

ENGINEERING CHANGE NOTICE

0009197

Page 1 of 4

1. ECN 123772

Proj. ECN B-714-27

2. ECN Category (mark one)

- Supplemental
- Direct Revision
- Change ECN
- Temporary
- Supersedeure
- Discovery
- Cancel/Void

3. Originator's Name, Organization, MSIN, and Telephone No.

K. C. Kenoyer, KEH, TCPC, 6-9340

4. Date

3/2/90

5. Project Title/No./Work Order No. Vault Pair  
(218-E-16-102 & 103 B-714/ER8007)

6. Bldg./Sys./Fac. No.  
218-E-16

7. Impact Level

3

8. Document Number Affected (include rev. and sheet no.) See Block 12

9. Related ECN No(s).  
N/A

10. Related PO No.  
N/A

11a. Modification Work

- Yes (fill out Blk. 11b)
- No (NA Blks. 11b, 11c, 11d, 11e)

11b. Work Package

Doc. No.  
N/A

11c. Complete Installation Work

N/A

Cog. Engineer Signature & Date

11d. Complete Restoration (Temp. ECN only)

N/A

Cog. Engineer Signature & Date

12. Description of Change

Affected Drawings

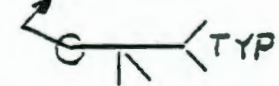
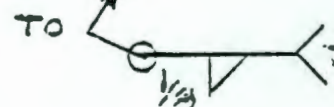
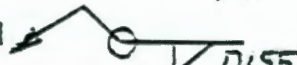
H-2-98442, SH1, Rev.0  
H-2-98442, SH2, Rev.0

H-2-77603, SH1, Rev.0  
H-2-77603, SH2, Rev.0

A. H-2-98442, SH1

1. Z D1, PN 23 - Change ASTM A554 to ASTM A554 MT 304.
2. Z D1, PN 29 - Change ASTM A194 GR B8 303 to ASTM A194 GR B8 303.
3. Z B8 - Add Typ to weld symbol.
4. Z D6 - Add dimension IAW Page 3.

B. H-2-98442, SH2

1. Z E6 - Change weld symbol from  TO 
2. Z C4 - Delete weld symbol 
3. Z A6 - Change H-2-98474, SH2 to H-2-98474, SH1.
4. Z F2, PN 38 - Change 6/C #12 to 7/C #12.
5. Z F1, PN 39 - Change Rockbestos Mini-Trol NJ to Rockbestos Firewall III.



13a. Justification (mark one)

- Criteria Change
- Design Improvement
- Environmental
- As-Found
- Facilitate Const. C & D
- Const. Error/Omission
- Design Error/Omission

13b. Justification Details

To improve material selection and add fabrication information.  
Correct TOL and clarify welding examination and documentation requirements.

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

KEH DISTRIBUTION

Engrg Doc Cntl E6-52  
Const Doc Cntl E2-50

WHC DISTRIBUTION

**STATION 10 A387**  
S. R. Briggs(PE) [4] R3-27  
O. A. Halverson R3-09  
J. F. Hill [2] H4-57  
J. R. McGee SI-54  
D. B. Powell [2] R1-48  
W. J. Powell [4] R1-48  
J. E. Vanbeek R3-27  
D. D. Wodrich R1-48  
A. E. Young SO-05  
Project Files R1-28  
DOE  
A. G. Lassila A5-18

RELEASE STAMP

OFFICIAL RELEASE  
BY WHC  
DATE MAR 23 1990

*Station # 4*



# ENGINEERING CHANGE NOTICE

Page 2 of 4

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

B-714-27

**15. Design Verification Required**

- Yes  
 No

**16. Cost Impact**

**ENGINEERING**

Additional  \$ 600  
Savings  \$ \_\_\_\_\_

**CONSTRUCTION**

Additional  \$ N/A  
Savings  \$ \_\_\_\_\_

**17. Schedule Impact (days)**

Improvement  N/A  
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.

