

# START

0025164

## ENGINEERING CHANGE NOTICE

Page 1 of 2

1. ECN 164717

Proj. ECN

|   |  |                              |   |
|---|--|------------------------------|---|
| 2. ECN Category (mark one)<br><input checked="" type="checkbox"/> Supplemental<br><input type="checkbox"/> Direct Revision<br><input type="checkbox"/> Change ECN<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> Standby<br><input type="checkbox"/> Supersedure<br><input type="checkbox"/> Cancel/Void | 3. Originator's Name, Organization, MSIN, and Telephone No.<br>AD Krug, ERE 100 Area RI, H6-02, 6-5634 |                              | 4. Date<br>Nov. 25, 1992                    |
|   | 5. Project Title/No./Work Order No.<br>DOW for Vadose Drilling/100-NR-1 Operable Unit                  | 6. Bldg./Sys./Fac. No.<br>NA | 7. Impact Level<br>2.12<br>11/27/92 30<br>4 |
|   | 8. Document Numbers Changed by this ECN (includes sheet no. and rev.)<br>WHC-SD-EN-AP-084, Rev 0       | 9. Related ECN No(s).<br>NA  | 10. Related PO No.<br>NA                    |

|   |                             |  |  |
|---|-----------------------------|--|--|
| 11a. Modification Work<br><input type="checkbox"/> Yes (fill out Blk. 11b)<br><input checked="" type="checkbox"/> No (NA Blks. 11b, 11c, 11d) | 11b. Work Package No.<br>NA | 11c. Modification Work Complete<br>NA<br>_____<br>Cog. Engineer Signature & Date | 11d. Restored to Original Condition (Temp. or Standby ECN only)<br>NA<br>_____<br>Cog. Engineer Signature & Date |
|---|-----------------------------|--|--|

12. Description of Change

1) Page 5, Section 3.1.1, 2nd paragraph - Replace paragraph with :  
 The Action level from radionuclide screening is the combined readings of the drill site lead shielded background plus the reading from the 100-NR-1 background site. The action level for volatile organic screening is 5 ppm above background. Prior to initiating drilling, a one time instrument background reading will be recorded using a Ludlum 14C detector and a OVM at the 100-NR-1 background site, located on figure 4. Instrument background will be measured on freshly disturbed soil, holding the instrument less than 1 inch from the soil. The drill site radionuclide background reading will be taken at each of the drill sites inside a lead shielded enclosure. The field geologist will record these background readings in the borehole log per EII 9.1, Geologic Logging (WHC 1988a), prior to the start of drilling.

2) Page 7, Section 3.4.1, item 1, lines 2 & 3 - replace "twice background...for volatile organics" with "per section 3.1.1".

|                                   |  |  |  |
|-----------------------------------|--|--|--|
| 13a. Justification (mark one)     | Criteria Change <input type="checkbox"/>   | Design Improvement <input type="checkbox"/>    | Environmental <input type="checkbox"/>         |
| As-Found <input type="checkbox"/> | Facilitate Const. <input type="checkbox"/> | Const. Error/Omission <input type="checkbox"/> | Design Error/Omission <input type="checkbox"/> |

13b. Justification Details  
 Change accounts for high shine field.

|  |       |   |                            |
|--|-------|---|----------------------------|
| 14. Distribution (include name, MSIN, and no. of copies) |       |   |                            |
| AD Krug  | H6-02 | 5 | T. Spicer N3-06 5          |
| RP Henckel   | H6-02 | 1 | S. Cross WDOE, Lacey, WA 1 |
| GS Corrigan  | H4-55 | 1 | EDMC [H6-06 3]             |
| E. Goller  | A5-19 | 1 | Central Files L8-04 3      |

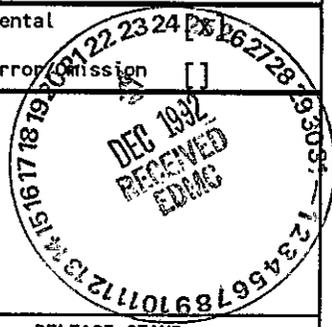
RELEASE STAMP

OFFICIAL RELEASE (11)

BY WHC

DATE NOV 30 1992

*Station # 12*



93127520403

**ENGINEERING CHANGE NOTICE**

|  |                    |         |                            |         |                   |
|--|--------------------|---------|----------------------------|---------|-------------------|
| 15. Design Verification Required<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | 16. Cost Impact    |         | 17. Schedule Impact (days) |         |                   |
|  | ENGINEERING        |         | CONSTRUCTION               |         |                   |
|  | Additional Savings | [NA] \$ | Additional Savings         | [NA] \$ | Improvement Delay |

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.

|                                |                          |                                  |                          |                               |                          |
|--------------------------------|--------------------------|----------------------------------|--------------------------|-------------------------------|--------------------------|
| 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"/> | IEFD 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"/> |                               | <input type="checkbox"/> |
| Environmental Report           | <input type="checkbox"/> | Inspection Plan                  | <input type="checkbox"/> |                               | <input type="checkbox"/> |
| Environmental Permit           | <input type="checkbox"/> | Inventory Adjustment Request     | <input type="checkbox"/> |                               | <input type="checkbox"/> |

