

Welder Name: Adrain Hill ID/Mark: AH6242 Test Location: Shrewsbury, MA  
 Company Welder-Location: Anderson Welding Proj Description: 6" 6 month Requal  
 Contract Welder-Employer: Anderson Welding Proj ID: 13102020

|                           |   |   |  |             |   |   |  |   |  |
|---------------------------|---|---|--|-------------|---|---|--|---|--|
| Welding Information       | <b>Welding Code:</b><br><input checked="" type="checkbox"/> API 1104 <input type="checkbox"/> ASME Sec. 9 |   | <b>Welding Performed:</b><br><input type="checkbox"/> Inside <input checked="" type="checkbox"/> Outside |             | <b>Welding Time:</b><br>1:05 hr:min                       |   |  |   |  |
|                           | <b>Welding Process:</b><br><input checked="" type="checkbox"/> SMAW <input type="checkbox"/> Other        |   | <b>Wldg Proc. #'s:</b><br>Butt: <u>NGA-SMA-52-B-H-2</u>  |             | <b>Pipe Spec &amp; Grade:</b><br><u>API 5L</u> <u>X52</u> |   |  |   |  |
|                           | (Specify Other):  |   | Branch:  |             | Pipe Diameter:<br>OD 6.625" x 0.280" w.t.                 |   |  |   |  |
|                           |   |   |  |             | OD x w.t.   |   |  |   |  |
| <b>Pass</b>               |   | <b>Rod Dia.</b>   |  | <b>Type</b> |   | <b>Type of Test</b>                             |  | <b>Welding Direction</b>                      |  |
| Root                      |   | 1/8"  |  | / E6010     |   | <input checked="" type="checkbox"/> Butt Weld   |  | <input checked="" type="checkbox"/> Downhill  |  |
| Hot Pass                  |   | 1/8"  |  | / E6010     |   | <input type="checkbox"/> Branch Weld            |  | <input type="checkbox"/> Uphill               |  |
| Filler Passes             |   | 5/32"   |  | / E6010     |   | <input type="checkbox"/> Low Hydrogen           |  |   |  |
| Cap                       |   | 5/32"   |  | / E6010     |   | <input type="checkbox"/> Multiple Qualification |  | <input type="checkbox"/> Single Qualification |  |
| <b>Visual Inspection:</b> |   | <input type="checkbox"/> Unacceptable due to:<br><input checked="" type="checkbox"/> Acceptable |  |             |   |   |  |   |  |

**A. Destructive Test Results**

|   |   |          |          |          |          |
|---|---|----------|----------|----------|----------|
| Tensile Test  | <b>Coupon Stenciled &gt;</b>  |          |          |          |          |
|   |   | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> |
|   | Coupon Width (Orig) – W – inch  |          |          |          |          |
|   | Coupon Thickness (Orig) – T – inch  |          |          |          |          |
|   | Orig. Area; Plate (in <sup>2</sup> ) – WxT                                    |          |          |          |          |
|   | Maximum Load (psig) - #   |          |          |          |          |
|   | Tensile Strength / sq. in. – (# / WxT)  |          |          |          |          |
|   | Fracture Location (pipe, weld)  |          |          |          |          |
|   | <b>Comments:</b>  |          |          |          |          |
|   | 1 - <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable |          |          |          |          |
| 2 - <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable |   |          |          |          |          |
| 3 - <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable |   |          |          |          |          |
| 4 - <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable |   |          |          |          |          |

|           |  |  |  |  |
|-----------|--|--|--|--|
| Bend Test | <b>Test #1</b>   |  | <b>Test #2</b>   |  |
|           | Root/Side: 1 - <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable | Root/Side: 1 - <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable | Root/Side: 2 - <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable | Root/Side: 2 - <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable |
|           | Root/Side: 2 - <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable | Root/Side: 2 - <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable | Face/Side: 3 - <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable | Face/Side: 3 - <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable |
|           | Face/Side: 3 - <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable | Face/Side: 3 - <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable | Face/Side: 4 - <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable | Face/Side: 4 - <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable |

