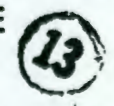


## ENGINEERING CHANGE NOTICE

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1. ECN 188237

Proj.  
ECN W-219-6

|                                                                                                                                                                                                                           |                                  |                                                  |                                                                                                                                                                                                                                          |                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| 2. ECN Category (mark one)                                                                                                                                                                                                |                                  | Supplemental <input checked="" type="checkbox"/> | Change ECN <input type="checkbox"/>                                                                                                                                                                                                      | Supersedeure <input type="checkbox"/>                 |
| Cancel/Void <input type="checkbox"/>                                                                                                                                                                                      |                                  | Direct Revision <input type="checkbox"/>         | Temporary <input type="checkbox"/>                                                                                                                                                                                                       | Discovery <input type="checkbox"/>                    |
| 3. Originator's Name, Organization, MSIN, and Telephone No.<br>J.D. Axford, Envr. Engr., E6-31, 6-6071                                                                                                                    |                                  |                                                  | 4. Date<br>11/4/92                                                                                                                                                                                                                       |                                                       |
| 5. Project Title/No./Work Order No.<br>Modular Office and Changeroom<br>Facilities/W-219/ER1150                                                                                                                           |                                  | 6. Bldg./Sys./Fac. No.<br>M0721, M0720, M0281    |                                                                                                                                                                                                                                          | 7. Impact Level<br>4 / SC-3                           |
| 8. Document Number Affected (include rev. and sheet no.)<br>see block 12                                                                                                                                                  |                                  | 9. Related ECN No(s).<br>none                    |                                                                                                                                                                                                                                          | 10. Related PO No.<br>none                            |
| 11e. Modification Work<br><br><input type="checkbox"/> Yes (fill out Blk. 11b)<br><input checked="" type="checkbox"/> No (NA Blks. 11b, 11c, 11d)                                                                         | 11b. Work Package Doc. No.<br>na | 11c. Complete Installation Work<br>na            | 11d. Complete Restoration (Temp. ECN only)<br>na                                                                                                                                                                                         |                                                       |
|                                                                                                                                                                                                                           |                                  |                                                  | Cog. Engineer Signature & Date                                                                                                                                                                                                           |                                                       |
|                                                                                                                                                                                                                           |                                  |                                                  | Cog. Engineer Signature & Date                                                                                                                                                                                                           |                                                       |
| 12. Description of Change<br>DOCUMENTS AFFECTED: H-2-83655, Rev 2, H-2-83654, Rev 2<br>CHANGES: See pages 3-4. SH1 SH1 JDA/sjc 11-12-92                                                                                   |                                  |                                                  |                                                                                                                                                                                                                                          | SC-3                                                  |
|                                                                                                                                       |                                  |                                                  |                                                                                                                                                                                                                                          |                                                       |
| 13a. Justification (mark one)                                                                                                                                                                                             |                                  | Criteria Change <input type="checkbox"/>         | Environmental <input type="checkbox"/>                                                                                                                                                                                                   | Facilitate Const. <input checked="" type="checkbox"/> |
| Design Error/Omission <input checked="" type="checkbox"/>                                                                                                                                                                 |                                  | Design Improvement <input type="checkbox"/>      | As-Found <input type="checkbox"/>                                                                                                                                                                                                        | Const. Error/Omission <input type="checkbox"/>        |
| 13b. Justification Details<br>Page 3: Changes provide criteria for testing of gravity sewers line.<br>Page 4: To facilitate construction.                                                                                 |                                  |                                                  |                                                                                                                                                                                                                                          |                                                       |
| 14. Distribution (include name, MSIN, and no. of copies)                                                                                                                                                                  |                                  |                                                  | RELEASE STAMP                                                                                                                                                                                                                            |                                                       |
| KEH Distribution<br>Constr. Doc. Cntr. E2-50<br>D.J. Brown S1-06<br>P.W. Deja B4-65<br>J.K. Epperly R1-29<br>S.G. Hodge R3-54<br>R.L. Ingram S1-06<br>L.A. Jeppson[5] N1-30<br>J.W. Schultz N1-29<br>J.E. TURNBAUGH H4-57 |                                  |                                                  | <br><br>OFFICIAL RELEASE<br>BY WHC<br>DATE NOV 12 1992<br>STA 4 |                                                       |
| WHC Distribution<br>STA 6 T2-03<br>Project Data Base B3-65<br>Project Files R1-28<br>STA 10 A3-87                                                                                                                         |                                  |                                                  |                                                                                                                                                                                                                                          |                                                       |

## ENGINEERING CHANGE NOTICE

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1. ECN (use no. from pg. 1)

W-219-6

## 15. Design Verification Required

☐ Yes  
☒ No

## 16. Cost Impact

## ENGINEERING

 Additional  
 Savings

☒ \$500<sup>00</sup>  
☐ \$

## CONSTRUCTION

 Additional  
 Savings

☒ \$0  
☐ \$

## 17. Schedule Impact (days)

 Improvement  
 Delay

☒ 0  
☐

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"/> | Spare 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

