



January 21, 1992

OCAN019202

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

Subject: Arkansas Nuclear One - Units 1 and 2
Docket Nos. 50-313 & 50-368
License Nos. DPR-51 & NFP-6
Revisions to the NIS-2 Forms;
"Owners Report of Repairs or Replacements"

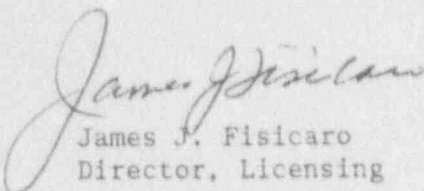
General:

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

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

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

Very truly yours,


James J. Fisicaro
Director, Licensing

JJF/RWC/sjf
Attachments

9201300036 920121
PDR ADOCK 05000313
G PDR

A047
1/2

U. S. NRC
January 21, 1992
Page 2

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

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

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

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

ATTACHMENT 1

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

1. OWNER AP&L/ENERGY OPERATIONS, INC. DATE 5-18-89 (Revised 12/10/91)
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 J.O.#00774215
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Building Spray (GCB-12 6")
5. (a) APPLICABLE CONSTRUCTION CODE ASME 19 68 EDITION, No ADDENDA,
Code Case NA
- (b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 19 80 (1981)

6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Class-2 Piping</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>GCB-12-6"</u>	<u>1968</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Repaired Pin Hole Leak In Weld.
8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
OTHER PRESSURE 445 psi TEST TEMP. Amb. °F

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

9. REMARKS

N/A

Applicable Manufacturer's Data Reports to be Attached

This NIS-2 has been revised to reflect the correct applicable Construction Code.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R. D. Lane for Date 12/18, 1991
Owner or Owner's Designee, Title
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 12-14-88 to 1-7-91 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott Commissions *FACTORY MUTUAL SYSTEMS
Inspector's Signature NB-9547, ARK-I133 "N" "I"
Date 12/19 1991
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 AP&L/ENERGY OPERATIONS, INC. DATE 6-5-89 (Revised 12/9/91)
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 J.O. # 00786426
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Make-Up (CCB-4-2")
5. (a) APPLICABLE CONSTRUCTION CODE ASME 1968 EDITION, No ADDENDA,
NA CODE ASE
- (b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (WB1)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>2" Globe Valve</u>	<u>Nelan</u>	<u>3A-2</u>	<u>NA</u>	<u>MU-1207-3</u>	<u>1971</u>	<u>Repaired</u>	<u>Yes</u>

7. DESCRIPTION OF WORK Repaired Cracked Globe
8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
OTHER PRESSURE 2200 psi TEST TEMP. 120 °F

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

9. REMARKS

Applicable Manufacturer's Data Reports to be Attached

This NIS-2 has been revised to reflect the correct valve serial number and year built

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R. E. Lape Sr. Date 12/11, 1991

Owner or Owner's Designee, Title
R. E. Lape, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 12-14-88 to 1-7-91 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS
Inspector's Signature NB-9947, ARK-I133 "N" "I"
Date December 13 1991
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 AP&L/ENERGY OPERATIONS, INC. DATE 3-29-89 (Revised 12/10/91)
Name
RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1
Address

2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE
Name
RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 S.O. # 00781649
Address Repair Organization PC No., Job No., etc.

3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A
Name
RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A
Address EXPIRATION DATE N/A

4. IDENTIFICATION OF SYSTEM Decay Heat

5. (a) APPLICABLE CONSTRUCTION CODE Draft 1968 EDITION, No ADDENDA,
NA CODE CASE

(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (USI)

6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Class-2 Spring</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>GCB-4</u>	<u>1968</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Repair of Arc Strike

8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
0.125 PRESSURE NA psi TEST TEMP. NA °F

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

9. REMARKS

N/A
Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct
Applicable Construction Code.*

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R. D. Lane Date 12/18, 1991
Owner or Owner's Designee, Title
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 12-14-88 to 1-7-91 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS
Inspector's Signature NB-9947, ARK-II33 "N" "I"
Date 12/19 1991
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 AP&L/ENERGY OPERATIONS, INC. DATE 3-28-89 (Revised 12/10/91)
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O.# 00781678
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A
Address EXPIRATION DATE N/A

4. IDENTIFICATION OF SYSTEM Decay Heat
5. (a) APPLICABLE CONSTRUCTION CODE Draft 1968 EDITION, N/A A'DENDA,
NA CODE CASE
- (b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (US)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Class-2 Piping</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>HCB-2-14"</u>	<u>1968</u>	<u>Repaired</u>	<u>No.</u>

7. DESCRIPTION OF WORK Repair of Arc Strike
8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
OTHER PRESSURE NA psi TEST TEMP. NA °F

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

9. REMARKS

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 was not submitted in the original
submission of May 28, 1991 due to package being checked
out late*

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed Andri' B. Long Sr Date 12/18, 1991
Owner or Owner's Designee, Title
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of
Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS
NORWOOD, MASS. and employed by ARKWRIGHT MUTUAL INSURANCE CO. of
ARKWRIGHT MUTUAL SYSTEMS have inspected the components described in this
Owner's Report during the period 12-14-88 to 1-7-91
and state that to the best of my knowledge and belief, the Owner has performed
examinations and taken corrective measures described in this Owner's Report in
accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott Commissions 1977, ARK-1133 "N" "I"
Inspector's Signature National Board, State, Province, and Endorsements
Date 12/19 1991

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

1. OWNER AP&L/ENERGY OPERATIONS, INC. DATE 4-5-89 (Revised 12/10/91)
Name

RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1
Address

2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE
Name

RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O. # 00778195
Address Repair Organization PO No., Job No., etc.

3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A
Name

RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A
Address

EXPIRATION DATE N/A

4. IDENTIFICATION OF SYSTEM Re-ay Heat

5. (a) APPLICABLE CONSTRUCTION CODE AISC 1963 EDITION, 6th Edition ADDENDA,
NA CODE CASE

(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980(WF)

6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>DH-125</u>	<u>1968</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Repaired protection saddle

8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
OTHER PRESSURE NA psi TEST TEMP. NA °F

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

9. REMARKS

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct
Applicable Construction Code.*

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed Donald B. Jones Date 12/16, 1991

Owner or Owner's Designee, Title
R. D. Lenz, Manager Engineering - STANDARD & PROGRAMS

CERTIFICATE OF UNSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of
Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS
NORWOOD, MASS. and employed by ARKWRIGHT MUTUAL INSURANCE CO. of
NORWOOD, MASS. have inspected the components described in this
Owner's Report during the period 12-14-88 to 1-7-91
and state that to the best of my knowledge and belief the Owner has performed
examinations and taken corrective measures described in this Owner's Report in
accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott Commissions NO-9947, ARK-1133 "N" "I"
Inspector's Signature National Board, State, Province, and Endorsements

J. O. Elliott
Date 12/19, 1991

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

1. OWNER APAL/ENERGY OPERATIONS, INC. DATE 7-28-89 (Revised 12/10/91)
Name

RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEETS 1 of 1
Address

2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE
Name

RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 J.O. # 00781674
Address Repair Organization PO No., Job No., etc.

3. WORK PERFORMED BY APAL/ENERGY (I/S), INC. TYPE CODE SYMBOL STAMP N/A
Name

RT. 3, Box 137 G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A
Address EXPIRATION DATE N/A

4. IDENTIFICATION OF SYSTEM Decay Heat (HCB-2-14")

5. (a) APPLICABLE CONSTRUCTION CODE ASME 1968 EDITION, No ADDENDA,
Code Case NA

(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (USI)

6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Class-2 piping</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>HCB-2-14"</u>	<u>1968</u>	<u>Required</u>	<u>No</u>

7. DESCRIPTION OF WORK Repair of arc strikes

8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
OTHER PRESSURE NA psi TEST TEMP. NA °F

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

9. REMARKS N/A
Applicable Manufacturer's Data Reports to be Attached

This NIS-2 was revised to reflect the Applicable Construction Code.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed Arnold B. Lane for Date 12/18, 1991
Owner or Owner's Designee, Title
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 12-14-88 to 1-7-91 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS
Inspector's Signature NB-9947, ARK-I133 "N" "I"
Date 12/19, 1991
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 AP&L/ENERGY OPERATIONS, INC. DATE 3-28-89 (Revised 12/10/91)
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O. #00781701
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Decay Heat (GCB-4-12")
5. (a) APPLICABLE CONSTRUCTION CODE Draft 1968 EDITION, N/A ADDENDA,
N/A CODE CASE
- (b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (WRI)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Class-2 Pipe</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>GCB-4-12"</u>	<u>1968</u>	<u>Repaired</u>	<u>N/A</u>

7. DESCRIPTION OF WORK Repair of Arc Strike
8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
OTHER PRESSURE NA psi TEST TEMP. NA °F

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

9. REMARKS

N/A

Applicable Manufacturer's Data Reports to be Attached

This NIS-2 has been revised to reflect the applicable Construction Code correction.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R. D. Lane Date 12/18, 1991

Owner or Owner's Designee, Title
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 12-14-88 to 1-7-91 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS
Inspector's signature NB-9947, ARK-I133 "N" "I"
Date 12/19 1991
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 AP&L/ENERGY OPERATIONS, INC. DATE 3-28-89 (Revised 12/10/91)
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O.# 00781680
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Make Up (CCB-4-2")
5. (a) APPLICABLE CONSTRUCTION CODE Draft 1968 EDITION, No ADDENDA.
NA CODE CASE
- (b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980(USI)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Class-2 Piping</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>CCB-4-2"</u>	<u>1968</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Repair of arc strike
8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
OTHER PRESSURE NA psi TEST TEMP. NA °F

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

9. REMARKS

N/A
Applicable Manufacturer's Data Reports to be Attached

This NIS-2 has been revised to reflect the correct applicable Construction Code.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed Arnold B. Long Jr. Date 12/18, 1991

Owner or Owner's Designee, Title
R. D. Lape, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 12-14-88 to 1-7-91 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott Commissions "FACTORY MUTUAL SYSTEMS
NB-9947, ARK-I133 "N" "I"
Inspector's Signature National Board, State, Province, and Endorsements
Date J. O. Elliott 12/19 1991

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

1. OWNER AP&L/ENERGY OPERATIONS, INC. DATE 3-28-89 (Revised 12/10/91)
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O.# 00781775
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Decay Heat (HCB-2-14)
5. (a) APPLICABLE CONSTRUCTION CODE Draft 1968 EDITION, NA ADDENDA,
NA CODE CASE
- (b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (WRI)

6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Class-2 Piping</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>HCB-2-14</u>	<u>1968</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Repair of Arc Strikes
8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
OTHER PRESSURE NA psi TEST TEMP. NA °F

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

9. REMARKS N/A
Applicable Manufacturer's Data Reports to be Attached

This NIS-2 has been revised to reflect the correct
Applicable Construction Code.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed Donald B. Jones Sr. Date 12/18, 1991
Owner or Owner's Designee, Title
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 12-14-88 to 1-7-91 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS
Inspector's Signature NB-9947, ARK-I133 "N" "I"
National Board, State, Province, and Endorsements
Date J. O. Elliott 12/19 1991

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

1. OWNER AP&L/ENERGY OPERATIONS, INC. DATE 11-27-90 (Revised 12/10/91)
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O. # 00822515
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Make-Up (CCA-5)
5. (a) APPLICABLE CONSTRUCTION CODE AISC 1963 EDITION, 6th Edition ADDENDA,
NA CODE CASE
- (b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (WSI)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>MU-212</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Modified hanger to meet specifications.
8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
OTHER PRESSURE NA psi TEST TEMP. NA °F

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

9. REMARKS

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct
Applicable Construction Code.*

