-MCR-SM-88	MCSR-D-SMA/SHT 5	QAL-14	VT-3	NA	42.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class B							
F01.050.492	1-MCR-SM-87	MCSR-D-SMA/SHT 5	QAL-14	VT-3	NA	42.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.493	1-MCR-SM-83	MCSR-D-SMA/SHT 5	QAL-14	VT-3	NA	42.000	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.020.556C
	Hyd snubber							
	Class B							

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 98  
 03/26/96

**CATEGORY F-A, Supports**

**Inservice Inspection of Class 1, 2, and 3**

McGuire 1

**Snubbers**

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.494	1-MCR-SM-84	MCSR-D-SMA/SHT 5	QAL-14	VT-3	NA	42.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.495	1-MCR-SM-79	MCSR-D-SMA/SHT 5	QAL-14	VT-3	NA	34.000	0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class B							
F01.050.496	1-MCA-SM-153	MCSR-D-SMA/SHT 5	QAL-14	VT-3	NA	42.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.497	1-MCA-SM-152	MCSR-D-SMA/SHT 5	QAL-14	VT-3	NA	42.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.498	1-MCA-SM-149	MCSR-D-SMA/SHT 5	QAL-14	VT-3	NA	42.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.499	1-MCA-SM-164	MCSR-D-SMA/SHT 5	QAL-14	VT-3	NA	42.000	0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.020.564C
	Mech snubber							
	Class B							
F01.050.500	1-MCA-SM-146	MCSR-D-SMA/SHT 5	QAL-14	VT-3	NA	42.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							
F01.050.501	1-MCA-SM-141	MCSR-D-SMA/SHT 5	QAL-14	VT-3	NA	36.000	0.000	SNUBBER INSPECTION ONLY
	Hyd snubber							
	Class B							

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 99  
 03/26/96

**CATEGORY F-A, Supports**

**Inservice Inspection of Class 1, 2, and 3**

McGuire 1

**Snubbers**

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.525	1-MCA-SV-11	MCSR-D-SVA/SHT 1	QAL-14	VT-3	NA		6.000 0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class B							
F01.050.526	1-MCA-SV-6	MCSR-D-SVA/SHT 1	QAL-14	VT-3	NA		6.000 0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class B							
F01.050.527	1-MCA-SV-1	MCSR-D-SVA/SHT2	QAL-14	VT-3	NA		6.000 0.000	SNUBBER INSPECTION ONLY
	Mech snubber							
	Class B							
F01.050.528	1-MCA-SV-17	MCSR-D-SVA/SHT2	QAL-14	VT-3	NA		6.000 0.000	SNUBBER INSPECTION ONLY INSPECT WITH F01.020.602C
	Hyd snubber							
	Class B							
F01.050.535	1-MCR-SGA-001	MCM 1117.00-0255 MC 1070-10	QAL-14	VT-3	NA		0.000 0.000	PAUL-MONROE HYDRAULIC SNUBBER "1A" STEAM GENERATOR
	Hyd snubber							
	Class B							
F01.050.536	1-MCR-SGA-008	MCM 1117.00-0255 MC 1070-10	QAL-14	VT-3	NA		0.000 0.000	PAUL-MONROE HYDRAULIC SNUBBER "1A" STEAM GENERATOR
	Hyd snubber							
	Class B							
F01.050.537	1-MCR-SGB-002	MCM 1117.00-0255 MC 1070-10	QAL-14	VT-3	NA		0.000 0.000	PAUL-MONROE HYDRAULIC SNUBBER "1B" STEAM GENERATOR
	Hyd snubber							
	Class B							
F01.050.538	1-MCR-SGB-005	MCM 1117.00-0255 MC 1070-10	QAL-14	VT-3	NA		0.000 0.000	PAUL-MONROE HYDRAULIC SNUBBER "1B" STEAM GENERATOR
	Hyd snubber							
	Class B							

**CATEGORY F-A, Supports**

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 100  
 03/26/96

**Inservice Inspection of Class 1, 2, and 3**

McGuire 1

**Snubbers**

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.539	1-MCR-SGC-003	MCM 1117.00-0255 MC 1070-10	QAL-14	VT-3	NA		0.000 0.000	PAUL-MONROE HYDRAULIC SNUBBER "1C" STEAM GENERATOR
Hyd snubber								
Class B								
F01.050.540	1-MCR-SGC-006	MCM 1117.00-0255 MC 1070-10	QAL-14	VT-3	NA		0.000 0.000	PAUL-MONROE HYDRAULIC SNUBBER "1C" STEAM GENERATOR
Hyd snubber								
Class B								
F01.050.541	1-MCR-SGD-004	MCM 1117.00-0255 MC 1070-10	QAL-14	VT-3	NA		0.000 0.000	PAUL-MONROE HYDRAULIC SNUBBER "1D" STEAM GENERATOR
Hyd snubber								
Class B								
F01.050.542	1-MCR-SGD-007	MCM 1117.00-0255 MC 1070-10	QAL-14	VT-3	NA		0.000 0.000	PAUL-MONROE HYDRAULIC SNUBBER "1D" STEAM GENERATOR
Hyd snubber								
Class B								
F01.050.550	1-MCA-VQ-010	MCSR-D-VQA	QAL-14	VT-3	NA		6.000 0.000	SNUBBER INSPECTION ONLY. INSPECT WITH F01.020.651C
Hyd snubber								
Class B								
F01.050.551	1-MCR-VQ-508	MCSR-D-VQ-02	QAL-14	VT-3	NA		6.000 0.000	SNUBBER INSPECTION ONLY
Hyd snubber								
Class B								
F01.050.552	1-MCR-VQ-514	MCSR-D-VQ-02	QAL-14	VT-3	NA		6.000 0.000	SNUBBER INSPECTION ONLY
Hyd snubber								
Class B								

**Total F01.050 Items: 351**

**Total F01 Items: 389**

**CATEGORY AUG, Augmented Inspections**

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 101  
 03/26/96

**Augmented Exam, Reactor Coolant Pump  
 Flywheel**

McGuire 1  
 Inservice Inspection Plan for Interval 2 Outage 3

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
G01.001.002	1RCP-1B	MCM 1201.01-7	NDE-900	UT	CS		0.000	REACTOR COOLANT PUMP 1B FLYWHEEL
	Other						0.000	GREATER THAN 90% EXAMINED
Class A								
G01.001.004	1RCP-1D	MCM 1201.01-7	NDE-900	UT	CS		0.000	REACTOR COOLANT PUMP 1D FLYWHEEL
	Other						0.000	GREATER THAN 90% EXAMINED
Class A								
<b>Total G01.001 Items:</b>		<b>2</b>						
<b>Total G01 Items:</b>		<b>2</b>						

**CATEGORY AUG, Augmented Inspections**

DUKE POWER COMPANY  
QUALITY ASSURANCE TECHNICAL SERVICES  
Inservice Inspection Database Management System

Plan Report  
Page 102  
03/26/96

**Augmented Exam, Preheater Section Tubes**

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 3

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
G02.001.001 Other Class A	1SGA-TUBES	MCM 1201.01-135 MCM 1201.01-187		ET	Inconel	0.750 0.043		INFO ON S/G TUBE EXAMS CAN BE ACQUIRED FROM THE DIVERSIFIED SERVICES GROUP OF THE ELEC. SYSTEM DEPT. OF DPC
G02.001.002 Other Class A	1SGB-TUBES	MCM 1201.01-136 MCM 1201.01-187		ET	Inconel	0.750 0.043		INFO ON S/G TUBE EXAMS CAN BE ACQUIRED FROM THE DIVERSIFIED SERVICES GROUP OF THE ELEC. SYSTEM DEPT. OF DPC
G02.001.003 Other Class A	1SGC-TUBES	MCM 1201.01-137 MCM 1201.01-187		ET	Inconel	0.750 0.043		INFO ON S/G TUBE EXAMS CAN BE ACQUIRED FROM THE DIVERSIFIED SERVICES GROUP OF THE ELEC. SYSTEM DEPT. OF DPC
G02.001.004 Other Class A	1SGD-TUBES	MCM 1201.01-138 MCM 1201.01-187		ET	Inconel	0.750 0.043		INFO ON S/G TUBE EXAMS CAN BE ACQUIRED FROM THE DIVERSIFIED SERVICES GROUP OF THE ELEC. SYSTEM DEPT. OF DPC

Total G02.001 Items: 4

Total G02 Items: 4

**CATEGORY AUG, Augmented Inspections**

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 103  
 03/26/96

**Augmented Exam, Pipe Rupture Protection**

McGuire 1

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
G03.001.004 Other	1NC1F-109	MCFI-1NC-47	NDE-600	UT	SS	10.000 1.000	50209	TO BE DONE WITH B09.011.060
G03.001.004A Other	1NC1F-109	MCFI-1NC-47	NDE-35	PT	SS	10.000 1.000		TO BE DONE WITH B09.011.060A
G03.001.005 Other	1NC-102-1	MCFI-1NC-47	NDE-600	UT	SS	10.000 1.000	50209	TO BE DONE WITH B09.011.059
G03.001.005A Other	1NC-102-1	MCFI-1NC-47	NDE-35	PT	SS	10.000 1.000		TO BE DONE WITH B09.011.059A
G03.001.006 Other	1NC-102-2	MCFI-1NC-47	NDE-600	UT	SS	10.000 1.000	50209	TO BE DONE WITH B09.011.058
G03.001.006A Other	1NC-102-2	MCFI-1NC-47	NDE-35	PT	SS	10.000 1.000		TO BE DONE WITH B09.011.058A
G03.001.007 Other	1NC-128-1	MCFI-1NC-47	NDE-600	UT	SS	10.000 1.000	50209	TO BE DONE WITH B09.011.057
G03.001.007A Other	1NC-128-1	MCFI-1NC-47	NDE-35	PT	SS	10.000 1.000		TO BE DONE WITH B09.011.057A

**CATEGORY AUG, Augmented Inspections**

DUKE POWER COMPANY  
QUALITY ASSURANCE TECHNICAL SERVICES  
Inservice Inspection Database Management System

Plan Report  
Page 104  
03/26/96

**Augmented Exam, Pipe Rupture Protection**

McGuire 1

**Inservice Inspection Plan for Interval 2 Outage 3**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
G03.001.008 Other	1NC-128-2	MCFI-1NC-47	NDE-600	UT	SS	10.000 1.000	50209	TO BE DONE WITH B00.011.056
G03.001.008A Other	1NC-128-2	MCFI-1NC-47	NDE-35	PT	SS	10.000 1.000		TO BE DONE WITH B09.011.056A

Total G03.001 Items: 10  
Total G03 Items: 10



**CATEGORY AUG, Augmented Inspections**

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 Inservice Inspection Database Management System

Plan Report  
 Page 105  
 03/26/96

**Augmented Exam, Steam Generator Feedwater  
 Modification**

McGuire 1  
 Inservice Inspection Plan for Interval 2 Outage 3

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
G04.001.002	1SGB-CF-MOD		QAL-14	VT-3	CS		0.000	STEAM GENERATOR 1B
	Other						0.000	FEEDWATER MODIFICATION
	Class A							

**Total G04.001 Items: 1**  
**Total G04 Items: 1**

B. Items examined by Pressure Testing

Item Number = ASME Section XI Tables IWB-2500-1  
(Class 1), IWC-2500-1 (Class 2)

Drawing Number = Number of the Flow Diagram

Revision = Revision of the Flow Diagram

Test = Type of Pressure Test

Comp = Vessel, Piping or Pump

Comp Name = Example: Reactor Vessel, etc.; for  
piping-System designation will be  
used

Req. Insp = Type inspection performed, i.e., VT2

Req. Proc = Required inspection procedure

Comments = General and/or Detail Description

McGUIRE UNIT NUMBER 1 - 2nd INTERVAL  
CLASS A (CATEGORY B-P) LEAKAGE TEST RESULTS

ITEM NUMBER: B15.050.001

<u>OUTAGE NUMBER</u>	<u>EXAMINATION DATE</u>	<u>STATUS</u>	<u>RESULTS</u>
EOC # 8	06/10/93	CLEAR	COMPLETE
EOC # 9	10/24/94	CLEAR	COMPLETE
EOC # 10	01/22/96	RECORDABLE	COMPLETE
EOC # 11	/ /	N/A	NOT TESTED
EOC # 12	/ /	N/A	NOT TESTED
EOC # 13	/ /	N/A	NOT REQUIRED
EOC # 14	/ /	N/A	NOT TESTED

McGUIRE UNIT NUMBER 1 - 2nd INTERVAL  
CLASS B (CATEGORY C-H) RESULTS  
THROUGH OUTAGE NUMBER 10

ITEM NO.	DRAWING	1ST PERIOD			2ND PERIOD			3RD PERIOD		
		EXAM. DATE	STATUS	RESULTS	EXAM. DATE	STATUS	RESULTS	EXAM. DATE	STATUS	RESULTS
C07.030.001	MCL-1554-2.0	07/20/94	COMPLETE	CLEAR	09/19/95	PARTIAL	CLEAR	/ /	NOT REQUIRED	N/A
C07.030.002	MCL-1554-3.0	07/25/94	COMPLETE	CLEAR	09/19/95	PARTIAL	CLEAR	/ /	NOT REQUIRED	N/A
C07.030.003	MCL-1554-3.1	07/25/94	COMPLETE	CLEAR	11/06/95	COMPLETE	CLEAR	/ /	NOT REQUIRED	N/A
C07.030.004	MCL-1554-5.0	07/20/94	COMPLETE	CLEAR	09/19/95	COMPLETE	CLEAR	/ /	NOT REQUIRED	N/A
C07.030.005	MCL-1561-1.0	09/26/94	COMPLETE	CLEAR	01/17/96	PARTIAL	RECORDABLE	/ /	NOT REQUIRED	N/A
C07.030.006	MCL-1562-1.0	07/20/94	COMPLETE	CLEAR	05/19/95	COMPLETE	CLEAR	/ /	NOT REQUIRED	N/A
C07.030.007	MCL-1562-3.0	11/30/94	COMPLETE	RECORDABLE	12/06/95	PARTIAL	CLEAR	/ /	NOT REQUIRED	N/A
C07.030.008	MCL-1562-3.1	10/25/94	COMPLETE	RECORDABLE	01/17/96	PARTIAL	CLEAR	/ /	NOT REQUIRED	N/A
C07.030.009	MCL-1563-1.0	09/26/94	COMPLETE	CLEAR	01/17/96	PARTIAL	RECORDABLE	/ /	NOT REQUIRED	N/A
C07.030.010	MCL-1571-1.0	09/26/94	COMPLETE	RECORDABLE	01/17/96	PARTIAL	CLEAR	/ /	NOT REQUIRED	N/A
C07.030.011	MCL-1572-1.0	09/26/94	COMPLETE	CLEAR	01/23/96	PARTIAL	CLEAR	/ /	NOT REQUIRED	N/A
C07.030.012	MCL-1553-2.1	08/23/94	COMPLETE	CLEAR	12/17/95	PARTIAL	CLEAR	/ /	NOT REQUIRED	N/A
C07.030.014	MCL-1554-1.0	08/23/94	COMPLETE	RECORDABLE	01/22/96	COMPLETE	RECORDABLE	/ /	NOT REQUIRED	N/A
C07.030.015	MCL-1554-1.1	08/23/94	COMPLETE	CLEAR	01/22/96	PARTIAL	RECORDABLE	/ /	NOT REQUIRED	N/A
C07.030.016	MCL-1554-1.2	10/01/94	COMPLETE	RECORDABLE	01/23/96	COMPLETE	CLEAR	/ /	NOT REQUIRED	N/A

McGUIRE UNIT NUMBER 1 - 2nd INTERVAL  
CLASS B (CATEGORY C-H) RESULTS  
THROUGH OUTAGE NUMBER 10

ITEM NO.	DRAWING	1ST PERIOD			2ND PERIOD			3RD PERIOD		
		EXAM. DATE	STATUS	RESULTS	EXAM. DATE	STATUS	RESULTS	EXAM. DATE	STATUS	RESULTS
C07.030.017	MCL-1554-1.3	08/23/94	COMPLETE	CLEAR	01/22/96	PARTIAL	CLEAR	/ /	NOT REQUIRED	N/A
C07.030.023	MCL-1565-1.1	02/21/94	COMPLETE	CLEAR	12/17/95	COMPLETE	CLEAR	/ /	NOT REQUIRED	N/A
C07.030.027	MCL-1572-3.0	02/24/94	COMPLETE	CLEAR	01/23/96	COMPLETE	CLEAR	/ /	NOT REQUIRED	N/A
C07.030.028	MCL-1573-3.1	02/08/94	COMPLETE	CLEAR	01/20/96	COMPLETE	CLEAR	/ /	NOT REQUIRED	N/A
C07.030.030	MCL-1574-4.0	02/02/94	COMPLETE	CLEAR	01/20/96	COMPLETE	CLEAR	/ /	NOT REQUIRED	N/A
C07.030.031	MCL-1580-1.0	02/24/94	COMPLETE	RECORDABLE	01/23/96	COMPLETE	CLEAR	/ /	NOT REQUIRED	N/A
C07.030.033	MCL-1591-1.1	08/18/94	COMPLETE	CLEAR	01/23/96	PARTIAL	CLEAR	/ /	NOT REQUIRED	N/A
C07.030.034	MCL-1592-1.0	08/18/94	COMPLETE	CLEAR	01/23/96	PARTIAL	CLEAR	/ /	NOT REQUIRED	N/A
C07.030.035	MCL-1593-1.0	06/16/94	COMPLETE	CLEAR	01/23/96	COMPLETE	CLEAR	/ /	NOT REQUIRED	N/A
C07.030.036	MCL-1593-1.2	07/11/94	COMPLETE	CLEAR	10/12/95	COMPLETE	CLEAR	/ /	NOT REQUIRED	N/A
C07.030.037	MCL-1593-1.3	06/16/94	COMPLETE	CLEAR	01/23/96	COMPLETE	CLEAR	/ /	NOT REQUIRED	N/A
C07.030.040	MCL-1604-3.0	02/02/94	COMPLETE	CLEAR	12/20/95	COMPLETE	CLEAR	/ /	NOT REQUIRED	N/A

McGUIRE UNIT NUMBER 1 - 2nd INTERVAL  
CLASS C (CATEGORY D-A) RESULTS  
THROUGH OUTAGE NUMBER 10

ITEM NO.	DRAWING	1ST PERIOD			2ND PERIOD			3RD PERIOD		
		EXAM. DATE	STATUS	RESULTS	EXAM. DATE	STATUS	RESULTS	EXAM. DATE	STATUS	RESULTS
D01.011.002	MCL-1554-2.0	07/20/94	COMPLETE	CLEAR	09/19/95	COMPLETE	CLEAR	/ /	NOT REQUIRED	N/A
D01.011.003	MCL-1554-3.1	10/01/94	COMPLETE	CLEAR	09/19/95	COMPLETE	CLEAR	/ /	NOT REQUIRED	N/A
D01.011.004	MCL-1554-5.0	07/20/94	COMPLETE	CLEAR	09/19/95	COMPLETE	CLEAR	/ /	NOT REQUIRED	N/A

McGUIRE UNIT NUMBER 1 - 2nd INTERVAL  
CLASS C (CATEGORY D-B) RESULTS  
THROUGH OUTAGE NUMBER 10

ITEM NO.	DRAWING	1ST PERIOD			2ND PERIOD			3RD PERIOD		
		EXAM. DATE	STATUS	RESULTS	EXAM. DATE	STATUS	RESULTS	EXAM. DATE	STATUS	RESULTS
D02.011.001	MCL-1573-1.0	08/02/94	COMPLETE	CLEAR	08/30/95	COMPLETE	CLEAR	/ /	NOT REQUIRED	N/A
D02.011.002	MCL-1573-1.1	08/02/94	COMPLETE	CLEAR	01/30/96	PARTIAL	CLEAR	/ /	NOT REQUIRED	N/A
D02.011.004	MCL-1574-1.0	07/13/94	COMPLETE	CLEAR	01/30/96	PARTIAL	CLEAR	/ /	NOT REQUIRED	N/A
D02.011.005	MCL-1574-1.1	07/13/94	COMPLETE	CLEAR	01/30/96	PARTIAL	CLEAR	/ /	NOT REQUIRED	N/A
D02.011.008	MCL-1574-3.0	07/11/94	COMPLETE	CLEAR	01/30/96	COMPLETE	CLEAR	/ /	NOT REQUIRED	N/A
D02.011.009	MCL-1574-3.1	11/30/94	COMPLETE	CLEAR	01/30/96	COMPLETE	CLEAR	/ /	NOT REQUIRED	N/A
D02.011.011	MCL-1592-1.0	10/27/94	COMPLETE	CLEAR	11/06/95	PARTIAL	RECORDABLE	/ /	NOT REQUIRED	N/A
D02.011.012	MCL-1592-1.1	08/01/94	COMPLETE	CLEAR	11/06/95	PARTIAL	RECORDABLE	/ /	NOT REQUIRED	N/A
D02.011.013	MCL-1593-1.2	07/11/94	COMPLETE	CLEAR	10/12/95	COMPLETE	CLEAR	/ /	NOT REQUIRED	N/A
D02.011.015	MCL-1609-1.0	07/13/94	COMPLETE	CLEAR	09/12/95	PARTIAL	CLEAR	/ /	NOT REQUIRED	N/A
D02.011.016	MCL-1609-1.1	06/27/94	COMPLETE	RECORDABLE	01/30/96	COMPLETE	CLEAR	/ /	NOT REQUIRED	N/A
D02.011.017	MCL-1609-2.0	03/01/94	COMPLETE	CLEAR	09/12/95	COMPLETE	CLEAR	/ /	NOT REQUIRED	N/A
D02.011.018	MCL-1609-2.1	03/02/94	COMPLETE	CLEAR	11/21/95	COMPLETE	CLEAR	/ /	NOT REQUIRED	N/A
D02.011.019	MCL-1609-3.0	03/03/94	COMPLETE	CLEAR	09/12/95	COMPLETE	CLEAR	/ /	NOT TESTED	N/A
D02.011.020	MCL-1609-3.1	03/15/94	COMPLETE	CLEAR	11/21/95	PARTIAL	CLEAR	/ /	NOT TESTED	N/A

McGUIRE UNIT NUMBER 1 - 2nd INTERVAL  
CLASS C (CATEGORY D-B) RESULTS  
THROUGH OUTAGE NUMBER 10

ITEM NO.	DRAWING	1ST PERIOD			2ND PERIOD			3RD PERIOD		
		EXAM. DATE	STATUS	RESULTS	EXAM. DATE	STATUS	RESULTS	EXAM. DATE	STATUS	RESULTS
D02.011.021	MCL-1609-4.0	03/02/94	COMPLETE	CLEAR	10/23/95	COMPLETE	RECORDABLE	/ /	NOT REQUIRED	N/A
D02.011.022	MCL-2574-1.1	07/13/94	COMPLETE	CLEAR	01/30/96	PARTIAL	CLEAR	/ /	NOT REQUIRED	N/A
D02.011.023	MCL-2574-3.0	06/27/94	COMPLETE	CLEAR	01/30/96	COMPLETE	CLEAR	/ /	NOT REQUIRED	N/A
D02.011.024	MCL-2574-4.0	06/27/94	COMPLETE	CLEAR	01/30/96	COMPLETE	CLEAR	/ /	NOT REQUIRED	N/A
D02.011.025	MCL-2604-3.0	06/27/94	COMPLETE	CLEAR	01/30/96	COMPLETE	CLEAR	/ /	NOT REQUIRED	N/A
D02.012.027	MCH-1609-3.0	/ /	NOT RFQUIRED	N/A	09/12/95	PARTIAL	CLEAR	/ /	NOT TESTED	N/A
D02.012.028	MCH-1609-3.1	/ /	NOT REQUIRED	N/A	11/21/95	PARTIAL	CLEAR	/ /	NOT TESTED	N/A



PAGE NO. 1  
03/26/96

McGUIRE UNIT NUMBER 1 - 2nd INTERVAL  
CLASS C (CATEGORY D-C) RESULTS  
THROUGH OUTAGE NUMBER 10

<u>ITEM NO.</u>	<u>DRAWING</u>	<u>1ST PERIOD</u>			<u>2ND PERIOD</u>			<u>3RD PERIOD</u>		
		<u>EXAM. DATE</u>	<u>STATUS</u>	<u>RESULTS</u>	<u>EXAM. DATE</u>	<u>STATUS</u>	<u>RESULTS</u>	<u>EXAM. DATE</u>	<u>STATUS</u>	<u>RESULTS</u>
D03.011.001	MCL-1570-1.0	07/18/94	COMPLETE	CLEAR	10/19/95	COMPLETE	CLEAR	/ /	NOT REQUIRED	N/A

## 5.0 Results Of Inspections Performed During Outage 10

The results of each examination shown in the final ISI Plan (Section 4 of this report) are included in this section. The completion date and status for each examination are shown. All examinations revealing reportable indications are described in further detail in Section 6.

