

0055418

Meeting Minute Approval Sheet

222-S Project Managers Meeting & Misc. Lab Issues

(TSD: TS-2-1)

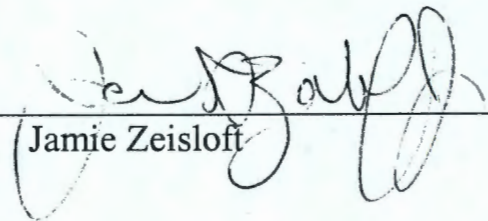
2704HV/Room G-229


August 30, 2001

9:30 – 10:00 p.m.

RECEIVED
OCT 03 2001

EDMC

DOE:  9/26/01
Jamie Zeisloff Date

ECOLOGY:  09/20/01
Fred Jamison Date

MEETING MINUTES

222-S Project Manager's Meeting and Miscellaneous Lab Issues (TSD:TS-2-1)
08/30/2001

Meeting Attendees:

Tracy Gao, Ecology
Fred Jamison, Ecology
Scot Fitzgerald, FH
Don Hart, FH

Jamie Zeisloft, DOE RL
Jay Warwick, FH
Jennifer Nuzum, FH
Lucinda Borneman, FH

Introduction:

Jamie Zeisloft called the meeting to order at 9:30 a.m.

Approval of Previous Meeting Minutes:

Ecology and RL approved the July 26, 2001 meeting minutes.

Status of Action Items:

Action item 01-02, "Provide internet addresses for accessing the 222-S FEB and the RL Chemical Management Report" was closed by providing Ecology with the web address of the Fluor Hanford Facility Evaluation Board Assessment of 222-S Laboratory.

222-S Laboratory TSD Issues

Modification F of the Hanford Site RCRA Permit is out for Public Comment. FH has provided comments to RL for compilation of a combined set of comments from FH and RL.

222-S Laboratory Operations:

Don Hart presented the 222-S Operations report (attached). The status of the Peroxide Formation testing program and chemical stabilization of chemicals with elevated peroxide was discussed. 222-S Lab is stabilizing chemicals that had elevated peroxide levels. The stabilization involved the addition of a reducing agent and the subsequent addition of a stabilizing agent (BHT). The stabilization is accepted by CWC as long-term stabilization of potentially peroxide forming chemicals.

WSCF Laboratory Operations:

Jennifer Nuzum presented the WSCF monthly operations report and Scot Fitzgerald provided the WSCF monthly analytical report. The combined report is attached.

Miscellaneous Issues

WSCF Satellite Accumulation Area. The discussion was lead by Jay Warwick, WSCF ECO. Mr. Warwick related the background of the occurrences of June 11 through June 18 that resulted in hazardous waste being improperly removed from SAA and improperly handled at WSCF. The summary is attached. These events were declared an Off-Normal (Off Normal Report is attached). Mr. Warwick briefed Ecology on the corrective actions identified for this Occurrence and their status. In addition, the WSCF Facility Manager issued a memo to all WSCF staff that outlines and discusses the standards that constitute how WSCF shows control of hazardous waste within the laboratory. The memo outlines the administrative controls and the flow down of requirements for hazardous waste management at WSCF. (attached)

Review of New Action Items:

No new action items were established.

Next Meeting: September 27, 2001, 9:30 am, 2704 HV.

222-S Project Managers Meeting & Misc. Lab Issues (TSD: TS-2-1)
8/30/01

Attachment 1
List of Attendees
Action Items

222-S Project Managers Meeting & Misc. Lab Issues
2704HV/Room G-229
August 30, 2001
9:30 - 10:00 p.m.

Agenda

- I. Introductions
- II. Approval of Previous Meeting Minutes
- III. Status of Action Items
- IV. 222-S TSD Issues
- V. 222-S Laboratory
 - Operational Report
- VI. WSCF Laboratory
 - Operational Report
 - SAA Occurrence Report
- VII. Misc. Issues
- VIII. Review of New Action Items

222-S Project Managers Meeting & Misc. Lab Issues

2704HV/Room G-229

August 30, 2001

9:30 - 10:00 p.m.

Lucinda Borneman	FH/AS	T6-14	373-2821
FRED JAMISON	EC287	BS-18	736-3022
Don J Harret	FH/AS	T6-14	372-2991
Tracy Graw	Ecology	BS-18	736-5718
Jennifer Nuzum	FH	S3-30	373-7185
Scot Fitzgerald	FH	S3-30	373-7495
Jay Warwick	FH	S3-30	373-7076
Jamie Zeisloff	RU/OS	X2-15	372-0100

222-S Laboratory's Treatment Tanks and
Storage Buildings (TSD: TS-2-1)
and Miscellaneous Laboratory Topics

TRACKING NUMBER	DATE ASSIGNED	FACILITY	ACTION	ACTIONEE	DUE DATE [Target=T, Mandatory=M]	STATUS
AS-01-02	7/5/01	ALL	Provide internet addresses for accessing the 222-S FEB report and the RL Chemical Management Report.	L. Borneman	8/23/01	<i>closed</i> NEW
AS-01-01	7/5/01	ALL	Find out about the Occurrence Reporting process, how Occurrences are closed out, and how Ecology accesses final status occurrence reports.	J. Zeisloft	7/26/01	CLOSED
AS-00-009	4/27/00	ALL	Provide status of Change request to TPA	J. Zeisloft	5/25/00	CLOSED
AS-00-014	11/30/00	222-S	Section 6 (QA) permit resources have been identified for	L. Borneman	12/30/00	CLOSED

