

**Florida
Power**

CORPORATION
Crystal River Unit 3
Docket No. 50-302

October 14, 1992

3F1092-05

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

Subject: Inservice Inspection Summary Report, 1992 Inspection

References: A. FPC to NRC, dated July 13, 1992 (3F0792-02)
B. FPC to NRC, dated October 21, 1992 (3F0992-16)

Dear Sir:

Florida Power Corporation (FPC) is providing in the attachment the Summary Report for the Inservice Inspection of Class 1 and 2 pressure retaining components and their supports performed during Refuel 8. This Summary Report is submitted in accordance with the 1983 Edition of the ASME Boiler and Pressure Vessel Code, Section XI, Article IWA-6000. The Summary Report contains the following information:

1. NIS-1 form and supplemental sheets, Owner's Data Report for Inservice Inspection.
2. NIS-2 forms, Owners' Reports for Repairs and Replacements.

Sincerely,

P. M. Beard, Jr.
Senior Vice President
Nuclear Operations

PMB:LVC
Attachment

xc: Regional Administrator, Region II
NRR Project Manager
Senior Resident Inspector

9210200275 921014
PDR ADDCK 05000302
Q PDR

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1/1 set
Vols 1 & 2

FORM NIS-1 OWNER'S REPORT FOR INSERVICE INSPECTIONS

As Required by the Provisions of the ASME Code Rules

1. Owner Florida Power Corporation, P.O. Box 14042, St. Petersburg, FL 33733
(Name and Address of Owner)

2. Plant Crystal River Unit 3, End of Power Line Road, Crystal River, Florida
(Name and Address of Plant)

3. Plant Unit 3 4. Owner Certificate of Authorization (if required) N/A

5. Commercial Service Date 3-13-77 6. National Board Number for Unit N/A

7. Components Inspected

Components or Appurtenance	Manufacturer or Installer	Manufacturer or Installer Serial No.	State or Province No.	National Board No.
Reactor Vessel	B/W	620-0007-51-52	N/A	N-117
Pressurizer	B&W	620-0007-59	N/A	N-118
Steam Generator A	B&W	620-0007-55-1	N/A	N-119
Steam Generator B	B&W	620-0007-55-2	N/A	N-120
RCP-1A	Byron Jackson	671-N-0530	N/A	N/A
RCP-1B	Byron Jackson	671-N-0531	N/A	N/A
RCP-1C	Byron Jackson	671-N-0532	N/A	N/A
RCP-1D	Byron Jackson	671-N-0533	N/A	N/A
Various Piping, Valves & Supports	---	N/A	N/A	N/A

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

FORM NIS-1 (back)

8. Examination Dates 4/30/92 to 7/17/92 9. Inspection Interval from 3/14/92 to 3/15/97
10. Abstract of Examination. Include a list of examinations and a statement concerning status of work required for current interval. *See attached
11. Abstract of Conditions Noted *See attached
12. Abstract of Corrective Measures Recommended and Taken *See attached

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

Date 10/13/ 1992 Signed FPC By D. G. Mulling
Owner

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

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and/or the State or Province of FLORIDA and employed by HSB I&I Co. of HARTFORD, CT have inspected the components described in this Owner's Data Report during the period 12-4-90 to 7-17-92 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Data Report in accordance with the requirements of the ASME code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examination and corrective measures described in this Owner's 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 OCTOBER 13 1992

Robert A. Roberts Commissions MB7550 ACNT FL195
Inspector's Signature National Board, State, Province, and No.

SUMMARY

The following is a summary of examinations, tests, repairs and replacements conducted since the preceding summary report. Additional records are available on file upon request. Relief requests and code cases used during this period are also listed.

EXAMINATIONS:Inservice Examination by B&W Nuclear Service Company

Results of the 1992 Inservice Examination of Class 1 and 2 pressure retaining components performed by B&W Nuclear Service Company (BWNS) are attached. Since the inspection performed by BWNS also included Class 3 pressure retaining components, the data and results from their inspection are included for your information.

Snubbers

Visual examination was completed during Refuel 8 on 100% (267) of the safety related snubbers. Visual examination of snubbers was performed in accordance with Technical Specification (TS) 4.7.9(b).

Reactor Coolant Pumps Examinations

Ultrasonic examination of the areas of higher stress concentration at the bore and keyway was performed on all four reactor coolant pumps in accordance with Regulatory Guide 1.14, "Reactor Coolant Pump Flywheel Integrity", Regulatory Position C.4.b. These examinations were performed in accordance with TS 4.4.10(a).

Eddy Current Examinations

Eddy Current (ET) examinations were completed on both steam generators during Refuel 8. Results of the ET examinations were included in the 15 day report (Reference A) required by TS 4.4.5.5(a). Complete results of this examination will be submitted in accordance with TS 4.4.5.5(b). This report will include all information required by ASME Code, Section XI.

TESTS:Relief Valves - Testing of Set points

Twelve Main Steam Relief Valves
Seven System Relief Valves
Two Pressurizer Relief Valves (See Reference B)

Hydrostatic tests

Nine Class 3 System Hydrostatic Tests were completed as scheduled during the second period of the second ten year interval.

Snubbers

Sixteen percent of the snubber population (44 snubbers) were functionally tested during Refuel 8. Functional testing of snubbers was performed in accordance with TS 4.7.9(d) and ASME Section IWF-5000 (Relief Request 92-010 was used).

REPAIR AND REPLACEMENT:

The following table provides a list of NIS-2 forms attached:

NIS NUMBER	NAME OF COMPONENT	REPAIRED, REPLACED OR REPLACEMENT
90-0023	Snubber Piston Rod	Replacement
90-0024	Snubber	Replacement
90-0026	Snubber	Replacement
90-0029	Snubber	Replacement
91-0003	Snubber	Replacement
91-0004	Snubber	Replacement
91-0008	MSV-25, Bonnet	Replacement
91-0017	Steam Generators A & B	Repair
91-0018	MSV-35, Disc	Replacement
91-0021	MSV-41, Disc	Replacement
91-0023	MSV-45, Disc	Replacement
91-0024	RCV-8	Replacement
91-0025	Snubber	Replacement
91-0027	MSV-43, Disc	Replacement
91-0029	MSV-55, Bonnet	Replacement
91-0033	MSV-38, Disc	Replacement
91-0034	MSV-40, Disc	Replacement
92-0003	Snubber	Replacement
92-0004	Snubber	Replacement
92-0006	Snubber	Replacement
92-0007	Snubber	Replacement
92-0011	Reactor Vessel Studs	Replacement
92-0013	MUHS-1C	Replacement
92-0014	RCP-1C, Cover and Studs	Replacement
92-0038	RCV-9	Replacement
92-0055	MSV-446	Replacement
92-0056	Miscellaneous	Replacement

Section XI Code Cases:

Code Case N-416, Alternative Rules For Hydrostatic Testing of Repair and Replacement of Class 2 piping.

Code Case N-424, Qualification of Visual Examination Personnel.

Code Case N-356, Certification Period for Level III NDE personnel.

Code Case N-498, Alternative Rules for 10 Year Hydrostatic Pressure testing for Class 1 and Class 2 systems.

Code Case N-401-1, Eddy Current Examination

Code Case N-460, Alternate Examination Coverage for Class 1 and Class 2 Welds.

Relief Requests:

90-020 - Hydrostatic Pressure Test and Visual Examination of Specific, Limited Class 2 Components.

91-010 - Use of Code Case N-498, Inservice Leak Test in Lieu of Hydrostatic Test.

92-010 Use of OM-4 as an alternative to the sample selection requirements of ASME Section XI, IWF-5400(c), Snubbers That Fail Inservice Tests.



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

If additional space is necessary, use Supplemental NIS-2

NIS-2 NUMBER
90-0023

DATE
8/2/90

Page **1 of 2**

1.	OWNER	Florida Power Corporation P. O. Box 14042 St. Petersburg, FL 33733-4042	
2.	PLANT	Crystal River Unit 3 P. O. Box 1240 Crystal River, FL 32629-1240	
3.	WORK PERFORMED BY (NAME)	FPC	REPAIR ORGANIZATION, P.O. NUMBER, JOB NUMBER, ETC. WR 271808
3.	ADDRESS	PO Box 1240 CRYSTAL RIVER, FL	
4.	IDENTIFICATION OF SYSTEM	DH	
5a.	APPLICABLE CONSTRUCTION CODE	EDITION	ADDENDA, CODE CASES
	ASAS B31.1	1967	-
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS	ADDENDA, CODE CASES	
	1983	SUMMER 83, -	
6.	Identification of Components Repaired or Replaced and Replacement Components		

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER'S SERIAL NUMBER	NATIONAL BD. NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPER	
							YES	NO
SNUBBER PISTON ROD	POWER RING	N/A	N/A	FPC PN 67233351	N/A	Replacement		✓

NIS-2 NUMBER
 90-0623
 Page 2 of 2

NIS-2 CONTINUATION

7.	DESCRIPTION OF WORK <u>Replaced PISTON ROD</u>
8.	TESTS CONDUCTED <input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input checked="" type="checkbox"/> Other PRESSURE <u>psi</u> TESTS TEMP <u>*F</u>
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE) <u>PO F842085K</u> <u>FUNCTIONALLY TESTED PER PT-130</u> <u>INSTALLED AND VISUALLY INSPECTED</u> <u>PER MP-175</u>

CERTIFICATE OF COMPLIANCE

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

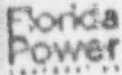
SIGNATURE OF OWNER'S DESIGNEE <u>[Signature]</u>	TITLE <u>ISI SPECIALIST</u>	DATE <u>8/7/1991</u>
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CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA employed by THE HSB I & I Co of HARTFORD, CT have inspected the components described in this Owner's Report during the period 4-15-91 to 3-7-91 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.

