

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

As required by the Provisions of the ASME Code Rules

1. Owner: Duke Energy Corporation, 526 S. Church St., Charlotte, NC 28201-1006
(Name and Address of Owner)
2. Plant: McGuire Nuclear Station, Highway 73 Cowans Ford, N.C. 28216
(Name and Address of Plant)
3. Plant Unit: 1 4. Owner Certificate of Authorization (if required) N/A
5. Commercial Service Date: December 1, 1981 6. National Board Number for Unit 44
7. Components Inspected:

Component or Appurtenance	Manufacturer or Installer	Manufacturer or Installer Serial No.	State or Province No.	National Board No.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	See Section 1.1 in the Attached Report			_____
_____	_____	_____	_____	_____
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Note: Supplemental sheets in form of lists, sketches, or drawings may be used provided (1) size is 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this data report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-1 (Back)

8. Examination Dates May 20, 1997 to July 01, 1998
9. Inspection Period Identification: Second period of the Second Interval
10. Inspection Interval Identification: Second Inservice Inspection Interval
11. Applicable Edition of Section XI 1989 Addenda None
12. Date/Revision of Inspection Plan: April 24, 1998/Revision 2
13. Abstract of Examinations and Test. Include a list of examinations and tests and a statement concerning status of work required for the Inspection Plan. See Sections 3.0, 4.0, and 11.0
14. Abstract of Results of Examination and Tests. See Section 5.0, and 11.0
15. Abstract of Corrective Measures. See Section 8.0

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

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

Date 9/22 19 98 Signed Duke Energy Corp. By R. Kevin Rhyme
 Owner

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State of Province of NORTH CAROLINA employed by * The HSBI&I Co. of HARTFORD, CT. have inspected the components described in this Owners' Report during the period 5-20-1998 to 9-22-98, and state that to the best of my knowledge and belief, the Owner has performed examinations and tests and taken corrective measures described in the Owners' Report in accordance with the Inspection Plan and as required by the ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations, test, and corrective measures described in this Owners' 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, NB853, N-I
 Inspector's Signature National Board, State, Province, and Endorsements

Date 9-22 19 98

* The Hartford Steam Boiler Inspection & Insurance Co.
 200 Ashford Center North
 Suite 300
 Atlanta, GA. 30338

INSERVICE INSPECTION REPORT

UNIT 1 MCGUIRE 1998 OUTAGE 5/EOC 12

Location: Hwy. 73, Cowans Ford, North Carolina 28216

NRC Docket No. 50-369

National Board No. 44

Commercial Service Date: December 1, 1981

Owner: Duke Energy Corporation
526 South Church St.
Charlotte, N. C. 28201-1006

Revision 0

Prepared By: Gary D. Scabow Date 9/22/98

Reviewed By: Gary J. Underwood Date 9/22/98

Approved By: R. Kevin Rhyme Date 9/22/98

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Department of Labor
c/o J. M. Givens, Jr.

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1.0 General Information

This report describes the Inservice Inspection of Duke Energy Corporation's McGuire Nuclear Station Unit 1 during Outage 5/EOC 12. This is the Third 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 May 20, 1997.

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	BWI	7701-04	NC-302668	157
Steam Generator 1B	BWI	7693-01	NC-302669	146
Steam Generator 1C	BWI	7701-03	NC-302670	155
Steam Generator 1D	BWI	7701-02	NC-302671	154
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

1.1 Identification Numbers

Continued

Item	Manufacturer or Installer	Manufacturer or Installer Serial No.	State or Province No.	National Board No.
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
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

1.1 Identification Numbers

Continued

Item	Manufacturer or Installer	Manufacturer or Installer Serial No.	State or Province No.	National Board No.
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
Containment Spray System	Duke Power Co.	NS	N/A	40

1.1 Identification Numbers

Continued

Item	Manufacturer or Installer	Manufacturer or Installer Serial No.	State or Province No.	National Board No.
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

The information shown below provides an abstract of ASME Section XI Class 1, Class 2, and Augmented Items scheduled and examined during Outage 5/EOC 12 at McGuire Nuclear Station Unit 1.

2.1 Class 1 Inspection

Examination Category B-A Pressure Retaining Welds in Reactor Vessel

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
B01.010	<i>Shell Welds</i>	
B01.011	Circumferential	0
B01.012	Longitudinal	N/A
B01.020	<i>Head Welds</i>	
B01.021	Circumferential	0
B01.022	Meridional	0
B01.030	Shell-to-Flange Welds	0
B01.040	Head-to-Flange Welds	0
B01.050	<i>Repair Welds</i>	
B01.051	Beltline Region	N/A
TOTALS		0

Examination Category B-B

Pressure Retaining Welds in Vessels Other than Reactor Vessels

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
	<i>Pressurizer</i>	
B02.010	<i>Shell-to-Head Welds</i>	
B02.011	Circumferential	* 2
B02.012	Longitudinal	0
B02.020	<i>Head Welds</i>	
B02.021	Circumferential	N/A
B02.022	Meridional	N/A
	<i>Steam Generators (Primary Side)</i>	
B02.030	<i>Head Welds</i>	
B02.031	Circumferential	N/A
B02.032	Meridional	N/A
B02.040	Tubesheet-to-Head Weld	0
	<i>Heat Exchangers (Primary Side) -- Head</i>	
B02.050	<i>Head Welds</i>	
B02.051	Circumferential	N/A
B02.052	Meridional	N/A
	<i>Heat Exchangers (Primary Side) -- Shell</i>	
B02.060	Tubesheet-to-Head Welds	N/A
B02.070	Longitudinal Welds	N/A
B02.080	Tubesheet-to-Shell Welds	N/A
<i>TOTALS</i>		* 2

* Examined to meet the requirements of the 1980 ASME Section XI Code (IWB-2420).

Examination Category B-D

**Full Penetration Welds of Nozzles in Vessels
Inspection Program B**

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
	<i>Reactor Vessel</i>	
B03.090	Nozzle-to-Vessel Welds	0
B03.100	Nozzle Inside Radius Section	0
	<i>Pressurizer</i>	
B03.110	Nozzle-to-Vessel Welds	0
B03.120	Nozzle Inside Radius Section	0
	<i>Steam Generators (Primary Side)</i>	
B03.130	Nozzle-to-Vessel Welds	N/A
B03.140	Nozzle Inside Radius Section	2
	<i>Heat Exchangers (Primary Side)</i>	
B03.150	Nozzle-to-Vessel Welds	N/A
B03.160	Nozzle Inside Radius Section	N/A
TOTALS		2

Examination Category B-E

Pressure Retaining Partial Penetration Welds in Vessels

REFERENCE SECTION 11.0 OF THIS REPORT

Examination Category B-F

Pressure Retaining Dissimilar Metal
Welds

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
	<i>Reactor Vessel</i>	
B05.010	Nominal Pipe Size 4" or Larger Nozzle-to-Safe End Butt Welds	0
B05.020	Nominal Pipe Size Less Than 4" Nozzle-to-Safe End Butt Welds	N/A
B05.030	Nozzle-to-Safe End Socket Welds	N/A
	<i>Pressurizer</i>	
B05.040	Nominal Pipe Size 4" or Larger Nozzle-to-Safe End Butt Welds	0
B05.050	Nominal Pipe Size Less Than 4" Nozzle-to-Safe End Butt Welds	N/A
B05.060	Nozzle-to-Safe End Socket Welds	N/A
	<i>Steam Generator</i>	
B05.070	Nominal Pipe Size 4" or Larger Nozzle-to-Safe End Butt Welds	0
B05.080	Nominal Pipe Size Less Than 4" Nozzle-to-Safe End Butt Welds	N/A
B05.090	Nozzle-to-Safe End Socket Welds	N/A
	<i>Heat Exchangers</i>	
B05.100	Nominal Pipe Size 4" or Larger Nozzle-to-Safe End Butt Welds	N/A
B05.110	Nominal Pipe Size Less Than 4" Nozzle-to-Safe End Butt Welds	N/A
B05.120	Nozzle-to-Safe End Socket Welds	N/A

Examination Category B-F

(Continued)

	<i>Piping</i>	
B05.130	Nominal Pipe Size 4" or Larger Dissimilar Metal Butt Welds	0
B05.140	Nominal Pipe Size Less Than 4" Dissimilar Metal Butt Welds	N/A
B05.150	Dissimilar Metal Socket Welds	N/A
TOTALS		0

Examination Category B-G-1 Pressure Retaining Bolting,
Greater Than 2" in Diameter

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
Reactor Vessel		
B06.010	Closure Head Nuts	0
B06.020	Closure Studs (in place)	0
B06.030	Closure Studs (when removed)	0
B06.040	Threads in Flange	0
B06.050	Closure Washers, Bushings	0
Pressurizer		
B06.060	Bolts and Studs	N/A
B06.070	Flange Surface (when connection disassembled)	N/A
B06.080	Nuts, Bushings, and Washers	N/A
Steam Generators		
B06.090	Bolts and Studs	0
B06.100	Flange Surface (when connection disassembled)	8
B06.110	Nuts, Bushings, and Washers	0
Heat Exchangers		
B06.120	Bolts and Studs	N/A
B06.130	Flange Surface (when connection disassembled)	N/A
B06.140	Nuts, Bushings, and Washers	N/A
Piping		
B06.150	Bolts and Studs	N/A
B06.160	Flange Surface (when connection disassembled)	N/A

Examination Category B-G-1

(Continued)

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
B06.170	Nuts, Bushings, and Washers	N/A
	<i>Pumps</i>	
B06.180	Bolts and Studs	0
B06.190	Flange Surface ¹ (when connection disassembled)	0
B06.200	Nuts, Bushings, and Washers	0
	<i>Valves</i>	
B06.210	Bolts and Studs	N/A
B06.220	Flange Surface ¹ (when connection disassembled)	N/A
B06.230	Nuts, Bushings, and Washers	N/A
TOTALS		8

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

Examination Category B-G-2 Pressure Retaining Bolting, 2" and Less in Diameter

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
	<i>Reactor Vessel</i>	
B07.010	Bolts, Studs, and Nuts	N/A
	<i>Pressurizer</i>	
B07.020	Bolts, Studs, and Nuts	0
	<i>Steam Generators</i>	
B07.030	Bolts, Studs, and Nuts	0
	<i>Heat Exchangers</i>	
B07.040	Bolts, Studs, and Nuts	N/A
	<i>Piping</i>	
B07.050	Bolts, Studs, and Nuts	0
	<i>Pumps</i>	
B07.060	Bolts, Studs, and Nuts	0
	<i>Valves</i>	
B07.070	Bolts, Studs, and Nuts	1
	<i>CRD Housing</i>	
B07.080	Bolts, Studs, and Nuts in CRD Housing when disassembled ²	0
TOTALS		1

² Items to be inspected but will not be counted in percentages for the B-G-2 category

Examination Category B-H

Integral Attachments for Vessels

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

Examination Category B-J

Pressure Retaining Welds in Piping

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
B09.010	Nominal Pipe Size 4" or Larger	
B09.011	Circumferential Welds	9
B09.012	Longitudinal Welds ³	N/A
B09.020	Nominal Pipe Size Less than 4"	
B09.021	Circumferential Welds	2
B09.022	Longitudinal Welds ³	N/A

Examination Category B-J

(Continued)

B09.030	Branch Pipe Connection Welds	
B09.031	Nominal Pipe Size 4" or Larger	1
B09.032	Less than Nominal Pipe Size 4"	3
B09.040	Socket Welds	9
TOTALS		24

³ Longitudinal welds in Examination Category B-J that intersect circumferential welds are examined per Code Case N-524.

Examination Category B-K-1 Integral Attachments for Piping, Pumps and Valves

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

Examination Category **B-L-1, B-M-1** Pressure Retaining Welds in
Pump Casings and Valve Bodies

B-L-2, B-M-2 Pump Casings and Valve Bodies

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
	Pumps	
B12.010	Pump Casing Welds (B-L-1)	N/A
B12.020	Pump Casing (B-L-2) (when disassembled for Maintenance Repair or Volumetric Examination)	0
	Valves	
B12.030	Valves, Nominal Pipe Size Less than 4" Valve Body Welds (B-M-1)	N/A
B12.040	Valves, Nominal Pipe Size 4" or Larger Valve Body Welds (B-M-1)	N/A
B12.050	Valve Body, Exceeding 4" Nominal Pipe Size (B-M-2)	0
TOTALS		0

Examination 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

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
	Reactor Vessel	
B13.010	Vessel Interior (B-N-1)	0

Examination Category B-N-1, B-N-1, B-N-3 (Continued)

	<i>Reactor Vessel (PWR)</i>	
B13.050	Interior Attachments Within the Beltline Region (B-N-2)	N/A
B13.060	Interior Attachments Beyond Beltline Region (B-N-2)	0
B13.070	Core Support Structure (B-N-3)	0
TOTALS		0

Examination Category B-O Pressure Retaining Welds in Control Rod Housings

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
	<i>Reactor Vessel</i>	
B14.010	Welds in CRD Housing	0
TOTALS		0

Examination Category B-P All Pressure Retaining Components

REFERENCE SECTION 11.0 OF THIS REPORT

Examination Category B-Q Steam Generator Tubing⁴

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
B16.010	Steam Generator Tubing in Straight Tube Design	N/A
B16.020	Steam Generator Tubing in U-Tube Design ⁴	N/A
TOTALS		N/A

⁴ Steam Generator Tubing is examined and documented by the Steam Generator Maintenance Group of the Nuclear Services Division as required by the Station Technical Specifications and is not included in this report.

Examination Category F-A Class 1 Component Supports

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
F01.010	Class 1 Piping Supports Reference Section 4.0 of this report	6
TOTALS		6

2.2 Class 2 Inspections

Examination Category C-A Pressure Retaining Welds in Pressure Vessels

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
C01.010	Shell Circumferential Welds	
C01.020	Head Circumferential Welds	* 2
C01.030	Tubesheet-to-Shell Weld	* 2
TOTALS		* 4

*Reference Request For Relief 98-002 and 98-003

Examination Category C-B Pressure Retaining Nozzle Welds in Vessels

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
C02.010	Nozzles in Vessels $\leq 1/2$ " Nominal Thickness	
C02.011	Nozzle-to-Shell (or Head) Weld	0
C02.020	Nozzles Without Reinforcing Plate in Vessels $>1/2$ " Nominal Thickness	
C02.021	Nozzle-to-Shell (or Head) Weld	0
C02.022	Nozzle Inside Radius Section ⁵	0

Examination Category C-B

(Continued)

C02.030	Nozzles With Reinforcing Plate in Vessels >1/2" Nominal Thickness	
C02.031	Reinforcing Plate Welds to Nozzle and Vessel	0
C02.032	Nozzle-to-Shell (or Head) Welds when Inside of Vessel is Accessible	N/A
C02.033	Nozzle-to-Shell (or Head) Welds when Inside of Vessel is Inaccessible	0
TOTALS		0

⁵ (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.

Examination Category C-C Integral Attachments for Vessels, Piping, Pumps, and Valves

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

Examination Category C-D Pressure Retaining Bolting Greater Than 2" in Diameter

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

Examination Category C-F-1 Pressure Retaining Welds in Austenitic Stainless Steel or High Alloy Piping

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
C05.010	Piping Welds $\geq 3/8$ " Nominal Wall Thickness for Piping > Nominal Pipe Size 4"	
C05.011	Circumferential Weld	15
C05.012	Longitudinal Weld ⁶	See Code Case N-524

Examination Category C-F-1

(Continued)

C05.020	Piping Welds > 1/5" Nominal Wall Thickness for Piping ≥ Nominal Pipe Size 2" and ≤ Nominal Pipe Size 4"	
C05.021	Circumferential Weld	5
C05.022	Longitudinal Weld ⁶	N/A
C05.030	Socket Welds	6
C05.040	Pipe Branch Connections of Branch Piping ≥ Nominal Pipe Size 2"	
C05.041	Circumferential Weld	0
C05.042	Longitudinal Weld ⁶	N/A
TOTALS		26

Examination Category C-F-2 Pressure Retaining Welds in Carbon or Low Alloy Steel Piping

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
C05.050	Piping Welds ≥ 3/8" Nominal Wall Thickness for Piping > Nominal Pipe Size 4"	
C05.051	Circumferential Weld	8
C05.052	Longitudinal Weld ⁶	See Code Case N-524

Examination Category C-F-2

(Continued)

C05.060	Piping Welds > 1/5" Nominal Wall Thickness for Piping ≥ Nominal Pipe Size 2" and ≤ Nominal Pipe Size 4"	
C05.061	Circumferential Weld	N/A
C05.062	Longitudinal Weld ⁶	N/A
C05.070	Socket Welds	N/A
C05.080	Pipe Branch Connections of Branch Piping ≥ Nominal Pipe Size 2"	
C05.081	Circumferential Weld	N/A
C05.082	Longitudinal Weld ⁶	N/A
TOTALS		8

⁶Longitudinal welds in Examination Categories C-F-1 and C-F-2 that intersect circumferential welds are examined per Code Case N-524.

Examination Category C-G

Pressure Retaining Welds in Pumps and Valves

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
	Pumps	
C06.010	Pump Casing Welds	N/A
	Valves	
C06.020	Valve Body Welds	2
TOTALS		2

Examination Category C-H

All Pressure Retaining Components

REFERENCE SECTION 11.0 OF THIS REPORT

Examination Category F-A Class 2 Component Supports

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
F01.020	Class 2 Piping Supports Reference Section 4.0 of this report	16
TOTALS		16

Examination Category F-A Supports Other than Piping Supports

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
F01.040	Supports other than Piping Supports Class 1, 2 & 3 Reference Section 4.0 of this Report	7
TOTALS		7

Examination Category Component Supports Snubbers Class 1, 2 & 3

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
F01.050	Component Supports Snubbers Class 1, 2 & 3	* N/A
TOTALS		

* Examinations to be performed per Request for Relief 97-005

2.3 Augmented Inspection

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
G01.001	RCP Flywheel Exam	2
G03.001	Pipe Rupture Protection	0
TOTALS		2

3.0 Second Ten-Year Interval Inspection Status

The completion status of inspections required by the 1989 ASME Code Section XI, no Addenda is summarized in this section. The requirements are listed by the ASME Section XI Examination Category as defined in Table IWB-2500-1 for Class 1 Inspections, and in Table IWC-2500-1 for Class 2 Inspections. Augmented inspections are also included.

Class 1 Inspections

<i>Examination Category</i>	<i>Description</i>	<i>Inspections Required</i>	<i>Inspections Completed</i>	<i>Percentage Completed</i>	<i>⁸Deferral Allowed</i>
B-A	Pressure Retaining Welds in Reactor Vessel	28	8	28.57%	Yes
B-B	Pressure Retaining Welds in Vessels Other than Reactor Vessel	5	3	60.00%	No
B-D	Full Penetration Welds of Nozzles in Vessels Inspection Program B	36	20	55.55%	Partial
B-E	Pressure Retaining Partial Penetration Welds in Vessels	REFERENCE SECTION 11.0 OF THIS REPORT			
B-F	Pressure Retaining Dissimilar Metal Welds	38	22 2/3	59.63%	No
B-G-1	Pressure Retaining Bolting Greater than 2 " in Diameter	242	159	65.70%	No
B-G-2	Pressure Retaining Bolting 2" and Less in Diameter	31	20	64.51%	No

Class 1 Inspections (Continued)

<i>Examination Category</i>	<i>Description</i>	<i>Inspections Required</i>	<i>Inspections Completed</i>	<i>Percentage Completed</i>	<i>^aDeferral Allowed</i>
B-H	Integral Attachment for Vessels	12	8	66.66%	No
B-J	Pressure Retaining Welds in Piping	229	151	65.93%	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	Yes
B-M-2	Valve Body > 4 in. Nominal Pipe Size	7	4	57.14%	Yes
B-N-1	Interior of Reactor Vessel	3	2	66.66%	No
B-N-2	Integrally Welded Core Support Structures and Interior Attachments to Reactor Vessels	2	0	0	Yes
B-N-3	Removable Core Support Structures	1	0	0	Yes
B-O	Pressure Retaining Welds in Control Rod Housings	3	2	66.66%	Yes

Class 1 Inspections (Continued)

<i>Examination Category</i>	<i>Description</i>	<i>Inspections Required</i>	<i>Inspections Completed</i>	<i>Percentage Completed</i>	<i>⁸Deferral Allowed</i>
B-P	All Pressure Retaining Components	REFERENCE SECTION 11.0 OF THIS REPORT			
B-Q	Steam Generator ⁷ Tubing	N/A	N/A	N/A	N/A
F-A F01.010	Class 1 Component Supports (Code Case N-491)	67	44	65.67%	No

⁷ Steam Generator Tubing is examined and documented by the Steam Generator Maintenance Group of the Station Support Division as required by the Station Technical Specifications and is not included in this report.

⁸ Deferral of inspection to the end of the interval as allowed by ASME Section XI Tables IWB and IWC 2500-1

Class 2 Inspections

<i>Examination Category</i>	<i>Description</i>	<i>Inspections Required</i>	<i>Inspections Completed</i>	<i>Percentage Completed</i>	<i>⁶Deferral Allowed</i>
C-A	Pressure Retaining Welds in Pressure Vessels	23	13	*56.52%	No
C-B	Pressure Retaining Nozzle Welds in Vessels	18	11	61.11%	No
C-C	Integral Attachments for Vessels, Piping, Pumps and Valves	9	5	55.55%	No
C-D	Pressure Retaining Bolting Greater Than 2" in Diameter	N/A	N/A	N/A	N/A
C-F-1	Pressure Retaining Welds in Austenitic Stainless Steel or High Alloy Piping	222	145	65.31%	No
C-F-2	Pressure Retaining Welds in Carbon or Low Alloy Steel Piping	51	30	58.82%	No
C-G	Pressure Retaining Welds in Pumps and Valves	8	5	62.50%	No
C-H	All Pressure Retaining Components	REFERENCE SECTION 11.0 OF THIS REPORT			
F-A F01.020	Class 2 Component Supports (Code Case N-491)	189	112	59.25%	No

* Reference Request for Relief 98-002 and 98-003

Additional Component Support Examinations Class 1, 2 & 3

<i>Examination Category</i>	<i>Description</i>	<i>Inspections Required</i>	<i>Inspections Completed</i>	<i>Percentage Completed</i>	<i>^aDeferral Allowed</i>
F-A F01.040	Supports other than Piping Supports Class 1, 2 & 3	39	20	51.28%	No
F01.050	Component Supports, Snubbers Class 1, 2 & 3			*	No

^a Deferral of inspection to the end of the interval as allowed by ASME Section XI Tables IWB-2500-1 and IWC-2500-1.

* Examinations to be performed per Request for Relief 97-005

Augmented Inspections

<i>Description</i>	<i>Percentage Complete</i>
Reactor Coolant Pump Flywheels (Item No. Series G01.)	100% of requirements for Outage 5/EOC 12
Pipe Rupture Protection (Item No. Series G03.)	62.50% through Outage 5/EOC 12

4.0 Final Inservice Inspection Plan

The final ISI Plan shown in this section lists all ASME Section XI Class 1 and ASME Section XI Class 2, and Augmented examinations credited for Outage 5 /EOC 12 at McGuire Nuclear Station Unit 1.

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

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

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

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Pressurizer

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Inservice Inspection Plan for Interval 2 Outage 5

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Shell-to-Head Welds; Circumferential ****								
B02.011.001	1PZR-1	MCM 1201.01-170	NDE-620	UT	CS	91.500	50337	PRESSURIZER LOWER HEAD TO SHELL
	Circumferential	MCM 1201.01-171	NDE-640			3.750		CIRCUMFERENTIAL WELD
	Class A							INSP. PER 1980 CODE (IWB-2420B). (OUT 1, NDE-621, 641)
B02.011.002	1PZR-5	MCM 1201.01-170	NDE-620	UT	CS	91.500	50337	PRESSURIZER UPPER HEAD TO SHELL
	Circumferential	MCM 1201.01-171	NDE-640			3.750		CIRCUMFERENTIAL WELD
	Class A							INSP. PER 1980 CODE (1WB2420B) (OUT 2, NDE-621, 641)
<hr/>								
Total B02.011 Items:	2							
Total B02 Items:	2							

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Inservice Inspection Plan for Interval 2 Outage 5

Steam Generators (Primary Side)

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK	CAL BLOCKS	COMMENTS
**** Nozzle Inside Radius Section ****								
B03.140.005	1SGC-INLET	MCM 1201.01-0782	NDE-680	UT	CS	0.000	5131617	STEAM GENERATOR 1C
	Circumferential					6.500		PRIMARY INLET NOZZLE RADIUSED SECTION
	Class A							REFERENCE 1MNS-077
B03.140.006	1SGC-OUTLET	MCM 1201.01-0782	NDE-680	UT	CS	0.000	5131617	STEAM GENERATOR 1C
	Circumferential					6.500		PRIMARY OUTLET NOZZLE RADIUSED SECTION
	Class A							REFERENCE 1MNS-077
<hr/>								
Total B03.140 Items:	2							
Total B03 Items:	2							

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

Steam Generators

DUKE ENERGY CORPORATION
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Inservice Inspection Plan for Interval 2 Outage 5

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ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK	CAL BLOCKS	COMMENTS
**** Flange Surface, when connection disassembled ****								
B06.100.001	1SGA-MW-X2-Y1	MCM 1201.01-0791	QAL-13	VT-1	CS		0.000 0.000	SG1A PRIMARY MANWAY FLANGE SURFACE X2-Y1 QUADRANT (INLET)
Class A								
B06.100.002	1SGA-MW-X2-Y2	MCM 1201.01-0791	QAL-13	VT-1	CS		0.000 0.000	SG1A PRIMARY MANWAY FLANGE SURFACE X2-Y2 QUADRANT (INLET)
Class A								
B06.100.003	1SGB-MW-X1-Y1	MCM 1201.01-0791	QAL-13	VT-1	CS		0.000 0.000	SG1B PRIMARY MANWAY FLANGE SURFACE X1-Y1 QUADRANT
Class A								
B06.100.004	1SGB-MW-X1-Y2	MCM 1201.01-0791	QAL-13	VT-1	CS		0.000 0.000	SG1B PRIMARY MANWAY FLANGE SURFACE X1-Y2 QUADRANT
Class A								
B06.100.005	1SGC-MW-X2-Y1	MCM 1201.01-0791	QAL-13	VT-1	CS		0.000 0.000	SG1C PRIMARY MANWAY FLANGE SURFACE X2-Y1 QUADRANT
Class A								
B06.100.006	1SGC-MW-X2-Y2	MCM 1201.01-0791	QAL-13	VT-1	CS		0.000 0.000	SG1C PRIMARY MANWAY FLANGE SURFACE X2-Y2 QUADRANT
Class A								
B06.100.007	1SGD-MW-X1-Y1	MCM 1201.01-0791	QAL-13	VT-1	CS		0.000 0.000	SG1D PRIMARY MANWAY FLANGE SURFACE X1-Y1 QUADRANT (INLET NOZZLE)
Class A								
B06.100.008	1SGD-MW-X1-Y2	MCM 1201.01-0791	QAL-13	VT-1	CS		0.000 0.000	SG1D PRIMARY MANWAY FLANGE SURFACE X1-Y2 QUADRANT
Class A								

Total B06.100 Items: 8

Total B06 Items: 8

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

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Inservice Inspection Plan for Interval 2 Outage 5

Valves

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
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****** Bolts, Studs, and Nuts ******

B07.070.102A	1NV-21A	MCM 1205.06-0136 MC 1554-1.2	QAL-13	VT-1	SS	0.000 0.000		2" VALVE, MCFI-1NV12
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Class A

Total B07.070 Items:	1
Total B07 Items:	1

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

NPS 4 or Larger

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 5

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Circumferential Welds ****								
B09.011.049	1NCP-224-5	MCFI-1NC-5	NDE-600	UT	SS	6.000	50211	STRESS WELD
	Circumferential	MC-1553-2.0			160	0.719		SELECTION CRITERIA 4.2.1
Class A	Stress weld			Elbow to Pipe				
B09.011.049A	1NCP-224-5	MCFI-1NC-5	NDE-35	PT	SS	6.000		STRESS WELD
	Circumferential	MC-1553-2.0			160	0.719		SELECTION CRITERIA 4.2.1
Class A	Stress weld			Elbow to Pipe				
B09.011.050	1NCP-224-4	MCFI-1NC-5	NDE-600	UT	SS	6.000	50211	STRESS WELD
	Circumferential	MC-1553-2.0			160	0.719		SELECTION CRITERIA 4.2.1
Class A	Stress weld			Pipe to Elbow				
B09.011.050A	1NCP-224-4	MCFI-1NC-5	NDE-35	PT	SS	6.000		STRESS WELD
	Circumferential	MC-1553-2.0			160	0.719		SELECTION CRITERIA 4.2.1
Class A	Stress weld			Pipe to Elbow				
B09.011.051	1NCP-224-3	MCFI-1NC-5	NDE-600	UT	SS	6.000	50211	STRESS WELD
	Circumferential	MC-1553-2.0			160	0.719		SELECTION CRITERIA 4.2.1
Class A	Stress weld			Elbow to Pipe				
B09.011.051A	1NCP-224-3	MCFI-1NC-5	NDE-35	PT	SS	6.000		STRESS WELD
	Circumferential	MC-1553-2.0			160	0.719		SELECTION CRITERIA 4.2.1
Class A	Stress weld			Elbow to Pipe				
B09.011.052	1NCP-224-2	MCFI-1NC-5	NDE-600	UT	SS	6.000	50211	STRESS WELD
	Circumferential	MC-1553-2.0			160	0.719		SELECTION CRITERIA 4.2.1
Class A	Stress weld			Pipe to Elbow				
B09.011.052A	1NCP-224-2	MCFI-1NC-5	NDE-35	PT	SS	6.000		STRESS WELD
	Circumferential	MC-1553-2.0			160	0.719		SELECTION CRITERIA 4.2.1
Class A	Stress weld			Pipe to Elbow				

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 QUALITY ASSURANCE TECHNICAL SERVICES
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**CATEGORY B-J, Pressure Retaining Welds In
 Piping**

NPS 4 or Larger

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 5

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
B09.011.104	1ND1F-240	MCFI 1ND-38 MC 1561-1.0	NDE-600	UT	SS 140	14.000 1.250	50213	Class A Circumferential Elbow to Pipe
B09.011.104A	1ND1F-240	MCFI 1ND-38 MC 1561-1.0	NDE-35	PT	SS 140	14.000 1.250		Class A Circumferential Elbow to Pipe
B09.011.217	1NI-457-1	MCFI-1NI-79 MC-1562-2.0	NDE-600	UT	SS 140	10.000 1.000	50209	Class A Circumferential Elbow to Pipe
B09.011.217A	1NI-457-1	MCFI-1NI-79 MC-1562-2.0	NDE-35	PT	SS 140	10.000 1.000		Class A Circumferential Elbow to Pipe
B09.011.221	1NI-185-1	MCFI-1NI-84 MC-1562-3.1	NDE-600	UT	SS 160	6.000 0.719	50211	Class A Circumferential Elbow to Pipe
B09.011.221A	1NI-185-1	MCFI-1NI-84 MC-1562-3.1	NDE-35	PT	SS 160	6.000 0.719		Class A Circumferential Elbow to Pipe
B09.011.222	1NI-185-2	MCFI-1NI-84 MC-1562-3.1	NDE-600	UT	SS 160	6.000 0.719	50211	Class A Circumferential Pipe to Elbow
B09.011.222A	1NI-185-2	MCFI-1NI-84 MC-1562-3.1	NDE-35	PT	SS 160	6.000 0.719		Class A Circumferential Pipe to Elbow