<p>SDD/DD <input type="checkbox"/></p> <p>Functional Design Criteria <input type="checkbox"/></p> <p>Operating Specification <input type="checkbox"/></p> <p>Criticality Specification <input type="checkbox"/></p> <p>Conceptual Design Report <input type="checkbox"/></p> <p>Equipment Spec. <input type="checkbox"/></p> <p>Const. Spec. <input type="checkbox"/></p> <p>Procurement Spec. <input type="checkbox"/></p> <p>Vendor Information <input type="checkbox"/></p> <p>OM Manual <input type="checkbox"/></p> <p>FSAR/SAR <input type="checkbox"/></p> <p>Safety Equipment List <input type="checkbox"/></p> <p>Radiation Work Permit <input type="checkbox"/></p> <p>Environmental Impact Statement <input type="checkbox"/></p> <p>Environmental Report <input type="checkbox"/></p> <p>Environmental Permit <input type="checkbox"/></p>	<p>Seismic/Stress Analysis <input type="checkbox"/></p> <p>Stress/Design Report <input type="checkbox"/></p> <p>Interface Control Drawing <input type="checkbox"/></p> <p>Calibration Procedure <input type="checkbox"/></p> <p>Installation Procedure <input type="checkbox"/></p> <p>Maintenance Procedure <input type="checkbox"/></p> <p>Engineering Procedure <input type="checkbox"/></p> <p>Operating Instruction <input type="checkbox"/></p> <p>Operating Procedure <input type="checkbox"/></p> <p>Operational Safety Requirement <input type="checkbox"/></p> <p>IEFD Drawing <input type="checkbox"/></p> <p>Cell Arrangement Drawing <input type="checkbox"/></p> <p>Essential Material Specification <input type="checkbox"/></p> <p>Fac. Proc. Samp. Schedule <input type="checkbox"/></p> <p>Inspection Plan <input type="checkbox"/></p> <p>Inventory Adjustment Request <input type="checkbox"/></p>	<p>Tank Calibration Manual <input type="checkbox"/></p> <p>Health Physics Procedure <input type="checkbox"/></p> <p>Spares Multiple Unit Listing <input type="checkbox"/></p> <p>Test Procedures/Specification <input type="checkbox"/></p> <p>Component Index <input type="checkbox"/></p> <p>ASME Coded Item <input type="checkbox"/></p> <p>Human Factor Consideration <input type="checkbox"/></p> <p>Computer Software <input type="checkbox"/></p> <p>Electric Circuit Schedule <input type="checkbox"/></p> <p>ICRS Procedure <input type="checkbox"/></p> <p>Process Control Manual/Plan <input type="checkbox"/></p> <p>Process Flow Chart <input type="checkbox"/></p> <p>Purchase Requisition <input type="checkbox"/></p> <p>_____ <input type="checkbox"/></p> <p>_____ <input type="checkbox"/></p> <p>_____ <input type="checkbox"/></p>
--	--	---

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

**20. Approvals**

	Signature	Date		Signature	Date
<u>OPERATIONS AND ENGINEERING</u>			<u>ARCHITECT-ENGINEER</u>		
Cog. Project Engineer	<u>[Signature]</u>	<u>3-20-90</u>	PE	<u>[Signature]</u>	<u>3/16/90</u>
Cog. Project Engr. Mgr.	<u>[Signature]</u>	<u>3-20-90</u>	QA	<u>[Signature]</u>	<u>3/16/90</u>
QA	<u>[Signature]</u>	<u>3-21-90</u>	Safety	<u>[Signature]</u>	<u>3-15-90</u>
Safety			Design	<u>[Signature]</u>	<u>3/9/90</u>
Security			Other	<u>[Signature]</u>	<u>3-16-90</u>
Proj. Prog. Dept. Mgr.	_____	_____		_____	_____
Def. React. Div.	_____	_____		_____	_____
Chem. Proc. Div.	_____	_____		_____	_____
Def Wst. Mgmt. Div.	_____	_____		_____	_____
Adv. React. Dev. Div.	_____	_____		_____	_____
Proj. Dept.	_____	_____		_____	_____
Environ. Div.	_____	_____		_____	_____
IRM Dept.	_____	_____		_____	_____
Facility Rep. (Ops)	_____	_____		_____	_____
Other	_____	_____		_____	_____
	_____	_____		_____	_____
	_____	_____		_____	_____