INSPECTOR'S SIGNATURE [Signature] COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS): 550106-92 NB 7550 NCI FL 195
 DATE AUGUST 7 1991
 49-ESC

NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI



NIS-2 NUMBER
90-0024

DATE
8/20/90

If additional space is necessary, use Supplemental NIS-2

1. OWNER
Florida Power Corporation
P. O. Box 14042
St. Petersburg, FL 33733-4042

2. PLANT
Crystal River Unit 3
P. O. Box 1240 32623
Crystal River, FL 32629-1240

Page *1* of *2*

3. WORK PERFORMED BY NAME
FPC

REPAIR ORGANIZATION, P. O. NUMBER, JOB NUMBER, ETC.
WR 271837

4. ADDRESS
P.O. Box 1240, CRYSTAL RIVER FL 32623

4. IDENTIFICATION OF SYSTEM
FW

5a. APPLICABLE CONSTRUCTION CODE
USAS B31.1

EDITION
1967

ADDENDA, CODE CASES
-

5b. APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS
1983

ADDENDA, CODE CASES
Summer 1983, -

Identification of Component repaired or Replaced and Replacement Components

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER'S SERIAL NUMBER	NATIONAL BD. NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
<i>SNUBBER</i>	<i>POWER PIPING</i>	<i>740073</i>	<i>N/A</i>	<i>FWH-151</i>	<i>N/A</i>	<i>REPLACEMENT</i>		<input checked="" type="checkbox"/>

NIS-2 CONTINUATION

7.	DESCRIPTION OF WORK <i>INSTALL REBUILT SNUBBER</i>		
8.	TESTS CONDUCTED <input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input checked="" type="checkbox"/> Other	PRESSURE psi	TESTS TEMP °F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE) <i>N/A</i>	<i>FUNCTIONALLY TESTED PER PT-130 INSTALLED AND VISUALLY INSPECTED PER MP-175.</i>	

CERTIFICATE OF COMPLIANCE

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

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>D. G. Building</i>	TITLE <i>ISI SPECIALIST</i>	DATE <i>7/9 / 1991</i>
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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 FLORIDA employed by THE HARTFORD STEAM BOILER 'NIP. & INS. CO. of HARTFORD, CT have inspected the components described in this Owner's Report during the period 03-7-91 to 04-24-91 and state that to the best of my knowledge and belief, the Owner has performed examination and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

INSPECTOR'S SIGNATURE <i>John A. Roberts</i>	COMMISSIONS (NATIONAL BOARD STATE PROVINCE OR ENDORSEMENTS) <i>CSC 10-6-92 NB 7550 AGENT FL 1985</i>
DATE <i>AUGUST 7 1991</i>	

NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI



NIS-2 NUMBER
90-0026

If additional space is necessary, use Supplements: NIS-2

DATE
8/20/90

1. OWNER
Florida Power Corporation
P. O. Box 14042
St. Petersburg, FL 33733-4042

2. PLANT
Crystal River Unit
P. O. Box 1240 32623
Crystal River, FL 32629-1240

Page 1 of 2

3. WORK PERFORMED BY (NAME)
FPC
REPAIR ORGANIZATION, P.O. NUMBER, JOB NUMBER, ETC.
WR 271818

3. ADDRESS
P.O. Box 1240, Crystal River FL 32623

4. IDENTIFICATION OF SYSTEM
FW

5a. APPLICABLE CONSTRUCTION CODE
ASAS B31.1
EDITION
1967
ADDENDA, CODE CASES
- , -

5b. APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS
1983
ADDENDA, CODE CASES
Summer 1983, -

Identification of Components Repaired or Replaced and Replacement Components

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER'S SERIAL NUMBER	NATIONAL BD. NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPER	
							YES	NO
SNUBBER	POWER PIPING	740092	N/A	FWH-164	N/A	REPLACEMENT		✓

NIS-2 CONTINUATION

7.	DESCRIPTION OF WORK		
	INSTALL REBUILT SNUBBER		
8.	TESTS CONDUCTED	PRESSURE	TESTS TEMP
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input checked="" type="checkbox"/> Other	psi	*F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)		
	FUNCTIONALLY TESTED PER PT-150 INSTALLED AND VISUALLY INSPECTED PER MP-175.		

CERTIFICATE OF COMPLIANCE

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

I, OR OWNER'S DESIGNEE SIGNATURE <i>[Signature]</i>	TITLE ISI SPECIALIST	DATE 7/9 / 1991
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CERTIFICATE OF INSPECTION

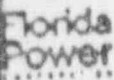
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA employed by THE HARTFORD STEAM BOILER INSP. & INS. CO of HARTFORD, CT have inspected the

components described in this Owner's Report during the period 4/29/91 to 3/6/91 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.

INSPECTOR'S SIGNATURE <i>[Signature]</i> DATE 8-6-91	COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS) NB 7550 ANCI FL 195 CSC 10-6-92
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NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI



NIS-2 NUMBER
90-0029

DATE
8/20/90

Page 1 of 2

If additional space is necessary, use Supplemental NIS-2

1. OWNER
Florida Power Corporation
P. O. Box 14042
St. Petersburg, FL 33733-4042

2. PLANT
Crystal River Unit 3
P. O. Box 1240 32623
Crystal River, FL 32629-1240

WORK PERFORMED BY (NAME)
FPC

REPAIR ORGANIZATION, P.O. NUMBER, JOB NUMBER, ETC.
WR 271815

3. ADDRESS
P.O. Box 1240, CRYSTAL RIVER FL 32623

4. IDENTIFICATION OF SYSTEM
FW

5a. APPLICABLE CONSTRUCTION CODE
JSAS 831.1

EDITION
1967

ADDENDA, CODE CASES
- , -

5b. APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS
1983

ADDENDA, CODE CASES
Summer 1983, -

Identification of Components Repaired or Replaced and Replacement Components

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER'S SERIAL NUMBER	NATIONAL BD. NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPER	
							YES	NO
SNUBBER	POWER PIPING	740074 760066 RBR 4/24/91	N/A	FWH-154	N/A	REPLACEMENT		<input checked="" type="checkbox"/>
* REVISION 4/24/91								

NIS-2 CONTINUATION

7.	DESCRIPTION OF WORK <u>INSTALL REBUILT SNUBBER</u>
8.	TESTS CONDUCTED <input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input checked="" type="checkbox"/> Other PRESSURE PSI TESTS TEMP °F U.A. 10/6/92
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE) <u>N/A</u> <u>FUNCTIONALLY TESTED PER PT -130</u> <u>INSTALLED & VISUALLY EXAMINED PER</u> <u>MP-175</u>

CERTIFICATE OF COMPLIANCE

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

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>R. D. Sullivan</i>	TITLE <u>ISI SPECIALIST</u>	DATE <u>7/9/1991</u>
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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 FLORIDA employed by THE HSB I & I Co. of HARTFORD CT. have inspected the

components described in this Owner's Report during the period 05-31-91 to 02-06-91 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.

INSPECTOR'S SIGNATURE <u>Sally J. Solasti</u> DATE <u>8/6/91</u>	COMMISSIONS (NATIONAL BOARD STATE PROVINCE OR ENDORSEMENTS) <u>NO ISSO NCIA FL 195</u> <u>CSC 10-6-92</u> NB/CSC
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NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI



NIS-2 NUMBER
91-0003

If additional space is necessary, use Supplemental NIS-2

DATE
1/31/91

1. OWNER
Florida Power Corporation
P. O. Box 14042
St. Petersburg, FL 33733-4042

2. PLANT
Crystal River Unit 3
P. O. Box 1240
Crystal River, FL 32629-1240

Page **1** of **2**

3. WORK PERFORMED BY (NAME)
FPC

REPAIR ORGANIZATION, P.O. NUMBER, JOB NUMBER, ETC.
WR-271819

ADDRESS
P.O. Box 1240, CRYSTAL RIVER, FL 32629

4. IDENTIFICATION OF SYSTEM
FW

5a. APPLICABLE CONSTRUCTION CODE
USAS B31.1,

EDITION
1967

ADDENDA, CODE CASES

5b. APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS
1983

ADDENDA, CODE CASES
SUMMER 1983, ---

6. Identification of Components Repaired or Replaced and Replacement Components

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER'S SERIAL NUMBER	NATIONAL BD. NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
Snubber Body, Piston, Piston Rod	Power Piping	740070 740071 <i>RBR 7/10/91</i>	NA	FWH-167	NA	Replacement		<input checked="" type="checkbox"/>

NIS-2 CONTINUATION

7.	DESCRIPTION OF WORK Replace snubber			PRESSURE psi	TESTS TEMP. °F
	TESTS CONDUCTED <input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input checked="" type="checkbox"/> Other				
8.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE) NA			FUNCTIONALLY TESTED PER PT-130 INSTALLED AND VISUALLY INSPECTED PER MP-75	
9.					