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NPS 4 or Larger

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
B09.011.223	1NI-185-3	MCFI-1NI-84	NDE-600	UT	SS	6.000	50211	
	Circumferential	MC-1562-3.1			160	0.719		
	Class A			Elbow to Pipe				
B09.011.223A	1NI-185-3	MCFI-1NI-84	NDE-35	PT	SS	6.000		
	Circumferential	MC-1562-3.1			160	0.719		
	Class A			Elbow to Pipe				

Total B09.011 Items: 18

CATEGORY B-J, Pressure Retaining Welds In Piping

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Less Than NPS 4

Inservice Inspection Plan for Interval 2 Outage 5

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

B09.021.009	1NC1F-1374	MCFI-1NC-34	NDE-35	PT	SS	3.000		
	Circumferential	MC-1553-1.0			160	0.438		
	Class A			Nozzle to Pipe				
B09.021.017	1NC1F4-9A	MC-1676-4.1	NDE-35	PT	SS	3.000		CROSSOVER 1D CAP (4-9)
	Circumferential	MCM 1201.011-511			160	0.438		
	Class A			Pipe to RTD BYPASS RETURN CA				

Total B09.021 Items: 2

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

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Inservice Inspection Plan for Interval 2 Outage 5

Branch Pipe Connection Welds

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** NPS 4 or Larger ****								
B09.031.007	1NC52-WN6	MCFI-1NC-52	NDE-610	UT	SS	14.000	50214	RHR PUMP LOOP 3
	Branch	MCM 1201.01-119/7			140	1.250		PC.B TO PC.1
	Class A				LOOP 3 PC.B to LOOP 3 PC.1 (3-3)			UT FROM MAIN LOOP SIDE ONLY
B09.031.007A	1NC52-WN6	MCFI-1NC-52	NDE-35	PT	SS	14.000		
	Branch	MCM 1201.01-119/7			140	1.250		
	Class A				LOOP 3 PC.B to LOOP 3 PC.1 (3-3)			
Total B09.031 Items: 2								
**** Less Than NPS 4 ****								
B09.032.017	1NC23-WN7	MCFI-1NC-23	NDE-35	PT	SS	3.000	-----	RTD BYPASS LOOP 4
	Branch	MCM 1201.01-119/11				0.438		PC. C TO PC. 2
	Class A				LOOP 4 PC.C to LOOP 4 PC.2 (4-9)			
B09.032.018	1NC24-WN7	MCFI-1NC-24	NDE-35	PT	SS	3.000	-----	RTD BYPASS LOOP 3
	Branch	MCM 1201.01-119/8				0.438		PC. C TO PC. 2
	Class A				LOOP 3 PC.C to PC.2 (3-14)			
B09.032.019	1NC33-WN7	MCFI-1NC-33	NDE-35	PT	SS	3.000	-----	REACTOR DRAIN & LETDOWN LOOP 3
	Branch	MCM 1201.01-119/8				0.438		PC. D TO PC. 2
	Class A				LOOP 3 PC.D to PC.2 (3-4)			
Total B09.032 Items: 3								

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 QUALITY ASSURANCE TECHNICAL SERVICES
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Inservice Inspection Plan for Interval 2 Outage 5

Socket Welds

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
B09.040.002	1NC1F-285	MCFI-1NC-3 MC-1553-1.0	NDE-35	PT	SS	2.000 160		
Class A	Socket							Pipe to Valve
B09.040.004	1NC1F-970	MCFI-1NC-22 MC-1553-1.0	NDE-35	PT	SS	2.000 160	----	
Class A	Socket							Nozzle to Pipe
B09.040.007	1NC1F-1322	MCFI-1NC-32 MC-1553-1.0	NDE-35	PT	SS	2.000 160		
Class A	Socket							Nozzle to Pipe
BC9.040.015	1NC1F-1612	MCFI-1NC-44 MC-1553-1.0	NDE-35	PT	SS	1.500 160		STRESS WELD SELECTION CRITERIS 4.2.1
Class A	Socket Stress weld							Valve to Pipe
B09.040.016	1NC1F-1613	MCFI-1NC-44 MC-1553-1.0	NDE-35	PT	SS	1.500 160		STRESS WELD SELECTION CRITERIS 4.2.1
Class A	Socket Stress weld							Pipe to SWEEPOLET
B09.040.017	1NC1F-1614	MCFI-1NC-44 MC-1553-1.0	NDE-35	PT	SS	1.500 160		STRESS WELD SELECTION CRITERIS 4.2.1
Class A	Socket Stress weld							Valve to Pipe
B09.040.113	1NI1F-638	MCFI-1NI-64 MC-1562-1.0	NDE-35	PT	SS	1.500 160	----	STRESS WELD SELECTION CRITERIA 4.2.2
Class A	Socket Stress weld							Pipe to Valve
B09.040.115	1NI1F-647	MCFI-1NI-64 MC-1562-1.0	NDE-35	PT	SS	1.500 160	----	STRESS WELD SELECTION CRITERIA 4.2.2
Class A	Socket Stress weld							Pipe to Valve

CATEGORY B-J, Pressure Retaining Welds In Piping

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Socket Welds

Inservice Inspection Plan for interval 2 Outage 5

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
B09.040.206	1NV1F-889	MCFI-1NV-25	NDE-35	PT	SS	1.500		STRESS WELD
	Socket	MC-1554-1.0			160	0.281		SELECTION CRITERIA 4.2.3
Class A	Stress weld			Reducing Insert to Pipe				

Total B09.040 Items: 9

Total B09 Items: 34

DUKE ENERGY CORPORATION
 QUALITY ASSURANCE TECHNICAL SERVICES
 Inservice Inspection Database Management System

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 5

Head Circumferential Welds

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
C01.020.070	5141-1-HD1	MCM 1201.06-54	NDE-600	UT	SS	10.920 1.075	50428	REGENERATIVE HEAT EXCHANGER NOZZLE BELT TO HEAD (SHELL 1) TO BE DONE FROM SHELL SIDE
	Circumferential Class B							
C01.020.071	5141-1-HD2	MCM 1201.06-54	NDE-600	UT	SS	10.920 1.075	50428	REGENERATIVE HEAT EXCHANGER SHELL TO HEAD (SHELL 1) TO BE DONE FROM SHELL SIDE
	Circumferential Class B							
Total C01.020 Items:		2						

DUKE ENERGY CORPORATION
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McGuire 1

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Inservice Inspection Plan for Interval 2 Outage 5

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

Tubesheet-to-Shell Weld

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
C01.030.020	5141-1-NB-TS	MCM 1201.06-54	NDE-600	UT	SS	10.920 1.075	50428	REGENERATIVE HEAT EXCHANGER NOZZLE BELT TO TUBESHEET(SHELL 1)
	Circumferential Class B							
C01.030.021	5141-1-TS-SH	MCM 1201.06-54	NDE-600	UT	SS	10.920 1.075	50428	REGENERATIVE HEAT EXCHANGER TUBESHEET TO SHELL (SHELL 1)
	Circumferential Class B							
Total C01.030 Items:		2						
Total C01 Items:		4						

DUKE ENERGY CORPORATION
 QUALITY ASSURANCE TECHNICAL SERVICES
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**CATEGORY C-I-1, Pressure Retaining Welds
 In Austenitic SS or High Alloy Piping**

**Piping Welds \geq 3/8 in. Nominal Wall Thickness
 for Piping $>$ NPS 4**

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 5

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

C05.011.014	1ND1F154	MCFI 1ND31 MC 1561-1.0	NDE-600	UT	SS STD	12.000 0.375	50313	
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Class B

Pipe to
Elbow

C05.011.014A	1ND1F154	MCFI 1ND31 MC 1561-1.0	NDE-35	PT	SS STD	12.000 0.375		
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Class B

Pipe to
Elbow

C05.011.036	1ND1F93	MCFI 1ND30 MC 1561-1.0	NDE-600	UT	SS	14.000 1.250	*	
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Class B

Pipe to
Pipe Penetration M314

C05.011.036A	1ND1F93	MCFI 1ND30 MC 1561-1.0	NDE-35	PT	SS	14.000 1.250		
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Class B

Pipe to
Pipe Penetration M314

C05.011.038	1ND70B-1	MCFI 1ND31 MC 1561-1.0	NDE-600	UT	SS 80	12.000 0.688	50433	
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Class B

Flange to
Pipe

C05.011.038A	1ND70B-1	MCFI 1ND31 MC 1561-1.0	NDE-35	PT	SS 80	12.000 0.688		
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Class B

Flange to
Pipe

C05.011.041	1ND69-2	MCFI 1ND31 MC 1561-1.0	NDE-600	UT	SS STD	12.000 0.375	50313	
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Class B

Pipe to
Elbow

C05.011.041A	1ND69-2	MCFI 1ND31 MC 1561-1.0	NDE-35	PT	SS STD	12.000 0.375		
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Class B

Pipe to
Elbow

DUKE ENERGY CORPORATION
 QUALITY ASSURANCE TECHNICAL SERVICES
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**CATEGORY C-F-1, Pressure Retaining Welds
 In Austenitic SS or High Alloy Piping**

**Piping Welds \geq 3/8 in. Nominal Wall Thickness
 for Piping $>$ NPS 4**

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 5

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
C05.011.042	1ND69-3	MCFI 1ND31 MC 1561-1.0	NDE-600	UT	SS STD	12.000 0.375	50313	Class B Elbow to Pipe
C05.011.042A	1ND69-3	MCFI 1ND31 MC 1561-1.0	NDE-35	PT	SS STD	12.000 0.375		Class B Elbow to Pipe
C05.011.045	1ND69A-2	MCFI 1ND31 MC 1561-1.0	NDE-600	UT	SS STD	12.000 0.375	50313	Class B Pipe to Elbow
C05.011.045A	1ND69A-2	MCFI 1ND31 MC 1561-1.0	NDE-35	PT	SS STD	12.000 0.375		Class B Pipe to Elbow
C05.011.047	1ND69A-4	MCFI 1ND31 MC 1561-1.0	NDE-600	UT	SS STD	12.000 0.375	50313	Class B Elbow to Pipe
C05.011.047A	1ND69A-4	MCFI 1ND31 MC 1561-1.0	NDE-35	PT	SS STD	12.000 0.375		Class B Elbow to Pipe
C05.011.049	1ND1F96	MCFI 1ND32 MC 1561-1.0	NDE-600	UT	SS 160	8.000 0.906	50210	Class B Valve to Pipe
C05.011.049A	1ND1F96	MCFI 1ND32 MC 1561-1.0	NDE-35	PT	SS 160	8.000 0.906		Class B Valve to Pipe

DUKE ENERGY CORPORATION
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McGuire 1

Inservice Inspection Plan for Interval 4 Outage 5

Piping Welds \geq 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
C05.011.101	1NI125-2	MCFI 1NI-53 MC 1562-3.0	NDE-600	UT	SS 140	12.000 1.250	50434	Class B Pipe to Reducer
C05.011.101A	25-2	MCFI 1NI-53 MC 1562-3.0	NDE-35	PT	SS 140	12.000 1.250		Class B Pipe to Reducer
C05.011.144	1NI177-2	MCFI-1NI85 MC-1562-3.1	NDE-600	UT	SS 160	6.000 0.719	50211	Class B Elbow to Pipe
C05.011.144A	1NI177-2	MCFI-1NI85 MC-1562-3.1	NDE-35	PT	SS 160	6.000 0.719		Class B Elbow to Pipe
C05.011.147	1NI176-3	MCFI-1NI-85 MC-1562-3.1	NDE-600	UT	SS 160	6.000 0.719	50211	Class B Pipe to Elbow
C05.011.147A	1NI176-3	MCFI-1NI-85 MC-1562-3.1	NDE-35	PT	SS 160	6.000 0.719		Class B Pipe to Elbow
C05.011.148	1NI1F-260A	MCFI-1NI-85 MC-1562-3.1	NDE-600	UT	SS 160	6.000 0.719	50211	Class B Elbow to Pipe
C05.011.148A	1NI1F-260A	MCFI-1NI-85 MC-1562-3.1	NDE-35	PT	SS 160	6.000 0.719		Class B Elbow to Pipe

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

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

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 5

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
C05.011.150	1NI177-3	MCFI-1NI-85	NDE-600	UT	SS	6.000	50211	
	Circumferential	MC-1562-3.1			160	0.719		
Class B				Pipe to Elbow				
C05.011.150A	1NI177-3	MCFI-1NI-85	NDE-35	PT	SS	6.000		
	Circumferential	MC-1562-3.1			160	0.719		
Class B				Pipe to Elbow				
C05.011.200	1NS1F-1878	MCFI-1NS-20	NDE-600	UT	SS	8.000	50210	
	Circumferential	MC 1563-1.0			160	0.906		
Class B				Pipe to Elbow				
C05.011.200A	1NS1F-1878	MCFI-1NS-20	NDE-35	PT	SS	8.000		
	Circumferential	MC 1563-1.0			160	0.906		
Class B				Pipe to Elbow				
C05.011.201	1NS1F-1877	MCFI-1NS-20	NDE-600	UT	SS	8.000	50210	
	Circumferential	MC 1563-1.0			160	0.906		
Class B				Elbow to Pipe				
C05.011.201A	1NS1F-1877	MCFI-1NS-20	NDE-35	PT	SS	8.000		
	Circumferential	MC 1563-1.0			160	0.906		
Class B				Elbow to Pipe				
Total C05.011 Items:	30							

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

DUKE ENERGY CORPORATION
QUALITY ASSURANCE TECHNICAL SERVICES
Inservice Inspection Database Management System

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

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 5

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
C05.021.069	1NV77-3	MCFI-1NV-13	NDE-60'	UT	SS	3.000	50225	
	Circumferential	MC-1554-3.1			160	0.438		
	Class B			Pipe to Reducer				
C05.021.069A	1NV77-3	MCFI-1NV-13	NDE-35	PT	SS	3.000		
	Circumferential	MC-1554-3.1			160	0.438		
	Class B			Pipe to Reducer				

Total C05.021 Items: 10

DUKE ENERGY CORPORATION
 QUALITY ASSURANCE TECHNICAL SERVICES
 Inservice Inspection Database Management System

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 5

Socket Welds

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
C05.030.079	1NV1F181-182	MCFI-1NV-149 MC-1554-1.0	NDE-35	PT	SS 160	2.000 0.344		Pipe to Full Coupling
	Class B							
C05.030.080	1NV185-2	MCFI-1NV-149 MC-1554-1.0	NDE-35	PT	SS 160	2.000 0.344		Tee to Pipe
	Class B							
C05.030.081	1NV1FW172-10	MCFI-1NV-172 MC-1554-3.0	NDE-35	PT	SS 160	2.000 0.344		Pipe to Valve
	Class B							
C05.030.082	1NV1FW172-13	MCFI-1NV-172 MC-1554-3.0	NDE-35	PT	SS 160	2.000 0.344		Elbow to Pipe
	Class B							
C05.030.083	1NV1F-2299	MCFI-1NV-173 MC-1554-3.0	NDE-35	PT	SS 160	2.000 0.344		Valve to Pipe
	Class B							
C05.030.084	1NV1FW173-20	MCFI-1NV-173 MC-1554-3.0	NDE-35	PT	SS 160	2.000 0.344		Tee to Reducing Insert
	Class B							

Total C05.030 Items: 6

DUKE ENERGY CORPORATION
 QUALITY ASSURANCE TECHNICAL SERVICES
 Inservice Inspection Database Management System

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

McGuire 1

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

Inservice Inspection Plan for Interval 2 Outage 5

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Circumferential Weld ****								
C05.051.015	1CA1F-758	MCFI-1CA19	NDE-600	UT	CS	6.000	50331	
	Circumferential	MC-1592-1.0			80	0.432		
	Class B				Elbow to Pipe			
C05.051.015A	1CA1F758	MCFI-1CA19	NDE-25	MT	CS	6.000		
	Circumferential	MC-1592-1.0			80	0.432		
	Class B				Elbow to Pipe			
C05.051.054	1CF1F-601	MCFI-1CF-8	NDE-600	UT	CS	6.000	50331	
	Circumferential	MC 1591-1.1			80	0.432		
	Class B				Tee to Pipe			
C05.051.054A	1CF1F-601	MCFI-1CF-8	NDE-25	MT	CS	6.000		
	Circumferential	MC 1591-1.1			80	0.432		
	Class B				Tee to Pipe			
C05.051.056	1CF1F-647	MCFI-1CF-8	NDE-600	UT	CS	6.000	50331	
	Circumferential	MC 1591-1.1			80	0.432		
	Class B				Elbow to Valve			
C05.051.056A	1CF1F-647	MCFI-1CF-8	NDE-25	MT	CS	6.000		
	Circumferential	MC 1591-1.1			80	0.432		
	Class B				Elbow to Valve			
C05.051.059	1CF-125-A	MCFI-1CF-4	NDE-600	UT	CS	18.000	50330	
	Circumferential	MC 1591-1.1			80	0.938		
	Class B				Pipe to Elbow			
C05.051.059A	1CF-125-A	MCFI-1CF-4	NDE-25	MT	CS	18.000		
	Circumferential	MC 1591-1.1			80	0.938		
	Class B				Pipe to Elbow			

DUKE ENERGY CORPORATION
 QUALITY ASSURANCE TECHNICAL SERVICES
 Inservice Inspection Database Management System

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 5

Piping Welds \geq 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
C05.051.150	1SA1F-219	MCFI 1SA-4 MC 1593-1.2	NDE-600	UT	CS 80	6.000 0.432	50331	Class B Elbow to Valve
C05.051.150A	1SA1F-219	MCFI 1SA-4 MC 1593-1.2	NDE-25	MT	CS 80	6.000 0.432		Class B Elbow to Valve
C05.051.203	1SM1F-420	MCFI-1SM14 MC 1593-1.0	NDE-600	UT	CS	6.000 0.432	50331	Class B
C05.051.203A	1SM1F-420	MCFI-1SM14 MC 1593-1.0	NDE-25	MT	CS	6.000 0.432		Class B
C05.051.300	1VP1F-13	MCFI 1VP-1 MC 1576-1	NDE-600	UT	CS STD	24.000 0.438	50442	Class B Valve to Pipe
C05.051.300A	1VP1F-13	MCFI 1VP-1 MC 1576-1	NDE-25	MT	CS STD	24.000 0.438		Class B Valve to Pipe
C05.051.301	1VP1F-1	MCFI 1VP-1 MC 1576-1	NDE-600	UT	CS 40	12.000 0.406	50443	Class B Pipe to Valve
C05.051.301A	1VP1F-1	MCFI 1VP-1 MC 1576-1	NDE-25	MT	CS 40	12.000 0.406		Class B Pipe to Valve
Total C05.051 Items:		16						
Total C05 Items:		62						

DUKE ENERGY CORPORATION
 QUALITY ASSURANCE TECHNICAL SERVICES
 Inservice Inspection Database Management System

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

Valves

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 5

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Valve Body Welds ****								
C06.020.005A	1NV-240-1	MCM 1205.00-1186.001 MCFI-1NV13	NDE-35	PT	SS	3.000 0.000		VALVE BODY TO SEAT RING INSERT
Class B								
C06.020.005B	1NV-240-2	MCM 1205.00-1186.001 MCFI-1NV13	NDE-35	PT	SS	3.000 0.000		VALVE BODY TO SEAT RING INSERT
C06.020.005C	1NV-242-1	MCM 1205.00-1186.001 MCFI-1NV13	NDE-35	PT	SS	3.000 0.000		VALVE BODY TO SEAT RING INSERT
C06.020.005D	1NV-242-2	MCM 1205.00-1186.001 MCFI-1NV13	NDE-35	PT	SS	3.000 0.000		VALVE BODY TO SEAT RING INSERT

Total C06.020 Items: 4

Total C06 Items: 4

DUKE ENERGY CORPORATION
 QUALITY ASSURANCE TECHNICAL SERVICES
 Inservice Inspection Database Management System
 McGuire 1

**CATEGORY D-B, Systems in Support Of ECC,
 CHR, Atmos. Cleanup, And Reactor RHR**

Integral Attachment

Inservice Inspection Plan for Interval 2 Outage 5

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
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**** Component Supports and Restraints ****

D02.020.006	1-MCA-CA-10	MCSRDCAF	QAL-14	VT-3	NA	4.000	0.000	
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Class C

D02.020.007	1-MCA-CA-13	MCSRDCAF	QAL-14	VT-3	NA	4.000	0.000	
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Rigid Support

Class C

D02.020.008	1-MCA-CA-151	MCSRDCAO	QAL-14	VT-3	NA	4.000	0.000	
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Rigid Support

Class C

D02.020.009	1-MCA-CA-153	MCSRDCAO	QAL-14	VT-3	NA	4.000	0.000	
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Rigid Support

Class C

D02.020.010	1-MCA-CA-181	MCSRDCAO	QAL-14	VT-3	NA	4.000	0.000	
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Rigid Support

Class C

D02.020.011	1-MCA-CA-2	MCSRDCAF	QAL-14	VT-3	NA	4.000	0.000	
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Rigid Support

Class C

D02.020.012	1-MCA-CA-207	MCSRDCAF	QAL-14	VT-3	NA	4.000	0.000	
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Rigid Support

Class C

D02.020.013	1-MCA-CA-211	MCSRDCAF	QAL-14	VT-3	NA	4.000	0.000	
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Rigid Support

Class C

DUKE ENERGY CORPORATION
 QUALITY ASSURANCE TECHNICAL SERVICES
 inservice Inspection Database Management System

**CATEGORY D-B, Systems In Support Of ECC,
 CHR, Atmos. Cleanup, And Reactor RHR**

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 5

Integral Attachment

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
D02.020.014	1-MCA-CA-212	MCSRDCAE	QAL-14	VT-3	NA	4.000	0.000	Rigid Support Class C
D02.020.015	1-MCA-CA-278	MCSRDCAA	QAL-14	VT-3	NA	4.000	0.000	Rigid Support Class C
D02.020.016	1-MCA-CA-296	MCSRDCAE	QAL-14	VT-3	NA	4.000	0.000	Rigid Support Class C
D02.020.017	1-MCA-CA-297	MCSRDCAE	QAL-14	VT-3	NA	4.000	0.000	Rigid Support Class C
D02.020.018	1-MCA-CA-299	MCSRDCAE	QAL-14	VT-3	NA	4.000	0.000	Rigid Support Class C
D02.020.019	1-MCA-CA-301	MCSRDCAE	QAL-14	VT-3	NA	4.000	0.000	Rigid Support Class C
D02.020.020	1-MCA-CA-305	MCSRDCAF	QAL-14	VT-3	NA	4.000	0.125	Rigid Support Class C
D02.020.021	1-MCA-CA-309	MCSRDCAF	QAL-14	VT-3	NA	4.000	0.000	Rigid Support Class C

DUKE ENERGY CORPORATION
 QUALITY ASSURANCE TECHNICAL SERVICES
 Inservice Inspection Database Management System
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**CATEGORY D-B, Systems In Support Of ECC,
 CHR, Atmos. Cleanup, And Reactor RHR**

Integral Attachment

Inservice Inspection Plan for Interval 2 Outage 5

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
D02.020.022	1-MCA-CA-312	MCSRDP-CAF	QAL-14	VT-3	NA	4.000	0.000	
	Rigid Support							
	Class C							
D02.020.024	1-MCA-CA-319	MCSRDP-CAF	QAL-14	VT-3	NA	4.000	0.000	
	Rigid Support							
	Class C							
D02.020.025	1-MCA-CA-378	MCSRDP-CAJ	QAL-14	VT-3	NA	8.000	0.000	
	Rigid Support							
	Class C							
D02.020.026	1-MCA-CA-4	MCSRDP-CAE	QAL-14	VT-3	NA	4.000	0.000	
	Rigid Support							
	Class C							
D02.020.027	1-MCA-CA-42	MCSRDP-CAE	QAL-14	VT-3	NA	4.000	0.000	
	Rigid Support							
	Class C							
D02.020.035	1-MCA-CA-274	MCSRDP-CAA	QAL-14	VT-3	NA	4.000	0.000	
	Rigid Support							
	Class C							
D02.020.036	1-MCA-CA-275	MCSRDP-CAA	QAL-14	VT-3	NA	4.000	0.000	
	Rigid Restraint							
	Class C							
Total D02.020 Items:		23						

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 QUALITY ASSURANCE TECHNICAL SERVICES
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Integral Attachment

**CATEGORY D-B, Systems In Support Of ECC,
 CHR, Atmos. Cleanup, And Reactor RHR**

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
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**** Spring Type Supports ****

D02.040.001	1-MCA-CA-84	MCSR-D-CAJ	QAL-14	VT-3	NA		8.000	
	Spring Hgr						0.000	

Class C

D02.040.002	1-MCA-CA-168	MCSR-D-CAM	QAL-14	VT-3	NA		4.000	
	Spring Hgr						0.500	

Class C

Total D02.040 Items:	2
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Total D02 Items:	25
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DUKE ENERGY CORPORATION
 QUALITY ASSURANCE TECHNICAL SERVICES
 Inservice Inspection Database Management System

Class 1 Piping Supports

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 5

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.010.016A	1-MCR-NC-577	MCSRDL WL-002	QAL-14	VT-3	NA	2.000	0.000	Class A
F01.010.018C	1-MCR-NC-687	MCSRDN-002	QAL-14	VT-3	NA	6.000	0.000	Hyd Snubber Class A
F01.010.054A	1-MCR-ND-510	MCSRDL ND-001	QAL-14	VT-3	NA	14.000	0.000	Class A
F01.010.112B	1-MCR-NI-577	MCSRDL NI-003	QAL-14	VT-3	NA	10.000	0.000	Class A
F01.010.113C	1-MCR-NI-585	MCSRDL NI-003	QAL-14	VT-3	NA	6.000	0.000	Mech Snubber Class A
F01.010.161C	1-MCR-NV-1067	MCSRDL NV-004	QAL-14	VT-3	NA	2.000	0.000	Hyd Snubber Class A
Total F01.010 Items:		6						

DUKE ENERGY CORPORATION
 QUALITY ASSURANCE TECHNICAL SERVICES
 Inservice Inspection Database Management System

Class 2 Piping Supports

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 5

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.020.267C	1-MCA-NS-102	MCSRDN-NSC	QAL-14	VT-3	NA	10.000	0.000	
	Hyd Snubber							
	Class B							
F01.020.268B	1-MCA-NS-103	MCSRDN-NSC	QAL-14	VT-3	NA	10.000	0.000	
	Class B							
F01.020.325A	1-MCA-NV-037	MC 1190-NV-01-02	QAL-14	VT-3	NA	4.000	0.000	
	Class B							
F01.020.326B	MC 1683-NV-04-R36	MC 1683-NV-04	QAL-14	VT-3	NA	2.000	0.000	
	Class B							
F01.020.327B	1-MCA-NV-039	MC 1190-NV-01-01	QAL-14	VT-3	NA	4.000	0.000	
	Class B							
F01.020.328A	1-MCA-NV-040	MC-1190-NV-01-01	QAL-14	VT-3	NA	4.000	0.000	
	Class B							
F01.020.329A	1-MCA-NV-041	MC 1190-NV-01-03	QAL-14	VT-3	NA	3.000	0.000	
	Class B							
F01.020.558C	1-MCA-SM-101	MCSRDN-SMA/3 of 5	QAL-14	VT-3	NA	42.000	0.000	
	Mech Snubber							
	Class B							

Total F01.020 Items: 16

CATEGORY F-A, Supports (Category A)

DUKE ENERGY CORPORATION
 QUALITY ASSURANCE TECHNICAL SERVICES
 Inservice Inspection Database Management System

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 5

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Class 3 Piping Supports

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.030.003C	1-MCA-CA-325	MCSRDC-CA-152	QAL-14	VT-3	NA	8.000		
	Mech Snubber					0.000		
	Class C							
F01.030.004C	1-MCA-CA-84	MCSRDC-CAJ	QAL-14	VT-3	NA	8.000		
	Spring Hgr					0.125		
	Class C							
F01.030.005C	1-MCA-CA-187	MCSRDC-CAD	QAL-14	VT-3	NA	4.000		
	Hyd Snubber					0.000		
	Class C							
F01.030.006C	1-MCA-CA-168	MCSRDC-CAM	QAL-14	VT-3	NA	4.000		
	Spring Hgr					0.500		
	Class C							
F01.030.007C	1-MCA-CA-52	MCSRDC-CAC	QAL-14	VT-3	NA	4.000		
	Spring Hgr					0.000		
	Class C							
F01.030.008C	1-MCA-CA-57	MCSRDC-CAC	QAL-14	VT-3	NA	4.000		
	Spring Hgr					0.000		
	Class C							
F01.030.009A	1-MCA-CA-274	MCSRDC-CAA	QAL-14	VT-3	NA	4.000		
	Rigid Support					0.125		
	Class C							
F01.030.010B	1-MCA-CA-275	MCSRDC-CAA	QAL-14	VT-3	NA	4.000		
	Rigid Restraint					0.125		
	Class C							

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 QUALITY ASSURANCE TECHNICAL SERVICES
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Class 3 Piping Supports

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ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.030.064B	MC 1683-NV-07-R3	MC 1683-NV-07	QAL-14	VT-3	NA		2.000 0.000	
	Class C							
F01.030.065B	MC 1683-NV-07-R6	MC 1683-NV-07	QAL-14	VT-3	NA		2.000 0.000	
	Class C							
F01.030.066A	MC 1683-NV-08-R10	MC 1683-NV-08	QAL-14	VT-3	NA		2.000 0.000	
	Class C							
F01.030.067A	MC 1683-NV-08-R13	MC 1683-NV-08	QAL-14	VT-3	NA		2.000 0.000	
	Class C							
F01.030.111A	1-MCA-KC-1091	MCSRDC-KC-303SHT1	QAL-14	VT-3	NA		0.000 0.000	
	Rigid Support	MCFD 1573-01.01						
	Class C							
F01.030.112A	1-MCA-KC-1089	MCSRDC-KC-303SHT2	QAL-14	VT-3	NA		0.000 0.000	
	Rigid Support	MCFD 1573-01.01						
	Class C							
F01.030.114A	1-MCA-KC-1006	MCSRDC-KC-305SHT2	QAL-14	VT-3	NA		0.000 0.000	
	Rigid Support	MCFD 1573-01-00						
	Class C							
F01.030.115A	1-MCA-KC-2297	MCSRDC-KC-305SHT3	QAL-14	VT-3	NA		0.000 0.000	
	Rigid Support	MCFD 1573-02-00						
	Class C							

DUKE ENERGY CORPORATION
 QUALITY ASSURANCE TECHNICAL SERVICES
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Inservice Inspection Plan for Interval 2 Outage 5

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.030.116A	1-MCA-KC-H100	MCSRDC-KC-305SHT3	QAL-14	VT-3	NA		0.000	
	Rigid Support	MCFD 1573-02-00					0.000	
	Class C							
F01.030.117A	1-MCA-KC-1005	MCSRDC-KC-305SHT4	QAL-14	VT-3	NA		0.000	
	Rigid Support	MCFD 1573-01-00					0.000	
	Class C							
F01.030.118A	1-MCA-KC-2325	MCSRDC-KC-305SHT4	QAL-14	VT-3	NA		0.000	
	Rigid Support	MCFD 1573-01-00					0.000	
	Class C							
F01.030.119A	1-MCA-KC-2313	MCSRDC-KC-305SHT5	QAL-14	VT-3	NA		0.000	
	Rigid Support	MCFD 1573-02-00					0.000	
	Class C							
F01.030.120A	1-MCA-KC-H80	MCSRDC-KC-311SHT1	QAL-14	VT-3	NA		0.000	
	Rigid Support	MCFD 1573-02.02					0.000	
	Class C							
F01.030.122B	1-MCA-KC-1015	MCSRDC-KC-302SHT1	QAL-14	VT-3	NA		0.000	
	Rigid Restraint	MCFD 1573-01.01					0.000	
	Class C							
F01.030.123B	1-MCA-KC-1090	MCSRDC-KC-303SHT1	QAL-14	VT-3	NA		0.000	
	Rigid Restraint	MCFD 1573-01.01					0.000	
	Class C							
F01.030.124B	1-MCA-KC-2190	MCSRDC-KC-303SHT1	QAL-14	VT-3	NA		0.000	
	Rigid Restraint	MCFD 1573-01.01					0.000	
	Class C							