|                 |   |   |   |   |
|-----------------|---|---|---|---|
| Nick Break Test | <b>Butt Weld:</b>   |   | <b>Branch Weld:</b>   |   |
|                 | 1 - <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable | 1 - <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable | 2 - <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable   | 2 - <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable |
|                 | 2 - <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable | 2 - <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable | 3 - <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable   | 3 - <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable |
|                 | 3 - <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable | 3 - <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable | 4 - <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable   | 4 - <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable |
|                 | 4 - <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable | 4 - <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable | Miscellaneous Remarks on Test and / or Welder: Pipe in 5G position. CWI witness of all welding in process. Verified adherence to procedure. VT acceptance after root/hot pass. VT acceptance on final weld. |   |

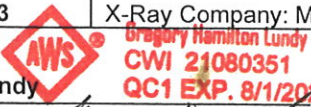
**B. Radiographic Test Results (Attach copy of Radiographic Inspection Report)**

|  |                                |                               |
|--|--------------------------------|-------------------------------|
| <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable | Report Date: <u>10/21/2023</u> | X-Ray Company: <u>Mistras</u> |
|--|--------------------------------|-------------------------------|

**C. Test Result**

|  |  |                              |                         |
|--|--|------------------------------|-------------------------|
| <input type="checkbox"/> Qualifying            | <input checked="" type="checkbox"/> Acceptable | Tested By: <u>Greg Lundy</u> | Date: <u>10-20-2023</u> |
| <input checked="" type="checkbox"/> Re-qualify | <input type="checkbox"/> Unacceptable          | Signed: <u>Greg Lundy</u>    | Date: <u>10-21-2023</u> |

Company Representative

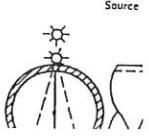
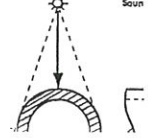
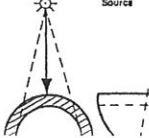
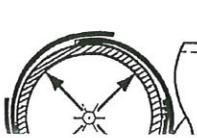
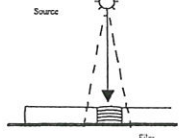


Division: Auburn 581  
Address: 2 Millbury St  
Auburn, MA 01501

Date: 10-21-23 Page: 1 of 1  
Job Number: 41232177-A88620  
Purchase Order: 13102020  
Reference Number: \_\_\_\_\_

Client: EVERSOURCE ENERGY  
Address: PO BOX 5017  
HARTFORD, CT 06100  
Contact: ADAM.P  
Location: MISTRAS SHOP

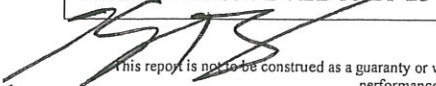
Part Number: 6" WELDER QUALIFICATION  
Code/Specification: API 1104 20th ED  
Procedure: 100-RT-003 Rev 6.1  
Acceptance Criteria: API 1104 20th ED  
Technique: DWE/SWV

|  |  |  |   |   |                                |
|--|--|--|---|---|--------------------------------|
| <input checked="" type="checkbox"/> Contact<br> | <input type="checkbox"/> Elliptical<br> | <input type="checkbox"/> Superimposed<br> | <input type="checkbox"/> Panoramic<br> | <input type="checkbox"/> Single Wall<br> | <input type="checkbox"/> Other |
|--|--|--|---|---|--------------------------------|

|   |   |   |   |
|---|---|---|---|
| <b>Source</b>   |   | <b>Set-Up</b>                                   |   |
| <input checked="" type="checkbox"/> Ir-192 <u>79</u> Curies | Focal Spot Size: <u>0.122</u>   | Screen Type: <u>PB</u>                          |   |
| <input type="checkbox"/> Co-60 <u>N/A</u> Curies            | Source to Film Distance: <u>6.625</u>   | Screen Thickness: F <u>.010"</u> B <u>.010"</u> |   |
| <input type="checkbox"/> X-ray Kv <u>N/A</u> Ma <u>N/A</u>  | Film Type: <u>AGFA D7</u> Size: <u>4.5X10</u>   | Penetrator: <u>WIRE SET B</u>                   | <input checked="" type="checkbox"/> - Film Side |
| <input type="checkbox"/> Other: _____                       | <input checked="" type="checkbox"/> Single Load / <input type="checkbox"/> Double Load / <input type="checkbox"/> _____ |   | <input type="checkbox"/> - Source Side          |