CERTIFICATE OF COMPLIANCE

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

OWNER OR OWNER'S DESIGNATEE SIGNATURE <i>W. J. Gullery</i>	TITLE <i>I. E. SPECIALIST</i>	DATE <i>7/10/1991</i>
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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 FLORIDA
 employed by HSB I & I Co. of HARTFORD, CT
 have inspected the components described in this Owner's Report during the period 12-4-92 or 10-6-92 to 9-25-92
 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
 By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

INSPECTOR'S SIGNATURE <i>John J. [Signature]</i>	COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS) <i>NB 7550 ACNT FL 195</i>
DATE <i>10-6-92</i>	<i>10/6/92</i>

NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI



If additional space is necessary, use Supplemental NIS-2

NIS-2 NUMBER
91-2004

DATE
1/31/91

Page **1** of **2**

1. OWNER
Florida Power Corporation
P. O. Box 14042
St. Petersburg, FL 33733-4042

2. PLANT
Crystal River Unit 3
P. O. Box 1240
Crystal River, FL 32629-1240

3. WORK PERFORMED BY (NAME) **FPC** REPAIR ORGANIZATION, P.O. NUMBER, JOB NUMBER, ETC. **WR 271820**

3. ADDRESS **P.O. Box 1240, CRYSTAL RIVER, FL. 32629**

4. IDENTIFICATION OF SYSTEM
FW

5a. APPLICABLE CONSTRUCTION CODE **15AS B31.1** EDITION **1967** ADDENDA, CODE CASES **-**

5b. APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS **1983** ADDENDA, CODE CASES **Summer 1983, -**

6. Identification of Components Repaired or Replaced and Replacement Components

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER'S SERIAL NUMBER	NATIONAL BD. NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
Snubber Body + Piston	Power Piping	740073 740074 RBR 7/10/91	NA	FWH-168	NA	Replacement		✓
<small>EDIC 7/10/91 REV 1</small>		730219 <small>REV 2</small> RBR 7/10/91						
PISTON								
PISTON								
ROD								

NIS-2 CONTINUATION

7.	DESCRIPTION OF WORK Replace Swabber		
8.	TESTS CONDUCTED	PRESSURE	TESTS TEMP
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input checked="" type="checkbox"/> Other	psi	'F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)		
	NA <i>FUNCTIONALLY TESTED PER PT-180 INSTALLED AND VISUALLY INSPECTED PER MP-175</i>		

CERTIFICATE OF COMPLIANCE

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

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>D.J. Kaminator</i>	TITLE <i>ISI Specialist</i>	DATE <i>9/18 1992</i>
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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 FLORIDA employed by HSB I & T Co. of HARTFORD, CT have inspected the components described in this Owner's Report during the period 12-4-90 to 9-25-92 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

INSPECTOR'S SIGNATURE <i>[Signature]</i>	COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS) <u>NA 7550 ACNT FL 195</u>
DATE <u>10-6-92</u>	



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

If additional space is necessary, use Supplemental NIS-2

NIS-2 NUMBER
91-0008

DATE
3/20/91

Page **1** of **2**

1.	OWNER	Florida Power Corporation P. O. Box 14042 St. Petersburg, FL 33733-4042	
2.	PLANT	Crystal River Unit 3 P. O. Box 1240 Crystal River, FL 32629-1240	
3.	WORK PERFORMED BY (NAME)	FPC	REPAIR ORGANIZATION, P.O. NUMBER, JOB NUMBER, ETC. WR 280876
3.	ADDRESS	P.O. Box 1240, CRYSTAL RIVER, FL 32629	
4.	IDENTIFICATION OF SYSTEM	MAIN STEAM	
5a.	APPLICABLE CONSTRUCTION CODE	EDITION	ADDENDA, CODE CASES
	ASAS B311	1967	-
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS	ADDENDA, CODE CASES	
	1983	Summer 1983, -	
6.	Identification of Components Repaired or Replaced and Replacement Components		

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER'S SERIAL NUMBER	NATIONAL BD. NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
BONNET	FISHER CONTROLS	PN 30A12S4X03Z	NA	MSV-25	NA	REPLACEMENT		<input checked="" type="checkbox"/>

NIS-2 CONTINUATION

7.	DESCRIPTION OF WORK Replace BONNET		
8.	TESTS CONDUCTED	PRESSURE	TESTS TEMP
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input checked="" type="checkbox"/> Other	psi	°F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)		
	See PO F740123K 1992 <i>performed inspection leak test / performed stroke test in accordance with PT-330</i>		

CERTIFICATE OF COMPLIANCE

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

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>D. C. Mullin</i>	TITLE <i>ISI SPECIALIST</i>	DATE <i>10/11</i> , 19 <i>92</i>
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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 FLORIDA

employed by HSB I & I Co. of HARTFORD, CT

have inspected the components described in this Owner's Report during the period 2-24-91 to 9-25-92

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

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

INSPECTOR'S SIGNATURE <i>Robert M. White</i>	COMMISSIONS (NATIONAL BOARD STATE PROVINCE OR ENDORSEMENTS) <i>NB 7550 ACNI FL 195</i>
DATE <i>10-26-92</i>	



Florida Power
CORPORATION

NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

If additional space is necessary, use Supplemental NIS-2

NIS-2 NUMBER 91-0017
DATE 10/7/91
Page 1 of 2

1.	OWNER Florida Power Corporation P. O. Box 14042 St. Petersburg, FL 33733-4042	
2.	PLANT Crystal River Unit 3 P. O. Box 1240 Crystal River, FL 32629-1240	
3.	WORK PERFORMED BY (NAME) FPC	REPAIR ORGANIZATION, P.O. NUMBER, JOB NUMBER, ETC. WR 288393
4.	ADDRESS PO. Box 1240 CRYSTAL RIVER, FL, 32629	
5.	IDENTIFICATION OF SYSTEM REACTOR COOLANT	
6a.	APPLICABLE CONSTRUCTION CODE ASME SECTION III Div. 1	EDITION 1965
6b.	APPLICABLE EDITION OF SECTION 2 UTILIZED FOR REPAIRS OR REPLACEMENTS 1983	ADDENDA CODE CASES SUMMER 1967, - SUMMER 1983, -
6.	Identification of Components Repaired or Replaced and Replacement Components	

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER'S SERIAL NUMBER	NATIONAL BD. NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STANDARD	
							1965	88
ONCE THROUGH STEAM GENERATOR	BAABCOCK & WILCOX	620-0007-55 MA 142	N-114 N-120	R256-1A R256-1B	1971	REPAIR	<input checked="" type="checkbox"/>	

NIS-2 NUMBER
91-0017
Page 2 of 2

NIS-2 CONTINUATION

7.	DESCRIPTION OF WORK		
	ENLARGE SUPPORT SKIRT OPENINGS PER MAR 91052801		
8.	TESTS CONDUCTED	PRESSURE	TESTS TEMP
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other	psi	°F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)		
	NA		

CERTIFICATE OF COMPLIANCE

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

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>W. G. Sullivan</i>	TITLE ISI SPECIALIST	DATE 10/11, 1992
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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 FLORIDA employed by HSB I & I Co. of HARTFORD, CT have inspected the components described in this Owner's Report during the period 9-24-91 to 9-25-92 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

INSPECTOR'S SIGNATURE <i>Robert A. M... ..</i>	COMMISSIONS (NATIONAL BOARD STATE PROVINCE OR ENDORSEMENTS) NB ACNI 7550 FL 195
DATE 10-5-92	



Florida Power

NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

If additional space is necessary, use Supplemental NIS-2

1.	OWNER	Florida Power Corporation P. O. Box 14042 St. Petersburg, FL 33733-4042	NIS-2 NUMBER 91-0018 DATE 10/21/91
2.	PLANT	Crystal River Unit 3 P. O. Box 1240 Crystal River, FL 32629-1240	Page 1 of 2

3.	WORK PERFORMED BY (NAME) FPC	REPAIR ORGANIZATION, P.O. NUMBER, JOB NUMBER, ETC. WR 263460	
3.	ADDRESS P.O. Box 1240 Crystal River, FL 32629		
4.	IDENTIFICATION OF SYSTEM MS		
5a.	APPLICABLE CONSTRUCTION CODE ASME Section III, Mat'l Examination	EDITION 1968	ADDENDA, CODE CASES - -
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983	ADDENDA, CODE CASES Summer 1983, -	