DUKE ENERGY CORPORATION
QUALITY ASSURANCE TECHNICAL SERVICES
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Class 3 Piping Supports

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 5

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK CAL BLOCKS	COMMENTS
F01.030.125B	1-MCA-KC-2134	MCSRDC-KC-304SHT1	QAL-14	VT-3	NA	0.000	
	Rigid Restraint	MCFD 1573-01.01				0.125	
	Class C						
F01.030.128B	1-MCA-KC-1034	MCSRDC-KC-311SHT2	QAL-14	VT-3	NA	0.000	
	Rigid Restraint	MCFD 1573-02.02				0.000	
	Class C						
F01.030.129B	1-MCA-KC-1027	MCSRDC-KC-311SHT3	QAL-14	VT-3	NA	0.000	
	Rigid Restraint	MCFD 1573-02.02				0.000	
	Class C						
F01.030.130B	1-MCA-KC-1043	MCSRDC-KC-313SHT2	QAL-14	VT-3	NA	0.000	
	Rigid Restraint	MCFD 1573-02.02				0.000	
	Class C						
F01.030.131B	1-MCA-KC-1030	MCSRDC-KC-313SHT3	QAL-14	VT-3	NA	0.000	
	Rigid Restraint	MCFD 1573-02.02				0.000	
	Class C						
F01.030.132B	1-MCA-KC-1009	MCSRDC-KC-315SHT1	QAL-14	VT-3	NA	0.000	
	Rigid Restraint	MCFD 1573-01.00				0.000	
	Class C						
F01.030.133B	1-MCA-KC-1007	MCSRDC-KC-315SHT2	QAL-14	VT-3	NA	0.000	
	Rigid Restraint	MCFD 1573-01.00				0.000	
	Class C						
F01.030.134C	1-MCA-KC-1102	MCSRDC-KC-315SHT1	QAL-14	VT-3	NA	0.000	
	Hyd Snubber	MCFD 1573-01.00				0.000	
	Class C						

DUKE ENERGY CORPORATION
QUALITY ASSURANCE TECHNICAL SERVICES
Inservice Inspection Database Management System

Class 3 Piping Supports

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 5

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK CAL BLOCKS	COMMENTS
F01.030.135C	1-MCA-KC-2321	MCSRDC-KC-305SHT1	QAL-14	VT-3	NA	0.000	
	Mech Snubber	MCFD 1573-01-01				0.000	
	Class C						
F01.030.136C	1-MCA-KC-2105	MCSRDC-KC-315SHT2	QAL-14	VT-3	NA	0.000	
	Spring Hgr	MCFD 1573-01.00				0.000	
	Class C						
F01.030.150B	1-MCA-KD-81	MCSRDC-KD-10/SHT.1	QAL-14	VT-3	NA	0.000	
	Rigid Restraint	MCFD 1609-01.01				0.000	
	Class C						
F01.030.151A	1-MCA-KD-082	MCSRDC-KD-10/SHT.2	QAL-14	VT-3	NA	0.000	
	Rigid Support	MCFD 1609-01.01				0.000	
	Class C						
F01.030.152C	1-MCA-KD-083	MCSRDC-KD-10/SHT.2	QAL-14	VT-3	NA	0.000	
	Hyd Snubber	MCFD 1609-01.01				0.000	
	Class C						
F01.030.153C	1-MCA-KD-165	MCSRDC-KD-12/SHT.1	QAL-14	VT-3	NA	0.000	
	Spring Hgr	MCFD 1609-01.01				0.000	
	Class C						
F01.030.165B	1-MCA-RN-H939	MCSRDC-CA-152/SHT 1	QAL-14	VT-3	NA	0.000	
	Rigid Restraint	MCFD 1574-01.00				0.000	
	Class C						
F01.030.167B	1-MCA-RN-H979	MCSRDC-RN-301/SHT.2	QAL-14	VT-3	NA	0.000	
	Rigid Restraint	MCFD 1574-01.01				0.000	
	Class C						

DUKE ENERGY CORPORATION
QUALITY ASSURANCE TECHNICAL SERVICES
Inservice Inspection Database Management System

Class 3 Piping Supports

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 5

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.030.168B	1-MCA-RN-2024	MCSRDN-RN-301/SHT.3	QAL-14	VT-3	NA		0.000	
	Rigid Restraint	MCFD 1574-03.00					0.000	
	Class C							
F01.030.169B	1-MCA-RN-2330	MCSRDN-RN-301/SHT.4	QAL-14	VT-3	NA		0.000	
	Rigid Restraint	MCFD 1574-03.00					0.000	
	Class C							
F01.030.171B	1-MCA-RN-2524	MCSRDN-RN-302	QAL-14	VT-3	NA		0.000	
	Rigid Restraint	MCFD 1574-02.00					0.000	
	Class C							
F01.030.172B	1-MCA-RN-1076	MCSRDN-RN-303/SHT.1	QAL-14	VT-3	NA		0.000	
	Rigid Restraint	MCFD 1574-02.00					0.000	
	Class C							
F01.030.173B	1-MCA-RN-1077	MCSRDN-RN-303/SHT.1	QAL-14	VT-3	NA		0.000	
	Rigid Restraint	MCFD 1574-02.00					0.000	
	Class C							
F01.030.183B	1-MCA-RN-1131	MCSRDN-RN-310/SHT.1	QAL-14	VT-3	NA		0.000	
	Rigid Restraint	MCFD 1574-01.01					0.000	
	Class C							
F01.030.220A	1-MCA-WN-H29	MCSRDN-WNB/SHT.1	QAL-14	VT-3	NA		0.000	
	Rigid Support	MCFD 1609-07.00					0.000	
	Class C							
F01.030.221B	1-MCA-WN-H64	MCSRDN-WNB/SHT.3	QAL-14	VT-3	NA		0.000	
	Rigid Restraint	MCFD 1609-07.00					0.000	
	Class C							

DUKE ENERGY CORPORATION
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Class 3 Piping Supports

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 5

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.030.222B	1-MCA-WN-H66	MCSRD-WNB/SHT. 3 MCFD 1609-07.00	QAL-14	VT-3	NA		0.000 0.000	
	Rigid Restraint							
	Class C							
F01.030.223C	1-MCA-WN-H25	MCSRD-WNC/SHT. 1 MCFD 1609-07.00	QAL-14	VT-3	NA		0.000 0.000	
	Spring Hgr							
	Class C							
F01.030.230A	1-MCA-YC-003	MCSRD-YC-301/SHT2 MCFD 1618-01.00	QAL-14	VT-3	NA		0.000 0.000	
	Rigid Support							
	Class C							
F01.030.231A	1-MCA-YC-028	MCSRD-YC-302/SHT1 MCFD 1618-01.00	QAL-14	VT-3	NA		0.000 0.000	
	Rigid Support							
	Class C							
F01.030.232A	1-MCA-YC-040	MCSRD-YC-302/SHT2 MCFD 1618-01.00	QAL-14	VT-3	NA		0.000 0.000	
	Rigid Support							
	Class C							
F01.030.233B	1-MCA-YC-169	MCSRD-YC-304/SHT1 MCFD 1618-01.00	QAL-14	VT-3	NA		0.000 0.000	
	Rigid Restraint							
	Class C							
F01.030.234B	1-MCA-YC-114	MCSRD-YC-305/SHT1 MCFD 1618-01.00	QAL-14	VT-3	NA		0.000 0.000	
	Rigid Restraint							
	Class C							
F01.030.235C	1-MCA-YC-108	MCSRD-YC-305/SHT2 MCFD 1618-01.00	QAL-14	VT-3	NA		0.000 0.000	
	Spring Hgr							
	Class C							

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ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.030.236C	1-MCA-YC-109	MCSR-D-YC-305/SHT2	QAL-14	VT-3	NA		0.000	
	Hyd Snubber	MCFD 1618-01.00					0.000	
Class C								
F01.030.237B	1-MCA-YC-189	MCSR-D-YC-306/SHT1	QAL-14	VT-3	NA		0.000	
	Rigid Restraint	MCFD 1618-01.00					0.000	
Class C								

Total F01.030 Items: 58

DUKE ENERGY CORPORATION
 QUALITY ASSURANCE TECHNICAL SERVICES
 Inservice Inspection Database Management System

CATEGORY F-A, Supports

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

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Inservice Inspection Plan for Interval 2 Outage 5

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.040.021	1RV-SUPPORT-A	MCM 1201.01-78 MCM 1201.01-79 MCM 1117.00-10	QAL-14	VT-3	NA	0.000 0.000		HANGER FUNCTION CATEGORIZATION B
	Class A							
F01.040.022	1RV-SUPPORT-B	MCM 1201.01-78 MCM 1201.01-79 MCM 1117.00-10	QAL-14	VT-3	NA	0.000 0.000		HANGER FUNCTION CATEGORIZATION B
	Class A							
F01.040.025	1KFHX-SUP-1A	MC 1220-32 MCM 1201-06-0027	QAL-14	VT-3	NA	0.000 0.000		1A FUEL POOL COOLING HX SUPPORT HANGER FUNCTION CATEGORIZATION B
F01.040.026	1KC-ST-SUP	MCM 1201.04-113	QAL-14	VT-3	NA	0.000 0.000		COMPONENT COOLING SURGE TANK SUPPORT HANGER FUNCTION CATEGORIZATION B
F01.040.027	1KCP-SUP-1A	MCM 1201.05-143	QAL-14	VT-3	NA	0.000 0.000		1A COMPONENT COOLING PUMP SUPPORT HANGER FUNCTION CATEGORIZATION B
F01.040.028	1KCHX-SUP-1A	MCM 1201.06-24	QAL-14	VT-3	NA	0.000 0.000		1A COMPONENT COOLING HX SUPPORT HANGER FUNCTION CATEGORIZATION B
F01.040.029	1RNP-SUP-1A	MCM 1201.05-190	QAL-14	VT-3	NA	0.000 0.000		1A NUCLEAR SERVICE WATER PUMP SUPPORT HANGER FUNCTION CATEGORIZATION B

Total F01.040 Items: 7

Total F01 Items: 87

CATEGORY AUG, Augmented Inspections

DUKE ENERGY CORPORATION
 QUALITY ASSURANCE TECHNICAL SERVICES
 Inservice Inspection Database Management System

**Augmented Exam, Reactor Coolant Pump
 Flywheel**

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Inservice Inspection Plan for Interval 2 Outage 5

ITEM NUMBER	ID NUMBER	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
G01.001.001	1RCP-1A	MCM 1201.01-7	NDE-900	UT	CS	0.000	0.000	REACTOR COOLANT PUMP 1A FLYWHEEL
Class A								
G01.001.002	1RCP-1B	MCM 1201.01-7	NDE-900	UT	CS	0.000	0.000	REACTOR COOLANT PUMP 1B FLYWHEEL GREATER THAN 90% EXAMINED
Class A								
Total G01.001 Items:		2						
Total G01 Items:		2						

5.0 Results Of Inspections Performed

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. Limited examinations are described in further detail in Section 5.2. 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:

Item Number	=	ASME Section XI Tables IWB-2500-1 (Class 1), IWC-2500-1 (Class 2), IWF-2500-1 (Class 1 and Class 2), Augmented Requirements
ID Number	=	Unique Identification Number
Insp Date	=	Date of Examination
Insp Status	=	CLR Clear REC Recordable REP Reportable
Insp Limited	=	Indicates inspection was limited. Coverage obtained is listed
Geo. Ref. (Geometric Reflector applies only to UT)	=	<u>Y</u> Yes <u>N</u> No
Comments	=	General and/or Detail Description

DUKE ENERGY CORPORATION
 QUALITY ASSURANCE TECHNICAL SERVICES
 In-Service Inspection Database Management System
 McGuire 1 Inservice Inspection Listing
 Interval 2 Outage 5

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EOC 02

Plan: McGuire 1

ITEM NUMBER	ID NUMBER	SYSTEM	INSP DATE	INSP STATUS	INSP LIMITED	GEO REF	RFR	COMMENTS
B02.011.001	1PZR-1		06/04/1998	REC	---	Y	N	
B02.011.002	1PZR-5		06/04/1998	REC	---	Y	N	
B03.140.005	1SGC-INLET		06/23/1998	CLR	83.28%	N	Y	See Request for Relief 98-004
B03.140.006	1SGC-OUTLET		06/23/1998	CLR	83.28%	N	Y	See Request for Relief 98-004
B06.100.001	1SGA-MW-X2-Y1		06/21/1998	CLR	---	N	N	
B06.100.002	1SGA-MW-X2-Y2		06/21/1998	CLR	---	N	N	
B06.100.003	1SGB-MW-X1-Y1		06/22/1998	CLR	---	N	N	
B06.100.004	1SGB-MW-X1-Y2		06/22/1998	CLR	---	N	N	
B06.100.005	1SGC-MW-X2-Y1		06/21/1998	CLR	---	N	N	
B06.100.006	1SGC-MW-X2-Y2		06/21/1998	CLR	---	N	N	
B06.100.007	1SGD-MW-X1-Y1		06/22/1998	CLR	---	N	N	
B06.100.008	1SGD-MW-X1-Y2		06/22/1998	CLR	---	N	N	
B07.070.102A	1NV-21A		06/06/1998	CLR	---	N	N	
B09.011.049	1NCP-224-5	NC	06/04/1998	REC	---	Y	N	
B09.011.049A	1NCP-224-5	NC	06/04/1998	CLR	---	N	N	
B09.011.050	1NCP-224-4	NC	06/04/1998	REC	---	Y	N	
B09.011.050A	1NCP-224-4	NC	06/04/1998	CLR	---	N	N	
B09.011.051	1NCP-224-3	NC	06/04/1998	REC	---	Y	N	
B09.011.051A	1NCP-224-3	NC	06/04/1998	CLR	---	N	N	
B09.011.052	1NCP-224-2	NC	06/04/1998	REC	---	Y	N	
B09.011.052A	1NCP-224-2	NC	06/04/1998	CLR	---	N	N	
B09.011.104	1ND1F-240	ND	06/05/1998	CLR	---	N	N	
B09.011.104A	1ND1F-240	ND	06/05/1998	CLR	---	N	N	
B09.011.217	1NI-457-1	NI	06/05/1998	REC	---	Y	N	
B09.011.217A	1NI-457-1	NI	06/05/1998	CLR	---	N	N	
B09.011.221	1NI-185-1	NI	06/03/1998	CLR	---	N	N	
B09.011.221A	1NI-185-1	NI	06/03/1998	CLR	---	N	N	
B09.011.222	1NI-185-2	NI	06/03/1998	REC	---	Y	N	
B09.011.222A	1NI-185-2	NI	06/02/1998	CLR	---	N	N	
B09.011.223	1NI-185-3	NI	06/03/1998	CLR	---	N	N	
B09.011.223A	1NI-185-3	NI	06/02/1998	CLR	---	N	N	
B09.021.009	1NC1F-1374	NC	06/02/1998	CLR	---	N	N	
B09.021.017	1NC1F4-9A	NC	06/08/1998	CLR	---	N	N	
B09.031.007	1NC52-WN6	NC	06/08/1998	CLR	29.81%	N	Y	See Request for Relief 98-004
B09.031.007A	1NC52-WN6	NC	06/08/1998	CLR	---	N	N	
B09.032.017	1NC23-WN7	NC	06/02/1998	CLR	---	N	N	

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B09.032.018	1NC24-WN7	NC	06/03/1998	CLR	---	N	N	
B09.032.019	1NC33-WN7	NC	06/03/1998	CLR	---	N	N	
B09.040.002	1NC1F-285	NC	06/02/1998	CLR	---	N	N	
B09.040.004	1NC1F-970	NC	06/03/1998	CLR	---	N	N	
B09.040.007	1NC1F-1322	NC	06/02/1998	CLR	---	N	N	
B09.040.015	1NC1F-1612	NC	06/03/1998	CLR	---	N	N	
B09.040.016	1NC1F-1613	NC	06/03/1998	CLR	---	N	N	
B09.040.017	1NC1F-1614	NC	06/05/1998	CLR	---	N	N	
B09.040.113	1NI1F-638	NI	06/10/1998	CLR	---	N	N	
B09.040.115	1NI1F-647	NI	06/10/1998	CLR	---	N	N	
B09.040.206	1NV1F-889	NV	06/05/1998	CLR	---	N	N	
C01.020.070	5141-1-HD1		//		0.00%	N	Y	See Request for Relief 98-002 & 98-003
C01.020.071	5141-1-HD2		//		0.00%	N	Y	See Request for Relief 98-002 & 98-003
C01.030.020	5141-1-NB-TS		//		0.00%	N	Y	See Request for Relief 98-002 & 98-003
C01.030.021	5141-1-TS-SH		//		0.00%	N	Y	See Request for Relief 98-002 & 98-003
C05.011.014	1ND1F154	ND	05/18/1998	REC	---	Y	N	
C05.011.014A	1ND1F154	ND	05/18/1998	CLR	---	N	N	
C05.011.036	1ND1F93	ND	05/27/1998	REC	---	Y	N	
C05.011.036A	1ND1F93	ND	05/26/1998	CLR	---	N	N	
C05.011.038	1ND70B-1	ND	05/20/1998	CLR	---	N	N	
C05.011.038A	1ND70B-1	ND	05/20/1998	CLR	---	N	N	
C05.011.041	1ND69-2	ND	05/20/1998	CLR	---	N	N	
C05.011.041A	1ND69-2	ND	05/20/1998	CLR	---	N	N	
C05.011.042	1ND69-3	ND	05/20/1998	CLR	---	N	N	
C05.011.042A	1ND69-3	ND	05/20/1998	CLR	---	N	N	
C05.011.045	1ND69A-2	ND	05/21/1998	REC	---	Y	N	
C05.011.045A	1ND69A-2	ND	05/21/1998	CLR	---	N	N	
C05.011.047	1ND69A-4	ND	05/21/1998	CLR	---	N	N	
C05.011.047A	1ND69A-4	ND	05/21/1998	CLR	---	N	N	
C05.011.049	1ND1F96	ND	05/27/1998	REC	---	Y	N	
C05.011.049A	1ND1F96	ND	05/26/1998	CLR	---	N	N	
C05.011.101	1NI125-2	NI	05/21/1998	CLR	---	N	N	
C05.011.101A	1NI125-2	NI	05/21/1998	CLR	---	N	N	
C05.011.144	1NI177-2	NI	06/03/1998	REC	---	Y	N	
C05.011.144A	1NI177-2	NI	06/02/1998	CLR	---	N	N	
C05.011.147	1NI176-3	NI	06/03/1998	REC	---	Y	N	

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C05.011.147A	1NI176-3	NI	06/02/1998	CLR	---	N	N	
C05.011.148	1NI1F-260A	NI	06/03/1998	REC	---	Y	N	
C05.011.148A	1NI1F-260A	NI	06/02/1998	CLR	---	N	N	
C05.011.150	1NI177-3	NI	06/03/1998	REC	---	Y	N	
C05.011.150A	1NI177-3	NI	06/02/1998	CLR	---	N	N	
C05.011.200	1NS1F-1878	NS	06/11/1998	CLR	---	N	N	
C05.011.200A	1NS1F-1878	NS	06/11/1998	CLR	---	N	N	
C05.011.201	1NS1F-1877	NS	06/11/1998	CLR	---	N	N	
C05.011.201A	1NS1F-1877	NS	06/11/1998	CLR	---	N	N	
C05.021.065	1NV25B-2		05/28/1998	REC	---	Y	N	
C05.021.065A	1NV25B-2		05/28/1998	CLR	---	N	N	
C05.021.066	1NV1F-4817		05/28/1998	CLR	---	N	N	
C05.021.066A	1NV1F-4817		05/28/1998	CLR	---	N	N	
C05.021.067	1NV1F-2473		05/28/1998	CLR	---	N	N	
C05.021.067A	1NV1F-2473		05/27/1998	CLR	---	N	N	
C05.021.068	1NV77-4	NV	05/27/1998	CLR	---	N	N	
C05.021.068A	1NV77-4	NV	05/27/1998	CLR	---	N	N	
C05.021.069	1NV77-3	NV	05/27/1998	CLR	---	N	N	
C05.021.069A	1NV77-3	NV	05/27/1998	CLR	---	N	N	
C05.030.079	1NV1F181-182	NV	06/02/1998	CLR	---	N	N	
C05.030.080	1NV185-2	NV	06/02/1998	CLR	---	N	N	
C05.030.081	1NV1FW172-10	NV	05/27/1998	CLR	---	N	N	
C05.030.082	1NV1FW172-13	NV	05/27/1998	CLR	---	N	N	
C05.030.083	1NV1F-2299	NV	05/27/1998	CLR	---	N	N	
C05.030.084	1NV1FW173-20	NV	05/27/1998	CLR	---	N	N	
C05.051.015	1CA1F-758	CA	06/09/1998	CLR	---	N	N	
C05.051.015A	1CA1F758	CA	06/09/1998	CLR	---	N	N	
C05.051.054	1CF1F-601	CF	06/13/1998	CLR	---	N	N	
C05.051.054A	1CF1F-601	CF	06/13/1998	CLR	---	N	N	
C05.051.056	1CF1F-647	CF	06/17/1998	CLR	---	N	N	
C05.051.056A	1CF1F-647	CF	06/17/1998	CLR	---	N	N	
C05.051.059	1CF-125-A	CF	06/13/1998	REC	---	Y	N	
C05.051.059A	1CF-125-A	CF	06/13/1998	CLR	---	N	N	
C05.051.150	1SA1F-219	SA	06/17/1998	CLR	---	N	N	
C05.051.150A	1SA1F-219	SA	06/17/1998	CLR	---	N	N	
C05.051.203	1SM1F-420	SM	06/17/1998	CLR	---	N	N	

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C05.051.203A	1SM1F-420	SM	06/17/1998	CLR	---	N	N	
C05.051.300	1VP1F-13	VP	06/10/1998	REC	---	Y	N	
C05.051.300A	1VP1F-13	VP	06/10/1998	CLR	---	N	N	
C05.051.301	1VP1F-1	VP	06/10/1998	CLR	---	N	N	
C05.051.301A	1VP1F-1	VP	06/10/1998	CLR	---	N	N	
C06.020.005A	1NV-240-1		05/27/1998	CLR	---	N	N	
C06.020.005B	1NV-240-2		05/27/1998	CLR	---	N	N	
C06.020.005C	1NV-242-1		05/27/1998	CLR	---	N	N	
C06.020.005D	1NV-242-2		05/27/1998	CLR	---	N	N	
D02.020.006	1-MCA-CA-10	CA	03/02/1998	CLR	---	N	N	
D02.020.007	1-MCA-CA-13	CA	03/02/1998	CLR	---	N	N	
D02.020.008	1-MCA-CA-151	CA	03/05/1998	CLR	---	N	N	
D02.020.009	1-MCA-CA-153	CA	03/05/1998	CLR	---	N	N	
D02.020.010	1-MCA-CA-181	CA	03/05/1998	CLR	---	N	N	
D02.020.011	1-MCA-CA-2	CA	03/02/1998	CLR	---	N	N	
D02.020.012	1-MCA-CA-207	CA	03/05/1998	CLR	---	N	N	
D02.020.013	1-MCA-CA-211	CA	03/05/1998	CLR	---	N	N	
D02.020.014	1-MCA-CA-212	CA	03/05/1998	CLR	---	N	N	
D02.020.015	1-MCA-CA-278	CA	03/05/1998	CLR	---	N	N	
D02.020.016	1-MCA-CA-296	CA	03/02/1998	CLR	---	N	N	
D02.020.017	1-MCA-CA-297	CA	03/02/1998	CLR	---	N	N	
D02.020.018	1-MCA-CA-299	CA	03/02/1998	CLR	---	N	N	
D02.020.019	1-MCA-CA-301	CA	03/02/1998	CLR	---	N	N	
D02.020.020	1-MCA-CA-305	CA	03/02/1998	CLR	---	N	N	
D02.020.021	1-MCA-CA-309	CA	03/02/1998	CLR	---	N	N	
D02.020.022	1-MCA-CA-312	CA	03/02/1998	CLR	---	N	N	
D02.020.024	1-MCA-CA-319	CA	03/05/1998	CLR	---	N	N	
D02.020.025	1-MCA-CA-378	CA	03/05/1998	CLR	---	N	N	
D02.020.026	1-MCA-CA-4	CA	03/02/1998	CLR	---	N	N	
D02.020.027	1-MCA-CA-42	CA	03/05/1998	CLR	---	N	N	
D02.020.035	1-MCA-CA-274	CA	03/05/1998	CLR	---	N	N	
D02.020.036	1-MCA-CA-275	CA	03/05/1998	CLR	---	N	N	
D02.040.001	1-MCA-CA-84	CA	03/05/1998	CLR	---	N	N	
D02.040.002	1-MCA-CA-168	CA	03/05/1998	REC	---	N	N	
F01.010.016A	1-MCR-NC-577		06/01/1998	CLR	---	N	N	
F01.010.018C	1-MCR-NC-687		06/04/1998	CLR	---	N	N	

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F01.010.054A	1-MCR-ND-510		06/01/1998	CLR	---	N	N	
F01.010.112B	1-MCR-NI-577		06/01/1998	CLR	---	N	N	
F01.010.113C	1-MCR-NI-585		06/01/1998	CLR	---	N	N	
F01.010.161C	1-MCR-NV-1067		06/01/1998	CLR	---	N	N	
F01.020.172C	1-MCA-ND-260		04/15/1998	CLR	---	N	N	
F01.020.173C	1-MCA-ND-281		04/07/1998	CLR	---	N	N	
F01.020.174C	1-MCA-ND-295		04/15/1998	CLR	---	N	N	
F01.020.203A	1-MCA-NI-178		04/30/1998	CLR	---	N	N	
F01.020.206C	1-MCA-NI-179		04/30/1998	CLR	---	N	N	
F01.020.207C	1-MCA-NI-357		04/15/1998	CLR	---	N	N	
F01.020.224C	1-MCR-NI-721		06/01/1998	CLR	---	N	N	
F01.020.266C	1-MCA-NS-098		04/15/1998	CLR	---	N	N	
F01.020.267C	1-MCA-NS-102		04/15/1998	CLR	---	N	N	
F01.020.268B	1-MCA-NS-103		04/30/1998	CLR	---	N	N	
F01.020.325A	1-MCA-NV-037		04/30/1998	CLR	---	N	N	
F01.020.326B	MC 1683-NV-04-R36		04/30/1998	CLR	---	N	N	
F01.020.327B	1-MCA-NV-039		04/30/1998	CLR	---	N	N	
F01.020.328A	1-MCA-NV-040		04/30/1998	REC	---	N	N	
F01.020.329A	1-MCA-NV-041		04/30/1998	CLR	---	N	N	
F01.020.533C	1-MCA-SM-101	SM	04/02/1998	CLR	---	N	N	
F01.030.003C	1-MCA-CA-325	CA	03/05/1998	CLR	---	N	N	
F01.030.004C	1-MCA-CA-84	CA	03/05/1998	CLR	---	N	N	
F01.030.005C	1-MCA-CA-187	CA	03/05/1998	CLR	---	N	N	
F01.030.006C	1-MCA-CA-168	CA	03/05/1998	REC	---	N	N	
F01.030.007C	1-MCA-CA-52	CA	03/05/1998	CLR	---	N	N	
F01.030.008C	1-MCA-CA-57	CA	03/05/1998	CLR	---	N	N	
F01.030.009A	1-MCA-CA-274	CA	03/05/1998	CLR	---	N	N	
F01.030.010B	1-MCA-CA-275	CA	03/05/1998	CLR	---	N	N	
F01.030.064B	MC 1683-NV-07-R3		04/30/1998	CLR	---	N	N	
F01.030.065B	MC 1683-NV-07-R6		04/30/1998	CLR	---	N	N	
F01.030.066A	MC 1683-NV-08-R10		04/30/1998	CLR	---	N	N	
F01.030.067A	MC 1683-NV-08-R13		04/30/1998	CLR	---	N	N	
F01.030.111A	1-MCA-KC-1091	KC	05/06/1998	CLR	---	N	N	
F01.030.112A	1-MCA-KC-1089	KC	05/11/1998	CLR	---	N	N	
F01.030.114A	1-MCA-KC-1006	KC	05/06/1998	CLR	---	N	N	
F01.030.115A	1-MCA-KC-2297	KC	05/06/1998	CLR	---	N	N	

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F01.030.116A	1-MCA-KC-H100	KC	05/11/1998	CLR	---	N	N	
F01.030.117A	1-MCA-KC-1005	KC	05/06/1998	CLR	---	N	N	
F01.030.118A	1-MCA-KC-2325	KC	05/06/1998	CLR	---	N	N	
F01.030.119A	1-MCA-KC-2313	KC	05/06/1998	CLR	---	N	N	
F01.030.120A	1-MCA-KC-H80	KC	05/07/1998	CLR	---	N	N	
F01.030.122B	1-MCA-KC-1015	KC	05/11/1998	CLR	---	N	N	
F01.030.123B	1-MCA-KC-1090	KC	05/12/1998	CLR	---	N	N	
F01.030.124B	1-MCA-KC-2190	KC	05/11/1998	REC	---	N	N	
F01.030.125B	1-MCA-KC-2134	KC	05/11/1998	CLR	---	N	N	
F01.030.128B	1-MCA-KC-1034	KC	05/06/1998	CLR	---	N	N	
F01.030.129B	1-MCA-KC-1027	KC	07/1998	REC	---	N	N	
F01.030.130B	1-MCA-KC-1043	KC	06/1998	CLR	---	N	N	
F01.030.131B	1-MCA-KC-1030	KC	03/07/1998	CLR	---	N	N	
F01.030.132B	1-MCA-KC-1009	KC	05/11/1998	CLR	---	N	N	
F01.030.133B	1-MCA-KC-1007	KC	05/11/1998	CLR	---	N	N	
F01.030.134C	1-MCA-KC-1102	KC	05/13/1998	CLR	---	N	N	
F01.030.135C	1-MCA-KC-2321	KC	05/06/1998	CLR	---	N	N	
F01.030.136C	1-MCA-KC-2105	KC	05/06/1998	CLR	---	N	N	
F01.030.150B	1-MCA-KD-81	KD	05/11/1998	CLR	---	N	N	
F01.030.151A	1-MCA-KD-082	KD	05/11/1998	CLR	---	N	N	
F01.030.152C	1-MCA-KD-083	KD	05/11/1998	CLR	---	N	N	
F01.030.153C	1-MCA-KD-165	KD	05/11/1998	CLR	---	N	N	
F01.030.165B	1-MCA-RN-H939	RN	05/06/1998	CLR	---	N	N	
F01.030.167B	1-MCA-RN-H979	RN	05/06/1998	CLR	---	N	N	
F01.030.168B	1-MCA-RN-2024	RN	05/06/1998	CLR	---	N	N	
F01.030.169B	1-MCA-RN-2330	RN	05/06/1998	CLR	---	N	N	
F01.030.171B	1-MCA-RN-2524	RN	05/06/1998	CLR	---	N	N	
F01.030.172B	1-MCA-RN-1076	RN	05/06/1998	CLR	---	N	N	
F01.030.173B	1-MCA-RN-1077	RN	05/06/1998	CLR	---	N	N	
F01.030.183B	1-MCA-RN-1131	RN	05/06/1998	CLR	---	N	N	
F01.030.220A	1-MCA-WN-H29	WN	05/11/1998	CLR	---	N	N	
F01.030.221B	1-MCA-WN-H64	WN	05/11/1998	CLR	---	N	N	
F01.030.222B	1-MCA-WN-H66	WN	05/11/1998	CLR	---	N	N	
F01.030.223C	1-MCA-WN-H25	WN	05/11/1998	CLR	---	N	N	
F01.030.230A	1-MCA-YC-003	YC	05/06/1998	CLR	---	N	N	
F01.030.231A	1-MCA-YC-028	YC	05/06/1998	CLR	---	N	N	

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F01.030.232A	1-MCA-YC-040	YC	05/06/1998	CLR	---	N	N	
F01.030.233B	1-MCA-YC-169	YC	05/06/1998	CLR	---	N	N	
F01.030.234B	1-MCA-YC-114	YC	05/06/1998	CLR	---	N	N	
F01.030.235C	1-MCA-YC-108	YC	05/06/1998	CLR	---	N	N	
F01.030.236C	1-MCA-YC-109	YC	05/06/1998	CLR	---	N	N	
F01.030.237B	1-MCA-YC-189	YC	05/06/1998	CLR	---	N	N	
F01.040.021	1RV-SUPPORT-A	NC	05/31/1998	CLR	---	N	N	
F01.040.022	1RV-SUPPORT-B	NC	05/31/1998	CLR	---	N	N	
F01.040.025	1KFHX-SUP-1A		05/18/1998	CLR	---	N	N	
F01.040.026	1KC-ST-SUP		05/18/1998	CLR	---	N	N	
F01.040.027	1KCP-SUP-1A		05/18/1998	CLR	---	N	N	
F01.040.028	1KCHX-SUP-1A		05/18/1998	CLR	---	N	N	
F01.040.029	1RNP-SUP-1A		05/18/1998	CLR	---	N	N	
G01.001.001	1RCP-1A		06/03/1998	CLR	---	N	N	
G01.001.002	1RCP-1B		06/10/1998	CLR	---	N	N	

- 5.2 Limited examinations (i.e., 90% or less of the required examination coverage obtained) identified during Outage 5 /EOC 12 are shown below. A copy of the Request for Relief is contained in Section 9.0 of this report

<u>Item Number</u>	<u>Request for Relief Serial Number</u>
B03.140.005	98-004
B03.140.006	98-004
B09.031.007	98-004
C01.020.070	98-002 and 98-003
C01.020.071	98-002 and 98-003
C01.030.020	98-002 and 98-003
C01.030.021	98-002 and 98-003

6.0 Reportable Indications

Outage 5 /EOC 12 had no reportable indications.

