

# START

## ENGINEERING CHANGE NOTICE

0010729

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1. ECN ~~123804~~

Proj. ECN 8-714-28

2. ECN Category (mark one) <input checked="" type="checkbox"/> Supplemental <input type="checkbox"/> Direct Revision <input type="checkbox"/> Change ECN <input type="checkbox"/> Temporary <input type="checkbox"/> Supersede <input type="checkbox"/> Discovery <input type="checkbox"/> Cancel/Void	3. Originator's Name, Organization, MSIN, and Telephone No. K. C. Kenover, KEH, 2-4-M, 6-9340		4. Date 3/2/90
	5. Project Title/No./Work Order No. Grout Vault Pair 218-E-16-102-105 B-714/ER1060	6. Bldg./Sys./Fac. No. 218-E-16	7. Impact Level 3
	8. Document Number Affected (include rev. and sheet no.) See Block 12	9. Related ECN No(s)	10. Related PO No.

11a. Modification Work <input type="checkbox"/> Yes (fill out Blk. 11b) <input type="checkbox"/> No (NA Blks. 11b, 11c, 11d) UNKNOWN	11b. Work Package Doc. No. UNKNOWN	11c. Complete Installation Work _____ Cog. Engineer Signature & Date	11d. Complete Restoration (Temp. ECN only) _____ Cog. Engineer Signature & Date
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### 12. Description of Change

#### DOCUMENTS AFFECTED

H-2-77605, SH2, Rev.0  
 H-2-78475, SH2, Rev.0

#### 1. H-2-77605, SH2

- a. Z C1 and E1 - Change DIMS (16") to (17 3/4")
- b. Z D1 - Change DIM 9'-0" + 1/4" to 8'-3 1/2" + 1/4"
- c. Z E4 - Change DIM 1'-7 3/4" + 1/4" to 1'-6" + 1/4"

#### 2. H-2-78475, SH2

Same information as above.



13a. Justification (mark one) <input type="checkbox"/> Criteria Change <input type="checkbox"/> Design Improvement <input type="checkbox"/> Environmental <input type="checkbox"/> As-Found <input checked="" type="checkbox"/> Facilitate Const. <input type="checkbox"/> Const. Error/Omission <input type="checkbox"/> Design Error/Omission	13b. Justification Details <p>The standard flanged and dished heads provided were 17 3/4" over all.  <i>AND THESE CHANGES WILL KEEP THE THE OVERALL          SUMP LINER DIMENSION THE SAME CC 3/12/90</i></p>
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14. Distribution (include name, MSIN, and no. of copies)		
KEH DISTRIBUTION Engrg Doc Cntl E6-52 Const Doc Cntl E2-50	WHC DISTRIBUTION STATION 10 A3-87 S. R. Briggs(PE) [4] R3-43 O. A. Halverson R3-09 J. F. Hill [2] H4-57 J. R. McGee S1-54 D. B. Powell [2] R1-48 W. J. Powell [4] R1-48 J. E. Vanbeek R3-27 D. D. Wodrich R1-48 A. E. Young S0-05 Project Files R1-28 DOE A. G. Lassila A5-18	RELEASE STAMP OFFICIAL RELEASE 30 BY WHC DATE MAR 19 1990 <i>Station # 4</i>

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<b>15. Design Verification Required</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No	<b>16. Cost Impact:</b> <table style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">ENGINEERING</td> <td style="width: 50%; text-align: center;">CONSTRUCTION</td> </tr> <tr> <td>Additional: <input checked="" type="checkbox"/> \$ <u>500</u></td> <td>Additional: <input type="checkbox"/> \$ <u>NA</u></td> </tr> <tr> <td>Savings: <input type="checkbox"/> \$ _____</td> <td>Savings: <input type="checkbox"/> \$ _____</td> </tr> </table>	ENGINEERING	CONSTRUCTION	Additional: <input checked="" type="checkbox"/> \$ <u>500</u>	Additional: <input type="checkbox"/> \$ <u>NA</u>	Savings: <input type="checkbox"/> \$ _____	Savings: <input type="checkbox"/> \$ _____	<b>17. Schedule Impact (days)</b>  Improvement: <input type="checkbox"/> <u>NA</u>  Delay: <input type="checkbox"/> _____
ENGINEERING	CONSTRUCTION							
Additional: <input checked="" type="checkbox"/> \$ <u>500</u>	Additional: <input type="checkbox"/> \$ <u>NA</u>							
Savings: <input type="checkbox"/> \$ _____	Savings: <input type="checkbox"/> \$ _____							

**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"/> 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"/> Environmental Report	<input type="checkbox"/> Inspection Plan	_____
<input checked="" 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
_____	_____	_____
_____	_____	_____
_____	_____	_____

**20. Approvals**

Signature	Date	Signature	Date
<u>OPERATIONS AND ENGINEERING</u>		<u>ARCHITECT-ENGINEER</u>	
Cog./Project Engineer <u>LR B...</u>	<u>3/15/90</u>	PE <u>K C B...</u>	<u>3/15/90</u>
Cog./Project Engr. Mgr <u>J E Van B...</u>	<u>3/15/90</u>	QA <u>JD D...</u>	<u>3/14/90</u>
QA <u>Jack...</u>	<u>3/15/90</u>	Safety <u>J. Marshall</u>	<u>3-13-90</u>
Safety _____	_____	Design <u>RL Z...</u>	<u>3/13/90</u>
Security _____	_____	ENR <u>JR Marshall</u>	<u>3-13-90</u>
Proj. Prog./Dept. Mgr. _____	_____	Other _____	_____
Def. React. Div. _____	_____	_____	_____
Chem. Proc. Div. _____	_____	_____	_____
Def. Wst. Mgmt. Div. _____	_____	_____	_____
Adv. React. Dev. Div. _____	_____	_____	_____
Proj. Dept. _____	_____	_____	_____
Environ. Div. _____	_____	_____	_____
IRM Dept. _____	_____	_____	_____
Facility Rep. (Ops) _____	_____	_____	_____
Other _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____