6. Identification of Components Repaired or Replaced and Replacement Components

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER'S SERIAL NUMBER	NATIONAL BD. NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPS	
							YES	NO
Valve Disc	Aresser	AVN WNN815G-05402	N/A	MSV-35	1979	Replacement		✓

NIS-2 CONTINUATION

7.	DESCRIPTION OF WORK <i>Replace Disc</i>		
8.	TESTS CONDUCTED	PRESSURE	TESTS TEMP
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input checked="" type="checkbox"/> Other	psi	°F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)		
	<i>See PO A28139A</i> <i>PERFORMED FUNCTIONAL TEST PER SP. 650</i>		

CERTIFICATE OF COMPLIANCE

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

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>D. J. Fulling</i>	DATE <i>10/1/92</i>
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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 FLORIDA employed by HSB T&I Co. of HARTFORD, CT have inspected the components described in this Owner's Report during the period 12-4-90 to 9-25-92 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

INSPECTOR'S SIGNATURE <i>Paul S. Solanti</i>	COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS) <u>NB 7550 ANCI FL195</u>
DATE <u>10-6-92</u>	



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

PAIR 91-0021
10/25/91

If additional space is necessary, use Supplemental NIS-2

1.	OWNER	Florida Power Corporation P. O. Box 14042 St. Petersburg, FL 33733-4042	DATE	10/25/91
2.	PLANT	Crystal River Unit 3 P. O. Box 1240 Crystal River, FL 32629-1240	Page 1 of 2	
3.	WORK PERFORMED BY (NAME)	FPC	REPAIR ORGANIZATION, P.O. NUMBER, JOB NUMBER, ETC.	
	ADDRESS	P.O. Box 1240, Crystal River FL 32629		
4.	IDENTIFICATION OF SYSTEM			
	MS			
5a.	APPLICABLE CONSTRUCTION CODE	EDITION	ADDENDA, CODE CASES	
	MATC ASME SECTION III	1968	-	
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS	ADDENDA, CODE CASES		
	1983	583, -		
6.	Identification of Components Repaired or Replaced and Replacement Components			

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER'S SERIAL NUMBER	NATIONAL BD. NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE COMPLIANCE	
							YES	NO
Disc	Deason	BM-03116	NA	MSV-41	NA	Replacement		✓

NIS-2 CONTINUATION

7.	DESCRIPTION OF WORK REPLACE VALVE DISC		
	<p style="text-align: right;">AB 10/6/92</p>		
8.	TESTS CONDUCTED <input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input checked="" type="checkbox"/> Other	PRESSURE psi	TESTS TEMP °F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE) NA		
	PERFORMED FUNCTIONAL TEST PER SP-650		

CERTIFICATE OF COMPLIANCE

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

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>[Signature]</i>	TITLE I.S. SPECIALIST	DATE 10/11, 1992
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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 FLORIDA employed by HSB I & I Co. of HARTFORD, CT have inspected the

components described in this Owner's Report during the period 12-4-90 to 9-25-92 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

INSPECTOR'S SIGNATURE <i>[Signature]</i>	COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS) NB 7550 ACNFI FL 195
DATE 10-26-92	1992



**NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT
AS REQUIRED BY THE PROVISIONS OF
ASME CODE SECTION XI**

If additional space is necessary, use Supplemental NIS-2

NIS-2 NUMBER
970023

1. OWNER
Florida Power Corporation
P. O. Box 14042
St. Petersburg, FL 33733-4042

DATE
10/27/91

2. PLANT
Crystal River Unit 3
P. O. Box 1240
Crystal River, FL 32629-1240

Page **1 of 2**

3. WORK PERFORMED BY (NAME) **FPC** REPAIR ORGANIZATION, P.O. NUMBER, JOB NUMBER, ETC. **UR 263447**

ADDRESS **P.O. Box 1240 CRYSTAL RIVER, FL 32629**

4. IDENTIFICATION OF SYSTEM
MS

5a. APPLICABLE CONSTRUCTION CODE **ASME SECTION III** EDITION **1968** ADDENDA, CODE CASES **-**

5b. APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS **1983** ADDENDA, CODE CASES **-**

6. Identification of Components Repaired or Replaced and Replacement Components

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER'S SERIAL NUMBER	NATIONAL BD. NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
DISC	Dresser	NA	NA	MSV-45	NA	Replacement	<input checked="" type="checkbox"/>	<input type="checkbox"/>

NIS-2 CONTINUATION

7.	DESCRIPT. OF WORK <i>Replace Pipe</i>		
8.	TESTS CONDUCTED	PRESSURE	TESTS TEMP
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other	psi	*F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)		
	<i>NA</i> PERFORMED FUNCTIONAL TEST PER SP-650		

CERTIFICATE OF COMPLIANCE

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

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>D. G. Mulling</i>	TITLE <i>ISI SPECIALIST</i>	DATE <i>9/30/1992</i>
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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 FLORIDA

employed by HSR I & I Co of HARTFORD, CT have inspected the

components described in this Owner's Report during the period 12-4-90 to 9-25-92

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

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

Robert J. Roberts
 INSPECTOR'S SIGNATURE

NB 7550 ACNT FL195
 COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)

10-5-92
 DATE



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

If additional space is necessary, use Supplemental NIS-2

NIS-2 NUMBER <i>41-0024</i>
DATE <i>10/29/91</i>
Page <i>1</i> of <i>2</i>

1.	OWNER	Florida Power Corporation P. O. Box 14042 St. Petersburg, FL 33732-4042	
2.	PLANT	Crystal River Unit 3 P. O. Box 1240 Crystal River, FL 32629-1240	
3.	WORK PERFORMED BY (NAME)	<i>FPC</i>	REPAIR ORGANIZATION, P.O. NUMBER, JOB NUMBER, ETC. <i>WR 218782</i>
3.	ADDRESS	<i>P.O. Box 1240 CRYSTAL RIVER, FL 32629</i>	
4.	IDENTIFICATION OF SYSTEM	<i>RC</i>	
5a.	APPLICABLE CONSTRUCTION CODE	EDITION	ADDENDA, CODE CASES
	<i>ASME SECTION III</i>	<i>1965</i>	<i>Summer 67, -</i>
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS	ADDENDA, CODE CASES	
	<i>1983</i>	<i>Summer 83, -</i>	
6.	Identification of Components Repaired or Replaced and Replacement Components		

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER'S SERIAL NUMBER	NATIONAL BD. NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPER	
							YES	NO
<i>VALVE</i>	<i>FREED</i>	<i>BL 8900</i>	<i>NA</i>	<i>FPC RCV-8</i>	<i>NA</i>	<i>DISC REPLACED AND INSTALL VALVE</i>		<input checked="" type="checkbox"/>

NIS-2 CONTINUATION

7.	DESCRIPTION OF WORK		
	REPLACE VALVE (RCV-8), REPLACEMENT VALVE REBUILT UNDER FPC PO F771029D		
8.	TESTS CONDUCTED	PRESSURE	TESTS TEMP
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other	psi	*F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)		
	SEE PD FOR DETAILS REMANDED IN SERVICE BEAK 10/6/92 PERFORMED SYSTEM LEAKAGE TEST PER SP-304-		

CERTIFICATE OF COMPLIANCE

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

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>D. A. Gullay</i>	TITLE ISE SPECIALIST	DATE 9/30/1992
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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 FLORIDA employed by H.S.B.I. Co of HARTFORD, CT have inspected the components described in this Owner's Report during the period 1-6-92 to 9-25-92 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

INSPECTOR'S SIGNATURE <i>John S. Blunt</i>	COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS) NB 2550 ACNT FL 195
DATE 10-6-92	



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

NIS-2 NUMBER
917025

If additional space is necessary, use Supplemental NIS-2

DATE
10/29/91

Page 1 of 2

1. OWNER
Florida Power Corporation
P. O. Box 14042
St. Petersburg, FL 33733-4042

2. PLANT
Crystal River Unit 3
P. O. Box 1240
Crystal River, FL 32629-1240

WORK PERFORMED BY (NAME)
FPC

REPAIR ORGANIZATION, P.O. NUMBER, JOB NUMBER, ETC.
WR 296206

3. ADDRESS
PO Box 1240 CRYSTAL RIVER, FL. 32629

4. IDENTIFICATION OF SYSTEM
RC

5a. APPLICABLE CONSTRUCTION CODE
USRC B31-X 10-2-92

EDITION
1987

ADDENDA, CODE CASES
ASME 10-2-92

5b. APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS
1983

ADDENDA, CODE CASES
Summer 83

6. Identification of Components Repaired or Replaced and Replacement Components

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER'S SERIAL NUMBER	NATIONAL BD. NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPER	
							YES	NO
<u>GUMBER</u>	<u>Power Piping</u>	<u>750117</u>	<u>NA</u>	<u>MCH-34</u>	<u>NA</u>	<u>Replaced</u>		<input checked="" type="checkbox"/>