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

### A. Items examined by NDE methods

Item Number	= ASME Section XI Tables IWB-2500-1 (Class 1), IWC-2500-1 (Class 2), IWF-2500-1 (Class 1, Class 2), Augmented and Alternate Requirements
ID Number	= Unique Identification Number
Inspection Date	= Date of Examination
Inspection Status	=
CLR	= Clear
REC	= Recordable
REP	= Reportable
*Inspection Limited	= *Reference paragraph 5.2
L	= Limited
-	= No
Geo. Ref.	= Geometric Reflector (Applies only to UT)
N	= No
Y	= Yes
Comments	= General and/or Detail Description

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 In-Service Inspection Database Management System  
 McGuire Inservice Inspection Listing

Run D  
 Page 1  
 03/26/96

Plant: McGuire 1

Interval 2 Outage 3

ITEM NUMBER	ID NUMBER	SYSTEM	INSP DATE	INSP STATUS	INSP LIMITED	GEO REF	RFR	COMMENTS
B02.012.002	1PZR-9		12/29/95	CLR	---	N	N	
B03.140.001	1SGA-INLET		01/16/96	CLR	75.93%	N	Y	Reference Request for Relief 96-01
B03.140.002	1SGA-OUTLET		01/16/96	CLR	75.93%	N	Y	Reference Request for Relief 96-01
B03.140.007	1SGD-INLET		01/16/96	CLR	75.93%	N	Y	Reference Request for Relief 96-01
B03.140.008	1SGD-OUTLET		01/16/96	CLR	75.93%	N	Y	Reference Request for Relief 96-01
B05.040.002	1PZR-W2SE		01/16/96	CLR	---	N	N	
B05.040.002A	1PZR-W2SE		12/21/95	CLR	---	N	N	
B05.040.003	1PZR-W3SE		12/28/95	CLR	---	N	N	
B05.040.003A	1PZR-W3SE		12/26/95	CLR	---	N	N	
B05.040.004	1PZR-W4ASE		12/28/95	CLR	---	N	N	
B05.040.004A	1PZR-W4ASE		12/27/95	CLR	---	N	N	
B05.070.001	1SGA-INLET-SE		01/22/96	CLR	48.60%	N	Y	Reference Request for Relief 96-01
B05.070.001A	1SGA-INLET-SE		01/10/96	CLR	---	N	N	
B05.070.002	1SGA-OUTLET-SE		01/22/96	CLR	48.60%	N	Y	Reference Request for Relief 96-01
B05.070.002A	1SGA-OUTLET-SE		01/10/96	CLR	---	N	N	
B05.130.002	1NC1F-1-2		01/22/96	CLR	48.60%	N	Y	Reference Request for Relief 96-01
B05.130.002A	1NC1F-1-2		01/10/96	CLR	---	N	N	
B05.130.003	1NC1F-1-3		01/22/96	CLR	48.60%	N	Y	Reference Request for Relief 96-01
B05.130.003A	1NC1F-1-3		01/10/96	CLR	---	N	N	
B06.010.016	1RPV-449-02-16		01/02/96	CLR	---	N	N	
B06.010.017	1RPV-449-02-17		01/02/96	CLR	---	N	N	
B06.010.018	1RPV-449-02-18		01/02/96	CLR	---	N	N	
B06.010.019	1RPV-449-02-19		01/02/96	CLR	---	N	N	
B06.010.020	1RPV-449-02-20		01/03/96	CLR	---	N	N	
B06.010.021	1RPV-449-02-21		01/03/96	CLR	---	N	N	
B06.010.022	1RPV-449-02-22		01/03/96	CLR	---	N	N	
B06.010.023	1RPV-449-02-23		01/02/96	CLR	---	N	N	
B06.010.024	1RPV-449-02-24		01/03/96	CLR	---	N	N	
B06.010.025	1RPV-449-02-25		01/03/96	CLR	---	N	N	
B06.010.026	1RPV-449-02-26		01/02/96	CLR	---	N	N	
B06.010.027	1RPV-449-02-27		01/03/96	CLR	---	N	N	
B06.010.028	1RPV-449-02-28		01/02/96	CLR	---	N	N	
B06.010.029	1RPV-449-02-29		01/02/96	CLR	---	N	N	
B06.010.030	1RPV-449-02-30		01/02/96	CLR	---	N	N	
B06.010.031	1RPV-449-02-31		01/03/96	CLR	---	N	N	
B06.010.032	1RPV-449-02-32		01/02/96	CLR	---	N	N	

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 In-Service Inspection Database Management System  
 McGuire Inservice Inspection Listing

Run D  
 Page 2  
 03/26/96

Plant: McGuire 1

Interval 2 Outage 3

ITEM NUMBER	ID NUMBER	SYSTEM	INSP DATE	INSP STATUS	INSP LIMITED	GEO REF	RFR	COMMENTS
B06.010.033	1RPV-449-02-33		01/03/96	CLR	---	N	N	
B06.010.034	1RPV-449-02-34		01/02/96	CLR	---	N	N	
B06.010.035	1RPV-449-02-35		01/02/96	CLR	---	N	N	
B06.010.036	1RPV-449-02-36		01/02/96	CLR	---	N	N	
B06.030.016	1RPV-449-01-16		12/29/95	CLR	---	N	N	
B06.030.016A	1RPV-449-01-16		01/02/96	CLR	---	N	N	
B06.030.017	1RPV-449-01-17		12/29/95	CLR	---	N	N	
B06.030.017A	1RPV-449-01-17		01/02/96	CLR	---	N	N	
B06.030.018	1RPV-449-01-18		12/29/95	CLR	---	N	N	
B06.030.018A	1RPV-449-01-18		01/02/96	CLR	---	N	N	
B06.030.019	1RPV-449-01-19		12/29/95	CLR	---	N	N	
B06.030.019A	1RPV-449-01-19		01/02/96	CLR	---	N	N	
B06.030.020	1RPV-449-01-20		12/29/95	CLR	---	N	N	
B06.030.020A	1RPV-449-01-20		01/03/96	CLR	---	N	N	
B06.030.021	1RPV-449-01-21		12/29/95	CLR	---	N	N	
B06.030.021A	1RPV-449-01-21		01/03/96	CLR	---	N	N	
B06.030.022	1RPV-449-01-22		12/29/95	CLR	---	N	N	
B06.030.022A	1RPV-449-01-22		01/03/96	CLR	---	N	N	
B06.030.023	1RPV-449-01-23		12/29/95	CLR	---	N	N	
B06.030.023A	1RPV-449-01-23		01/02/96	CLR	---	N	N	
B06.030.024	1RPV-449-01-24		12/29/95	CLR	---	N	N	
B06.030.024A	1RPV-449-01-24		01/03/96	CLR	---	N	N	
B06.030.025	1RPV-449-01-25		12/29/95	CLR	---	N	N	
B06.030.025A	1RPV-449-01-25		01/03/96	CLR	---	N	N	
B06.030.026	1RPV-449-01-26		12/29/95	CLR	---	N	N	
B06.030.026A	1RPV-449-01-26		01/02/96	CLR	---	N	N	
B06.030.027	1RPV-449-01-27		12/29/95	CLR	---	N	N	
B06.030.027A	1RPV-449-01-27		01/03/96	CLR	---	N	N	
B06.030.028	1RPV-449-01-28		12/29/95	CLR	---	N	N	
B06.030.028A	1RPV-449-01-28		01/02/96	CLR	---	N	N	
B06.030.029	1RPV-449-01-29		12/29/95	CLR	---	N	N	
B06.030.029A	1RPV-449-01-29		01/02/96	CLR	---	N	N	
B06.030.030	1RPV-449-01-30		12/29/95	CLR	---	N	N	
B06.030.030A	1RPV-449-01-30		01/02/96	CLR	---	N	N	
B06.030.031	1RPV-449-01-31		12/29/95	CLR	---	N	N	
B06.030.031A	1RPV-449-01-31		01/03/96	CLR	---	N	N	

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 In-Service Inspection Database Management System  
 McGuire Inservice Inspection Listing

Run D  
 Page 3  
 03/26/96

Plant: McGuire 1

Interval 2 Outage 3

ITEM NUMBER	ID NUMBER	SYSTEM	INSP DATE	INSP STATUS	INSP LIMITED	GEO REF	RFR	COMMENTS
B06.030.032	1RPV-449-01-32		12/29/95	CLR	---	N	N	
B06.030.032A	1RPV-449-01-32		01/02/96	CLR	---	N	N	
B06.030.033	1RPV-449-01-33		12/29/95	CLR	---	N	N	
B06.030.033A	1RPV-449-01-33		01/03/96	CLR	---	N	N	
B06.030.034	1RPV-449-01-34		12/29/95	CLR	---	N	N	
B06.030.034A	1RPV-449-01-34		01/02/96	CLR	---	N	N	
B06.030.035	1RPV-449-01-35		12/29/95	CLR	---	N	N	
B06.030.035A	1RPV-449-01-35		01/02/96	CLR	---	N	N	
B06.030.036	1RPV-449-01-36		12/29/95	CLR	---	N	N	
B06.030.036A	1RPV-449-01-36		01/02/96	CLR	---	N	N	
B06.050.016	1RPV-449-03-16		12/28/95	CLR	---	N	N	
B06.050.017	1RPV-449-03-17		12/28/95	CLR	---	N	N	
B06.050.018	1RPV-449-03-18		12/28/95	CLR	---	N	N	
B06.050.019	1RPV-449-03-19		12/28/95	CLR	---	N	N	
B06.050.020	1RPV-449-03-20		12/28/95	CLR	---	N	N	
B06.050.021	1RPV-449-03-21		12/28/95	CLR	---	N	N	
B06.050.022	1RPV-449-03-22		12/28/95	CLR	---	N	N	
B06.050.023	1RPV-449-03-23		12/28/95	CLR	---	N	N	
B06.050.024	1RPV-449-03-24		12/28/95	CLR	---	N	N	
B06.050.025	1RPV-449-03-25		12/28/95	CLR	---	N	N	
B06.050.026	1RPV-449-03-26		12/28/95	CLR	---	N	N	
B06.050.027	1RPV-449-03-27		12/28/95	CLR	---	N	N	
B06.050.028	1RPV-449-03-28		12/28/95	CLR	---	N	N	
B06.050.029	1RPV-449-03-29		12/28/95	CLR	---	N	N	
B06.050.030	1RPV-449-03-30		12/28/95	CLR	---	N	N	
B06.050.031	1RPV-449-03-31		12/28/95	CLR	---	N	N	
B06.050.032	1RPV-449-03-32		12/28/95	CLR	---	N	N	
B06.050.033	1RPV-449-03-33		12/28/95	CLR	---	N	N	
B06.050.034	1RPV-449-03-34		12/28/95	CLR	---	N	N	
B06.050.035	1RPV-449-03-35		12/28/95	CLR	---	N	N	
B06.050.036	1RPV-449-03-36		12/28/95	CLR	---	N	N	
B07.030.003	1SGB-MW-X-W		01/05/96	CLR	---	N	N	
B07.030.004	1SGB-MW-Z-W		01/05/96	CLR	---	N	N	
B07.030.005	1SGC-MW-X-Y		01/05/96	CLR	---	N	N	
B07.030.006	1SGC-MW-Y-Z		01/05/96	CLR	---	N	N	
B07.070.064G	1NI-181		12/22/95	CLR	---	N	N	

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 In-Service Inspection Database Management System  
 McGuire Inservice Inspection Listing

Run D  
 Page 4  
 03/26/96

Plant: McGuire 1

Interval 2 Outage 3

ITEM NUMBER	ID NUMBER	SYSTEM	INSP DATE	INSP STATUS	INSP LIMITED	GEO REF	RFR	COMMENTS
B08.020.001	1PZR-SKIRT		12/21/95	CLR	---	N	N	
B09.011.053	1NCP-224-1	NC	01/17/96	CLR	---	N	N	
B09.011.053A	1NCP-224-1	NC	12/26/95	CLR	---	N	N	
B09.011.054	1NC1F-546	NC	01/17/96	CLR	---	N	N	
B09.011.054A	1NC1F-546	NC	12/26/95	CLR	---	N	N	
B09.011.055	1NC1F-547	NC	01/17/96	CLR	---	N	N	
B09.011.055A	1NC1F-547	NC	12/26/95	CLR	---	N	N	
B09.011.056	1NC-128-2	NC	01/02/96	REC	---	Y	N	
B09.011.056A	1NC-128-2	NC	12/21/95	CLR	---	N	N	
B09.011.057	1NC-128-1	NC	01/02/96	REC	---	Y	N	
B09.011.057A	1NC-128-1	NC	12/21/95	CLR	---	N	N	
B09.011.058	1NC-102-2	NC	01/02/96	CLR	---	N	N	
B09.011.058A	1NC-102-2	NC	12/20/95	CLR	---	N	N	
B09.011.059	1NC-102-1	NC	01/02/96	CLR	---	N	N	
B09.011.059A	1NC-102-1	NC	12/20/95	CLR	---	N	N	
B09.011.060	1NC1F-109	NC	01/17/96	CLR	---	N	N	
B09.011.060A	1NC1F-109	NC	12/21/95	CLR	---	N	N	
B09.011.226	1NI1F-266	NI	01/02/96	CLR	---	N	N	
B09.011.226A	1NI1F-266	NI	12/21/95	CLR	---	N	N	
B09.011.227	1NI-180-1	NI	01/02/96	CLR	---	N	N	
B09.011.227A	1NI-180-1	NI	12/21/95	CLR	---	N	N	
B09.021.001	1NC1F-2643	NC	12/26/95	CLR	---	N	N	
B09.021.002	1NC1F-2652	NC	12/26/95	CLR	---	N	N	
B09.021.005	1NC1F-525	NC	12/26/95	CLR	---	N	N	
B09.031.004	1NC47-WN8	NC	12/27/95	CLR	47.40%	N	Y	Reference Request for Relief 96-01
B09.031.004A	1NC47-WN8	NC	12/21/95	CLR	---	N	N	
B09.032.005	1NC23-WN2	NC	12/21/95	CLR	---	N	N	
B09.032.006	1NC24-WN2	NC	12/21/95	CLR	---	N	N	
B09.032.007	1NC32-WN8	NC	12/27/95	CLR	---	N	N	
B09.040.001	1NC1F-281	NC	12/27/95	CLR	---	N	N	
B09.040.216	1NV1F-5418	NV	12/21/95	CLR	---	N	N	
B09.040.218	1NV1F-5425	NV	12/21/95	CLR	---	N	N	
B09.040.219	1NV1F-5431	NV	12/21/95	CLR	---	N	N	
B09.040.220	1NV1F-5685	NV	12/21/95	CLR	---	N	N	
B09.040.222	1NV1F-6573	NV	12/21/95	CLR	---	N	N	
B09.040.223	1NV1F-5694	NV	12/21/95	CLR	---	N	N	

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 In-Service Inspection Database Management System  
 McGuire Inservice Inspection Listing

Run D  
 Page 5  
 03/26/96

Plant: McGuire 1

Interval 2 Outage 3

ITEM NUMBER	ID NUMBER	SYSTEM	INSP DATE	INSP STATUS	INSP LIMITED	GEO REF	RFR	COMMENTS
B09.040.224	1NV1F-5698	NV	12/21/95	CLR	---	N	N	
B12.050.004F	1NI-82		01/01/96	CLR	---	N	N	
B13.010.001	1RPV-INTERIOR		01/05/96	CLR	---	N	N	
B14.010.010	1RPV-CRDM-64		12/26/95	CLR	---	N	N	
C01.010.080	1ACSHX-SH-47		//		0.00%	N	Y	Reference Request for Relief 96-02
C01.010.090	1RCPA-8-1		12/18/95	REC	---	Y	N	
C01.020.001	1SGD-06B-07		01/16/96	REC	---	Y	N	
C01.020.050	1LDHX-04-03		//		0.00%	N	Y	Reference Request For Relief 96-02
C01.020.080	1RCPA-10-1		12/18/95	CLR	---	N	N	
C01.020.090	1RCPSS-SH-3		08/23/95	REC	---	Y	N	
C01.020.091	1RCPSS-SH-2		08/23/95	CLR	---	N	N	
C01.030.010	1ACSHX-SH-48		//		0.00%	N	Y	Reference Request for Relief 96-02
C02.021.002	1SGA-SB-02		01/01/96	CLR	---	N	N	
C02.021.002A	1SGA-SB-02		12/29/95	CLR	---	N	N	
C02.022.002	1SGA-SB-02		01/01/96	CLR	---	N	N	
C02.033.001	1RHR-1A-INLET		01/11/96	CLR	---	N	N	
C02.033.002	1RHR-1A-OUTLET		01/11/96	CLR	---	N	N	
C02.033.005	1ACSHX-1A-INLET		09/11/95	CLR	---	N	N	
C02.033.006	1ACSHX-1B-OUTLET		09/11/95	CLR	---	N	N	
C03.020.001	1MCR-CF-158		12/27/95	CLR	---	N	N	
C03.020.003	1MCR-CF-174		12/27/95	CLR	---	N	N	
C05.011.007	1ND12A-1	ND	09/12/95	CLR	---	N	N	
C05.011.007A	1ND12A-1	ND	08/14/95	CLR	---	N	N	
C05.011.010	1ND1F21A	ND	09/12/95	CLR	---	N	N	
C05.011.010A	1ND1F21A	ND	08/14/95	CLR	---	N	N	
C05.011.011	1ND1F125	ND	08/23/95	CLR	---	N	N	
C05.011.011A	1ND1F125	ND	08/08/95	CLR	---	N	N	
C05.011.012	1ND133-1	ND	08/18/95	CLR	---	N	N	
C05.011.012A	1ND133-1	ND	08/08/95	CLR	---	N	N	
C05.011.029	1ND1F-87	ND	08/23/95	CLR	---	N	N	
C05.011.029A	1ND1F-87	ND	08/14/95	CLR	---	N	N	
C05.011.030	1ND72-6A		08/23/95	CLR	---	N	N	
C05.011.030A	1ND72-6A		08/14/95	CLR	---	N	N	
C05.011.031	1ND72-5A	ND	08/23/95	CLR	---	N	N	
C05.011.031A	1ND72-5A	ND	08/14/95	CLR	---	N	N	
C05.011.032	1ND72-4	ND	08/23/85	CLR	---	N	N	

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 In-Service Inspection Database Management System  
 McGuire Inservice Inspection Listing

Run D  
 Page 6  
 03/26/96

Plant: McGuire 1

Interval 2 Outage 3

ITEM NUMBER	ID NUMBER	SYSTEM	INSP DATE	INSP STATUS	INSP LIMITED	GEO REF	RFR	COMMENTS
C05.011.032A	1ND72-4	ND	08/14/95	CLR	---	N	N	
C05.011.033	1ND72-3	ND	08/21/95	CLR	---	N	N	
C05.011.033A	1ND72-3	ND	08/14/95	CLR	---	N	N	
C05.011.034	1ND72-2	ND	08/21/95	CLR	---	N	N	
C05.011.034A	1ND72-2	ND	08/14/95	CLR	---	N	N	
C05.011.035	1ND72-1	ND	08/21/95	CLR	---	N	N	
C05.011.035A	1ND72-1	ND	08/14/95	CLR	---	N	N	
C05.011.037	1ND70-1	ND	08/21/95	CLR	---	N	N	
C05.011.037A	1ND70-1	ND	08/14/95	CLR	---	N	N	
C05.012.013	1ND1F-125L		08/23/95	CLR	---	N	N	
C05.012.013A	1ND1F-125L		08/08/95	CLR	---	N	N	
C05.012.014	1ND133-1L		08/18/95	CLR	---	N	N	
C05.012.014A	1ND133-1L		08/08/95	CLR	---	N	N	
C05.012.031	1ND1F-87L		08/23/95	CLR	---	N	N	
C05.012.031A	1ND1F-87L		08/14/95	CLR	---	N	N	
C05.012.032	1ND-72-6AL		08/23/95	CLR	---	N	N	
C05.012.032A	1ND-72-6AL		08/14/95	CLR	---	N	N	
C05.012.033	1ND-72-5AL		08/23/95	CLR	---	N	N	
C05.012.033A	1ND-72-5AL		08/14/95	CLR	---	N	N	
C05.012.034	1ND-72-4L		08/23/95	CLR	---	N	N	
C05.012.034A	1ND-72-4L		08/14/95	CLR	---	N	N	
C05.012.035	1ND-72-3L		08/21/95	CLR	---	N	N	
C05.012.035A	1ND-72-3L		08/14/95	CLR	---	N	N	
C05.012.036	1ND-72-2L		08/21/95	CLR	---	N	N	
C05.012.036A	1ND-72-2L		08/14/95	CLR	---	N	N	
C05.012.037	1ND-72-1L		08/21/95	CLR	---	N	N	
C05.012.037A	1ND-72-1L		08/14/95	CLR	---	N	N	
C05.021.051	1NV615-1	NV	08/22/95	CLR	---	N	N	
C05.021.051A	1NV615-1	NV	08/08/95	CLR	---	N	N	
C05.021.053	1NV1F-5681	NV	08/22/95	CLR	---	N	N	
C05.021.053A	1NV1F-5681	NV	01/03/96	CLR	---	N	N	
C05.021.054	1NV15-2	NV	08/21/95	CLR	---	N	N	
C05.021.054A	1NV15-2	NV	08/08/95	CLR	---	N	N	
C05.021.055	1NV1F-1981	NV	08/21/95	CLR	---	N	N	
C05.021.055A	1NV1F-1981	NV	08/08/95	CLR	---	N	N	
C05.021.056	1NV18A-3	NV	08/21/95	CLR	---	N	N	



DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 In-Service Inspection Database Management System  
 McGuire Inservice Inspection Listing

Run D  
 Page 7  
 03/26/96

Plant: McGuire 1

Interval 2 Outage 3

ITEM NUMBER	ID NUMBER	SYSTEM	INSP DATE	INSP STATUS	INSP LIMITED	GEO REF	RFR	COMMENTS
C05.021.056A	1NV18A-3	NV	08/14/95	CLR	---	N	N	
C05.021.057	1NV7-1	NV	08/21/95	CLR	---	N	N	
C05.021.057A	1NV7-1	NV	08/22/95	CLR	---	N	N	
C05.030.066	1NV1F179-180	NV	12/20/95	CLR	---	N	N	
C05.030.067	1NV1F-3251	NV	08/08/95	CLR	---	N	N	
C05.030.068	1NV1F-7872	NV	08/29/95	CLR	---	N	N	
C05.030.071	1NV1F-2239	NV	08/21/95	CLR	---	N	N	
C05.030.072	1NV1F-3245	NV	08/08/95	CLR	---	N	N	
C05.041.050	1NV43A-2	NV	08/22/95	CLR	---	N	N	
C05.051.201	1SM1F-358	SM	01/15/96	CLR	---	N	N	
C05.051.201A	1SM1F-358	SM	12/29/95	CLR	---	N	N	
C05.051.204	1SM1F-63	SM	01/16/96	CLR	---	N	N	
C05.051.204A	1SM1F-63	SM	01/17/96	CLR	---	N	N	
C05.051.214	1SM1F-3D		12/28/95	CLR	---	N	N	
C05.051.214A	1SM1F-3D		12/27/95	CLR	---	N	N	
C05.051.216	1SM1F-2A		12/28/95	CLR	---	N	N	
C05.051.216A	1SM1F-2A		12/27/95	CLR	---	N	N	
C05.052.020	1SM1F-358L		01/15/96	CLR	---	N	N	
C05.052.020A	1SM1F-358L		12/29/95	CLR	---	N	N	
C05.052.028	1SM1F-3DL		12/28/95	CLR	---	N	N	
C05.052.028A	1SM1F-3DL		12/27/95	CLR	---	N	N	
C05.052.030	1SM1F-2AL		12/28/95	CLR	---	N	N	
C05.052.030A	1SM1F-2AL		12/27/95	CLR	---	N	N	
C06.020.003A	1NV-237-1		08/03/95	CLR	---	N	N	
C06.020.003B	1NV-237-2		08/03/95	CLR	---	N	N	
F01.010.005A	1-MCR-NC-540		01/03/96	CLR	---	N	N	
F01.010.007A	1-MCR-NC-545		12/21/95	CLR	---	N	N	
F01.010.008A	1-MCR-NC-555		01/08/96	CLR	---	N	N	
F01.010.053C	1-MCR-ND-507		12/22/95	CLR	---	N	N	
F01.010.103B	1-MCR-NI-527		01/09/96	CLR	---	N	N	
F01.010.107A	1-MCR-NI-547		12/22/95	CLR	---	N	N	
F01.010.151B	1-MCR-NV-814		12/22/95	CLR	---	N	N	
F01.010.152B	1-MCR-NV-848		01/01/96	CLR	---	N	N	
F01.020.001C	1MCA-CA-365		03/07/95	CLR	---	N	N	
F01.020.007C	1-MCA-CA-411		03/06/95	CLR	---	N	N	
F01.020.051C	1-MCA-CF-152		03/02/95	CLR	---	N	N	

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 In-Service Inspection Database Management System  
 McGuire Inservice Inspection Listing  
 Interval 2 Outage 3

Run D  
 Page 8  
 03/26/96

Plant: McGuire 1

ITEM NUMBER	ID NUMBER	SYSTEM	INSP DATE	INSP STATUS	INSP LIMITED	GEO REF	RFR	COMMENTS
F01.020.101C	1-MCA-FW-001		03/28/95	CLR	---	N	N	
F01.020.151C	1-MCA-ND-002		03/01/95	REC	---	N	N	
F01.020.152B	1-MCA-ND-007		04/11/95	CLR	---	N	N	
F01.020.154A	1-MCA-ND-021		04/02/95	REC	---	N	N	
F01.020.213C	1-MCR-NI-688		12/28/95	CLR	---	N	N	
F01.020.222C	1-MCR-NI-717		12/29/95	CLR	---	N	N	
F01.020.225B	1-MCR-NI-774		12/28/95	CLR	---	N	N	
F01.020.226B	1-MCR-NI-775		12/28/95	CLR	---	N	N	
F01.020.260A	1-MCA-NS-030		03/21/95	CLR	---	N	N	
F01.020.261B	1-MCA-NS-036		03/15/95	CLR	---	N	N	
F01.020.262C	1-MCA-NS-039		03/15/95	CLR	---	N	N	
F01.020.316A	1-MCA-NV-023		01/11/96	CLR	---	N	N	
F01.020.317A	1-MCA-NV-027		03/29/95	CLR	---	N	N	
F01.020.318B	1-MCA-NV-029		04/11/95	CLR	---	N	N	
F01.020.319A	MC 1683-NV-04-R27		02/28/95	CLR	---	N	N	
F01.020.320C	MC 1683-NV-04-R28		03/21/95	CLR	---	N	N	
F01.020.554A	1-MCA-SM-070		03/21/95	CLR	---	N	N	
F01.020.555C	1-MCA-SM-073		03/14/95	CLR	---	N	N	
F01.020.601C	1-MCA-SV-013		03/07/95	CLR	---	N	N	
F01.020.652A	1-MCA-VQ-011		03/15/95	REC	---	N	N	
F01.030.059C	MC 1683-NV-04-R15		03/29/95	CLR	---	N	N	
F01.030.060B	MC 1683-NV-04-R20		01/06/96	CLR	---	N	N	
F01.030.070C	MC 1683-NV-50-R2		01/05/96	CLR	---	N	N	
F01.040.001	1PZR-SKIRT		12/21/95	CLR	---	N	N	
F01.040.002	1PZR-LUGS		01/04/96	CLR	---	N	N	
F01.040.007	1RCP-B-SUPPORT		01/13/96	CLR	---	N	N	
F01.040.014	1RCPSS-SUP		04/19/95	CLR	---	N	N	
F01.050.001	1-MCA-CA-187	CA	03/29/95	CLR	---	N	N	
F01.050.002	1-MCA-CA-220	CA	03/21/95	CLR	---	N	N	
F01.050.003	1-MCA-CA-347	CA	03/01/95	REC	---	N	N	
F01.050.004	1-MCA-CA-349	CA	03/01/95	REC	---	N	N	
F01.050.005	1-MCA-CA-498	CA	03/07/95	CLR	---	N	N	
F01.050.006	1-MCA-CA-422	CA	03/14/95	CLR	---	N	N	
F01.050.007	1-MCA-CA-423	CA	03/14/95	CLR	---	N	N	
F01.050.008	1-MCA-CA-460	CA	03/21/95	CLR	---	N	N	
F01.050.009	1-MCA-CA-459	CA	03/06/95	REC	---	N	N	

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 In-Service Inspection Database Management System  
 McGuire Inservice Inspection Listing

