

# ENGINEERING CHANGE NOTICE

Page 1 of 2

1. ECN 113778

Proj.  
ECN

2. ECN Category (mark one)
- Supplemental
  - Direct Revision
  - Change ECN
  - Temporary
  - Supersedure
  - Discovery
  - Cancel/Void

3. Originator's Name, Organization, MSIN, and Telephone No.

J.M. Frain, ERE, H6-04, 376-8941

4. Date

9/27/93

5. Project Title/No./Work Order No.

100 Area Excavation Treatability

6. Bldg./Sys./Fac. No.

N/A

7. Impact Level

3Q

8. Document Number Affected (include rev. and sheet no.)

WHC-SD-EN-TC-004, Rev O

9. Related ECN No(s).

N/A

10. Related PO No.

PE1AA

11a. Modification Work

- Yes (fill out Blk. 11b)
- No (NA Blks. 11b, 11c, 11d)

11b. Work Package  
Doc. No.

N/A

11c. Complete Installation Work

N/A  
\_\_\_\_\_  
Cog. Engineer Signature & Date

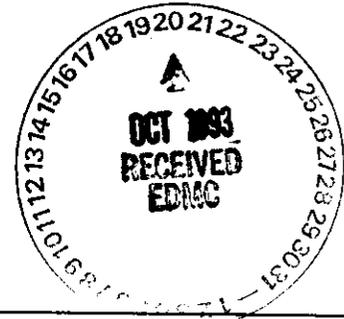
11d. Complete Restoration (Temp. ECN only)

N/A  
\_\_\_\_\_  
Cog. Engineer Signature & Date

12. Description of Change

- The table on page C-18 of WHC-SD-EN-TC-004 indicates that all samples taken from the clean spoil piles will be analyzed for volatile and semi-volatile organics. Only three will be analyzed for these parameters, the 1st lift, the center of the crib, and the last lift.
- The frequency of taking the real time air monitoring needs changed to better evaluate the dust control techniques. Instead of taking readings every 2 hours as described in Section 2.3.4 Particulate Monitoring (pg. 11) and Appendix C/Section 3.4.2 Real time Air Monitoring (Pg. C-14) readings will be taken as described below:

Readings will be taken at 20 locations at the beginning and end of each shift to obtain a baseline. Measurements will also be taken during the excavation activities as a real time observation of the dust control effectiveness. Additional measurements will be taken at the direction of the cognizant engineer (e.g. during times of high winds or when visible dust is present).



13a. Justification (mark one)

- Criteria Change
- Design Improvement
- Environmental
- As-Found
- Facilitate Const.
- Const. Error/Omission
- Design Error/Omission

13b. Justification Details

- Change requested by regulating agencies
- Currently, real time dust measurements have not detected any significant dust levels and the data being generated every 2 hours will be of little use in evaluating dust control techniques. A better approach for obtaining the data is outlined above. this approach will help quantify the dust control techniques since it will take the measurements when the dust is actually being generated.

14. Distribution (include name, MSIN, and no. of copies)

J.M. Frain (1)	H6-04	J. E. Darling (1)	S3-90
G.S. Corrigan (1)	H4-16	C. D. Hayes (1)	S3-90
J.M. Ayres (1)	H6-02	J. G. Woolard (1)	H6-05
D.B. Blumenkranz (1)	H6-04	L. M. Bergmann (1)	H6-05
EPIC (2) (1)	H6-08		
IRA (2)	H4-17		
Central Files (2)	L8-04		

RELEASE STAMP

OFFICIAL RELEASE 11  
BY WHC  
DATE **OCT 05 1993**  
*Station # 12*

9313090.0870

# ENGINEERING CHANGE NOTICE

<b>15. Design Verification Required</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No	<b>16. Cost Impact</b> <span style="float: right;">NONE</span> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>ENGINEERING</b>            Additional <input type="checkbox"/> \$ _____            Savings <input type="checkbox"/> \$ _____         </div> <div style="width: 45%;"> <b>CONSTRUCTION</b>            Additional <input type="checkbox"/> \$ _____            Savings <input type="checkbox"/> \$ _____         </div> </div>	<b>17. Schedule Impact (days)</b> NONE Improvement <input type="checkbox"/> _____ Delay <input type="checkbox"/> _____
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**18. Change Impact Review:** Indicate the related documents (other than the engineering documents identified on Side 1) that will be affected by the change described in Block 12. Enter the affected document number in Block 19.