NIS-2 CONTINUATION

7.	DESCRIPTION OF WORK <i>Replace Snubber (Rebuilt under WR 248321)</i>		
8.	TESTS CONDUCTED	PRESSURE	TESTS TEMP
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input checked="" type="checkbox"/> Other	psi	°F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)		
	<i>NA SNUBBER Functionally tested Per PT-130 SNUBBER Installed and Visually Inspected Per MP-175</i>		

CERTIFICATE OF COMPLIANCE

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

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>D.J. Rainwater</i>	TITLE <i>ISI SPECIALIST</i>	DATE <i>9/17</i>	1992
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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 FLORIDA employed by HSB T & I Co. of HARTFORD, CT have inspected the components described in this Owner's Report during the period 12-4-90 to 9-25-92 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

INSPECTOR'S SIGNATURE <i>Robert A. Roberts</i>	COMMISSIONS (NATIONAL BOARD STATE, PROVINCE OR ENDORSEMENTS) <i>NB 7550 ACN I FL 195</i>
DATE <u>10-6-92</u>	<i>JRC</i>



**NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT
AS REQUIRED BY THE PROVISIONS OF
ASME CODE SECTION XI**

NIS-2 NUMBER
91-0027

If additional space is necessary, use Supplemental NIS-2

1.	OWNER Florida Power Corporation P. O. Box 14042 St. Petersburg, FL 33733-4042	DATE <i>11/5/91</i>
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2.	PLANT Crystal River Unit 3 P. O. Box 1240 Crystal River, FL 32629-1240	Page 1 of 2
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3.	WORK PERFORMED BY (NAME) <i>FPC</i>	REPAIR ORGANIZATION, P.O. NUMBER, JOB NUMBER, ETC. <i>WR 263444</i>
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3.	ADDRESS <i>P.O. Box 219 Crystal River FL 32623</i>
----	---

4.	IDENTIFICATION OF SYSTEM <i>MS / MSV-43</i>
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5a.	APPLICABLE CONSTRUCTION CODE <i>ASME Section III</i>	EDITION <i>1983</i>	ADDENDA CODE CASES <i>-</i>
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5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS <i>1983</i>	ADDENDA CODE CASES <i>Summer 1983</i>
-----	--	--

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

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER'S SERIAL NUMBER	NATIONAL BD. NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE CLASSIFICATION	
							YES	NO
<i>Disc</i>	<i>Dresser</i>	<i>WNN8156-05174</i>	<i>NA</i>	<i>MSV-43</i>	<i>1979</i>	<i>Replacement</i>		<i>X</i>

NIS-2 CONTINUATION

TESTS CONDUCTED
 Hydrostatic Pneumatic Nominal Operating Pressure Other

REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)
 Per MSV-43 valve disc
 PERFORMED FUNCTIONAL TEST PER SP 650 AFTER MAINTENANCE.

CERTIFICATE OF COMPLIANCE

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

OWNER OR OWNER'S DESIGNEE SIGNATURE: [Signature] TITLE: ISI SPECIALIST DATE: 9/30/1992

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 FLORIDA employed by HSB I & I Co of HARTFORD, CT have inspected the components described in this Owner's Report during the period 12-4-90 to 9-25-92 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

INSPECTOR'S SIGNATURE: [Signature] COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS): NB 7550 ACN1 FL195
 DATE: 10-5-92 [Signature]



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

If additional space is necessary, use Supplemental NIS-2

NIS-2 NUMBER
91-0029

1. OWNER
 Florida Power Corporation
 P. O. Box 14042
 St. Petersburg, FL 33733-4042
 DATE
11/8/91

2. PLANT
 Crystal River Unit 3
 P. O. Box 1240
 Crystal River, FL 32629-1240
 Page *1* of *2*

3. WORK PERFORMED BY (NAME) ADDRESS REPAIR ORGANIZATION, P.O. NUMBER, JOB NUMBER, ETC.
FPC P.O. Box 1240, Crystal River FL 32629 WR 284596

3. ADDRESS
P.O. Box 1240, Crystal River FL 32629

4. IDENTIFICATION OF SYSTEM
MS

5a. APPLICABLE CONSTRUCTION CODE EDITION ADDENDA, CODE CASES
ASME B31.1 1967 -

5b. APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS ADDENDA, CODE CASES
1983 Summer 83, -

6. Identification of Components Repaired or Replaced and Replacement Components

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER'S SERIAL NUMBER	NATIONAL BD. NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPING	
							Y99	NO
<i>VALVE</i>	<i>CRANE</i>	<i>NA</i>	<i>NA</i>	<i>MSV-55</i>	<i>NA</i>	<i>REPLACED BENNET</i>		<input checked="" type="checkbox"/>

NIS-2 CONTINUATION

7.	DESCRIPTION OF WORK		
	REPLACE BONNET + MACHINE STUFFING BOX I.D. TO REMOVE TAPER.		
8.	TESTS CONDUCTED	PRESSURE	TESTS TEMP
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other	psi	*F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)		
	SEE PDC PD A3311Q FOR NEW BONNET DATA. PERFORMED START TEST PER SP-249-B		

CERTIFICATE OF COMPLIANCE

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

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>D. A. Delling</i>	TITLE ISE SPECIALIST	DATE 10/1/1992
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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 FLORIDA

employed by HSB I & I Co of HARTFORD, CT have inspected the

components described in this Owner's Report during the period 6-11-91 to 9-25-92

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

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

INSPECTOR'S SIGNATURE <i>Paul J. Colachi</i>	COMMISSIONS (NATIONAL BOARD STATE PROVINCE OR ENDORSEMENTS) NB 1550 ACN I FL 195
DATE 10-5-92	



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

If additional space is necessary, use Supplemental NIS-2

NIS-2 NUMBER
91-0033

DATE
11/9/91

Page **1** of **2**

1.	OWNER	Florida Power Corporation P. O. Box 14042 St. Petersburg, FL 33733-4042		
2.	PLANT	Crystal River Unit 3 P. O. Box 1240 Crystal River, FL 32629-1240		
3.	WORK PERFORMED BY (NAME)	FPC	REPAIR ORGANIZATION, P.O. NUMBER, JOB NUMBER, ETC	WR 243445
	ADDRESS	P. O. Box 219 Crystal River FL 32623		
4.	IDENTIFICATION OF SYSTEM	MS/MISV-38		
5a.	APPLICABLE CONSTRUCTION CODE	ASME Section III	EDITION	ADDENDA, CODE CASES
			19 68	-
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS	1983	ADDENDA, CODE CASES	Summer 1983
6.	Identification of Components Repaired or Replaced and Replacement Components			

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER'S SERIAL NUMBER	NATIONAL BD. NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ARMY CODE STAMPED	
							YES	NO
Disc	Dresser	WNN 3156-05124	-	MISV-38	1979	Replacement		X

NIS-2 CONTINUATION

7.	DESCRIPTION OF WORK		
	Replace MSV-3X valve disc		
8.	TESTS CONDUCTED	PRESSURE	TESTS TEMP
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other	psi	*F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)		
	<p style="text-align: center;">MS</p> PERFORMED FUNCTIONAL TEST PER SP-650 AFTER MAINTENANCE		

CERTIFICATE OF COMPLIANCE

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

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>D. W. Mullin</i>	TITLE ISE SPECIALIST	DATE 9/30/1992
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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 FLORIDA employed by HSB I & I Co of HARTFORD CT have inspected the components described in this Owner's Report during the period 12-4-90 to 9-25-92 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

<u><i>D. W. Mullin</i></u> INSPECTOR'S SIGNATURE	<u>NB TSSO ACNI FL 195</u> COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)
<u>10-5-92</u> DATE	<u>JW/CSC</u>



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

If additional space is necessary, use Supplemental NIS-2

NIS-2 NUMBER
91-0034
DATE
11/10/91
Page **1** of **2**

1.	OWNER Florida Power Corporation P. O. Box 14042 St. Petersburg, FL 33733-4042	
2.	PLANT Crystal River Unit 3 P. O. Box 1240 Crystal River, FL 32629-1240	
3.	WORK PERFORMED BY (NAME) FPC	REPAIR ORGANIZATION, P.O. NUMBER, JOB NUMBER, ETC. WR 263302
	ADDRESS PO Box 1240, CRYSTAL RIVER, FL,	
4.	IDENTIFICATION OF SYSTEM MS	
5a.	* APPLICABLE CONSTRUCTION CODE ASME SECTION III, Div 1	EDITION 1968
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983	ADDENDA, CODE CASES Summer 1983
6.	Identification of Components Repaired or Replaced and Replacement Components	

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER'S SERIAL NUMBER	NATIONAL BD. NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE VIOLATION	
							YES	NO
VALVE DISC	DRESSER	NA	NA	MSV-40	NA	Replacement		<input checked="" type="checkbox"/>