7.0 Personnel, Equipment and Material Certifications

All personnel who performed or evaluated the results of inservice inspections from **May 20, 1997 to July 01, 1998** at McGuire Nuclear Station, Unit 1, were certified in accordance with the requirements of 1989 Edition of ASME Section XI with no addenda. The appropriate certification records for each inspector are on file at McGuire Nuclear Station or copies can be obtained by contacting the Duke Energy's Corporate Office in Charlotte, North Carolina.

Records of periodic calibration of inspection equipment are on file at McGuire Nuclear Station or copies can be obtained by contacting the Duke Energy's Corporate Office in Charlotte, North Carolina.

Records of materials used, (i.e., NDE consumables) are on file at McGuire Nuclear Station or copies can be obtained by contacting the Duke Energy's Corporate Office in Charlotte, North Carolina.

8.0 Corrective Action

No corrective action was required as a result of examinations performed during Outage 5 /EOC 12.

9.0 Reference Documents

The following reference documents apply to the inservice inspection performed during Outage 5 /EOC 12 at McGuire Unit 1.

- (1) Request for Relief 98-002
- (2) Request for Relief 98-003
- (3) Request for Relief 98-004 listed in Section 5 is in the course of preparation and will be submitted at a later date.



Duke Energy Corporation

McGuire Nuclear Station
12700 Hagers Ferry Road
Huntersville, NC 28078-9340

(704) 875-4800 OFFICE
(704) 875-4809 FAX

H. B. Barron
Vice President

August 13, 1998

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

Subject: McGuire Nuclear Station
Docket Nos. 50-369, 370
Relief Requests 98-002 and 98-003

Pursuant to 10CFR50.55a(a)(3)(ii), Duke Energy Corporation requests relief from some requirements of the ASME Boiler and Pressure Vessel Code as described in the attached Relief Requests 98-002 and 98-003. These requests are submitted together since Relief Request 98-002 is used as the basis for approval of Relief Request 98-003.

Specifically, Relief Request 98-002 requests relief from performing Unit 1 and Unit 2 Regenerative Heat Exchanger volumetric examinations required by the 1989 ASME Boiler and Pressure Vessel Code, Section XI, Table IWC-2500-1, Examination Category C-A Pressure Retaining Welds in Pressure Vessels, Items Numbers C1.20 and C1.30, Figures IWC-2500-1 and IWC-2500-2 and Note (1). Relief Request 98-003 requests relief from the requirements of 1989 ASME Boiler and Pressure Vessel Code, Section XI, paragraph IWC-2412 and Table IWC-2412-1 as a result of Relief Request 98-002.

Questions should be directed to Julius Bryant, McGuire Licensing and Compliance, at (704) 875-4162.

Sincerely,

H. B. Barron, Vice President
McGuire Nuclear Station

Attachments

FOR

U.S. Nuclear Regulatory Commission
August 13, 1998
Page 2

cc: Mr. L. A Reyes
Regional Administrator, Region II
U. S. Nuclear Regulatory Commission
101 Marietta Street, NW, Suite 2900
Atlanta, Georgia 30323

Mr. F. Rinaldi, Project Manager
Office of Nuclear Reactor Regulation
U. S. Nuclear Regulatory Commission
One White Flint North, Mail Stop 9H3
Washington, D.C. 20555

S. M. Shaeffer
Senior NRC Resident Inspector
McGuire Nuclear Station

U.S. Nuclear Regulatory Commission
August 13, 1998
Page 3

bxc w/att: J. W. Bryant
J. O. Barbour
R. Branch
G. J. Underwood
D. E. Caldwell
R. K. Rhyne
G. D. Scarboro
NRIA File/ELL

Duke Energy Corporation

Station McGuire Unit 1 & 2SECOND 10-YEAR INTERVAL REQUEST FOR RELIEF NO. 98-002

Pursuant to 10CFR50.55a (a)(3) (ii), Duke Energy Corporation has determined that compliance with the specified code requirements results in hardship or unusual difficulty and conformance with the examination requirements of the ASME Section XI requirements is not practical. This requirement would present hardship or unusual difficulty without a compensating increase in the level of quality and safety. Accordingly information is being submitted in support of our determination and a request is being sought for relief from the applicable ASME Section XI requirement(s).

I. System / Component(s) for Which Relief is Requested:

Safety-related ASME Section XI Code Class 2 Regenerative Heat Exchanger Head Circumferential and Tubesheet-to-Shell welds in Table IWC-2500-1 (Examination Category C-A). There are a total of twelve (12) welds per unit.

UNIT 1

<u>Weld Numbers</u>	<u>Item Numbers</u>	<u>Description</u>	<u>End Of Cycle</u>
5141-1-HD1	C01.020.070	Nozzle Belt to Head (Shell 1)	12
5141-1-HD2	C01.020.071	Shell to Head (Shell 1)	12
5141-2-HD1	C01.020.072	Nozzle Belt to Head (Shell 2)	13
5141-2-HD2	C01.020.073	Shell to Head (Shell 2)	13
5141-3-HD1	C01.020.074	Nozzle Belt to Head (Shell 3)	14
5141-3-HD2	C01.020.075	Shell to Head (Shell 3)	14
5141-1-NB-TS	C01.030.020	Nozzle Belt to Tubesheet (Shell 1)	12
5141-1-TS-SH	C01.030.021	Tubesheet to Shell (Shell 1)	12
5141-2-NB-TS	C01.030.022	Nozzle Belt to Tubesheet (Shell 2)	13

UNIT 1 (Continued)

<u>Weld Numbers</u>	<u>Item Numbers</u>	<u>Description</u>	<u>End Of Cycle</u>
5141-2-TS-SH	C01.030.023	Tubesheet to Shell (Shell 2)	13
5141-3-NB-TS	C01.030.024	Nozzle Belt to Tubesheet (Shell 3)	14
5141-3-TS-SH	C01.030.025	Tubesheet to Shell (Shell 3)	14

UNIT 2

<u>Weld Numbers</u>	<u>Item Numbers</u>	<u>Description</u>	<u>End Of Cycle</u>
5141-1-HD1	C01.020.070	Nozzle Belt to Head (Shell 1)	10
5141-1-HD2	C01.020.071	Shell to Head (Shell 1)	10
5141-2-HD1	C01.020.072	Nozzle Belt to Head (Shell 2)	12
5141-2-HD2	C01.020.073	Shell to Head (Shell 2)	12
5141-3-HD1	C01.020.074	Nozzle Belt to Head (Shell 3)	14
5141-3-HD2	C01.020.075	Shell to Head (Shell 3)	14
5141-1-NB-TS	C01.030.020	Nozzle Belt to Tubesheet (Shell 1)	10
5141-1-TS-SH	C01.030.021	Tubesheet to Shell (Shell 1)	10
5141-2-NB-TS	C01.030.022	Nozzle Belt to Tubesheet (Shell 2)	12
5141-2-TS-SH	C01.030.023	Tubesheet to Shell (Shell 2)	12
5141-3-NB-TS	C01.030.024	Nozzle Belt to Tubesheet (Shell 3)	14
5141-3-TS-SH	C01.030.025	Tubesheet to Shell (Shell 3)	14

II. Code Requirement:

The 1989 Section XI ASME Boiler and Pressure Vessel Code, Table IWC-2500-1, Examination Category C-A (Pressure Retaining Welds in Pressure Vessels) requires a volumetric examination of the weld during each inspection interval. Included in this requirement are Item Number(s) C1.20 and C1.30, Figure Number(s) IWC-2500-1 and IWC-2500-2 and Note (1) which states "Includes essentially 100% of the weld length."

III. Code Requirement from which Relief is Requested:

Relief is requested from performing the volumetric examination required by the 1989 ASME Boiler and Pressure Vessel Section XI Code requirements of Table IWC-2500-1, Examination Category C-A Pressure Retaining Welds in Pressure Vessels for Item Number(s) C1.20 and C1.30, figure Number(s) IWC-2500-1 and IWC-2500-2 and Note (1) which states "Includes essentially 100% of the weld length."

IV. Basis for Relief:

Due to ALARA concerns of high radiation in the area of the heat exchangers, it is station management's recommendation that these welds not be examined. Per ALARA calculations, to complete the examination(s) on the Regenerative Heat Exchanger an estimated dose of 12038 mRem would be expected for each unit. Listed below are the dose estimates received from the McGuire Radiation Protection ALARA Specialist of the radiation exposure expected for these examinations. The estimates listed below assume dose rates at the time of examination will be comparable to dose rates measured during previous outages. However, it is likely that the dose rates in the Regenerative Heat Exchanger will be higher during the next few refueling outages due to higher cobalt activity in the coolant system resulting from operation of new Steam Generators. Plants that have replaced Steam Generators (including Catawba Nuclear Station) have reported higher radioactivity in the coolant system during outages following replacement of their Steam Generators, causing higher dose rates in piping and components associated with the coolant system.

The radiation levels in the general area of the heat exchanger are 600 mRem per hour.

Activity	Top	Middle	Bottom	Total
Install/remove scaffolding	900	900	0	1800 mRem
Remove/replace insulation	900	900	900	2700 mRem
Prep (assumes no grinding)	600	600	600	1800 mRem
NDE	1800	1800	1800	5400 mRem
RP support	113	113	113	338 mRem
Total	4313	4313	3413	12038 mRem

Additionally it is possible that the structural steel supporting the heat exchangers would have to be removed to facilitate the examination process. The estimate shown above does not include removal and replacement of any structural steel.

The use of temporary shielding has been considered. However, preliminary temporary shielding evaluations using typical temporary shielding methods and materials suggest that the amount of exposure that would be incurred to install and remove the shielding would be equal to or greater than the amount of exposure that would be saved.

The use of chemical backflushes on the letdown header, which includes the Regenerative Heat Exchanger, have been performed in the past. The goal of these flushes is to reduce dose rates on the letdown header by removing residual radioactivity 'trapped' in the piping during unit cooldowns in preparation for refueling outages. Dose rate data collected before and after these flushes has shown, on average, a 10% to 20% reduction in letdown header piping dose rates. However, no data has been collected to measure the impact of flushing on dose rates in the vicinity of the Regenerative Heat Exchanger. The dose estimate above assumes that the letdown header has been backflushed and comparable dose rate reduction factors in the vicinity of the Regenerative Heat Exchanger are achieved. As of this time, no other viable options for flushing the Regenerative Heat Exchanger have been identified.

V. Alternate Examination or Testing:

Given there is no alternative beyond that already required by Code, in lieu of implementing the requirements of the 1989 ASME Boiler and Pressure Vessel Section XI Code Examination Category C-A, it is proposed that the inservice examination and testing being currently performed under the Examination Category C-H (visual, VT-2) "All Pressure Retaining Components" be taken into consideration as a basis for approval for this request.

VI. Justification for the Granting of Relief:

Approval of the alternative testing provided by this request for relief would significantly save company resources and reduce unnecessary radiological exposure to plant personnel when complying with the volumetric examination requirements without decreasing the confidence level in the operability of the Regenerative Heat Exchanger.

The alternative testing would not result in reduction in the safety of life or property for the following reasons:

The Regenerative Heat Exchanger and associated system piping are designed and constructed to have a low probability of failure throughout their design life. The heat exchanger is constructed to ASME Section III requirements, and its associated system piping is constructed to Duke Class B, ASME Class 2 requirements.

McGuire Technical Specifications place conservative limits on the amount of reactor coolant leakage allowed during system operation. The reactor coolant leak detection system is in place to detect any variation in the reactor coolant water inventory, including the water present in both the tube and shell side of the Regenerative Heat Exchanger, as well as its associated piping. Any weld failure would be detected by the reactor coolant leak detection system, and procedures and automatic system actions are in place to assure that the heat exchanger would be isolated.

The Regenerative Heat Exchanger is isolable from the reactor coolant by valves operated from the Control Room, several of which receive automatic closure signals. The shell side of the heat exchanger is isolable from the reactor coolant system by two fail closed air operated gate valves in series. These valves are operated from the Control Room and also automatically close on a low reactor coolant system pressurizer level, which would be present with a significant leak. The tube side is isolable from the reactor coolant system by two flowpaths each with check valves in series with an air operated gate valve controlled from the Control Room. The tube side is isolable from the high pressure charging system by two motor operated gate valves in series, which are controlled from the Control Room and automatically close on a Safety Injection Signal, which would be present with a significant leak.

The Regenerative Heat Exchanger is located inside the Containment Building, which is designed to contain any leak.

VII. Implementation Schedule:

During the second interval, the Regenerative Heat Exchanger Pressure testing examinations will be scheduled and performed in accordance with the requirements of Table IWC-2500-1 Examination Category C-H. The Pressure Testing examination schedules are shown below.

UNIT 1

TEST	ITEM NUMBER	INSPECTION DATE	END OF CYCLE	PERIOD
Leak Test	C07.030.016	10/01/94	9	1 st Period
Leak Test	C07.030.016	01/23/96	10	2 nd Period
Hydro Test	C07.040.007	To Be Done	13 and 14	3 rd Period

UNIT 2

TEST	ITEM NUMBER	INSPECTION DATE	END OF CYCLE	PERIOD
Leak Test	C07.030.039	05/09/96	9 and 10	1 st Period
Leak Test	C07.030.039	To Be Done	14 and 15	3 rd Period
Hydro Test	C07.040.007	To Be Done	11, 12 or 13	2 nd Period

The following individuals were involved in the development of this request for relief. James R. Puckett (ALARA Specialist) developed dose estimates for Regenerative Heat. Pete L. Schuerger (Design Engineering McGuire) gave design justification for granting of relief. Gary Underwood (Inservice Inspection McGuire) wrote request for relief and addressed code requirements.

Attachment:

1. Sub-Assembly and Details Drawing of Regenerative Heat Exchanger

Evaluated By: Gary Underwood Date 7/9/98

Reviewed By: R. Kevin Rhyno Date 7/13/98

Approved By: J. Barlow Date 7/13/98

Duke Energy Corporation

Station McGuire Unit 1 & 2

SECOND 10-YEAR INTERVAL REQUEST FOR RELIEF NO. 98-003

Pursuant to 10CFR50.55a (a)(3) (ii), Duke Energy Corporation has determined that compliance with the specified code requirements results in hardship or unusual difficulty and conformance with the examination requirements of the ASME Section XI requirements is not practical. This requirement would present hardship or unusual difficulty without a compensating increase in the level of quality and safety. Accordingly information is being submitted in support of our determination and a request is being sought for relief from the applicable ASME Section XI requirement(s).

I. System / Component(s) for Which Relief is Requested:

Safety-related ASME Section XI Code Class 2 Regenerative Heat Exchanger Head Circumferential and Tubesheet-to-Shell welds. There are a total of twelve welds per unit as described in Request for Relief 98-002.

II. Code Requirement:

The 1989 ASME Boiler and Pressure Vessel Section XI Code, Subarticle IWC-2400, Inspection Schedule; Paragraph IWC-2412 Inspection Program B. "The required examinations in each examination category shall be completed during each inspection interval in accordance with Table IWC-2412-1".

III. Code Requirement from which Relief is Requested:

Relief is requested from the above requirements of paragraph IWC-2412 and Table IWC-2412-1 as a result of Request for Relief 98-002.

IV. Basis for Relief**(Unit 1) Examination Category C-A**

Due to extremely high radiation in the area of the Regenerative Heat Exchanger(s), the minimum percentages for the second period and the end of interval totals can't be met. In Examination Category C-A, the Regenerative Heat Exchanger involves twelve (12) of the twenty-three (23) exams scheduled for examination during the second interval.

The Second Period minimum of 50 percent will not be met due to the elimination of 4 scheduled exams (9 complete/23 total=39.13%).

The Second Interval minimum of 100 percent will not be met due to the elimination of twelve (12) scheduled exams (9 complete + 2 more scheduled/23 total=47.82%).

For the Second Interval, excluding twelve (12) Regenerative Heat Exchanger exams, a total of eleven (11) examinations can be done for this code category. This examination total would leave the final percentage for Examination Category C-A at $11/23=47.82\%$, not 100% as required by the Section XI Code, Table IWC-2412-1.

(Unit 2) Examination Category C-A

Due to extremely high radiation in the area of the Regenerative Heat Exchanger(s), the minimum percentages for the second period and the end of interval totals can't be met. In Examination Category C-A, the Regenerative Heat Exchanger involves twelve (12) of the twenty-five (25) exams scheduled during the second interval.

The Second Period minimum of 50 percent will not be met due to the elimination of 4 scheduled exams (3 complete + 5 more scheduled/25 total=32.00%).

The Second Interval minimum of 100 percent will not be met due to the elimination of twelve (12) scheduled exams (3 complete + 10 more scheduled/25 total=52.00%).

For the Second Interval, excluding the twelve (12) Regenerative Heat Exchanger exams, a total of thirteen (13) examinations can be done for this code category. This examination total would leave the final percentage for Examination Category C-A at $13/25=52.00\%$, not 100% as required by the Section XI Code, Table IWC-2412-1.

V. Alternate Examination or Testing:

All examinations scheduled under the requirements of the 1989 ASME Boiler and Pressure Vessel Section XI Code, Table IWC-2500-1, Examination Category C-A will be done to these requirements with the exception of the Regenerative Heat Exchangers, therefore, no similar equipment welds can be examined as an alternative. In the case of the Regenerative Heat Exchangers it is proposed that the testing being performed under Examination Category C-H "All Pressure Retaining Components" be taken into consideration as a basis for approval for this request, reference Request for Relief 98-002.

VI. Justification for the Granting of Relief:

Reference Request for Relief 98-002.

VII. Implementation Schedule:

Reference Request for Relief 98-002.

Evaluated By: Jay Underwood Date 7/9/98

Reviewed By: R. Kevin Thyne Date 7/13/98

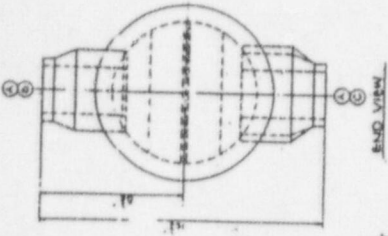
Approved By: J. Barbour Date 7/13/98

INFORMATION ONLY

SEE PAGE 1 FOR NOZZLE DIMENSIONS

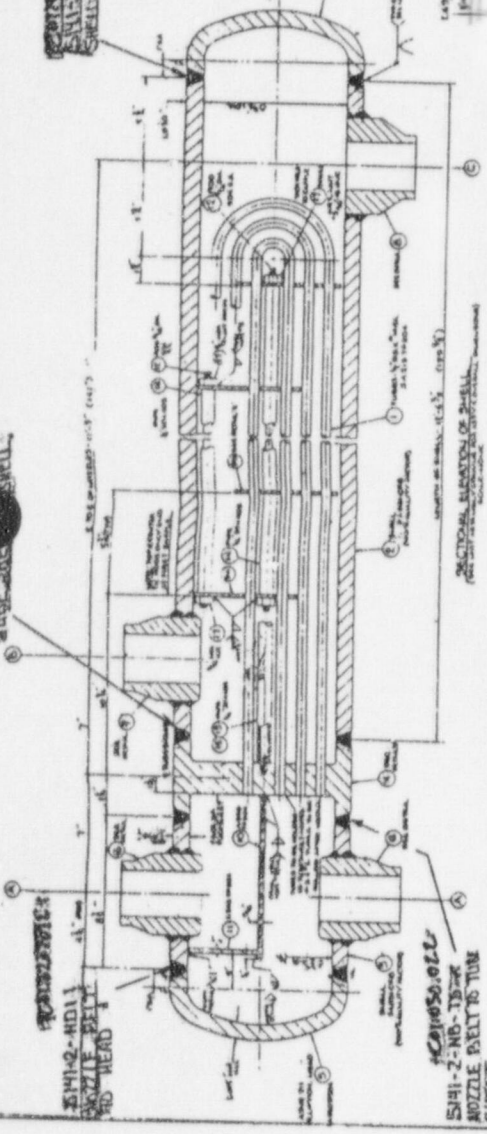
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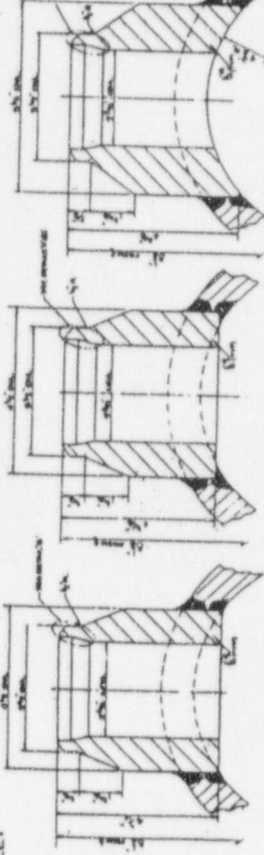
END VIEW

GENERAL NOTES
1. ALL DIMENSIONS ARE TO UNLESS OTHERWISE SPECIFIED.
2. ALL DIMENSIONS ARE TO UNLESS OTHERWISE SPECIFIED.
3. ALL DIMENSIONS ARE TO UNLESS OTHERWISE SPECIFIED.
4. ALL DIMENSIONS ARE TO UNLESS OTHERWISE SPECIFIED.
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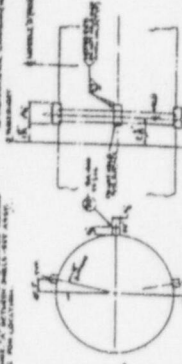
NOZZLE BELL TO TUBE SHEET



DETAIL NOZZLE A

DETAIL NOZZLE B

DETAIL NOZZLE C



DETAIL NOZZLE D

DETAIL NOZZLE E



DETAIL NOZZLE F

DETAIL NOZZLE G

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SERIAL NO. 98-002

ATTACHMENT-1 PAGE 1 OF 3

SUB-ASSEMBLY AND DETAILS DRAWING OF REGENERATIVE HEAT EXCHANGER UNITS 19Z

MC2554-1.1/F-5 3-51

REV	DATE	BY	CHKD	APP'D
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

1/20/61
2500
3141
0

WESTINGHOUSE ELECTRIC CORP.
PITTSBURGH, PA.
SUB-ASSEMBLY & DETAILS
REGENERATIVE HEAT EXCHANGER
44-196-205

1/20/61 44-054

10.0 Class 1 and 2 Repairs and Replacements

As required by ASME Section XI 1989 Edition, no Addenda, a record of (Form NIS-2) the Class 1 and Class 2 Repairs and Replacements for work performed from **May 20, 1997 to July 01, 1998** is provided and is included in this section of the report. The individual work request documents are on file at McGuire Nuclear Station.

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company
2. 526 S. Church Street, Charlotte, NC 28201-1006

1a. Date June 25, 1997

Sheet 1 of 1

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

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

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

3a. Work Order #: 95077722
Repair Organization Job #

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

3b. NSM or MM #: N/A

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

4. (b) Class of System: A

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N-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 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	1-NV-VA-0841	Kerotest	95EP0235	N/A	ref PO# MN-0637	1995	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	1-NV-VA-0841	Kerotest	SVF1-7	16708	V File# V0187	1977	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Cut out and replaced with a new valve and Body Cover.

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks Leak test performed on W/O 96071343/01

(Applicable Manufacturer's Data Records 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] FL Grass Jr., QA Tech Specialist Date 6/25, 19 97
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 2-28-97 to 7-17-97; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the 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 NB7708, NC853, N-1
National Board, State, Province and Endorsements

Date 7-17, 19 97

8. Design conditions 3600 psi 100 °F or valve pressure class 1500# (1)
 (pressure) (temperature)
9. Cold working pressure 3600 psi at 100°F
10. Hydrostatic test 5400-5450 psi. Disk differential test pressure 3960-4010 psi

11. Remarks: MATERIAL COVER: SA182 TYPE 316

CERT HOLDERS SN	COVER SN	CERT HOLDERS SN	COVER SN
95EP0231	313751 SN1	95EP0236	313751 SN6
95EP0232	313751 SN2	95EP0237	313751 SN7
95EP0233	313751 SN3	95EP0238	313751 SN8
95EP0234	313751 SN4	95EP0239	313751 SN9
95EP0235	313751 SN5	95EP0240	313751 SN10

CERTIFICATION OF DESIGN

Design Specification certified by ROBERT EUGENE MILLER P.E. State N.C. Reg. no. 4860
 Design Report certified by DAVID A. WURANGIAN P.E. State CA. Reg. no. 109547

CERTIFICATE OF COMPLIANCE

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

N Certificate of Authorization No. N-1130 Expires JUNE 10, 1996
 Date 8/28/95 Name BW/IP INTERNATIONAL INC Signed [Signature]
 (N Certificate Holder) (authorized representative)

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of CALIFORNIA and employed by *FAWKRIGHT MUTUAL INS. CO. of NORWOOD, MASS. have inspected the pump, or valve, described in this Data Report on 8/29/95 and state that to the best of my knowledge and belief, the Certificate Holder has constructed this pump, or valve, in accordance with the ASME Code, Section III, Division 1.

*FACTORY MUTUAL ENGINEERING ASSOCIATION

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

Date 8/29/95 Signed [Signature] Commissions CA 1864
 (Authorized Inspector) (Nat'l. Bd. (incl. endorsements) and state or prov. and no.)

(1) For manually operated valves only.



BW/IP International, Inc.

Valves
Pump
Division

2300
East
Vernon
Avenue

Vernon
California
90058

Telephone
213 587 6171
Fax
213 587 8668

CERTIFICATE OF COMPLIANCE/CONFORMANCE

DATE AUG. 29, 1995
CUSTOMER DUKE POWER CO.
CUSTOMER P.O. NO. MN637
BW/IP JOB NO. 95EP0231 THRU 95EP0240

THIS IS TO CERTIFY THAT ALL PARTS SUPPLIED ON THIS ORDER WERE MANUFACTURED, TESTED AND INSPECTED TO THE SPECIFICATIONS AND/OR DRAWINGS SPECIFIED IN YOUR PURCHASE ORDER AND MEET OR EXCEED QUALITY OF PARTS ORIGINALLY FURNISHED IN DESIGN, MATERIAL AND WORKMANSHIP. PARTS ARE EQUIVALENT IN FORM, FIT AND FUNCTION AND ARE COMPLETELY INTERCHANGEABLE WITH THE ORIGINAL EQUIPMENT FURNISHED.

ALL THE REQUIREMENTS OF YOUR PURCHASE ORDER HAVE BEEN COMPLIED WITH IN THEIR ENTIRETY UNLESS OTHERWISE NOTED HEREIN.

P.O. ITEM	QTY. SHIP	DESCRIPTION	PART NO.	CUSTOMER I.D./TAG NO.
001	10	2-1500# CHECK VALVE	72586894	235100527N

DP-D-9911-(1)

BODY: SA182 TYPE 316

DISC: SA479 TYPE 316

COVER: SA182 TYPE 316

DUKE POWER COMPANY

QA RECORDS APPROVED

M R Garrett

QA REPRESENTATIVE

DATE 9/28/95

MCS-1205.01-00-0001 RVSN 016

MC42771

PARTS WERE PRODUCED UNDER OUR NUCLEAR Q.A. PROGRAM. QUALITY MANUAL 2ND. ED.

REV. 4 DATED 04/21/1993.

John Travers
JOHN TRAVERS
QUALITY ENGINEER



Inspection Report

Ref. No. _____

CUSTOMER _____ JOB NO. 95EPO235
PROJECT _____ CUSTOMER NO. _____

ITEM DESCRIPTION

R.S. No. 313764 Op. No. 50 Drg. No. DP-D-9911
Part Name VALVE Assembly Part No. 7572586894
Heat/Lot/Batch No. _____ Mat'l Spec. _____
P.O./O.O.R. No. _____ Vendor _____

INSPECTION DESCRIPTION

Visual Dimensional Tabulation Welding Balance Hydrotest Hardness
Dye Penetrant Magnetic Particle Radiography Ultrasonic Alloy ID

INSPECTION RESULTS

Route Sheet Qty. 1 Qty. Accepted 1 Qty. Rejected _____ NCMR No. _____

Weldment No./Description _____
Weld Procedure No.: _____ Rev. _____ Weld Oper. _____
Weld Filler Metal Type _____ Heat _____ Size _____


Hardness Value _____ Scale _____

Hydrotest Performed By 10017 Pressure 5400/5450
Procedure No. T473 Rev. J Time At Pressure 10min
Part Temp. 79°F Water Temp. 79°F
Gauge No.: 29-54
Gauge Range 0-10000 PSIG.
Date Calibrated 08-25-95

NDE Procedure _____ Rev. _____
Batch No. _____
Extent Of Examination _____

Remarks Hydrostatic shell test NO LEAKAGE ALLOWED / 10min
ACTUAL NO LEAKAGE / 10min

Inspection Or Test Performed/Witnessed/Accepted By:

BW/IP <u>KEEL T</u>  Date <u>AUG 25 1995</u>	ANI Date _____	CUSTOMER Date _____	
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FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 6/11/97

Sheet 1 of 1

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

2a. Unit: 1 2 3 Shared (specify units) _____

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

3a. Work Order # 96046449
Repair Organization Job #

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

3b. NSM or MM # N/A

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N-416-1 Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	INI-169	KEROTEST	ADF6-2	5850	N/A	1975	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	INI-169	KEROTEST	95EP0236	N/A	N/A	1995	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : CUT OUT AND REPLACED VLV WITH LIKE KIND
USED WELD NI1F345 & 346

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

Pressure	<u>50</u>	psig	Test Temp	<u>150</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 Records 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.R. Sorrow Exec. Supp. Date 6/11 19 97
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 Providence 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 2-18-97 to 6-11-97; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the 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. D. Klein *R. D. Klein* Commissions NB7728, NC853, N-1
Inspector's Signature National Board, State, Providence and Endorsements
 Date 6-11, 19 97



BW/IP International, Inc.