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed Arnold B. Jones Jr. Date 12/18/91 19 91
Owner or Owner's Designee, Title
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

the undersigned, holding a valid commission issued by the National Board of
Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS
NORWOOD, MASS. and employed by ARKWRIGHT MUTUAL INSURANCE CO. of
NORWOOD, MASS. have inspected the components described in this
Owner's Report during the period 12-14-88 to 1-7-91
and state that to the best of my knowledge and belief, the Owner has performed
examinations and taken corrective measures described in this Owner's Report in
accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS
Inspector's Signature NB-9947, ARK-I133 "N" "I"
National Board, State, Province, and Endorsements
Date J. O. Elliott 12/19 19 91

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

1. OWNER APAL/ENERGY OPERATIONS, INC. DATE 7-16-90 (Revised 12/10/91)
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O.# 00817032
Address Repair Organisation PO No., Job No., etc.
3. WORK PERFORMED BY APAL/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Make-Up (CCA-3)
5. (a) APPLICABLE CONSTRUCTION CODE AISC 1963 EDITION, 6th Edition ADDENDA, NA CODE CASE
(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (W61)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>MU-126</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK: Modified hanger to meet specification
8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
OTHER PRESSURE NA psi TEST TEMP. NA °F

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

9. REMARKS

Applicable Manufacturer's Data Reports to be Attached

This NIS-2 has been revised to reflect the correct applicable Construction Code.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed Arnold B. Jones for Date 12/15/91 19 91
Owner or Owner's Designee, Title
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 12-14-88 to 1-7-91 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS
Inspector's Signature NB-9947, ARK-1133 "N" "I"
National Board, State, Province, and Endorsements
Date J. O. Elliott 12/19 19 91

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

1. OWNER AP&L/ENERGY OPERATIONS, INC. DATE 9-11-90 (Revised 12/10/91)
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.C. # 00814771
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Make-Up (C&A-3 and H&C)
5. (a) APPLICABLE CONSTRUCTION CODE A15C 1963 EDITION, 6th Edition ADDENDA,
Code Case NA
- (b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (w/1)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
Component Support	Various	NA	NA	HRC-1-H1	1970	Repaired	No
Component Support	Various	NA	NA	MU-128	1970	Repaired	No
Component Support	Various	NA	NA	MU-129	1970	Repaired	No

7. DESCRIPTION OF WORK Modified hangers to meet specifications
8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
OTHER PRESSURE NA psi TEST TEMP. NA °F

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

9. REMARKS

Applicable Manufacturer's Data Reports to be Attached

This NIS-2 has been revised to reflect the correct applicable Construction Code.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed Donald C. Lane Date 12/18, 1991
Owner or Owner's Designee, Title
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 12-14-88 to 1-7-91 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott Commissions NR-9247, ARK-1133 "N"
Inspector's Signature Factory Mutual Systems
National Board, State, Province, and Endorsements
Date J. O. Elliott 12/19 1991

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

1. OWNER APAL/ENERGY OPERATIONS, INC. DATE 5-21-89 (Revised 12/10/91)
Name

RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1
Address

2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE
Name

RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 J.O. # 00777062 and 00786431
Address Repair Organization PO No., Job No., etc.

3. WORK PERFORMED BY APAL/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A
Name

RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A
Address EXPIRATION DATE N/A

4. IDENTIFICATION OF SYSTEM Reactor Coolant System

5. (a) APPLICABLE CONSTRUCTION CODE AISC 1963 EDITION, 6th Edition ADDENDA,
NA CODE CASE

(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (w/1)

6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT?	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Anchor Boring</u>	<u>6</u>	<u>NA</u>	<u>H5-2</u>	<u>1968</u>	<u>Replaced</u>	<u>No</u>
<u>Component Support</u>	<u>Anchor Boring</u>	<u>9</u>	<u>NA</u>	<u>H5-2</u>	<u>1969</u>	<u>Replaced</u>	<u>No</u>

7. DESCRIPTION OF WORK Replaced hydraulic rubber

8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
OTHER PRESSURE NA psi TEST TEMP. NA °F

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

9. REMARKS

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct
Applicable Construction Code.*

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R. D. Lang Date 12/18, 1991

Owner or Owner's Designee, Title
R. D. Lang, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 12-14-88 to 1-7-91 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

J. J. Elliott Commissions NE-9947, ARK-1133 "N" "I"
Inspector's Signature
Date 12/19, 1991
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 AP&L/ENERGY OPERATIONS, INC. DATE 1-30-89 (Revised 12/10/91)
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O.# 00777062
Address Repair Organisation PO No., Job No., etc.
3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Reactor Coolant System
5. (a) APPLICABLE CONSTRUCTION CODE ASME 1963 EDITION, 6th Edition ADDENDA,
NA CODE CASE
- (b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS IS PO (w/1)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
Hydraulic Sump	Anchor Darling	008	NA	HS-2	1970	Replaced	No
Hydraulic Sump	Anchor Darling	006	NA	HS-2	1981	Replacement	No

7. DESCRIPTION OF WORK Replaced damaged sumps
8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
OTHER PRESSURE NA psi TEST TEMP. NA °F

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

9. REMARKS

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct
Applicable Construction Code.*

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed Donald B. Lane Date 12/18, 1991

Owner or Owner's Designer, Title
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 12-14-88 to 1-7-91 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS
Inspector's Signature NB-9947, ARK-I133 "N" "I"
Date 12/19 1991
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 AP&L/ENERGY OPERATIONS, INC. DATE 12-10-89 (Revised 12/10/91)
Name

RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1
Address

2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE
Name

RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O. #00795528
Address Repair Organisation PO No., Job No., etc.

3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A
Name

RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A
Address EXPIRATION DATE N/A

4. IDENTIFICATION OF SYSTEM High Pressure Safety Injection

5. (a) APPLICABLE CONSTRUCTION CODE AISC 1965 EDITION, 6th Edition ADDENDA,
NA CODE CASE

(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1960 (W81)

6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>MU-193</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Modified Hanger per DCP 89-1012

8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC MAXIMAL OPERATING PRESSURE
OTHER PRESSURE NA psi TEST TEMP. NA °F

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

9. REMARKS

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct
Applicable Construction Code.*

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed Arnald B. Lane for Date 12/18, 1991

Owner or Owner's Designee, Title
E. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of
Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS
NORWOOD, MASS. and employed by ARKWRIGHT MUTUAL INSURANCE CO. of
have inspected the components described in this
Owner's Report during the period 12-14-88 to 1-7-91
and state that to the best of my knowledge and belief, the Owner has performed
examinations and taken corrective measures described in this Owner's Report in
accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS
Inspector's Signature NB-9947, ARK-II33 "I" "I"
National Board, State, Province, and Endorsements

J. O. Elliott
Date 12/19 1991

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

1. OWNER AP&L/ENERGY OPERATIONS, INC. DATE 3-2-89 (Revised 12/10/91)
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O. # 00777688
Address Repair Organisation PO No., Job No., etc.
3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM High Pressure Safety Injection
5. (a) APPLICABLE CONSTRUCTION CODE ASCE 1963 EDITION, 6th Edition ADDENDA,
NA CODE CASE
- (b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (N/A)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>MU-225</u>	<u>1968</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Removed arc strikes
8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
OTHER PRESSURE NA psi TEST TEMP. NA °F

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

9. REMARKS

Applicable Manufacturer's Data Reports to be Attached

This NIS-2 has been revised to reflect the correct applicable Construction Code.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed Donald B. Lane Date 12/18/91, 1991
Owner or Owner's Designer, Title
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 12-14-88 to 1-7-91 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS
Inspector's Signature NB-9947, ARK-I133 "N" "I"
National Board, State, Province, and Endorsements
Date J. O. Elliott 12/19 1991

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

1. OWNER AP&L/ENERGY OPERATIONS, INC. DATE 3-20-89 (12/10/91 Revised)
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.C. # 00780661
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Emergency Feedwater
5. (a) APPLICABLE CONSTRUCTION CODE AISC 1965 EDITION, 6th Edition ADDENDA,
NA CODE CASE
- (b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (W81)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>EFW-89</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>EFW-86</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>EFW-9</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Modified hangers
8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
OTHER PRESSURE NA psi TEST TEMP. NA °F

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

9. REMARKS

Applicable Manufacturer's Data Reports to be Attached

*This N15-2 has been revised to reflect the correct
Applicable Construction Code.*

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed Arnold B. [Signature] Date 12/18, 1991
Owner or Owner's Designee, Title
R. D. Lede, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of
Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS
NORWOOD, MASS. and employed by ARKWRIGHT MUTUAL INSURANCE CO. of
NORWOOD, MASS. have inspected the components described in this
Owner's Report during the period 12-14-88 to 1-7-91
and state that to the best of my knowledge and belief, the Owner has performed
examinations and taken corrective measures described in this Owner's Report in
accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS
Inspector's Signature NB-9947, ARK-I133 "N" "I"
J. O. Elliott National Board, State, Province, and Endorsements
Date 12/19 1991

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

1. OWNER AP&I/ENERGY OPERATIONS, INC. DATE 9-22-90 (Revised 12/10/91)
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O.# 00823478
Address Repair Organisation PO No., Job No., etc.
3. WORK PERFORMED BY AP&I/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Decay Heat (HCB-2)
5. (a) APPLICABLE CONSTRUCTION CODE AISC 1963 EDITION, 6th Edition ADDENDA, NA CODE CASE
(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (w/1)

6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>DH-59</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Modified hanger to meet specifications
8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
OTHER PRESSURE NA psi TEST TEMP. NA °F

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

9. REMARKS

Applicable Manufacturer's Data Reports to be Attached

This NIS-2 has been revised to reflect the correct applicable Construction Code.

CERTIFICATE OF COMPLIANCE

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

Type Cod. Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed André B. Laporte, P. Eng. Date 12/18, 1991

Owner or Owner's Designee, Title
R. D. Labe, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 12-14-88 to 1-7-91 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

FACTORY MUTUAL SYSTEMS
NB-9947, ARK-I133 "N" "I"

National Board, State, Province, and Endorsements

J. O. Elliott
Inspector's Signature

Commissions

J. O. Elliott
Date 12/19 1991

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

1. OWNER AP&I/ENERGY OPERATIONS, INC. DATE 8-21-90 (Revised 12/10/91)
Name
RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE
Name
RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 J.O. #00819775
Address Repair Organisation PO No., Job No., etc.
3. WORK PERFORMED BY AP&I/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A
Name AUTHORIZATION NO. N/A
RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 EXPIRATION DATE N/A
Address
4. IDENTIFICATION OF SYSTEM Chilled Water (HBB-5)
5. (a) APPLICABLE CONSTRUCTION CODE ASME 1963 EDITION 6th Edition ADDENDA
NA CODE CASE
 (b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (WPI)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>HBB-5-H1</u>	<u>1970</u>	<u>Repaired</u>	<u>NA</u>

7. DESCRIPTION OF WORK Modified gages per DCP 89-1040
8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
 OTHER PRESSURE NA psi TEST TEMP. NA °F

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

9. REMARKS

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct
Applicable Construction Code.*

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed Richard B. Small Jr Date 12/10, 1991

Owner or Owner's Designee, Title
R. D. Lane, Manager Engineering - STANDARD & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of
Boiler and Pressure Vessel Inspectors and the State or Province of MASSACHUSETTS
MASS. and employed by "ARKWRIGHT MUTUAL INSURANCE CO." of
MASS. have inspected the components described in this
Owner's Report during the period 12-14-88 to 1-7-91
and state that to the best of my knowledge and belief, the Owner has performed
examinations and taken corrective measures described in this Owner's Report in
accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS
Inspector's Signature NB-9947, ARK-1133 "N" "I"
National Board, State, Province, and Endorsements