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 |
| None                     |                          |                          |

20. Approvals

| Signature                              | Date     | Signature               | Date  |
|--|----------|-------------------------|-------|
| OPERATIONS AND ENGINEERING             |          | ARCHITECT-ENGINEER      |       |
| Cog Engineer AD Krug <i>AD Krug</i>    | 11/25/92 | PE                      | _____ |
| Cog. Mgr. RP Henckel <i>RP Henckel</i> | 11/25/92 | QA                      | _____ |
| QA                                     | _____    | Safety                  | _____ |
| Safety                                 | _____    | Design                  | _____ |
| Security                               | _____    | Environ.                | _____ |
| Environ.                               | _____    | Other                   | _____ |
| Projects/Programs                      | _____    |                         | _____ |
| Tank Waste Remediation System          | _____    |                         | _____ |
| Facilities Operations                  | _____    | DEPARTMENT OF ENERGY    |       |
| Restoration & Remediation              | _____    | Signature or Letter No. |       |
| Operations & Support Services          | _____    |                         |       |
| IRM                                    | _____    | ADDITIONAL              | _____ |
| Other                                  | _____    |                         | _____ |
|  | _____    |                         | _____ |
|  | _____    |                         | _____ |

9312752040A

Date Received:

12/1/92

# INFORMATION RELEASE REQUEST

Reference:  
WHC-CM-3-4

Complete for all Types of Release

|  |  |  |  |  |
|--|--|--|--|--|
| <b>Purpose</b><br><input type="checkbox"/> Speech or Presentation<br><input type="checkbox"/> Full Paper (Check only one suffix)<br><input type="checkbox"/> Summary<br><input type="checkbox"/> Abstract<br><input type="checkbox"/> Visual Aid<br><input type="checkbox"/> Speakers Bureau |  | <input type="checkbox"/> Reference<br><input type="checkbox"/> Technical Report<br><input type="checkbox"/> Thesis or Dissertation<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Brochure/Flier<br><input type="checkbox"/> Software/Database<br><input type="checkbox"/> Controlled Document |  | ID Number (include revision, volume, etc.)<br>ECN 164717 |
| List attachments.<br>SD-EN-AP-084  |  |  |  |  |
| Date Release Required<br>November 25, 1992   |  |  |  |  |

|   |   |                                  |                   |
|---|---|----------------------------------|-------------------|
| Title: ECN 164717<br><input type="checkbox"/> Videotape | <input checked="" type="checkbox"/> Other<br>Dow for Under Review / 100-NR-1 Operative Unit | Unclassified Category<br>UC- N/A | Impact Level<br>4 |
|---|---|----------------------------------|-------------------|

|   |   |
|---|---|
| New or novel (patentable) subject matter? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes<br>If "Yes", has disclosure been submitted by WHC or other company?<br><input type="checkbox"/> No <input type="checkbox"/> Yes Disclosure No(s). | Information received from others in confidence, such as proprietary data, trade secrets, and/or inventions?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Identify) |
|---|---|

|   |   |
|---|---|
| Copyrights? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes<br>If "Yes", has written permission been granted?<br><input type="checkbox"/> No <input type="checkbox"/> Yes (Attach Permission) | Trademarks?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Identify) |
|---|---|

Complete for Speech or Presentation

|                                       |                             |
|---------------------------------------|-----------------------------|
| Title of Conference or Meeting<br>N/A | Group or Society Sponsoring |
|---------------------------------------|-----------------------------|

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

|                         |
|-------------------------|
| Title of Journal<br>N/A |
|-------------------------|

### CHECKLIST FOR SIGNATORIES

| Review Required per WHC-CM-3-4  | Yes                                 | No                                  | Reviewer - Signature | Indicates Approval | Date     |
|---|-------------------------------------|-------------------------------------|----------------------|--------------------|----------|
|   |                                     |                                     | Name (printed)       | Signature          |          |
| Classification/Uncontrolled Nuclear Information                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                      |                    |          |
| Patent - General Counsel  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | J. Stouffer          | S.W. BERGLIN       | 11/25/92 |
| Legal - General Counsel   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | J. Stouffer          | S.W. BERGLIN       | 11/25/92 |
| 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 checked="" type="checkbox"/> | <input type="checkbox"/>            | L. Hermann           | L. Hermann         | 12/1/92  |
| 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<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                     | Transmit to DOE-HQ/Office of Scientific and Technical Information<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Author/Requestor (Printed/Signature)<br>A. D. Krug <i>A D Krug</i>   | Date<br>11/25/92   |
| Intended Audience<br><input type="checkbox"/> Internal <input type="checkbox"/> Sponsor <input checked="" type="checkbox"/> External | Responsible Manager (Printed/Signature)<br>R. P. Hencke <i>R P Hencke</i>  |
|  | Date<br>11/25/92   |

|  |                  |
|--|------------------|
| <b>INFORMATION RELEASE ADMINISTRATION APPROVAL STAMP</b><br>Stamp is required before release. Release is contingent upon resolution of mandatory comments. |                  |
|   |                  |
| Date Cancelled   | Date Disapproved |

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