

START

0027213

ENGINEERING CHANGE NOTICE

Page 1 of 2

1. ECN **169885**

Proj. ECN

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

3. Originator's Name, Organization, MSIN, and Telephone No.
K. J. Swett, 81231, H6-06, 2-2373

4. Date
3-18-93

5. Project Title/No./Work Order No.
200W Area Carbon Tetrachloride ERA/VOC-Arid Integrated Demonstration

6. Bldg./Sys./Fac. No.
200 West Area

7. Impact Level
3Q

8. Document Numbers Changed by this ECN (includes sheet no. and rev.)
WHC-SD-EN-AP-109, Rev. 1

9. Related ECN No(s).
n/a

10. Related PO No.
n/a

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

11b. Work Package No.
n/a

11c. Modification Work Complete
n/a

Cog. Engineer Signature & Date

11d. Restored to Original Condition (Temp. or Standby ECN only)
n/a

Cog. Engineer Signature & Date

12. Description of Change
pp. A-21 to A-22. Change text of Section 5.3 to:

" Chain-of-custody forms will be generated per EII 5.1, Rev. 5 (WHC 1988a) for every solid and liquid sample collected. There may be more than one sample on a chain-of-custody form. Chain-of-custody forms will not be filled out for gas samples. Soil-gas field sampling/laboratory analysis records will be filled out instead."



- 13a. Justification (mark one)
- Criteria Change
 - Design Improvement
 - Environmental
 - As-Found
 - Facilitate Const.
 - Const. Error/Omission
 - Design Error/Omission

13b. Justification Details
This change is necessary to meet project sample tracking objectives.

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

V J Rohay H6-06	F A Morris BSRC	K J Swett H6-06
M C Hagood H6-04	B G Tuttle N3-06	EDMC (2) H6-08
G V Last K6-96	E C Vogt T5-50	ERC H6-0607
K J Koegler H6-04	A J Knepp H6-06	Central Files(2)L8-04
D J Moak N3-05	J M Jimenez N3-05	
M A Tredway R3-54	R L Hand H4-16	
S D Tomich K6-08	D C Lanigan K6-84	

RELEASE STAMP

OFFICIAL RELEASE **(11)**
BY WHC
DATE **MAR 31 1993**
Station # 12

ENGINEERING CHANGE NOTICE

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

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 V. J. Rohay <i>V. J. Rohay</i>	<u>3/19/93</u>	PE	_____
Cog. Mgr. A. J. Knepp <i>A. J. Knepp</i>	<u>3/19/93</u>	QA	_____
QA R. L. Hand <i>R. L. Hand</i>	<u>3/19/93</u>	Safety	_____
Safety	_____	Design	_____
Security	_____	Environ.	_____
Environ. M. C. Hagood <i>M. C. Hagood</i>	<u>3/19/93</u>	Other	_____
Projects/Programs	_____		_____
Tank Waste Remediation System	_____		_____
Facilities Operations	_____	DEPARTMENT OF ENERGY	
Restoration & Remediation	_____	Signature or Letter No.	
Operations & Support Services	_____		
IRM	_____	ADDITIONAL	_____
Other	_____		_____

Complete for all Types of Release

Purpose <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 checked="" type="checkbox"/> Other ECN 169885	ID Number (include revision, volume, etc.) ECN 169885 List attachments. SD-EN-AP-109 Rev 1 Date Release Required <p align="center">March 22, 1993</p>
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Title: 200 W Area Carbon Tetrachloride ERA/VOC-Arid ID	Unclassified Category UC- N/A	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).	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)
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
Date(s) of Conference or Meeting N/A	City/State N/A
	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/Unclassified Controlled Nuclear Information	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Patent - General Counsel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Legal - General Counsel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
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 3/22/93
Other Program/Project	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____

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