Valves
Pump
Division

2300
East
Vernon
Avenue

Vernon
California
90058

Telephone
213 587 6171
Fax
213 587 8668

CERTIFICATE OF COMPLIANCE/CONFORMANCE

DATE AUG. 29, 1995
CUSTOMER DUKE POWER CO.
CUSTOMER P.O. NO. MN637
BW/IP JOB NO. 95EP0231 THRU 95EP0240

THIS IS TO CERTIFY THAT ALL PARTS SUPPLIED ON THIS ORDER WERE MANUFACTURED, TESTED AND INSPECTED TO THE SPECIFICATIONS AND/OR DRAWINGS SPECIFIED IN YOUR PURCHASE ORDER AND MEET OR EXCEED QUALITY OF PARTS ORIGINALLY FURNISHED IN DESIGN, MATERIAL AND WORKMANSHIP. PARTS ARE EQUIVALENT IN FORM, FIT AND FUNCTION AND ARE COMPLETELY INTERCHANGEABLE WITH THE ORIGINAL EQUIPMENT FURNISHED.

ALL THE REQUIREMENTS OF YOUR PURCHASE ORDER HAVE BEEN COMPLIED WITH IN THEIR ENTIRETY UNLESS OTHERWISE NOTED HEREIN.

P.O. ITEM	QTY. SHIP	DESCRIPTION	PART NO.	CUSTOMER I.D./TAG NO.
001	10	2-1500# CHECK VALVE	72586894	235100527N

DP-D-9911-(1)

BODY: SA182 TYPE 316

DISC: SA479 TYPE 316

COVER: SA182 TYPE 316

MCS-1205.01-00-0001 RVSN 016

DUKE POWER COMPANY
QA RECORDS APPROVED
<i>M.R. Harrell</i>
QA REPRESENTATIVE
DATE <u>9/28/95</u>
<i>MC 42771</i>

PARTS WERE PRODUCED UNDER OUR NUCLEAR Q.A. PROGRAM. QUALITY MANUAL 2ND. ED. REV. 4 DATED 04/21/1993.

JOHN TRAVERS
QUALITY ENGINEER

8. Design conditions 3600 (pressure) psi 100 (temperature) °F or valve pressure class 1500# (1)
9. Cold working pressure 3600 psi at 100°F
10. Hydrostatic test 5400-5450 psi. Disk differential test pressure 3960-4010 psi

11. Remarks: MATERIAL COVER: SA182 TYPE 316

CERT HOLDERS SN	COVER SN	CERT HOLDERS SN	COVER SN
95EP0231	313751 SN1	95EP0236	313751 SN6
95EP0232	313751 SN2	95EP0237	313751 SN7
95EP0233	313751 SN3	95EP0238	313751 SN8
95EP0234	313751 SN4	95EP0239	313751 SN9
95EP0235	313751 SN5	95EP0240	313751 SN10

CERTIFICATION OF DESIGN

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

CERTIFICATE OF COMPLIANCE

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

N Certificate of Authorization No. N-1130 Expires JUNE 10, 1996
 Date 8/29/95 Name BW/IP INTERNATIONAL INC Signed [Signature]
 (N Certificate Holder) (authorized representative)

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of CALIFORNIA and employed by *FACTORY MUTUAL INS. CO. of ROBROOD, MASS. have inspected the pump, or valve, described in this Data Report on 8/29/95, and state that to the best of my knowledge and belief, the Certificate Holder has constructed this pump, or valve, in accordance with the ASME Code, Section III, Division 1.

*FACTORY MUTUAL ENGINEERING ASSOCIATION

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

Date 8/29/95 Signed [Signature] Commissions CA 1864
 (Authorized Inspector) [Nat'l. Bd. (incl. endorsements) and state or prov. and no.]

(1) For manually operated valves only.

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

As Required By The Provisions Of The ASME Code Section XI

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

Ia. Date 06/18/98

Sheet 1 of 1

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

2a. Unit: 1 2 3 Shared (specify units) _____

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

3a. Work Order # 98027163
Repair Organization Job #

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

3b. NSM or MM # MM-8400

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Valve INC-95	Kerotest	OCA3-10	14845	9J-16	1977	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	Valve INC-95	Anderson,Greenwood	97-38490	2615	9J-618	1998	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C	Piping	Duke Power Co.	N/A	28	INC	1981	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : Replaced Valve and replaced pipe
between NCIFW22-1 and 2

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

Pressure	<u>2520</u>	psig	Test Temp	<u>75</u>	°F
Pressure	_____	psig	Test Temp	_____	°F
Pressure	_____	psig	Test Temp	_____	°F

9. Remarks :

(Applicable Manufacturer's Data Records 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.R. Sorrow Exec. Supp. Date 06/18 19 98
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State 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 5-19-98 to 6-24-98 ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the 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. D. Klein [Signature] Commissions NB7728, NC853, N-1
Inspector's Signature National Board, State, Providence and Endorsements
 Date 6-24, 19 98

8. Design conditions 2675 psi 650 °F or valve pressure class 1800 (1)
(pressure) (temperature)

9. Cold working pressure 4320 psi at 100°F

10. Hydrostatic test 6500% psi. Disk differential test pressure 4755 psi

11. Remarks: _____

CERTIFICATION OF DESIGN

Design Specification certified by D. G. Garner P.E. State SC Reg. no. 8234
 Design Report certified by J. Alan West P.E. State TX Reg. no. 41731

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and that this pump or valve conforms to the rules for construction of the ASME Code, Section III, Division 1.
 N Certificate of Authorization No. N-2823 Expires 9/10/99
 Date 4/24/98 Name Anderson, Greenwood & Co. Signed Joyce A. Parker
(N Certificate Holder) (authorized representative)

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TX and employed by C.U.I.C. of Boston, MA have inspected the pump, or valve, described in this Data Report on 4.24.98, and state that to the best of my knowledge and belief, the Certificate Holder has constructed this pump, or valve, in accordance with the ASME Code, Section III, Division 1.

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

Date 4.24.98 Signed [Signature] Commissions Tex 803 NB7582AN
(Authorized Inspector) (Nat'l. Bd. (incl. endorsements) and state or prov. and no.)

(1) For manually operated valves only.

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 06/18/98

Sheet 1 of 1

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

2a. Unit: 1 2 3 Shared (specify units) _____

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

3a. Work Order # 98027444
Repair Organization Job #

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

3b. NSM or MM # MM-8400

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Valve INC-106	Kerotest	EE1-8	5136	9J-16	1974	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	Valve INC-106	Anderson,Greenwood	97-38492	2617	9J-618	1998	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : Replaced Valve at Weld NC1FW33-1

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

Pressure	<u>2500</u>	psig	Test Temp	<u>76</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 Records 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.R. Sorrow Exec. Supp. *F. Sorrow* Date 06/18 19 98
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State 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 5-19-98 to 6-24-98 ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the 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. D. Klein *R. D. Klein* Commissions NB7728, NC853, N-I
Inspector's Signature National Board, State, Providence and Endorsements
 Date 6-24, 19 98

8. Design conditions 2675 psi 650 °F or valve pressure class 1800 (1)
(pressure) (temperature)

9. Cold working pressure 4320 psi at 100°F

10. Hydrostatic test 6500 psi. Disk differential test pressure 4755 psi

11. Remarks: _____

CERTIFICATION OF DESIGN

Design Specification certified by D. G. Garner P.E. State SC Reg. no. 8234
 Design Report certified by J. Alan West P.E. State TX Reg. no. 41731

CERTIFICATE OF COMPLIANCE

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

N Certificate of Authorization No. N-2823 Expires 9/10/99

Date 4/24/98 Name Anderson, Greenwood & Co. Signed Joyce A. Parker
(N Certificate Holder) (authorized representative)

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TX and employed by C.U.I.C. of Boston, MA have inspected the pump, or valve, described in this Data Report on 4-24-98, and state that to the best of my knowledge and belief, the Certificate Holder has constructed this pump, or valve, in accordance with the ASME Code, Section III, Division 1.

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

Date 4-24-98 Signed [Signature] Commission's TEX 803 NB7582 AN
(Authorized Inspector) (Nat'l. Bd. (incl. endorsements) and state or prov. and no.)

(1) For manually operated valves only.

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 06/18/98

Sheet 1 of 1

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

2a. Unit: 1 2 3 Shared (specify units) _____

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

3a. Work Order # 98027514
Repair Organization Job #

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

3b. NSM or MM # MM-8400

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Valve 1NC-253	Kerotest	OB5-7	14992	9J-508	1977	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	Valve 1NC-253	Anderson,Greenwood	97-38493	2618	9J-618	1998	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : Replaced Valve at weld NC1, W32-1

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

Pressure	<u>2520</u>	psig	Test Temp	<u>76.3</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 Records 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	<u>N/A</u>	Expiration Date	<u>N/A</u>
Certificate of Authorization No.	<u>N/A</u>		
Signed	<u>F.R. Sorrow Exec. Supp.</u> Owner or Owner's Designee, Title	Date	<u>06/18</u> 19 <u>98</u>

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State 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>5-19-98</u> to <u>6-24-98</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the 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. D. Klein <u><i>R. D. Klein</i></u> Inspector's Signature	Commissions <u>NB7728, NC853, N-I</u> National Board, State, Providence and Endorsements
Date <u>6-24</u> , 19 <u>98</u>	

Certificate Holder's Serial No. 97-38489 thru 97-38493

8. Design conditions 2675 psi 650 °F or valve pressure class 1800 (1)
(pressure) (temperature)
9. Cold working pressure 4320 psi at 100°F
10. Hydrostatic test 6500 psi. Disk differential test pressure 4755 psi
11. Remarks: _____

CERTIFICATION OF DESIGN

Design Specification certified by D. G. Garner P.E. State SC Reg. no. 8234
 Design Report certified by J. Alan West P.E. State TX Reg. no. 41731

CERTIFICATE OF COMPLIANCE

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

N Certificate of Authorization No. N-2823 Expires 9/10/99

Date 4/24/98 Name Anderson, Greenwood & Co. Signed Joyce A. Parker
(N Certificate Holder) (authorized representative)

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TX and employed by C.U.I.C. of Boston, MA have inspected the pump, or valve, described in this Data Report on 4-24-98, and state that to the best of my knowledge and belief, the Certificate Holder has constructed this pump, or valve, in accordance with the ASME Code, Section III, Division 1.

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

Date 4-24-98 Signed [Signature] Commissions Tex 803 NB7582AN
(Authorized Inspector) (Natl. Bd. (incl. endorsements) and state or prov. and no.)

(1) For manually operated valves only.

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 06/29/98
 Sheet 1 of 1

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

2a. Unit: 1 2 3 Shared (specify units) _____

3. Work Performed By: Duke Power Company
 Address: 526 S. Church Street, Charlotte, NC 28201-1006
 Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3a. Work Order # 98057648
Repair Organization Job #

3b. NSM or MM # MM-10378

4. (a) Identification of System: NV 4. (b) Class of System: A

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases

(b) Applicable Edition of Section: XI Utilizing for Repairs or Replacements: 1989, No Addenda

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1-MCR-NV-0859	DUKE POWER	N/A	N/A	N/A	N/A	<input checked="" type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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 : TRIMMED CORNER OF ITEM# 2 PER MM-10378

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

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

9. Remarks :

(Applicable Manufacturer's Data Records 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.R. Sorrow Exec. Supp. Date 06/29 19 98
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence 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 6-22-98 to 6-29-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the 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. D. Klein *R. D. Klein* Commissions NB7728, NC853, N-I
Inspector's Signature National Board, State, Providence and Endorsements
 Date 6-29, 1998

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required By Provisions Of The ASME Code Section XI

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

1a. Date 11/18/97
Sheet 1 of 1

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

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

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

3a. Work Order #: 94019801
Repair Organization Job #

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

3b. NSM or MM #: N/A

4. (a) Identification of System: CBD-CONTAINMENT VESSEL 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda

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

Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	STEEL CONTAINMENT VESSEL	DUKE POWER CO	N/A	N/A	N/A	<input checked="" type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B						<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C						<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D						<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E						<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F						<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced,	<input type="checkbox"/> No

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 REPAIR VERTICAL STIFFNERS

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt
SEE REMARK 5

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

9. Remarks REPAIRS TO BE PRESSURE TESTED NEXT ILRT IAW W.O. 97093978

(Applicable Manufacturer's Data Records 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. Talbert R.D. TALBERT TECH SPEC II Date 11/18/97 19 ____
 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 9-18-97 to 11-19-97; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the 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 NBTD8, NC853, N-I
 Inspector's Signature National Board, State, Province and Endorsements

Date 11-19 1997

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 5/20/97

Sheet 1 of 1

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

2a. Unit: 1 2 3 Shared (specify units) _____

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

3a. Work Order # 95023014
Repair Organization Job #

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

3b. NSM or MM # N/A

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

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

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	INI-121A	WALWORTH	C54501	2	N/A	1973	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : REPLACED BONNET AND WEDGE

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

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

9. Remarks :

(Applicable Manufacturer's Data Records 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.R. Sorrow Exec. Supp. [Signature] Date 5/20 19 97
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 Providence 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 4-24-97 to 5-22-97; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the 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. D. Klein [Signature] Commissions NB7728, NC853, N-1
Inspector's Signature National Board, State, Providence and Endorsements
 Date 5-22, 19 97

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 5/29/97

Sheet 1 of 1

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

2a. Unit: 1 2 3 Shared (specify units) _____

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

3a. Work Order # 95089711
Repair Organization Job #

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

3b. NSM or MM # N/A

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N-416-1 Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1BW-21	BORGWARNER	11933	295	N/A	1976	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	1BW-21	BORGWARNER	11932	294	N/A	1976	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : CUT OUT AND REPLACED VALVE WITH LIKE KIND
ISO. MCFI-1CA13 WELD CA1F509

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

Pressure	<u>1073</u>	psig	Test Temp	<u>448</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 Records to be attached)

CERTIFICATE OF COMPLIANCE

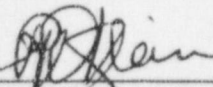
We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A
 Certificate of Authorization No. N/A Expiration Date N/A
 Signed F.R. Sorrow Exec. Supp. Date 5/29 19 97
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 of Providence 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 4-16-97 to 5-30-97 ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the 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. D. Klein  Commissions NB7728, NC853, N-I
Inspector's Signature National Board, State, Providence and Endorsements
 Date 5-30, 1997

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

As Required by the Provisions of the ASME Code Rules

Nuclear Valve Division
 1. Manufactured by of Borg Warner, 7500 Tyrone Ave., Van Nuys, Ca. Order No. 47330
(Name & Address of Manufacturer)
 Mill Power Supply/Duke Power Company
 2. Manufactured for P.O. Box 1339, Charlotte, North Carolina Order No. 98513
(Name and Address)
 3. Owner Mc Guire Nuclear Station
 4. Location of Plant McGuire Nuclear Station, Cowan's Ford, North Carolina
 5. Pump or Valve Identification NV Division P/N 75860 2 Inch Gate Valve, CS 900#
 Serial Numbers 11932 (1 Valve)
(Brief description of service for which equipment was designed)

(a) Drawing No. 75860 Prepared by Nuclear Valve Division of Borg Warner

(b) National Board No. 294

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

7. The material, design, construction, and workmanship complies with ASME Code Section III, Class 2
 Edition 1971, Addenda Date Summer '73, Case No. _____

Mark No.	Material Spec. No.	Manufacturer	Remarks
(a) Castings			
Gate - Code 1B21	SA351 CF8M		
Casting - 70437		Rex Precision	
Machined - 70438		NV Division	
(b) Forgings			
Body - Code 1B40	SA105		
Forging - 70746		Reisner Metals	
Machined - 75495		NV Division	
Assembly - 75494		NV Division	
Bonnet - Code 11A9	SA105		
Forged Stock		Compton Forge	
Machined - 70617		NV Division	

*Supplemental sheets in form of lists, sketches or drawings may be used provided (1) size is 8 1/2" x 11", (2) information in items, 1, 2, 5a and 5b on this data report is included on each sheet, and (3) each sheet is numbered and number of sheets is recorded at top of this form.

DUKE POWER COMPANY
 QUALITY ASSURANCE DEPARTMENT
 SUPPLIER QUALITY ASSURANCE CERTIFICATION

Name of Supplier Nuclear Valve Div. of Borg Warner Date August 27, 1976
 Address of Supplier Plant 7500 Tyrone Avenue Mill Power Order No. A98513
Van Nuys, Ca. 91409
 _____ Duke Item or Req. No. 6H-107
 _____ Spec. No. CNS-1205.00-5 Rev. _____

Supplier ID Nos. _____

Description of Component(s) or Material(s) NV Division P/N 75860, 2 Inch Gate Valve, CS

Serial Number 11932

National Board No. 294

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

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

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Physical & Chemical Analysis | <u>5575</u> | <input checked="" type="checkbox"/> Major Repair Records & Charts |
| <input checked="" type="checkbox"/> Hydro (Test Pressure - PSIG) | <u>5625</u> | <input checked="" type="checkbox"/> Personnel Qualifications on Record |
| <input checked="" type="checkbox"/> Design Report | <input checked="" type="checkbox"/> Stress Report | <input checked="" type="checkbox"/> Heat Treatment |
| <input checked="" type="checkbox"/> Radiographic Test | <input checked="" type="checkbox"/> Ultrasonic Test | <input checked="" type="checkbox"/> Magnetic Particle |
| <input checked="" type="checkbox"/> Penetrant Test | <input checked="" type="checkbox"/> Repair NDE | <input checked="" type="checkbox"/> Cleanliness |
| <input checked="" type="checkbox"/> Operating Test | <input checked="" type="checkbox"/> Performance Curve | <input checked="" type="checkbox"/> ASME Data Report |
| <input checked="" type="checkbox"/> Dimensional Check | <input checked="" type="checkbox"/> Deviation Record # _____ | |

- 1) Wall Thickness Measurements
- 2) _____
- 3) _____

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

Dorinda J. Mason
 Supplier Representative Authorized Signature

Title Supervisor, Q. A. Date 8/27/76

(See Instructions)

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 5/29/97

Sheet 1 of 1

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

2a. Unit: 1 2 3 Shared (specify units) _____

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

3a. Work Order # 95089716
Repair Organization Job #

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

3b. NSM or MM # N/A

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Boan' No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	!BW-12	BORGWARNER	11925	287	N/A	1976	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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 : SEAL WELDED BONNET TO BODY

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

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

9. Remarks :

(Applicable Manufacturer's Data Records 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.R. Sorrow Exec. Supp. *F.R. Sorrow* Date 5/29 19 97
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 of Providence 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 2-13-97 to 5-29-97; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the 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. D. Klein *R. D. Klein* Commissions NB7728, NC853, N-I
Inspector's Signature National Board, State, Providence and Endorsements
 Date 5-29, 19 97

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 6/11/97

Sheet 1 of 1

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

2a. Unit: 1 2 3 Shared (specify units) _____

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

3a. Work Order # 95089719
Repair Organization Job #

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

3b. NSM or MM # N/A

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VLV. 1BW-3	BORG WARNER	11943	324	N/A	1976	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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 : SEAL WELDED BONNET TO BODY

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

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

9. Remarks :

(Applicable Manufacturer's Data Records 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.R. Sorrow Exec. Supp. Date 6/11 19 97
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 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 2-17-97 to 6-11-97; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the 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. D. Klein Commissions NB7728, NC853, N-1
Inspector's Signature National Board, State, Providence and Endorsements
 Date 6-11, 19 97

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 07/21/97

Sheet 1 of 1

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

2a. Unit: 1 2 3 Shared (specify units) _____

3. Work Performed By: Duke Power Company
 Address: 526 S. Church Street, Charlotte, NC 28201-1006
 Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3a. Work Order # 95099581
Repair Organization Job #

3b. NSM or MM # N/A

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989 No Addenda

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VLV. 1KC-429	KEROTEST	KP13-14	7049	N/A	1975	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : REPLACED DISC

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

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

9. Remarks :

(Applicable Manufacturer's Data Records 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.R. Sorrow Exec. Supp. Date 07/21 19 97
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 Providence 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 3-17-97 to 7-21-97; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the 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. D. Klein [Signature] Commissions NB7728, NC853, N-1
Inspector's Signature National Board, State, Providence and Endorsements
 Date 7-21 19 97

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date June 19, 1997
Sheet 1 of 1

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

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

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

3a. Work Order #: 96007925
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, 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	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1SV-VA-0001	Control Components	15958-2-1	7	N/A	1977	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced Plug

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records 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] FL Grass Jr., QA Tech Specialist Date 6/19/ 19 97
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 3-9-97 to 7-17-97; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the 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, N-I
National Board, State, Province and Endorsements

Date 7-17 19 97

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 5/29/97

Sheet 1 of 1

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

2a. Unit: 1 2 3 Shared (specify units) _____

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

3a. Work Order # 96013835
Repair Organization Job #

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

3b. NSM or MM # N/A

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N-416-1 Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	ISV-26	WALWORTH	C61628	708	N/A	1977	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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 VALVE 1SV-26, REPLACED SEAT RING AND DISC

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

Pressure	<u>1050</u>	psig	Test Temp	<u>557</u>	°F
Pressure	<u> </u>	psig	Test Temp	<u> </u>	°F
Pressure	<u> </u>	psig	Test Temp	<u> </u>	°F

9. Remarks :
ISO. MCFI-1SV3, WELD SV1F133 & SV1FW3-1
ISO. MCFI-1SM14, WELD SM1F455
SEAL WELDED SEAT RING TO BODY

(Applicable Manufacturer's Data Records 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.R. Sorrow Exec. Supp. Date 5/29 19 97
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 of Providence 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 4-7-97 to 5-29-97; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the 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. D. Klein *R. D. Klein* Commissions NB7728, NC853, N-I
Inspector's Signature National Board, State, Providence and Endorsements
 Date 5-29, 1997

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 6/11/97

Sheet 1 of 1

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

2a. Unit: 1 2 3 Shared (specify units) _____

3. Work Performed By: Duke Power Company
 Address: 526 S. Church Street, Charlotte, NC 28201-1006
 Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3a. Work Order # 96049051
Repair Organization Job #

3b. NSM or MM # N/A

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N-416-1 Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1CF-154	KEROTEST	TD1-2	8567	N/A	1976	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : CUT OUT AND REWELDED VALVE WITH WELD
CF1FW16-9

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

Pressure	<u>1050</u>	psig	Test Temp	<u>436</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 Records 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 <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u>F.R. Sorrow Exec. Supp.</u> Owner or Owner's Designee, Title	Date <u>6/11</u> 19 <u>97</u>

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence 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>2-8-97</u> to <u>6-11-97</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the 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. D. Klein <u><i>R. D. Klein</i></u> Inspector's Signature	Commissions <u>NB7728, NC853, N-1</u> National Board, State, Providence and Endorsements
Date <u>6-11</u> , 19 <u>97</u>	

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 6/11/97
 Sheet 1 of 1

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

2a. Unit: 1 2 3 Shared (specify units) _____

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

3a. Work Order # 96049052
Repair Organization Job #

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

3b. NSM or MM # N/A

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N-416-1 Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	CA PIPING	DUKE POWER	N/A	32	ICA	1981	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : CUT OUT AND REPLACED PIPING AT WELDS CAIF-
1359 AND 1360 ON CA SIDE OF VLV. 1CF152

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

Pressure	<u>1050</u>	psig	Test Temp	<u>544</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 Records 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.R. Sorrow Exec. Supp. *F. Sorrow* Date 6/11 19 97
 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 of Providence 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 2-4-97 to 6-11-97 ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the 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. D. Klein *R. D. Klein* Commissions NB7728, NC853, N-1
 Inspector's Signature National Board, State, Providence and Endorsements
 Date 6-11 19 97

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date July 29, 1997
Sheet 1 of 1

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

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

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

3a. Work Order #: 96063723
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, 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	Column 4	Column 5	Col 6	Column 7	Column 8
Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1-SV-MV-0007	Control Components	15958-2-2	12	N/A	1977	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement <input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement <input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement <input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement <input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement <input type="checkbox"/> No <input type="checkbox"/> Yes

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 plug assembly

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records 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] FL Grass Jr., QA Tech Specialist Date 2/29/ 19 97
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 3-27-97 to 7-29-97; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the 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 N-I
National Board State, Province and Endorsements

Date 7-29, 19 97

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 5/29/97

Sheet 1 of 1

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

2a. Unit: 1 2 3 Shared (specify units) _____

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

3a. Work Order # 96063723
Repair Organization Job #

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

3b. NSM or MM # N/A

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N-416-1 Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1SV-7	Babcock&Wilcox	15958-2-2	8	N/A	1977	<input checked="" type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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 : BUILT UP GASKET SEATING SURFACE

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

Pressure	<u>1051</u>	psig	Test Temp	<u>551</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 Records 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.R. Sorrow Exec. Supp. [Signature] Date 5/29 19 97
 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 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 3-27-97 to 5-29-97; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the 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. D. Klein [Signature] Commissions NB7728, NC853, N-I
 Inspector's Signature National Board, State, Providence and Endorsements
 Date 5-29, 19 97

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date March 3, 1998
Sheet 1 of 1

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

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

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

3a. Work Order #: 96064964
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for 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 Mtg	Column 3 Mtg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	1-NV-VA-0001	Borg Warner	7727	66	N/A	1978	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced valve bonnet, bonnet studs, and bonnet nuts

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records 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 <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u>[Signature]</u> <u>FL Grass Jr., QA Tech Specialist</u> Date <u>3/3/1998</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>3-10-97</u> to <u>3-4-98</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
Inspector's Signature <u>[Signature]</u>	Commissions <u>NB 7728, NC 853, N-I</u>
Date <u>3-4</u> 19 <u>98</u>	National Board, State, Province and Endorsements

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 6/11/97

Sheet 1 of 1

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

2a. Unit: 1 2 3 Shared (specify units) _____

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

3a. Work Order # 96066971
Repair Organization Job #

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

3b. NSM or MM # N/A

4. (a) Identification of System: CA AND CF 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N-416-1 Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	CA PIPING	DUKE POWER	N/A	32	1CA	1981	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	VLV. 1CF-156	KEROTEST	TD1-4	8569	N/A	1976	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : CUT OUT AND REPLACED PIPING ON CA SIDE ICF-156 AND REPLACED DISC IN VLV. ICF-156

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

Pressure	<u>1050</u>	psig	Test Temp	<u>550</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 Records 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.R. Sorrow Exec. Supp. [Signature] Date 6/11 19 97
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 of Providence 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 2-4-97 to 6-11-97; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the 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. D. Klein [Signature] Commissions NB7728, NC853, N-1
Inspector's Signature National Board, State, Providence and Endorsements

Date 6-11, 19 97

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 6/11/97

Sheet 1 of 1

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

2a. Unit: 1 2 3 Shared (specify units) _____

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

3a. Work Order # 96066975
Repair Organization Job #

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

3b. NSM or MM # N/A

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N-416-1 Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	CA PIPING	DUKE POWER	N/A	32	ICA	1981	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : CUT OUT AND REPLACED PIPING AT WELDS CA1F-1358,1353,1354, AND 1355 ON ISO. MCFI-1CA12

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

Pressure	<u>1050</u>	psig	Test Temp	<u>549</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 Records 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.R. Sorrow Exec. Supp. *F.R. Sorrow* Date 6/11 19 97
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 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 2-4-97 to 6-11-97; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the 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. D. Klein *R. D. Klein* Commissions NB7728, NC853, N-1
Inspector's Signature National Board, State, Providence and Endorsements
 Date 6-11, 1997

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date May 11, 1998
Sheet 1 of 1

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

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

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

3a. Work Order #: 96077523
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for 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 Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	1-MCA-ND-281	Duke Power	00065	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	1-MCA-ND-281	Duke Power	20735	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date May 11, 1998
Sheet 1 of 1

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

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

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

3a. Work Order #: 96078981
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1-FW-HG-121	Duke Power	19552	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	1-FW-HG-121	Duke Power	15118	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced Snubber

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records 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] FL Grass Jr., QA Tech Specialist Date 5/11, 19 98
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of 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 4-28-98 to 5-13-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the 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, N-2
National Board, State, Province and Endorsements

Date 5-13, 19 98

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

As Required By The Provisions Of The ASME Code Section XI

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

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

Ia. Date 7/23/97

Sheet 1 of 3

2a. Unit: 1 2 3 Shared (specify units) _____

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

3a. Work Order # 96079358
Repair Organization Job #

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

3b. NSM or MM # MGMM-8289

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N-416-1 Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	NV-system	Duke Power Co.	N/A	37	INV	1981	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	Valve INV-464	Kerotest	CG41-14	151	09J-008	1973	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C	Valve INV-464	Kerotest	ABS-18-10	35251	09J-007	1983	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
D	Valve INV457A	Fisher	5896366	1867	INV457A	1976	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
E	Valve INV457A	Anchor-Darling	EZ797-1-1	1966	1MV-436	1997	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
F	Valve INV458A	Fisher	5896367	1868	INV458A	1976	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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

7. Description of work : Replaced piping (5D-Bends), Orifice 1NVFE-6200, Valves 1NV-464, 1NV-457A, 1NV-458A, and Valve bodies for 1NV-35A & 1NV-459, also hanger modifications, also replaced disc in valve 1NV35A.

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

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

9. Remarks :

Changed all welds to Butt weld connections in immediate area.

(Applicable Manufacturer's Data Records 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.K. Sherrill Tech Spec II

H.K. Sherrill

Date

July 23 19 97

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 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 2-3-97 to 7-24-97 ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the 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. D. Klein

R.D. Klein

Inspector's Signature

Commissions

NB7728, NC853, N-I

National Board, State, Providence and Endorsements

Date

7-24 19 97

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 7/23/97

Sheet 2 of 3

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

2a. Unit: 1 2 3 Shared (specify units) _____

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

3a. Work Order # 96079358
Repair Organization Job #

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

3b. NSM or MM # MGMM-8289

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N-416-1 Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

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

Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A Valve INV-458A	Anchor-Darling	EZ797-1-2	1967	1MV-436	1997	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B Valve INV-35A (valve body)	Anchor-Darling	S/N-4	N/A	09J-102	1994	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C Valve INV-459 (valve body)	Anchor-Darling	DB-171-1-1 (see remarks)	1223	MCV-213	1990	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
D Orifice INVFE-6200	Commercial Energy Products Corp.	0001	N/A	INVFE-6200	1993	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
E Orifice INVFE-6200	Energy Steel & Supply Comp.	NPT013439 ITEM 01-1	N/A	INVFE-6200	1997	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
F 1MCR-NV-1178 HANGER	Duke Power Co.	N/A	N/A	N/A	1981	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" 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 : See sheet 1

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

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

9. Remarks Existing NV letdown orifice may be replaced in stock for possible re-use.:
See attached letter from Anchor Darling concerning valve serial numbers used for valve INV-459.