DEPARTMENT OF ENERGY

ADDITIONAL

## ENGINEERING CHANGE NOTICE CONTINUATION SHEET

02-77603  
Page 3 of 4

1. ECN

B-714-27

C. H-2-77603, SH1Z C4 Change  $0.10 \pm .10$  to  $0.10 \pm .01$ D. H-2-77603, SH2

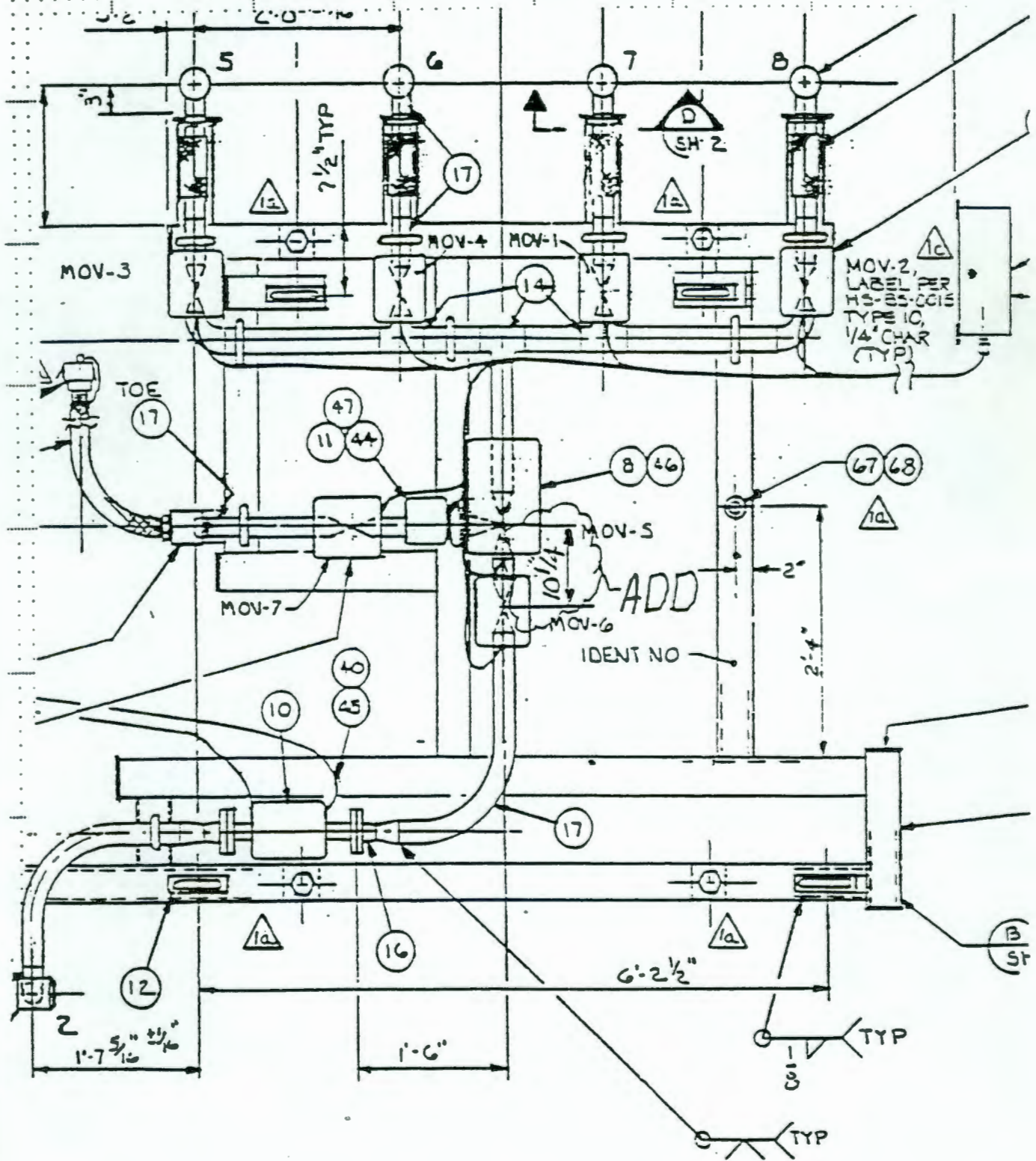
Replace Note 3.1 with:

"Visual Weld examinations and appropriate documentation shall be performed by personnel qualified to the existing Westinghouse Hanford Company program with oversight by Certified Welding Inspectors (CWI) who have received certification in accordance with AWS QC1. Documentation shall be signed or bear the Welding Inspector's Stamp, in addition to the CWI under whom the examination was performed."