NIS-2 CONTINUATION

7.	DESCRIPTION OF WORK <i>Replace Risc</i>		
8.	TESTS CONDUCTED	PRESSURE	TESTS TEMP
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other	psi	°F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE) <i>N/A</i>		
	<i>PERFORMED FUNCTIONAL TEST PER SP-650 AFTER MAINTENANCE</i>		

CERTIFICATE OF COMPLIANCE

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

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>[Signature]</i>	TITLE <i>ISI SPECIALIST</i>	DATE <i>9/30/1992</i>
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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 FLORIDA

employed by HSB I&I Co of HARTFORD, CT

have inspected the components described in this Owner's Report during the period 12-9-92 ⁰ USE 10-5-92 to 9-25-92

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

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

INSPECTOR'S SIGNATURE <i>[Signature]</i>	COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENCLOSURES) <u>NB 750 ACNT FL 195</u>
DATE <u>10-5-92</u>	



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

If additional space is necessary, use Supplemental NIS-2

NIS-2 NUMBER
92-0003

DATE
2/20/92

Page **1** of **2**

1.	OWNER	Florida Power Corporation P. O. Box 14042 St. Petersburg, FL 33733-4042	
2.	PLANT	Crystal River Unit 3 P. O. Box 1240 Crystal River, FL 32629-1240	
3.	WORK PERFORMED BY (NAME)	FPC	REPAIR ORGANIZATION, P.O. NUMBER, JOB NUMBER, ETC. WR 286085
4.	ADDRESS	P.O. Box 1240, Crystal River, FL 32629	
5a.	IDENTIFICATION SYSTEM	MAKE UP	
5a.	APPLICABLE CONSTRUCTION CODE	KAS B 1	EDITION 1967
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS	1983	ADDENDA, CODE CASES SUMMER 1983

Identification of Components Repaired or Replaced and Replacement Components

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER'S SERIAL NUMBER	NATIONAL BD. NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	NAME CODE STAMPER	
							YES	NO
SNUBBER	POWER PIPING	730141	NA	MUH-057	NA	Replacement		<input checked="" type="checkbox"/>

NIS-2 CONTINUATION

7.	DESCRIPTION OF WORK <i>Replace snubber</i>		
8.	TESTS CONDUCTED	PRESSURE	TESTS TEMP
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input checked="" type="checkbox"/> Other	psi	°F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)		
	<i>NA SNUBBER FUNCTIONALLY TESTED PER PT-130</i> <i>SNUBBER INSTALLED AND VISUALLY INSPECTED PER MP-175</i>		

CERTIFICATE OF COMPLIANCE

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

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>S. J. Rainswater</i>	TITLE <i>ISI Specialist</i>	DATE <i>9/17, 1992</i>
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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 FLORIDA employed by HSB I & I Co. of HARTFORD, CT have inspected the

components described in this Owner's Report during the period 12-4-90 to 9-25-92

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

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

<i>[Signature]</i> INSPECTOR'S SIGNATURE	<u>NB 7530 ACNZ FL 195</u> COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)
<u>10-6-92</u> DATE	<u>[Signature]</u>

NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI



NIS-2 NUMBER
92-004

If additional space is necessary, use Supplemental NIS-2

DATE
2/20/92

1. OWNER
**Florida Power Corporation
P. O. Box 14042
St. Petersburg, FL 33733-4042**

2. PLANT
**Crystal River Unit 3
P. O. Box 1240
Crystal River, FL 32629-1240**

Page **1** of **2**

3. WORK PERFORMED BY (NAME)
FPC

REPAIR ORGANIZATION, P. O. NUMBER, JOB NUMBER, ETC.
WR 286084

3. ADDRESS
P.O. Box 1240, Crystal River, FL 32629

4. IDENTIFICATION OF SYSTEM
MAKEUP

5a. APPLICABLE CONSTRUCTION CODE
USAS B31.1

EDITION
1967

ADDENDA, CODE CASES
-

5b. APPLICABLE EDITION (SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS)
1183

ADDENDA, CODE CASES
Summer 1983

Identification of Components Repaired or Replaced and Replacement Components

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER'S SERIAL NUMBER	NATIONAL BD. NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPER	
							YES	NO
SNUBBER	POWER PIPING	730227	NA	MUH-32	NA	Replacement	<input checked="" type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

NIS-2 CONTINUATION

7.	DESCRIPTION OF WORK <i>Replace Snubber</i>		
8.	TESTS CONDUCTED	PRESSURE	TESTS TEMP
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input checked="" type="checkbox"/> Other	PSI	°F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)		
	<i>NA SNUBBER FUNCTIONALLY TESTED PER PT-130</i> <i>SNUBBER INSTALLED AND INSPECTED PER MP-175</i>		

CERTIFICATE OF COMPLIANCE

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

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>[Signature]</i>	TITLE <i>ISI Specialist</i>	DATE <i>9/30, 1992</i>
---	--------------------------------	---------------------------

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 FLORIDA
 employed by HSB I & I Co. of HARTFORD, CT have inspected the components described in this Owner's Report during the period 12-4-90 to 9-25-92 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

<i>[Signature]</i> INSPECTOR'S SIGNATURE	<i>NB 7550 ACNT FL 195</i> COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)
<u>10-6-92</u> DATE	<u> </u>



**NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT
AS REQUIRED BY THE PROVISIONS OF
ASME CODE SECTION XI**

If additional space is necessary, use Supplemental NIS-2

NIS 2 NUMBER
92-0006

DATE
2/20/92

1. OWNER
Florida Power Corporation
P. O. Box 14042
St. Petersburg, FL 33733-4042

2. PLANT
Crystal River Unit 3
P. O. Box 1240
Crystal River, FL 32629-1240

Page *1* of *2*

3. WORK PERFORMED BY (NAME)
FPL

REPAIR ORGANIZATION, P.O. NUMBER, X-B NUMBER, ETC.
WR 286074

3. ADDRESS
P.O. Box 1240, Crystal River, FL 32629

4. IDENTIFICATION OF SYSTEM
FEEDWATER

5a. APPLICABLE CONSTRUCTION CODE
1967 ED., USAS B31.1

EDITION
1967

ADDENDA, CODE CASES
-

5b. APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS
1983

ADDENDA, CODE CASES
SUMMER 1983, -

Identification of Components Repaired or Replaced and Replacement Components

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER'S SERIAL NUMBER	NATIONAL BD. NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPER	
							YES	NO
<i>SNUBBER</i>	<i>POWER PILING</i>	<i>730080</i>	<i>NA</i>	<i>FWH-129</i>	<i>NA</i>	<i>Replacement</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

NIS-2 CONTINUATION

7.	DESCRIPTION OF WORK <i>Replace snubber</i>		
8.	TESTS CONDUCTED	PRESSURE	TESTS TEMP
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input checked="" type="checkbox"/> Other	psi	*F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER IF APPLICABLE)		
	<i>NA - SNUBBER Functionally tested Per PT-130</i> <i>SNUBBER Installed AND Visually Inspected Per MP-175</i>		

CERTIFICATE OF COMPLIANCE

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

OWNER OR OWNER'S DESIGNER SIGNATURE <i>S. J. Kawarstein</i>	TITLE <i>ISI Specialist</i>	DATE <i>9/17, 1992</i>
--	--------------------------------	---------------------------

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 FLORIDA employed by HSB I & I Co of HARTFORD, CT have inspected the components described in this Owner's Report during the period 12-4-90 to 9-25-92 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

INSPECTOR'S SIGNATURE <i>John S. Colantuono</i>	COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS) <u>NO 7550 ACNI FL 195</u>
DATE <u>10-6-92</u>	<u>JPESC</u>

NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI



if additional space is necessary, use Supplemental NIS-2

NIS-2 NUMBER
92-0007

DATE
2/20/92

Page 1 of 2

1. OWNER
Florida Power Corporation
P. O. Box 14042
St. Petersburg, FL 33733-4042

2. PLANT
Crystal River Unit 3
P. O. Box 1240
Crystal River, FL 32629-1240

WORK PERFORMED BY (NAME) REPAIR ORGANIZATION, P.O. NUMBER, JOB NUMBER, ETC.
FPC WR ~~245350~~ 286073 ^{PER} 2/20/92

3. ADDRESS
P.O. Box 1240, CRYSTAL RIVER, FL 32629

4. IDENTIFICATION OF SYSTEM
FEEDWATER

5a. APPLICABLE CONSTRUCTION CODE EDITION ADDENDA, CODE CASES
USAS B31.1 1967 ---

5b. APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS ADDENDA, CODE CASES
1983 SUMMER 1983 ---

Identification of Components Repaired or Replaced and Replacement Components

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER'S SERIAL NUMBER	NATIONAL BD. NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPER	
							YES	NO
SNUBBER	Power Piping	720084	NA	FWH-125	NA	Replacement		✓

NIS-2 CONTINUATION

7.	DESCRIPTION OF WORK <i>Replace scrubber</i>		
8.	TESTS CONDUCTED <input checked="" type="checkbox"/> Hydraulic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other	PRESSURE PSI	TESTS TEMP °F
	REMARKS: INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE <i>NOT SCRUBBER FUNCTIONALLY TESTED PER PT-130 SCRUBBER INSTALLED AND VISUALLY INSPECTED PER PIP-175</i>		
9.			

