

## ENGINEERING CHANGE NOTICE

1. ECN 190351

Page 1 of 2

Proj.  
ECN

2. ECN Category (mark one) Supplemental <input checked="" 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 <input type="checkbox"/>	3. Originator's Name, Organization, MSIN, and Telephone No. I. D. Jacques, Env. Restoration, H6-04, 376-3306		4. Date October 18, 1993
	5. Project Title/No./Work Order No. 382-1 Underground Gasoline Storage Tank Soil-Gas Survey	6. Bldg./Sys./Fac. No.	7. Impact Level 3Q
	8. Document Numbers Changed by this ECN (includes sheet no. and rev.) WHC-SD-EN-TI-164, Rev. 0	9. Related ECN No(s).	10. Related PO No.

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.	11c. Modification Work Complete  Cog. Engineer Signature & Date	11d. Restored to Original Condition (Temp. or Standby ECN only)  Cog. Engineer Signature & Date
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## 12. Description of Change

On page 1, line 2, change the word "characterize" to "evaluate". On page 5, line 7 under Section 3.3, change the word "shall" to "shallow".

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

## 13b. Justification Details

14. Distribution (include name, MSIN, and no. of copies)			
I.D. Jacques	H6-04	N. Harden	L6-79
R.C. Roos	H6-04	R.B. Kerkow	H6-04
R.L. Hand	H4-16	M.A. Mahalic	R2-77
R.W. Brown(4)	L6-79	R.G. McCain	H6-04
T.N. Draper	L6-79	S.D. Thoren	R2-77
Central Files (2)	L8-04	EDMC (2)	H6-08
ERC	H6-07		

RELEASE STAMP

OFFICIAL RELEASE BY WHC  
DATE OCT 28 1993

Station # 12

# ENGINEERING CHANGE NOTICE

<b>15. Design Verification Required</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>16. Cost Impact</b> <table style="width: 100%;"> <tr> <td style="text-align: center;"><b>ENGINEERING</b></td> <td style="text-align: center;"><b>CONSTRUCTION</b></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>	<b>ENGINEERING</b>	<b>CONSTRUCTION</b>	Additional <input type="checkbox"/> \$	Additional <input type="checkbox"/> \$	Savings <input type="checkbox"/> \$	Savings <input type="checkbox"/> \$	<b>17. Schedule Impact (days)</b> Improvement <input type="checkbox"/> Delay <input type="checkbox"/>
<b>ENGINEERING</b>	<b>CONSTRUCTION</b>							
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.

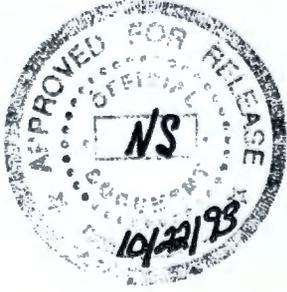
SDD/DD <input type="checkbox"/>	Seismic/Stress Analysis <input type="checkbox"/>	Tank Calibration Manual <input type="checkbox"/>
Functional Design Criteria <input type="checkbox"/>	Stress/Design Report <input type="checkbox"/>	Health Physics Procedure <input type="checkbox"/>
Operating Specification <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
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**20. Approvals**

Signature	Date	Signature	Date
<b>OPERATIONS AND ENGINEERING</b>		<b>ARCHITECT-ENGINEER</b>	
Cog Engineer I. D. Jacques <i>I. D. Jacques</i>	<u>10/18/93</u>	PE	_____
Cog. Mgr. R. C. Roos <i>R. C. Roos</i>	<u>10/18/93</u>	QA	_____
QA R. L. Hand <i>R. L. Hand</i>	<u>10/14/93</u>	Safety	_____
Safety	_____	Design	_____
Security	_____	Environ.	_____
Environ.	_____	Other	_____
Projects/Programs	_____		_____
Tank Waste Remediation System	_____		_____
Facilities Operations	_____	<b>DEPARTMENT OF ENERGY</b>	_____
Restoration & Remediation	_____	Signature or Letter No.	_____
Operations & Support Services	_____		_____
IRM	_____	<b>ADDITIONAL</b>	_____
Other	_____		_____

Date Received: <b>10/22/93</b>	<b>INFORMATION RELEASE REQUEST</b>	Reference: WHC-CM-3-4	
Complete for all Types of Release			
<b>Purpose</b> <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		ID Number (include revision, volume, etc.) <b>ECN 190351</b>  List attachments. <b>SD-EN-TI-164</b>  Date Release Required <p style="text-align:center;"><b>October 22, 1993</b></p>	
<b>Title</b> <b>382-1 Underground Gasoline Storage Tank Soil-Gas Survey</b>		Unclassified Category <b>UC-</b>	
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)	
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)	
Complete for Speech or Presentation			
<b>Title of Conference or Meeting</b>		<b>Group or Society Sponsoring</b>	
<b>Date(s) of Conference or Meeting</b>	<b>City/State</b>	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	
<b>Title of Journal</b>			
<b>CHECKLIST FOR SIGNATORIES</b>			
<u>Review Required per WHC-CM-3-4</u>	<u>Yes</u>	<u>No</u>	<u>Reviewer - Signature Indicates Approval</u>
			<u>Name (printed)</u> <u>Signature</u> <u>Date</u>
Classification/Uncontrolled Nuclear Information	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Patent - General Counsel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>per OGC memo 2/4/93 Labrown 10/19/93</u>
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.			
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 checked="" type="checkbox"/> No  Author/Requestor (Printed/Signature) <u>I. D. Jacques</u> <u>Duane Jacques</u> <u>10/18/93</u> Date		<b>INFORMATION RELEASE ADMINISTRATION APPROVAL STAMP</b>  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) <u>R. C. Roos</u> <u>R. C. Roos</u> <u>10/18/93</u> Date		Date Cancelled _____ Date Disapproved _____	