Ref. Dwg. H-2-98442	Sh. 1	Rev. 0	Prepared By K.C. KENOYER	Checked By R. L. Dove	ECN No. B-714-27	Page 33-1
------------------------	----------	-----------	-----------------------------	--------------------------	---------------------	--------------

22  
3/14/60



PLAN



# ENGINEERING CHANGE NOTICE

1. ECN ~~123804~~  
 Proj. ECN B-714-28

2. ECN Category (mark one) Supplemental <input checked="" type="checkbox"/> Direct Revision <input type="checkbox"/> Change ECN <input type="checkbox"/> Temporary <input type="checkbox"/> Supersedure <input type="checkbox"/> Discovery <input type="checkbox"/> Cancel/Void <input type="checkbox"/>	3. Originator's Name, Organization, MSIN, and Telephone No. K. C. Kenover, XFH, 2-4-M, 6-9340 5. Project Title/No./Work Order No. Grout Vault Pair 218-E-16-102-105 B-714/ER1060 6. Bldg./Sys./Fac. No. 218-E-16 8. Document Number Affected (include rev. and sheet no.) See Block 12	4. Date 3/2/90 7. Impact Level 3 10. Related PO No.
---	--	---

11a. Modification Work <input type="checkbox"/> Yes (fill out Blk. 11b) <input type="checkbox"/> No (NA Blks. 11b, 11c, 11d) UNKNOWN	11b. Work Package Doc. No. UNKNOWN	11c. Complete Installation Work _____ Cog. Engineer Signature & Date	11d. Complete Restoration (Temp. ECN only) _____ Cog. Engineer Signature & Date
---	---------------------------------------	--	---

12. Description of Change

DOCUMENTS AFFECTED

H-2-77605, SH2, Rev.0  
 H-2-78475, SH2, Rev.0

1. H-2-77605, SH2

a. Z C1 and E1 - Change DIMS (16") to (17 3/4")  
 b. Z D1 - Change DIM 9'-0" + 1/4" to 8'-8 1/2" + 1/4"  
 c. Z E4 - Change DIM 1'-7 3/4" + 1/4" to 1'-6" + 1/4"

2. H-2-78475, SH2

Same information as above.

13a. Justification (mark one) Criteria Change <input type="checkbox"/> Design Improvement <input type="checkbox"/> Environmental <input type="checkbox"/> As-Found <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 standard flanged and dished heads provided were 17 3/4" over all. <i>AND THESE CHANGES WILL KEEP THE THE OVERALL                  SUMP LINER DIMENSION THE SAME</i> <i>CK 3/14/90</i>
--	--

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

KEY DISTRIBUTION	WHC DISTRIBUTION STATION 10	A3-87
Engrg Doc Cntl E6-52	S. R. Briggs(PE) [4]	R3-43
Const Doc Cntl E2-50	O. A. Halverson	R3-09
	J. F. Hill [2]	<u>H4-57</u>
	J. R. McGee	S1-54
	D. B. Powell [2]	R1-48
	W. J. Powell [4]	R1-48
	J. E. Vanbeek	R3-27
	D. D. Wodrich	R1-48
	A. E. Young	S0-05
	Project Files	R1-28
	DOE	
	A. G. Lassila	A5-18

RELEASE STAMP

OFFICIAL RELEASE 30  
 BY WHC  
 DATE MAR 19 1990

*Station # 4*



# ENGINEERING CHANGE NOTICE

B-714-28

**15. Design Verification Required**

- Yes  
 No

**16. Cost Impact:**

ENGINEERING  
Additional  \$ 500  
Savings  \$ \_\_\_\_\_

CONSTRUCTION  
Additional  \$ NA  
Savings  \$ \_\_\_\_\_

**17. Schedule Impact (days)**

Improvement  NA  
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.