J. O. Elliott
Date 12/19 1991

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

1. OWNER APAL/ENERGY OPERATIONS, INC. DATE 8-8-90 (Revised 12/10/91)
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR, 72801 SHEET 1 of 1
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR, 72801 J.O. #00818761
Address Repair Organisation PO No., Job No., etc.
3. WORK PERFORMED BY APAL/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR, 72801 AUTHORIZATION NO. N/A
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Pressure Relief (FCB-2)
5. (a) APPLICABLE CONSTRUCTION CODE ASCE 1963 EDITION, 6th Edition ADDENDA,
NA CODE CASE
- (b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (N81)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>RC-37</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Modify Range per LCP90-5019
8. TEST CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
OTHER PRESSURE NA psi TEST TEMP. NA °F

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

9. REMARKS

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct
Applicable Construction Code*

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed Arnold B. Jones Date 12/18 19 91
Owner or Owner's Designee, Title
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of
Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS
NCRWOOD, MASS. and employed by ARKWRIGHT MUTUAL INSURANCE CO. of
NCRWOOD, MASS. have inspected the components described in this
Owner's Report during the period 12-14-88 to 1-7-91
and state that to the best of my knowledge and belief, the Owner has performed
examinations and taken corrective measures described in this Owner's Report in
accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS
Inspector's Signature NB-9947, ARK-II33 "N" "I"
National Board, State, Province, and Endorsements

J. O. Elliott
Date 12/19 19 91

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

1. OWNER APAL/ENERGY OPERATIONS, INC. DATE 5-18-90 (Revised 12/10/91)
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 T.O. # 00814127
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY APAL/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Building Spray (HCB-1)
5. (a) APPLICABLE CONSTRUCTION CODE AISC 1963 EDITION, 6th Edition ADDENDA,
NA CODE CASE
- (b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (w/1)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>HCB-1-H4</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Modified hanger to meet specifications
8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
OTHER PRESSURE NA psi TEST TEMP. NA °F

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

9. REMARKS

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct
Applicable Construction Code*

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed Arnold B. Jones Sr. Date 12/18, 1991

Owner or Owner's Designee, Title
E. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of
Boiler and Pressure Vessel Inspectors and the State or Province of
ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of
NORWOOL, MASS. have inspected the components described in this
Owner's Report during the period 12-14-88 to 1-7-91
and state that to the best of my knowledge and belief, the Owner has performed
examinations and taken corrective measures described in this Owner's Report in
accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS
Inspector's Signature NB-9947, ARK-F133 "N" "1"
National Board, State, Province, and Endorsements

J. O. Elliott
Date 12/19, 1991

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

1. OWNER AP&L/ENERGY OPERATIONS, INC. DATE 9-10-90 (Revised 12/10/91)
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AA. 72801 SHEET 1 of 1
Address
2. PLANT ARKANSAS NUCLEAR OVE UNIT ONE
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O. # 00758645
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Main Steam (EBB-3)
5. (a) APPLICABLE CONSTRUCTION CODE AISC 19 63 EDITION, 6th Edition ADDENDA,
Code Case NA
- (b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 19 80 (w/1)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>MS-168</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Modified hanger per OCP87-1099
8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
OTHER PRESSURE NA psi TEST TEMP. NA °F

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

9. REMARKS

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct
Applicable Construction Code*

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed Arnold B. Lane Date 12/18, 1991
Owner or Owner's Designee, Title
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of
Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS
NORWOOD, MASS. and employed by ARKWRIGHT MUTUAL INSURANCE CO. of
NORWOOD, MASS. have inspected the components described in this
Owner's Report during the period 12-14-88 to 1-7-91
and state that to the best of my knowledge and belief, the Owner has performed
examinations and taken corrective measures described in this Owner's Report in
accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS
Inspector's Signature NB-9947, ARK-1133 "N" "I"
National Board, State, Province, and Endorsements
Date 12/19 1991

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

1. OWNER AP&I/ENERGY OPERATIONS, INC. DATE 11-13-90 (Revised 12/10/91)
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O.# 00828203
Address Repair Organisation PO No., Job No., etc.
3. WORK PERFORMED BY AP&I/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A
Address EXPIRATION DATE N/A

4. IDENTIFICATION OF SYSTEM Decay Heat (GCB-1)
5. (a) APPLICABLE CONSTRUCTION CODE ASCC 1963 EDITION, 6th Edition ADDENDA,
NA CODE CASE
- (b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (WEL)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>GCB-1-H:4</u>	<u>1970</u>	<u>Revised</u>	<u>No</u>

7. DESCRIPTION OF WORK Modified hanger to meet specifications
8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
OTHER PRESSURE NA psi TEST TEMP. NA °F

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

9. REMARKS

Applicable Manufacturer's Data Reports to be Attached

This NIS-2 has been revised to reflect the correct applicable Construction Code.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed *Donald B. Jones Jr* Date 12/18, 1991
Owner or Owner's Designee, Title
E. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 12-14-88 to 1-7-91 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott Commissions NE-9947, ARK-1133 "N" "I"
Inspector's Signature FACTORY MUTUAL SYSTEMS
National Board, State, Province, and Endorsements
Date 12/19, 1991
J. O. Elliott

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

1. OWNER AP&L/ENERGY OPERATIONS, INC. DATE 8-13-90 (Revised 12/10/91)
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SPENT 1 of 1
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O. # 00820775
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Reactor Coolant (CCA-13)
5. (a) APPLICABLE CONSTRUCTION CODE ASME 1963 EDITION, 6th Edition ADDENDA,
CODE CASE NA
- (b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (w/81)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<i>Component Support</i>	<i>Various</i>	<i>NA</i>	<i>NA</i>	<i>CCA-13-H2</i>	<i>1970</i>	<i>Repaired</i>	<i>No</i>
<i>Component Support</i>	<i>Various</i>	<i>NA</i>	<i>NA</i>	<i>CCA-13-H3</i>	<i>1970</i>	<i>Repaired</i>	<i>No</i>
<i>Component Support</i>	<i>Various</i>	<i>NA</i>	<i>NA</i>	<i>CCA-13-H4</i>	<i>1970</i>	<i>Repaired</i>	<i>No</i>

7. DESCRIPTION OF WORK Modified design to meet specifications
8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
OTHER PRESSURE NA psi TEST TEMP. NA °F

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

9. REMARKS

Applicable Manufacturer's Data Reports to be Attached

This NIS-2 has been revised to reflect the correct applicable Construction Code.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed Arnold B. Jones for Date 12/18/91, 1991

Owner or Owner's Designee, Title
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 12-14-88 to 1-7-91 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS
Inspector's Signature NB-9947, ARK-I133 "N" "I"
National Board, State, Province, and Endorsements

J. O. Elliott
Date 12/19 1991

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

1. OWNER AP&L/ENERGY OPERATIONS, INC. DATE 3-28-89 (Revised 12/10/91)
Name

RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1
Address

2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE
Name

RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O. # 00781160
Address Repair Organisation PO No., Job No., etc.

3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A
Name

RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A
Address EXPIRATION DATE N/A

4. IDENTIFICATION OF SYSTEM Decay Heat (HCB-2-14")

(a) APPLICABLE CONSTRUCTION CODE AISC 1963 EDITION, 6th Edition ADDENDA,
CODE CASE A

(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (US)

6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>DH-108</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Modified Component Support

8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
OTHER PRESSURE NA psi TEST TEMP. NA °F

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

9. REMARKS

Applicable Manufacturer's Data Reports to be Attached

This NIS-2 has been revised to reflect the correct applicable Construction Code

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed Donald B. Lane for Date 12/19, 1991

Owner or Owner's Designee, Title
E. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 12-14-88 to 1-7-91 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott Commission FACTORY MUTUAL SYSTEMS
Inspector's Signature NB-9947, ARK-I133 "N" "I"
National Board, State, Province, and Endorsements
Date 12/19 1991
J. O. Elliott

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
		NA	NA	HCB-1-H1	1970 ^E	Repaired	No
	Various	NA	NA	HCB-2-H4	1970 ^E	Repaired	No
		NA	NA	HCB-2-H5	1970 ^E	Repaired	No
		NA	NA	HCB-2-DH158	1970 ^E	Repaired	No
	Various		NA	HCB-2-DH46	1970 ^E	Repaired	No
	Various	NA	NA	HCB-2-DH147	1970 ^E	Repaired	No
	Various	NA	NA	GCB-2-DH203	1970 ^E	Repaired	No
Support	Various	NA	NA	HCB-2-DH110	1970 ^E	Repaired	No
Support	Various	NA	NA	GCB-2-DH205	1970 ^E	Repaired	No
Support	Various	NA	NA	GCB-2-DH209	1970 ^E	Repaired	No
Support	Various	NA	NA	GCB-2-DH204	1970 ^E	Repaired	No
Support	Various	NA	NA	HCB-2-H21	1970 ^E	Repaired	No
Support	Various	NA	NA	HCB-6-H1	1970 ^E	Repaired	No
Support	Various	NA	NA	GCB-4-DH125	1970 ^E	Repaired	No
Support	Various	NA	NA	GCB-4-DH121	1970 ^E	Repaired	No
Support	Various	NA	NA	HCB-2-DH56	1970 ^E	Repaired	No
Support	Various	NA	NA	HCB-2-DH51	1970 ^E	Repaired	No
Support	Various	NA	NA	GCB-4-H17	1970 ^E	Repaired	No
Support	Various	NA	NA	GCB-4-H18	1970 ^E	Repaired	No
Support	Various	NA	NA	GCB-4-DH130	1970 ^E	Repaired	No
Support	Various	NA	NA	HCB-2-DH117	1970 ^E	Repaired	No
Support	Various	NA	NA	GCB-4-DH122	1970 ^E	Repaired	No

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

1. OWNER AP&L/ENERGY OPERATIONS, INC. DATE 10-22-90 (Revised 12/10/91)
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 2
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O.# 00825706
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Make No (GCB-244) and Recomp Heat (HCB-2)
5. (a) APPLICABLE CONSTRUCTION CODE ASCE 1963 EDITION, 6th Edition ADDENDA,
NA CODE CASE
(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (w&f)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
Component Support	Various	NA	NA	GCB-2-HZ	1970	Repaired	No
Component Support	Various	NA	NA	GCB-2-DH207	1970	Repaired	No
Component Support	Various	NA	NA	GCB-2-DH210	1970	Repaired	No
Component Support	Various	NA	NA	GCB-2-DH213	1970	Repaired	No
Component Support	Various	NA	NA	GCB-2-DH214	1970	Repaired	No

7. DESCRIPTION OF WORK Modified hanger to meet specifications
8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
OTHER PRESSURE NA psi TEST TEMP. NA °F

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

9. REMARKS

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct
Applicable Construction Code.*

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed Ronald B. [Signature] Date 12/18, 1991
Owner or Owner's Designee, Title
R. D. Lang, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of
Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS
NORWOOD, MASS. and employed by ARKWRIGHT MUTUAL INSURANCE CO. of
NORWOOD, MASS. have inspected the components described in this
Owner's Report during the period 12-14-88 to 1-7-91
and state that to the best of my knowledge and belief, the Owner has performed
examinations and taken corrective measures described in this Owner's Report in
accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS
Inspector's Signature NB-9947, ARK-I133 "N" "I"
National Board, State, Province, and Endorsements
Date 12/19, 1991

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
Component Support	Various	NA	NA	DH-182	1970	Repaired	No
Component Support	Various	NA	NA	DH-302	1970	Repaired	No
Component Support	Various	NA	NA	DH-196	1970	Repaired	No
Component Support	Various	NA	NA	DH-177	1970	Repaired	No
Component Support	Various	NA	NA	DH-167	1970	Repaired	No
Component Support	Various	NA	NA	CCB-1-H1	1970	Repaired	No
Component Support	Various	NA	NA	DH-191	1970	Repaired	No
Component Support	Various	NA	NA	DH-164	1970	Repaired	No