CERTIFICATE OF COMPLIANCE

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

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>S. J. [Signature]</i>	TITLE <i>ISI Specialist</i>	DATE <i>9/17, 1992</i>
---	--------------------------------	---------------------------

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 FLORIDA employed by HARTFORD IGT of HARTFORD IGT have inspected the components described in this Owner's Report during the period 12-04-90 to 9-25-92 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

INSPECTOR'S SIGNATURE <i>[Signature]</i>	COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS) <i>NB ACNT FL 195</i>
DATE <i>10-6-92</i>	



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

If additional space is necessary, use Supplemental NIS-2

NIS-2 NUMBER
920011
DATE
4/3/92
Page 1 of 2

1. OWNER
Florida Power Corporation
P. O. Box 14042
St. Petersburg, FL 33733-4042

2. PLANT
Crystal River Unit 3
P. O. Box 1240
Crystal River, FL 32629-1240

REPAIR ORGANIZATION, P.O. NUMBER, JOB NUMBER, ETC.
WR 285836

3. WORK PERFORMED BY (NAME)
FAC
ADDRESS
P.O. Box 1240, CRYSTAL RIVER, FL 32629

4. IDENTIFICATION OF SYSTEM
RC

5a. APPLICABLE EDITION, ADDENDUM CODES
ASME SECTION II

EDITION
1965

ADDENDA, CODE CASES
Summer, 1967

5b. APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS
1983

ADDENDA, CODE CASES
Summer 1983

6. Identification of Components Repaired or Replaced and Replacement Components

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER'S SERIAL NUMBER	NATIONAL BD. NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPER	
							YES	NO
REACTOR	BALCOCK	NA	NA	BAR PH 25	NA	Replacement	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VESS	WILCOX							
SDPS								

NIS-2 CONTINUATION

7.	DESCRIPTION OF WORK		
	MAR 91-11-02-01 modifies the Reactor Vessel studs. They will be installed over the next several outages.		
8.	TESTS CONDUCTED	PRESSURE	TESTS TEMP
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input checked="" type="checkbox"/> Other	psi	°F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER IF APPLICABLE)		
	Part of BWNS/TPC Long Term Maintenance Program. PRESERVICE ULTRASONIC INSPECTION PERFORMED ON R/V STUDS.		

CERTIFICATE OF COMPLIANCE

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

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>W. C. Mullins</i>	TITLE ISI SPECIALIST	DATE 9/30/1992
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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 FLORIDA employed by HSB I&I of HARTFORD, CT have inspected the components described in this Owner's Report during the period 1-15-91 to 9-25-92, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

INSPECTOR'S SIGNATURE <i>Chris Colantuono</i>	COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS) NB 7550 ACN1 FL 145
DATE 10-6-92	



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

If additional space is necessary, use Supplemental NIS-7

NIS-2 NUMBER
92-0013

DATE
4/7/92

Page **1** of **2**

1.	OWNER	Florida Power Corporation P. O. Box 14042 St. Petersburg, FL 33733-4042	
2.	PLANT	Crystal River Unit 3 P. O. Box 1240 Crystal River, FL 32629-1240	
3.	WORK PERFORMED BY (NAME)	FPC	REPAIR ORGANIZATION, P.O. NUMBER, JOB NUMBER, ETC WR 285744
3.	ADDRESS	P.O. Box 1240, CRYSTAL RIVER FL 32629	
4.	IDENTIFICATION OF SYSTEM	MAKEUP	
5a.	APPLICABLE CONSTRUCTION CODE	EDITION 19	ADDENDA, CODE CASES
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS	ADDENDA, CODE CASES SUMMER 1983, -	

6. Identification of Components Repaired or Replaced and Replacement Components

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER'S SERIAL NUMBER	NATIONAL BD. NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ARMY CODE STAMPED	
							YES	NO
LETDOWN COOLER	GRAHAM MFG. CO	60283-1	15449	FPC #11 65332706	1987	REPLACEMENT	✓	
<p>→ B&W SPECIFICATION CS-3-24, DATED 5/16/68</p> <p>TUBE SIDE - ASME SECTION III, CLASS C, 1968 ED</p> <p>SHELL SIDE - ASME SECTION III, DIV. 1, 1965 ED</p> <p>MAT'L - ASME SECTION II, 1965 ED w/SUMMER 1967 ED</p>								

NIS-2 NUMBER

92-0013

NIS-2 CONTINUATION

Page 2 of 2

7.	DESCRIPTION OF WORK		
	REPLACE LETDOWN COOLER MJHE-1C		
8.	TESTS CONDUCTED	PRESSURE	TESTS TEMP
	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other	3825 psi	86.3 °F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)		
	GRAHAM JOB # 60283HC, SEE PFC PO F740397D & MAR 87080301. PERFORMED PRE-SERVICE EXAMINATION ON WELDS, HYDROSTATIC TEST PER MP-127 AND IN-SERVICE LEAK TEST ON SWV-695.		

CERTIFICATE OF COMPLIANCE

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

OWNER OR OWNER'S DESIGNEE SIGNATURE

W. C. Helling

TITLE

ISI SPECIALIST

DATE

9/30, 1992

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 FLORIDA

employed by HSB I&I Co. of HARTFORD, CT have inspected the

components described in this Owner's Report during the period 7-11-91 to 9-25-92

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

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

INSPECTOR'S SIGNATURE

Robert S. Roberts

DATE

10-5-92

COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)

NA 7550 ACN1 FL 195

JSC



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

NIS-2 NUMBER
92-0014

DATE
4-14-92

Page *1* of *2*

If additional space is necessary, use Supplemental NIS-2

1.	OWNER	Florida Power Corporation P. O. Box 14042 St. Petersburg, FL 33733-4042	
2.	PLANT	Crystal River Unit 3 P. O. Box 1240 Crystal River, FL 32629-1240	
3.	WORK PERFORMED BY (NAME)	<i>FPC</i>	REPAIR ORGANIZATION, P.O. NUMBER, JOB NUMBER, ETC. <i>WR 292510</i>
	ADDRESS	<i>P.O. Box 1240, CRYSTAL RIVER, FL 32629</i>	
4.	IDENTIFICATION OF SYSTEM	<i>RC RCP-1C</i>	
5a.	APPLICABLE CONSTRUCTION CODE	EDITION	ADDENDA, CODE CASES
	<i>ASME SECTION III, CLASS A</i>	<i>1968</i>	<i>- , -</i>
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS	ADDENDA, CODE CASES	
	<i>1983</i>	<i>Summer 1983, -</i>	
6.	Identification of Components Repaired or Replaced and Replacement Components		

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER'S SERIAL NUMBER	NATIONAL BD. NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
<i>PUMP COVER</i>	<i>BYRON JACKSON</i>	<i>NA</i>	<i>NA</i>	<i>FPC PIN 66040845</i>	<i>1992</i>	<i>Replacement</i>		<input checked="" type="checkbox"/>
<i>STUD COVER</i>	<i>SUPPLIER - BABCOCK & WILCOX MFG. BYRON JACKSON</i>	<i>B-J PIN 220796XX01</i>	<i>NA</i>	<i>FPC PIN 66040718</i>	<i>NA</i>	<i>Replacement</i>		<input checked="" type="checkbox"/>

NIS-2 CONTINUATION

7.	DESCRIPTION OF WORK		
	COVER BEING REPLACED UNDER MAR 91-05-10-01 SANDS REPLACED AS NECESSARY		
8.	TESTS CONDUCTED	PRESSURE	TESTS TEMP
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other	psi	*F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)		
	N/A		

CERTIFICATE OF COMPLIANCE

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

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>[Signature]</i>	TITLE ISI SPECIALIST	DATE 9/30/1992
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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 FLORIDA employed by HSB I & I Co. of HARTFORD, CT have inspected the components described in this Owner's Report during the period 12-4-90 to 9-25-92 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this 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] NB ISSO ACNIZ FL 195
INSPECTOR'S SIGNATURE COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)

