

# START

0030582

## ENGINEERING CHANGE NOTICE

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1. ECN **169893**

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><b>K. J. Swett, 81231, H6-06, 372-2373</b>   |  | 4. Date<br><b>8/12/93</b>   |
|   | 5. Project Title/No./Work Order No.<br><b>VOC-Arid ID &amp; 200W Carbon<br/>Tetrachloride ERA</b>           | 6. Bldg./Sys./Fac. No.<br><b>200 West Area</b> | 7. Impact Level<br><b>3Q</b>  |
|   | 8. Document Numbers Changed by this ECN<br>(includes sheet no. and rev.)<br><b>WHC-SD-EN-AP-109, Rev. 2</b> | 9. Related ECN No(s).<br><b>N/A</b>            | 10. Related PO No.<br><b>N/A</b>  |
| 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><b>N/A</b>   | 11c. Modification Work Complete<br><b>N/A</b>  | 11d. Restored to Original Condition (Temp. or Standby ECN only)<br><b>N/A</b> |
|   |   | Cog. Engineer Signature & Date                 | Cog. Engineer Signature & Date  |

12. Description of Change  
Replace Section 5.3. See pp 3-4.

13a. Justification (mark one)

|  |   |  |
|--|---|--|
| 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 <input type="checkbox"/> |

13b. Justification Details  
Changes required to meet site characterization objectives.

14. Distribution (include name, MSIN, and no. of copies)
- |                      |                     |                       |
|----------------------|---------------------|-----------------------|
| V. J. Rohay H6-06    | D. J. Moak N3-05    | F. Stone H6-01        |
| A. J. Knepp H6-06    | F. A. Morris BSRC   | K. J. Swett H6-06     |
| J. M. Jimenez N3-05  | G. V. Last K6-96    | B. G. Tuttle N3-06    |
| K. J. Koegler H6-05  | E. C. Vogt T6-50    | S. D. Tomich K6-06    |
| M. C. Hagood H6-04   | D. C. Lanigan K6-84 | <b>EPIC (2) H6-06</b> |
| S. P. Luttrell K6-96 | Can Files (2) L8-04 |                       |
| L. A. Doremus K6-96  | ERC H6-07           |                       |

\* Battelle Seattle Research Center, 4000 NE 41st St., Seattle WA 98105-5428

RELEASE STAMP

OFFICIAL RELEASE **11**  
 BY WHC  
 DATE **AUG 27 1993**

*Station # 12*



# ENGINEERING CHANGE NOTICE

Page 2 of 4

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

169893

**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 |
|--------------------------|--------------------------|--------------------------|

none

**20. Approvals**

|                               | Signature           | Date           |                         | Signature | Date  |
|-------------------------------|---------------------|----------------|-------------------------|-----------|-------|
| OPERATIONS AND ENGINEERING    |                     |                | ARCHITECT-ENGINEER      |           |       |
| Cog Engineer V. J. Rohay      | <i>V. J. Rohay</i>  | <u>8/13/93</u> | PE                      |           | _____ |
| Cog. Mgr. A. J. Knepp         | <i>A. J. Knepp</i>  | <u>8/12/93</u> | QA                      |           | _____ |
| QA R. L. Hand                 | <i>R. L. Hand</i>   | <u>8/13/93</u> | Safety                  |           | _____ |
| Safety                        |                     | _____          | Design                  |           | _____ |
| Security                      |                     | _____          | Environ.                |           | _____ |
| Environ. M. C. Hagood         | <i>m. c. Hagood</i> | <u>8/13/93</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                         |                     | _____          |                         |           | _____ |

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### 5.3 CHAIN OF CUSTODY FORMS

Every solid and liquid sample collected will have to be documented on a chain-of-custody form. The chain-of-custody form number and associated sample numbers will be recorded in the field log book.

Included on chain-of-custody form, except those going to an analytical laboratory for CLP analyses, will be:

- Chain-of-custody number
- custody form initiator (printed name and signature)
- company contact and telephone number
- project designation/sampling location (well number and depth of sample or sampled interval in feet and (meters))
- collection date and time
- field log book number
- method of shipment
- shipped to (lab name and/or person)
- possible sample hazards/remarks
- sample identification:
- HEIS number of each sample
- specific sample type, container, and depth
- preservation method
- signature and date when sample custody is transferred

When removing/redirecting a portion of the material listed on a chain-of-custody form, in the field, custody of the removed portion will be documented on a separate chain-of-custody form. The original chain-of-custody form will be amended to document the transfer of subsamples to any new chain-of-custody forms.