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

1. OWNER AP&I/ENERGY OPERATIONS, INC. DATE 3-20-89 (Revised 12/10/91)
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 2
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O. # 00779103
Address Repair Organisation PO No., Job No., etc.
3. WORK PERFORMED BY AP&I/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Decay Heat
5. (a) APPLICABLE CONSTRUCTION CODE AISC 1963 EDITION, 6th Edition ADDENDA,
Code Case NA
- (b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (w/1)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER TRIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
Component Support	Various	NA	NA	CCB-1-H11	1971	Repaired	No
Component Support	Various	NA	NA	CCB-1-H3	1971	Repaired	No
Component Support	Various	NA	NA	DH-56	1971	Repaired	No
Component Support	Various	NA	NA	DH-251	1971	Repaired	No
Component Support	Various	NA	NA	CCB-DH-192	1971	Repaired	No

7. DESCRIPTION OF WORK Modified Drawings to meet specifications
8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
OTHER PRESSURE NA psi TEST TEMP. NA °F

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

9. REMARKS

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct
Applicable Construction Code.*

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed Donald B. Lane, Jr. Date 12/18, 1991

Owner or Owner's Designee, Title
E. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of
Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS
NORWOOD, MASS. and employed by ARKWRIGHT MUTUAL INSURANCE CO. of
NORWOOD, MASS. have inspected the components described in this
Owner's Report during the period 12-14-88 to 1-7-91
and state that to the best of my knowledge and belief, the Owner has performed
examinations and taken corrective measures described in this Owner's Report in
accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS
Inspector's Signature NE-9947, ARK-1133 "N" "I"
National Board, State, Province, and Endorsements

J. O. Elliott
Date 12/19 1991

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
Support Component	Various	NA	NA	MU-166	1970	Repaired	No
Support Component	Various	NA	NA	MU-168	1970	Repaired	No
Support Component	Various	NA	NA	MU-175	1970	Repaired	No
Support Component	Various	NA	NA	MU-176	1970	Repaired	No
Support Component	Various	NA	NA	MU-178	1970	Repaired	No
Support Component	Various	NA	NA	MU-182	1970	Repaired	No
Support Component	Various	NA	NA	MU-183	1970	Repaired	No
Support Component	Various	NA	NA	MU-184	1970	Repaired	No
Support Component	Various	NA	NA	MU-185	1970	Repaired	No
Support Component	Various	NA	NA	MU-188	1970	Repaired	No
Support Component	Various	NA	NA	MU-193	1970	Repaired	No
Support Component	Various	NA	NA	MU-195	1970	Repaired	No
Support Component	Various	NA	NA	MU-197	1970	Repaired	No
Support Component	Various	NA	NA	MU-198	1970	Repaired	No
Support Component	Various	NA	NA	MU-201	1970	Repaired	No
Support Component	Various	NA	NA	MU-208	1970	Repaired	No
Support Component	Various	NA	NA	MU-211	1970	Repaired	No
Support Component	Various	NA	NA	MU-212	1970	Repaired	No
Support Component	Various	NA	NA	MU-408	1970	Repaired	No
Support Component	Various	NA	NA	MU-451	1970	Repaired	No

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
Component Support	Various	NA	NA	MU-158	1970	Repaired	No
Component Support	Various	NA	NA	MU-200	1970	Repaired	No
Component Support	Various	NA	NA	MU-260	1970	Repaired	No
Component Support	Various	NA	NA	MU-210B	1970	Repaired	No
Component Support	Various	NA	NA	MU-206	1970	Repaired	No
Component Support	Various	NA	NA	MU-205	1970	Repaired	No
Component Support	Various	NA	NA	MU-403	1970	Repaired	No
Component Support	Various	NA	NA	MU-405	1970	Repaired	No
Component Support	Various	NA	NA	MU-177	1970	Repaired	No
Component Support	Various	NA	NA	MU-180	1970	Repaired	No
Component Support	Various	NA	NA	MU-207	1970	Repaired	No
Component Support	Various	NA	NA	MU-184	1970	Repaired	No
Component Support	Various	NA	NA	MU-163	1970	Repaired	No
Component Support	Various	NA	NA	MU-224A	1970	Repaired	No
Component Support	Various	NA	NA	MU-178	1970	Repaired	No
Component Support	Various	NA	NA	MU-154	1970	Repaired	No
Component Support	Various	NA	NA	MU-169	1970	Repaired	No
Component Support	Various	NA	NA	MU-186	1970	Repaired	No
Component Support	Various	NA	NA	MU-213	1970	Repaired	No
Component Support	Various	NA	NA	MU-225	1970	Repaired	No
Component Support	Various	NA	NA	MU-237	1970	Repaired	No
Component Support	Various	NA	NA	MU-156	1970	Repaired	No
Component Support	Various	NA	NA	MU-157	1970	Repaired	No
Component Support	Various	NA	NA	MU-161	1970	Repaired	No
Component Support	Various	NA	NA	MU-162	1970	Repaired	No

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

1. OWNER APAL/ENERGY OPERATIONS, INC. DATE 3-1-89 thru 3-22-89 (Revised: 3/10/91)
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 3
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O. # 00778079
Address Repair Organisation PO No., Job No., etc.
3. WORK PERFORMED BY APAL/ENERGY OPS, INC. TYPE CODE SYMBOL STAMP N/A
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Make-Up
5. (a) APPLICABLE CONSTRUCTION CODE AISC 1963 EDITION, 6th Edition ADDENDA,
NA CODE CASE
(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (u81)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
Component Support	Various	NA	NA	MU-194	1970	Repaired	No
Component Support	Various	NA	NA	MU-185	1970	Repaired	No
Component Support	Various	NA	NA	MU-164	1970	Repaired	No
Component Support	Various	NA	NA	MU-195	1970	Repaired	No
Component Support	Various	NA	NA	MU-204	1970	Repaired	No

7. DESCRIPTION OF WORK Modified hangers to meet specifications
8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
OTHER PRESSURE NA psi TEST TEMP. NA °F

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

9. **REMARKS**

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct
Applicable Construction Code.*

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed Donald B. Lene, Jr. Date 12/18, 1991

Owner or Owner's Designee, Title
R. D. Lene, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of
Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS
NORWOOD, MASS. and employed by "ARKWRIGHT MUTUAL INSURANCE CO." of
NORWOOD, MASS. have inspected the components described in this
Owner's Report during the period 12-14-88 to 1-7-91
and state that to the best of my knowledge and belief, the Owner has performed
examinations and taken corrective measures described in this Owner's Report in
accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott Commissions "FACTORY MUTUAL SYSTEMS
NB-9947, ARK-1133 "N" "I"
Inspector's Signature National Board, State, Province, and Endorsements

J. O. Elliott
Date 12/19, 1991

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

1. OWNER APAL/ENERGY OPERATIONS, INC. DATE 11-18-90 (Revised 12/10/91)
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O.# 00825581
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY APAL/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Decay Heat (CCB-4)
5. (a) APPLICABLE CONSTRUCTION CODE AISC 1963 EDITION, 6th Edition ADDENDA,
Code Case NA
- (b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (WBI)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>MU-249</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Modified design to meet specifications
8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
OTHER PRESSURE NA psi TEST TEMP. NA °F

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

9. REMARKS

Applicable Manufacturer's Data Reports to be Attached

This NIS-2 has been revised to reflect the correct applicable Construction Code

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed Arnold B. Lane Jr Date 12/18, 1991
Owner or Owner's Designee, Title
E. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 12-14-88 to 1-7-91 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS
Inspector's Signature NB-9947, ARK-I133 "N" "I"
National Board, State, Province, and Endorsements
Date J. O. Elliott 12/19 1991

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

1. OWNER AP&L/ENERGY OPERATIONS, INC. DATE 11-15-90 (Revised 12/10/91)
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 STREET 1 of 1
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O.# 00828206
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Make-Up (CCB-4)
5. (a) APPLICABLE CONSTRUCTION CODE AISC 1963 EDITION, 6th Edition ADDENDA,
NA CODE CASE
- (b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980(WS1)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>H002 Part 1</u>	<u>1970</u>	<u>Revised</u>	<u>No</u>

7. DESCRIPTION OF WORK Performed hanger modification
8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
OTHER PRESSURE NA psi TEST TEMP. NA °F

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

9. REMARKS

Applicable Manufacturer's Data Reports to be Attached

This NIS-2 has been revised to reflect the correct applicable Construction Code.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed Ronald B. Lund Date 12/18, 1991
Owner or Owner's Designee, Title
R. D. Wade, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 12-14-88 to 1-7-91 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS
Inspector's Signature NB-9947, ARK-I133 "N" "I"
Date 12/19, 1991
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 APAL/ENERGY OPERATIONS, INC. DATE 11-25-90 (Revised 12/10/91)
Name

RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1
Address

2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE
Name

RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 T.O. # 00816047
Address Repair Organization PO No., Job No., etc.

3. WORK PERFORMED BY APAL/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A
Name

RT. 3, Box 137 G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A
Address EXPIRATION DATE N/A

4. IDENTIFICATION OF SYSTEM Make-Up (CCB-5)

5. (a) APPLICABLE CONSTRUCTION CODE AISC 1963 EDITION, 6th Edition ADDENDA,
NA CODE PART

(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 80 (US)

6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NOMINAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>MI-237</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Modified hanger to meet specifications

8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
OTHER PRESSURE NA psi TEST TEMP. NA °F

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

9. REMARKS

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct
Applicable Construction Code.*

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed Richard B. [Signature] Date 12/16, 1991

Owner or Owner's Designer, Title
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 12-14-88 to 1-7-91 and state that to the best of my know, see and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS
Inspector's Signature NB-9947, ARK-1133 "N" "I"
Date 12/19 1991
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 AP&L/ENERGY OPERATIONS, INC. DATE 3-15-91 (Revised 12/10/91)
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O.# 00780050
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Decay Heat (GCB-4-12")
5. (a) APPLICABLE CONSTRUCTION CODE AISC 1963 EDITION, 6th Edition ADDENDA,
NA CASE
(b) APPLICABLE EDIT. OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980(CW81)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<i>Component Support</i>	<i>Various</i>	<i>NA</i>	<i>NA</i>	<i>DH-153</i>	<i>1970</i>	<i>Revised</i>	<i>No</i>

7. DESCRIPTION OF WORK Modified Component Support
8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
OTHER PRESSURE NA psi TEST TEMP. NA °F

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

9. REMARKS

Applicable Manufacturer's Data Reports to be Attached

This NIS-2 has been revised to reflect the correct applicable Construction Code.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R. D. Lane Date 12/18, 1991
Owner or Owner's Designee, Title

R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 12-14-88 to 1-7-91 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS
Inspector's Signature NB-9947, ARX-II133 "N" "I"
National Board, State, Province, and Endorsements
J. O. Elliott
Date 12/19 1991

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

1. OWNER APAL/ENERGY OPERATIONS, INC. DATE 3-28-89 (Revised 12/10/91)
Name

RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1
Address

2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE
Name

RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O. # 00781596
Address Repair Organisation PO No., Job No., etc.