Run D  
 Page 9  
 03/26/96

Plant: McGuire 1

Interval 2 Outage 3

ITEM NUMBER	ID NUMBER	SYSTEM	INSP DATE	INSP STATUS	INSP LIMITED	GEO REF	RFR	COMMENTS
F01.050.010	1-MCA-CA-198	CA	03/14/95	CLR	---	N	N	
F01.050.011	1-MCA-CA-228	CA	03/06/95	CLR	---	N	N	
F01.050.012	1-MCA-CA-325	CA	03/01/95	CLR	---	N	N	
F01.050.013	1-MCR-CA-392	CA	12/22/95	CLR	---	N	N	
F01.050.014	1-MCR-CA-391	CA	12/22/95	CLR	---	N	N	
F01.050.015	1-MCR-CA-394	CA	12/21/95	CLR	---	N	N	
F01.050.016	1-MCR-CA-389	CA	12/22/95	CLR	---	N	N	
F01.050.017	1-MCR-CA-388	CA	12/22/95	CLR	---	N	N	
F01.050.018	1-MCA-CA-366	CA	03/06/95	CLR	---	N	N	
F01.050.019	1-MCA-CA-369	CA	03/07/95	CLR	---	N	N	
F01.050.020	1-MCA-CA-370	CA	02/28/95	CLR	---	N	N	
F01.050.021	1-MCA-CA-385	CA	03/14/95	CLR	---	N	N	
F01.050.022	1-MCA-CA-365	CA	03/07/95	CLR	---	N	N	
F01.050.023	1-MCR-CA-396	CA	12/21/95	CLR	---	N	N	
F01.050.024	1-MCR-CA-382	CA	12/21/95	CLR	---	N	N	
F01.050.025	1-MCR-CA-398	CA	12/21/95	CLR	---	N	N	
F01.050.026	1-MCR-CA-401	CA	12/21/95	CLR	---	N	N	
F01.050.027	1-MCA-CA-410	CA	03/14/95	REC	---	N	N	
F01.050.028	1-MCA-CA-411	CA	03/07/95	CLR	---	N	N	
F01.050.029	1-MCA-CA-412	CA	03/20/95	CLR	---	N	N	
F01.050.030	1-MCA-CA-419	CA	03/06/95	REC	---	N	N	
F01.050.031	1-MCA-CA-417	CA	03/02/95	CLR	---	N	N	
F01.050.032	1-MCA-CA-415	CA	03/07/95	CLR	---	N	N	
F01.050.033	1-MCA-CA-414	CA	03/14/95	CLR	---	N	N	
F01.050.034	1-MCR-CA-484	CA	12/30/95	CLR	---	N	N	
F01.050.035	1-MCR-CA-487	CA	01/10/96	CLR	---	N	N	
F01.050.036	1-MCR-CA-490	CA	12/21/95	CLR	---	N	N	
F01.050.037	1-MCA-CA-473	CA	03/14/95	CLR	---	N	N	
F01.050.038	1-MCA-CA-474	CA	03/21/95	CLR	---	N	N	
F01.050.039	1-MCA-CA-475	CA	03/09/95	CLR	---	N	N	
F01.050.040	1-MCA-CA-467	CA	03/02/95	CLR	---	N	N	
F01.050.041	1-MCA-CA-468	CA	03/02/95	CLR	---	N	N	
F01.050.042	1-MCA-CA-470	CA	03/06/95	CLR	---	N	N	
F01.050.043	1-MCA-CA-471	CA	03/21/95	CLR	---	N	N	
F01.050.044	1-MCA-CA-432	CA	03/14/95	CLR	---	N	N	
F01.050.045	1-MCA-CA-430	CA	03/09/95	CLR	---	N	N	

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 In-Service Inspection Database Management System  
 McGuire Inservice Inspection Listing

Run D  
 Page 10  
 03/26/96

Plant: McGuire 1

Interval 2 Outage 3

ITEM NUMBER	ID NUMBER	SYSTEM	INSP DATE	INSP STATUS	INSP LIMITED	GEO REF	RFR	COMMENTS
F01.050.046	1-MCA-CA-433	CA	03/02/95	CLR	---	N	N	
F01.050.047	1-MCR-CA-443	CA	12/20/95	CLR	---	N	N	
F01.050.048	1-MCR-CA-445	CA	12/29/95	CLR	---	N	N	
F01.050.049	1-MCR-CA-447	CA	12/20/95	CLR	---	N	N	
F01.050.050	1-MCR-CA-448	CA	12/20/95	CLR	---	N	N	
F01.050.051	1-MCA-CA-427	CA	03/06/95	CLR	---	N	N	
F01.050.052	1-MCA-CA-425	CA	03/14/95	CLR	---	N	N	
F01.050.053	1-MCA-CA-458	CA	03/02/95	CLR	---	N	N	
F01.050.075	1-MCA-CF-151	CF	03/14/95	CLR	---	N	N	
F01.050.076	1-MCA-CF-152	CF	03/02/95	CLR	---	N	N	
F01.050.077	1-MCA-CF-154	CF	03/02/95	CLR	---	N	N	
F01.050.078	1-MCA-CF-157	CF	03/09/95	CLR	---	N	N	
F01.050.079	1-MCR-CF-160	CF	12/20/95	CLR	---	N	N	
F01.050.080	1-MCR-CF-159	CF	12/20/95	CLR	---	N	N	
F01.050.081	1-MCR-CF-210	CF	12/22/95	REC	---	N	N	
F01.050.082	1-MCR-CF-302	CF	12/22/95	CLR	---	N	N	
F01.050.083	1-MCA-CF-208	CF	03/07/95	CLR	---	N	N	
F01.050.084	1-MCA-CF-206	CF	03/14/95	CLR	---	N	N	
F01.050.085	1-MCA-CF-204	CF	03/14/95	CLR	---	N	N	
F01.050.086	1-MCA-CF-203	CF	03/06/95	REC	---	N	N	
F01.050.087	1-MCA-CF-201	CF	03/21/95	REC	---	N	N	
F01.050.088	1-MCA-CF-171	CF	03/06/95	CLR	---	N	N	
F01.050.089	1-MCA-CF-173	CF	03/09/95	CLR	---	N	N	
F01.050.090	1-MCR-CF-175	CF	01/01/96	CLR	---	N	N	
F01.050.091	1-MCR-CF-189	CF	12/21/95	CLR	---	N	N	
F01.050.092	1-MCA-CF-187	CF	03/06/95	CLR	---	N	N	
F01.050.093	1-MCA-CF-185	CF	08/02/95	CLR	---	N	N	
F01.050.094	1-MCA-CF-303	CF	03/02/95	CLR	---	N	N	
F01.050.100	1-MCR-NC-564	NC	12/21/95	CLR	---	N	N	
F01.050.101	1-MCR-NC-562	NC	12/21/95	CLR	---	N	N	
F01.050.102	1-MCR-NC-503	NC	12/21/95	CLR	---	N	N	
F01.050.103	1-MCR-NC-504	NC	12/21/95	CLR	---	N	N	
F01.050.104	1-MCR-NC-561	NC	12/21/95	CLR	---	N	N	
F01.050.105	1-MCR-NC-551	NC	01/01/96	CLR	---	N	N	
F01.050.106	1-MCR-NC-553	NC	12/30/95	CLR	---	N	N	
F01.050.107	1-MCR-NC-569	NC	12/30/95	CLR	---	N	N	

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 In-Service Inspection Database Management System  
 McGuire Inservice Inspection Listing

Run D  
 Page 11  
 03/26/96

Plant: McGuire 1

Interval 2 Outage 3

ITEM NUMBER	ID NUMBER	SYSTEM	INSP DATE	INSP STATUS	INSP LIMITED	GEO REF	RFR	COMMENTS
F01.050.108	1-MCR-NC-568	NC	12/30/95	CLR	---	N	N	
F01.050.109	1-MCR-NC-554	NC	01/07/96	CLR	---	N	N	
F01.050.110	1-MCR-NC-557	NC	12/30/95	CLR	---	N	N	
F01.050.111	1-MCR-NC-559	NC	12/21/95	CLR	---	N	N	
F01.050.112	1-MCR-NC-574	NC	12/20/95	CLR	---	N	N	
F01.050.113	1-MCR-NC-573	NC	12/20/95	REC	---	N	N	
F01.050.114	1-MCR-NC-891	NC	12/20/95	CLR	---	N	N	
F01.050.115	1-MCR-NC-889	NC	12/20/95	CLR	---	N	N	
F01.050.116	1-MCR-NC-888	NC	12/20/95	CLR	---	N	N	
F01.050.117	1-MCR-NC-886	NC	12/20/95	CLR	---	N	N	
F01.050.118	1-MCR-NC-887	NC	12/20/95	CLR	---	N	N	
F01.050.119	1-MCR-NC-579	NC	12/21/95	CLR	---	N	N	
F01.050.120	1-MCR-NC-576	NC	12/21/95	CLR	---	N	N	
F01.050.121	1-MCR-NC-791	NC	01/03/96	REC	---	N	N	
F01.050.122	1-MCR-NC-792	NC	01/03/96	REC	---	N	N	
F01.050.123	1-MCR-NC-790	NC	01/03/96	CLR	---	N	N	
F01.050.124	1-MCR-NC-789	NC	01/03/96	CLR	---	N	N	
F01.050.125	1-MCR-NC-793	NC	01/03/96	CLR	---	N	N	
F01.050.126	1-MCR-NC-767	NC	01/12/96	CLR	---	N	N	
F01.050.127	1-MCR-NC-768	NC	01/12/96	CLR	---	N	N	
F01.050.128	1-MCR-NC-761	NC	01/12/96	CLR	---	N	N	
F01.050.129	1-MCR-NC-766	NC	01/12/96	CLR	---	N	N	
F01.050.130	1-MCR-NC-765	NC	01/12/96	CLR	---	N	N	
F01.050.131	1-MCR-NC-763	NC	01/03/96	CLR	---	N	N	
F01.050.132	1-MCR-NC-762	NC	01/03/96	CLR	---	N	N	
F01.050.133	1-MCR-NC-773	NC	01/03/96	CLR	---	N	N	
F01.050.134	1-MCR-NC-764	NC	01/03/96	CLR	---	N	N	
F01.050.135	1-MCR-NC-769	NC	01/12/96	CLR	---	N	N	
F01.050.136	1-MCR-NC-770	NC	01/12/96	CLR	---	N	N	
F01.050.137	1-MCR-NC-679	NC	01/03/96	CLR	---	N	N	
F01.050.138	1-MCR-NC-678	NC	01/03/96	CLR	---	N	N	
F01.050.139	1-MCR-NC-685	NC	01/17/96	CLR	---	N	N	
F01.050.140	1-MCR-NC-686	NC	01/17/96	CLR	---	N	N	
F01.050.141	1-MCR-NC-687	NC	01/03/96	REC	---	N	N	
F01.050.142	1-MCR-NC-688	NC	01/03/96	CLR	---	N	N	
F01.050.143	1-MCR-NC-689	NC	01/03/96	CLR	---	N	N	

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 In-Service Inspection Database Management System  
 McGuire Inservice Inspection Listing

Run D  
 Page 12  
 03/26/96

Plant: McGuire 1

Interval 2 Outage 3

ITEM NUMBER	ID NUMBER	SYSTEM	INSP DATE	INSP STATUS	INSP LIMITED	GEO REF	RFR	COMMENTS
F01.050.144	1-MCR-NC-750	NC	01/03/96	CLR	---	N	N	
F01.050.145	1-MCR-NC-571	NC	01/01/96	CLR	---	N	N	
F01.050.146	1-MCR-NC-570	NC	01/01/96	CLR	---	N	N	
F01.050.147	1-MCR-NC-542	NC	01/02/96	CLR	---	N	N	
F01.050.148	1-MCR-NC-566	NC	01/03/96	CLR	---	N	N	
F01.050.149	1-MCR-NC-567	NC	01/03/96	CLR	---	N	N	
F01.050.150	1-MCR-NC-546	NC	12/21/95	CLR	---	N	N	
F01.050.151	1-MCR-NC-565	NC	12/21/95	CLR	---	N	N	
F01.050.152	1-MCR-NC-549	NC	12/21/95	CLR	---	N	N	
F01.050.153	1-MCR-NC-502	NC	12/21/95	CLR	---	N	N	
F01.050.154	1-MCR-NC-801	NC	12/22/95	CLR	---	N	N	
F01.050.155	1-MCR-NC-903	NC	12/20/95	REC	---	N	N	
F01.050.156	1-MCR-NC-902	NC	12/20/95	CLR	---	N	N	
F01.050.157	1-MCR-NC-900	NC	12/20/95	CLR	---	N	N	
F01.050.158	1-MCR-NC-803	NC	12/21/95	CLR	---	N	N	
F01.050.159	1-MCR-NC-813	NC	12/22/95	CLR	---	N	N	
F01.050.175	1-MCR-ND-507	ND	12/22/95	CLR	---	N	N	
F01.050.176	1-MCR-ND-503	ND	12/21/95	CLR	---	N	N	
F01.050.177	1-MCR-ND-511	ND	12/22/95	CLR	---	N	N	
F01.050.178	1-MCA-ND-301	ND	03/28/95	REC	---	N	N	
F01.050.179	1-MCA-ND-277	ND	03/02/95	CLR	---	N	N	
F01.050.180	1-MCA-ND-275	ND	03/02/95	REC	---	N	N	
F01.050.181	1-MCA-ND-286	ND	03/15/95	CLR	---	N	N	
F01.050.182	1-MCA-ND-35	ND	03/21/95	CLR	---	N	N	
F01.050.183	1-MCA-ND-290	ND	04/11/95	CLR	---	N	N	
F01.050.184	1-MCA-ND-297	ND	04/11/95	CLR	---	N	N	
F01.050.185	1-MCA-ND-282	ND	04/11/95	CLR	---	N	N	
F01.050.186	1-MCA-ND-260	ND	03/28/95	CLR	---	N	N	
F01.050.187	1-MCA-ND-258	ND	04/11/95	CLR	---	N	N	
F01.050.188	1-MCA-ND-273	ND	03/02/95	CLR	---	N	N	
F01.050.189	1-MCA-ND-287	ND	03/15/95	CLR	---	N	N	
F01.050.190	1-MCA-ND-296	ND	04/11/95	CLR	---	N	N	
F01.050.191	1-MCA-ND-295	ND	04/11/95	CLR	---	N	N	
F01.050.192	1-MCA-ND-331	ND	02/28/95	REC	---	N	N	
F01.050.193	1-MCA-ND-298	ND	04/11/95	CLR	---	N	N	
F01.050.194	1-MCA-ND-270	ND	02/28/95	CLR	---	N	N	

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 In-Service Inspection Database Management System  
 McGuire Inservice Inspection Listing

Run D  
 Page 13  
 03/26/96

Plant: McGuire 1

Interval 2 Outage 3

ITEM NUMBER	ID NUMBER	SYSTEM	INSP DATE	INSP STATUS	INSP LIMITED	GEO REF	RFR	COMMENTS
F01.050.195	1-MCA-ND-271	ND	03/01/95	CLR	---	N	N	
F01.050.196	1-MCA-ND-289	ND	03/21/95	CLR	---	N	N	
F01.050.197	1-MCA-ND-281	ND	04/11/95	CLR	---	N	N	
F01.050.198	1-MCA-ND-272	ND	03/02/95	CLR	---	N	N	
F01.050.199	1-MCA-ND-304	ND	04/11/95	CLR	---	N	N	
F01.050.200	1-MCA-ND-256	ND	03/28/95	CLR	---	N	N	
F01.050.201	1-MCA-ND-253	ND	03/28/95	CLR	---	N	N	
F01.050.202	1-MCA-ND-252	ND	03/28/95	CLR	---	N	N	
F01.050.203	1-MCA-ND-257	ND	03/28/95	CLR	---	N	N	
F01.050.204	1-MCA-ND-255	ND	03/28/95	CLR	---	N	N	
F01.050.205	1-MCA-ND-254	ND	03/28/95	CLR	---	N	N	
F01.050.206	1-MCA-ND-251	ND	03/28/95	CLR	---	N	N	
F01.050.207	1-MCA-ND-250	ND	03/28/95	CLR	---	N	N	
F01.050.208	1-MCA-ND-246	ND	03/28/95	CLR	---	N	N	
F01.050.209	1-MCA-ND-110	ND	03/28/95	CLR	---	N	N	
F01.050.210	1-MCA-ND-247	ND	03/28/95	CLR	---	N	N	
F01.050.211	1-MCA-ND-249	ND	04/04/95	CLR	---	N	N	
F01.050.212	1-MCA-ND-248	ND	04/04/95	CLR	---	N	N	
F01.050.213	1-MCA-ND-H327	ND	04/11/95	CLR	---	N	N	
F01.050.214	1-MCA-ND-H326	ND	04/11/95	CLR	---	N	N	
F01.050.215	1-MCA-ND-H325	ND	03/02/95	CLR	---	N	N	
F01.050.216	1-MCA-ND-H324	ND	03/02/95	CLR	---	N	N	
F01.050.225	1-MCR-NI-653	NI	12/22/95	CLR	---	N	N	
F01.050.226	1-MCR-NI-941	NI	12/22/95	CLR	---	N	N	
F01.050.227	1-MCR-NI-664	NI	12/28/95	CLR	---	N	N	
F01.050.228	1-MCR-NI-661	NI	12/22/95	CLR	---	N	N	
F01.050.229	1-MCR-NI-660	NI	12/22/95	CLR	---	N	N	
F01.050.230	1-MCR-NI-947	NI	12/21/95	CLR	---	N	N	
F01.050.231	1-MCR-NI-658	NI	12/22/95	CLR	---	N	N	
F01.050.232	1-MCR-NI-537	NI	12/21/95	CLR	---	N	N	
F01.050.233	1-MCR-NI-531	NI	12/21/95	REC	---	N	N	
F01.050.234	1-MCR-NI-538	NI	12/21/95	CLR	---	N	N	
F01.050.235	1-MCR-NI-528	NI	12/21/95	CLR	---	N	N	
F01.050.236	1-MCR-NI-613	NI	12/30/95	CLR	---	N	N	
F01.050.237	1-MCR-NI-612	NI	01/01/96	CLR	---	N	N	
F01.050.238	1-MCR-NI-515		01/09/96	CLR	---	N	N	

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 In-Service Inspector Database Management System  
 McGuire Inservice Inspection Listing

Run D  
 Page 14  
 03/26/96

Plant: McGuire 1

Interval 2 Outage 3

ITEM NUMBER	ID NUMBER	SYSTEM	INSP DATE	INSP STATUS	INSP LIMITED	GEO REF	RFR	COMMENTS
F01.050.239	1-MCR-NI-513	NI	01/06/96	REC	---	N	N	
F01.050.240	1-MCR-NI-510	NI	12/28/95	CLR	---	N	N	
F01.050.241	1-MCR-NI-615	NI	12/30/95	CLR	---	N	N	
F01.050.242	1-MCR-NI-617	NI	12/30/95	CLR	---	N	N	
F01.050.243	1-MCR-NI-733	NI	01/01/96	CLR	---	N	N	
F01.050.244	1-MCR-NI-744	NI	12/20/95	CLR	---	N	N	
F01.050.245	1-MCR-NI-858	NI	01/01/96	CLR	---	N	N	
F01.050.246	1-MCR-NI-588	NI	12/22/95	CLR	---	N	N	
F01.050.247	1-MCR-NI-584	NI	12/28/95	CLR	---	N	N	
F01.050.248	1-MCR-NI-586	NI	12/20/95	CLR	---	N	N	
F01.050.249	1-MCR-NI-570	NI	12/20/95	CLR	---	N	N	
F01.050.250	1-MCR-NI-569	NI	12/20/95	CLR	---	N	N	
F01.050.251	1-MCR-NI-585	NI	12/20/95	CLR	---	N	N	
F01.050.252	1-MCR-NI-580	NI	12/20/95	CLR	---	N	N	
F01.050.253	1-MCR-NI-587	NI	12/22/95	REC	---	N	N	
F01.050.254	1-MCR-NI-589	NI	12/22/95	CLR	---	N	N	
F01.050.255	1-MCR-NI-548	NI	12/22/95	CLR	---	N	N	
F01.050.256	1-MCR-NI-549	NI	12/22/95	CLR	---	N	N	
F01.050.257	1-MCR-NI-526	NI	12/28/95	CLR	---	N	N	
F01.050.258	1-MCR-NI-541	NI	12/28/95	CLR	---	N	N	
F01.050.259	1-MCR-NI-552	NI	12/28/95	REC	---	N	N	
F01.050.260	1-MCR-NI-556	NI	12/29/95	CLR	---	N	N	
F01.050.261	1-MCR-NI-786	NI	12/28/95	CLR	---	N	N	
F01.050.262	1-MCR-NI-717	NI	12/29/95	CLR	---	N	N	
F01.050.263	1-MCR-NI-676	NI	12/28/95	CLR	---	N	N	
F01.050.264	1-MCR-NI-697	NI	01/09/96	REC	---	N	N	
F01.050.265	1-MCR-NI-719		12/28/95	CLR	---	N	N	
F01.050.266	1-MCR-NI-721		12/28/95	CLR	---	N	N	
F01.050.267	1-MCR-NI-895	NI	12/29/95	CLR	---	N	N	
F01.050.268	1-MCR-NI-852	NI	12/29/95	CLR	---	N	N	
F01.050.269	1-MCA-NI-012	NI	03/29/95	REC	---	N	N	
F01.050.270	1-MCA-NI-010	NI	04/11/95	CLR	---	N	N	
F01.050.271	1-MCA-NI-009	NI	04/11/95	CLR	---	N	N	
F01.050.272	1-MCA-NI-249	NI	04/11/95	CLR	---	N	N	
F01.050.273	1-MCA-NI-083	NI	02/06/95	CLR	---	N	N	
F01.050.274	1-MCA-NI-253	NI	04/11/95	CLR	---	N	N	



DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 In-Service Inspection Database Management System  
 McGuire Inservice Inspection Listing

Run D  
 Page 15  
 03/26/96

Plant: McGuire 1

Interval 2 Outage 3

ITEM NUMBER	ID NUMBER	SYSTEM	INSP DATE	INSP STATUS	INSP LIMITED	GEO REF	RFR	COMMENTS
F01.050.275	1-MCA-NI-255	NI	02/28/95	CLR	---	N	N	
F01.050.276	1-MCA-NI-355	NI	03/29/95	CLR	---	N	N	
F01.050.277	1-MCA-NI-357	NI	03/29/95	CLR	---	N	N	
F01.050.278	1-MCA-NI-377	NV	03/02/95	REC	---	N	N	
F01.050.300	1-MCA-NS-106	NS	03/01/95	REC	---	N	N	
F01.050.301	1-MCA-NS-102	NS	04/11/95	CLR	---	N	N	
F01.050.302	1-MCA-NS-101	NS	03/15/95	CLR	---	N	N	
F01.050.303	1-MCA-NS-085	NS	03/28/95	CLR	---	N	N	
F01.050.304	1-MCA-NS-098		04/11/95	CLR	---	N	N	
F01.050.305	1-MCA-NS-088		04/11/95	CLR	---	N	N	
F01.050.307	1-MCA-NS-091	NS	04/11/95	CLR	---	N	N	
F01.050.310	1-MCA-NS-105	NS	03/01/95	CLR	---	N	N	
F01.050.325	1-MCA-NV-5609	NV	04/11/95	CLR	---	N	N	
F01.050.326	1-MCA-NV-464	NV	03/02/95	CLR	---	N	N	
F01.050.327	1-MCA-NV-5608	NV	04/11/95	CLR	---	N	N	
F01.050.328	1-MCA-NV-5621	NV	02/28/95	CLR	---	N	N	
F01.050.329	1-MCA-NV-5622	NV	02/28/95	REC	---	N	N	
F01.050.330	1-MCA-NV-5619	NV	04/12/95	CLR	---	N	N	
F01.050.331	MC 1683-NV-11-R20	NV	04/11/95	CLR	---	N	N	
F01.050.332	1-MCR-NV-581	NV	12/19/95	CLR	---	N	N	
F01.050.333	1-MCR-NV-1263	NV	12/28/95	CLR	---	N	N	
F01.050.335	1-MCA-NV-5625	NV	02/28/95	CLR	---	N	N	
F01.050.336	1-MCA-NV-498	NV	03/02/95	CLR	---	N	N	
F01.050.337	1-MCA-NV-435	NV	03/09/95	CLR	---	N	N	
F01.050.338	1-MCA-NV-467	NV	03/02/95	CLR	---	N	N	
F01.050.339	1-MCR-NV-548	NV	12/19/95	REC	---	N	N	
F01.050.340	1-MCR-NV-545	NV	12/19/95	CLR	---	N	N	
F01.050.341	1-MCA-NV-433	NV	03/09/95	CLR	---	N	N	
F01.050.342	MC 1683-NV-04-R33	NV	03/29/95	CLR	---	N	N	
F01.050.343	MC 1683-NV-04-R28	NV	03/21/95	CLR	---	N	N	
F01.050.344	1-MCR-NV-852	NV	12/30/95	CLR	---	N	N	
F01.050.345	1-MCR-NV-851	NV	12/21/95	CLR	---	N	N	
F01.050.347	1-MCR-NV-855	NV	12/21/95	CLR	---	N	N	
F01.050.348	1-MCR-NV-1291	NV	12/20/95	CLR	---	N	N	
F01.050.349	1-MCR-NV-1293	NV	12/20/95	CLR	---	N	N	
F01.050.350	1-MCR-NV-819	NV	12/22/95	CLR	---	N	N	

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 In-Service Inspection Database Management System  
 McGuire Inservice inspection Listing  
 Interval 2 Outage 3

