

START

0029050

ENGINEERING CHANGE NOTICE

Page 1 of 2

1. ECN 169888

Proj.
ECN

2. ECN Category (mark one) Supplemental <input type="checkbox"/> Direct Revision <input checked="" type="checkbox"/> Change ECN <input type="checkbox"/> Temporary <input type="checkbox"/> Standby <input type="checkbox"/> Supersedure <input type="checkbox"/> Cancel/Void <input checked="" type="checkbox"/>	3. Originator's Name, Organization, MSIN, and Telephone No. L. C. Swanson, Geosciences, H6-06, 6-1438		4. Date 6/24/93
	5. Project Title/No./Work Order No. Environmental Restoration	6. Bldg./Sys./Fac. No. N/A	7. Impact Level 4
	8. Document Numbers Changed by this ECN (includes sheet no. and rev.) WHC-SD-EN-TP-021, Rev. 0	9. Related ECN No(s). N/A	10. Related PO No. N/a

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. 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
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12. Description of Change
The above referenced test plan is cancelled.

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

13b. Justification Details
A change in format from the test plan format to a description of work format was required by the regulators, so a complete rewrite was needed, and necessitated the close out of WHC-SD-EN-TP-021, Rev. 0.

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

M.P. Connelly H6-06 (1), R.L. Jackson H6-06 (1),
W.J. McMahon H6-06 (1), L.C. Swanson H6-06 (1),
W.A. Thackaberry H4-16 (1), C.D. Wittreich H6-03 (1)

EDMC H6-08 (2)
Central Files L8-04 (2)

RELEASE STAMP

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DATE JUL 01 1993

Station # 12

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ENGINEERING CHANGE NOTICE

15. Design Verification Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	16. Cost Impact <table style="width: 100%;"> <tr> <th style="text-align: center;">ENGINEERING</th> <th style="text-align: center;">CONSTRUCTION</th> </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
N/A		

20. Approvals

Signature	Date	Signature	Date
OPERATIONS AND ENGINEERING		ARCHITECT-ENGINEER	
Cog Engineer L. C. Swanson <i>LC Swanson</i>	<u>6/25/93</u>	PE	_____
Cog. Mgr. R. L. Jackson <i>R L Jackson</i>	<u>6/25/92</u>	QA	_____
QA	_____	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	_____		_____

9312968.1228

SUPPORTING DOCUMENT

1. Total Pages *AT 2*

2. Title
Aquifer Test Plan for the 200 West Groundwater Aggregate Area

3. Number
WHC-SD-EN-TP-021

4. Rev No.
1

5. Key Words
 Aquifer test, pump test, transmissivity, hydraulic conductivity, specific yield, ground water, AAMS

APPROVED FOR PUBLIC RELEASE

6. Author
 Name: **L. C. Swanson**
L. C. Swanson
 Signature
 Organization/Charge Code **81235/PLB53**

7. Abstract
7-1-93 U. Stoh
 This aquifer test plan describes single- and multiple-well constant discharge tests that will be performed in the 200 West Groundwater Aggregate Area to determine and confirm hydraulic properties of the uppermost unconfined aquifer.

~~8. PURPOSE AND USE OF DOCUMENT - This document was prepared for use within the U.S. Department of Energy and its contractors. It is to be used only to perform, direct, or integrate work under U.S. Department of Energy contracts. This document is not approved for public release until reviewed.~~

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10. RELEASE STAMP

OFFICIAL RELEASE 11

BY WHC

DATE JUL 01 1993

Station # 10

9. Impact Level **4**

9312968.1229

Complete for all Types of Release

<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 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 169888 List attachments. WHC-SD-EN-TP-021, Rev. 1 Date Release Required <p style="text-align: center;">N/A</p>
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Title Aquifer Test Plan for the 200 West Groundwater Aggregate Area	Unclassified Category UC-	Impact Level 4
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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 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? <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 checked="" 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 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 checked="" type="checkbox"/> No	

Title of Journal

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 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.

<table style="width: 100%;"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>References Available to Intended Audience</td> <td style="text-align: center;"><input type="checkbox"/> <input checked="" type="checkbox"/></td> </tr> <tr> <td>Transmit to DOE-HQ/Office of Scientific and Technical Information</td> <td style="text-align: center;"><input type="checkbox"/> <input checked="" type="checkbox"/></td> </tr> <tr> <td>Author/Requestor (Printed/Signature)</td> <td style="text-align: center;">Date</td> </tr> <tr> <td>L. C. Swanson <i>LC Swanson</i></td> <td style="text-align: center;">6/25/93</td> </tr> <tr> <td>Intended Audience</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Internal <input type="checkbox"/> Sponsor <input checked="" type="checkbox"/> External</td> <td></td> </tr> <tr> <td>Responsible Manager (Printed/Signature)</td> <td style="text-align: center;">Date</td> </tr> <tr> <td>R. L. Jackson <i>R. L. Jackson</i></td> <td style="text-align: center;">6-25-93</td> </tr> </table>	Yes	No	References Available to Intended Audience	<input type="checkbox"/> <input checked="" type="checkbox"/>	Transmit to DOE-HQ/Office of Scientific and Technical Information	<input type="checkbox"/> <input checked="" type="checkbox"/>	Author/Requestor (Printed/Signature)	Date	L. C. Swanson <i>LC Swanson</i>	6/25/93	Intended Audience		<input type="checkbox"/> Internal <input type="checkbox"/> Sponsor <input checked="" type="checkbox"/> External		Responsible Manager (Printed/Signature)	Date	R. L. Jackson <i>R. L. Jackson</i>	6-25-93	<p style="text-align: center;">INFORMATION RELEASE ADMINISTRATION APPROVAL STAMP</p> <p>Stamp is required before release. Release is contingent upon resolution of mandatory comments.</p> <div style="text-align: center;">  </div> <table style="width: 100%;"> <tr> <td style="width: 50%;">Date Cancelled</td> <td style="width: 50%;">Date Disapproved</td> </tr> </table>	Date Cancelled	Date Disapproved
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R. L. Jackson <i>R. L. Jackson</i>	6-25-93																				
Date Cancelled	Date Disapproved																				

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