3. WORK PERFORMED BY APAL/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A
Name

RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A
Address EXPIRATION DATE N/A

4. IDENTIFICATION OF SYSTEM Decay Heat (GCR-4-12)

5. (a) APPLICABLE CONSTRUCTION CODE ASCE 1963 EDITION, 6th Edition ADDENDA,
NA CODE CASE

(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (W81)

6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (ES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>DH-126</u>	<u>1968</u>	<u>Repaired</u>	<u>No.</u>

7. DESCRIPTION OF WORK Repaired integrally welded pipe lugs.

8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
OTHER PRESSURE NA psi TEST TEMP. NA °F

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

9. REMARKS

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct
Applicable Construction Code.*

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed Richard B. Lane Date 12/18, 1991

Owner or Owner's Designee, Title
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of
Boiler and Pressure Vessel Inspectors and the State or Province of
ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of
NOBLOOD, MASS. have inspected the components described in this
Owner's Report during the period 12-14-88 to 1-7-91
and state that to the best of my knowledge and belief, the Owner has performed
examinations and taken corrective measures described in this Owner's Report in
accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS
Inspector's Signature NB-9947, ARK-1133 "N" "I"
National Board, State, Province, and Endorsements

J. O. Elliott
Date 12/19 1991

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

1. OWNER APAL/ENERGY OPERATIONS, INC. DATE 1-10-90 (Revised 12/10/91)
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 JO# 00802689
Address Repair Organisation PO No., Job No., etc.
3. WORK PERFORMED BY APAL/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A
Address
- EXPIRAT. DATE N/A
4. IDENTIFICATION OF SYSTEM Main Steam
5. (a) APPLICABLE CONSTRUCTION CODE AISC 1983 EDITION, 6th Edition ADDENDA,
NA CODE CASE
- (b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (w/1)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>MS-5-H3</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>MS-5-H5</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Repair welds on hangers to meet specifications
8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
OTHER PRESSURE NA psi TEST TEMP. NA °F

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

9. REMARKS

Applicable Manufacturer's Data Reports to be Attached

This NTS-2 has been revised to reflect the correct applicable Construction Code

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R. D. Lane Date 12/18 1991
Owner or Owner's Designee, Title
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 12-14-88 to 1-7-91 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott Commissions NE-9947, ARK-1133 "N" "I"
Inspector's Signature National Board, State, Province, and Endorsements
Date 12/19 1991

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

1. OWNER APAL/ENERGY OPERATIONS, INC. DATE 3-15-89 (Revised, 12/10/91)
Name
RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1
Address

2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE
Name
RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O. # 00780049
Address Repair Organization PO No., Job No., etc.

3. WORK PERFORMED BY APAL/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A
Name
RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A
Address EXPIRATION DATE N/A

4. IDENTIFICATION OF SYSTEM Decay Heat (6CB-1-12")

5. (a) APPLICABLE CONSTRUCTION CODE AISC, 1963 EDITION, 6th Edition ADDENDA,
NA CODE CASE

(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980(w81)

6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>PH-184</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Modified hanger to meet specifications

8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
OTHER PRESSURE NA psi TEST TEMP. NA °F

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

9. REMARKS

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct
Applicable Construction Code.*

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed Arnold B. Jones Jr Date 12/18, 1991
Owner or Owner's Designee, Title
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of
Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS
NORWOOD, MASS. and employed by ARKWRIGHT MUTUAL INSURANCE CO. of
NORWOOD, MASS. have inspected the components described in this
Owner's Report during the period 12-14-88 to 1-7-91
and state that to the best of my knowledge and belief, the Owner has performed
examinations and taken corrective measures described in this Owner's Report in
accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS
Inspector's Signature NB-9947, ARK-II33 "N" "I"
National Board, State, Province, and Endorsements
Date 12/19 1991
J. O. Elliott

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

1. OWNER AP&L/ENERGY OPERATIONS, INC. DATE 7-17-90 (Revised 12/10/91)
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SPECKT 1 of 1
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O. #00817807
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Decay Heat (GCR-4)
5. (a) APPLICABLE CONSTRUCTION CODE AISC 1985 EDITION, 6th Edition ADDENDA, 4A
CODE CASE
- (b) ASME EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS IS 80 (WPI)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>DH-125</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Modified hanger to meet specifications
8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
 OTHER PRESSURE NA psi TEST TEMP. NA °F

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

9. REMARKS

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct
Applicable Construction Code.*

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed *R. D. Lane* Date 12/15, 1991

Owner or Owner's Designer, Title
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 12-14-88 to 1-7-91 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL STEMS
Inspector's Signature NB-9947, ARK-1133 "N" "I"
National Board, State, Province, and Endorsements

J. O. Elliott
Date 12/19 1991

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

1. OWNER APAL/ENERGY OPERATIONS, INC. DATE 7-10-90 (Revised 12/10/91)
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O. # 07817047
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY APAL/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Decay Heat (GCB-4)
5. (a) APPLICABLE CONSTRUCTION CODE AISC 1963 EDITION, 6th Edition ADDENDA,
NA CODE CASE
- (b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980(w81)

6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>DH-132</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Modified hanger to meet specifications.
8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
OTHER PRESSURE NA psi TEST TEMP. NA °F

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

9. REMARKS

Applicable Manufacturer's Data Reports to be Attached

This NIS-2 has been revised to reflect the correct applicable Construction Code.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R. D. Lane Date 12/18 1991
Owner or Owner's Designee, Title
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boilers and Pressure Vessel Inspectors and the State or Province of ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 12-14-88 to 1-7-91 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS
Inspector's signature NB-9947, ARK-I133 "N" "I"
Date 12/19 1991
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 APAL/ENERGY OPERATIONS, INC. DATE 6-25-90 (Revised 12/10/91)
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O. # 00816476
Address Repair Organisation PO No., Job No., etc.
3. WORK PERFORMED BY APAL/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Decay Heat (HCB-2)
5. (a) APPLICABLE CONSTRUCTION CODE AISC 1963 EDITION, 6th Edition ADDENDA,
NA CODE CASE
- (b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (W81)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>DH-137</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Modified hanger to meet specifications
8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
OTHER PRESSURE NA psi TEST TEMP. NA °F

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

9. REMARKS

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct
Applicable Construction Code.*

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed Ronald B. Lane Date 12/18, 1991

Owner or Owner's Designee, Title
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of
Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS
NORWOOD, MASS. and employed by "ARKWRIGHT MUTUAL INSURANCE CO." of
have inspected the components described in this
Owner's Report during the period 12-14-88 to 1-7-91
and state that to the best of my knowledge and belief, the Owner has performed
examinations and taken corrective measures described in this Owner's Report in
accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS
Inspector Signature NB-9947, ARK-II33 "N" "I"
National Board, State, Province, and Endorsements
Date 12/19 1991

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

1. OWNER AP&L/ENERGY OPERATIONS, INC. DATE 8-22-90 (Revised 12/10/91)
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O. # 00770087
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPES CODE SYMBOL NA
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. NA
Address EXPIRATION DATE NA
4. IDENTIFICATION OF SYSTEM Recap Heat (GCB-12)
5. (a) APPLICABLE CONSTRUCTION CODE AISC 1963 EDITION, 6th Edition ADDENDA,
NA CODE CASE
(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (WPI)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<i>Component Support</i>	<i>Various</i>	<i>NA</i>	<i>NA</i>	<i>GCB-12-417</i>	<i>1970</i>	<i>Repaired</i>	<i>No</i>

7. DESCRIPTION OF WORK Modified hanger to meet specifications.
8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
OTHER PRESSURE NA psi TEST TEMP. NA °F

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

9. REMARKS

Applicable Manufacturer's Data Reports to be Attached

This NIS-2 has been revised to reflect the correct applicable Construction Code.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed Arnold B. Spaul Jr Date 12/18, 1991

Owner or Owner's Designee, Title
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 12-14-88 to 1-7-91 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott
Inspector's Signature

Commissions FACTORY MUTUAL SYSTEMS

NB-9947, ARK-I133 "N" "I"
National Board, State, Province, and Endorsements

J. O. Elliott
Date 12/19 1991

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

1. OWNER AP&L/ENERGY OPERATIONS, INC. DATE 11-14-90 (Revised 12/10/91)
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O.#00828296
Address Repair Organisation PO No., Job No., etc.
3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Make-Up (CCB-4)
5. (a) APPLICABLE CONSTRUCTION CODE ASCE 1963 EDITION, 6th Edition ADDENDA,
NA CODE CASE
- (b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 19 80(US)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>H002</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Modified hanger to meet specifications
8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
OTHER PRESSURE NA psi TEST TEMP. NA °F

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

9. REPAIRS

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct
Applicable Construction Code.*

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed *R. D. Lane* Date 12/18, 1991

Owner or Owner's Designee, Title
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of
Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS
NORWOOD, MASS. and employed by ARKWRIGHT MUTUAL INSURANCE CO. of
have inspected the components described in this
Owner's Report during the period 12-14-88 to 1-7-91
and state that to the best of my knowledge and belief, the Owner has performed
examinations and taken corrective measures described in this Owner's Report in
accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS
Inspector's Signature NB-9947, ARK-II33 "N" "I"
National Board, State, Province, and Endorsements

J. O. Elliott
Date 12/19 1991

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

1. OWNER AP&L/ENERGY OPERATIONS, INC. DATE 11-15-90 (Revised 12/10/91)
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 IO # 00825706
Address Repair Organisation PO No., Job No., etc.
3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Decay Heat (HCB-2)
5. (a) APPLICABLE CONSTRUCTION CODE AISC 1963 EDITION, 6th Edition ADDENDA,
NA CODE CASE
- (b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (US1)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>DH-51</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Modified hanger to meet specifications
8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
OTHER PRESSURE NA psi TEST TEMP. NA °F

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

9. REMARKS

Applicable Manufacturer's Data Reports to be Attached

This NIS-2 has been revised to reflect the correct applicable Construction Code.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed Paul B. Jones Sr. Date 12/18, 1991
Owner or Owner's Designer, Title
E. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS and employed by "ARKWRIGHT MUTUAL INSURANCE CO." of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 12-14-88 to 1-7-91 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott Commissions "FACTORY MUTUAL SYSTEMS"
Inspector's Signature NB-9947, ARK-I133 "N" "I"
National Board, State, Province, and Endorsements
Date 12/19 1991

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

1. OWNER APAL/ENERGY OPERATIONS, INC. DATE 11-15-90 (Revised 12/10/91)
Name
- RT. 1, BOX 137 G, RUSSELLVILLE, AR. 72801 SPENT 1 of 1
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE
Name
- RT. 1, BOX 137 G, RUSSELLVILLE, AR. 72801 J.O.# 00828234
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY APAL/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Decay Heat (HCB-2)
5. (a) APPLICABLE CONSTRUCTION CODE AISC 1963 EDITION, 6th Edition ADDENDA,
NA CODE CASE
(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (WBI)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>DH-146</u>	<u>1970</u>	<u>Pyramid</u>	<u>No</u>

7. DESCRIPTION OF WORK Modified hanger to meet specifications
8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
OTHER PRESSURE NA psi TEST TEMP. NA °F

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

9. REMARKS

Applicable Manufacturer's Data Reports to be Attached

This NIS-2 has been revised to reflect the correct applicable Construction Code.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed Robert B. Lynch Jr Date 12/18, 1991
Owner or Owner's Designee, Title
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 12-14-88 to 1-7-91 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott Commissions "FACTORY MUTUAL SYSTEMS"
Inspector's Signature NB-9947, ARK-I133 "N" "I"
Date 12/19 1991
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 AP&L/ENERGY OPERATIONS, INC. DATE 11-14-90 (Revised 12/10/91)
Name

RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1
Address

2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE
Name

RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O. # 00828171
Address Repair Organization PO No., Job No., etc.