Run D  
 Page 16  
 03/26/96

Plant: McGuire 1

ITEM NUMBER	ID NUMBER	SYSTEM	INSP DATE	INSP STATUS	INSP LIMITED	GEO REF	RFR	COMMENTS
F01.050.351	1-MCR-NV-1064	NV	12/21/95	CLR	---	N	N	
F01.050.352	1-MCR-NV-1062	NV	12/21/95	CLR	---	N	N	
F01.050.353	1-MCR-NV-1067	NV	12/21/95	CLR	---	N	N	
F01.050.354	1-MCR-NV-1011	NV	12/21/95	CLR	---	N	N	
F01.050.355	1-MCR-NV-1054	NV	12/20/95	CLR	---	N	N	
F01.050.356	1-MCR-NV-1238	NV	12/22/95	CLR	---	N	N	
F01.050.357	1-MCR-NV-1237	NV	12/22/95	CLR	---	N	N	
F01.050.358	1-MCR-NV-1235	NV	12/19/95	CLR	---	N	N	
F01.050.359	1-MCR-NV-1234	NV	12/28/95	CLR	---	N	N	
F01.050.360	1-MCA-NV-471	NV	03/02/95	CLR	---	N	N	
F01.050.361	1-MCA-NV-5624	NV	04/11/95	CLR	---	N	N	
F01.050.362	MC 1683-NV-01-R8A	NV	03/20/95	CLR	---	N	N	
F01.050.363	MC 1683-NV-50-R2	NV	01/05/96	CLR	---	N	N	
F01.050.364	MC 1683-NV-53-R9	NV	08/15/95	CLR	---	N	N	
F01.050.365	MC 1683-NV-04-R15	NV	03/29/95	CLR	---	N	N	
F01.050.366	MC 1683-NV-04-R22	NV	02/28/95	CLR	---	N	N	
F01.050.367	MC 1683-NV-06-R9A	NV	03/21/95	CLR	---	N	N	
F01.050.368	MC1683-NV-06-R12A	NV	03/21/95	CLR	---	N	N	
F01.050.400	1-MCA-RN-959	RN	03/06/95	REC	---	N	N	
F01.050.401	1-MCA-RN-974	RN	03/29/95	REC	---	N	N	
F01.050.425	1-MCA-SA-27	SA	03/29/95	CLR	---	N	N	
F01.050.426	1-MCA-SA-23	SA	03/06/95	REC	---	N	N	
F01.050.427	1-MCA-SA-22	SA	03/02/95	CLR	---	N	N	
F01.050.450	1-MCR-SM-89	SM	12/20/95	CLR	---	N	N	
F01.050.451	1-MCR-SM-91	SM	12/20/95	CLR	---	N	N	
F01.050.452	1-MCR-SM-90	SM	12/20/95	CLR	---	N	N	
F01.050.453	1-MCR-SM-93	SM	12/20/95	CLR	---	N	N	
F01.050.454	1-MCR-SM-94	SM	12/20/95	CLR	---	N	N	
F01.050.455	1-MCR-SM-97	SM	12/20/95	CLR	---	N	N	
F01.050.456	1-MCA-SM-175	SM	03/09/95	CLR	---	N	N	
F01.050.457	1-MCA-SM-100	SM	03/21/95	REC	---	N	N	
F01.050.458	1-MCA-SM-101	SM	03/14/95	CLR	---	N	N	
F01.050.459	1-MCA-SM-102	SM	03/06/95	CLR	---	N	N	
F01.050.460	1-MCA-SM-103	SM	03/14/95	CLR	---	N	N	
F01.050.461	1-MCA-SM-104	SM	03/02/95	CLR	---	N	N	
F01.050.462	1-MCA-SM-108	SM	03/14/95	REC	---	N	N	

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 In-Service Inspection Database Management System  
 McGuire Inservice Inspection Listing

Run D  
 Page 17  
 03/26/96

Plant: McGuire 1

Interval 2 Outage 3

ITEM NUMBER	ID NUMBER	SYSTEM	INSP DATE	INSP STATUS	INSP LIMITED	GEO REF	RFR	COMMENTS
F01.050.463	1-MCR-SM-1	SM	12/21/95	CLR	---	N	N	
F01.050.464	1-MCR-SM-3	SM	12/21/95	CLR	---	N	N	
F01.050.465	1-MCR-SM-2	SM	12/21/95	CLR	---	N	N	
F01.050.466	1-MCR-SM-5	SM	12/21/95	CLR	---	N	N	
F01.050.467	1-MCR-SM-6	SM	12/21/95	CLR	---	N	N	
F01.050.468	1-MCR-SM-9	SM	12/21/95	CLR	---	N	N	
F01.050.469	1-MCA-SM-12	SM	03/09/95	REC	---	N	N	
F01.050.470	1-MCA-SM-11	SM	03/14/95	CLR	---	N	N	
F01.050.471	1-MCA-SM-16	SM	03/14/95	CLR	---	N	N	
F01.050.472	1-MCA-SM-17	SM	03/08/95	CLR	---	N	N	
F01.050.473	1-MCA-SM-18	SM	03/06/95	CLR	---	N	N	
F01.050.474	1-MCA-SM-19	SM	03/14/95	CLR	---	N	N	
F01.050.475	1-MCA-SM-20	SM	03/14/95	CLR	---	N	N	
F01.050.476	1-MCA-SM-24	SM	03/14/95	CLR	---	N	N	
F01.050.477	1-MCA-SM-69	SM	03/07/95	CLR	---	N	N	
F01.050.478	1-MCA-SM-73	SM	03/14/95	CLR	---	N	N	
F01.050.479	1-MCA-SM-75	SM	03/09/95	REC	---	N	N	
F01.050.480	1-MCA-SM-74	SM	03/02/95	CLR	---	N	N	
F01.050.481	1-MCA-SM-76	SM	03/21/95	CLR	---	N	N	
F01.050.482	1-MCA-SM-77	SM	03/07/95	CLR	---	N	N	
F01.050.483	1-MCA-SM-174	SM	03/06/95	CLR	---	N	N	
F01.050.484	1-MCR-SM-154	SM	12/21/95	CLR	---	N	N	
F01.050.485	1-MCR-SM-159	SM	12/21/95	CLR	---	N	N	
F01.050.486	1-MCR-SM-158	SM	01/10/96	CLR	---	N	N	
F01.050.487	1-MCR-SM-161	SM	12/21/95	CLR	---	N	N	
F01.050.488	1-MCR-SM-162	SM	12/21/95	CLR	---	N	N	
F01.050.489	1-MCR-SM-163	SM	12/21/95	CLR	---	N	N	
F01.050.490	1-MCR-SM-86	SM	12/22/95	CLR	---	N	N	
F01.050.491	1-MCR-SM-88	SM	12/22/95	CLR	---	N	N	
F01.050.492	1-MCR-SM-87	SM	12/22/95	CLR	---	N	N	
F01.050.493	1-MCR-SM-83	SM	12/22/95	CLR	---	N	N	
F01.050.494	1-MCR-SM-84	SM	12/22/95	CLR	---	N	N	
F01.050.495	1-MCR-SM-79	SM	12/22/95	CLR	---	N	N	
F01.050.496	1-MCA-SM-153	SM	03/09/95	REC	---	N	N	
F01.050.497	1-MCA-SM-152	SM	03/02/95	CLR	---	N	N	
F01.050.498	1-MCA-SM-149	SM	03/14/95	CLR	---	N	N	

DUKE POWER COMPANY  
 QUALITY ASSURANCE TECHNICAL SERVICES  
 In-Service Inspection Database Management System  
 McGuire Inservice Inspection Listing

Run D  
 Page 18  
 03/26/96

Plant: McGuire 1

Interval 2 Outage 3

ITEM NUMBER	ID NUMBER	SYSTEM	INSP DATE	INSP STATUS	INSP LIMITED	GEO REF	RFR	COMMENTS
F01.050.499	1-MCA-SM-164	SM	03/21/95	CLR	---	N	N	
F01.050.500	1-MCA-SM-146	SM	03/14/95	CLR	---	N	N	
F01.050.501	1-MCA-SM-141	SM	03/07/95	REC	---	N	N	
F01.050.525	1-MCA-SV-11	SV	03/14/95	CLR	---	N	N	
F01.050.526	1-MCA-SV-6	SV	03/02/95	CLR	---	N	N	
F01.050.527	1-MCA-SV-1	SV	03/02/95	CLR	---	N	N	
F01.050.528	1-MCA-SV-17	SV	03/14/95	CLR	---	N	N	
F01.050.535	1-MCR-SGA-001		12/21/95	REC	---	N	N	
F01.050.536	1-MCR-SGA-008		12/21/95	REC	---	N	N	
F01.050.537	1-MCR-SGB-002		12/21/95	REC	---	N	N	
F01.050.538	1-MCR-SGB-005		12/21/95	REC	---	N	N	
F01.050.539	1-MCR-SGC-003		12/21/95	REC	---	N	N	
F01.050.540	1-MCR-SGC-006		12/21/95	REC	---	N	N	
F01.050.541	1-MCR-SGD-004		12/21/95	REC	---	N	N	
F01.050.542	1-MCR-SGD-007		12/21/95	REC	---	N	N	
F01.050.550	1-MCA-VQ-010	VQ	02/28/95	CLR	---	N	N	
F01.050.551	1-MCR-VQ-508	VQ	12/19/95	CLR	---	N	N	
F01.050.552	1-MCR-VQ-514	VQ	12/19/95	CLR	---	N	N	
G01.001.002	1RCP-1B		01/06/96	CLR	---	N	N	
G01.001.004	1RCP-1D		01/01/96	CLR	---	N	N	
G03.001.004	1NC1F-109		01/17/96	CLR	---	N	N	
G03.001.004A	1NC1F-109		12/21/95	CLR	---	N	N	
G03.001.005	1NC-102-1		01/02/96	CLR	---	N	N	
G03.001.005A	1NC-102-1		12/20/95	CLR	---	N	N	
G03.001.006	1NC-102-2		01/02/96	CLR	---	N	N	
G03.001.006A	1NC-102-2		12/20/95	CLR	---	N	N	
G03.001.007	1NC-128-1		01/02/96	REC	---	Y	N	
G03.001.007A	1NC-128-1		12/21/95	CLR	---	N	N	
G03.001.008	1NC-128-2		01/02/96	REC	---	Y	N	
G03.001.008A	1NC-128-2		12/21/95	CLR	---	N	N	
G04.001.002	1SGB-CF-MOD		12/31/95	CLR	---	N	N	

B. Items examined by Pressure Testing

Item Number	=	ASME Section XI Tables IWB-2500-1 (Class 1), IWC-2500-1 (Class 2)
Drawing Number	=	Number of the Flow Diagram
Examination Date	=	Latest Examination date
Condition	=	Partial or Complete test
Status	=	Clear, Recordable or Reportable
Comments	=	General and/or Detail Description

PAGE NO. 1  
03/26/96

McGUIRE UNIT NUMBER 1 - 2nd INTERVAL  
CLASS A (CATEGORY B-P) REQUIREMENTS  
FOR OUTAGE NUMBER 10

<u>ITEM NO.</u>	<u>DRAWING</u>	<u>REV</u>	<u>TEST</u>	<u>FCA NO.</u>	<u>SYSTEM NAME</u>	<u>REQ. INSP</u>	<u>REQ. PROC</u>	<u>COMMENTS</u>
B15.050.001	SEE COMMENTS	N/A	LEAK	1MNS-047	NC SYSTEM	VT-2	QAL-15	Class A Leakage Boundary Dwgs: MCL-1553-1.0/2, MCL-1553-2.0/2, MCL-1553-2.1/5, MCL-1554-1.0/3, MCL-1554-1.1/3, MCL-1554-1.2/5, MCL-1561-1.0/5, MCL-1562-1.0/3, MCL-1562-2.0/4, MCL-1562-2.1/4, MCL-1562-3.0/5, MCL-1562-3.1/4

McGUIRE UNIT NUMBER 1 - 2nd INTERVAL  
CLASS B (CATEGORY C-H) REQUIREMENTS  
FOR OUTAGE NUMBER 10

ITEM NO.	DRAWING	REV	TEST	FCA NO.	SYSTEM NAME	REQ. INSP	REQ. PROC	COMMENTS
C07.030.001	MCL-1554-2.0	04	INSER	1MNS-051	NV SYSTEM	VT-2	QAL-15	Station Pkg. Nos: #16
C07.030.002	MCL-1554-3.0	04	INSER	1MNS-051	NV SYSTEM	VT-2	QAL-15	Test Pkgs: #16, #27
C07.030.003	MCL-1554-3.1	05	INSER	1MNS-061	NV SYSTEM	VT-2	QAL-15	Test Pkg Nos: #16, #27, #51
C07.030.004	MCL-1554-5.0	05	INSER	1MNS-056	NV SYSTEM	VT-2	QAL-15	Station Pkg. #16
C07.030.005	MCL-1561-1.0	06	INS/FUN	1MNS-051	ND SYSTEM	VT-2	QAL-15	VT-2 Examination of C02.033.001 and C02.033.002 Telltale Hole also required - 2nd period test pkgs: #16, #27, #19, #50
C07.030.006	MCL-1562-1.0	04	INSER	1MNS-056	NI SYSTEM	VT-2	QAL-15	Station Pkg. #16
C07.030.007	MCL-1562-3.0	06	INS/FUN	1MNS-051	NI SYSTEM	VT-2	QAL-15	Class B penetration M-277, M-316 and M-319 - 2nd Period Station Pkg. Nos: #16, #22, #27, #53
C07.030.008	MCL-1562-3.1	05	INS/FUN	1MNS-051	NI SYSTEM	VT-2	QAL-15	Class B penetration M-278, M-302, M-306, M-336 and M-352 - 2nd Period Station Pkg. Nos: #19, #22, #50
C07.030.009	MCL-1563-1.0	05	INS/FUN	1MNS-051	NS SYSTEM	VT-2	QAL-15	VT-2 Examination of C02.033.005 and C02.033.006 Telltale Hole also required - Station Pkg. Nos: #19, #23, #24, #27, #50

McGUIRE UNIT NUMBER 1 - 2nd INTERVAL  
CLASS B (CATEGORY C-B) REQUIREMENTS  
FOR OUTAGE NUMBER 10

ITEM NO.	DRAWING	REV	TEST	FCA NO.	SYSTEM NAME	REQ. INSP	REQ. PROC	COMMENTS
C07.030.010	MCL-1571-1.0	04	INSER	1MNS-051	FW SYSTEM	VT-2	QAL-15	Class B penetrations M-358 and M-377 Station Pkg. Nos: #19, #26, #27
C07.030.011	MCL-1572-1.0	04	INSER	1MNS-051	NM SYSTEM	VT-2	QAL-15	Class B penetrations M-235 and M-309 - Station Pkg.#19, #41
C07.030.012	MCL-1553-2.1	06	INSER	1MNS-051	NC SYSTEM	VT-2	QAL-15	Class B penetrations M-212 & M-274. Reference PIP#1-M94-1348 and Request For Relief # 94-GO-002 for 1st period testing of penetration M-216. Second Period Station
C07.030.014	MCL-1554-1.0	04	INSER	1MNS-061	NV SYSTEM	VT-2	QAL-15	Class B penetrations M-339 and M-350 Station Pkg. Nos: #16, #17
C07.030.015	MCL-1554-1.1	04	INSER	1MNS-051	NV SYSTEM	VT-2	QAL-15	Class B penetrations M-256, M-343 and M-344 - Station Pkg. Nos: #16, #17
C07.030.016	MCL-1554-1.2	06	INS/FUN	1MNS-061	NV SYSTEM	VT-2	QAL-15	Class B penetrations M-228, M-329 and M-347 - Station Pkg. Nos: #16, #17, #18, #19, #20
C07.030.017	MCL-1554-1.3	04	FUNCT	1MNS-051	NV SYSTEM	VT-2	QAL-15	Class B penetration M-342 - Station Pkg.#17
C07.030.023	MCL-1565-1.1	02	INSER	1MNS-061	WL SYSTEM	VT-2	QAL-15	Class B penetration M-360 and M-375 - Station Pkg.#5
C07.030.027	MCL-1572-3.0	04	INSER	1MNS-061	NM SYSTEM	VT-2	QAL-15	Class B penetrations M-335, M-338, M-340 and M-341 - Station Pkg.#6



McGUIRE UNIT NUMBER 1 - 2nd INTERVAL  
CLASS B (CATEGORY C-H) REQUIREMENTS  
FOR OUTAGE NUMBER 10

ITEM NO.	DRAWING	REV	PLT	FCA NO.	SYSTEM NAME	REQ. INSP	REQ. PROC	COMMENTS
C07.030.028	MCL-1573-3.1	03	INSER	1MNS-061	KC SYSTEM	VT-2	QAL-15	Class B penetrations M-217, M-218, M-320, M-327, M-355 and M-376 - Station Pkg.#19
C07.030.030	MCL-1574-4.0	05	FUNCT	1MNS-061	RN SYSTEM	VT-2	QAL-15	Class B penetration M-307 and M-315 - Station Pkg.#4
C07.030.031	MCL-1580-1.0	04	INSER	1MNS-061	BB SYSTEM	VT-2	QAL-15	Class B penetration M-300, M-301, M-303 and M-304 - Station Pkg.#6
C07.030.033	MCL-1591-1.1	03	INSER	1MNS-051	CF SYSTEM	VT-2	QAL-15	Class B penetrations M-153, M-262, M-308 and M-440 - Station Pkg.#6
C07.030.034	MCL-1592-1.0	03	INSER	1MNS-051	CA SYSTEM	VT-2	QAL-15	Class B penetrations M-156, M-286, M-465 and M-3100 - Station Pkg.#6
C07.030.035	MCL-1593-1.0	03	INSER	1MNS-061	SM / SV SYSTEM	VT-2	QAL-15	Class B penetrations M-154 and M-261 - Station Pkg.#6
C07.030.036	MCL-1593-1.2	04	INSER	1MNS-061	SA / TE SYSTEM	VT-2	QAL-15	Station Test Zone #35
C07.030.037	MCL-1593-1.3	03	INSER	1MNS-061	SM / SV SYSTEM	VT-2	QAL-15	Class B penetrations M-393 and M-441 - Station Pkg.#6
C07.030.040	MCL-1604-3.0	03	INSER	1MNS-061	RV SYSTEM	VT-2	QAL-15	Class B penetrations M-240, M-279, M-3P5 and M-390 - Station Pkg.#2

PAGE NO. 1  
03/26/96

McGUIRE UNIT NUMBER 1 - 2nd INTERVAL  
CLASS C (CATEGORY D-A) REQUIREMENTS  
FOR OUTAGE NUMBER 10

<u>ITEM NO.</u>	<u>DRAWING</u>	<u>REV</u>	<u>TEST</u>	<u>FCA NO.</u>	<u>SYSTEM NAME</u>	<u>REQ. INSP</u>	<u>REQ. PROC</u>	<u>COMMENTS</u>
D01.011.002	MCL-1554-2.0	04	INSER	1MNS-056	NV SYSTEM	VT-2	QAL-15	Station Pkg. No: #16
D01.011.003	MCL-1554-3.1	05	INSER	1MNS-056	NV SYSTEM	VT-2	QAL-15	Station Pkg. Nos: #16
D01.011.004	MCL-1554-5.0	05	INSER	1MNS-056	NV SYSTEM	VT-2	QAL-15	Station Pkg. #16

McGUIRE UNIT NUMBER 1 - 2nd INTERVAL  
CLASS C (CATEGORY D-2) REQUIREMENTS  
FOR OUTAGE NUMBER 10

ITEM NO.	DRAWING	REV	TEST	FCA NO.	SYSTEM NAME	REQ. INSP	REQ. PROC	COMMENTS
D02.011.001	MCL-1573-1.0	04	FUNCT	1MNS-056	KC SYSTEM	VT-2	QAL-15	Station Pkg. Nos: #28, #29
D02.011.002	MCL-1573-1.1	04	FUNCT	1MNS-051	KC SYSTEM	VT-2	QAL-15	Station Pkg. Nos: #28, #29, #31
D02.011.004	MCL-1574-1.0	04	FUNCT	1MNS-051	RN SYSTEM	VT-2	QAL-15	Station Pkg.#31
D02.011.005	MCL-1574-1.1	04	FUNCT	1MNS-051	RN SYSTEM	VT-2	QAL-15	Station Pkg.#31
D02.011.008	MCL-1574-3.0	04	FUNCT	1MNS-051	RN SYSTEM	VT-2	QAL-15	Station Pkg.#31
D02.011.009	MCL-1574-3.1	03	FUNCT	1MNS-051	RN SYSTEM	VT-2	QAL-15	STN. PKG.#61, #31
D02.011.011	MCL-1592-1.0	03	FUNCT	1MNS-051	CA SYSTEM	VT-2	QAL-15	Station Test Zone #54, #59
D02.011.012	MCL-1592-1.1	05	FUNCT	1MNS-051	CA SYSTEM	VT-2	QAL-15	2nd Period Station Pkg. Nos: #34, #38A, #33, #54
D02.011.013	MCL-1593-1.2	04	FUNCT	1MNS-051	SA/TE SYSTEM	VT-2	QAL-15	Station Test Zone #35
D02.011.015	MCL-1609-1.0	04	FUNCT	1MNS-051	KD SYSTEM	VT-2	QAL-15	2nd Period Station Pkg. Nos: #15
D02.011.016	MCL-1609-1.1	04	FUNCT	1MNS-051	KD SYSTEM	VT-2	QAL-15	2nd Period Test Pkgs: #14, #31
D02.011.017	MCL-1609-2.0	04	FUNCT	1MNS-056	LD SYSTEM	VT-2	QAL-15	2nd Period Station Pkg. Nos: #9, #11
D02.011.018	MCL-1609-2.1	04	FUNCT	1MNS-051	LD SYSTEM	VT-2	QAL-15	2nd Period Test Pkgs: #1, #10

McGUIRE UNIT NUMBER 1 - 2nd INTERVAL  
CLASS C (CATEGORY D-B) REQUIREMENTS  
FOR OUTAGE NUMBER 10

ITEM NO.	DRAWING	REV	TEST	FCA NO.	SYSTEM NAME	REQ. INSP	REQ. PROC	COMMENTS
D02.011.019	MCL-1609-3.0	04	FUNCT	1MNS-056	FD SYSTEM	VT-2	QAL-15	This test is required for periods 1, 2 and 3. 2nd Period Station Pkg. Nos: #7
D02.011.020	MCL-1609-3.1	04	FUNCT	1MNS-051	FD SYSTEM	VT-2	QAL-15	This test is required for periods 1, 2 and 3 - Stm. Pkg.# 8
D02.011.021	MCL-1609-4.0	04	FUNCT	1MNS-051	VG SYSTEM	VT-2	QAL-15	2nd Period Station Pkg. Nos: #12, #13
D02.011.022	MCL-2574-1.1	05	FUNCT	1MNS-051	RN SYSTEM	VT-2	QAL-15	Station Pkg.#31
D02.011.023	MCL-2574-3.0	05	FUNCT	1MNS-061	RN SYSTEM	VT-2	QAL-15	Station Pkg.#31
D02.011.024	MCL-2574-4.0	05	FUNCT	1MNS-061	RN SYSTEM	VT-2	QAL-15	Station Pkg.#31
D02.011.025	MCL-2604-3.0	05	FUNCT	1MNS-061	RV SYSTEM	VT-2	QAL-15	Station Pkg.#31
D02.012.027	MCH-1609-3.0	01	HYDRO	1MNS-062	FD SYSTEM	VT-2	QAL-15	This test is required for periods 2 and 3 - 2nd Period Station Pkg.#7
D02.012.028	MCH-1609-3.1	01	HYDRO	1MNS-062	FD SYSTEM	VT-2	QAL-15	This test is required for periods 2 and 3 - 2nd Period Station Pkg. #8

PAGE NO. 1  
03/26/96

McGUIRE UNIT NUMBER 1 - 2nd INTERVAL  
CLASS C (CATEGORY D-C) REQUIREMENTS  
FOR OUTAGE NUMBER 10

<u>ITEM NO.</u>	<u>DRAWING</u>	<u>REV</u>	<u>TEST</u>	<u>FCA NO.</u>	<u>SYSTEM NAME</u>	<u>REQ. INSP</u>	<u>REQ. PROC</u>	<u>COMMENTS</u>
D03.011.001	MCL-1570-1.0	04	INSER	1MNS-061	KF SYSTEM	VT-2	QAL-15	2nd Period Station Pkg. Nos: #25, #52

## 5.2 Limited Examinations (Less than 90% Examination Coverage)

A. There were twelve item numbers inspected for which the required 90% or greater examination coverage was not obtained. These item numbers are listed below along with the Request for Relief Number that will be filed for these limited Inspections.

Item Number	Request for Relief Serial Number
B03.140.001	Request for Relief 96-01
B03.140.002	Request for Relief 96-01
B03.140.007	Request for Relief 96-01
B03.140.008	Request for Relief 96-01
B05.070.001	Request for Relief 96-01
B05.070.002	Request for Relief 96-01
B05.130.002	Request for Relief 96-01
B05.130.003	Request for Relief 96-01
B09.031.004	Request for Relief 96-01
C01.010.080	Request for Relief 96-02
C01.020.050	Request for Relief 96-02
C01.030.010	Request for Relief 96-02

**6.0 Reportable Indications**

No reportable indications were discovered during Refueling Outage 10

## 7.0 Personnel, Equipment and Material Certifications

All personnel who performed or evaluated the results of inservice inspections from October 28, 1994 to January 25, 1996 at McGuire 1 were certified in accordance with the requirements of 1989 Edition of ASME Section XI. The appropriate certification records for inspection personnel are on file at McGuire Nuclear Station or in the Corporate offices in Charlotte, North Carolina.

Records of periodic calibration of Duke Power Company inspection equipment are on file at McGuire Nuclear Station or in the Corporate offices in Charlotte, North Carolina.



## 8.0 Corrective Action

The following are the Problem Investigation Process reports (PIP'S) issued to document items involving Outage 10:

1M94-1467 (Reactor Vessel Interior) B13.010.001

Today's Date : 01/11/95  
Time : 09:09  
Page No. : 1  
PIP Serial No. : 1-M94-1467

MSE Serial No. :  
LER Serial No. :  
Other Rpt. No. :

MCGUIRE NUCLEAR STATION  
Problem Investigation Process  
Problem Investigation Form

I. Problem ID

Occurred Time/Date: / / Discovered Time/Date: 10/25/94

Unit(s): 1 Status at Time Discovered: Unit 1 Unit 2  
Mode: 2 N/A  
% Power: N/A

Unit Status Remarks:

System(s) Affected:

1). NC = Reactor Coolant System

Problem Found While Working With Work Order No.:

Location of Problem - Bldg: RX1 Elev: Column Line:  
Location Remarks: Reactor Pressure Vessel Interior

Method Used To Discover Problem:

Notified by QA Technical Services

Brief Problem Description:

Inservice inspection not performed on Reactor Vessel Interior

Detailed Problem Description:

Inservice inspection, VT-3, was not performed on the Reactor Vessel Interior during 1EOC9. This inspection was required to be performed during the first period of the second interval. 1EOC9 was the last outage this inspection could be performed for this period as required by ASME Section XI, Table IWB-2500-1, item #B13.10. Notification was not made to the Mechanical QC Inspectors to perform this inspection.

Originated by: EGBARE Group: IAE Date: 10/26/94

Other Units/Components/Systems/Areas Affected (Y,N,U): NO

Immediate Corrective Actions:

Corrective Action Work Order No.:

Problem Identified By: CZBEARDE Group: MNT Date: 10/26/94

Today's Date : 01/11/95  
Time : 09:09  
Page No. : 2  
PIP Serial No. : 1-M94-1467

MSE Serial No. :  
LER Serial No. :  
Other Rpt. No. :

MCGUIRE NUCLEAR STATION  
Problem Investigation Process  
Problem Investigation Form

Problem Entered By : EGBARE Group: IAE Date: 10/26/94

II. Significance

Is the Problem Significant? N Action Category: 3  
MSE No. : LER No. : Other Report No. :  
OEP No. :

Event Code(s) :  
1). Alb = Technical

Screening Remarks:

Per discussion with Rick Branch, this issue is not "significant", nor does it affect operability. This inspection will be done during an upcoming outage.