10-5-92
DATE

3900



Florida Power

NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

NIS-2 NUMBER
92-0038

If additional space is necessary, use Supplemental NIS-2

1. OWNER Florida Power Corporation P. O. Box 14042 St. Petersburg, FL 33733-4042		DATE 6/12/92						
2. PLANT Crystal River Unit 3 P. O. Box 1240 Crystal River, FL 32629-1240		Page 1 of 2						
3. WOP PERFORMED BY (NAME) FPC		REPAIR ORGANIZATION, P.O. NUMBER, JOB NUMBER, ETC. WR 273647						
3. ADDRESS PO. Box 1240, CRYSTAL RIVER, FL 32629								
4. IDENTIFICATION OF SYSTEM RC								
5a. APPLICABLE CONSTRUCTION CODE DRAFT PUMP + VALVE		ASME CODE FOR NUCLEAR POWER	EDITION 1968					
		ADDENDA, CODE CASES DRAFT, -						
5b. APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983		ADDENDA, CODE CASES SUMMER 1983, -						
6. Identification of Components Repaired or Replaced and Replacement Components								
NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER'S SERIAL NUMBER	NATIONAL BD. NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED	
							YES	NO
PRESSURIZER RELIEF VALVE	DRESSER	BU-0314B	NA	RCV-9 BOLTING MAT'L	NA	REPLACED BOLTING MAT'L PARTS # 1150530		✓

NIS-2 CONTINUATION

7.	DESCRIPTION OF WORK		
	REPLACE HEAVY HEX NUTS THAT SECURE THE VALVE (RCV-9) TO THE PRESSURIZER.		
8.	TESTS CONDUCTED	PRESSURE	TESTS TEMP
	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input checked="" type="checkbox"/> Other	PSI	*F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)		
	NA PERFORMED VISUAL EXAMINATION PER MP-132 PERFORMED INSERVICE LEAK TEST PER SP-304		

CERTIFICATE OF COMPLIANCE

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

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>[Signature]</i>	TITLE ISE SPECIALIST	DATE 10/1/1992
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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 FLORIDA employed by HSB I&I Co of HARTFORD, CT have inspected the components described in this Owner's Report during the period 12-4-90 to 9-25-92, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

INSPECTOR'S SIGNATURE <i>[Signature]</i>	COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE) OR ENDORSEMENTS: NB 1550 ACNI FL 195
DATE 10-6-92	



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

NIS-2 NUMBER
92-0055

If additional space is necessary, use Supplemental NIS-2

1.	<small>OWNER</small>	Florida Power Corporation P. O. Box 14042 St. Petersburg, FL 33733-4042	<small>DATE</small>	9/30/92					
2.	<small>PLANT</small>	Crystal River Unit 3 P. O. Box 1240 Crystal River, FL 32629-1240	Page 1 of 2						
3.	<small>WORK PERFORMED BY (NAME)</small>	Florida Power Corp.	<small>REPAIR ORGANIZATION, P.O. NUMBER, JOB NUMBER, ETC.</small> Work Request # 0266413						
	<small>ADDRESS</small>	P.O. Box 1240 Crystal River, FL 32629							
4.	<small>IDENTIFICATION OF SYSTEM</small>	MS							
5a.	<small>APPLICABLE CONSTRUCTION CODE</small>	ASME USAS B31.1	<small>EDITION</small>	7th EDITION, CODE CASES JWS 9/20/92 1968 9/30/92 Summer 1967					
5b.	<small>APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS</small>	1983	<small>ADDENDA, CODE CASES</small> Summer 1983						
6.	<small>Identification of Components Repaired or Replaced and Replacement Components</small>								
	<small>NAME OF COMPONENT</small>	<small>NAME OF MANUFACTURER</small>	<small>MANUFACTURER'S SERIAL NUMBER</small>	<small>NATIONAL BD. NO.</small>	<small>OTHER IDENTIFICATION</small>	<small>YEAR BUILT</small>	<small>REPAIRED, REPLACED OR REPLACEMENT</small>	<small>ASME CODE VIOLATED</small>	
								<small>YES</small>	<small>NO</small>
	Valve	Velan	W07-3076X-02TS	N/A	MSV-446	N/A	Replaced		✓
	Valve	Velan	W07-8076Z-02TS	N/A	MSV-446	N/A	Replacement		✓

NIS-2 CONTINUATION

7.	DESCRIPTION OF WORK		
	Replace MSV-446 with new Velan valve W07-80762-02TS per PEERE 355.		
8.	TESTS CONDUCTED	PRESSURE	TESTS TEMP
	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other	115 PSI	AMBIENT °F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)		
	See PEERE #355 PERFORMED HYDROSTATIC TEST PER MP-137		

CERTIFICATE OF COMPLIANCE

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

OWNER OR OWNER'S DESIGN SIGNATURE <i>H. G. Mulling</i>	TITLE ISI SPECIALIST	DATE 10/1/1992
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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 FLORIDA employed by H I I Co of HARTFORD, CT have inspected the components described in this Owner's Report during the period 1-6-92 to 9-25-92, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

<u><i>[Signature]</i></u> INSPECTOR'S SIGNATURE	<u>NS 7530 ACNT F2195</u> COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS)
<u>10-6-92</u> DATE	<u>[Signature]</u>



NIS-2 OWNER'S REPORT OF REPAIR OR REPLACEMENT AS REQUIRED BY THE PROVISIONS OF ASME CODE SECTION XI

If additional space is necessary, use Supplemental NIS-2

NIS-2 NUMBER
92-0056

1.	OWNER Florida Power Corporation P. O. Box 14042 St. Petersburg, FL 33733-4042	DATE 10-5-92
2.	PLANT Crystal River Unit 3 P. O. Box 1240 Crystal River, FL 32629-1240	Page 1 of 3
3.	WORK PERFORMED BY (NAME) REPAIR ORGANIZATION, P. O. NUMBER, JOB NUMBER, ETC. FLORIDA POWER CORP WORK REQUEST # 281654	
3.	ADDRESS PO Box 1240, CRYSTAL RIVER, FLA 32629	
4.	IDENTIFICATION OF SYSTEM FEEDWATER	
5a.	APPLICABLE CONSTRUCTION CODE USAS B31.1	EDITION 1967
5b.	APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1983	ADDENDA, CODE CASES SUMMER 1983

6. Identification of Components Repaired or Replaced and Replacement Components	NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER'S SERIAL NUMBER	NATIONAL BD. NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMPED			
								YES	NO		
	6" PIPE SCH80	US STEEL	N/A	N/A	FIMIS 01-558-04B	N/A	REPLACEMENT		X		
	4" PIPE SCH80	↓	↓	↓	FIMIS 01-558-032	↓	↓		X		
	4x6 CORRUG. SCH80				TECTUBI			PR23-296AD	ITEM 1		X
	6" TEE SCH80							PR23-296AD	ITEM 2		X
	4" 90° EL. SCH80								ITEM 3		X
	4" PIPE CAP XS								ITEM 4		X
	6" X 4" WELD JOINT	WFL, INTL.			ITEM 5			X			
	4" GL. VALV 90°	ROCKWELL/EDWARDS VALV.			FVV-222			X			
	4" GL. VALV 90°	"			FVV-223			X			
	3x3x1/4 TUBE STE.	N/A	N/A	N/A	FIMIS (FWN-537) 01560408	N/A	REPLACEMENT		X		
	2"x2"x1/4" ANGLE	↓	↓	↓	FIMIS (FWN-537) 01491093	↓	↓		X		
	3/4" PLATE								FIMIS (FWN-537) 01491638		X

NIS-2 CONTINUATION

7.	DESCRIPTION (DRK)	INSTALL REACH 4" PUMP DISCHARGE LINES CONNECTING TO 6" LINES FEEDING OTSGS		
	TESTS CONDUCTED	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other	PRESSURE 1650 PSI	TESTS TEMP 86.3 *F
9.	REMARKS (INCLUDE MANUFACTURER'S DATA REPORT NUMBER, IF APPLICABLE)	DTA COMPLETED HYDROSTATIC TEST AND REQUIRED PRESENCE INSPECTION OF WELDS.		

CERTIFICATE OF COMPLIANCE

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

OWNER OR OWNER'S DESIGNEE SIGNATURE <i>H. A. Sullivan</i>	TITLE ISE SPECIALIST	DATE 10/5/1992
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CERTIFICATE OF INSPECT. I

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of FLORIDA employed by HSB I & I Co. of HARTFORD, CT have inspected the components described in this Owner's Report during the period 3-20-91 to 9-25-92 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

INSPECTOR'S SIGNATURE <i>John A. Delanti</i>	COMMISSIONS (NATIONAL BOARD, STATE, PROVINCE OR ENDORSEMENTS) <u>NB 7530 ACNE FL195</u>
DATE 10-6-92	



NIS-2 SUPPLEMENT

If additional space is required on NIS-2 Owner's Report of Repair or Replacement, indicate item No. and topic.

REPAIR ORG. P. O. NO., JOB NO., etc
 WP 281654
 NIS 2 NUMBER
 92-0056
 Page 2 of 3

6. Identification of Components Repaired or Replaced and Replacement Components

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER'S SERIAL NUMBER	NATIONAL BD. NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	MARK CODE SEARCHED
							YES NO
3/4" x 10" (WS34100) ANCHOR BOLTS MASTER FLOW 92B GROUT	PHILLIPS S. DRILL DIV. ITT MASTER BUILDERS	N/A	N/A	FIMIS (FORM-537) 01350053 FIMIS (EDH-537) 01350300	N/A	REPLACEMENT	X X