

START

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ENGINEERING CHANGE NOTICE

Page 1 of 2

1. ECN **166788**
Proj. ECN

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"/> Standby <input type="checkbox"/> Supersedure <input type="checkbox"/> Cancel/Void	3. Originator's Name, Organization, MSIN, and Telephone No. J.M. Frain		4. Date 12/10/92
	5. Project Title/No./Work Order No. White Bluffs Pickling Acid Crisbs ERA	6. Bldg./Sys./Fac. No. NA	7. Impact Level 3Q
	8. Document Numbers Changed by this ECN (includes sheet no. and rev.) WHC-SD-EN-AP-113, Rev. 0	9. Related ECN No(s). NA	10. Related PO No. NA

11a. Modification Work <input type="checkbox"/> Yes (fill out Blk. 11b) <input checked="" type="checkbox"/> No (NA Blks. 11b, 11c, 11d)	11b. Work Package No. NA	11c. Modification Work Complete NA _____ Cog. Engineer Signature & Date	11d. Restored to Original Condition (Temp. or Standby ECN only) NA _____ Cog. Engineer Signature & Date
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12. Description of Change
 Page A1-7, Revision to second paragraph.

At sample sites A and B the crib will be excavated across the entire extent of both cribs. At the point the piping structures are excavated, samples from the soil beneath these pipes shall be collected from three locations corresponding to the approximate locations of the three sets of risers observed at each crib. Additional samples shall be collected at a depth of five feet below these samples in the east trench. A sample from 5 feet below the center riser will be taken in the west trench. At site E, samples will be collected below the center riser only and at a depth of five feet below that point.



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

13b. Justification Details
 The west crib was twice as deep as expected, and was constructed of cobbles to depth. Sampling to a depth five feet below the crib on the outside risers would not be cost effective or efficacious since the sample would occur outside the side walls of the crib. Deep samples taken from the center of the crib will be sufficient to indicate areas with the highest degree of potential contamination.

14. Distribution (include name, MSIN, and no. of copies) J.M. Frain, H6-04, 1 G.C. Henckel, H6-04, 1 R.L. Hand, H4-16, 1 R.M. Mitchell, H6-04, 1	Central Files, L8-04, 2 EDMC, H4-22, 2 R.C. Roos, H6-04, 1	RELEASE STAMP OFFICIAL RELEASE (11) BY WHC DATE JAN 06 1993 <i>Station #12</i>
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ENGINEERING CHANGE NOTICE

15. Design Verification Required

Yes
 No

16. Cost Impact

ENGINEERING

Additional \$
Savings \$

CONSTRUCTION

Additional \$
Savings \$

17. Schedule Impact (days)

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

NA

20. Approvals

Signature	Date	Signature	Date
OPERATIONS AND ENGINEERING		ARCHITECT-ENGINEER	
Cog Engineer J.M. Frain <i>J.M. Frain</i>	12-10-92	PE	_____
Cog. Mgr. G.C. Henckel <i>G.C. Henckel</i>	12-10-92	QA	_____
QA R.L. Hand <i>R.L. Hand</i>	12/21/92	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	_____		_____

93127631484

Date Received:

12/10/92

INFORMATION RELEASE REQUEST

Reference:

WHC-CM-3-4

1-4-93LS

Complete for all Types of Release

Purpose		ID Number (include revision, volume, etc.)
<input type="checkbox"/> Speech or Presentation	<input type="checkbox"/> Reference	ECN 166788
<input type="checkbox"/> Full Paper (Check only one suffix)	<input type="checkbox"/> Technical Report	List attachments.
<input type="checkbox"/> Summary	<input type="checkbox"/> Thesis or Dissertation	SP-EN-AP-113
<input type="checkbox"/> Abstract	<input type="checkbox"/> Manual	Date Release Required
<input type="checkbox"/> Visual Aid	<input type="checkbox"/> Brochure/Flier	12/15/92
<input type="checkbox"/> Speakers Bureau	<input type="checkbox"/> Software/Database	
<input type="checkbox"/> Poster Session	<input type="checkbox"/> Controlled Document	
<input type="checkbox"/> Videotape	<input checked="" type="checkbox"/> Other	

Title	Unclassified Category	Impact Level
White Bluffs Pickling Acid Crisps ERA	UC-	3Q

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)
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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)
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Complete for Speech or Presentation	
Title of Conference or Meeting	Group or Society Sponsoring
N/A	
Date(s) of Conference or Meeting	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

CHECKLIST FOR SIGNATORIES

Review Required per WHC-CM-3-4	Yes	No	Reviewer - Signature	Indicates Approval	Date
			Name (printed)	Signature	
Classification/Unclassified Controlled Nuclear Information	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Patent - General Counsel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	S. BERGLIN	[Signature]	12/29/92
Legal - General Counsel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	S. BERGLIN	[Signature]	12/29/92
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"/>			
RI Program/Project	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Publication Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	L. Hermann	[Signature]	1/4/93
Other Program/Project	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

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

References Available to Intended Audience	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Transmit to DOE-HQ/Office of Scientific and Technical Information	<input type="checkbox"/> Yes <input type="checkbox"/> No
Author/Requestor (Printed/Signature)	Date
JMFRAIN [Signature]	

Intended Audience	<input type="checkbox"/> Internal <input type="checkbox"/> Sponsor <input checked="" type="checkbox"/> External
Responsible Manager (Printed/Signature)	Date
G.C. Henkel [Signature]	12-10-92

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

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