(New Code HP)

Originated by: MKRINK Group: SRG Date: 10/27/94

Revised by: MKRINK Group: SRG Date: 10/27/94

Responsible Group(s) for Proposed Resolution :

	Original	Current	#
	Due Date	Due Date	Ext.
1). QAT = QA Tech. Services	11/24/94	11/24/94	0
2). IAE = Inst & Elec Maint	11/24/94	11/24/94	0

Responsible Group for Cause Code Evaluation : IAE Due Date: 11/24/94

Responsible Group for Overall PIP Approval : QAT Due Date: / /

Screened By: MKRINK Group: SRG Date: 10/27/94

III. Problem Evaluation

System(s) Affected :  
1). NC = Reactor Coolant System

Affected Equipment:  
WMS Equipment ID No. | Comp. Code | Manufacturer Name |

Most Probable Group Causing Event Status: CLOSED

Today's Date : 01/11/95  
Time : 09:09  
Page No.: 3  
PIP Serial No. : 1-M94-1467

MSE Serial No. :  
LER Serial No. :  
Other Rpt. No. :

MCGUIRE NUCLEAR STATION  
Problem Investigation Process  
Problem Investigation Form

Group INPO Cause Code(s) :

1). IAE - A = VERBAL COMMUNICATION The spoken presentation or exchange of info

Cause(s) of Problem:

The examination was not performed due to miscommunication between the ISI Coordinator and the QA/QC Team Leader. When the examination was identified to the QA/QC Team Leader to be performed during 1EOC9 he thought a mistake had been made in the ISI plan for 1EOC9. Knowing the inspection had been performed during 1EOC7 the QA/QC Team Leader failed to remember that 1EOC7 outage was in the first ten year ISI inspection interval. 1EOC9 was in the first period of the second ten year interval.

Originated by: EGBARE Group: IAE Date: 11/21/94

Is Cause Determination Complete (y,n) : Yes

Assigned To : RXBRANCH / JWFOSTER

Mgmt Exception: No

Orig Due Date : 11/24/94 Curr Due Date: 11/24/94

# of Ext.: 0

Approved By : AMDEVINE

Group: IAE

App Date : 11/21/94

Proposed Resolution From: QAT

Grp Status: OPEN

Is Prop. Resolution ready for approval? (y,n): No AsnToGrp: 10/27/94

Assigned To : /

Mgmt Exception: No

Orig Due Date : 11/24/94 Curr Due Date : 11/24/94 # of Ext.: 0

Approved By :

Group :

App Date : / /

Proposed Resolution From: IAE

Grp Status: CLOSED

The examination will be scheduled for 1EOC10 which is the first outage of the second period of the second 10 year interval. Integrated Scheduling has been contacted to schedule inspection during 1EOC10.

I & E Maintenance will originate a Work Order to perform examination during 1EOC10.

Originated by: EGBARE Group: IAE Date: 11/21/94

Revised by: EGBARE Group: IAE Date: 11/21/94

Is Prop. Resolution ready for approval? (y,n): Yes AsnToGrp: 10/27/94

Assigned To : RXBRANCH / JWFOSTER

Mgmt Exception: No

Today's Date : 01/11/95  
Time : 09:09  
Page No.: 4  
PIF Serial No. : 1-M94-1467

MSE Serial No. :  
LER Serial No.:  
Other Rpt. No. :

**MCGUIRE NUCLEAR STATION  
Problem Investigation Process  
Problem Investigation Form**

Orig Due Date : 11/24/94 Curr Due Date : 11/24/94 # of Ext.: 0  
Approved By : AMDEVINE Group : IAE App Date : 11/21/94

Remarks:

IV. Corrective Actions

Brief Proposed Corrective Action: Resp Grp: IAE  
Orig Grp: IAE  
1 Maintenance will originate a work request to perform an examination on vessel during 1EOC10. This work order will be scheduled by WCG.

Prop CAC: Ble Actual CAC: Ble Outage :

Work Orders/Requests:

MOD Info: Mode:  
RGC Item : RGC Item:  
SRG Item : QVD Item:  
INPO Item:  
Actual Corrective Action Resolution From: IAE Grp Status: CLOSED

WR# 94048434 has been written to perform examination.

Originated by: EGBARE Group: IAE Date: 11/30/94

Is Corrective Action ready for approval? (y,n): Yes AsnToGrp: 11/21/94  
Assigned To : RXBRANCH / MKNAZAR Mgmt Exception: No  
Orig Due Date : 01/23/95 Curr Due Date: 01/23/95 # of Ext.: 0  
Approved By : AMDEVINE Group: IAE App Date : 12/01/94

V. Final and Overall PIP Approval

Criterion XVI Review:

XVI Review Not Required for this PIP

Overall PIP Approval:

Assigned To: MKRINK / Due Date: / /

---

Today's Date : 01/11/95  
Time : 09:09  
Page No. : 5  
PIP Serial No. : 1-M94-1467

MSE Serial No. :  
LER Serial No. :  
Other Rpt. No. :

MCGUIRE NUCLEAR STATION  
Problem Investigation Process  
Problem Investigation Form

Approved By:

Group: QAT

Date: / /

---

End of the Document FOR PIP No.: 1-M94-1467  
The Status of this PIP No. is : OPEN

## 9.0 Reference Documents

The following reference documents apply to the inservice inspection performed during Outage 10 at McGuire Unit 1:

- (1) Request for Relief (94-010)
- (2) Request for Relief (94-G0-001)
- (3) Request for Relief (94-G0-002)
- (4) Request for Relief (96-01) in Course of Preparation
- (5) Request for Relief (96-02) in Course of Preparation

January 19, 1995

T.C. McMeekin

Subject: Vice President Approval  
McGuire Nuclear Station  
Relief Request 94-10

Please review and sign the attached NRC communication. This Relief Request involves the missed inspection of the Unit 1 Reactor Vessel during 1EOC9.

Should you have any questions, please contact John Washam (4181). The following personnel have been afforded an opportunity to review this request:

W.G. Goodman

J.M. Washam

Thank you

John M. Washam  
Regulatory Compliance  
Extension 4181

Reviewed: \_\_\_\_\_

*J.E. Snyder*  
J.E. Snyder  
Manager, Regulatory Compliance

Approved: \_\_\_\_\_

*Dolan*  
Dolan  
Manager, Safety Assurance

**MEMORANDUM ONLY**



Duke Power Company  
McGuire Nuclear Generation Department  
12700 Hagers Ferry Road (MG01VP)  
Huntersville, NC 28078-8985

T. C. MCMEEKIN  
Vice President  
(704)875-4800  
(704)875-4809 Fax



**DUKE POWER**

January 20, 1995

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

Subject: McGuire Nuclear Station  
McGuire Nuclear Station, Unit 1  
Docket No. 50-369  
Section XI, Inservice Inspection  
Second Interval, Unit 1  
Relief Request, 94-10

Dear Sir;

Pursuant to 10 CFR50.55a (g) (5) (iii), I am submitting the attached relief request for NRC review and approval. This request for relief from ASME B&PV Code requirements involves the 1986 Edition of Section XI, Table IWB-2500-1, Examination Category B-N-1, Interior of Reactor Vessel, Item Number B13.10.

Should there be any questions regarding this matter, please contact John M. Washam at (704) 875-4181.

Very truly yours,

T. C. McMeekin

U.S. Nuclear Regulatory Commission  
January 20, 1995  
page 2

xc: Mr. S.D. Ebnetter  
Administrator, Region II  
U.S. Nuclear Regulatory Commission  
101 Marietta St., NW, Suite 2900  
Atlanta, Ga. 30323

Mr. Victor Nerses  
U.S. Nuclear Regulatory Commission  
Office of Nuclear Reactor Regulation  
Washington, D.C. 20555

Mr. George Maxwell  
Senior NRC Resident Inspector, McGuire  
McGuire Nuclear Station

U. S. Nuclear Regulatory Commission  
January 20, 1995  
Page 3

bx: with attachments

J.E. Snyder  
J.M. Washam  
R.D. Klein (MG01MM)  
R. Branch (MG01MM)  
W.G. Goodman (EC07J)  
G.J. Underwood (EC05P)  
M.F. Langel (MG01CP)  
G.J. Holbrooks (MG01CP)  
J.O. Barbour (EC07J)  
G.A. Copp, III (EC050)  
File: Relief Request  
ELL (EC050)

DUKE POWER COMPANY  
Request for Relief From  
Inservice Inspection Requirement

Station: McGuire Nuclear Station  
Unit: 1

Reference Code: ASME B&PV Code Section XI, 1986 Edition

I. Component for which exemption is requested:

a. Names and Identification Numbers:

McGuire Unit 1 Reactor Vessel

b. Function:

The function of the reactor vessel is to provide containment for the nuclear fuel and its support structure and to provide a contained flow path through the core.

c. ASME Section XI Code Class:

Class 1

d. Construction Code and Class:

ASME Section III, Class 1

II. Reference Code Requirement From Which Relief Is Desired:

ASME B&PV Code Section XI, 1986 Edition. Table IWB-2500-1 Examination Category B-N-1, Interior of Reactor Vessel, Item Number B13.10.

Requirement: Spaces above and below the reactor core that are made accessible for examination by removal of components during normal refueling outages are to be VT-3, visually, examined at the first refueling outage, and subsequent refueling outages at approximately three year intervals during the first inspection interval and within each inspection period during successive intervals.  
Acceptance Standard: IWB-3320.2

Delay of the B-N-1 examinations until the next scheduled outage in December of 1995 will mean that the duration between examinations will be 4 years. Although the inspection will not be within the first period, it will not exceed the maximum time span allowed by Section XI for the second and succeeding intervals. Successive inspections will be performed during the last outage of the second period and coincidental with the ultrasonic inspection of the shell welds during the last period of the interval. Because the first inspection interval for McGuire Unit 1 used the one year extension allowed by IWA-2430(d), the second interval for McGuire Unit 1 is scheduled to be 9 years duration versus 10 years. To accommodate the 9 year interval, the first period of the second interval was set at two years duration instead of the usual three years. Thus, the second interval first, second and third periods are two, four and three years duration respectively. The interval schedule is as follows:

12/01/92		12/01/94			12/01/98	12/01/01
period 1		period 2			period 3	
1EOC8	<u>1EOC9</u>	<u>1EOC10</u>	<u>1EOC11</u>	<u>1EOC12</u>	<u>1EOC13</u>	<u>1EOC14</u>
	10/28/94	12/09/95	02/09/97	12/02/98	11/04/99	04/08/01

An unscheduled outage solely for the execution of this examination would be an unnecessary economic hardship. Minimum downtime for the unit would be 16 days. The labor and equipment cost would be approximately \$150,000 and lost revenues during the 16 days would be approximately \$6,500,000.

**Alternate Examination:**

The B-N-1 inspection of the Reactor vessel interior surface will be performed at the next scheduled refueling outage, 1EOC10, which is presently scheduled for 12/09/95. Successive examinations will be performed at outage 1EOC12 for the second period and coincidental with the ultrasonic examination of the reactor shell welds for the third period.

### III. Basis for requesting Relief:

The reactor vessel interior, VT-3, visual examination, Examination Category B-N-1, Item Number B13.10, was scheduled to be performed at refueling outage 1EOC9, the last scheduled refueling outage of the first period of the second interval. After the unit had been started and during final review of inspection data, it was discovered that the examination had not been performed. A problem investigation report, 1-M94-1467, was written to document the violation of first period requirements and provide methods to prevent future reoccurrence.

The first period of the Unit 1 second inspection interval ends on December 1, 1994. The next refueling outage, 1EOC10, is scheduled for December 9, 1995 and is the first outage of the second period.

The last VT-3, visual, examination of the Unit 1 reactor vessel interior surface took place on November 11, 1991 during refueling outage 1EOC7. Outage 1EOC7 was the final outage of the first interval. The VT-3, visual, examination during 1EOC7 covered 100% of the interior surface of the vessel and no discrepancies were indicated. This examination was more extensive than the partial inspection performed during a normal refueling outage. Also during 1EOC7, the vessel welds were ultrasonically inspected with no discrepancies noted. Prior to closure of the vessel during 1EOC9, a general visual examination of the vessel interior was conducted by craftsmen and site engineering personnel and no discrepancies were found.

The 1986 Edition of ASME Section XI, table IWB-2500-1, Examination Category B-N-1 calls for examinations to be performed each inspection period after the first interval. Since the periods are normally three, four, and three years, the time span between examinations can be up to four years and still meet the once per period requirement in IWB-2500-1.

DUKE POWER COMPANY

Request for Relief From  
Inservice Inspection Requirement

Station: Oconee, McGuire and Catawba

Unit: Oconee 1, 2 and 3; McGuire 1 and 2; Catawba 1 and 2

Requesting Department: Nuclear Generation

Reference Code: ASME Boiler and Pressure Vessel Code, Section XI  
1980 Edition through Winter 1980 Addenda (Second Inspection Interval) &  
1989 Edition with no Addenda (Third Inspection Interval) for Oconee Units 1, 2  
and 3;

1986 Edition with no Addenda for McGuire Unit 1;

1989 Edition with no Addenda for McGuire Unit 2;

1980 Edition through Winter 1981 Addenda for Catawba Units 1 and 2.

I. Component for which exemption is requested:

a. Name and Identification Number:

This request is for all of the remaining ISI Class 3 system  
hydrostatic tests to be performed prior to the end of each inspection  
interval as follows:

Oconee 1, 2 and 3 - Second and Third Ten Year Inspection Intervals

McGuire 1 and 2 - Second Ten Year Inspection Interval

Catawba 1 and 2 - First Ten Year Inspection Interval

b. Function:

Systems in support of Reactor Shutdown Function, Emergency Core  
Cooling, Containment Heat Removal, Atmosphere Cleanup, Reactor  
Residual Heat Removal and Residual Heat Removal From Spent Fuel  
Storage Pool.

c. ASME Section XI Code Class: 3

d. Construction Code and Class (If Applicable):

Oconee - ANSI B31.1 - 1967 & 1973, with Summer 1975 Addenda;  
ANSI B31.7 - 1968 & 1973, with Summer 1975 Addenda  
ASME Section III - 1974 through Summer 1975 Addenda  
McGuire - ASME Section III - 1971 through Winter 1971 Addenda  
Catawba - ASME Section III - 1974 through Summer 1974 Addenda

e. Valve Category (If Applicable): N/A

II. Reference Code Requirement that has been determined to be impractical:

System hydrostatic test per IWD-5223; Categories D-A, D-B and D-C;  
Items D1.10, D2.10 and D3.10.

III. Basis for Requesting Relief:

Consistent with the philosophy of ASME Code Case N-498 Revision 1, this request is based on performing VT-2 examinations at nominal operating pressures in lieu of the interval hydrostatic pressure tests. A review of all the Class 3 interval hydrostatic pressure tests performed at Duke Power Company to date has shown that a leak has never occurred in the base metal or in an existing weld. All leaks that have occurred have been in mechanical joints such as packing glands and body-to-bonnet connections. This review covers a time period of twenty years for Oconee, twelve years for McGuire and eight years for Catawba. Additionally, the ASME Boiler & Pressure Vessel Code, Section XI Task Group for Code Case N-498 Revision 1, surveyed 41 nuclear utilities and this survey revealed that a hydrostatic test only increases the leakage rate from that of a leakage test run at nominal operating pressure. That is, no new leakage was identified in any instance by raising the test pressure from operating pressure to hydrostatic pressure. Therefore, performing a VT-2 examination at nominal operating pressure provides reasonable assurance of system integrity.

ASME Code Case N-498 Revision 1 has been approved by the ASME Boiler & Pressure Vessel Code Committee and the Board on Nuclear Codes and Standards as an acceptable alternative to the rules of the ASME Boiler & Pressure Vessel Code, Section XI.



The burdens imposed by Class 3 hydrostatic testing (IWD-5223) are as follows:

- (1) The system isolation and coordination (required for hydrostatic testing at elevated pressures during a refueling outage) potentially increases critical path time and possible limiting conditions for operation (LCO's), as opposed to testing at operating pressure.
- (2) System hydrostatic tests frequently require securing relief valves in a closed position or disassembly of check valves to maintain an open flow path which requires time and personnel exposure.
- (3) The required time to complete system hydrostatic tests compared to system pressure tests results in a significant increase in the total amount of work force, radiological exposure and radwaste from hydrostatic equipment decontamination without a compensating increase in the level of quality or safety.

#### IV. Alternate Examination:

- (1) A system pressure test at operating pressure (IWD-5221 for Categories DA and DC; IWD-5222 for Category DB) shall be conducted at or near the end of the inspection interval.
- (2) The boundary subject to test pressurization during the system pressure test shall extend to all Class 3 components included in those portions of systems required to operate or support the safety system function up to and including the first normally closed valve (including a safety or relief valve), or valve capable of automatic closure when the safety function is required.
- (3) Prior to performing the VT-2 visual examination, the system shall be pressurized to nominal operating pressure for a minimum of 4 hours for insulated systems and 10 minutes for noninsulated systems. The system shall be maintained at nominal operating pressure during performance of the VT-2 visual examination.
- (4) The VT-2 visual examination shall include all components within the boundary identified in (2) above.
- (5) Test instrumentation requirements of IWA-5260 (Gages for Hydrostatic or Pneumatic Pressure Tests) are not applicable.

V. Implementation Schedule:

Immediate implementation.

Evaluated By: J.M. Bushman Date 6/13/94

Evaluated By: J. Barkley Date 6/13/94

DUKE POWER COMPANY

Request for Relief From  
Inservice Inspection Requirement

Station: Oconee, McGuire and Catawba

Unit: Oconee 1, 2 and 3; McGuire 1 and 2; Catawba 1 and 2

Requesting Department: Nuclear Generation

Reference Code: ASME Boiler and Pressure Vessel Code, Section XI  
1980 Edition through Winter 1980 Addenda (Second Inspection Interval) &  
1989 Edition with no Addenda (Third Inspection Interval) for Oconee Units 1, 2  
and 3;  
1986 Edition with no Addenda for McGuire Unit 1;  
1989 Edition with no Addenda for McGuire Unit 2;  
1980 Edition through Winter 1981 Addenda for Catawba Units 1 and 2.

I. Component for which exemption is requested:

a. Name and Identification Number:

This request is for all of the remaining Interval hydrostatic testing for piping that penetrates a containment vessel, when the piping and isolation valves that are part of the containment system are Class 2 but the balance of the piping system is outside the scope of Section XI. This request is for system hydrostatic tests to be performed prior to the end of each inspection interval as follows:

Oconee 1, 2 and 3 - Second and Third Ten Year Inspection Intervals  
McGuire 1 and 2 - Second Ten Year Inspection Interval  
Catawba 1 and 2 - First Ten Year Inspection Interval

b. Function:

Containment integrity.

c. ASME Section XI Code Class: 2

d. Construction Code and Class (If Applicable):

Oconee - ANSI B31.1 - 1967 & ANSI B31.7 - 1968  
McGuire - ASME Section III - 1971 through Winter 1971 Addenda  
Catawba - ASME Section III - 1974 through Summer 1974 Addenda

e. Valve Category (If Applicable): N/A

II. Reference Code Requirement that has been determined to be impractical:

System hydrostatic test per IWC-5222; Category C-H; Items C7.40 and C7.80.

III. Basis for Requesting Relief:

Consistent with the philosophy of ASME Code Case N-522, this request is based on performing a 10 CFR 50, Appendix J test in lieu of the Interval hydrostatic pressure test, when the piping and isolation valves that are part of the containment system are Class 2 but the balance of the piping system is outside the scope of ASME Boiler & Pressure Vessel Code, Section XI. The only reason that the penetration piping is classified as Class 2 is because of its function as part of the containment pressure boundary. The remaining portion of the system is non nuclear related and the integrity of the system in relation to its primary function is not within the scope of Section XI. Since containment integrity is the only safety related function performed, it is logical to test the penetration portion of the system to the Appendix J criteria.

ASME Code Case N-522 has been approved by the ASME Boiler & Pressure Vessel Code Committee and the Board on Nuclear Codes and Standards as an acceptable alternative to the rules of the ASME Boiler & Pressure Vessel Code, Section XI. ASME Code Case N-522 has also been published in ASME Code Cases: Nuclear Components, 1992 Edition, Supplement No.7.

IV. Alternate Examination:

Class 2 piping and isolation valves that are part of the containment system, but the balance of the piping system is outside the scope of Section XI, shall be examined under the rules of 10CFR 50, Appendix J.

V. Implementation Schedule:

Immediate implementation.

Evaluated By: J. M. Baughman Date 6/13/94

Evaluated By: J. Borlase Date 6/13/94

## **10.0 Class 1 and 2 Repairs and Replacements**

- 10.1 As required by ASME Section XI 1989 Edition, a record (Form NIS-2) of the Class 1 and 2 Repairs and Replacements for work performed from October 28, 1994 to January 25, 1996 is provided and is included in this section of the report. The individual work request documents are on file at McGuire Nuclear Station

McGuire 1

Listing of Work Order Numbers which include Class 1 & 2 Froms NIS-2,  
(Repair and Replacements) from 10/15/94 to 01/25/96

<b>Class 1</b>	<b>Class 2</b>	<b>Class 2</b>
89079721	92041937	94019793
90073136	92055317	94019803
92077287	92085011	94019811
93010696	92087709	94019818
93010701	92092072	94019838
93021490	93001268	94024039
93028024	93015502	94028022
93029331	93023255	94029943
93061796	93023256	94052720
93071867	93025040	94061497
94005989	93027941	94065591
94005991	93031058	94065592
94009298	93031086	94068752
94009844	93031095	94069202
94013132	93061321	94071163
94013474	93088636	94071885
94013945	94005584	94081653
94013969	94006881	94081679
94013980	94006968	95064865
94013990	94013677	95095300
94014038	94013682	
94014091	94013787	
94018211	94013799	
94018242	94014079	
94018250	94014349	
94023174	94015740	
94045147	94015746	
94056119	94015752	
94057805	94016304	
94057809	94018216	
94058580	94018228	
94075825	94018240	
94076755	94018255	
94078112	94019781	
94078732	94019786	

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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1a. Date September 18, 1995  
 Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 89079721 (Class A)  
 Repair Organization Job # \_\_\_\_\_  
 3b. NSM or MM # MEVN-1768

4. Identification of System NI - Safety Injection

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases \_\_\_\_\_

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Col. 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1MNIVA0071	Atwood & Morrill	4-15436-01	366	item# 04J-054	1986	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes



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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1a. Date September 19, 1995  
 Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 90073136 (Class A)  
 Repair Organization Job # \_\_\_\_\_  
 3b. NSM or MM # N/A

4. Identification of System NC - Reactor Coolant

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases \_\_\_\_\_

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	1MNCVA0014	Walworth	C-55208	26	Model# A9696-M-65-D	1971	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1a. Date September 18, 1995  
 Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 92077287 (Class A)  
 Repair Organization Job # \_\_\_\_\_  
 3b. NSM or MM # N/A

4. Identification of System NI - Safety Injection

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases \_\_\_\_\_  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Col. 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1MNIVA0071	Atwood & Morrill	4-15436-01	1366	item# 04J-054	1986	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1a. Date September 21, 1995  
 Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 93010696 (Class A)  
 Repair Organization Job # \_\_\_\_\_  
 3b. NSM or MM # N/A

4. Identification of System NC - Reactor Coolant

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases \_\_\_\_\_

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	1MNCVA0001	Crosby	N56925-00-0001	25	model# HB-BP-86	1975	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1a. Date September 21, 1995  
 Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 93010701 (Class A)  
 Repair Organization Job # \_\_\_\_\_

3b. NSM or MM # N/A

4. Identification of System NC - Reactor Coolant

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases \_\_\_\_\_

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Col. 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1MNCVA0002	Crosby	N56925-00-0002	26	model# HB-BP-86	1975	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1a. Date September 21, 1995  
 Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 93021490 (Class A)  
 Repair Organization Job # \_\_\_\_\_  
 3b. NSM or MM # MGMM-3671

4. Identification of System NI - Safety Injection

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases \_\_\_\_\_  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Col. 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1MNIVA0065B	Walworth	C57172	195	model# 5272 WE PS item# 04J-005	1975	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

1. Owner Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201

2. Plant McGuire Nuclear Station  
Address 12700 Hagers Ferry Road, Hunterville NC 28076

2a. Unit  1  2  1 and 2 Shared

1a. Date 4/24/93  
Sheet 1 of 1

3. Work Performed By Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201  
Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 93028024-02  
Repair Organization Job #  
3b. NSM or MM # N/A

4. Identification of System NV

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1986, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	<u>1-NV-14</u>	<u>ALoyco</u> <u>WALWORTH</u>	<u>A0659</u>	<u>237</u>	<u>N/A</u>	<u>74</u>	<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1a. Date September 21, 1995  
 Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 93029331 (Class A)  
 Repair Organization Job # \_\_\_\_\_  
 3b. NSM or MM # N/A

4. Identification of System NC - Reactor Coolant

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Col. 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1MNCVA0094	Kerotest	OCA3-4	14842	model# DP-D-9909-1 item# 9J-016	1977	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1a. Date October 4, 1995  
 Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 93061796 (Class A)  
 Repair Organization Job # \_\_\_\_\_  
 3b. NSM or MM # N/A

4. Identification of System NC - Reactor Coolant

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Col. 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1MNCVA0036B	Control	15958-1-3	003	model# 118760	1975	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes



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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1a. Date September 18, 1995  
 Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 89079721 (Class A)  
 Repair Organization Job # \_\_\_\_\_  
 3b. NSM or MM # MEVN-1768

4. Identification of System NI - Safety Injection

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases \_\_\_\_\_

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Col. 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1MNIVA0071	Atwood & Morrill	4-15436-01	366	item# 04J-054	1986	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

**Form NIS-2 (Back)**

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

7. Description of Work Modified and replaced disc
8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt
- |          |            |            |          |
|----------|------------|------------|----------|
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |

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

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE	
We certify that the statements made in the report are correct and this <u>repair or replacement</u> conforms to the rules of the ASME Code, Section XI.	
Type Code Symbol Stamp	<u>N/A</u>
Certificate of Authorization No.	<u>N/A</u>
Expiration Date	<u>N/A</u>
Signed <u>F L Grass Jr</u>	<u>F L Grass Jr / Technical Specialist</u> Date <u>9/18/95</u>
Owner or Owner's Designee, Title	

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSBI and I Company of Hartford Connecticut</u> have inspected the components described in this Owner's Report during the period <u>4-24-89</u> to <u>9-18-95</u> , and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
<u>W Klein</u> Inspector's Signature	Commissions <u>NR7728, NC853, A-N-I</u> National Board, State, Province and Endorsements
Date <u>9-19</u> , 19 <u>95</u>	

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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1a. Date September 19, 1995  
 Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 90073136 (Class A)  
 Repair Organization Job # \_\_\_\_\_  
 3b. NSM or MM # N/A

4. Identification of System NC - Reactor Coolant

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases \_\_\_\_\_

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Col. 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1MNCVA0014	Walworth	C-55208	26	Model# A9696-M-65-D	1971	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes



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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1a. Date September 18, 1995  
 Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 92077287 (Class A)  
 Repair Organization Job # \_\_\_\_\_  
 3b. NSM or MM # N/A