<input type="checkbox"/> SDD/DD	<input type="checkbox"/> Seismic/Stress Analysis	<input type="checkbox"/> Tank Calibration Manual
<input type="checkbox"/> Functional Design Criteria	<input type="checkbox"/> Stress/Design Report	<input type="checkbox"/> Health Physics Procedure
<input type="checkbox"/> Operating Specification	<input type="checkbox"/> Interface Control Drawing	<input type="checkbox"/> Spares Multiple Unit Listing
<input type="checkbox"/> Criticality Specification	<input type="checkbox"/> Calibration Procedure	<input type="checkbox"/> Test Procedures/Specification
<input type="checkbox"/> Conceptual Design Report	<input type="checkbox"/> Installation Procedure	<input type="checkbox"/> Component Index
<input type="checkbox"/> Equipment Spec.	<input type="checkbox"/> Maintenance Procedure	<input type="checkbox"/> ASME Coded Item
<input type="checkbox"/> Const. Spec.	<input type="checkbox"/> Engineering Procedure	<input type="checkbox"/> Human Factor Consideration
<input type="checkbox"/> Procurement Spec.	<input type="checkbox"/> Operating Instruction	<input type="checkbox"/> Computer Software
<input type="checkbox"/> Vendor Information	<input type="checkbox"/> Operating Procedure	<input type="checkbox"/> Electric Circuit Schedule
<input type="checkbox"/> OM Manual	<input type="checkbox"/> Operational Safety Requirement	<input type="checkbox"/> ICRS Procedure
<input type="checkbox"/> FSAR/SAR	<input type="checkbox"/> IEPD Drawing	<input type="checkbox"/> Process Control Manual: Plan
<input type="checkbox"/> Safety Equipment List	<input type="checkbox"/> Cell Arrangement Drawing	<input type="checkbox"/> Process Flow Chart
<input type="checkbox"/> Radiation Work Permit	<input type="checkbox"/> Essential Material Specification	<input type="checkbox"/> Purchase Requisition
<input type="checkbox"/> Environmental Impact Statement	<input type="checkbox"/> Fac. Proc. Samp. Schedule	_____
<input type="checkbox"/> Environmental Report	<input type="checkbox"/> Inspection Plan	_____
<input type="checkbox"/> Environmental Permit	<input type="checkbox"/> Inventory Adjustment Request	_____

**19. Other Affected Documents:** (NOTE: Documents listed below will not be revised by this ECN.) Signatures below indicate that the signing organization has been notified of other affected documents listed below.

Document Number/Revision	Document Number/Revision	Document Number/Revision
<u>NONE</u>	_____	_____
_____	_____	_____
_____	_____	_____

**20. Approvals**

Signature	Date	Signature	Date
<u>OPERATIONS AND ENGINEERING</u>		<u>ARCHITECT-ENGINEER</u>	
Cog./Project Engineer <u>J. M. Brain</u>	<u>9/27/93</u>	PE _____	_____
Cog./Project Engr. Mgr. <u>J. G. Woolars</u>	<u>9/30/93</u>	QA _____	_____
QA <u>G. S. Corrigan</u>	<u>10-5-93</u>	Safety _____	_____
Safety _____	_____	Design _____	_____
Security _____	_____	Other _____	_____
Proj. Prog./Dept. Mgr. _____	_____	_____	_____
Def. React. Div. _____	_____	_____	_____
Chem. Proc. Div. _____	_____	_____	_____
Def. Wst. Mgmt. Div. _____	_____	<u>DEPARTMENT OF ENERGY</u>	_____
Adv. React. Dev. Div. _____	_____	_____	_____
Proj. Dept. _____	_____	_____	_____
Environ. Div. _____	_____	<u>ADDITIONAL</u>	_____
IRM Dept. _____	_____	_____	_____
Facility Rep. (Ops) _____	_____	_____	_____
Other _____	_____	_____	_____