3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A
Name

RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A
Address EXPIRATION DATE N/A

4. IDENTIFICATION OF SYSTEM Decay Heat (HCB-2)

5. (a) APPLICABLE CONSTRUCTION CODE AISC 1963 EDITION, 6th Edition ADDENDA,
NA CODE CASE

(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980(w81)

6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<i>Component Support</i>	<i>Various</i>	<i>NA</i>	<i>NA</i>	<i>DH-142</i>	<i>1970</i>	<i>Repaired</i>	<i>No</i>

7. DESCRIPTION OF WORK Modified hanger to meet specification

8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
OTHER PRESSURE NA psi TEST TEMP. NA °F

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

9. REMARKS

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct
Applicable Construction Code.*

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R. D. Lane Date 12/18 1991

Owner/ or Owner's Designee, Title
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of
Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS
NORWOOD, MASS. and employed by ARKWRIGHT MUTUAL INSURANCE CO. of
have inspected the components described in this
Owner's Report during the period 12-14-88 to 1-7-91
and state that to the best of my knowledge and belief, the Owner has performed
examinations and taken corrective measures described in this Owner's Report in
accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS
Inspector's Signature NB-9947, ARK-II33 "N" "I"
National Board, State, Province, and Endorsements

J. O. Elliott
Date 12/19 1991

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

1. OWNER APAL/ENERGY OPERATIONS, INC. DATE 11-20-90 (Revised 12/10/91)
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O. # 00816567
Address Repair Organisation PO No., Job No., etc.
3. WORK PERFORMED BY APAL/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Recap No. 1 (HEB-2)
5. (a) APPLICABLE CONSTRUCTION CODE AISC 1963 EDITION 6th Edition ADDENDA
NA CODE CASE
- (b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (USI)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>DH-144</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Modified hanger to meet specification
8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC WORKING OPERATING PRESSURE
OTHER PRESSURE NA psi TEST TEMP. NA °F

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

9. REMARKS

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct
Applicable Construction Code.*

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R. D. Lane Date 12/19, 1991
Owner or Owner's Designee, Title
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of
Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS
NORWOOD, MASS. and employed by ARKWRIGHT MUTUAL INSURANCE CO. of
have inspected the components described in this
Owner's Report during the period 12-14-88 to 1-7-91
and state that to the best of my knowledge and belief, the Owner has performed
examinations and taken corrective measures described in this Owner's Report in
accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS
Inspector's Signature NB-9947, ARK-1133 "N" "I"
National Board, State, Province, and Endorsements
Date J. O. Elliott 12/19 1991

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

1. OWNER AP&L/ENERGY OPERATIONS, INC. DATE 11-26-90 (Revised 12/10/91)
Name

RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1
Address

2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE
Name

RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O.# 00828767
Address Repair Organization PO No., Job No., etc.

3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A
Name

RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A
Address EXPIRATION DATE N/A

4. IDENTIFICATION OF SYSTEM Make-Up (CCB-4)

5. (a) APPLICABLE CONSTRUCTION CODE AISC 1963 EDITION, 6th Edition ADDENDA,
NA CODE CASE

(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 19 80(w/81)

6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>H004</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Modified hanger to meet specifications

8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
OTHER PRESSURE NA psi TEST TEMP. NA °F

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

9. REMARKS

applicable Manufacturer's Data Reports to be Attached

This NIS-2 has been revised to reflect the correct applicable Construction Code.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R. D. Lane Date 12/18, 1991

Owner or Owner's Designer, Title
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 12-14-88 to 1-7-91 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS
Inspector's Signature NB-9947, ARK-II33 "N" "I"
Date 12/19 1991
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 AP&L/ENERGY OPERATIONS, INC. DATE 11-16-90 (Revised 12/10/91)
Name
RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1
Address

2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE
Name
RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O. #00825581
Address Repair Organization PO No., Job No., etc.

3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A
Name
RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A
Address EXPIRATION DATE N/A

4. IDENTIFICATION OF SYSTEM Make-Up (CCB-4-2")

5. (a) APPLICABLE CONSTRUCTION CODE AISC 1963 EDITION, 6th Edition ADDENDA,
NA CODE CASE
(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (US)

6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>MU-248</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Modified hanger to meet design specifications

8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
OTHER PRESSURE NA psi TEST TEMP. NA °F

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

9. REMARKS

Applicable Manufacturer's Data Reports to be Attached

This NIS-2 has been revised to reflect the correct applicable Construction Code

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R. D. Lane Date 12/10, 1991
Owner or Owner's Designee, Title
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

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 ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 12-14-88 to 1-7-91 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS
Inspector's Signature NB-9947, ARK-I133 "N" "I"
National Board, State, Province, and Endorsements
J. O. Elliott
Date 12/19 1991

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

1. OWNER AP&L/ENERGY OPERATIONS, INC. DATE 11-7-90 (Revised 12/6/91)
Name

RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEETS: 1 of 1
Address

2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE
Name

RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O. # 00770087
Address Repair Organization PO No., Job No., etc.

3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A
Name

RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A
Address EXPIRATION DATE N/A

4. IDENTIFICATION OF SYSTEM Building Spray? (GCB-12)

5. (a) APPLICABLE CONSTRUCTION CODE AISC 1963 EDITION, 6th Edition ADDENDA,
NA CODE CASE

(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (US)

6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>GCB-12-417</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Modified hanger to meet specifications.

8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
OTHER PRESSURE NA psi TEST TEMP. NA °F

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

9. REMARKS

Applicable Manufacturer's Data Reports to be Attached

This NIS-2 has been revised to reflect the correct applicable Construction Code.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R. D. Lane Date 12/10 1991
Owner or Owner's Designee, Title

R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of W' WOOD, MASS. have inspected the component's described in this Owner's Report during the period 12-14-88 to 1-7-91 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott Commissions "FACTORY MUTUAL SYSTEMS
NB-9947, ARK-I133 "N" "I"
Inspector's Signature National Board, State, Province, and Endorsements

J. O. Elliott
Date 12/19 1991

APPENDIX II - MANDATORY

REVISED
06/30/89

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

1. APAL/ENERGY OPERATIONS, INC. DATE 5-11-90 (Revised 12/10/91)
Name
RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1
Address

2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE
Name
RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O. # 00810740
Address Repair Organization PO No., Job No., etc.

3. WORK PERFORMED BY APAL/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A
Name
RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A
Address EXPIRATION DATE N/A

4. IDENTIFICATION OF SYSTEM Space RCS Sump

5. (a) APPLICABLE CONSTRUCTION CODE ASCE 1963 EDITION, 6th Edition ADDENDA,
NA CODE CASE
(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (w/81)

6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Anchor Darling</u>	<u>1702(1)</u>	<u>NA</u>	<u>Space Sump 1980</u>	<u>Repaired</u>	<u>No</u>	

7. DESCRIPTION OF WORK Repaired rod head bearing assembly of piston rod assembly

8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
OTHER PRESSURE NA psi TEST TEMP. NA °F

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

9. REMARKS

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct
Applicable Construction Code.*

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed Robert B. Lane Date 12/15 : 1991
Owner or Owner's Designee, Title
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of
Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS
NORWOOD, MASS. and employed by ARKWRIGHT MUTUAL INSURANCE CO. of
NORWOOD, MASS. have inspected the components described in this
Owner's Report during the period 12-14-88 to 1-7-91
and state that to the best of my knowledge and belief, the Owner has performed
examinations and taken corrective measures described in this Owner's Report in
accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS
Inspector's Signature NB-9947 ARK-I133 "N" "I"
National Board, State, Province, and Endorsements

J. O. Elliott
Date 12/19 1991

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

1. OWNER APAL/ENERGY OPERATIONS, INC. DATE 3-28-89 (Revised 12/10/91)
Name

RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1
Address

2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE
Name

RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 JO 00 781650
Address Repair Organisation PO No., Job No., etc.

3. WORK PERFORMED BY APAL/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A
Name

RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A
Address EXPIRATION DATE N/A

4. IDENTIFICATION OF SYSTEM Decay Heat

5. (a) APPLICABLE CONSTRUCTION CODE AISC 1963 EDITION, 6th Edition ADDENDA,
NA CODE CASE

(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (US)

6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>DH-144</u>	<u>1968</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Removed arc strikes from hanger

8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
OTHER PRESSURE NA psi TEST TEMP. NA °F

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

9. REMARKS

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct
Applicable Construction Code.*

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed [Signature] Date 12/16, 1991

Owner or Owner's Designee, Title
E. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 12-14-88 to 1-7-91 and state that to the best of my knowledge and belief the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott Commissions NP 8877 ARK-I133 "N" "I"
Inspector's Signature National Board, State, Province, and Endorsements
Date 12/19 1991

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

1. OWNER AP&L/ENERGY OPERATIONS, INC. DATE 8-21-90 (Revised 12/10/91)
Name
RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1
Address

2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE
Name
RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O. #00820224
Address Repair Organization PO No., Job No., etc.

3. WORK PERFORMED BY AP&L ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A
Name
RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A
Address EXPIRATION DATE N/A

4. IDENTIFICATION OF SYSTEM ICW (HBB-2)

5. (a) APPLICABLE CONSTRUCTION CODE AISC 1963 EDITION, 6th Edition ADDENDA.
NA CODE CASE

(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (WPI)

6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMP/ET (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>CV-2234</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>CV-2214</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>CV-2233</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Modify control valve supports in CCP84-1002

8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
OTHER PRESSURE NA psi TEST TEMP. NA °F

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

9. REMARKS

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct
Applicable Construction Code.*

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed [Signature] Date 12/19, 1991
Owner or Owner's Designee, Title
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of
Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS
NORWOOD, MASS. and employed by ARKWRIGHT MUTUAL INSURANCE CO. of
ARKANSAS have inspected the components described in this
Owner's Report during the period 12-14-88 to 1-7-91
and state that to the best of my knowledge and belief, the Owner has performed
examinations and taken corrective measures described in this Owner's Report in
accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS
Inspector's Signature NB-9947, ARK-1133 "N" "I"
Date 12/20, 1991
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 AP&L/ENERGY OPERATIONS, INC. DATE 12-18-89 (Revised 12/10/91)
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 2
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O. # 00795528
Address Repair Organisation PO No., Job No., etc.
3. WORK PERFORMED BY AP&L/ENERGY OP., INC. TYPE CODE SYMBOL STAMP N/A
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM High Pressure Safety Injection
5. (a) APPLICABLE CONSTRUCTION CODE ASCE 1965 EDITION, 6th Edition ADDENDA,
NA CODE CASE
- (b) APPLICABLE EDITION C7 SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (rev)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
Component Support	Various	NA	NA	MU-154	1971	Repaired	No
Component Support	Various	NA	NA	MU-156	1971	Repaired	No
Component Support	Various	NA	NA	MU-204	1971	Repaired	No
Component Support	Various	NA	NA	MU-157	1971	Repaired	No
Component Support	Various	NA	NA	MU-175	1971	Repaired	No

7. DESCRIPTION OF WORK Modified design to meet specifications.
8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
OTHER PRESSURE NA psi TEST TEMP. NA °F

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

9. REMARKS

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct
Applicable Construction Code.*

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed Arnold B. [Signature] Date 12/19/91, 1991

Owner or Owner's Designee, Title
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of
Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS
NORWOOD, MASS. and employed by ARKWRIGHT MUTUAL INSURANCE CO. of
NORWOOD, MASS. have inspected the components described in this
Owner's Report during the period 12-14-88 to 1-7-91
and state that to the best of my knowledge and belief, the Owner has performed
examinations and taken corrective measures described in this Owner's Report in
accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott
Inspector's Signature

Commissions

FACTORY MUTUAL SYSTEMS
NB-9947, ARK-1133 "N" "1"
National Board, State, Province, and Endorsements

J. O. Elliott
Date 12/20 1991

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
Component Support	Various	NA	NA	MU-167A	1971	Repaired	No
Component Support	Various	NA	NA	MU-458	1971	Repaired	No
Component Support	Various	NA	NA	MU-453	1971	Repaired	No
Component Support	Various	NA	NA	MU-456	1971	Repaired	No
Component Support	Various	NA	NA	MU-183	1971	Repaired	No
Component Support	Various	NA	NA	MU-162	1971	Repaired	No
Component Support	Various	NA	NA	MU-189	1971	Repaired	No

ATTACHMENT 2

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

1. OWNER AP&L/ENERGY OPERATIONS, INC. DATE 2-28-91 thru 4-2-91 (Revised 12/9/91)
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 3
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT Two
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 DCP 86-2116 P and DCP 90-2004
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Reactor Coolant and Main Steam
5. (a) APPLICABLE CONSTRUCTION CODE AISC 1969 EDITION, Supp. 14.2 ADDENDA, 11-70 & 12-71
NA CODE CASE
- (b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1986
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
Component Support	PSA	4794	NA	28CA-14-H1	UNK	Replaced	No
Component Support	PSA	10737	NA	28CA-14-H1	1991	Replacement	No
Component Support	PSA	13692	NA	28CA-13-H4	UNK	Replaced	No
Component Support	PSP	12885	NA	28CA-13-H4	1991	Replacement	No
Component Support	PSA	12767	NA	28CA-15-H24	UNK	Replaced	No