4. Identification of System NI - Safety Injection

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases \_\_\_\_\_

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	1MNIVA0071	Atwood & Morrill	4-15436-01	1366	item# 04J-054	1986	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced body to bonnet bolting
8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt
- |          |       |      |            |       |    |
|----------|-------|------|------------|-------|----|
| Pressure | _____ | psig | Test Temp. | _____ | °F |
| Pressure | _____ | psig | Test Temp. | _____ | °F |
| Pressure | _____ | psig | Test Temp. | _____ | °F |

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

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

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

Signed [Signature] F L Grass Jr / Technical Specialist Date 9/19/1995  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 10-12-92 to 9-18-95, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB7728AC853, A-N-I  
 Inspector's Signature National Board, State, Province and Endorsements

Date 9-19, 1995

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

1. Owner Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201

1a. Date September 21, 1995  
Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201  
Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 93010696 (Class A)  
Repair Organization Job # \_\_\_\_\_  
3b. NSM or MM # N/A

4. Identification of System NC - Reactor Coolant

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases \_\_\_\_\_  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Col. 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1MNCVA0001	Crosby	N56925-00-0001	25	model# HB-BP-86	1975	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced nuts

8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt   
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

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

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] F L Grass Jr / Technical Specialist Date 9/22/1995  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 2-10-93 to 9-22-95, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB7728, NC853, A-N-I  
 Inspector's Signature National Board, State, Province and Endorsements  
 Date 9-25, 1995



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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1a. Date September 21, 1995  
 Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 93010701 (Class A)  
 Repair Organization Job # \_\_\_\_\_  
 3b. NSM or MM # N/A

4. Identification of System NC - Reactor Coolant

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases \_\_\_\_\_  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Col. 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1MNCVA0002	Crosby	N56925-00-0002	26	model# HB-BP-86	1975	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

**Form NIS-2 (Back)**

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

7. Description of Work Replaced nuts

8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt   
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

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

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] F L Grass Jr / Technical Specialist Date 9/21, 1995  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 3-17-93 to 9-21-95, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB7728, NC853, A-N-I  
 Inspector's Signature National Board, State, Province and Endorsements  
 Date 9-22, 1995

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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1a. Date September 21, 1995  
 Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 93021490 (Class A)  
 Repair Organization Job # \_\_\_\_\_  
 3b. NSM or MM # MGMM-3671

4. Identification of System NI - Safety Injection

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases \_\_\_\_\_

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Col. 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1MNIVA0065B	Walworth	C57172	195	model# 5272 WE PS item# 04J-005	1975	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Machined bonnet

8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt   
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

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

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] F L Grass Jr / Technical Specialist Date 9/22/1995  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 3-23-93 to 9-22-95, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB7728 NC853 A-N-I  
 Inspector's Signature National Board, State, Province and Endorsements  
 Date 9-22, 19 95

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

1. Owner Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201

1a. Date 4/24/93  
Sheet 1 of 1

2. Plant McGuire Nuclear Station  
Address 12700 Hegers Ferry Road, Huntersville NC 28076

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201  
Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 93028024-02  
Repair Organization Job #  
3b. NSM or MM # N/A

4. Identification of System NV

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1986, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	<u>1-NV-14</u>	<u>ALCOYCO</u> <u>WALWORTH</u>	<u>A0659</u>	<u>237</u>	<u>N/A</u>	<u>74</u>	<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work REPLACED 6 studs (Bonnett to Body)
8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt
- |          |                      |            |                    |
|----------|----------------------|------------|--------------------|
| Pressure | <u>        </u> psig | Test Temp. | <u>        </u> °F |
| Pressure | <u>        </u> psig | Test Temp. | <u>        </u> °F |
| Pressure | <u>        </u> psig | Test Temp. | <u>        </u> °F |

9. Remarks \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

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

Signed J. H. [Signature], QA TECHNICAL SPECIALIST Date 9/24/1995  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 4-17-95 to 5-24-95, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB7728, NC853, A-N-I  
 Inspector's Signature National Board, State, Province and Endorsements

Date 8-25, 19 95

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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1a. Date September 21, 1995  
 Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 93029331 (Class A)  
 Repair Organization Job # \_\_\_\_\_  
 3b. NSM or MM # N/A

4. Identification of System NC - Reactor Coolant

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases \_\_\_\_\_  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Col. 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1MNCVA0094	Kerotest	OCA3-4	14842	model# DP-D-9909-1 item# 9J-016	1977	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced yoke and disc

8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt   
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

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

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] F L Grass Jr / Technical Specialist Date 9/22/1995  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 4-22-93 to 9-22-95, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB7728 NCS3 A-N-I  
 Inspector's Signature National Board, State, Province and Endorsements

Date 9-25 1995



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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1a. Date October 4, 1995  
 Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 93061796 (Class A)  
 Repair Organization Job # \_\_\_\_\_  
 3b. NSM or MM # N/A

4. Identification of System NC - Reactor Coolant

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Col. 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1MNCVA0036B	Control	15958-1-3	003	model# 118760	1975	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced spindle

8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt   
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

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

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed F L Grass Jr F L Grass Jr / Technical Specialist Date 10/4, 19 95  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 8-25-93 to 10-4-95, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Fitzgibbon Commissions NB 7728, NC 853, A-N-I  
 Inspector's Signature National Board, State, Province and Endorsements

Date 10-4-95, 19

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

1a. Date October 4, 1995  
Sheet 1 of 1

1. Owner Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201  
Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 93071867 (Class A)  
Repair Organization Job # \_\_\_\_\_  
3b. NSM or MM # N/A

4. Identification of System NC - Reactor Coolant Code Cases \_\_\_\_\_  
5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, no Addenda  
6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	1MNCVA0032B	Control	15958-1-1	001	model# 118760	1975	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work machined bonnet

8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt   
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

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

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] F L Grass Jr / Technical Specialist Date 10/4, 1995  
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 2-7-94 to 10-4-95, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 7728, NCB 53, A-N-7  
 Inspector's Signature National Board, State, Province and Endorsements

Date 10-4, 1995

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

1. Owner Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201

1a. Date 2-1-94  
Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201  
Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94005989  
Repair Organization Job #  
3b. NSM or MM # NA

4. Identification of System NC

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NA Code Cases

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1986, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	3 steam Gen 1-A	Westinghouse	1461	68-107	MC 31475 Nuc-H# VAB9-2 Stud-N# X9317-2	1973	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B					MC 32147		<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced manway bolting on SG 1 A  
 8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt   
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

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

Signed W. Bare Date 2-14, 1994  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 2-3-94 to 8-23-95, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 728 NC 553 A-N-I  
 Inspector's Signature National Board, State, Province and Endorsements

Date 8-23-95, 1995

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

1. Owner Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201

1a. Date 2-1-94  
Sheet 1 of 1

2. Plant McGuire Nuclear Station  
Address 12700 Hegers Ferry Road, Hunterville NC 28078

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201  
Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94005991  
Repair Organization Job # \_\_\_\_\_  
3b. NSM or MM # NA

4. Identification of System NC

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NA Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1986, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	Steam Generator 1B	Westinghouse	1462	68-108	MC 31475 NUT # A89-2 MC 32147 JUD # 9317-1	1973	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced bolting (manway) on SG1B
8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt
- |          |            |            |          |
|----------|------------|------------|----------|
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |

9. Remarks \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

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

Signed E D Bare Date 2/14, 1994  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 1-24-94 to 2-14-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 7728 NC 853 A-N-I  
 Inspector's Signature National Board, State, Province and Endorsements

Date 8-23, 1995



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

1. Owner Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201

1a. Date 2-14-94  
Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201  
Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94009298-11  
Repair Organization Job #  
3b. NSM or MM # N/A

4. Identification of System NI  
5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NA Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1986, no Addenda  
6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	INI 94	Atwood-Merrell	3-15436-01	365	TD6947	1986	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced stud on bonnet  
 8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt   
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

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

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed

Clare G. Bane

Date 2-19, 1994

Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 2-19-94 to 2-19-95, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

D. Klein  
 Inspector's Signature

Commissions NBIB, NCFSS, AN-I  
 National Board, State, Province and Endorsements

Date 8-23 1995

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

1. Owner Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201

1a. Date 2/17/95  
Sheet 1 of 1

2. Plant McGuire Nuclear Station  
Address 12700 Hagers Ferry Road, Hunterville NC 28070

CLASS A

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201  
Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94009844 / 01  
Repair Organization Job #  
3b. NSM or MM # N/A

4. Identification of System NC
5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NO Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1986, no Addenda
6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	IMCR-NC-770	Duke Power Co.	N/A	N/A	SNUBBER S/N	N/A	<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	IMCR-NC-770	Duke Power Co.	N/A	N/A	SNUBBER S/N	N/A	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	IMCR-NC-770	Duke Power Co.	N/A	N/A	PIVOT PIN PARTING # MC 20848	N/A	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work REPLACED SNUBBER AND PIVOT PIN
8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt
- |          |            |            |          |
|----------|------------|------------|----------|
| Pressure | _____ PSIG | Test Temp. | _____ °F |
| Pressure | _____ PSIG | Test Temp. | _____ °F |
| Pressure | _____ PSIG | Test Temp. | _____ °F |

9. Remarks SNUBBER TESTED PRIOR TO INSTALLATION

---



---

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed J. Shaw, TECHNICAL SPECIALIST Date 2/17, 19 95  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 2-8-94 to 2-20-95, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

J. Klein Commissions NB7728 NC853, A-N-I  
 Inspector's Signature National Board, State, Province and Endorsements

Date 2-20 19 95

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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1a. Date September 18, 1995  
 Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94013132 (Class A)  
 Repair Organization Job # \_\_\_\_\_  
 3b. NSM or MM # N/A

4. Identification of System NI - Safety Injection

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases \_\_\_\_\_

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Col. 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1MNIVA0082	Atwood & Morrill	2-15436-01	364	item# 04J-054	1986	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

**Form NIS-2 (Back)**

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

7. Description of Work Replaced disc
8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt
- |          |                      |            |                    |
|----------|----------------------|------------|--------------------|
| Pressure | <u>        </u> psig | Test Temp. | <u>        </u> °F |
| Pressure | <u>        </u> psig | Test Temp. | <u>        </u> °F |
| Pressure | <u>        </u> psig | Test Temp. | <u>        </u> °F |

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

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed F L Grass Jr F L Grass Jr / Technical Specialist Date 9/19, 1995  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 2-14-94 to 9-19-95, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 7728, NCP 53A-N-1  
 Inspector's Signature National Board, State, Province and Endorsements

Date 9-19, 1995

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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1a. Date 11/1/94  
 Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94013474 / 01  
 Repair Organization Job #  
 3b. NSM or MM # N/A

4. Identification of System NV  
 5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NO Code Cases  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1986, no Addenda  
 6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	HANGER 1MCR-NV-851	Duke Power Co	N/A	N/A	SNUBBER S/N 20576	N/A	<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	HANGER 1MCR-NV-851	Duke Power Co	N/A	N/A	SNUBBER S/N 19154	N/A	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work REPLACES SAUBER

8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt

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

9. Remarks TESTED PRIOR TO REPLACEMENT

---



---

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

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

Signed [Signature] TECHNICAL SPECIALIST Date 11/1/1994  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-26-94 to 11-1-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB7728, NCPSS AN-I  
 Inspector's Signature National Board, State, Province and Endorsements

Date 11-1 1994



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

1. Owner Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201

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

2a. Unit  1  2  1 and 2 Shared

1a. Date 11/2/94  
Sheet 1 of 1

3. Work Performed By Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201  
Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94013945  
Repair Organization Job # \_\_\_\_\_

3b. NSM or MM # NA

4. Identification of System WL

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NO Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1986, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	HANGER I-MCA-WL-0598	DUKE POWER	NA	NA	SNUBBER S/N 19957	NA	<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	HANGER I-MCA-WL-0598	DUKE POWER	NA	NA	SNUBBER S/N 20502	NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work SNUBBER REPLACED
8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt
- |          |            |            |          |
|----------|------------|------------|----------|
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |

9. Remarks SNUBBER TESTED PRIOR TO INSTALLATION

---



---

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed H.G. Black, TECHNICAL SPECIALIST II Date 11/7, 1994  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-21-94 to 11-9-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

AKlein  
 Inspector's Signature

Commissions NB7728, NC853, A-N-I  
 National Board, State, Province and Endorsements

Date 11-9, 1994

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

1. Owner Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201

1a. Date 11/1/94  
Sheet 1 of 1

2. Plant McGuire Nuclear Station  
Address 12700 Hegers Ferry Road, Hunterville NC 28078

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201  
Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94013969 / 01  
Repair Organization Job #  
3b. NSM or MM # N/A

4. Identification of System NV  
5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NO Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1986, no Addenda  
6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	HANGER 1MCR-NV-852	Duke Power Co	N/A	N/A	SNUBBER SN 20577	N/A	<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	HANGER 1MCR-NV-852	Duke Power Co	N/A	N/A	SNUBBER SN 21165	N/A	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work REPLACED SAUBER  
 8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt   
 Pressure \_\_\_\_\_ PSIG Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ PSIG Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ PSIG Test Temp. \_\_\_\_\_ °F

9. Remarks TESTED PRIOR TO REPLACEMENT

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

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

Date 11/1, 1994

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-26-94 to 11-1-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]  
 Inspector's Signature

Commissions NB7728, NC853, A-N-I  
 National Board, State, Province and Endorsements

Date 11-1 1994

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

1. Owner Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201

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

2a. Unit  1  2  1 and 2 Shared

1a. Date 11/7/94  
Sheet 1 of 1

3. Work Performed By Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201  
Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94013980  
Repair Organization Job # \_\_\_\_\_  
3b. NSM or MM # NA

4. Identification of System WL

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NO Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1986, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Yr. Bul.	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	HANGER 1-MCA-WL-0583	DUKE POWER	NA	NA	SNUBBER S/N 14816	NA	<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	HANGER 1-MCA-WL-0583	DUKE POWER	NA	NA	SNUBBER S/N 19544	NA	<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work SNUBBER REPLACED
8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt
- |          |            |            |          |
|----------|------------|------------|----------|
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |
9. Remarks SNUBBER TESTED PRIOR TO INSTALLATION

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed H. G. Blank Technical Specialist II  
Owner or Owner's Designee, Title

Date 4/7, 1994

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-19-94 to 12-7-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]  
Inspector's Signature

Commissions NB 7728, NCP 53, A-N-I  
National Board, State, Province and Endorsements

Date 12-7, 19 94

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

1. Owner Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201

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

2a. Unit  1  2  1 and 2 Shared

1a. Date 11/7/94  
Sheet 1 of 1

3. Work Performed By Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201  
Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94013990  
Repair Organization Job # \_\_\_\_\_

3b. NSM or MM # NA

4. Identification of System NV

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NO Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1986, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	HANGER I-MCR-NV-1067	DUKE POWER	NA	NA	SNUBBER S/N 19983	NA	<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	HANGER I-MCR-NV-1067	DUKE POWER	NA	NA	SNUBBER S/N 14903	NA	<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work SNUBBER REPLACED
8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt
- |          |            |            |          |
|----------|------------|------------|----------|
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |
9. Remarks SNUBBER TESTED PRIOR TO INSTALLATION
- (Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed H.G. Black, TECHNICAL SPECIALIST II Date 11/7, 1994  
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-19-94 to 12-12-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 7728 NCF53, A-N-I  
 Inspector's Signature National Board, State, Province and Endorsements

Date 12-12, 1994



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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1a. Date 11/1/94  
 Sheet 1 of 1

2. Plant McGuire Nuclear Station  
 Address 12700 Hagers Ferry Road, Hunterville NC 28076

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94014038/01  
 Repair Organization Job # \_\_\_\_\_  
 3b. NSM or MM # N/A

4. Identification of System NV  
 5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NO Code Cases  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1986, no Addenda  
 6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	HANGER 1MCR-NV-1060	DUKE POWER CO	N/A	N/A	SNUBBER S/N 21745	N/A	<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	HANGER 1MCR-NV-1060	DUKE POWER CO	N/A	N/A	SNUBBER S/N 17388	N/A	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work REPLACED SNUBBER

8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt

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

9. Remarks TESTED PRIOR TO REPLACEMENT

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

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

Signed [Signature] TECHNICAL SPECIALIST Date 11/11/1994  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-19-94 to 11-1-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 7728, NC 853, A-N-I  
 Inspector's Signature National Board, State, Province and Endorsements

Date 11-1 19 94

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

1. Owner Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201

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

2a. Unit  1  2  1 and 2 Shared

1a. Date 11/2/94  
Sheet 1 of 1

3. Work Performed By Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201  
Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94014091  
Repair Organization Job # \_\_\_\_\_

3b. NSM or MM # NA

4. Identification of System WL

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NO Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1986, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	HANGER 1-MCR-WL-586	DUKE POWER	NA	NA	SNUBBER S/N 19951	NA	<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	HANGER 1-MCR-WL-586	DUKE POWER	NA	NA	SNUBBER S/N 14922	NA	<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work REPLACED SNUBBER
8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt
- |          |       |      |            |       |    |
|----------|-------|------|------------|-------|----|
| Pressure | _____ | psig | Test Temp. | _____ | °F |
| Pressure | _____ | psig | Test Temp. | _____ | °F |
| Pressure | _____ | psig | Test Temp. | _____ | °F |
9. Remarks SNUBBER TESTED PRIOR TO INSTALLATION

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed H.P. Black, TECHNICAL SPECIALIST II Date 4/7, 1994  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-21-94 to 12-5-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

R. K. Klein  
 Inspector's Signature

Commissions NB7728, NC853, A-N-I  
 National Board, State, Province and Endorsements

Date 12-5, 1994

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

1. Owner Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201

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

2a. Unit  1  2  1 and 2 Shared

1a. Date 11/7/94  
Sheet 1 of 1

3. Work Performed By Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201  
Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94018211  
Repair Organization Job # \_\_\_\_\_

3b. NSM or MM # NA

4. Identification of System NV

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NO Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1986, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	HANGER 1-MCR-NV-1071	DUKE POWER	NA	NA	SUBBATER S/N 21393	NA	<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	HANGER 1-MCR-NV-1071	DUKE POWER	NA	NA	SUBBATER S/N 00116	NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

- 7. Description of Work REPLACED SNUBBER
- 8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt 

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

9. Remarks SNUBBER TESTED PRIOR TO INSTALLATION

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed H.E. Black TECHNICAL SPECIALIST II Date 11/7, 1994  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-29-94 to 12-12-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB7728, NC853, A-N-I  
Inspector's Signature National Board, State, Province and Endorsements

Date 12-12, 1994

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

1. Owner Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201

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

2a. Unit  1  2  1 and 2 Shared

1a. Date 11/7/94  
Sheet 1 of 1

3. Work Performed By Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201  
Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94018242  
Repair Organization Job # \_\_\_\_\_

3b. NSM or MM # NA

4. Identification of System NV

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NO Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1986, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	HANGER 1-MCR-NV-1034	DUKE POWER	NA	NA	SN4B5E7Z S/N 20336	NA	<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	HANGER 1-MCR-NV-1034	DUKE POWER	NA	NA	SN4B5E7Z S/N 20373	NA	<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work REPLACED SNUBBER
8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt
- |          |            |            |          |
|----------|------------|------------|----------|
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |

9. Remarks SNUBBER TESTED PRIOR TO INSTALLATION

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

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

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

Signed N.E. Gandy TECHNICAL SPECIALIST # Date 11/7, 1994  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 10-3-94 to 11-29-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB7728, NC853 A-N-I  
 Inspector's Signature National Board, State, Province and Endorsements

Date 11-29, 1994



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

1. Owner Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201

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

2a. Unit  1  2  1 and 2 Shared

1a. Date 11/7/94  
Sheet 1 of 1

3. Work Performed By Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201  
Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94018250  
Repair Organization Job # \_\_\_\_\_  
3b. NSM or MM # NA

4. Identification of System NV

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NO Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1986, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	HANGER I-MCR-NV-1031	DUKE POWER	NA	NA	S/N 20335	NA	<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	HANGER I-MCR-NV-1031	DUKE POWER	NA	NA	S/N 20743	NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work REDUCED SNUGGER

8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt

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

9. Remarks SNUGGER TESTED PRIOR TO INSTALLATION

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed H.G. Blachy TECHNICAL SPECIALIST II Date 11/7, 1994  
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-29-94 to 11-29-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 7728 NC 853 A-N-I  
 Inspector's Signature National Board, State, Province and Endorsements

Date 11-29-94 19 94

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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1a. Date NOV 15th 1994  
 Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94023174  
 Repair Organization Job # \_\_\_\_\_  
 3b. NSM or MM # 6286

4. Identification of System SAFETY INJECTION (SI) SYSTEM

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases \_\_\_\_\_

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1986, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Col. 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VALVE	ALOYCO/WALWORTH	A-0166			1973	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	VALVE	WESTINGHOUSE	06000CS8800000-000W750232	W18941	1NI0176	1978	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replace 6" check with new valve tagged I.N. 5J-001
8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt
- |          |             |      |            |            |    |
|----------|-------------|------|------------|------------|----|
| Pressure | <u>1560</u> | psig | Test Temp. | <u>85</u>  | °F |
| Pressure | <u>470</u>  | psig | Test Temp. | <u>136</u> | °F |
9. Remarks 1) Cl. A side hydro tested to 1560 psig @ 85 deg F (MP/0/A/7650/55)  
2) Cl. B, system inservice test @ 470 psig, 136 deg F (MP/0/A/7650/76)

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed Ronald D. Talbert/Tech Spec 1 Ronald D. Talbert Date NOV 15th, 1994  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-19-94 to 12-1-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 7728, NCS53, A-N-I  
Inspector's Signature National Board, State, Province and Endorsements

Date 12-1, 19 94

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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1a. Date September 20, 1995  
 Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94045147 (Class A)  
 Repair Organization Job # \_\_\_\_\_  
 3b. NSM or MM # N/A

4. Identification of System NI - Safety Injection

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	1MNIVA0175	Aloyco	A-0161	N/A	model# D-49466 Item# 04J-008	1973	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced disc
8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt
- |          |            |            |          |
|----------|------------|------------|----------|
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |

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

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed F L Grass Jr F L Grass Jr / Technical Specialist Date 9/20/1995  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-2-94 to 9-20-95, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 7728, NC 853, A-N-I  
 Inspector's Signature National Board, State, Province and Endorsements

Date 9-22, 1995

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

1. Owner Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201

1a. Date NOV 29th 1994  
Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201  
Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94056119 (Cl. A)  
Repair Organization Job # \_\_\_\_\_

3b. NSM or MM # N/A

4. Identification of System SAFETY INJECTION (NI) SYSTEM

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases \_\_\_\_\_

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1986, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	VALVE	KEROTEST	XH8-6	20709	1NI159	1977	<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	VALVE	KEROTEST	LA4-10	8699	1NI159	1976	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replace valve I.N. 9J-4 with same.
8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt
- |          |             |      |            |             |    |
|----------|-------------|------|------------|-------------|----|
| Pressure | <u>1440</u> | psig | Test Temp. | <u>83.5</u> | °F |
| Pressure | _____       | psig | Test Temp. | _____       | °F |
9. Remarks Class A-Functional test performed  
Class B-Inservice test performed  
See attached copy of hydro relief request 94-009
- (Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

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

Signed Ronald D. Talbert/Tech Spec 1 Ronald D. Talbert Date Nov 29, 1994  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-8-94 to 2-1-95, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

DD Klein Commissions NB7728, NCP53, A-N-7  
 Inspector's Signature National Board, State, Province and Endorsements

Date 2-1, 1995



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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1a. Date Nov 15th 1994  
 Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94057805  
 Repair Organization Job # \_\_\_\_\_  
 3b. NSM or MM # N/A

4. Identification of System REACTOR COOLANT (NC) SYSTEM

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases \_\_\_\_\_  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1986, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Col. 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VALVE	KEROTEST	(MISSING TAG)				<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	VALVE	KEROTEST	ASZ1-10	38431	1NC0005	1990	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replace valve (2") with same. (See MCFI-1NC3 & MC 1553-1.0)

8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt

Pressure 2310 psig Test Temp. 197 °F

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

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

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed Ronald D. Talbert/Tech Spec 1 Ronald D. Talbert Date NOV 15, 1994  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-14-94 to 11-29-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

A. Klein Commissions NB772B, NC853, A-N-I  
Inspector's Signature National Board, State, Province and Endorsements

Date 11-29, 19 94

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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1a. Date September 21, 1995  
 Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94057809 (Class A)  
 Repair Organization Job # \_\_\_\_\_  
 3b. NSM or MM # N/A

4. Identification of System NC - Reactor Coolant

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	1MNCVA0095	Kerotest	OCA3-10	14845	model# DP-D-9909-01 item# 09J-016	1977	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced disc

8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt

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

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

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

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

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] F L Grass Jr / Technical Specialist Date 4/21, 1995  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-2-94 to 9-22-95, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB7728, NC853, A-N-I  
 Inspector's Signature National Board, State, Province and Endorsements

Date 9-22, 1995

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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1a. Date September 20, 1995  
 Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94058580 (Class A)  
 Repair Organization Job # \_\_\_\_\_  
 3b. NSM or MM # N/A

4. Identification of System NC - Reactor Coolant

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases \_\_\_\_\_

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	1MNCVA0106	Kerotest	EE1-8	5136	model# DP-D-9909-1 item# 09J-016	1974	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced disc

8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt   
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

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

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] F L Grass Jr / Technical Specialist Date 9/20/95, 1995  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-2-94 to 9-20-95, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB7728 NC 853 A-N-I  
 Inspector's Signature National Board, State, Province and Endorsements  
 Date 9-22, 1995

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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1a. Date 11/1/95  
 Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94075825 (CL. A)  
 Repair Organization Job # \_\_\_\_\_  
 3b. NSM or MM # N/A

4. Identification of System NV SYSTEM

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases \_\_\_\_\_  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1986, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Col. 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<b>PIPING SYSTEM (CL. A)</b>	<b>DUKE POWER</b>	<b>N/A</b>	<b>37</b>	<b>1NV</b>	<b>1981</b>	<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work REPLACED (8) 1 INCH NUTS ON FLANGE # 1NV125-FL1, REF. MCFI-1NV-125

8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt   
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

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

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed J.R. Larson QA Tech. Support Date 11/1, 1995  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 10-3-94 to 11-1-95, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

B. Klein Commissions NB 7728, NC 853, A-N-I  
Inspector's Signature National Board, State, Province and Endorsements

Date 11-1, 1995



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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1a. Date September 18, 1995  
 Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94076755 (Class A)  
 Repair Organization Job # \_\_\_\_\_  
 3b. NSM or MM # N/A

4. Identification of System NI - Safety Injection

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Col. 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1MNIVA0071	Atwood & Morrell	4-15436-01	366	item# 04J-054	1986	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

**Form NIS-2 (Back)**

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

7. Description of Work Replaced disc

8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt   
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

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

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed F L Grass Jr F L Grass Jr / Technical Specialist Date 9/18/1995  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 10-6-94 to 9-18-95, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

W Klein Commissions NB 7728, NC 853, A-N-I  
 Inspector's Signature National Board, State, Province and Endorsements

Date 9-19 1995

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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1a. Date September 18, 1995  
 Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94078112 (Class A)  
 Repair Organization Job # \_\_\_\_\_  
 3b. NSM or MM # N/A

4. Identification of System NI - Safety Injection

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases \_\_\_\_\_  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Col. 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1MNIVA0071	Atwood & Morrell	4-15436-01	366	item# 04J-054	1986	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced disc

8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt   
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

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

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed F L Grass Jr F L Grass Jr / Technical Specialist Date 9/19/1995  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 10-12-94 to 9-18-95, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB-728, NC 853, A-N-I  
Inspector's Signature National Board, State, Province and Endorsements

Date 9-19, 1995

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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1a. Date September 18, 1995  
 Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Starhp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94078732 (Class A)  
 Repair Organization Job # \_\_\_\_\_  
 3b. NSM or MM # N/A

4. Identification of System NI - Safety Injection
5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases \_\_\_\_\_  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, no Addenda
6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Col. 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1MNIVA0082	Atwood & Morrill	2-15436-01	364	item# 04J-054	1986	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced disc

8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt   
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

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

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed F L Grass Jr F L Grass Jr / Technical Specialist Date 9/18/1995  
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 10-13-94 to 9-18-95, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 7728 NC 853, A-N-I  
 Inspector's Signature National Board, State, Province and Endorsements

Date 9-19, 1995

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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1a. Date JUNE 13 1995  
 Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 92041937 (Duke CI B)  
 Repair Organization Job # \_\_\_\_\_  
 3b. NSM or MM # N/A

4. Identification of System SAFETY INJECTION (NI) SYSTEM

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, N-416 & N-416-1 Code Cases \_\_\_\_\_

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1986, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Col. 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VALVE	KEROTEST	CK7-13	4000	VALVE TAG 1NI158	1974	<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	VALVE	KEROTEST	CE8-3	4159	VALVE TAG 1NI158	1974	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work REPLACED DAMAGED 2" VALVE WITH SAME. (SEE REMARKS)
8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt
- |          |       |      |            |       |    |
|----------|-------|------|------------|-------|----|
| Pressure | _____ | psig | Test Temp. | _____ | °F |
| Pressure | _____ | psig | Test Temp. | _____ | °F |
| Pressure | _____ | psig | Test Temp. | _____ | °F |

9. Remarks Valve replaced by cutting out and rewelding NI1F1526, NI1F1527 shown on welding isometric MCFI-1NI41. Also system leakage test performed in lieu of a system hydrostatic test. REF ASME CODE CASE N-416 & N-416-1.