| Description: |      | Size:  |        | 8 x 10              |                | 4.5 x 10 |      | 4.5 x 17  |       | 7 x 17         |            | 14 x 17 |        |      |         |          |                     |
|--------------|------|--------|--------|---------------------|----------------|----------|------|-----------|-------|----------------|------------|---------|--------|------|---------|----------|---------------------|
| ID / Weld #  | View | Accept | Reject | Lack of Penetration | Lack of Fusion | Porosity | Slag | Under Cut | Crack | Root Convexity | Inclusions | Gas     | Shrink | Tear | Surface | Tungsten | Comments            |
| AH           | 0-1  | A      |        |                     |                |          |      |           |       |                |            |         |        |      |         |          | Welder- ADRAIN HILL |
| 6242         | 1-2  | A      |        |                     |                |          |      |           |       |                |            |         |        |      |         |          |                     |
|              | 2-0  | A      |        |                     |                |          | A    |           |       |                |            |         |        |      |         |          |                     |
|              |      |        |        |                     |                |          |      |           |       |                |            |         |        |      |         |          |                     |
|              |      |        |        |                     |                |          |      |           |       |                |            |         |        |      |         |          | 6 MONTH WELDER QUAL |
|              |      |        |        |                     |                |          |      |           |       |                |            |         |        |      |         |          |                     |
|              |      |        |        |                     |                |          |      |           |       |                |            |         |        |      |         |          |                     |
|              |      |        |        |                     |                |          |      |           |       |                |            |         |        |      |         |          |                     |
|              |      |        |        |                     |                |          |      |           |       |                |            |         |        |      |         |          |                     |
|              |      |        |        |                     |                |          |      |           |       |                |            |         |        |      |         |          |                     |
|              |      |        |        |                     |                |          |      |           |       |                |            |         |        |      |         |          |                     |
|              |      |        |        |                     |                |          |      |           |       |                |            |         |        |      |         |          |                     |
|              |      |        |        |                     |                |          |      |           |       |                |            |         |        |      |         |          |                     |
|              |      |        |        |                     |                |          |      |           |       |                |            |         |        |      |         |          |                     |
|              |      |        |        |                     |                |          |      |           |       |                |            |         |        |      |         |          |                     |
|              |      |        |        |                     |                |          |      |           |       |                |            |         |        |      |         |          |                     |
|              |      |        |        |                     |                |          |      |           |       |                |            |         |        |      |         |          |                     |
|              |      |        |        |                     |                |          |      |           |       |                |            |         |        |      |         |          |                     |
|              |      |        |        |                     |                |          |      |           |       |                |            |         |        |      |         |          |                     |
|              |      |        |        |                     |                |          |      |           |       |                |            |         |        |      |         |          |                     |
|              |      |        |        |                     |                |          |      |           |       |                |            |         |        |      |         |          |                     |
|              |      |        |        |                     |                |          |      |           |       |                |            |         |        |      |         |          |                     |
|              |      |        |        |                     |                |          |      |           |       |                |            |         |        |      |         |          |                     |
|              |      |        |        |                     |                |          |      |           |       |                |            |         |        |      |         |          |                     |
|              |      |        |        |                     |                |          |      |           |       |                |            |         |        |      |         |          |                     |
|              |      |        |        |                     |                |          |      |           |       |                |            |         |        |      |         |          |                     |

Technician & Date: Kenneth Bennett LVL2 10-21-23 Customer (sign): \_\_\_\_\_ Management Review (sign): \_\_\_\_\_



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