

0023548

131607

ENGINEERING CHANGE NOTICE

Page 1 of 2

1. ECN ~~131607~~
Proj. ECN W-016-83

2. ECN Category (mark one) <input checked="" type="checkbox"/> Supplemental <input 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	3. Originator's Name, Organization, MSIN, and Telephone No. K. Anderson, E2-30, 3-3399		4. Date 12/06/91
	5. Project Title/No./Work Order No. CR9605, RMW Storage, W-016	6. Bldg./Sys./Fac. No. FW Line	7. Impact Level 3/SC3
	8. Document Number Affected (include rev. and sheet no.) Dwg. H-2-80896, SH1, Rev.1	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) 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

SC3

H-2-80896, SH1, Rev.1

Zone B-2

Add Note #7 to read as follows:

7. Lower existing FW line from FHY Tee at SE corner of Building WB to new 10" Tee (W78657). Field verify line sizes and provide double 45° elbows as required at each end. Minimum cover over pipe to be 42" after final grading and stabilization.

APPROVED FOR PUBLIC RELEASE
5/11/92 N. Soles



13a. Justification (mark one) <input type="checkbox"/> 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 checked="" type="checkbox"/> Design Error/Omission	13b. Justification Details Existing line had less than 42" of cover at time grading plan was prepared.
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14. Distribution (include name, MSIN, and no. of copies) KEH DISTRIBUTION Const Doc Cntl E2-50 WHC Distr STA 10 A3-87 STA 6 T2-03	WHC DISTRIBUTION Project Files R1-28 N. F. Barilo R3-54 J. K. Epperley R1-29 J. R. McGee G6-47 P. J. McKenna R3-54 H. E. Wellsfry (PE) G6-47 T. L. Yount G6-47 DOE/M. S. Collins A5-18
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RELEASE STAMP

OFFICIAL RELEASE BY WHC **13**

DATE DEC 23 1991

STA 4

ENGINEERING CHANGE NOTICE

Page 2 of 2

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

W-016-83

15. Design Verification Required

Yes
 No

16. Cost Impact

ENGINEERING

Additional \$ 107
Savings \$ _____

CONSTRUCTION

Additional \$ 0
Savings \$ _____

17. Schedule Impact (days)

Improvement 0
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>Installation Procedure <input type="checkbox"/></p> <p>Installation Report <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>
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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
OPERATIONS AND ENGINEERING	
Cog./Project Engineer <u>A. E. Whalley</u>	<u>12-16-91</u>
Cog./Project Engr. Mgr. <u>D. R. De...</u>	<u>12/16/91</u>
QA <u>Jacob...</u>	<u>12-16-91</u>
Safety <u>A. T. ...</u>	<u>12-19-91</u>
Security _____	_____
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 <u>ISA-SR P. F. ...</u>	<u>12-20-91</u>

Signature	Date
ARCHITECT-ENGINEER	
PE <u>William ...</u>	<u>12/17/91</u>
QA <u>Ang ...</u>	<u>12-12-91</u>
Safety <u>...</u>	<u>12-12-91</u>
Design <u>...</u>	<u>12-10-91</u>
Other <u>ENV. ...</u>	<u>12-11-91</u>

DEPARTMENT OF ENERGY

ADDITIONAL