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

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

Signed Ronald D. Talbert/Tech Spec II Ronald D. Talbert Date Jun 13, 1995  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the component described in this Owner's Report during the period 4-27-93 to 6-15-95, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

AK Klein \_\_\_\_\_ Commissions NB7728 NC 853, A-N-I  
 Inspector's Signature National Board, State, Province and Endorsements

Date 6-15, 1995



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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1a. Date October 2, 1995  
 Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 92055317 (Class B)  
 Repair Organization Job # \_\_\_\_\_  
 3b. NSM or MM # N/A

4. Identification of System NM - Nuclear Sampling

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases \_\_\_\_\_  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Col. 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1MNMVA0092	Dresser	TE09060	266	model# 1910-30F File# V1153	1978	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	1MNMVA0092	Dresser	TJ17695	1952	model# 1910-30F QA Tag# MC36144 PO# W06719	1992	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced valve

8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt   
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

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

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed F L Grass Jr F L Grass Jr / Technical Specialist Date 10/2/95  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 7-29-92 to 10-2-95, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

AT Klein Commissions NB 7728, NC 853, A-N-I  
Inspector's Signature National Board, State, Province and Endorsements

Date 10-4 19 95

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

1. Owner Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201

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

2a. Unit  1  2  1 and 2 Shared

1a. Date 11/7/94  
Sheet 1 of 1

3. Work Performed By Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201  
Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 92085011  
Repair Organization Job # \_\_\_\_\_

3b. NSM or MM # NA

4. Identification of System CF

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NO Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1986, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	HANGER I-MCR-CF-302	DUKE POWER	NA	NA	SNUBBER S/N 15835		<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	HANGER I-MCR-CF-302	DUKE POWER	NA	NA	SNUBBER S/N 15828		<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work REPLACED SNUBBER
8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt
- |          |            |            |          |
|----------|------------|------------|----------|
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |
9. Remarks SNUBBER TESTED PRIOR TO INSTALLATION

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed

H.E. Black, TECHNICAL SPECIALIST #  
Owner or Owner's Designee, Title

Date 11/7, 1994

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-29-94 to 11-29-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

OKlein  
Inspector's Signature

Commissions NB 7728, NC 853, A-N-I  
National Board, State, Province and Endorsements

Date 11-29, 19 94

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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1a. Date June 16, 1993  
 Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 92087709  
 Repair Organization Job # \_\_\_\_\_  
 3b. NSM or MM # MM-3736

4. Identification of System Main Steam Vent to Atmosphere (SV)
5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, No Code Cases  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1986, no Addenda
6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Col. 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replaced	ASME Code Stamped (yes or no)
A	Valve 1SV01	Control Components & Incorp. (CCI)	15958-2-1	7		1977	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Sleeve to Packing Box Seal Weld
8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt
- |          |            |            |          |
|----------|------------|------------|----------|
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |

9. Remarks Non-Pressure Retaining Weld
- \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- (Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

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

Signed R. D. Talbot Date 6/16, 1993  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 5-15-93 to 6-16-93, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

R. Klein Commissions NB 7728, NC 853, A-N-I  
 Inspector's Signature National Board, State, Province and Endorsements

Date 8-28, 1995

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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1a. Date September 18, 1995  
 Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 92092072 (Class B)  
 Repair Organization Job # \_\_\_\_\_

3b. NSM or MM # N/A

4. Identification of System XCW - Civil Work (Pen# 461)

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases \_\_\_\_\_

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	1XCWPFE461	Duke Power	N/A	N/A	1XCWPFE461	N/A	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced nut
8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt
- |          |            |            |          |
|----------|------------|------------|----------|
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |

9. Remarks Work performed on penetration to building (461)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp      N/A

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

Signed [Signature]      F L Grass Jr / Technical Specialist Date 7/21, 1995  
Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 5-20-93 to 9-18-95, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]      Commissions NB 7728, NCB 53, A-N-I  
Inspector's Signature      National Board, State, Province and Endorsements

Date 9-18, 1995



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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1a. Date September 21, 1995  
 Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 93001268 (Class B)  
 Repair Organization Job # \_\_\_\_\_  
 3b. NSM or MM # N/A

4. Identification of System NV - Chemical & Volume Control

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Col. 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1MNVVA0483	Dresser	TE-09054	265	model#1910-30F	1978	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes



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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1a. Date 2/17/95  
 Sheet 1 of 1

2. Plant McGuire Nuclear Station  
 Address 12700 Hegers Ferry Road, Hunterville NC 28078

CLASS B

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 93015502 / 01  
 Repair Organization Job #  
 3b. NSM or MM # N/A

4. Identification of System SM  
 5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NO Code Cases  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1986, no Addenda  
 6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	1MCA-SM-103	DUKE POWER COMPANY	N/A	N/A	SNUBBER S/N 15688	N/A	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	1MCA-SM-103	DUKE POWER COMPANY	N/A	N/A	SNUBBER S/N 16544	N/A	<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work REPLACED SNUBBER
8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt
- |          |            |            |          |
|----------|------------|------------|----------|
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |
9. Remarks SNUBBER TESTED PRIOR TO INSTALLATION

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed

[Signature] TECHNICAL SPECIALIST  
Owner or Owner's Designee, Title

Date 2/2/1995

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 2-28-93 to 2-20-95, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]  
Inspector's Signature

Commissions NB7728, NC853, A-N-I  
National Board, State, Province and Endorsements

Date 2-20 19 95

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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1a. Date September 19, 1995  
 Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 93023255 (Class B)  
 Repair Organization Job # \_\_\_\_\_  
 3b. NSM or MM # N/A

4. Identification of System NV - Chemical & Volume Control

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases \_\_\_\_\_

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Col. 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1MNVVA0010	Walworth	A-0591	35	item# 4D-024	1973	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced bonnet studs and nuts
8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt
- |          |       |      |            |       |    |
|----------|-------|------|------------|-------|----|
| Pressure | _____ | psig | Test Temp. | _____ | °F |
| Pressure | _____ | psig | Test Temp. | _____ | °F |
| Pressure | _____ | psig | Test Temp. | _____ | °F |

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

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed F L Grass Jr F L Grass Jr / Technical Specialist Date 9/19/1985  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 3-27-83 to 9-19-85, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB-7728 NCB53, A-N-I  
 Inspector's Signature National Board, State, Province and Endorsements

Date 9-25, 1985

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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1a. Date September 19, 1995  
 Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 93023256 (Class B)  
 Repair Organization Job # \_\_\_\_\_  
 3b. NSM or MM # N/A

4. Identification of System NV - Chemical & Volume Control

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases \_\_\_\_\_  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Col. 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1MNVVA0011	Walworth	A-0593	24	item# 04D-024	1973	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced bonnet studs and nuts

8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt   
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

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

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed F L Grass Jr F L Grass Jr / Technical Specialist Date 9/19/95  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 3-27-93 to 9-19-95, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

AT Klein Commissions NB7728, NC853, A-NI  
 Inspector's Signature National Board, State, Province and Endorsements

Date 9-25 19 95



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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1a. Date September 21, 1995  
 Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 93025040 (Class B)  
 Repair Organization Job # \_\_\_\_\_  
 3b. NSM or MM # N/A

4. Identification of System KC - Component Cooling

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Col. 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1MKCVA0072	Kerotest	JH16-3	7677	model# 03-3415-1	1975	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

**Form NIS-2 (Back)**

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

7. Description of Work Replaced yoke

8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt   
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

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

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] F L Grass Jr / Technical Specialist Date 9/21/1995  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 4-2-93 to 9-21-95, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB7728, NC 853, A-N-I  
 Inspector's Signature National Board, State, Province and Endorsements

Date 9-21, 1995

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

1. Owner Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201

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

2a. Unit  1  2  1 and 2 Shared

1a. Date 11/7/94  
Sheet 1 of 1

3. Work Performed By Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201  
Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 93027941  
Repair Organization Job # \_\_\_\_\_

3b. NSM or MM # NA

4. Identification of System NV

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NO Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1986, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	HANGER 1-MCR-NV-498	DUKE POWER	NA	NA	SNUBBER S/N 18007	NA	<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	HANGER 1-MCR-NV-498	DUKE POWER	NA	NA	SNUBBER S/N 21407	NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work REPLACED SNUBBER
8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt
- |          |            |            |          |
|----------|------------|------------|----------|
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |
9. Remarks SNUBBER TESTED PRIOR TO INSTALLATION
- \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- (Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

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

Signed H.V. Black, TECHNICAL SPECIALIST II Date 11/7, 1994  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11-2-94 to 12-28-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 7728 NC 853, A-N-I  
 Inspector's Signature National Board, State, Province and Endorsements

Date 12-28, 1994

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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1a. Date October 30, 1995  
 Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 93031058 (Class B)  
 Repair Organization Job # \_\_\_\_\_

3b. NSM or MM # N/A

4. Identification of System NS - CONTAINMENT SPRAY

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases \_\_\_\_\_

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	1MNSVA0011	Kerotest	CK6-8	4555	N/A	1974	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced bonnet and disc
8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt
- |          |       |      |            |       |    |
|----------|-------|------|------------|-------|----|
| Pressure | _____ | psig | Test Temp. | _____ | °F |
| Pressure | _____ | psig | Test Temp. | _____ | °F |
| Pressure | _____ | psig | Test Temp. | _____ | °F |

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

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] F L Grass Jr / Technical Specialist Date 10/30/1995  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 4-30-93 to 10-30-95, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB7728 NC853 AN-1  
 Inspector's Signature National Board, State, Province and Endorsements

Date 10-31, 19 95

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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1a. Date September 19, 1995  
 Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 93031086 (Class B)  
 Repair Organization Job # \_\_\_\_\_  
 3b. NSM or MM # N/A

4. Identification of System NS - Containment Spray

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases \_\_\_\_\_  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	1MNSVA0027	Kerotest	DF5-9	4560	item# 9G-013	1974	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced yoke, bonnett, and disc
8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt
- |          |            |            |          |
|----------|------------|------------|----------|
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |

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

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] F L Grass Jr / Technical Specialist Date 4/19/95, 1995  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HS3I and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 4-30-93 to 9-19-95, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissioner is NB7728, NC853, A-N-I  
 Inspector's Signature National Board, State, Province and Endorsements

Date 9-25, 1995



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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1a. Date September 21, 1995  
 Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order: # 93031095 (Class B)  
 Repair Organization Job # \_\_\_\_\_  
 3b. NSM or MM # N/A

4. Identification of System NS - Containment Spray

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases \_\_\_\_\_  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Col. 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1MNSVA0010	Kerotest	DF5-8	4559	item# 09G-013	1974	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	1MNSVA0010	Kerotest	FW5-19	5987	File# 0448 QA Tag# MC38447 PO# A33955	1975	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes



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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1a. Date September 18, 1995  
 Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 93061321 (Class B)  
 Repair Organization Job # \_\_\_\_\_  
 3b. NSM or MM # N/A

4. Identification of System XCW - Civil Work (Pen# 461)

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases \_\_\_\_\_  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Col. 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Penetration# 461	Duke Power	N/A	N/A	1XCWPFE461	N/A	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes



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

1. Owner Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201

1a. Date DEC 1st 1994  
Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201  
Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 93088636  
Repair Organization Job # \_\_\_\_\_  
3b. NSM or MM # N/A

4. Identification of System MAIN STEAM (SM) SYSTEM

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases \_\_\_\_\_

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1986, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Col. 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VALVE	KEROTEST	TM5-1	12300	1SM83	1976	<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	VALVE	KEROTEST	DAN3-8	35862	1SM83	1983	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replace damaged valve with same (Ref welding ISO MCFI-15)
8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt
- Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F
- Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

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

\_\_\_\_\_

\_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed Ronald D. Talbert/Tech Spec 1 Ronald D. Talbert Date Dec 1st, 1994  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 4-15-94 to 12-1-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

R. Klein Commissions NB 7728, NCS 53, A-N-I  
Inspector's Signature National Board, State, Province and Endorsements

Date 12-1, 1994

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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1a. Date October 4, 1995  
 Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94005584 (Class B)  
 Repair Organization Job # \_\_\_\_\_  
 3b. NSM or MM # N/A

4. Identification of System NV - Chemical & Volume Control

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases \_\_\_\_\_  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Col. 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1MNVVA0220	Dresser	TE-57345	1739	model# 1916-30F-54	1980	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced disc and nut
8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt
- |          |                 |      |            |                 |    |
|----------|-----------------|------|------------|-----------------|----|
| Pressure | <u>        </u> | psig | Test Temp. | <u>        </u> | °F |
| Pressure | <u>        </u> | psig | Test Temp. | <u>        </u> | °F |
| Pressure | <u>        </u> | psig | Test Temp. | <u>        </u> | °F |

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

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] F L Grass Jr / Technical Specialist Date 10/4, 1995  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 12-1-94 to 10-4-95, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 7728 NCB 53 A-N-I  
 Inspector's Signature National Board, State, Province and Endorsements

Date 10-4, 1995



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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1a. Date September 20, 1995  
 Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94006881 (Class B)  
 Repair Organization Job # \_\_\_\_\_  
 3b. NSM or MM # N/A

4. Identification of System BB - S/G Blowdown Recycle

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col. 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	IMBBVA0096	Kerotest	CK7-6	3082	9J-017	1974	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work replaced bonnet and disc
8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt
- |          |                      |            |                    |
|----------|----------------------|------------|--------------------|
| Pressure | <u>        </u> psig | Test Temp. | <u>        </u> °F |
| Pressure | <u>        </u> psig | Test Temp. | <u>        </u> °F |
| Pressure | <u>        </u> psig | Test Temp. | <u>        </u> °F |

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

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] F L Grass Jr / Technical Specialist Date 9/20/1995  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 1-25-94 to 9-20-95, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions AB7728, AIC853, A-N-I  
 Inspector's Signature National Board, State, Province and Endorsements

Date 9-22, 1995

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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1 a. Date 9/5/95  
 Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94006968 (CL. B)  
 Repair Organization Job # \_\_\_\_\_  
 3b. NSM or MM # N/A

4. Identification of System NC

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases \_\_\_\_\_

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Col. 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	MC-1683-NC-01-R003	DUKE POWER	N/A	N/A	QA TAG# MC37295	N/A	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work REPLACED BOLT ON HANGER DUE TO THREAD ENGAGEMENT

8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt   
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

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

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed

[Signature], QA TECHNICAL SPECIALIST  
 Owner or Owner's Designee, Title

Date 9/5/1995

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 7-27-94 to 9-5-95, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]  
 Inspector's Signature

Commissions NB7728, NC 853, A-N-I  
 National Board, State, Province and Endorsements

Date 9-5, 19 95

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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1a. Date 11/7/94  
 Sheet 1 of 1

2. Plant McGuire Nuclear Station  
 Address 12700 Hagers Ferry Road, Hunterville NC 28076

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94013677  
 Repair Organization Job #  
 3b. NSM or MM # N/A

4. Identification of System SM  
 5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1986, no Addenda  
 6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	HANGER 1MCR-SM-002	Duke Power Co	N/A	N/A	SNUBBER S/N 16035	N/A	<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	HANGER 1MCR-SM-002	Duke Power Co	N/A	N/A	SNUBBER S/N 15664	N/A	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work REPLACED SAUBBER
8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt
- |          |                      |            |                    |
|----------|----------------------|------------|--------------------|
| Pressure | <u>        </u> psig | Test Temp. | <u>        </u> °F |
| Pressure | <u>        </u> psig | Test Temp. | <u>        </u> °F |
| Pressure | <u>        </u> psig | Test Temp. | <u>        </u> °F |
9. Remarks SAUBBER TESTED PRIOR TO INSTALLATION

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

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

Signed [Signature] TECHNICAL SPECIALIST Date 11/7, 1994  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 4-29-94 to 11-7-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB7728 NC 853 A-N-I  
 Inspector's Signature National Board, State, Province and Endorsements

Date 11-7, 1994

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

1. Owner Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201

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

2a. Unit  1  2  1 and 2 Shared

1a. Date 11/7/94  
Sheet 1 of 1

3. Work Performed By Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201  
Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94013682  
Repair Organization Job #  
3b. NSM or MM # NA

4. Identification of System SM

5. (a) Applicable Construction Code ASME III, 1971 Edition, Summer and Winter Addenda, NO Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1986, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	HANGER I-MCA-SM-003	DUKE POWER	NA	NA	SNUBBER S/N 16037	NA	<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	HANGER I-MCA-SM-003	DUKE POWER	NA	NA	SNUBBER S/N 15839	NA	<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work REPLACED SNUBBER
8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt
- |          |            |            |          |
|----------|------------|------------|----------|
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |
9. Remarks SNUBBER TESTED PRIOR TO INSTALLATION
- \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- (Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed H.E. Black, TECHNICAL SPECIALIST # Date 11/7, 1994  
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-29-94 to 11-7-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

RD Klein Commissions NB7728, NC853 A-N-I  
 Inspector's Signature National Board, State, Province and Endorsements

Date 11-7, 1994



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

1. Owner Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201

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

2a. Unit  1  2  1 and 2 Shared

1a. Date 11/29/94  
Sheet 1 of 1

3. Work Performed By Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201  
Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94013787  
Repair Organization Job # \_\_\_\_\_

3b. NSM or MM # NA

4. Identification of System SM

5. (a) Applicable Construction Code ASME III, 1971 Edition, Summer and Winter Addenda, ND Code Cases \_\_\_\_\_  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1986, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	HANGER I-MCR-SM-005	DUKE POWER	NA	NA	SNUBBER S/N 16030		<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	HANGER I-MCR-SM-005	DUKE POWER	NA	NA	SNUBBER S/N 17417		<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work REPLACED SNUBBER
8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt
- |          |            |            |          |
|----------|------------|------------|----------|
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |
9. Remarks SNUBBER TESTED PRIOR TO INSTALLATION

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed

R.G. Black TECHNICAL SPECIALIST II  
Owner or Owner's Designee, Title

Date 11/29, 19 94

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-29-94 to 11-29-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

R. Klein  
Inspector's Signature

Commissions NB 7728, NC 853 A-N-I  
National Board, State, Province and Endorsements

Date 11-29, 19 94

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

1. Owner Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201

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

2a. Unit  1  2  1 and 2 Shared

1a. Date 11/29/94  
Sheet 1 of 1

3. Work Performed By Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201  
Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94013799  
Repair Organization Job #  
3b. NSM or MM # NA

4. Identification of System SM

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, ND Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1986, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	HANGER 1-MCR-SM-006	DUKE POWER	NA	NA	SNUBBER S/N 16088	NA	<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	HANGER 1-MCR-SM-006	DUKE POWER	NA	NA	SNUBBER S/N 20810	NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work REPLACED SNURBER
8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt
- |          |            |            |          |
|----------|------------|------------|----------|
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |
9. Remarks SNURBER TESTED PRIOR TO INSTALLATION

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed

H. E. Blain, TECHNICAL SPECIALIST II  
Owner or Owner's Designee, Title

Date 11/29, 19 94

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-29-94 to 11-29-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

H. E. Blain  
Inspector's Signature

Commissions NB 7728, NC 853, A-N-I  
National Board, State, Province and Endorsements

Date 11-29, 19 94

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

1. Owner Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201

1a. Date 11/7/94  
Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201  
Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94014079  
Repair Organization Job #  
3b. NSM or MM # N/A

4. Identification of System NV

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NO Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1986, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	HANGER 1-MCR-NV-949	DUKE POWER	NA	NA	SNUBBER S/N 20590	NA	<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	HANGER 1-MCR-NV 949	DUKE POWER	NA	NA	SNUBBER S/N 19917	NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work SNUBBER REPLACED
8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt
- |          |       |      |            |       |    |
|----------|-------|------|------------|-------|----|
| Pressure | _____ | psig | Test Temp. | _____ | °F |
| Pressure | _____ | psig | Test Temp. | _____ | °F |
| Pressure | _____ | psig | Test Temp. | _____ | °F |

9. Remarks SNUBBER TESTED PRIOR TO INSTALLATION

\_\_\_\_\_

\_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed

H.G. Blash, TECHNICAL SPECIALIST II  
Owner or Owner's Designee, Title

Date 4/7, 1994

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-21-94 to 11-29-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

AD Klein  
Inspector's Signature

Commissions

NB 7728, NC 853, A-N-I  
National Board, State, Province and Endorsements

Date 11-29, 1994

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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1a. Date October 4, 1995  
 Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94014349 (Class B)  
 Repair Organization Job # \_\_\_\_\_  
 3b. NSM or MM # N/A

4. Identification of System NV - Chemical & Volume Control

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases \_\_\_\_\_  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Col. 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1MNVVA0499	Grinnell	75-537-12-1	WR1943	model# SD-C-102450 item# 05B-202	1976	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced bonnett  
 8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt   
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] F L Grass Jr / Technical Specialist Date 10/4/1995  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 2-17-94 to 10-4-95, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB7728 NC 853, A-N-I  
 Inspector's Signature National Board, State, Province and Endorsements  
 Date 10-5, 1995



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

1. Owner Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201

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

2a. Unit  1  2  1 and 2 Shared

1a. Date 11/7/94  
Sheet 1 of 1

3. Work Performed By Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201  
Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94015740  
Repair Organization Job # \_\_\_\_\_

3b. NSM or MM # NA

4. Identification of System SM

5. (a) Applicable Construction Code ASME III, 1971 Edition, Summer and Winter Addenda, NO Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1986, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	HANGER 1-MCA-SM-159	DUKE POWER	NA	NA	SNUBBER S/N 16097	NA	<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	HANGER 1-MCA-SM-159	DUKE POWER	NA	NA	SNUBBER S/N 15686	NA	<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work REPLACED SNUBBER
8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt
- |          |            |            |          |
|----------|------------|------------|----------|
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |
9. Remarks SNUBBER TESTED PRIOR TO INSTALLATION

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed M. G. Blach, TECHNICAL SPECIALIST II Date 11/7, 1994  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-29-94 to 11-7-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]  
 Inspector's Signature

Commissions NB7728, NCS3A-N-I  
 National Board, State, Province and Endorsements

Date 11-7, 1994

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

1. Owner Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201

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

2a. Unit  1  2  1 and 2 Shared

1a. Date 11/7/94  
Sheet 1 of 1

3. Work Performed By Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201  
Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94015746  
Repair Organization Job #  
3b. NSM or MM # NA

4. Identification of System SM

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NO Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1986, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	HANGER 1-MCR-SM-161	DUKE POWER	NA	NA	SNUBBER S/N 15660		<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	HANGER 1-MCR-SM-161	DUKE POWER	NA	NA	SNUBBER S/N 15417		<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work REPLACED SNUBBER
8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt
- |          |            |            |          |
|----------|------------|------------|----------|
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |
9. Remarks SNUBBER TESTED PRIOR TO INSTALLATION

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed

H. E. Blain, TECHNICAL SPECIALIST II Date 11/7, 1994

Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-29-94 to 11-7-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

AD Klein  
Inspector's Signature

Commissions

NB 772 & NC 853 A-N-I  
National Board, State, Province and Endorsements

Date

11-7, 1994

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

1. Owner Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201

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

2a. Unit  1  2  1 and 2 Shared

1a. Date 11/7/94  
Sheet 1 of 1

3. Work Performed By Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201  
Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94015752  
Repair Organization Job # \_\_\_\_\_

3b. NSM or MM # NA

4. Identification of System SM

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NO Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1986, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Column 4 National Board Number	Column 5 Other Identification	Column 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	HANGER 1-MCR-SM-162	DUKE POWER	NA	NA	SNUBBER S/N 16033	NA	<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	HANGER 1-MCR-SM-162	DUKE POWER	NA	NA	SNUBBER S/N 15448	NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in., (2) information in items 1 through 5 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work REPLACED SNUBBER
8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt
- |          |            |            |          |
|----------|------------|------------|----------|
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |

9. Remarks SNUBBER TESTED PRIOR TO INSTALLATION

---



---

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

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

Signed H.E. Black, TECHNICAL SPECIALIST # Date 11/7, 1994  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-29-94 to 11-7-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

AKlein Commissions NB 7728 NC 853, A-N-I  
 Inspector's Signature National Board, State, Province and Endorsements

Date 11-7-, 1994

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

1. Owner Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201

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

2a. Unit  1  2  1 and 2 Shared

1a. Date 11/7/94  
Sheet 1 of 1

3. Work Performed By Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201  
Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94016304  
Repair Organization Job # \_\_\_\_\_  
3b. NSM or MM # NA