931000.087

Date Received:  
10/5/93

### INFORMATION RELEASE REQUEST

Reference:  
WHC-CM-3-4

Complete for all Types of Release

<input type="checkbox"/> Speech or Presentation <input type="checkbox"/> Full Paper (Check only one suffix) <input type="checkbox"/> Summary <input type="checkbox"/> Abstract <input type="checkbox"/> Visual Aid <input type="checkbox"/> Speakers Bureau <input type="checkbox"/> Poster Session <input type="checkbox"/> Videotape		<input type="checkbox"/> Reference <input type="checkbox"/> Technical Report <input type="checkbox"/> Thesis or Dissertation <input type="checkbox"/> Manual <input type="checkbox"/> Brochure/Flier <input type="checkbox"/> Software/Database <input type="checkbox"/> Controlled Document <input type="checkbox"/> Other	ID Number (include revision, volume, etc.) ECN 113778/WHC SD EN TC-004, Rev. 0
List attachments.			Date Release Required 10/6/93
NONE			

Title ECN 113778 to the 100 Area Excavation Treatability Test Procedures (WHC-SD-EN-TC-004, Rev. C)	Unclassified Category UC-	Impact Level 3Q
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New or novel (patentable) subject matter? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes", has disclosure been submitted by WHC or other company? <input type="checkbox"/> No <input type="checkbox"/> Yes Disclosure No(s). N/A	Information received from others in confidence, such as proprietary data, trade secrets, and/or inventions? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Identify) /A
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Copyrights? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes", has written permission been granted? <input type="checkbox"/> No <input type="checkbox"/> Yes (Attach Permission)	Trademarks? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Identify)
---	---

Complete for Speech or Presentation

Title of Conference or Meeting N/A	Group or Society Sponsoring N/A
Date(s) of Conference or Meeting N/A	City/State
Will proceedings be published? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will material be handed out? <input type="checkbox"/> Yes <input type="checkbox"/> No

Title of Journal N/A
-------------------------

#### CHECKLIST FOR SIGNATORIES

Review Required per WHC-CM-3-4	Yes	No	Reviewer - Signature Indicates Approval
			Name (printed) Signature Date
Classification/Uncontrolled Nuclear Information	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Patent - General Counsel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	per OGC memo 2-4-93 N. Solis, 10/5/93
Legal - General Counsel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	per OGC memo 2-4-93 N. Solis, 10/5/93
Applied Technology/Export Controlled Information or International Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
WHC Program/Project	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Communications	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
RL Program/Project	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Publication Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Other Program/Project	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Information conforms to all applicable requirements. The above information is certified to be correct.

References Available to Intended Audience	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Transmit to DOE-HQ/Office of Scientific and Technical Information	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Author/Requestor (Printed/Signature)	Date	
JM Frair <i>JM Frair</i>	10/5/93	
Intended Audience	<input type="checkbox"/> Internal <input type="checkbox"/> Sponsor <input checked="" type="checkbox"/> External	
Responsible Manager (Printed/Signature)	Date	
JG Woolard <i>JG Woolard</i>	10/5/93	

INFORMATION RELEASE ADMINISTRATION APPROVAL STAMP	
Stamp is required before release. Release is contingent upon resolution of mandatory comments.	
Date Cancelled	Date Disapproved

9313091.0872