(Applicable Manufacturer's Data Records 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.K. Sherrill Tech Spec II Hal K. Sherrill Date July 23 19 97
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 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 2-3-97 to 7-24-97; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the 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. D. Klein [Signature] Commissions NB7728, NC853, N-1
Inspector's Signature National Board, State, Providence and Endorsements
 Date 7-24, 1997

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 7/23/97

Sheet 3 of 3

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

2a. Unit: 1 2 3 Shared (specify units) _____

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

3a. Work Order # 96079358
Repair Organization Job #

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

3b. NSM or MM # MGMM-8289

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N-416-1 Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1MCR-NV-1191 HANGER	Duke Power Co.	N/A	N/A	N/A	1981	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	1MCR-NV-1187 HANGER	Duke Power Co.	N/A	N/A	N/A	1981	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	1MCR-NV-1091 HANGER	Duke Power Co.	N/A	N/A	N/A	1981	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D	Valve INV-459 (valve body)	Anchor - Darling	DB-171-1-2 (see remarks)	N/A	MCV-213	1997	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
E	Valve INV-35A (valve body)	Anchor - Darling	P162D-1-1	N/A	09J-102	1997	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : See sheet 1

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

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

9. Remarks : Hangers IMCR-NV-1090 and IMCR-NV-1092 have been deleted and removed by this M/M. Hangers IMCR-NV-1091, NV-1178, NV-1187, NV-1191 had minor changes per VN-8289B.

(Applicable Manufacturer's Data Records 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.

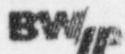
Type Code Symbol Stamp N/A
 Certificate of Authorization No. N/A Expiration Date N/A
 Signed H.K. Sherrill Tech Spec II H.K. Sherrill Date July 23 19 97
Owner or Owner's Designee, Title

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 of Providence 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 2-3-97 to 7-24-97; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the 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. D. Klein [Signature] Commissions NB7728, NC853, N-I
Inspector's Signature National Board, State, Providence and Endorsements
 Date 7-24, 19 97

**BW/IP International, Inc.**
Valve Division

Anchor/
Darling
Valves
BW/IP
Valves
and
Actuators

701 First
Street
P.O. Box
3428

Williamsport
Pennsylvania
17701-0428

Telephone
717 327 4800
Fax
717 327 4805

July 22, 1997

Duke Power Company
Fax: 704-875-5664

Attention: Hal Sherrill

Subject: P.O. MN24166, BW/IP (A/DV) S.O. D-031A
Telecon dated 7/22/97

The replacement bodies furnished under the subject purchase order were serialized in a manner inconsistent with our normal practice. The original valves, furnished in 1990, were serialized DB171-1-1 and DB171-1-2 and used bodies serial numbers 1 and 2 respectively. Since the valves are a unique design and since the replacement bodies should not be used anywhere else, our engineering thought it would be helpful if the replacement bodies were identified with the original valve serial number.

This method of serialization of bodies is acceptable but is not typical of our practice. Please be assured that in the future, BW/IP will not serialize individual parts with the serial number of the associated valve.

Sincerely,

BW/IP INTERNATIONAL, INC.
Valve Division

G. W. Knieser
Q. A. Manager

GWK:dl

**FORM N-2 CERTIFICATE HOLDERS' DATA REPORT FOR IDENTICAL
NUCLEAR PARTS AND APPURTENANCES***

As Required by the Provisions of the ASME Code, Section III
Not to Exceed One Day's Production

1. Manufactured and certified by Energy Steel & Supply Co., 2715 Paldan Dr. Auburn Hills, MI 48326
(name and address of NPT Certificate Holder)
2. Manufactured for Duke Power Co., McQuire Nuclear Station, 13225 Hagers Ferry Rd., Huntersville, NC 28078
(name and address of Purchaser)
3. Location of installation Duke Power Co., McQuire Nuclear Station, 13225 Hagers Ferry Rd., Huntersville, NC 28078
MM-1210.06-0217001 SA564 TP630 H900 190KSI (name and address)
4. Type: REV.D-O SA479 TP304 75KSI N/A 1997
(drawing no.) (mat'l. spec. no.) (tensile strength) (CRN) (year built)
5. ASME Code, Section III, Division 1: 1989 1989 2 N62-6
(edition) (addenda date) (class) (Code Case no.)
6. Fabricated in accordance with Const. Spec. (Div. 2 only) N/A Revision N/A Date N/A
(no.)
7. Remarks: 75GEM

8. Nom. thickness (in.) _____ Min. design thickness (in.) 0.66 Dia. ID (ft & in.) 1.689 Length overall (ft & in.) 5.011"

9. When applicable, Certificate Holders' Data Reports are attached for each item of this report:

Part or Appurtenance Serial Number	National Board No. in Numerical Order
(1) <u>NPT013439ITEM01-1</u>	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
(11) _____	
(12) _____	
(13) _____	
(14) _____	
(15) _____	
(16) _____	
(17) _____	
(18) _____	
(19) _____	
(20) _____	
(21) _____	
(22) _____	
(23) _____	
(24) _____	
(25) _____	

Part or Appurtenance Serial Number	National Board No. in Numerical Order
(26) _____	
(27) _____	
(28) _____	
(29) _____	
(30) _____	
(31) _____	
(32) _____	
(33) _____	
(34) _____	
(35) _____	
(36) _____	
(37) _____	
(38) _____	
(39) _____	
(40) _____	
(41) _____	
(42) _____	
(43) _____	
(44) _____	
(45) _____	
(46) _____	
(47) _____	
(48) _____	
(49) _____	
(50) _____	

Design pressure 2485 psi. Temp. 650 °F. Hydro. test pressure 3150PSI/10Min. at temp. °F
(when applicable)

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

Certificate Holder's Serial Nos. _____ through _____

CERTIFICATION OF DESIGN

Design specifications certified by _____ (when applicable) P.E. State _____ Reg. no. _____

Design report* certified by _____ (when applicable) P.E. State _____ Reg. no. _____

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and that this (these) LET DOWN ORIFICE
conforms to the rules of construction of the ASME Code, Section III, Division 1.

NPT Certificate of Authorization No. N-2928 Expires 7/12/99

Date 2/11/97 Name Energy Steel & Supply Co. Signed [Signature]
(NPT Certificate Holder) (authorized representative)

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Michigan and employed by Hartford Steam Boiler Inspection & Insurance Co. of Hartford, CT have inspected these items described in this Data Report on February 14, 1997, and state that to the best of my knowledge and belief, the Certificate Holder has fabricated these parts or appurtenances in accordance with the ASME Code, Section III, Division 1. Each part listed has been authorized for stamping on the date shown above.

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

Date 2-11-97 Signed [Signature] Commissions NB9486 IBSNISA MI610
(Authorized Inspector) [Nat'l. Bd. (incl. endorsements) and state or prov. and no.]

CERTIFICATION
 ENERGY STEEL & SUPPLY CO.
 2715 PALDAN DRIVE
 AUBURN HILLS, MI 48326
 (810) 377-4990

NO. 005564

Page 1

CERTIFICATE OF COMPLIANCE

Ship-to: 3
 DUKE POWER / MCGUIRE SITE
 RECEIVING DEPARTMENT
 13225 HAGERS FERRY RD HWY 73
 HUNTERSVILLE, NC 28078-8985

Bill-to: 81
 DUKE POWER COMPANY
 INVOICE OPERATIONS - PB 02G
 P.O. BOX 1015
 CHARLOTTE, NC 28201-1015

YOUR ORDER NUMBER	OUR ORDER NUMBER	DATE
MN22471	013439	02/11/97

YOUR ITEM#	DESCRIPTION	TOTAL	GRADE SPEC	HEAT NUMBER
105	LETDOWN ORIFICE 2" BW 75 GPM YOUR ITEM 001 - DE#: 1003G3BB4Y0B020 PER DRAWING: MCM-1210.06-0217-001 Rev.D-O WITH EXCEPTIONS TO MARKING OF ORIFICE. CODE CASE: N62-6 APPLIES SPECIFICATION DPS-1206.00-02-0001 Rev.7 APPLIES	1.00 EA	QTY: 1.00	NPT013439ITEM01-1

This is to certify that the material furnished for your order and described above, has been reviewed and complies to requirements of the applicable material specifications, and meets all requirements of your purchase order.

< 10 CFR PART 21 APPLIES

< 10 CFR 50 APPENDIX B APPLIES

< ANSI N45.2 APPLIES

< PACKAGING IN ACCORDANCE WITH ANSI N45.2.2 LEVEL C

< THIS ORDER WAS SUPPLIED IN ACCORDANCE WITH OUR CERTIFICATE OF AUTHORIZATION (N-2928) WHICH EXPIRES ON 7/12/99, AND
 < ESSC Q-1 NUCLEAR Q.A. PROGRAM ISSUE No.1 Rev.1 DATED 3/27/96.

< COMPLIES TO THE APPLICABLE REQUIREMENTS, AS SPECIFIED, OF ASME SECTION III, SUB-SECTION NC, CLASS 2, 1989 EDITION 1989 ADDENDA

ENERGY STEEL & SUPPLY CO.

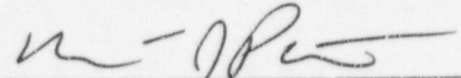
DUKE POWER COMPANY

QA RECORDS APPROVED

D. Wright

QA REPRESENTATIVE

DATE 2-18-97


 Authorized Q.A. Signature

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

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

1 of 2

1. Manufactured by Kerotest Manufacturing Corp., Pittsburgh, PA 15222 NII-89618 Item 9J-007
(Name and Address of N Certificate Holder)
2. Manufactured for Duke Power Company P.O. Box 32307 Charlotte, North Carolina 28232
(Name and Address of Purchaser or Owner)
3. Location of Installation McGuire Nuclear Station, HWY. 73, Cowans Ford, North Carolina 28216
(Name and Address)
4. Pump or Valve valve Nominal Inlet Size 3/4" (inch) Outlet Size 3/4" (inch)

	(a) Model No. or Type	(b) N Certificate Holder's Serial No.	(c) Canadian Registration No.	(d) Drawing No.	(e) Class	(f) Nat'l. Bd. No.	(g) Year Built
(1)	GLOBE	(SEE ATTACHED SHEET)	N/A	DP-D-9954-(1)	1	35243	1983
(2)						THRU	
(3)						35262	
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							

5. BORATED WATER
(Brief description of service for which equipment was designed)

6. Design Conditions 2580 (Pressure) psi 650 (Temperature) °F or Valve Pressure Class 1500# (1)

7. Cold Working Pressure 3600 psi at 100°F.

8. Pressure Retaining Pieces

Mark No.	Material Spec. No.	Manufacturer	Remarks
(a) Castings			
(b) Forgings			
BODY-ABS	SA182, F316	McWilliams Forge	
YOKE-JSE	SA105	McWilliams Forge	

(1) For manually operated valves only.

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

Mark No.	Material Spec. No.	Manufacturer	Remarks
(c) Bolting			
(d) Other Parts			
DISC-ACK	SA479, TYPE 316	Carpenter	
BONNET-ADO	SA479, TYPE 316	Joslyn Steels	
BONNET-ACE	SA479, TYPE 316	Universal-Cyclops	

9. Hydrostatic test 5400 psi. Disk Differential test pressure 3600 psi.

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and that this pump, or valve, conforms to the rules of construction of the ASME Code for Nuclear Power Plant Components, Section III, Div. I., Edition 1971
 Addenda Winter 1971 (Date), Code Case No. N/A Date MAR 28 1983
 Signed Kerotest Manufacturing Corporation by Joe Vento
 (N Certificate Holder)
 Our ASME Certificate of Authorization No. 1902 to use the N (N) symbol expires 4-25-83 (Date)

CERTIFICATION OF DESIGN

Design information on file at Kerotest Manufacturing Corp., Pittsburgh, PA
 Stress analysis report (Class 1 only) on file at Kerotest Manufacturing Corporation
 Design specifications certified by (1) Robert E. Miller
 PE State North Carolina Reg. No. 4960
 Stress analysis certified by (1) Steven Caroleo
 PE State Pennsylvania Reg. No. 17144-E
 (1) Signature not required. List name only.

CERTIFICATE OF SHOP INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Pennsylvania and employ by HSB I&I Company of Hartford, Connecticut have inspected the pump, or valve, described in this Data Report on 3/30/83 19 , and state that to the best of my knowledge and belief, the N Certificate Holder has constructed this pump, or valve, in accordance with the ASME Code, Section III.
 By signing this certificate, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the equipment described in this Data Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
 Date 3/30/83
Michael R. Yantich (Inspector) Commissions PA2187 NB7836
 (Nat'l Bd., State, Prov. and No.)

SUPPLEMENT SHEET

FORM NPV-1

(FOR NATIONAL BOARD NUMBERS ONLY)

1. MANUFACTURED BY: Kerotest Manufacturing Corp., Pittsburgh, PA 15222 NU-89618 Item 9J-007
2. MANUFACTURED FOR: Duke Power Company P.O. Box 32307 Charlotte, North Carolina 28232
3. LOCATION OF INSTALLATION: McGuire Nuclear Station, Cowans Ford, North Carolina 28216
4. TYPE OF EQUIPMENT: Y-GLOBE DRAWING NUMBER: DP-D-9954-(1)

MANUFACTURER'S SERIAL NO.	NATIONAL BOARD NO.	MANUFACTURER'S SERIAL NO.	NATIONAL BOARD NO.
1. ABS18-1	35243	13. ABS18-14	35255
2. ABS18-2	35244	14. ABS18-15	35256
3. ABS18-3	35245	15. ABS18-16	35257
4. ABS18-4	35246	16. ABS18-18	35258
5. ABS18-6	35247	17. ABS18-19	35259
6. ABS18-7	35248	18. ABS18-22	35260
7. ABS18-8	35249	19. ABS18-23	35261
8. ABS18-9	35250	20. ABS18-24	35262
9. ABS18-10	35251	21.	
10. ABS18-11	35252	22.	
11. ABS18-12	35253	23.	
12. ABS18-13	35254	24.	
		25.	

5. SERVICE: BORATED WATER

SIGNED: KEROTEST MANUFACTURING CORP. BY: *Joe White* DATE: MAR 28 1983
 AUTHORIZED NUCLEAR INSPECTOR BY: *M. Yonick* DATE: 3/30/83

8. Design conditions 2485 psi 650 °F or valve pressure class 1878 (1)
(pressure) (temperature)
9. Cold working pressure 4507 psi at 100°F
10. Hydrostatic test 6775 psi. Disk differential test pressure 4958 psi
11. Remarks _____

CERTIFICATION OF DESIGN

Design Specification certified by Robert M. Sandifer P.E. State S.C. Reg. no. 5752
Design Report certified by Ronald S. Farrell P.E. State PA Reg. no. 035216-E

CERTIFICATE OF COMPLIANCE

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

N Certificate of Authorization No. N1712 Expires 4/15/98

Date 2-27-97 Name Anchor/Darling Valve Company Signed R.R. Delker
(N Certificate Holder) (authorized representative)

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State of Pennsylvania and employed by Commercial Union Ins. Co. of Boston, Mass. have inspected the pump, or valve, described in this Data Report on 9-43-96 thru 2-27-97, and state that to the best of my knowledge and belief, the Certificate Holder has constructed this pump, or valve, in accordance with the ASME Code, Section III, Division 1.

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

Date 2-27-97 Signed Charles Young Commissions Pennsylvania 2392
CHARLES YOUNG (Nat'l. Bd. (incl. endorsements) and state or prov. and no.)

(1) For manually operated valves only.



A/DV Calculation Order: EZ797-1
Customer Purchase Order: MN 16486

A/DV Order No. E797
**Design and Seismic Analysis
for Duke Power Co.
McGuire Station**

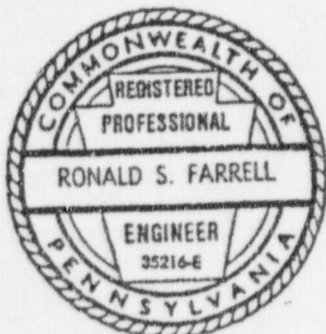
2"x1" Class 1878 Stainless Steel
Double Disc Gate Valve
with #70 Fail Close Diaphragm Actuator

Customer Specification: CNS-1205.01-00-0003, Rev. 7

Applicable Codes: ASME Boiler & Pressure Vessel Code, Section III
Subsection NC (Class 2), 1986 Edition, 1988 Addenda

A/DV I.D.	ECM	Customer I.D.	Assy. Dwg. No.
EZ797-1	07	IMV-436	W9624753 Rev. D

I, the undersigned, being a registered professional engineer competent in the applicable field of design, have reviewed the subject design and do hereby certify that to the best of my knowledge and belief this report is complete and accurate and complies with the requirements of the design specification and all codes and standards specified herein.



Certified By: Ronald S. Farrell, P.E.
RONALD S. FARRELL, P.E.

Registration No.: PE-035216-E State: PA

Date: 1/10/97

MN 16486
ITEM 001

ANI
W

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date July 15, 1997
Sheet 1 of 1

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

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

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

3a. Work Order #: 96079587
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: SM - Main Steam 4. (c) Class of System: B

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	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1-SM-VA-0101	Kerotest	TM5-12	12307	N/A	1976	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced Disc

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records 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] FL Grass Jr., QA Tech Specialist Date 2/15/92 19 ____
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 3-5-97 to 7-17-97; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the 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, N-I
National Board, State, Province and Endorsements

Date 7-17 19 97

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date August 13, 1997
Sheet 1 of 1

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

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

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

3a. Work Order #: 96087622
Repair Organization Job #

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

3b. NSM or MM #: N/A

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, 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 Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	1-ND-VA-0015B	Crane - Aloyco	A0213	N/A	N/A	1973	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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 (32) body to bonnet bolting nuts.

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records 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] FL Grass Jr., QA Tech Specialist Date 8/13/1997
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 3-18-97 to 8-13-97; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the 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, N-I
National Board, State, Province and Endorsements

Date 8-13-1997

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date May 28, 1997
Sheet 1 of 1

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

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

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

3a. Work Order #: 96089202
Repair Organization Job # _____

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

3b. NSM or MM #: MGMM-7852

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

4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, 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	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1NS-HG-H0091	Duke Power	N/A	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Added plate per MGMM-7852

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records 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] FL Grass Jr., QA Tech Specialist Date 5/28/ 19 97
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 5-5-97 to 5-28-97 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the 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 P53 N-I
National Board, State, Province and Endorsements

Date 5-28 19 97

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

As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company
 2. 526 S. Church Street, Charlotte, NC 28201-1006

1a. Date July 24, 1997
 Sheet 1 of 1

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

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

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

3a. Work Order #: 96095348
 Repair Organization Job #

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

3b. NSM or MM #: MGMM 8484

4. (a) Identification of System: NV - Chemical and Volume Control 4. (b) Class of System: B
 5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, 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 Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	1-NV-VA-0459	Fisher	5921362	760	N/A	1975	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced internals

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

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

9. Remarks _____

(Applicable Manufacturer's Data Records 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 JL Grass Jr. FL Grass Jr., QA Tech Specialist Date 2/24/92 19 92
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 3-21-97 to 7-24-97; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the 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, N-2
Inspector's Signature National Board, State, Province and Endorsements

Date 7-24 1997

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date August 13, 1997
Sheet 1 of 1

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

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

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

3a. Work Order #: 96095867
Repair Organization Job # _____

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

3b. NSM or M/M #: N/A

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, 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 Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	1-NV-VA-0170	Dresser	TD36185	200	Model# 1905-1	1976	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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 Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records 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] FL Grass Jr., QA Tech Specialist Date 8/31, 1997
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 7-17-97 to 8-13-97; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the 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, N-I
National Board, State, Province and Endorsements

Date 8-13, 19 97

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 5/29/97

Sheet 1 of 1

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

2a. Unit: 1 2 3 Shared (specify units) _____

3. Work Performed By: Duke Power Company
 Address: 526 S. Church Street, Charlotte, NC 28201-1006
 Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3a. Work Order # 97008153
Repair Organization Job #

3b. NSM or MM # N/A

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	ICF-162	WALWORTH	A0162	N/A	N/A	1973	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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 Nom. Operating Press. Other Exempt

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

9. Remarks :

(Applicable Manufacturer's Data Records 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 <u>N/A</u>	Certificate of Authorization No. <u>N/A</u>		Expiration Date <u>N/A</u>
Signed <u>F.R. Sorrow Exec. Supp.</u>	<i>F.R. Sorrow</i>	Date <u>5/29</u>	19 <u>97</u>
<small>Owner or Owner's Designee, Title</small>			

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence 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>4-3-97</u> to <u>5-29-97</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the 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. D. Klein <i>R.D. Klein</i> Inspector's Signature	Commissions <u>NB7728, NC853, N-I</u> National Board, State, Providence and Endorsements
Date <u>5-29</u> , 19 <u>97</u>	

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date July 14, 1997
Sheet 1 of 1

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

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

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

3a. Work Order #: 97014313
Repair Organization Job #

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

3b. NSM or MM #: N/A

4. (a) Identification of System: CF - Feedwater Class of System: B

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 Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	1-MCA-CF-0157	Duke Power	20554	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	1-MCA-CF-0157	Duke Power	15855	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced Snubber

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records 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] FL Grass Jr., QA Tech Specialist Date 7/14, 19 97
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 7-14-97 to 7-17-97; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the 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 TDS, NCPS3, N-2
National Board, State, Province and Endorsements

Date 7-17 19 97

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 6/11/97

Sheet 1 of 1

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

2a. Unit: 1 2 3 Shared (specify units) _____

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

3a. Work Order # 97015939
Repair Organization Job #

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

3b. NSM or MM # N/A

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N-416-1 Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1NI-16	KEROTEST	JS3-6	8016	N/A	1975	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	1NI-16	KEROTEST	DAP-14-16	3521G	N/A	1983	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : CUT OUT AND REPLACED VALVE WITH LIKE KIND
AND REPLACED DISC

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

Pressure	<u>2600</u>	psig	Test Temp	<u>90</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 Records 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 <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u>F.R. Sorrow Exec. Supp.</u> Owner or Owner's Designee, Title	Date <u>6/11</u> 19 <u>97</u>

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State of Providence 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>4-11-97</u> to <u>6-12-97</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the 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>R. D. Klein</u> Inspector's Signature	Commissions <u>NB7728, NC853, N-1</u> National Board, State, Providence and Endorsements
Date <u>6/12</u> , 19 <u>97</u>	

FORM NPV-1 (Back)

Mark No.	Material Spec. No.	Manufacturer	Remarks
(c) Bolting			
(d) Other Parts			
DISC-ACN	SA479, TYPE 316	Universal-Cyclops	
BONNET-FAL	SA479, TYPE 316	Joslyn Steels	
BONNET-DAS	SA479, TYPE 316	Carpenter	

9. Hydrostatic test 5400 psi. Disk Differential test pressure 3600 psi.

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and that this pump, or valve, conforms to the rules of construction of the ASME Code for Nuclear Power Plant Components, Section III, Div. I, Edition 1971 Addenda Winter 1971 (Date), Code Case No. N/A Date February 17, 1983.

Signed Kerotest Manufacturing Corp. by [Signature]
 (N Certificate Holder) to use the N symbol expires 4-25-83
 (N) (Date)

CERTIFICATION OF DESIGN

Design information on file at Kerotest Manufacturing Corp., Pittsburgh, PA
 Stress analysis report (Class 1 only) on file at Kerotest Manufacturing Corp.

Design specifications certified by (1) Robert E. Miller
 PE State North Carolina Reg. No. 4960
 Stress analysis certified by (1) Steve Caroleo
 PE State Pennsylvania Reg. No. 17144-E

(1) Signature not required. List name only.

CERTIFICATE OF SHOP INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Pennsylvania and employed by HSB I&I Company of Hartford, Connecticut have inspected the pump, or valve, described in this Data Report on 2/17/83 1983, and state that to the best of my knowledge and belief, the N Certificate Holder has constructed this pump, or valve, in accordance with the ASME Code, Section III.

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

Date 2/17/83 1983
[Signature] (Inspector) Commissions NB2734N P22160W
 (Nat'l Bd., State, Prov. and No.)

SUPPLEMENT SHEET

FORM NPV-1.

(FOR NATIONAL BOARD NUMBERS ONLY)

- 1. MANUFACTURED BY: Kerotest Manufacturing Corp., Pittsburgh, PA 15222 NU-89618 Item 1
- 2. MANUFACTURED FOR: Duke Power Company P.O. Box 32307 Charlotte, North Carolina 28232
- 3. LOCATION OF INSTALLATION: McGuire Nuclear Station, Hwy. 73, Cowans Ford, N.C. 28216
- 4. TYPE OF EQUIPMENT: Y-GLOBE DRAWING NUMBER: DP-D-9957P-(1)

MANUFACTURER'S SERIAL NO.	NATIONAL BOARD NO.	MANUFACTURER'S SERIAL NO.	NATIONAL BOARD NO.
1. DAP14-13	35208	13. _____	
2. DAP14-14	35209	14. _____	
3. DAP14-16	35210	15. _____	
4. ACB4-15	35211	16. _____	
5. ACB4-16	35212	17. _____	
6. ACB4-17	35213	18. _____	
7. ACB4-19	35214	19. _____	
8. ACB4-20	35215	20. _____	
9. ACB4-21	35216	21. _____	
10. ACB4-22	35217	22. _____	
11. <u>RDK 2/17/83</u>		23. _____	
12. _____		24. _____	
		25. _____	

5. SERVICE: Borated Water

SIGNED: KEROTEST MANUFACTURING CORP. BY: [Signature] DATE: FEB 17 1983
 AUTHORIZED NUCLEAR INSPECTOR BY: [Signature] DATE: 2/17/83

DUKE POWER COMPANY
 QUALITY ASSURANCE DEPARTMENT
 SUPPLIER QUALITY ASSURANCE CERTIFICATION

Name of Supplier Kerotest Manufacturing Corp. Date February 17, 1983
 Address of Supplier Plant 2525 Liberty Avenue Mill Power Order No. H23944-73
Pittsburgh, PA 15222 Duke Item or Req. No. 9J-015
 Spec. No. MCS-1205.01-1 Rev. 20
 Supplier ID Nos. DAP14-13, 14, 16, ACB4-15, 16, 17, 19, 20, 21, 22 MC12904
 Description of Component(s) or Material(s) 1-1/2" 1500# S.S. PACKLESS Y-GLOBE VALVE WITH LOCKING
DEVICE & SOCKET WELD ENDS

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

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

- | | |
|---|--|
| <input checked="" type="checkbox"/> Physical & Chemical Analysis | <input type="checkbox"/> Major Repair Records & Charts |
| <input checked="" type="checkbox"/> Hydro (Test Pressure - PSIG <u>3600</u>) | <input checked="" type="checkbox"/> Personnel Qualifications on Record |
| <input checked="" type="checkbox"/> Design Report | <input type="checkbox"/> Stress Report |
| <input type="checkbox"/> Radiographic Test | <input type="checkbox"/> Ultrasonic Test |
| <input type="checkbox"/> Penetrant Test | <input type="checkbox"/> Repair NDE |
| <input type="checkbox"/> Operating Test | <input type="checkbox"/> Performance Curve |
| <input checked="" type="checkbox"/> Dimensional Check | <input type="checkbox"/> Deviation Record # _____ |
| | <input type="checkbox"/> Heat Treatment |
| | <input type="checkbox"/> Magnetic Particle |
| | <input checked="" type="checkbox"/> Cleanliness |
| | <input checked="" type="checkbox"/> ASME Data Report |

- 1) _____
- 2) _____
- 3) _____

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

DUKE POWER COMPANY
 QA RECORDS APPROVED
Elsie Hood
 QA REPRESENTATIVE
 DATE 3-8-83

Joe Vuta
 Supplier Representative Authorized Signature
 Title Quality Assurance Mgr. Date _____

(See Instructions)

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required By The Provisions Of The ASME Code Section XI

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

1a. Date March 30, 1998

Sheet 1 of 1

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

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

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

3a. Work Order #: 97029462

Repair Organization Job #

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

3b. NSM or MM #: N/A

4. (a) Identification of System: VI - Instrument Air 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases

(b) Applicable Edition of Section XI Utilized for 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 Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	1-VI-VA-149	ADF7-11	Kerotest	6570	N/A	1975	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced disc

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records 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] FL Grass Jr., QA Tech Specialist Date 3/30/ 19 98
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of 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 4-6-97 to 3-30-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the 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 N-I
Inspector's Signature National Board, State, Province and Endorsements

Date 3-30 19 98

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 06/23/98

Sheet 1 of 1

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

2a. Unit: 1 2 3 Shared (specify units) _____

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

3a. Work Order # 97088143
Repair Organization Job #

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

3b. NSM or MM # MGJ/M-8400

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1-MCR-NC-572	N/A	N/A	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	1-MCR-NC-578	N/A	N/A	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : 1MCR-NC-572 (replaced item #7)
1MCR-NC-578 (replaced item #1)

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

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

9. Remarks :

(Applicable Manufacturer's Data Records 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 Richard J. Joly TECH SUPPORT Date 6-23 19 98
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State of Providence 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 5-19-98 to 6-24-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the 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.

Richard J. Joly Commissions NB7728, NC853, N-I
 Inspector's Signature National Board, State, Providence and Endorsements
 Date 6-24, 19 98

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 06/18/98

Sheet 1 of 1

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

2a. Unit: 1 2 3 Shared (specify units) _____

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

3a. Work Order # 97088143
Repair Organization Job #

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

3b. NSM or MM # MM-8400

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1980, No Addenda

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Valve INC-5	Kerotest	ASZ1-10	38431	9J-16	1990	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	Valve INC-5	Anderson,Greenwood	97-38489	2614	9J-618	1998	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : Replaced Valve at weld NC1FW3-1

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

Pressure	<u>2480</u>	psig	Test Temp	<u>77.1</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 Records 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.R. Sorrow Exec. Supp. *F. Sorrow* Date 06/18 19 98
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State of Providence 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 5-19-98 to 6-24-98 ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the 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. D. Klein *R. D. Klein* Commissions NB7728, NC853, N-I
Inspector's Signature National Board, State, Providence and Endorsements
 Date 6-24 1998

8. Design conditions 2675 psi 650 °F or valve pressure class 1800 (1)
(pressure) (temperature)

9. Cold working pressure 4320 psi at 100°F

10. Hydrostatic test 6500 psi. Disk differential test pressure 4755 psi

11. Remarks: _____

CERTIFICATION OF DESIGN

Design Specification certified by D. G. Garner P.E. State SC Reg. no. 8234
 Design Report certified by J. Alan West P.E. State TX Reg. no. 41731

CERTIFICATE OF COMPLIANCE

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

N Certificate of Authorization No. N-2823 Expires 9/10/99

Date 4/24/98 Name Anderson, Greenwood & Co. Signed Joyce A. Parker
(N Certificate Holder) (authorized representative)

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TX and employed by C.U.I.C. of Boston, MA have inspected the pump, or valve, described in this Data Report on 4.24.98, and state that to the best of my knowledge and belief, the Certificate Holder has constructed this pump, or valve, in accordance with the ASME Code, Section III, Division 1.

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

Date 4.24.98 Signed [Signature] Commissions Tex 803 NB7582AN
(Authorized Inspector) (Natl. Bd. (incl. endorsements) and state or prov. and no.)

(1) For manually operated valves only.