<p>SDD/DD <input type="checkbox"/></p> <p>Functional Design Criteria <input type="checkbox"/></p> <p>Operating Specification <input type="checkbox"/></p> <p>Criticality Specification <input type="checkbox"/></p> <p>Conceptual Design Report <input type="checkbox"/></p> <p>Equipment Spec. <input type="checkbox"/></p> <p>Const. Spec. <input type="checkbox"/></p> <p>Procurement Spec. <input type="checkbox"/></p> <p>Vendor Information <input type="checkbox"/></p> <p>OM Manual <input type="checkbox"/></p> <p>FSAR/SAR <input type="checkbox"/></p> <p>Safety Equipment List <input type="checkbox"/></p> <p>Radiation Work Permit <input type="checkbox"/></p> <p>Environmental Impact Statement <input type="checkbox"/></p> <p>Environmental Report <input type="checkbox"/></p> <p>Environmental Permit <input checked="" type="checkbox"/></p>	<p>Seismic/Stress Analysis <input type="checkbox"/></p> <p>Stress/Design Report <input type="checkbox"/></p> <p>Interface Control Drawing <input type="checkbox"/></p> <p>Calibration Procedure <input type="checkbox"/></p> <p>Installation Procedure <input type="checkbox"/></p> <p>Maintenance Procedure <input type="checkbox"/></p> <p>Engineering Procedure <input type="checkbox"/></p> <p>Operating Instruction <input type="checkbox"/></p> <p>Operating Procedure <input type="checkbox"/></p> <p>Operational Safety Requirement <input type="checkbox"/></p> <p>IEFD Drawing <input type="checkbox"/></p> <p>Cell Arrangement Drawing <input type="checkbox"/></p> <p>Essential Material Specification <input type="checkbox"/></p> <p>Fac. Proc. Samp. Schedule <input type="checkbox"/></p> <p>Inspection Plan <input type="checkbox"/></p> <p>Inventory Adjustment Request <input type="checkbox"/></p>	<p>Tank Calibration Manual <input type="checkbox"/></p> <p>Health Physics Procedure <input type="checkbox"/></p> <p>Spares Multiple Unit Listing <input type="checkbox"/></p> <p>Test Procedures/Specification <input type="checkbox"/></p> <p>Component Index <input type="checkbox"/></p> <p>ASME Coded Item <input type="checkbox"/></p> <p>Human Factor Consideration <input type="checkbox"/></p> <p>Computer Software <input type="checkbox"/></p> <p>Electric Circuit Schedule <input type="checkbox"/></p> <p>ICRS Procedure <input type="checkbox"/></p> <p>Process Control Manual/Plan <input type="checkbox"/></p> <p>Process Flow Chart <input type="checkbox"/></p> <p>Purchase Requisition <input type="checkbox"/></p> <p>_____ <input type="checkbox"/></p> <p>_____ <input type="checkbox"/></p> <p>_____ <input type="checkbox"/></p>
---	--	---

**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
_____	_____	_____
_____	_____	_____
_____	_____	_____

**20. Approvals**

	Signature	Date		Signature	Date
<u>OPERATIONS AND ENGINEERING</u>			<u>ARCHITECT-ENGINEER</u>		
Cog./Project Engineer	<u>LR Bue</u>	<u>3/15/90</u>	PE	<u>K C Bue</u>	<u>3/15/90</u>
Cog./Project Engr. Mgr	<u>JL Van Breda</u>	<u>3/15/90</u>	QA	<u>TD Damp</u>	<u>3/14/90</u>
QA	<u>Jacobson</u>	<u>3/15/90</u>	Safety	<u>[Signature]</u>	<u>3-13-90</u>
Safety	_____	_____	Design	<u>AL Cook</u>	<u>3/13/90</u>
Security	_____	_____	Env Sponsor	<u>JR Marshall</u>	<u>3-13-90</u>
Proj. Prog./Dept. Mgr.	_____	_____	_____	_____	_____
Def. React. Div.	_____	_____	_____	_____	_____
Chem. Proc. Div.	_____	_____	_____	_____	_____
Def. Wst. Mgmt. Div.	_____	_____	<u>DEPARTMENT OF ENERGY</u>		
Adv. React. Dev. Div.	_____	_____	_____	_____	_____
Proj. Dept.	_____	_____	<u>ADDITIONAL</u>		
Environ. Div.	_____	_____	_____	_____	_____
IRM Dept.	_____	_____	_____	_____	_____
Facility Rep. (Ops)	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____