## 20. Approvals

| Signature                  | Date                                           | Signature                      | Date     |
|----------------------------|------------------------------------------------|--------------------------------|----------|
| OPERATIONS AND ENGINEERING |                                                | ARCHITECT-ENGINEER             |          |
| Cog./Project Engineer      | <i>[Signature]</i> 11/11/92                    | PE <i>[Signature]</i>          | 11-10-92 |
| Cog./Project Engr. Mgr.    | <i>[Signature]</i> for D.J. TOLLEFSON 11/11/92 | QA <i>[Signature]</i>          | 11-9-92  |
| QA                         |                                                | Safety <i>[Signature]</i>      | 11-9-92  |
| Safety                     |                                                | Design <i>[Signature]</i>      | 11-8-92  |
| Security                   |                                                | Other Engr. <i>[Signature]</i> | 11-9-92  |
| Proj. Prog./Dept. Mgr.     |                                                |                                |          |
| Def. React. Div.           |                                                |                                |          |
| Chem. Proc. Div.           |                                                |                                |          |
| Def. Wst. Mgmt. Div.       |                                                |                                |          |
| Adv. React. Dev. Div.      |                                                |                                |          |
| Proj. Dept.                |                                                |                                |          |
| Environ. Div.              |                                                |                                |          |
| IRM Dept.                  |                                                |                                |          |
| Facility Rep. (Ops.)       |                                                |                                |          |
| Other                      |                                                |                                |          |

DEPARTMENT OF ENERGY

ADDITIONAL



Changes to H-2-83655:

02650-2.5.7 Add sentence: Test new sanitary sewer in accordance with WSDOT M41-10 Section 7-17.3(4)B.

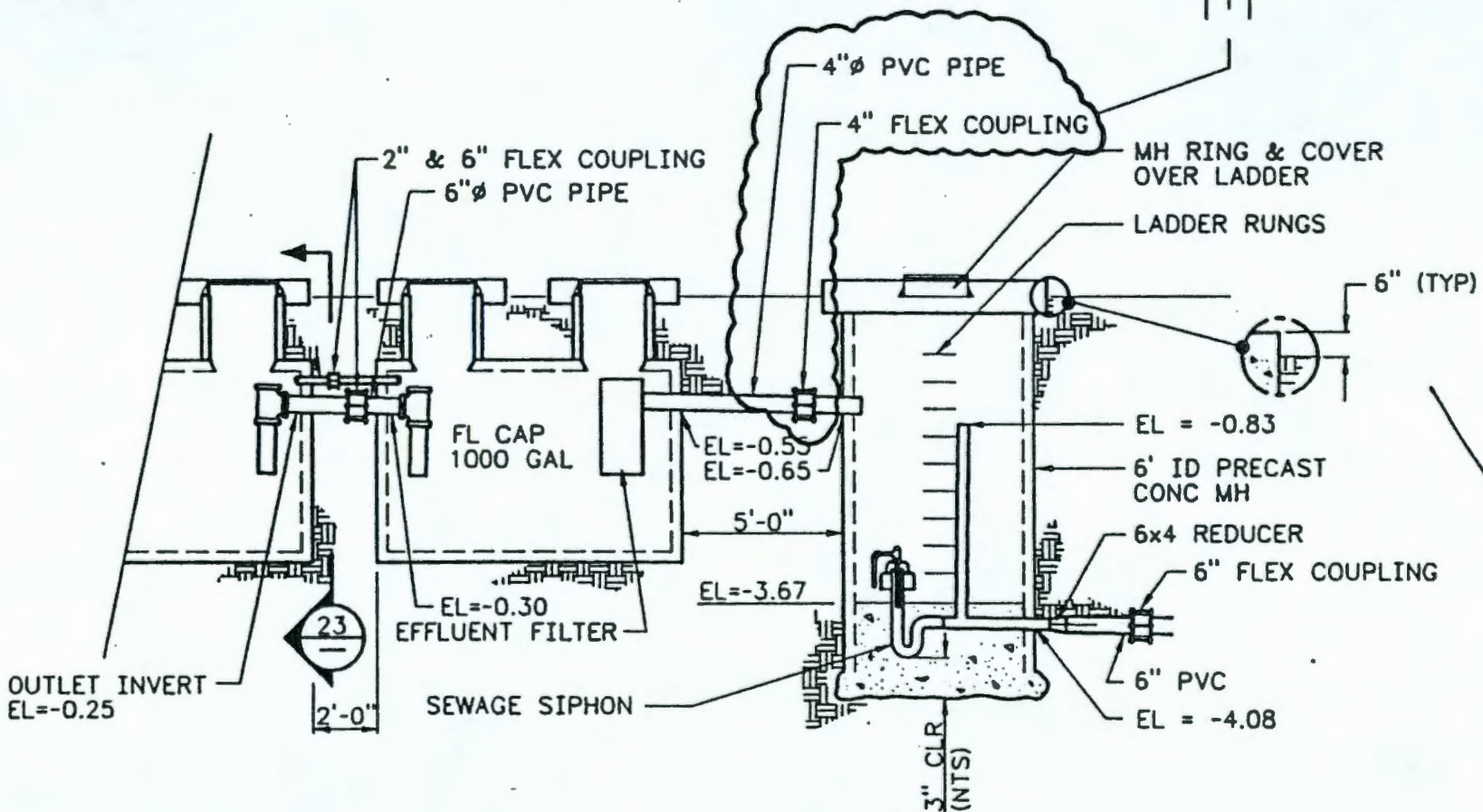
02650: Add the following sections:

- 2.7 Air pressure testing (may be substituted for hydrostatic testing of sewer lines)
  - 2.7.1 Furnish instruments, facilities, and labor required to conduct tests.
  - 2.7.2 Document leak/pressure testing of system on "Leak/Pressure Test Certification" Form 1757, sample appended.
  - 2.7.3 Perform leak tests in accordance with this Section.
  - 2.7.4 Perform tests after lines have been flushed and before backfilling.
  - 2.7.5 Before applying test pressure to piping, install necessary restraining devices to prevent distortion or displacement of piping.
  - 2.7.6 Test all gravity sewer lines to 5 psi in accordance with WSDOT M41-10 Section 7-17.3(4)D and 7-17.3(4)E.

# ENGINEERING CHANGE NOTICE SKETCH

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REVISE





# Patch II