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 6/12/98

Sheet 1 of 1

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

2a. Unit: 1 2 3 Shared (specify units) _____

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

3a. Work Order # 97097262-16
Repair Organization Job #

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

3b. NSM or MM # N/A

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	i-MCA-ND-H297	DUKE POWER	19914	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	1-MCA-ND-H297	DUKE POWER	15697	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provide (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 PM CHANGE OUT

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

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

9. Remarks :

(Applicable Manufacturer's Data Records 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	<u>N/A</u>	Expiration Date	<u>N/A</u>
Certificate of Authorization No.	<u>N/A</u>		
Signed	<u>F.R. Sorrow Exec. Supp. <i>F.R. Sorrow</i></u>	Date	<u>6/12</u> 19 <u>98</u>
<small>Owner or Owner's Designee, Title</small>			

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State 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>6-12-98</u> to <u>6-13-98</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the 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. D. Klein <u><i>R.D. Klein</i></u> Inspector's Signature	Commissions <u>NB7728, NC853, N-I</u> National Board, State, Providence and Endorsements
Date <u>6-13</u> , 19 <u>98</u>	

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 06/20/98

Sheet 1 of 1

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

2a. Unit: 1 2 3 Shared (specify units) _____

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

3a. Work Order # 93009714/01
Repair Organization Job #

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

3b. NSM or MM # N/A

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	PIPING SYSTEM	DUKE POWER	N/A	41	IRV	1981	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : Replaced studs and nuts at valve IRV-32A
Flange joint# IRV31-FL3

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

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

9. Remarks :
FLANGE JOINT IRV31-FL3 IS ON MCFI-IRV31 ISO.

(Applicable Manufacturer's Data Records 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.R. Sorrow Exec. Supp. Date 6/20 19 98
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State 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 6-23-98 to 6-24-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the 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. D. Klein [Signature] Commissions NB7728, NC853, N-I
Inspector's Signature National Board, State, Providence and Endorsements
 Date 6-24, 19 98

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

As Required By The Provisions Of The ASME Code Section XI

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

Ia. Date 06/20/98

Sheet 1 of 1

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

2a. Unit: 1 2 3 Shared (specify units) _____

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

3a. Work Order # 98009737/01
Repair Organization Job #

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

3b. NSM or MM # N/A

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	PIPING SYSTEM	DUKE POWER	N/A	41	1RV	1981	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : Replaced studs and nuts at valve 1RV-33B
Flange joint# 1RV31-FL2

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

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

9. Remarks :
FLANGE JOINT 1RV31-FL2 IS ON MCFI-1RV31 ISO.

(Applicable Manufacturer's Data Records 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	<u>N/A</u>	Certificate of Authorization No.	<u>N/A</u>
		Expiration Date	<u>N/A</u>
Signed	<u>F.R. Sorrow Exec. Supp.</u> Owner or Owner's Designee, Title	Date	<u>06/20</u> 19 <u>98</u>

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State 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>6-23-98</u> to <u>6-24-98</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the 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>R. D. Klein</u> Inspector's Signature	Commissions <u>NB7728, NC853, N-I</u> National Board, State, Providence and Endorsements
Date <u>6-24</u> , 19 <u>98</u>	

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 06/25/98

Sheet 1 of 1

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

2a. Unit: 1 2 3 Shared (specify units) _____

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

3a. Work Order # 98009744

Repair Organization Job #

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

3b. NSM or MM # MM-10052

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	PIPING SYSTEM	DUKE POWER	N/A	41	1RV	1981	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : REPLACED STUDS AND NUTS AT VALVE
IRV-76, FLANGE JOINT# IRV-31FL1

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

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

9. Remarks :
FLANGE JOINT IRV-31-FL1 IS ON MCFI-1RV31 ISO

(Applicable Manufacturer's Data Records 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.R. Sorrow Exec. Supp. [Signature] Date 06/25 19 98
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State of Providence 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 6-15-98 to 6-26-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the 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. D. Klein [Signature] Commissions NB7728, NC853, N-I
 Inspector's Signature National Board, State, Providence and Endorsements
 Date 6-26, 1998

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 06/24/98

Sheet 1 of 1

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

2a. Unit: 1 2 3 Shared (specify units) _____

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

3a. Work Order # 98009752
Repair Organization Job #

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

3b. NSM or MM # N/A

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	PIPING SYSTEM	DUKE POWER	N/A	41	IRV	1981	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : REPLACED STUDS AND NUTS AT VALVE
IRV-77B, FLANGE JOINT# IRV31-FL4

3. Test Conducted : Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

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

9. Remarks :
FLANGE JOINT IRV31-FL4 IS ON MCFI-1RV31 ISO.

(Applicable Manufacturer's Data Records 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.R. Sorrow Exec. Supp. [Signature] Date 06/24 19 98
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State 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 6-23-98 to 6-24-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the 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. D. Kleig [Signature] Commissions NB7728, NC853, N-I
Inspector's Signature National Board, State, Providence and Endorsements
Date 6-24, 19 98

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 6/24/98
 Sheet 1 of 1

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

2a. Unit: 1 2 3 Shared (specify units) _____

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

3a. Work Order # 98023694
Repair Organization Job #

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

3b. NSM or MM # NSM-12505

4. (a) Identification of System: GN (Nitrogen)

4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, _____ Code Cases N-416-1

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1GNTK0004	Energy & Process Cor	N811-4	379	N/A	1998	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS -2 (Back)

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

7. Description of work : Added tank, bolting material (threaded studs and nuts).

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

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

9. Remarks :

(Applicable Manufacturer's Data Records 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 Hal K. Sherrill (Tech Spec II) Hal K. Sherrill Date 6/24 19 98
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence 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 5-7-98 to 7-9-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the 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.

Randy Klein ANII Randy Klein Commissions
Inspector's Signature

NB7728, NC 853, N-I
National Board, State, Providence and Endorsements

Date 7-9 19 98

FORM N-1A CERTIFICATE HOLDERS' DATA REPORT FOR NUCLEAR VESSELS*
Alternate Form for Single Chamber Completely Shop-Fabricated Vessels Only
As Required by the Provisions of the ASME Code, Section III, Division 1 Pg. 1 of 1

Manufactured and certified by Amer Ind. Tech. Inc. 1000 S. Madison St. Wilm, DE 19801
(Name and address of N Certificate holder)

2. Manufactured for Energy & Process Corp., 2146-B, Flintstone Dr., Tucker Ga 30084
(Name and address of purchaser)

3. Location of installation McGuire Nuclear Station, Unit
(Name and address)

4. Type: Horizontal N811-4 NA N811 Rev. 1 379 1998
(Name, size, etc.) (ASME holder's serial no.) (CRN) (Drawing no.) (Part 1, 2d. no.) (Year built)

5. ASME Code, Section III, Division 1: 1989 None None
(Edition) (Addenda code) (Code Case no.) (Code)

6. Shell: SA240 304 18550 9/16 0.428 in. 34 7/8 in. 83 in.
(Mat'l, spec. no.) (Plate strength) (Nom. thickness) (Min. design thickness) (Eq. 10 (1) & (2)) (Length overall in S. in.)

7. Seams: Single Butt None Full 100 Single Butt None Full 1
(Type) (RT) (WT) (Eff. %) (Type) (RT) (WT) (No. of courses)

8. Heads: SA240 304 18550 SA240 304 18550
(Mat'l, spec. no.) (Plate strength) (Mat'l, spec. no.) (Plate strength)

Location (top, bottom, etc.)	Thickness	Crack Radius	Knockout Radius	Transition Angle	Cor-2d Axis Angle	Reinforcement Ratio	Stiff Coefficient	Stiff to Pressure (Ratio or Constant)
(a) Top	9/16	32 in.	6 in.	2:1	-	-	-	Concave
(b) Bottom	9/16	32 in.	6 in.	2:1	-	-	-	Concave

If removable, bolts used None (Type 1, spec. no., 7.3, see Appendix) (Number of attachment) Other fastening None

9. Design Pressure: 450 (psi) at max. temp. 120 (°F) Min. pressure (at temp. -5 (°F) Hydro., pneu., or comp. test pressure 563 (psi)

10. Nozzles, inspection and safety valve openings:

Process fluid, acid, steam, etc.	Quantity	Dia. or Size	Type	How Attached	Mat'l.	Thickness	Reinforcement Method	Location
Inlet / Outlet	1	2 in.	Pipe	Remains	SA312	0.154	SA240 304	Shell
Relief Valve & Drain	2	3/4 in.	SWFC	Remains	SA182	3000#	None	Shell & Hd
Abx. & Instr.	2	1 in.	SWFC	Remains	SA182	3000#	None	Shell & Hd

11. Supports: Skirt Yes Lugs 2 Legs None Other None Attached Welded to heads
(Yes or no) (Quantity) (Quantity) (Quantity) (Location & notes)

12. Remarks: All Nozzles Are Made of Stainless Steel Grade 304
2" noz. per NC-4244(b)-1-(a). All others per NC-244(c)-1-(b-2)

CERTIFICATION OF DESIGN
Design specifications certified by Richard H. Benoit P.E. State NC Reg. no. 9781
Design report certified by Phil Teperov P.E. State NY Reg. no. 05930

CERTIFICATE OF SHOP COMPLIANCE
We certify that the statements made in this report are correct and that this nuclear vessel conforms to the rules for construction of the ASME Code, Section III, Division 1.
N Certificate of Authorization No. N-2936 Expires December 9, 1999
Date 5/19/98 Name Amer Industrial Technologies Signed [Signature]

CERTIFICATE OF SHOP INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Delaware and employed by Commercial Union Insurance Company of Boston, MA have inspected the component described in this Data Report 5/19/98 and state that to the best of my knowledge and belief, the Certificate Holder has constructed this component in accordance with the ASME Code, Section III, Division 1.
By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the component design in this Data Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or loss of any kind arising from or connected with this inspection.
Date 5/19/98 Signed [Signature] Commission NE 6105B, N DE812

*Supplementary information in form of P&ID, sketches, or drawings may be used provided (1) such is 2 1/2" x 11", (2) information in figure 1 through 4 on this Data Report is included on each sheet, (3) each sheet is numbered and numbered in sequence on top of this form.
This form (E00028) may be obtained from the Order Dept., ASME, 22 Law Drive, Box 291, Fairfield, NJ 07007-291

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 6/24/98
 Sheet 1 of 1

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

2a. Unit: 1 2 3 Shared (specify units) _____

3. Work Performed By: Duke Power Company
 Address: 526 S. Church Street, Charlotte, NC 28201-1006
 Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3a. Work Order # 98023729
Repair Organization Job #

3b. NSM or MM # NSM-12505

4. (a) Identification of System: GN (Nitrogen) 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, Code Cases N-416-1

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1GNTK0001	Energy & Process Cor	N811-5	380	N/A	1998	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS -2 (Back)

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

7. Description of work : Added tank, bolting material (threaded studs and nuts)

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

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

9. Remarks :

(Applicable Manufacturer's Data Records 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 Hal K. Sherrill (Tech Spec II) *Hal K. Sherrill* Date 6/24 19 98
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence 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 5-7-98 to 7-9-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the 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.

Randy Klein ANII *Randy Klein* Commissions NB7728, NC853, N-I
 Inspector's Signature National Board, State, Providence and Endorsements
 Date 7-9, 19 98

FORM N-1A CERTIFICATE HOLDERS' DATA REPORT FOR NUCLEAR VESSELS*

Alternate Form for Single Chamber Completely Shop-Fabricated Vessels Only

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

Pg. 1 of 1

1. Manufactured and certified by Amer Ind. Tech. Inc. 1000 S. Madison St. Wilm, DE 19801

2. Manufactured for Energy & Process Corp., 2146-B, Flintstone Dr., Tucker Ga 30084

3. Location of installation McGuire Nuclear Station, Unit

4. Type: Vertical Horizontal N811-5 NA N811 Rev. 1 380 1998

5. ASME Code, Section III, Division 1: 1989 None None

6. Shell: SA240 304 18550 9/16 0.428 in. 34 7/8 in. 83 in.

7. Seams: Sngl Butt None Full 100 Single Art None Full 1

8. Heads: SA240 304 18550 SA240 304 18550

LOCATION	Thickness	Crown Radius	Knockout Radius	Technical Type	Center Axis Angle	Noncircular Radius	Flg Diameter	Set to Pressure (flanged or concave)
(a) Top	9/16	32 in.	6 in.	2:1	-	-	-	Concave
(b) Bottom	9/16	32 in.	6 in.	2:1	-	-	-	Concave

Other fastening: None

9. Design Pressure: 450 at max. temp. 120 Min. pressure-test temp. -5 Hydro. pres. or comp. test pressure 563

10. Nozzles, inspection and safety valve openings:

Location (top, bottom, etc.)	Quantity	Size or Dia.	Type	How Attached	Mat'l.	Thickness	Reinforcement Material	Location
Inlet / Outlet	1	2 in.	Pipe	Remarks	SA312	0.154	SA240 304	Shell
Relief Valve & Drain	2	3/4 in.	SWFC	Remarks	SA182	3000#	None	Shell & Head
Acc. & Instr.	2	1 in.	SWFC	Remarks	SA182	3000#	None	Shell & Head

11. Supports: Skirt Yes Legs 2 Legs None Other None Attached Welded to heads

12. Remarks: All Nozzles Are Made of Stainless Steel Grade 304
2" no. per NC-424(b)-1-(a). All others per NC424(c)-1-(b-2)

CERTIFICATION OF DESIGN

Design specifications certified by Richard H. Benoit P.E. State NC Reg. no. 9781
Design report certified by Phil Teperov P.E. State NY Reg. no. 05930

CERTIFICATE OF SHOP COMPLIANCE

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

N Certificate of Authorization No. N-2936 Expires December 9, 1999
Date 5/19/98 Name Amer Industrial Technologies

CERTIFICATE OF SHOP INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State of Delaware and employed by Commercial Union Insurance Company of Boston, MA have inspected the component described in this Data Report

and state that to the best of my knowledge and belief, the Certificate Holder has constructed this component in accordance with the ASME Code, Section III, Division 1.

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

Date 5/19/98 Signed [Signature] Commission NB 6105B, N 02812

*Supplemental data shown in form of tags, sketches, or drawings may be used provided (1) such is 8 1/2 x 11, (2) is referenced in items 1 through 4 on this Data Report and included on each sheet, (3) each sheet is numbered and number of sheets is recorded on tag of this form.
This form (E00038) may be obtained from the Order Dept., ASME, 22 Law Office, Box 2300, Fairfield, NJ 07007-2300 (12/88)

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 6/24/98

Sheet 1 of 1

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

2a. Unit: 1 2 3 Shared (specify units) _____

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

3a. Work Order # 98023732
Repair Organization Job #

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

3b. NSM or MM # NSM-12505

4. (a) Identification of System: GN (Nitrogen) 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, _____ Code Cases N-416-1

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1GNTK0003	Energy & Process Cor	N811-3	378	N/A	1998	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS -2 (Back)

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

7. Description of work : Added tank, bolting material (threaded studs and nuts).

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

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

9. Remarks :

(Applicable Manufacturer's Data Records 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 Hal K. Sherrill (Tech Spec II) *Hal K. Sherrill* Date 6/24 19 98
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State of Providence 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 5-1-98 to 7-9-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the 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.

Randy Klein ANII *Randy Klein* Commissions NB 7728, NC 853, N-I
 Inspector's Signature National Board, State, Providence and Endorsements
 Date 7-9, 19 98

FORM N-1A CERTIFICATE HOLDERS' DATA REPORT FOR NUCLEAR VESSELS*

Alternate Form for Single Chamber Completely Shop-Fabricated Vessels Only

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

1. Manufactured and certified by Amer Ind. Tech. Inc. 1000 S. Madison St. Wilm, DE 19801

2. Manufactured for Energy & Process Corp., 2146-B, Flintstone Dr., Tucker Ga 30084

3. Location of installation McGuire Nuclear Station, Unit

Type: Vertical / Horizontal N811-3 NA N811 Rev. 1 378 1998

5. ASME Code, Section III, Division 1: 1989 None None 2

6. Shell: SA240 304 18550 9/16 0.428 in. 34 7/8 in. 83 in.

7. Seams: Sngl Butt None Full 100 Single Part None Full 1

8. Heads: SA240 304 18550 SA240 304 18550

Table with columns: LOCATION, Thickness, Crown Radius, Knuckle Radius, Stretcher Ratio, Crown Angle, Headed/Unheaded, Dia. of Head, Size of Pressure. Rows for Top and Bottom heads.

9. Design Pressure: 450 at max. temp. 120 Min. pressure-test temp. -5 Hydro. pneu. or comb. test pressure 563

Table for Nozzles, Insulation and safety valve openings. Columns: Piping class, Quantity, Dia. or Size, Type, How Attached, Mat'l., Thickness, Reinforcement Material, Location.

11. Supports: Sirt Yes Legs 2 Legs None Over None Attached Welded to heads

12. Remarks: All Nozzles Are Made of Stainless Steel Grade 304 2" noz. R/C NO-424(b)-1-(a). All others per NO-424(c)-1-(b-2)

CERTIFICATION OF DESIGN Design specifications certified by Richard H. Benoit P.E. State NC Reg. no. 9781 Design report certified by Phil Teperov P.E. State NY Reg. no. 05930

CERTIFICATE OF SHOP COMPLIANCE We certify that the statements made in this report are correct and that this nuclear vessel conforms to the rules for construction of the ASME Code, Section III, Division 1. N Certificate of Authorization No. N-2936 Expiry Date December 9, 1999 Date 5/19/98 Name Amer Industrial Technologies

CERTIFICATE OF SHOP INSPECTION I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State of Province Delaware and employed by Commercial Union Insurance Company at Boston, MA have inspected the component described in this Data Report 5/19/98 and state that to the best of my knowledge and belief, the Certificate Holder has constructed this component in accordance with the ASME Code, Section III, Division 1. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the component described in this Data Report. Date 5/19/98 Signed [Signature] Commissions NB 6105B, N DE812

*Supplemental information in form of notes, sketches, or drawings may be made provided (1) this is done in accordance with the Code and (2) information in items 1 through 4 on this Code Form is included on each sheet. (3) each sheet is numbered and number of sheets is numbered at top of first sheet. This form (E00038) may be obtained from the Order Dept., ASME, 22 Law Drive, Box 1300, Fairfield, NJ 07007-2211

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 6/24/98
 Sheet 1 of 1

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

2a. Unit: 1 2 3 Shared (specify units) _____

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

3a. Work Order # 98023737
Repair Organization Job #

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

3b. NSM or MM # NSM-12505

4. (a) Identification of System: GN (Nitrogen) 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, Code Cases N-416-1

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1GNTK0002	Energy & Process Cor	N811-2	377	N/A	1998	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS -2 (Back)

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

7. Description of work : Added tank, bolting material (threaded studs and nuts).

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

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

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed Hal K. Sherrill (Tech Spec II) *Hal K. Sherrill* Date 6/24 19 98
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence 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 5-7-98 to 7-9-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the 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.

Randy Klein ANII *Randy Klein* Commissions ND-728, NC853, N-I
Inspector's Signature National Board, State, Providence and Endorsements

Date 7-9, 1998

FORM N-1A CERTIFICATE HOLDERS' DATA REPORT FOR NUCLEAR VESSELS*

Alternate Form for Single Chamber Completely Shop-Fabricated Vessels Only

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

Pg. 1 of 1

1. Manufactured and certified by Amer Ind. Tech. Inc. 1000 S. Madison St. Wilm, DE 19801
(Name and address of Certificate Holder)

2. Manufactured for Energy & Process Corp., 2146-B, Flintstone Dr., Tucker Ga 30084
(Name and address of Purchaser)

3. Location of installation McGuire Nuclear Station, Unit
(Name and address)

4. Type: Horizontal N811-2 NA N811 Rev. 1 377 1998
(Type, or variation) (Cert. Holder's serial no.) (CFR) (Drawing no.) (Part I, Sec. no.) (Year built)

5. ASME Code, Section III, Division 1: 1989 None None 2
(Edition) (Loadings detail) (Code Case no.) (Release)

6. Shell: SA240 304 18550 9/16 0.428 in. 34 7/8 in. 83 in.
(Mat'l. spec. no.) (Yield strength) (Nom. thickness in in.) (Min. design thickness) (Max. ID in. & in. ft.) (Height between in. & in. ft.)

7. Seams: Sngl Butt None Full 100 Single Butt None Full 1
(Type) (INT) (HT) (HT) (Type) (INT) (HT) (no. of courses)

8. Heads: SA240 304 18550 SA240 304 18550
(Mat'l. spec. no.) (Yield strength) (Mat'l. spec. no.) (Yield strength)

Location (top, bottom, etc.)	Thickness	Crown Radius	Knuckle Radius	Surface Ring	Cylindrical Area Angle	Hemispherical Radius	Flange Diameter	Shell to Pressure (same or concave)
(a) Top	9/16	32 in.	6 in.	2:1	-	-	-	Concave
(b) Bottom	9/16	32 in.	6 in.	2:1	-	-	-	Concave

if removable, bolts used None Other fastening None
(Part I, Sec. no., T.S., see equipment) (Section III, Div. 1, Part I)

9. Design Pressure 450 as max. temp. 120 Min. pressure-test temp. -5 Hydro., pneu., or comb. test pressure 563
(psi) (psi) (psi) (psi)

10. Nozzles, inspection and safety valve openings:

Purpose (Inlet, outlet, drain, etc.)	Quantity	Dia. or Size	Type	How Attached	Mat'l.	Thickness	Reinforcement Material	Location
Inlet / Outlet	1	2 in.	Pipe	Remarks	SA312	0.154	SA240 304	Shell
Relief Valve & Drain	2	3/4 in.	SWFC	Remarks	SA182	3000#	None	Shell & Head
Aux. & Instr.	2	1 in.	SWFC	Remarks	SA182	3000#	None	Shell & Head

11. Supports: Skirt Yes Lugs 2 Legs None Other None Attached Welded to heads
(Type) (Quantity) (Quantity) (Quantity) (Location)

12. Remarks: All nozzles are made of stainless steel grade 304
2" noz. per NC-244(b)-1-(a). All others per NC244(c)-1-(b-2)
(If Section III, Part I, Div. 1, Subpart (b) is used, use actual internal or external pressure with concurrent temperature when applicable.)

CERTIFICATION OF DESIGN

Design specifications certified by Richard H. Benoit P.E. State NC Reg. no. 9781
Design report certified by Phil Teperov P.E. State NY Reg. no. 05930

CERTIFICATE OF SHOP COMPLIANCE

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

N Certificate of Authorization No. N-2936 Expires December 9, 1999
Date 5/19/98 Name Amer Industrial Technologies Signed M. J. [Signature]
(In Certificate Holder) (Authorized Representative)

CERTIFICATE OF SHOP INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Delaware and employed by Commercial Union Insurance Company of Boston, MA have inspected the component described in this Data Report of 5/19/98 and state that to the best of my knowledge and belief, the Certificate Holder has constructed this component in accordance with the ASME Code, Section III, Division 1.

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

Date 5/19/98 Signed [Signature] Commissions NB 6105B, N DEAL2
(Authorized Inspector) (Part I, Sec. III, Div. 1, Subpart (b) is used, use actual internal or external pressure with concurrent temperature when applicable.)

*Supplemental information in form of files, sketches, or drawings may be used provided (1) they are 8 1/2 x 11, (2) information in items 1 through 4 on the Data Report is included on each sheet, (3) each sheet is numbered and number of sheets is recorded at top of this form.
This form (E0003B) may be obtained from the Order Dept., ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300 (11/86)

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

As Required By The Provisions Of The ASME Code Section XI

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

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

1a. Date 06/29/98
 Sheet 1 of 1

2a. Unit: 1 2 3 Shared (specify units) _____

3. Work Performed By: Duke Power Company
 Address: 526 S. Church Street, Charlotte, NC 28201-1006
 Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3a. Work Order # 98057646
Repair Organization Job #

3b. NSM or MM # MM-10378

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1-MCR-KC-0876	DUKE POWER	N/A	N/A	N/A	N/A	<input checked="" type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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 : TRIMMED CORNER OF ITEM# 1 PER MM-10378

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

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

9. Remarks :

(Applicable Manufacturer's Data Records 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.R. Sorrow Exec. Supp. F.R. Sorrow Date 06/29 19 98
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State 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 6-22-98 to 6-24-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the 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. D. Klein R. D. Klein Commissions NB7728, NC853, N-I
 Inspector's Signature National Board, State, Providence and Endorsements
 Date 6-29, 1998

11.0 Pressure Testing

There are three refueling outages scheduled for the second period of the second inspection interval for Duke Energy's McGuire Nuclear Station Unit 1. This section describes Pressure Tests performed for the second period through the 1998 refueling outage (also referred to as EOC-12).

<i>Examination Category</i>	<i>Test Requirement</i>	<i>Total Examinations Required For This Period</i>	<i>Total Examinations Credited For This Period</i>	<i>(%) Examinations Complete For This Period</i>
B-E	System Hydrostatic Test (IWB-5222)	0	0	0%
B-P	System Leakage Test (IWB-5221)	3	3	100%
B-P	System Hydrostatic Test (IWB-5222)	0	0	0%
C-H	System Inservice/Functional Test (IWC-5221)	47	47	100%
C-H	System Hydrostatic Test (IWC-5222)	0	0	0%

A detailed description of each Examination Category examined during EOC-12 is located in subsection 11.1 of this report. Results of each Examination Category examined during EOC-12 are located in subsection 11.2 of this report. A detailed description of each Examination Category examined during the second inspection period is located in subsection 11.3 of this report. Results of each Examination Category examined during the second inspection period are located in subsection 11.4 of this report.

11.1 Required Examinations This Outage:

A listing of each VT-2 Visual Examination required for EOC-12 is included in this section.

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

Item No.	=	ASME Section XI Tables IWB-2500-1 (Class 1), IWC-2500-1 (Class 2), and IWD-2500-1 (Class 3)
Flow Drawing	=	Detail Drawing of Inspection Boundary
Required Test	=	Type of Pressure Test
System Name	=	Name of Pressure Retaining Component System
Required Inspection	=	Type of Visual Examination Required
Required Procedure	=	Required Inspection Procedure
Comments	=	General and/or Detail Description

Duke Energy Corporation - McGuire Unit 1
Pressure Testing Item Number Listing

Outage 12

<u>Item Number</u>	<u>Flow Drawing</u>	<u>Required Test</u>	<u>System Name</u>	<u>Required Inspection</u>	<u>Required Procedure</u>	<u>Comments</u>
B15.050.001	SEE COMMENTS	LEAK	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

**Duke Energy Corporation - McGuire Unit 1
Pressure Testing Item Number Listing**

Outage 12

<u>Item Number</u>	<u>Flow Drawing</u>	<u>Required Test</u>	<u>System Name</u>	<u>Required Inspection</u>	<u>Required Procedure</u>	<u>Comments</u>
C07.030.008	MC-1562-3.1	INS/FUN	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, #19A, #22, #50, #39
C07.030.013	MC-1553-4.0	INSERT	NO SYSTEM	VT-2	QAL-15	Class B penetrations M-326 and M-361 (reference PIP# 1-M94-1348 and Request For Relief # 94-GO-002 for 1st period penetration testing).
C07.030.017	MC-1554-1.3	FUNCT	NV SYSTEM	VT-2	QAL-15	Class B penetration M-342 - Station Pkg.#17
C07.030.018	MC-1556-3.0	INSERT	NB SYSTEM	VT-2	QAL-15	Class B penetration M-259
C07.030.019	MC-1558-4.0	INS/FUN	NF SYSTEM	VT-2	QAL-15	Ref. Req. for Rel.#94-MN-006 for pen. M-372 & M-373; Ref. Req. for Rel.#94-GO-002 & PIP#1-M94-1348 for 1st per. testing of pen. M-383, M-394 and M-395.
C07.030.022	MC-1565-1.0	INSERT	WL SYSTEM	VT-2	QAL-15	Reference Req. for Rel.#94-GO-002 and PIP#1-M94-1348 for 1st period testing of penetration M-349 but not penetration M-374.
C07.030.024	MC-1565-7.0	INSERT	WL SYSTEM	VT-2	QAL-15	Class B penetration M-221
C07.030.029	MCFD-1573-04.00	INSERT	KC SYSTEM	VT-2	QAL-15	Class B penetration M-322
C07.030.038	MC-1599-2.2	INSERT	RF SYSTEM	VT-2	QAL-15	Class B penetration M-353
C07.030.039	MC-1601-2.4	INSERT	YM SYSTEM	VT-2	QAL-15	Class B penetration M-337
C07.030.041	MC-1605-1.2	INSERT	VI SYSTEM	VT-2	QAL-15	Class B penetrations M-317 and M-386
C07.030.042	MC-1605-1.3	INSERT	VI SYSTEM	VT-2	QAL-15	Class B penetrations M-220 and M-359
C07.030.043	MC-1605-1.14	INSERT	VI SYSTEM	VT-2	QAL-15	Class B penetrations for instrument air system

Duke Energy Corporation - McGuire Unit 1
Pressure Testing Item Number Listing

Outage 12

<u>Item Number</u>	<u>Flow Drawing</u>	<u>Required Test</u>	<u>System Name</u>	<u>Required Inspection</u>	<u>Required Procedure</u>	<u>Comments</u>
C07.030.044	MC-1605-1.17	INSERT	VI SYSTEM	VT-2	QAL-15	(no penetration number)
C07.030.045	MC-1605-3.1	INSERT	VB SYSTEM	VT-2	QAL-15	Class B penetration M-215
C07.030.046	MC-1617-1.0	INSERT	YA SYSTEM	VT-2	QAL-15	Station Pkg.#32, #43
C07.030.047	MC-1605-2.2	INSERT	VS SYSTEM	VT-2	QAL-15	Class B penetration M-215

Duke Energy Corporation - McGuire Unit 1
Pressure Testing Item Number Listing

Outage 12

<u>Item Number</u>	<u>Flow Drawing</u>	<u>Required Test</u>	<u>System Name</u>	<u>Required Inspection</u>	<u>Required Procedure</u>	<u>Comments</u>
D02.011.011	MCFD-1592-01.00	FUNCT	CA SYSTEM	VT-2	QAL-15	Station Test Zone #54, #55, #56, #57, #58, #59

11.2 Examination Results For This Outage:

The results of each VT-2 Visual Examination required for EOC-12 are included in this section.