7. DESCRIPTION OF WORK Replaced component support, see DCP's
8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
OTHER PRESSURE NA psi TEST TEMP. NA °F

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

9. REMARKS

Applicable Manufacturer's Data Reports to be Attached

This NIS-2 was revised to reflect the correct applicable construction code.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed *E. D. Lane* Date 12/11, 1991
Owner or Owner's Designee, Title
E. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 11-20-89 to 4-20-91 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS
Inspector's Signature NB-9947, ARK-I133 "N" "I"
National Board, State, Province, and Endorsements
J. O. Elliott
Date December 13 1991

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
Component Support	PSA	10745	NA	ZCCA-15-H24	1991	Replacement	No
Component Support	PSA	209	NA	ZCCA-20-H16B) Huk.		Replaced	No
Component Support	PSA	13888	NA	ZCCA-20-H16.2)	1991	Replacement	No
Component Support	PSA	239	NA	ZCCA-21-H15	Huk.	Replaced	No
Component Support	PSA	5659	NA	ZCCA-21-H15	1991	Replacement	No
Component Support	PSA	354	NA	ZCCA-22-H14	Huk.	Replaced	No
Component Support	PSA	2729	NA	ZCCA-22-H14	1991	Replacement	No
Component Support	PSA	221	NA	ZCCA-23-H11	Huk.	Replaced	No
Component Support	PSA	5058	NA	ZCCA-23-H11	1991	Replacement	No
Component Support	PSA	104	NA	ZCCA-23-H21	Huk.	Replaced	No
Component Support	PSA	10719	NA	ZCCA-23-H21	1991	Replacement	No
Component Support	PSA	334	NA	ZCCA-23-H28	Huk.	Replaced	No
Component Support	PSA	5052	NA	ZCCA-23-H28	1991	Replacement	No
Component Support	PSA	335	NA	ZCCA-24-H15	Huk.	Replaced	No
Component Support	PSA	5051	NA	ZCCA-24-H15	1991	Replacement	No
Component Support	PSA	202	NA	ZCCA-25-413	Huk.	Replaced	No
Component Support	PSA	12123	NA	ZCCA-25-H13	1991	Replacement	No
Component Support	PSA	13690	NA	ZCCA-25-H14	Huk.	Replaced	No
Component Support	PSA	10004	NA	ZCCA-25-H14	1991	Replacement	No
Component Support	AD	872	NA	ZEBB-16-H45	Huk.	Replaced	No
Component Support	AD	874	NA	ZEBB-16-H45	1991	Replacement	No
Component Support	PSA	551	NA	ZHCB-4-H179	Huk.	Replaced	No
Component Support	PSA	26160	NA	ZHCB-4-H179	1991	Replacement	No
Component Support	AD	586	NA	ZVTS-4-H1	Huk.	Replaced	No
Component Support	AD	716	NA	ZVTS-4-H1	1991	Replacement	No

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
Component Support	P-M	1819(18)	NA	ZHS-RCPDE	Unit	Replaced	No
Component Support	P-M	1816(15)	NA	ZHS-RCPDE	1991	Replacement	No
Component Support	P-M	1815(14)	NA	ZHS-RCPDW	Unit	Replaced	No
Component Support	P-	1819(18)	NA	ZHS-RCPDW	1991	Replacement	No
Component Support	PSH	1851	NA	ZERD-5-H9	Unit	Replaced	No
Component Support	PSA	12774	NA	ZERD-5-H9	1991	Replacement	No
Component Support	PSA	112	NA	ZERD-4-H10	Unit	Replaced	No
Component Support	PSA	30677	NA	ZERD-4-H10	1991	Replacement	No
Component Support	AD	14	NA	ZCCA-15-H45	Unit	Replaced	No
Component Support	AD	1406	NA	ZCCA-15-H45	1991	Replacement	No
Component Support	AD	5	NA	ZCCA-15-H48	Unit	Replaced	No
Component Support	AD	1407	NA	ZCCA-15-H48	1991	Replacement	No
Component Support	AD	417	NA	ZCCA-15-H53	Unit	Replaced	No
Component Support	AD	1006	NA	ZCCA-15-H53	1991	Replacement	No
Component Support	AD	7	NA	ZCCA-15-H60	Unit	Replaced	No
Component Support	AD	415	NA	ZCCA-15-H60	1991	Replacement	No
Component Support	AD	4	NA	ZCCA-16-11 DETAIL-A	Unit	Replaced	No
Component Support	AD	26	NA	ZCCA-16-11 DETAIL-A	1991	Replacement	No
Component Support	AD	17	NA	ZCCA-47-1 DETAIL-A	Unit	Replaced	No
Component Support	AD	416	NA	ZCCA-47-1 DETAIL-A	1991	Replacement	No

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

1. OWNER AP&I/ENERGY OPERATIONS, INC. DATE 4-4-91 (Revised 12/9/91)
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR, 72801 SFWAT 1 of 3
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT Two
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR, 72801 J.O.# 00832659
Address Repair Organisation PO No., Job No., etc.
3. WORK PERFORMED BY AP&I/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR, 72801 AUTHORIZATION NO. N/A
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Steam Generator (SE-248)
5. (a) APPLICABLE CONSTRUCTION CODE III 1971 EDITION, NA ADDENDA,
NA CODE CASE
- (b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1986
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
Primary Manway Stud	C.E.	NA	NA	BP-1	1989	Replaced	No
Primary Manway Stud	C.E.	NA	NA	BP1-1	1989	Replacement	No
Primary Manway Stud	CE	NA	NA	BP3	1989	Replaced	No
Primary Manway Stud	CE	NA	NA	BP3-1	1989	Replacement	No
Primary Manway Stud	CE	NA	NA	BP4	1989	Replaced	No

7. DESCRIPTION OF WORK Replaced 22 Primary Manway Studs & Nut.
8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
OTHER PRESSURE 2500 psi TEST TEMP. 650 °F

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

9. REMARKS

Applicable Manufacturer's Data Reports to be Attached

This NIS-2 was revised to reflect the correct job order number.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed [Signature] Date 12/11, 1991

Owner or Owner's Designee, Title
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 11-20-89 to 4-20-91 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS
Inspector's Signature NB-9947, ARK-I133 "N" "I"
National Board, State, Province, and Endorsements
Date December 13 1991

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
Primary Hawroy Stud	C.E.	NA	NA	BP4-1	1991 ^E	Replacement	No
Primary Hawroy Stud	C.E.	NA	NA	BP5	1989	Replaced	No
Primary Hawroy Stud	C.E.	NA	NA	BP5-1	1991 ^E	Replacement	No
Primary Hawroy Stud	C.E.	NA	NA	BP7	1989	Replaced	No
Primary Hawroy Stud	C.E.	NA	NA	BP7-1	1991 ^E	Replacement	No
Primary Hawroy Stud	C.E.	NA	NA	BP10	1989	Replaced	No
Primary Hawroy Stud	C.E.	NA	NA	BP10-1	1991 ^E	Replacement	No
Primary Hawroy Stud	C.E.	NA	NA	BP12	1989	Replaced	No
Primary Hawroy Stud	C.E.	NA	NA	BP12-1	1991 ^E	Replacement	No
Primary Hawroy Stud	C.E.	NA	NA	BP14	1989	Replaced	No
Primary Hawroy Stud	C.E.	NA	NA	BP14-1	1991 ^E	Replacement	No
Primary Hawroy Stud	C.E.	NA	NA	BP18	1989	Replaced	No
Primary Hawroy Stud	C.E.	NA	NA	BP18-1	1991 ^E	Replacement	No
Primary Hawroy Stud	C.E.	NA	NA	BP19	1989	Replaced	No
Primary Hawroy Stud	C.E.	NA	NA	BP19-1	1991 ^E	Replacement	No
Primary Hawroy Stud	C.E.	NA	NA	BP20	1989	Replaced	No
Primary Hawroy Stud	C.E.	NA	NA	BP20-1	1991 ^E	Replacement	No
Primary Hawroy Stud	C.E.	NA	NA	BP21	1989	Replaced	No
Primary Hawroy Stud	C.E.	NA	NA	BP21-1	1991 ^E	Replacement	No
Primary Hawroy Stud	C.E.	NA	NA	BP23	1989	Replaced	No
Primary Hawroy Stud	C.E.	NA	NA	BP23-1	1991 ^E	Replacement	No
Primary Hawroy Stud	C.E.	NA	NA	BP24	1989	Replaced	No
Primary Hawroy Stud	C.E.	NA	NA	BP24-1	1991 ^E	Replacement	No
Primary Hawroy Stud	C.E.	NA	NA	BP28	1989	Replaced	No
Primary Hawroy Stud	C.E.	NA	NA	BP28-1	1991 ^E	Replacement	No

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
Primary Haworth Stud	C.E.	NA	NA	BP30	^E 1989	Replaced	No
Primary Haworth Stud	C.E.	NA	NA	BP30-1	^E 1991	Replacement	No
Primary Haworth Stud	C.E.	NA	NA	BP32	^E 1989	Replaced	No
Primary Haworth Stud	C.E.	NA	NA	BP32-1	^E 1991	Replacement	No
Primary Haworth Stud	C.E.	NA	NA	BP36	^E 1989	Replaced	No
Primary Haworth Stud	C.E.	NA	NA	BP36-1	^E 1991	Replacement	No
Primary Haworth Stud	C.E.	NA	NA	BP37	^E 1989	Replaced	No
Primary Haworth Stud	C.E.	NA	NA	BP37-1	^E 1991	Replacement	No
Primary Haworth Stud	C.E.	NA	NA	BP38	^E 1989	Replaced	No
Primary Haworth Stud	C.E.	NA	NA	BP38-1	^E 1991	Replacement	No
Primary Haworth Stud	C.E.	NA	NA	BP39	^E 1989	Replaced	No
Primary Haworth Stud	C.E.	NA	NA	BP39-1	^E 1991	Replacement	No
Primary Haworth Stud	C.E.	NA	NA	BP40	^E 1989	Replaced	No
Primary Haworth Stud	C.E.	NA	NA	BP40-1	^E 1991	Replacement	No

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

1. OWNER AP&L/ENERGY OPERATIONS, INC. DATE 3-30-91 (Revised 12/9/91)
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT Two
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O. # 00830772
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Chemical Valves Control System (CVCS)
5. (a) APPLICABLE CONSTRUCTION CODE III 1971 EDITION, NA ADDENDA.
NA CODE CASE
- (b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1986
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>2" Class-2 Check Valve</u>	<u>Rockwell</u>	<u>KA-609</u>	<u>NA</u>	<u>20VC-78</u>	<u>1970</u>	<u>Replaced</u>	<u>No</u>
<u>2" Class-2 Check Valve</u>	<u>Rockwell</u>	<u>NA-353</u>	<u>NA</u>	<u>20VC-78</u>	<u>1975</u>	<u>Replacement</u>	<u>No</u>

7. DESCRIPTION OF WORK Cut-out valve and replaced with like for like
8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
OTHER PRESSURE 188 psi TEST TEMP. 300 °F

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

9. REMARKS NPV-1 Rockwell International
Applicable Manufacturer's Data Reports to be Attached

This NIS-2 was revised to reflect the type of pressure test conducted.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed [Signature] Date 12/11, 1991
Owner or Owner's Designee, Title
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 11-20-89 to 4-20-91 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions FACTORY MUTUAL SYSTEMS
Inspector's Signature NB-9947, ARK-I:33 "N" "I"
J. O. Elliott National Board, State, Province, and Endorsements
Date December 13 1991

D. MURPHY
PRR 54436

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

As Required by the Provisions of the ASME Code Rules

20VC-78
S/N-353

00006920338

1. Manufactured by Rockwell International Flow Control Division Order No. 61-90531
P. O. Box 501, Sulphur Springs, Texas 75400
(Name & Address of Manufacturer)