A chain-of-custody form going to analytical laboratories for CLP analyses, will include all information listed above, except information about the well being sampled (project designation/sampling location). Analytical laboratories will receive only "blind" samples.

Custodians are responsible for:

1. Maintaining custody of samples at all times by any of the following means:
  - a. The custodian has actual physical possession of the sample.
  - b. After having physical possession, the custodian has the sample in view.
  - c. After having physical possession, the custodian has placed the sample in locked storage.
  - d. After having physical possession, the custodian keeps the sample within a secured area and the sample container has had a tamper-indicating device applied to it. A secured area is one that is restricted to authorized personnel only, with controlled means of access.

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2. Inspecting the chain-of-custody form and the sample(s) at each transfer of custody to assure the information is accurate.
3. Signing the chain-of-custody form when receiving and relinquishing the sample(s).
4. Applying tamper-indicating devices, such as evidence tape, as required by procedure.
5. Inspecting the integrity of the outer most tamper-indicating device, if any, on a sample container at each transfer of custody.

Each transfer of custody will be documented by the signatures of the custodian relinquishing the sample(s) and the custodian receiving the sample(s), and the time and date of the actual transfer. If samples have been in locked storage or a secured area, the date and time of custodial transfer are the date and time the samples are removed and relinquished to the next custodian. The receiving custodian will inspect the chain-of-custody form and sample container(s) for deficiencies. If found, all deficiencies will be noted on the chain-of-custody form.

The original chain-of-custody form will accompany the sample(s) until received at the laboratory. Copies of the chain-of-custody form may be generated for project files, log books, well books, etc.

9 5 1 3 1 2 6 1 7 . 7

Complete for all Types of Release

|  |  |                         |   |  |
|--|--|-------------------------|---|--|
| Purpose<br><input type="checkbox"/> Speech or Presentation<br><input type="checkbox"/> Full Paper<br><input type="checkbox"/> Summary<br><input type="checkbox"/> Abstract<br><input type="checkbox"/> Visual Aid<br><input type="checkbox"/> Speakers Bureau<br><input type="checkbox"/> Poster Session<br><input type="checkbox"/> Videotape |  | (Check only one suffix) | <input checked="" type="checkbox"/> Reference 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<br><input type="checkbox"/> Other | ID Number (include revision, volume, etc.) <b>86</b><br>ECA 169893: <b>WALTON ADAMS</b> <b>8-24-93</b> |
| List attachments.<br><b>WCSO-EN-AP-109</b>   |  |                         | Date Release Required<br><b>August 31, 1993</b>   |  |

Title: **VOC-ARID ID & 200W CARBON TETRACHLORIDE EXPEDITED RESPONSE ACTION** Unclassified Category: **UC- 630** Impact Level: **3Q**

|  |   |
|--|---|
| New or novel (patentable) subject matter? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes<br>If "Yes", has disclosure been submitted by WNC or other company?<br><input checked="" 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 | Group or Society Sponsoring |
|--------------------------------|-----------------------------|

|                                  |            |  |
|----------------------------------|------------|--|
| Date(s) of Conference or Meeting | City/State | 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  
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 checked="" type="checkbox"/> | <input type="checkbox"/>            | Not required per S. Berglin JH 8/20/93    |
| Legal - General Counsel   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Not required per S. Berglin JH 8/20/93    |
| Applied Technology/Export Controlled Information or International Program | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |   |
| WNC Program/Project   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |   |
| Communications  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |   |
| RL Program/Project  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Review not required per P. Pak JH 8/20/93 |
| Publication Services  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |   |
| 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 <b>N/A</b><br>Transmit to DOE-HQ/Office of Scientific and Technical Information <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Author/Requestor (Printed/Signature) <b>V. J. Rohay</b> <i>V. J. Rohay</i> Date <b>8/24/93</b> | INFORMATION RELEASE ADMINISTRATION APPROVAL STAMP<br>Stamp is required before release. Release is contingent upon resolution of mandatory comments.<br> |
| Intended Audience <input type="checkbox"/> Internal <input type="checkbox"/> Sponsor <input checked="" type="checkbox"/> External<br>Responsible Manager (Printed/Signature) <b>A. J. Knepp</b> <i>A. J. Knepp</i> Date <b>8/20/93</b>  |   |
| Date Cancelled  | Date Disapproved  |

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