

ENGINEERING CHANGE NOTICE

15. Design Verification Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	16. Cost Impact <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">ENGINEERING</td> <td style="width: 50%; text-align: center;">CONSTRUCTION</td> </tr> <tr> <td>Additional <input type="checkbox"/> \$</td> <td>Additional <input type="checkbox"/> \$</td> </tr> <tr> <td>Savings <input type="checkbox"/> \$</td> <td>Savings <input type="checkbox"/> \$</td> </tr> </table>	ENGINEERING	CONSTRUCTION	Additional <input type="checkbox"/> \$	Additional <input type="checkbox"/> \$	Savings <input type="checkbox"/> \$	Savings <input type="checkbox"/> \$	17. Schedule Impact (days) Improvement <input type="checkbox"/> Delay <input type="checkbox"/>
ENGINEERING	CONSTRUCTION							
Additional <input type="checkbox"/> \$	Additional <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>VJRohay</i>	<u>5/4/93</u>	PE	_____
Cog. Mgr. A. J. Knepp <i>R.E. Peterson for AJK</i>	<u>5/4/93</u>	QA	_____
QA R. L. Hand <i>R.L. Hand</i>	<u>5/4/93</u>	Safety	_____
Safety	_____	Design	_____
Security	_____	Environ.	_____
Environ. M. C. Hagood <i>MCHagood</i>	<u>5/4/93</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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Date Received: <i>5/5/93 70</i>	INFORMATION RELEASE REQUEST	Reference: WHC-CM-3-4
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Complete for all Types of Release

Purpose <input type="checkbox"/> Speech or Presentation <input type="checkbox"/> Full Paper <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	(Check only one suffix)	<input type="checkbox"/> Reference <input checked="" 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 type="checkbox"/> Other	ID Number (include revision, volume, etc.) ECN 169886 List attachments. <i>SD-EN-AP-109</i> Date Release Required <p style="text-align: center; font-weight: bold;">May 04, 1993</p>
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Title: VOC-Arid ID & 200 W Carbon Tetrachloride ERA	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)
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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 N/A	Group or Society Sponsoring
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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
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Title of Journal N/A

CHECKLIST FOR SIGNATORIES

Review Required per WHC-CM-3-4	Yes	No	Reviewer - Signature	Indicates Approval
			Name (printed)	Signature
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 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.

	Yes	No	
References Available to Intended Audience	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Transmit to DOE-HQ/Office of Scientific and Technical Information	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Author/Requestor (Printed/Signature)		Date	
V. J. Rohay <i>V. J. Rohay</i>		5/4/93	

INFORMATION RELEASE ADMINISTRATION APPROVAL STAMP

Stamp is required before release. Release is contingent upon resolution of mandatory comments.

Intended Audience
<input type="checkbox"/> Internal <input type="checkbox"/> Sponsor <input checked="" type="checkbox"/> External
Responsible Manager (Printed/Signature)
A. J. Knepp <i>A. J. Knepp</i>
Date
5/4/93

Date Cancelled	Date Disapproved
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