4. Identification of System NV

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NO Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1986, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	HANGER 1-MCR-NV-963	DUKE POWER	NA	NA	SNUBBER S/N 20583	NA	<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	HANGER 1-2-NV-963	DUKE POWER	NA	NA	SNUBBER S/N 21185	NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work REPLACED SNUBBER
8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt
- |          |       |      |            |       |    |
|----------|-------|------|------------|-------|----|
| Pressure | _____ | psig | Test Temp. | _____ | °F |
| Pressure | _____ | psig | Test Temp. | _____ | °F |
| Pressure | _____ | psig | Test Temp. | _____ | °F |

9. Remarks SNUBBER TESTED PRIOR TO INSTALLATION

---



---

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

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

Signed H. G. Black, TECHNICAL SPECIALIST II Date 11/7, 1994  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employer by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 2-23-94 to 11-9-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

R. Klein Commissions NB7728, NC853, A-N-I  
 Inspector's Signature National Board, State, Province and Endorsements

Date 11-9, 1994



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

1. Owner Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201

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

2a. Unit  1  2  1 and 2 Shared

i.a. Date 11/7/94  
Sheet 1 of 1

3. Work Performed By Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201  
Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94018216  
Repair Organization Job #  
3b. FSM or MM # NA

4. Identification of System NV

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NO Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1986, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	HANGER I-MCA-NV-1052	DUKE POWER	NA	NA	S/N 21774 SNUBBER	NA	<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	HANGER I-MCA-NV-1052	DUKE POWER	NA	NA	S/N 21741 SNUBBER	NA	<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work SNUBBER REPLACED
8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt
- |          |       |      |            |       |    |
|----------|-------|------|------------|-------|----|
| Pressure | _____ | psig | Test Temp. | _____ | °F |
| Pressure | _____ | psig | Test Temp. | _____ | °F |
| Pressure | _____ | psig | Test Temp. | _____ | °F |

9. Remarks SNUBBER TESTED PRIOR TO INSTALLATION

---



---



---

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed

H.E. Black, TECHNICAL SPECIALIST II  
Owner or Owner's Designee, Title

Date 11/2, 19 94

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 3-3-94 to 11-9-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]  
Inspector's Signature

Commissioner

NB7728, NC853, A-N-I  
National Board, State, Province and Endorsements

Date

11-9, 19 94

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

1. Owner Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201

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

2a. Unit  1  2  1 and 2 Shared

1a. Date 11/7/94  
Sheet 1 of 1

3. Work Performed By Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201  
Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94018228  
Repair Organization Job # \_\_\_\_\_  
3b. NSM or MM # NA

4. Identification of System NV

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, No Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1986, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	HANGER I-MCR-NV-1051	DUKE POWER	NA	NA	SNUBBER S/N 21771	NA	<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	HANGER I-MCR-NV-1051	DUKE POWER	NA	NA	SNUBBER S/N 20506	NA	<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work REPLACED SNUBBER
8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt
- |          |       |      |            |       |    |
|----------|-------|------|------------|-------|----|
| Pressure | _____ | psig | Test Temp. | _____ | °F |
| Pressure | _____ | psig | Test Temp. | _____ | °F |
| Pressure | _____ | psig | Test Temp. | _____ | °F |

9. Remarks SNUBBER TESTED PRIOR TO INSTALLATION

---



---



---

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed H.C. Blah, TECHNICAL SPECIALIST I Date 11/7, 19 94  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 3-3-94 to 11-9-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

R. Klein  
 Inspector's Signature

Commissions NB7728, NC853, A-N-I  
 National Board, State, Province and Endorsements

Date 11/9 19 94

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

1. Owner Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201

2. Plant McGuire Nuclear Station  
Address 700 Hagers Ferry Road, Hunterville NC 28078

2a. Unit  1  2  1 and 2 Shared

1a. Date 11/2/94  
Sheet 1 of 1

3. Work Performed By Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201  
Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94018240  
Repair Organization Job # \_\_\_\_\_

3b. NSM or MM # N/A

4. Identification of System NV

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NO Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1986, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	HANGER 1-MCR-NV-0931	DUKE POWER	NA	NA	SNUMBER S/N 20591	NA	<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	HANGER 1-MCR-NV-0931	DUKE POWER	NA	NA	SNUMBER S/N 21247	NA	<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work SNUGGER REPLACED
8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt
- |          |       |      |            |       |    |
|----------|-------|------|------------|-------|----|
| Pressure | _____ | psig | Test Temp. | _____ | °F |
| Pressure | _____ | psig | Test Temp. | _____ | °F |
| Pressure | _____ | psig | Test Temp. | _____ | °F |

9. Remarks SNUGGER TESTED PRIOR TO INSTALLATION

\_\_\_\_\_

\_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

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

Signed H.E. Black, Technical Specialist IV Date 11/7, 1994  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 3-3-94 to 11-29-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

H. Klein Commission NB7728, NC853, A-N-I  
 Inspector's Signature National Board, State, Province and Endorsements

Date 11-29, 1994

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

1. Owner Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201

1a. Date 12/12/94  
Sheet 1 of 1

2. Plant McGuire Nuclear Station  
Address 12700 Hegers Ferry Road, Hunterville NC 28078

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201  
Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94018255  
Repair Organization Job #  
3b. NSM or MM # N/A

4. Identification of System NV  
5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NO Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1986, no Addenda  
6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	HANGER 1-MCR-NV-0972	DUKE POWER	N/A	N/A	SNUBBER S/N 20612	N/A	<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	HANGER 1-MCR-NV-0972	DUKE POWER	N/A	N/A	SNUBBER S/N 20918		<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work SNUBBER REPLACED
8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt
- |          |            |            |          |
|----------|------------|------------|----------|
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |

9. Remarks SNUBBER TESTED PRIOR TO INSTALLATION

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

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signature [Signature] Date 12/12/1994  
 Owner or Owner's Designee, Title TECHNICAL SPECIALIST

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-19-94 to 12-12-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB7728 NC853 A-N-I  
 Inspector's Signature National Board, State, Province and Endorsements

Date 12-12-1994



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

1. Owner Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201

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

2a. Unit  1  2  1 and 2 Shared

1a. Date 11/7/94  
Sheet 1 of 1

3. Work Performed By Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201  
Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94019781  
Repair Organization Job # \_\_\_\_\_

3b. NSM or MM # NA

4. Identification of System CF

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NO Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1986, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	HANGER I-MCR-CF-210	DUKE POWER	NA	NA	SNUBBER S/N 15825	NA	<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	HANGER I-MCR-CF-210	DUKE POWER	NA	NA	SNUBBER S/N 21220	NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work SNUBBER REPLACED
8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt
- |          |            |            |          |
|----------|------------|------------|----------|
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |
9. Remarks SNUBBER TESTED PRIOR TO INSTALLATION

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed

H. E. Black, TECHNICAL SPECIALIST II  
Owner or Owner's Designee, Title

Date 4/7, 1984

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 3-8-94 to 1-3-95, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]  
Inspector's Signature

Commissions

NB 7728, NC 853, A-N-I  
National Board, State, Province and Endorsements

Date

1-3, 1995

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

1. Owner Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201

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

2a. Unit  1  2  1 and 2 Shared

1a. Date 11/7/94  
Sheet 1 of 1

3. Work Performed By Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201  
Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94019786  
Repair Organization Job # \_\_\_\_\_

3b. NSM or MM # NA

4. Identification of System CF

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NO Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1986, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	HANGER I-MCR-CF-302	DUKE POWER	NA	NA	SNUBBER S/N 15834	NA	<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	HANGER I-MCR-CF-302	DUKE POWER	NA	NA	SNUBBER S/N 16554	NA	<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work REPLACED SNUBBER
8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt
- |          |       |      |            |       |    |
|----------|-------|------|------------|-------|----|
| Pressure | _____ | psig | Test Temp. | _____ | °F |
| Pressure | _____ | psig | Test Temp. | _____ | °F |
| Pressure | _____ | psig | Test Temp. | _____ | °F |

9. Remarks SNUBBER TESTED PRIOR TO INSTALLATION

\_\_\_\_\_

\_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed J.E. Black, TECHNICAL SPECIALIST # Date 11/7, 1994  
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-29-94 to 12-7-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

J. Klein  
 Inspector's Signature

Commissions NB7728 NC853 A-N-I  
 National Board, State, Province and Endorsements

Date 12-7, 1994

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

1. Owner Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201

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

2a. Unit  1  2  1 and 2 Shared

1a. Date 1/7/94  
Sheet 1 of 1

3. Work Performed By Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201  
Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94019793  
Repair Organization Job #  
3b. NSM or MM # NA

4. Identification of System CF

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NO Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1986, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	HANGER L-MCR-CF-160	DUKE POWER	NA	NA	SULLIBER S/N 15836	NA	<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	HANGER L-MCR-CF-160	DUKE POWER	NA	NA	SULLIBER S/N 00155	NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work REPLACED SNUBBER
8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt
- |          |            |            |          |
|----------|------------|------------|----------|
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |
9. Remarks SNUBBER TESTED PRIOR TO INSTALLATION

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed

H. E. Blair TECHNICAL SPECIALIST II  
Owner or Owner's Designee, Title

Date 11/7, 1994

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-29-94 to 12-5-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]  
Inspector's Signature

Commissions

NB7728, NC853, A-N-I

National Board, State, Province and Endorsements

Date

12-5, 1994

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

1. Owner Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201

1a. Date 11/7/94  
Sheet 1 of 1

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

2a. Unit  1    2    1 and 2 Shared

3. Work Performed By Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201  
Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94019803  
Repair Organization Job #  
3b. NSM or MM # NA

4. Identification of System SM

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NO Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1986, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	HANGER 1-MCR-SM-087	DUKE POWER	NA	NA	SNUBBER S/N 16036	NA	<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	HANGER 1-MCR-SM-087	DUKE POWER	NA	NA	SNUBBER S/N 21216	NA	<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work REPLACED SNUBBER
8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt
- |          |            |            |          |
|----------|------------|------------|----------|
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |

9. Remarks SNUBBER TESTED PRIOR TO INSTALLATION

\_\_\_\_\_

\_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed

H.E. Black, TECHNICAL SPECIALIST II Date 11/7, 1994

Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-29-94 to 11-7-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

H. Klein  
Inspector's Signature

Commissions

NB7728, NC853, A-N-I  
National Board, State, Province and Endorsements

Date

11-7, 1994



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

1. Owner Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201

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

2a. Unit  1  2  1 and 2 Shared

1a. Date 11/7/94  
Sheet 1 of 1

3. Work Performed By Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201  
Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94019811  
Repair Organization Job # \_\_\_\_\_  
3b. NSM or MM # NA

4. Identification of System SM

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NO Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1986, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	HANGER 1-MCR-SM-094	DUKE POWER	NA	NA	SMIBBER S/N 16091	NA	<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	HANGER 1-MCR-SM-094	DUKE POWER	NA	NA	SMIBBER S/N 16570	NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work SNURBER REPLACED
8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt
- |          |            |            |          |
|----------|------------|------------|----------|
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |
9. Remarks SNURBER TESTED PRIOR TO INSTALLATION
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_ (Applicable Manufacturer's Data Report (see attached))

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed

H. Black, TECHNICAL SPECIALIST Date 11/7, 1994  
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-29-94 to 12-7-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]  
 Inspector's Signature

Commissions NB7728 NC 853, A-N-I  
 National Board, State, Province and Endorsements

Date 12-7, 1994

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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

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

2a. Unit  1    2    1 and 2 Shared

1a. Date 11/7/94  
 Sheet 1 of 1

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94019818  
 Repair Organization Job # \_\_\_\_\_

3b. NSM or MM # NA

4. Identification of System SM

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NO Code Cases  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1986, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	HANGER I-MCA-SM-093	DUKE POWER	NA	NA	SN4B3ER S/N 16546	NA	<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
B	HANGER I-MCA-SM-093	DUKE POWER	NA	NA	SN4B3ER S/N 15865	NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work SNUBBER REPLACED
8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt
- |          |            |            |          |
|----------|------------|------------|----------|
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |

9. Remarks SNUBBER TESTED PRIOR TO INSTALLATION

---



---

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed

W. Black TECHNICAL SPECIALIST II

Date 11/7, 19 94

Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-29-94 to 11-7-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

W. Klein  
Inspector's Signature

Commissions NB 7728 NC 853 A-N-I  
National Board, State, Province and Endorsements

Date 11-7, 19 94

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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1a. Date 11/7/94  
 Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94019838  
 Repair Organization Job #  
 3b. NSM or MM # NA

4. Identification of System KC

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NO Code Cases  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1986, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	HANGER I-MCR-KL-0870	DUKE POWER	NA	NA	SNUBBER S/N 20685	NA	<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	HANGER I-MCR-KC-0870	DUKE POWER	NA	NA	SNUBBER S/N 20900	NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work SNUBBER REPLACED
8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt
- |          |            |            |          |
|----------|------------|------------|----------|
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |
9. Remarks SNUBBER TESTED PRIOR TO INSTALLATION
- 
- 
- (Applicable Manufac: \_\_\_\_\_ Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed H. Black, TECHNICAL SPECIALIST Date 11/7, 1994  
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 3-8-94 to 11-29-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 7725, NCS53 A-N-1  
 Inspector's Signature National Board, State, Province and Endorsements

Date 11-29, 19 94

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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1a. Date October 4, 1995  
 Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94024039 (Class B)  
 Repair Organization Job # \_\_\_\_\_

3b. NSM or MM # N/A

4. Identification of System NV - Chemical & Volume Control

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases \_\_\_\_\_

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, no Addenda

6. Identical list of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Col. 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1MNVVA0006	Dresser	TD36317	204	model# 1910-30K	1976	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

**Form NIS-2 (Back)**

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

7. Description of Work Replaced disc
8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt
- |          |            |            |          |
|----------|------------|------------|----------|
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |

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

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] F L Grass Jr / Technical Specialist Date 10/4, 19 95  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 8-8-94 to 10-4-95, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 7728, NC 553, A-N-I  
 Inspector's Signature National Board, State, Province and Endorsements

Date \_\_\_\_\_, 19 \_\_\_\_\_



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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1a. Date October 4, 1995  
 Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94028022 (Class B)  
 Repair Organization Job # \_\_\_\_\_  
 3b. NSM or MM # N/A

4. Identification of System NI - Safety Injection

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases \_\_\_\_\_  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	1MNIVA0152B	Walworth	C54749	9	model# A09554-M-163G item# 04J-003	1973	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced wedge
8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt
- |          |            |            |          |
|----------|------------|------------|----------|
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |

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

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] F L Grass Jr / Technical Specialist Date 10/4/1995  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-2-94 to 10-4-95, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 7728 NC 853 A-N-I  
 Inspector's Signature National Board, State, Province and Endorsements

Date 10-4, 1995

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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1a. Date September 19, 1995  
 Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94029943 (Class B)  
 Repair Organization Job # \_\_\_\_\_  
 3b. NSM or MM # N/A

4. Identification of System XCW - Civil Work (Pen# 461)

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases \_\_\_\_\_

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	Penetration# 461	Duke Power	N/A	N/A	1XCWPFE461	N/A	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced nut
8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt
- |          |       |      |            |       |    |
|----------|-------|------|------------|-------|----|
| Pressure | _____ | psig | Test Temp. | _____ | °F |
| Pressure | _____ | psig | Test Temp. | _____ | °F |
| Pressure | _____ | psig | Test Temp. | _____ | °F |

9. Remarks Work performed on penetration to building (461)
- \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- (Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

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

Signed [Signature] F L Grass Jr / Technical Specialist Date 9/19/1995  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 8-4-94 to 9-19-95, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB7728, NC853 A-N-I  
 Inspector's Signature National Board, State, Province and Endorsements

Date 9-19, 1995

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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1a. Date September 20, 1995  
 Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94052720 (Class B)  
 Repair Organization Job # \_\_\_\_\_

3b. NSM or MM # N/A

4. Identification of System ND - Residual Heat Removal

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases \_\_\_\_\_

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	1MNDVA0008	Walworth	A-0186	N/A	model# D-49488	1973	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

**Form NIS-2 (Back)**

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

7. Description of Work Replaced bolts and nuts
8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt
- |          |       |      |            |       |    |
|----------|-------|------|------------|-------|----|
| Pressure | _____ | psig | Test Temp. | _____ | °F |
| Pressure | _____ | psig | Test Temp. | _____ | °F |
| Pressure | _____ | psig | Test Temp. | _____ | °F |

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

(Applicable Manufacturer's Data Reports to be attached)

<b>CERTIFICATE OF COMPLIANCE</b>	
We certify that the statements made in the report are correct and this <u>repair or replacement</u> conforms to the rules of the ASME Code, Section XI.	
Type Code Symbol Stamp	<u>N/A</u>
Certificate of Authorization No.	<u>N/A</u>
	Expiration Date <u>N/A</u>
Signed <u>F L Grass Jr</u>	F L Grass Jr / <u>Technical Specialist</u> Date <u>9/20</u> , 19 <u>95</u>
Owner or Owner's Designee, Title	

<b>CERTIFICATE OF INSERVICE INSPECTION</b>	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSBI and I Company of Hartford Connecticut</u> have inspected the components described in this Owner's Report during the period <u>8-30-94</u> to <u>9-20-95</u> , and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
<u>A Klein</u> Inspector's Signature	Commissions <u>NB 7728, NCS 53, A-N-I</u> National Board, State, Province and Endorsements
Date <u>9-22</u> , 19 <u>95</u>	

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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1a. Date October 4, 1995  
 Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94061497 (Class B)  
 Repair Organization Job # \_\_\_\_\_  
 3b. NSM or MM # N/A

4. Identification of System NV - Chemical & Volume Control

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases \_\_\_\_\_

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Col. 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1MNVVA0265B	Kerotest	SVE1-2	11146	item# 09G-001	1976	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced disc  
 8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt   
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

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

Signed [Signature] F L Grass Jr / Technical Specialist Date 10/4/1995  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-6-95 to 10-4-95, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 7728, NC 853, A-N-I  
 Inspector's Signature National Board, State, Province and Endorsements

Date 10-5, 19 95



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

1. Owner Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201

1a. Date October 4, 1995  
Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201  
Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94065591 (Class B)  
Repair Organization Job # \_\_\_\_\_  
3b. NSM or MM # N/A

4. Identification of System NV - Chemical & Volume Control

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases \_\_\_\_\_  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	1MNVVA0457A	Fisher	5896366	1867	model# 52A6907	1976	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes



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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1a. Date October 4, 1995  
 Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94065592 (Class B)  
 Repair Organization Job # \_\_\_\_\_

3b. NSM or MM # N/A

4. Identification of System NV - Chemical & Volume Control

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases \_\_\_\_\_

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	1MNVVA0458A	Fisher	5896367	1868	model# 667-DBQ	1976	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes



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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1a. Date October 4, 1995  
 Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94068752 (Class B)  
 Repair Organization Job # \_\_\_\_\_  
 3b. NSM or MM # N/A

4. Identification of System VI - instrument Air

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases \_\_\_\_\_

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Col. 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1MVIVA0124	Kerotest	CK8-25	7903	item# 9G-004	1975	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced disc

8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt   
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

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

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] F L Grass Jr / Technical Specialist Date 10/4, 1995  
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-10-94 to 10-4-95, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 7728 NC 553 A-N-I  
 Inspector's Signature National Board, State, Province and Endorsements

Date 10-5, 1995

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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1a. Date September 20, 1995  
 Sheet 1 of 1

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

2a. Unit  1  2  i and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94069202 (Class B)  
 Repair Organization Job # \_\_\_\_\_  
 3b. NSM or MM # N/A

4. Identification of System VI - Instrument Air

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases \_\_\_\_\_  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Col. 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1MVIVA0149	Kerotest	ADF7-11	6570	model# DP-D-9311X01S-2 item# 9G-004	1975	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced disc

8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt   
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

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

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] F L Grass Jr / Technical Specialist Date 9/20/1995  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-18-94 to 9-20-95, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB7728, NC853, A-N-I  
 Inspector's Signature National Board, State, Province and Endorsements

Date 9-22 1995



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

1. Owner Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201

1a. Date NOV 7th 1994  
Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201  
Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94071163  
Repair Organization Job # \_\_\_\_\_  
3b. NSM VN # 12401B

4. Identification of System MAIN STEAM (SM) SYSTEM

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases \_\_\_\_\_  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1986, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	VALVE	KEROTEST	TM5-11			1976	<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	VALVE	KEROTEST	TEG1-1	20402	1SM95	1977	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replace old valve body (2") with new Item NO. 9J-520 (MCFI-1SM14)

3. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks Hydro relief request attached

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed Ronald D. Talbert/Tech Spec 1 Ronald D. Talbert Date Nov 7th, 1994  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-20-94 to 1-6-95, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]  
Inspector's Signature

Commissions NB 728 NC 853, A-N+I  
National Board, State, Province and Endorsements

Date 1-6 19 95

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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1a. Date SEPT. 24, 1994  
 Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94071885  
 Repair Organization Job # \_\_\_\_\_

3b. NSM or MM # N/A

4. Identification of System SM

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NO Code Cases  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1986, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	HANGER 1-MCR-SM-158	DUKE POWER	N/A	N/A	SNUBBER S/N 15864	N/A	<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	HANGER 1-MCR-SM-158	DUKE POWER	N/A	N/A	SNUBBER S/N 15684	N/A	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced snubber
8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt
- |          |            |            |          |
|----------|------------|------------|----------|
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |

9. Remarks No test required.

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

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

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

Signed H.G. Blain TECHNICAL SPECIALIST II Date 12/13, 1994  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-24-94 to 12-13-94, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

A. Klein Commissions NB 7728, NC 853, A-N-I  
 Inspector's Signature National Board, State, Province and Endorsements

Date 12-13, 1994

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

1. Owner Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201

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

2a. Unit  1  2  1 and 2 Shared

1a. Date 11/7/94  
Sheet 1 of 1

CLASS B

3. Work Performed By Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201  
Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94081653  
Repair Organization Job # \_\_\_\_\_

3b. NSM or MM # NA

4. Identification of System CF

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, No Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1986, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replaced	Column 8 ASME Code Stamped (yes or no)
A	HANGER I-MCA-CF-199	DUKE POWER	NA	NA	SNUBBER S/N 20856	NA	<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	HANGER I-MCA-CF-199	DUKE POWER	NA	NA	SNUBBER S/N 16545	NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work SNUBBER REPLACED
8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt
- |          |       |      |            |       |    |
|----------|-------|------|------------|-------|----|
| Pressure | _____ | psig | Test Temp. | _____ | °F |
| Pressure | _____ | psig | Test Temp. | _____ | °F |
| Pressure | _____ | psig | Test Temp. | _____ | °F |
9. Remarks SNUBBER TESTED PRIOR TO INSTALLATION

(Applicable Manufacturer's Data Reports to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed H.E. Blank, TECHNICAL SPECIALIST Date 11/7, 1994  
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 10-26-94 to 3-29-95, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]  
Inspector's Signature

Commissions NB7728, NC 853, A-N-I  
National Board, State, Province and Endorsements

Date 3-29, 1995

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

1. Owner Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201

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

2a. Unit  1  2  1 and 2 Shared

1a. Date 11/7/94  
Sheet 1 of 1

CLASS B

3. Work Performed By Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201  
Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 94081679  
Repair Organization Job # \_\_\_\_\_

3b. NSM or MM # NA

4. Identification of System CF
5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NO Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1986, no Addenda
6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1 Name of Component	Column 2 Name of Manufacturer	Column 3 Manufacturer Serial Number	Col. 4 National Board Number	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	HANGER 1-MCA-CF-199	DUKE POWER	NA	NA	SNUBBER S/N 20851	NA	<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	HANGER 1-MCA-CF-199	DUKE POWER	NA	NA	SNUBBER S/N 15685	NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work SNUBBER REPLACED
8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt
- |          |            |            |          |
|----------|------------|------------|----------|
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |
| Pressure | _____ psig | Test Temp. | _____ °F |

9. Remarks SNUBBER TESTED PRIOR TO INSTALLATION

\_\_\_\_\_

\_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed

H.E. Blank, TECHNICAL SPECIALIST  
Owner or Owner's Designee, Title

Date 1/7, 1994

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 10-26-94 to 3-29-95, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]  
Inspector's Signature

Commissions

NB708, NC853, A-N-I  
National Board, State, Province and Endorsements

Date

3-29, 1995



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

1. Owner Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201

1a. Date 01/11/96  
Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
Address 422 S. Church St., Charlotte NC 28201  
Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 95064865  
Repair Organization Job #  
3b. NSM or MM # MG-12460/00

4. Identification of System ND SYSTEM  
5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, N-416-1 Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, no Addenda  
6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Col. 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>EG Base 1-23-96</u> <u>Residual</u> <del>REDSIDUAL HEAT REMOVAL SYSTEM.</del> <u>System</u>	<u>DUKE POWER</u>	<u>N/A</u>	<u>35</u>	<u>N/A</u>	<u>81</u>	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work **CUT OUT AND REWELDED 3" ND PIPING**

8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt   
Pressure 215 psig Test Temp. 143 °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks USED CODE CASE N416-1  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed M. W. Phelan

Date 1/11, 1996

Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 10-23-95 to 1-23-96, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M. W. Phelan  
Inspector's Signature

Commissions NB 7728 NC 853 A-N-I  
National Board, State, Province and Endorsements

Date 1-23, 1996

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

1. Owner Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201

1a. Date 1/22/96  
 Sheet 1 of 1

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

2a. Unit  1  2  1 and 2 Shared

3. Work Performed By Duke Power Company  
 Address 422 S. Church St., Charlotte NC 28201  
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3a. Work Order # 95095300 (CLASS B)  
 Repair Organization Job # \_\_\_\_\_  
 3b. NSM or MM # NA

4. Identification of System BW

5. (a) Applicable Construction Code ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases \_\_\_\_\_  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, no Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Col. 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1-MCA-BW-H087	DUKE POWER	NA	NA	SNUBBER S/N 21387	NA	<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	1-MCA-BW-H087	DUKE POWER	NA	NA	SNUBBER S/N 14840	NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <input type="checkbox"/> Replaced	<input type="checkbox"/> No <input type="checkbox"/> Yes

**Form NIS-2 (Back)**

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

7. Description of Work Replaced Snubber with identical type snubber

8. Test Conducted: Hydrostatic  Pneumatic  Nominal Operating Pressure  Other  Exempt

Pressure	<u>          </u>	psig	Test Temp.	<u>          </u>	°F
Pressure	<u>          </u>	psig	Test Temp.	<u>          </u>	°F
Pressure	<u>          </u>	psig	Test Temp.	<u>          </u>	°F

9. Remarks None

(Applicable Manufacturer's Data Reports to be attached)

**CERTIFICATE OF COMPLIANCE**

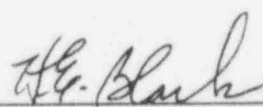
We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorizator No. N/A

Expiration Date N/A

Signed H.E. Black, Technical Specialist II



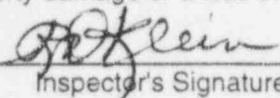
Date 1/22, 1996

Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 12-4-95 to 1-23-96, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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



Inspector's Signature

Commissions

NB7728, NC853, A-N-T  
National Board, State, Province and Endorsements

Date 1-23, 1996