2. Manufactured for Bechtel Power Corporation Order No. 6600-H-2114-00
P. O. Box 3965, San Francisco, California 94119
(Name and Address)

3. Owner: Arkansas Power and Light Company
P. O. Box 459, Russellville, Arkansas 72001

4. Location of Plant: Arkansas Nuclear One, Unit Number Two
London, Arkansas 72847

5. Pump or Valve Identification: (3) 2"D3674 F316T1 Valves Serial Number NA352 thru NA354

Rockwell International Assembly Lot No. M695
(Brief description of service for which equipment was designed)

(a) Drawing No. D-473665 Rev. None Prepared by David H. Thorneau

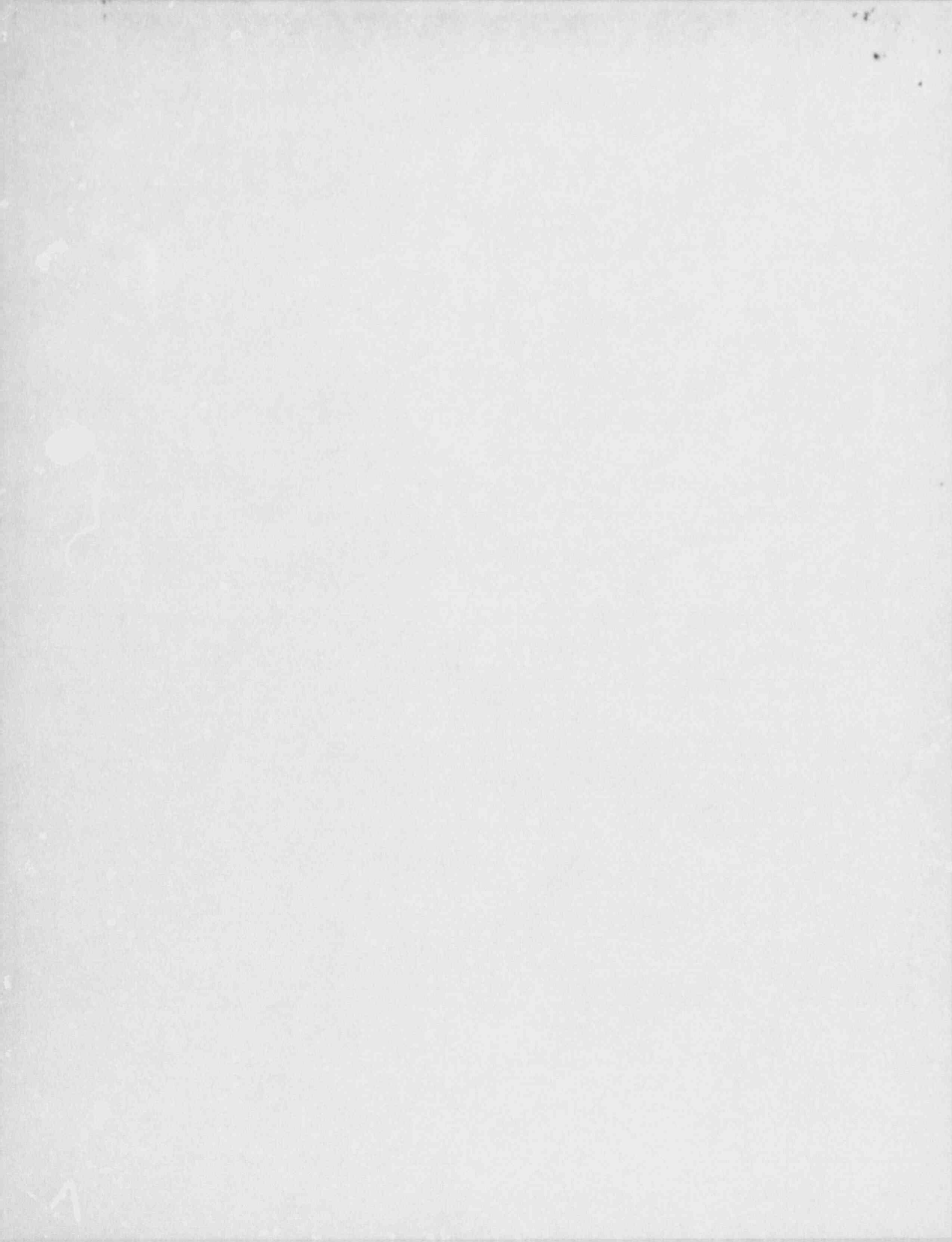
(b) National Board No. None

6. Design Conditions: 2240 psi 800 °F
(Pressure) (Temperature)

7. The material, design, construction, and workmanship complies with ASME Code Section III, Class 1
 Edition 1971, Addenda Date December 31, 1972, No. None

Mark No.	Material Spec. No.	Manufacturer	Remarks
(a) Castings			
Valve Disk	K8778*	A567-1	Consolidated Heat F*
(b) Forgings			
Valve Bodies	SK859N	NA102-GR-F316N	Texas Forge Heat 08872**
Valve Body	SK867N	NA102-GR-F316N	Texas Forge Heat 09001**

** Mill: All-Clayton Indium



FORM NPV-1 (back)

Part No.	Material Spec. No.	Manufacturer	Remarks
(c) Baking			
(d) Other Parts			
Valve Covers	SA479-T-316	Crucible	Heat Y15327*
Sealweld Filler	SPAS 9-ER316	Veladyna McKay	Heat L-2136*

B. Hydrostatic test 5400 psi.

CERTIFICATION OF DESIGN

Design information on file at Rockwell International, Sulphur Springs, Texas
 Stress analysis report on file at Rockwell International, Sulphur Springs, Texas
 Design specifications certified by B. R. Leonard, Jr. (I) Prof. Eng. State TEXAS, Reg. No. 25165
 Stress analysis report certified by David H. Thomson (I) Prof. Eng. State TEXAS, Reg. No. 30081
 (*) Signature not required. List name only.

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

Date 10-28 1975 Signed Rockwell International By H.H. Robinson
(Manufacturer)

Certificate of Authorization No. N848 expires August 6, 1977

CERTIFICATE OF SHOP INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and/or the State of Province of TEXAS and employed by Jamboreona Mutual Casualty Co. of Long Grove, Illinois 60049 have inspected the equipment described in this Data Report on 11-23 1975, and state that to the best of my knowledge and belief, the Manufacturer has constructed this equipment in accordance with the applicable Subsections of ASME Code, Section III.
 By signing this certificate, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the equipment described in this Data Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Date 11-23 1975

00006920335

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

1. OWNER AP&L/ENERGY OPERATIONS, INC. DATE 3-19-91 (Revised 12/9/91)
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT Two
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O. #00824676
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Reactor Coolant System (RCS)
5. (a) APPLICABLE CONSTRUCTION CODE III 1971 EDITION. NA ADDENDA.
NA CODE CASE
- (b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1986
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR RE-PLACEMENT	ASME CODE COMPLIANT (YES OR NO)
<u>.75" Class-2 Gate Valve</u>	<u>Garret-Rock</u>	<u>#1</u>	<u>NA</u>	<u>2SV-4632</u>	<u>1981</u>	<u>Repaired</u>	<u>Yes</u>

7. DESCRIPTION OF WORK Removed and rewelded body to bonnet seal weld
8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
OTHER PRESSURE NA psi TEST TEMP. NA °F

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

9. REMARKS

Applicable Manufacturer's Data Reports to be Attached

This HIS-2 was revised to reflect the correct valve serial number.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed *R. D. Lane* Date 12/11, 1991

Owner or Owner's Designee, Title
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 11-20-89 to 4-20-91 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott Commissions
Inspector's Signature

FACTORY MUTUAL SYSTEMS
NB-9947, ARK-I133 "N" "I"
National Board, State, Province, and Endorsements

J. O. Elliott
Date December 13 1991

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

1. OWNER AP&L/ENERGY OPERATIONS, INC. DATE 3-4-91 (Revised 12/9/91)
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT Two
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O. #00836618
Address Repair Organisation PO No., Job No., etc.
3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Low Pressure Safety Injection (LPSI)
5. (a) APPLICABLE CONSTRUCTION CODE III 19 71 EDITION, NA ADDENDA,
CODE CASE NA
- (b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 19 86
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
12" Class-1 Check Valve	Atwood Manill Co.	8-626	NA	ZSI-15C	1974	Repaired	Yes

7. DESCRIPTION OF WORK Removed and rewelded body to bonnet seal weld
8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
OTHER PRESSURE NA psi TEST TEMP. NA °F

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

9. REMARKS

Applicable Manufacturer's Data Reports to be Attached

This NIS-2 has been revised to reflect the correct valve serial number and date of manufacture.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R. D. Lane Date 12/11, 1991

Owner or Owner's Designee, Title
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 11-20-89 to 4-20-91 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott
Inspector's Signature

Commissions

FACTORY MUTUAL SYSTEMS
NB-9947, ARK-I133 "N" "I"
National Board, State, Province, and Endorsements

J. O. Elliott
Date December 13 1991

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

1. OWNER AP&L/ENERGY OPERATIONS, INC. DATE 3-19-91 (12/9/91) (Amended)
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT Two
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O.# 00812403
Address Repair Organisation PO No., Job No., etc.
3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Chemical & Volume Control System
5. (a) APPLICABLE CONSTRUCTION CODE III 1971 EDITION, NA APPENDIX,
NA CODE CASE
- (b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 19 86
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>2" Class-2 Gate Valve</u>	<u>Charg-Master</u>	<u>939</u>	<u>NA</u>	<u>2CVC-2B</u>	<u>1971</u>	<u>Repaired</u>	<u>Yes</u>

7. DESCRIPTION OF WORK Removed and rewelded body to be met seal weld.
8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
OTHER PRESSURE NA psi TEST TEMP. NA °F

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

9. REMARKS

Applicable Manufacturer's Data Report to be Attached

This NIS-2 was revised to reflect the correct valve serial number.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed Arnold B. Small Jr Date 12/11, 1991
Owner or Owner's Designee, Title
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 11-20-89 to 4-20-91 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

J. O. Ellicott Commissions FACTORY MUTUAL SYSTEMS
Inspector's Signature NB-9947, ARK-I133 "N" "I"
National Board, State, Province, and Endorsements
Date December 13 1991

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

1. OWNER AP&L/ENERGY OPERATIONS, INC. DATE 3-15-91 (Revised 12/9/91)
Name
RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1
Address

2. PLANT ARKANSAS NUCLEAR ONE UNIT Two
Name
RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O. #00784465
Address Repair Organization PO No., Job No., etc.

3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A
Name
RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A
Address EXPIRATION DATE N/A

4. IDENTIFICATION OF SYSTEM Hydrogen Purge (HPA)

5. (a) APPLICABLE CONSTRUCTION CODE III 19 71 EDITION, N/A ADDENDA,
N/A CODE CASE

(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 19 86

6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>2" Class-3 Globe Valve</u>	<u>Target Rock</u>	<u># 3</u>	<u>NA</u>	<u>2SV-8275-1</u>	<u>1976</u>	<u>Repaired</u>	<u>Yes</u>

7. DESCRIPTION OF WORK Removed and rewelded body to bonnet seal weld

8. TESTS CONDUCTED: HYDROSTATIC PNEUMATIC NOMINAL OPERATING PRESSURE
OTHER PRESSURE: 25 psi TEST TEMP. 170 °F

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

9. REMARKS

Applicable Manufacturer's Data Reports to be Attached

This NIS-2 was revised to reflect the value serial number.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R. D. Lane Date 12/11, 1991
Owner or Owner's Designee, Title
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in the Owner's Report during the period 11-20-89 to 4-20-91 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS
Inspector's Signature NB-9947, ARK-I133 "N" "I"
Date December 13 1991
National Board, State, Province, and Endorsements