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

Item Number	=	ASME Section XI Tables IWB-2500-1 (Class 1), IWC-2500-1 (Class 2), and IWD-2500-1 (Class 3)
Flow Diagramming	=	Detail Drawing of Inspection Boundary
Required Test	=	Type of Pressure Test
Test Status	=	Complete, Partial, Not Tested, or Not Required
Test Result	=	Clear (No Evidence Of Leakage), Recordable (Evidence Of Leakage - Not Through Wall such as packing leak), Reportable (Evidence Of Through Wall Leakage).
VT-2 Date	=	VT-2 Examination Date
Comments	=	General and/or Detail Description

**Duke Energy Corporation - McGuire Unit 1
Pressure Testing VT-2 Results For Outage 12**

<u>Item Number</u>	<u>Flow Drawing</u>	<u>Required Test</u>	<u>Test Status</u>	<u>Test Result</u>	<u>VT-2 Date</u>	<u>Comments</u>
B15.050.001	SEE COMMENTS	LEAK	COMPLETE	CLEAR	06/30/98	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

**Duke Energy Corporation - McGuire Unit 1
Pressure Testing VT-2 Results For Outage 12**

<u>Item Number</u>	<u>Flow Drawing</u>	<u>Required Test</u>	<u>Test Status</u>	<u>Test Result</u>	<u>VT-2 Date</u>	<u>Comments</u>
C07.030.008	MC-1562-3.1	INS/FUN	COMPLETE	CLEAR	06/03/98	Class B penetration M-278, M-302, M-306, M-336 and M-352 - 2nd Period Station Pkg. Nos: #19, #19A, #22, #50, #39
C07.030.013	MC-1553-4.0	INSER	COMPLETE	CLEAR	06/02/98	Class B penetrations M-326 and M-361 (reference PIP# 1-M94-1348 and Request For Relief # 94-GO-002 for 1st period penetration testing).
C07.030.017	MC-1554-1.3	FUNCT	COMPLETE	CLEAR	06/11/98	Class B penetration M-342 - Station Pkg.#17
C07.030.018	MC-1556-3.0	INSER	COMPLETE	CLEAR	06/14/98	Class B penetration M-259
C07.030.019	MC-1558-4.0	INS/FUN	COMPLETE	CLEAR	06/23/98	Ref. Req. for Rel.#94-MN-006 for pen. M-372 & M-373; Ref. Req. for Rel.#94-GO-002 & PIP#1-M94-1348 for 1st per. testing of pen. M-383, M-394 and M-395.
C07.030.022	MC-1565-1.0	INSER	COMPLETE	CLEAR	06/10/98	Reference Req. for Rel.#94-GO-002 and PIP#1-M94-1348 for 1st period testing of penetration M-348 but not penetration M-374.
C07.030.024	MC-1565-7.0	INSER	COMPLETE	CLEAR	06/25/98	Class B penetration M-221
C07.030.029	MCFD-1573-04.00	INSER	COMPLETE	CLEAR	06/09/98	Class B penetration M-322
C07.030.038	MC-1599-2.2	INSER	COMPLETE	CLEAR	06/12/98	Class B penetration M-353
C07.030.039	MC-1601-2.4	INSER	COMPLETE	CLEAR	06/05/98	Class B penetration M-337
C07.030.041	MC-1605-1.2	INSER	COMPLETE	CLEAR	06/25/98	Class B penetrations M-317 and M-386
C07.030.042	MC-1605-1.3	INSER	COMPLETE	CLEAR	06/03/98	Class B penetrations M-220 and M-359
C07.030.043	MC-1605-1.14	INSER	COMPLETE	CLEAR	06/25/98	Class B penetrations for instrument air

Duke Energy Corporation - McGuire Unit 1
Pressure Testing VT-2 Results For Outage 12

<u>Item Number</u>	<u>Flow Drawing</u>	<u>Required Test</u>	<u>Test Status</u>	<u>Test Result</u>	<u>VT-2 Date</u>	<u>Comments</u>
C07.030.044	MC-1605-1.17	INSERT	COMPLETE	CLEAR	06/03/98	system (no penetration number)
C07.030.045	MC-1605-3.1	INSERT	COMPLETE	CLEAR	06/01/98	Class B penetration M-215
C07.030.046	MC-1617-1.0	INSERT	COMPLETE	CLEAR	06/27/98	Station Pkg.#32, #43
C07.030.047	MC-1605-2.2	INSERT	COMPLETE	CLEAR	06/10/98	Class B penetration M-219

Duke Energy Corporation - McGuire Unit 1
Pressure Testing VT-2 Results For Outage 12

<u>Item Number</u>	<u>Flow Drawing</u>	<u>Required Test</u>	<u>Test Status</u>	<u>Test Result</u>	<u>VT-2 Date</u>	<u>Comments</u>
D02.011.011	MCFD-1592-01.00	FUNCT	COMPLETE	CLEAR	09/04/97	Station Test Zone #54, #55, #56, #57, #58, #59

11.3 Required Examinations For Second Inspection Period:

A listing of each VT-2 Visual Examination required for the Second Inspection Period is included in this section.

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

Item No.	=	ASME Section XI Tables IWB-2500-1 (Class 1), IWC-2500-1 (Class 2), and IWD-2500-1 (Class 3)
Flow Drawing	=	Detail Drawing of Inspection Boundary
Required Test	=	Type of Pressure Test
System Name	=	Name of Pressure Retaining Component System
Required Inspection	=	Type of Visual Examination Required
Required Procedure	=	Required Inspection Procedure
Comments	=	General and/or Detail Description

Duke Energy Corporation - McGuire Unit 1
Listing Of All Pressure Tests For Period = 2nd

Item Number	Flow Drawing	Required Test	System Name	Required Inspection	Required Procedure	Comments
B15.050.001	SEE COMMENTS	LEAK	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
C07.030.001	MC-1554-2.0	INSERT	NV SYSTEM	VT-2	QAL-15	Station Pkg. Nos: #16
C07.030.002	MC-1554-3.0	INSERT	NV SYSTEM	VT-2	QAL-15	Test Pkgs: #16, #27, #49
C07.030.003	MC-1554-3.1	INSERT	NV SYSTEM	VT-2	QAL-15	Test Pkg Nos: #16, #27, #51
C07.030.004	MC-1554-5.0	INSERT	NV SYSTEM	VT-2	QAL-15	Station Pkg. #16
C07.030.005	MCFD-1561-01.00	INS/FUN	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, #19A, #19A-1, #50
C07.030.006	MC-1562-1.0	INSERT	NI SYSTEM	VT-2	QAL-15	Station Pkg. #16
C07.030.007	MC-1562-3.0	INS/FUN	NI SYSTEM	VT-2	QAL-15	Class B penetration M-277, M-316 and M-319 - 2nd Period Station Pkg. Nos: #16, #19A, #22, #27, #53, #69.
C07.030.008	MC-1562-3.1	INS/FUN	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, #19A, #22, #50, #39
C07.030.009	MC-1563-1.0	INS/FUN	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, #19A, #23, #24, #27, #50
C07.030.010	MCFD-1571-01.00	INSERT	FW SYSTEM	VT-2	QAL-15	Class B penetrations M-358 and M-377 Station Pkg. Nos: #19, #26, #27
C07.030.011	MC-1572-1.0	INSERT	NM SYSTEM	VT-2	QAL-15	Class B penetrations M-235 and M-309 - Station Pkg.#19, #19A, #41

Duke Energy Corporation - McGuire Unit 1
Listing Of All Pressure Tests For Period = 2nd

Item Number	Flow Drawing	Required Test	System Name	Required Inspection	Required Procedure	Comments
C07.030.012	MC-1553-2.1	INSERT	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 Pkg.#44
C07.030.013	MC-1553-4.0	INSERT	NC SYSTEM	VT-2	QAL-15	Class B penetrations M-326 and M-361 (reference PIP# 1-M94-1348 and Request For Relief # 94-GO-002 for 1st period penetration testing).
C07.030.014	MC-1554-1.0	INSERT	NV SYSTEM	VT-2	QAL-15	Class B penetrations M-339 and M-350 Station Pkg. Nos: #16, #17
C07.030.015	MC-1554-1.1	INSERT	NV SYSTEM	VT-2	QAL-15	Class B penetrations M-256, M-343 and M-344 - Station Pkg. Nos: #16, #17, #63
C07.030.016	MC-1554-1.2	INS/FUN	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	MC-1554-1.3	FUNCT	NV SYSTEM	VT-2	QAL-15	Class B penetration M-342 - Station Pkg.#17
C07.030.018	MC-1556-3.0	INSERT	NB SYSTEM	VT-2	QAL-15	Class B penetration M-259
C07.030.019	MC-1558-4.0	INS/FUN	NF SYSTEM	VT-2	QAL-15	Ref. Req. for Rel.#94-MN-006 for pen. M-372 & M-373; Ref. Req. for Rel.#94-GO-002 & PIP#1-M94-1348 for 1st per. testing of pen. M-383, M-394 and M-395.
C07.030.020	MC-1562-2.0	INSERT	NI SYSTEM	VT-2	QAL-15	Class B penetration M-330. Test Pkg. #21
C07.030.021	MC-1562-2.1	INS/FUN	NI SYSTEM	VT-2	QAL-15	Class B penetration M-321. Test Pkg.#21, #60.
C07.030.022	MC-1565-1.0	INSERT	WL SYSTEM	VT-2	QAL-15	Reference Req. for Rel.#94-GO-002 and PIP#1-M94-1348 for 1st period testing of penetration M-348 but not penetration M-374.
C07.030.023	MC-1565-1.1	INSERT	WL SYSTEM	VT-2	QAL-15	Class B penetration M-360 and M-375 - Station Pkg.#5

Duke Energy Corporation - McGuire Unit 1
Listing Of All Pressure Tests For Period = 2nd

Item Number	Flow Drawing	Required Test	System Name	Required Inspection	Required Procedure	Comments
C07.030.024	MC-1565-7.0	INSERT	WL SYSTEM	VT-2	QAL-15	Class B penetration M-221
C07.030.025	MC-1568-1.0	INSERT	WE SYSTEM	VT-2	QAL-15	Reference Req. for Rel.#94-GO-002 and PIP#1-M94-1348 for penetration M-356.
C07.030.026	MC-1572-1.1	INSERT	NM SYSTEM	VT-2	QAL-15	Class B penetration M-280. Test Pkg. #21.
C07.030.027	MC-1572-3.0	INSERT	NM SYSTEM	VT-2	QAL-15	Class B penetrations M-335, M-338, M-340 and M-341 - Station Pkg.#6
C07.030.028	MCFD-1573-03.01	INSERT	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
C07.030.029	MCFD-1573-04.00	INSERT	KC SYSTEM	VT-2	QAL-15	Class B penetration M-322
C07.030.030	MC-1574-4.0	FUNCT	RN SYSTEM	VT-2	QAL-15	Class B penetration M-307 and M-315 - Station Pkg.#4
C07.030.031	MCFD-1580-01.00	INSERT	BB SYSTEM	VT-2	QAL-15	Class B penetration M-300, M-301, M-303 and M-304 - Station Pkg.#6
C07.030.032	MC-1584-1.0	INSERT	BW SYSTEM	VT-2	QAL-15	Station Pkg.#32
C07.030.033	MCFD-1591-01.01	INSERT	CF SYSTEM	VT-2	QAL-15	Class B penetrations M-153, M-262, M-308 and M-440 - Station Pkg.#6, #32
C07.030.034	MCFD-1592-01.00	INSERT	CA SYSTEM	VT-2	QAL-15	Class B penetrations M-156, M-286, M-465 and M-3100 - Station Pkg.#6, #32
C07.030.035	MCFD-1593-01.00	INSERT	SM / SV SYSTEM	VT-2	QAL-15	Class B penetrations M-154 and M-261 - Station Pkg.#6
C07.030.036	MCFD-1593-01.02	INSERT	SA / TE SYSTEM	VT-2	QAL-15	Station Test Zone #35
C07.030.037	MCFD-1593-01.03	INSERT	SM / SV SYSTEM	VT-2	QAL-15	Class B penetrations M-393 and M-441 - Station Pkg.#6
C07.030.038	MC-1599-2.2	INSERT	RF SYSTEM	VT-2	QAL-15	Class B penetration M-353

Duke Energy Corporation - McGuire Unit 1
Listing Of All Pressure Tests For Period = 2nd

Item Number	Flow Drawing	Required Test	System Name	Required Inspection	Required Procedure	Comments
C07.030.039	MC-1601-2.4	INSERT	YM SYSTEM	VT-2	QAL-15	Class B penetration M-337
C07.030.040	MC-1604-3.0	INSERT	RV SYSTEM	VT-2	QAL-15	Class B penetrations M-240, M-279, M-385 and M-390 - Station Pkg.#2
C07.030.041	MC-1605-1.2	INSERT	VI SYSTEM	VT-2	QAL-15	Class B penetrations M-317 and M-386
C07.030.042	MC-1605-1.3	INSERT	VI SYSTEM	VT-2	QAL-15	Class B penetrations M-220 and M-359
C07.030.043	MC-1605-1.14	INSERT	VI SYSTEM	VT-2	QAL-15	Class B penetrations for instrument air system (no penetration number)
C07.030.044	MC-1605-1.17	INSERT	VI SYSTEM	VT-2	QAL-15	
C07.030.045	MC-1605-3.1	INSERT	VB SYSTEM	VT-2	QAL-15	Class B penetration M-215
C07.030.046	MC-1617-1.0	INSERT	YA SYSTEM	VT-2	QAL-15	Station Pkg.#32, #43
C07.030.047	MC-1605-2.2	INSERT	VS SYSTEM	VT-2	QAL-15	Class B penetration M-219
D01.011.002	MC-1554-2.0	INSERT	NV SYSTEM	VT-2	QAL-15	Station Pkg. No: #16
D01.011.003	MC-1554-3.1	INSERT	NV SYSTEM	VT-2	QAL-15	Station Pkg. Nos: #16
D01.011.004	MC-1554-5.0	INSERT	NV SYSTEM	VT-2	QAL-15	Station Pkg. #16
D02.011.001	MCFD-1573-01.00	FUNCT	KC SYSTEM	VT-2	QAL-15	Station Pkg. Nos: #28, #29
D02.011.002	MCFD-1573-01.01	FUNCT	KC SYSTEM	VT-2	QAL-15	Station Pkg. Nos: #28, #29, #30, #31
D02.011.004	MC-1574-1.0	FUNCT	RN SYSTEM	VT-2	QAL-15	Station Pkg.#30, #31
D02.011.005	MC-1574-1.1	FUNCT	RN SYSTEM	VT-2	QAL-15	
D02.011.006	MC-1574-2.0	FUNCT	RN SYSTEM	VT-2	QAL-15	Station Pkg.#30
D02.011.007	MC-1574-2.1	FUNCT	RN SYSTEM	VT-2	QAL-15	

Duke Energy Corporation - McGuire Unit 1
Listing Of All Pressure Tests For Period = 2nd

Item Number	Flow Drawing	Required Test	System Name	Required Inspection	Required Procedure	Comments
D02.011.008	MCFD-1574-03.00	FUNCT	RN SYSTEM	VT-2	QAL-15	Station Pkg.#31, #38B
D02.011.009	MCFD-1574-03.01	FUNCT	RN SYSTEM	VT-2	QAL-15	STN. PKG.#61, #31
D02.011.010	MC-1574-4.0	FUNCT	RN SYSTEM	VT-2	QAL-15	Station Pkg.#30
D02.011.011	MCFD-1592-01.00	FUNCT	CA SYSTEM	VT-2	QAL-15	Station Test Zone #54, #55, #56, #57, #58, #59
D02.011.012	MCFD-1592-01.01	FUNCT	CA SYSTEM	VT-2	QAL-15	2nd Period Station Pkg. Nos: #30, #33, #34, #38A, #38B, #54, #55, #56 #62
D02.011.013	MCFD-1593-01.02	FUNCT	SA/TE SYSTEM	VT-2	QAL-15	Station Test Zone #35
D02.011.014	MC-1604-3.0	FUNCT	RV SYSTEM	VT-2	QAL-15	Station Pkg.#30
D02.011.015	MCFD-1609-01.00	FUNCT	KD SYSTEM	VT-2	QAL-15	2nd Period Station Pkg. Nos: #15, #30
D02.011.016	MCFD-1609-01.01	FUNCT	KD SYSTEM	VT-2	QAL-15	2nd Period Test Pkgs: #14, #31
D02.011.017	MCFD-1609-02.00	FUNCT	LD SYSTEM	VT-2	QAL-15	2nd Period Station Pkg. Nos: #9, #11
D02.011.018	MCFD-1609-02.01	FUNCT	LD SYSTEM	VT-2	QAL-15	2nd Period Test Pkgs: #1, #10
D02.011.019	MCFD-1609-03.00	FUNCT	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	MCFD-1609-03.01	FUNCT	FD SYSTEM	VT-2	QAL-15	This test is required for periods 1, 2 and 3 - Stm. Pkg.# 8
D02.011.021	MCFD-1609-04.00	FUNCT	VG SYSTEM	VT-2	QAL-15	2nd Period Station Pkg. Nos: #12, #13
D02.011.022	MC-2574-1.1	FUNCT	RN SYSTEM	VT-2	QAL-15	Station Pkg.#30, #31
D02.011.023	MC-2574-3.0	FUNCT	RN SYSTEM	VT-2	QAL-15	Station Pkg.#31
D02.011.024	MC-2574-4.0	FUNCT	RN SYSTEM	VT-2	QAL-15	
D02.011.025	MC-2604-3.0	FUNCT	RV SYSTEM	VT-2	QAL-15	

Duke Energy Corporation - McGuire Unit 1
Listing Of All Pressure Tests For Period = 2nd

Item Number	Flow Drawing	Required Test	System Name	Required Inspection	Required Procedure	Comments
D02.011.026	MC-1581-1.0	FUNCT	WZ SYSTEM	VT-2	QAL-15	Station Pkg.#42, #47, #48
D02.012.027	MCFD-1609-03.00	HYDRO	FD SYSTEM	VT-2	QAL-15	This test is required for periods 2 and 3 - 2nd Period Station Pkg.#7
D02.012.028	MCFD-1609-03.01	HYDRO	FD SYSTEM	VT-2	QAL-15	This test is required for periods 2 and 3 - 2nd Period Station Pkg. #8
D03.011.001	MC-1570-1.0	INSER	KF SYSTEM	VT-2	QAL-15	2nd Period Station Pkg. Nos: #25, #52

11.4 Examination Results For Second Inspection Period:

The results of each VT-2 Visual Examination required for the Second Inspection Period are included in this section.

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

Item Number	=	ASME Section XI Tables IWB-2500-1 (Class 1), IWC-2500-1 (Class 2), and IWD-2500-1 (Class 3)
Flow Drawing	=	Detail Drawing of Inspection Boundary
Required Test	=	Type of Pressure Test
Test Status	=	Complete, Partial, Not Tested, or Not Required
Test Result	=	Clear (No Evidence Of Leakage), Reportable (Evidence Of Leakage - Not Through Wall such as packing leak), Reportable (Evidence Of Through Wall Leakage).
VT-2 Date	=	VT-2 Examination Date
Comments	=	General and/or Detail Description

**Duke Energy Corporation - McGuire Unit 1
Pressure Testing VT-2 Results For 2nd Period**

<u>Item Number</u>	<u>Flow Drawing</u>	<u>Required Test</u>	<u>Test Status</u>	<u>Test Result</u>	<u>VT-2 Date</u>	<u>Comments</u>
B15.050.001	SEE COMMENTS	LEAK	COMPLETE	CLEAR	06/30/98	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
C07.030.001	MC-1554-2.0	INSERT	COMPLETE	CLEAR	09/19/95	Station Pkg. Nos: #16
C07.030.002	MC-1554-3.0	INSERT	COMPLETE	CLEAR	07/03/96	Test Pkgs: #16, #27, #45
C07.030.003	MC-1554-3.1	INSERT	COMPLETE	CLEAR	11/06/95	Test Pkg Nos: #16, #27, #51
C07.030.004	MC-1554-5.0	INSERT	COMPLETE	CLEAR	09/19/95	Station Pkg. #16
C07.030.005	MCFD-1561-01.00	INS/FUN	COMPLETE	RECORDABLE	05/01/97	VT-2 Examination of C02.033.001 and C02.033.002 Telltale Hole also required - 2nd period test pkgs: #16, #27, #19, #19A, #19A-1, #50
C07.030.006	MC-1562-1.0	INSERT	COMPLETE	CLEAR	09/19/95	Station Pkg. #16
C07.030.007	MC-1562-3.0	INS/FUN	COMPLETE	CLEAR	05/08/97	Class B penetration M-277, M-316 and M-319 - 2nd Period Station Pkg. Nos: #16, #19A, #22, #27, #53, #60.
C07.030.008	MC-1562-3.1	INS/FUN	COMPLETE	CLEAR	06/03/98	Class B penetration M-278, M-302, M-306, M-336 and M-352 - 2nd Period Station Pkg. Nos: #19, #19A, #22, #50, #39
C07.030.009	MC-1563-1.0	INS/FUN	COMPLETE	CLEAR	02/19/97	VT-2 Examination of C02.033.005 and C02.033.006 Telltale Hole also required - Station Pkg. Nos: #19, #19A, #23, #24, #27,

**Duke Energy Corporation - McGuire Unit 1
Pressure Testing VT-2 Results For 2nd Period**

<u>Item Number</u>	<u>Flow Drawing</u>	<u>Required Test</u>	<u>Test Status</u>	<u>Test Result</u>	<u>VT-2 Date</u>	<u>Comments</u>
						#50
C07.030.010	MCFD-1571-01.00	INSERT	COMPLETE	CLEAR	01/17/95	Class B penetrations M-358 and M-377 Station Pkg. Nos: #19, #26, #27
C07.030.011	MC-1572-1.0	INSERT	COMPLETE	CLEAR	02/19/97	Class B penetrations M-235 and M-309 - Station Pkg.#19, #19A, #41
C07.030.012	MC-1553-2.1	INSERT	COMPLETE	CLEAR	12/17/95	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 Pkg.#44
C07.030.013	MC-1553-4.0	INSERT	COMPLETE	CLEAR	06/02/98	Class B penetrations M-326 and M-361 (reference PIP# 1-M94-1348 and Request For Relief # 94-GO-002 for 1st period penetration testing).
C07.030.014	MC-1554-1.0	INSERT	COMPLETE	RECORDABLE	01/22/96	Class B penetrations M-339 and M-350 Station Pkg. Nos: #16, #17
C07.030.015	MC-1554-1.1	INSERT	COMPLETE	CLEAR	05/08/97	Class B penetrations M-256, M-343 and M-344 - Station Pkg. Nos: #16, #17, #63
C07.030.016	MC-1554-1.2	INS/FUN	COMPLETE	CLEAR	01/23/96	Class B penetrations M-228, M-329 and M-347 - Station Pkg. Nos: #16, #17, #18, #19, #20
C07.030.017	MC-1554-1.3	FUNCT	COMPLETE	CLEAR	06/11/98	Class B penetration M-342 - Station Pkg.#17
C07.030.018	MC-1556-3.0	INSERT	COMPLETE	CLEAR	06/14/98	Class B penetration M-259
C07.030.019	MC-1558 4.0	INS/FUN	COMPLETE	CLEAR	06/23/98	Ref. Req. for Rel.#94-MN-006 for pen. M-372 & M-373; Ref. req. for Rel.#94-GO-002 & PIP#1-M94-1348 for 1st per. testing of pen.

**Duke Energy Corporation - McGuire Unit 1
Pressure Testing VT-2 Results For 2nd Period**

<u>Item Number</u>	<u>Flow Drawing</u>	<u>Required Test</u>	<u>Test Status</u>	<u>Test Result</u>	<u>VT-2 Date</u>	<u>Comments</u>
						M-383, M-394 and M-395.
C07.030.020	MC-1562-2.0	INSERT	COMPLETE	CLEAR	05/10/97	Class B penetration M-330. Test Pkg. #21
C07.030.021	MC-1562-2.1	INS/FUN	COMPLETE	CLEAR	05/10/97	Class B penetration M-321. Test Pkg.#21, #60.
C07.030.022	MC-1565-1.0	INSERT	COMPLETE	CLEAR	06/10/98	Reference Req. for Rel.#94-GO-002 and PIP#1-M94-1348 for 1st period testing of penetration M-348 but not penetration M-374.
C07.030.023	MC-1565-1.1	INSERT	COMPLETE	CLEAR	12/17/95	Class B penetration M-360 and M-375 - Station Pkg.#5
C07.030.024	MC-1565-7.0	INSERT	COMPLETE	CLEAR	06/25/98	Class B penetration M-221
C07.030.025	MC-1568-1.0	INSERT	COMPLETE	CLEAR	05/07/97	Reference Req. for Rel.#94-GO-002 and PIP#1-M94-1348 for penetration M-356.
C07.030.026	MC-1572-1.1	INSERT	COMPLETE	CLEAR	05/10/97	Class B penetration M-280. Test Pkg. #21.
C07.030.027	MC-1572-3.0	INSERT	COMPLETE	CLEAR	01/23/96	Class B penetrations M-335, M-338, M-340 and M-341 - Station Pkg.#6
C07.030.028	MCFD-1573-03 01	INSERT	COMPLETE	CLEAR	01/20/96	Class B penetrations M-217, M-218, M-320, M-327, M-355 and M-376 - Station Pkg.#19
C07.030.029	MCFD-1573-04.00	INSERT	COMPLETE	CLEAR	06/09/98	Class B penetration M-322
C07.030.030	MC-1574-4.0	FUNCT	COMPLETE	CLEAR	01/20/96	Class B penetration M-307 and M-315 - Station Pkg.#4
C07.030.031	MCFD-1580-01.00	INSERT	COMPLETE	CLEAR	01/23/96	Class B penetration M-300, M-301, M-303 and M-304 - Station Pkg.#6
C07.030.032	MC-1584-1.0	INSERT	COMPLETE	CLEAR	05/20/96	Station Pkg.#32
C07.030.033	MCFD-1591-01.01	INSERT	COMPLETE	CLEAR	05/20/96	Class B penetrations M-153, M-262, M-308 and M-440 - Station Pkg.#6, #32

Duke Energy Corporation - McGuire Unit 1
Pressure Testing VT-2 Results For 2nd Period

<u>Item Number</u>	<u>Flow Drawing</u>	<u>Required Test</u>	<u>Test Status</u>	<u>Test Result</u>	<u>VT-2 Date</u>	<u>Comments</u>
C07.030.034	MCFD-1592-01.00	INSERT	COMPLETE	CLEAR	05/20/96	Class B penetrations M-156, M-286, M-465 and M-3100 - Station Pkg.#6, #32
C07.030.035	MCFD-1593-01.00	INSERT	COMPLETE	CLEAR	01/23/96	Class B penetrations M-154 and M-261 - Station Pkg.#6
C07.030.036	MCFD-1593-01.02	INSERT	COMPLETE	CLEAR	10/12/95	Station Test Zone #35
C07.030.037	MCFD-1593-01.03	INSERT	COMPLETE	CLEAR	01/23/96	Class B penetrations M-393 and M-441 - Station Pkg.#6
C07.030.038	MC-1599-2.2	INSERT	COMPLETE	CLEAR	06/12/98	Class B penetration M-353
C07.030.039	MC-1601-2.4	INSERT	COMPLETE	CLEAR	06/05/98	Class B penetration M-337
C07.030.040	MC-1604-3.0	INSERT	COMPLETE	CLEAR	12/20/95	Class B penetrations M-240, M-279, M-385 and M-390 - Station Pkg.#2
C07.030.041	MC-1605-1.2	INSERT	COMPLETE	CLEAR	06/25/98	Class B penetrations M-317 and M-386
C07.030.042	MC-1605-1.3	INSERT	COMPLETE	CLEAR	06/03/98	Class B penetrations M-220 and M-359
C07.030.043	MC-1605-1.14	INSERT	COMPLETE	CLEAR	06/25/98	Class B penetrations for instrument air system (no penetration number)
C07.030.044	MC-1605-1.17	INSERT	COMPLETE	CLEAR	06/03/98	
C07.030.045	MC-1605-3.1	INSERT	COMPLETE	CLEAR	06/01/98	Class B penetration M-215
C07.030.046	MC-1617-1.0	INSERT	COMPLETE	CLEAR	06/27/98	Station Pkg.#32, #43
C07.030.047	MC-1605-2.2	INSERT	COMPLETE	CLEAR	06/10/98	Class B penetration M-219
D01.011.002	MC-1554-2.0	INSERT	COMPLETE	CLEAR	09/19/95	Station Pkg. No: #16
D01.011.003	MC-1554-3.1	INSERT	COMPLETE	CLEAR	09/19/95	Station Pkg. Nos: #16
D01.011.004	MC-1554-5.0	INSERT	COMPLETE	CLEAR	09/19/95	Station Pkg. #16
D02.011.001	MCFD-1573-01.00	FUNCT	COMPLETE	CLEAR	08/30/95	Station Pkg. Nos: #28, #29

Duke Energy Corporation - McGuire Unit 1
Pressure Testing VT-2 Results For 2nd Period

<u>Item Number</u>	<u>Flow Drawing</u>	<u>Required Test</u>	<u>Test Status</u>	<u>Test Result</u>	<u>VT-2 Date</u>	<u>Comments</u>
D02.011.002	MCFD-1573-01.01	FUNCT	COMPLETE	CLEAR	07/31/96	Station Pkg. Nos: #28, #29, #30, #31
D02.011.004	MC-1574-1.0	FUNCT	COMPLETE	CLEAR	07/31/96	Station Pkg.#30, #31
D02.011.005	MC-1574-1.1	FUNCT	COMPLETE	CLEAR	07/31/96	
D02.011.006	MC-1574-2.0	FUNCT	COMPLETE	CLEAR	07/31/96	Station Pkg.#30
D02.011.007	MC-1574-2.1	FUNCT	COMPLETE	CLEAR	07/31/96	
D02.011.008	MCFD-1574-3.0	FUNCT	COMPLETE	CLEAR	08/27/96	Station Pkg.#31, #38B
D02.011.009	MCFD-1574-3.1	FUNCT	COMPLETE	CLEAR	01/30/96	STN. PKG.#31, #31
D02.011.010	MC-1574-4.0	FUNCT	COMPLETE	CLEAR	07/31/96	Station Pkg.#30
D02.011.011	MCFD-1592-01.00	FUNCT	COMPLETE	CLEAR	09/04/97	Station Test Zone #54, #55, #56, #57, #58, #59
D02.011.012	MCFD-1592-01.01	FUNCT	COMPLETE	CLEAR	08/27/96	2nd Period Station Pkg. Nos: #30, #33, #34, #38A, #38B, #54, #55, #56 #62
D02.011.013	MCFD-1593-01.02	FUNCT	COMPLETE	CLEAR	10/12/95	Station Test Zone #35
D02.011.014	MC-1604-3.0	FUNCT	COMPLETE	CLEAR	07/31/96	Station Pkg.#30
D02.011.015	MCFD-1609-01.00	FUNCT	COMPLETE	CLEAR	07/31/96	2nd Period Station Pkg. Nos: #15, #30
D02.011.016	MCFD-1609-01.01	FUNCT	COMPLETE	CLEAR	01/30/96	2nd Period Test Pkgs: #14, #31
D02.011.017	MCFD-1609-02.00	FUNCT	COMPLETE	CLEAR	09/12/95	2nd Period Station Pkg. Nos: #9, #11
D02.011.018	MCFD-1609-02.01	FUNCT	COMPLETE	CLEAR	11/21/95	2nd Period Test Pkgs: #1, #10
D02.011.019	MCFD-1609-03.00	FUNCT	COMPLETE	CLEAR	09/12/95	This test is required for periods 1, 2 and 3. 2nd Period Station Pkg. Nos: #7
D02.011.020	MCFD-1609-03.01	FUNCT	COMPLETE	CLEAR	11/21/95	This test is required for periods 1, 2 and 3 - Stm. Pkg.# 8
D02.011.021	MCFD-1609-04.00	FUNCT	COMPLETE	RECORDABLE	10/23/95	2nd Period Station Pkg. Nos: #12, #13

**Duke Energy Corporation - McGuire Unit 1
Pressure Testing VT-2 Results For 2nd Period**

<u>Item Number</u>	<u>Flow Drawing</u>	<u>Required Test</u>	<u>Test Status</u>	<u>Test Result</u>	<u>VT-2 Date</u>	<u>Comments</u>
D02.011.022	MC-2574-1.1	FUNCT	COMPLETE	CLEAR	07/31/96	Station Pkg.#30, #31
D02.011.023	MC-2574-3.0	FUNCT	COMPLETE	CLEAR	01/30/96	Station Pkg.#31
D02.011.024	MC-2574-4.0	FUNCT	COMPLETE	CLEAR	01/30/96	
D02.011.025	MC-2604-3.0	FUNCT	COMPLETE	CLEAR	01/30/96	
D02.011.026	MC-1581-1.0	FUNCT	COMPLETE	CLEAR	08/20/96	Station Pkg.#42, #47, #48
D02.012.027	MCFD-1609-03.00	HYDRO	COMPLETE	CLEAR	09/12/95	This test is required for periods 2 and 3 - 2nd Period Station Pkg.#7
D02.012.028	MCFD-1609-03.01	HYDRO	COMPLETE	CLEAR	11/21/95	This test is required for periods 2 and 3 - 2nd Period Station Pkg. #8
D03.011.001	MC-1570-1.0	INSER	COMPLETE	CLEAR	10/19/95	2nd Period Station Pkg. Nos: #25, #52

11.5 Reportable Indications:

None