8/30/01

222-S Project Managers Meeting & Misc. Lab Issues (TSD: TS-2-1)
8/30/01

Attachment 2
222-S Lab Operations Report
WSCF Operations Report

**MONTHLY OPERATION STATUS
222-S LABORATORY**

**D. J. Hart
August 2001**

Environment/Safety & Health (ES&H)

Engineering completed an estimate of cost and schedule of several alternatives for replacement of filter system for the 219-S waste tanks, as requested by WDOH in their NOC. Funding is being planned for implementation in FY 2002. Delivery of the filter housing and filter are expected to take up to 4 months after requisition is let. Engineering is looking to see if material may be found on site.

Collodion Corrective Measure Follow-on Actions. Packing has started at 222-S Laboratory for waste generated as a result of the Collodion Corrective Measure. Since July 31, 2001, 222-S Laboratory has packaged approximately 80 containers into 21 drums. The drums are in 90 day Accumulation Areas. These drums will be ready for shipment to treatment by August 31, 2001. WSCF has packed and shipped the waste identified by the Collodion Corrective Measure.

On August 18, 2001 there was a small spill of fuming nitric acid on the gloves and other PPE of a chemical technologist. A nearby chemist and chemical technologist reached quickly to cut the articles away from the chemical technologist. No fuming nitric acid contacted the individual.

In the Emergency Preparedness corrective action plan, the first drill was conducted August 24, 2001 after completing training, procedure revisions and clarification of responsibilities. The Drill Program will continue with increasing frequency and complexity as the performance indicates.

Operations

For this year there were 232 waste containers shipped including 132 low level rad, 44 hazardous and 47 mixed waste containers.

The new ICP-MS arrived Thursday August 15, 2001 afternoon. The shock sensors on the crates indicate excessive shock during transport. A visual inspection of the ICP-MS indicates a sprung cover. In addition, the fume hood associated with the ICP-MS had questionable welds. This is being worked with Vendor Quality Assurance and contract support personnel.

The elevator upgrade Panel F outage scheduled for Friday, August 10, 2001 was delayed due to a configuration issue above the ceiling. More time was required than was allowable. The outage was rescheduled for Monday, August 13, 2001 and is currently going without a problem. The freight elevator upgrade should be complete by Wednesday, August 15, 2001 COB.

The design that will provide a safe deck and working surface for the unit north of 222-SA for waste storage issues has been completed and is out for review. The new design will incorporate safety issues related to engineering by the Haz-Waste Group during walk downs and communications from ZAC meetings. The design includes a new concrete pad, selected stairways, lift gates and a Trus-T-Lift device for loading and unloading barrels.

The prototype for the manipulator roller truck bearing modification was completed by the machine shop. The modification will be installed on a manipulator that is currently undergoing overhaul. If this modification proves successful, truck/tube-bearing wear will be eliminated.

Millwrights completed design and fabrication of a remote weight-handling tool. The tool will enhance hot cell balance calibrations and reduce the loss of weights sets due to contamination.

Preparations for the ICP-AES installation continue. We are 75% complete on removal of the old unit. Schedule delays are attributed to competing priorities, i.e. maintenance work on the POEMS ICP.

Collodion Corrective Measure Follow-on Actions. No new packing of waste from the Collodion Corrective Measure occurred this week at 222-S Laboratory, but 21 drums have been packed since July 31, 2001. Work continues on an expedited basis to generate packing instructions for the balance of the chemicals. There will be an RL review of the corrective actions starting August 21, 2001.

WSCF LABORATORY REPORT

MANAGER: J. L. Nuzum

August 2001

OPERATIONS:

Total DTS corrective action assignments owed to WSCF are 17,0 delinquent (0%). Project monthly Corrective Action Management trending charts for July were received August 22, 2001. No significant trends were immediately noticeable, however, a more detailed investigation will be performed.

Open CATRAX commitments are 71 and 1 is overdue (1% delinquency).

Reliability of the 222-S ICP-MS has required the WSCF Laboratory to evaluate the possibility of analyzing Category III and IV Rad samples on its ICP-MS. A methodology for running these samples is in development.

WSCF shipped 15 hazardous waste drums on the direct offsite shipment. WSCF shipped 3 RMW drums to ETF and 5 RMW drums to the CWC. WSCF Operations shipped 12 computers, 6 instrument controllers and associated components to Nationalization on August 23, 2001.

A site Requirements Reduction team performed a field visit at WSCF looking at QA, Radiological Control, Corrective Action Management, and Maintenance. This "bottoms-up" review examined current procedures/practices in the facility against current FH contract requirements. A final report from the WSCF field visit is forthcoming. Preliminary recommendations include the creation of a technical basis document defining WSCF's categorization in the nuclear arena and a restructuring of the work management process in the maintenance and engineering organizations.

A representative from the Hanford Reach toured WSCF and interviewed personnel on the facility's 500,000 hours without a lost time injury accomplishment. A write-up in a future Hanford Reach is expected.

ANALYTICAL:

Minimum detection levels for both WIPP instruments VAP#7 and VAP#8 have been analyzed and packages have been issued.

WIPP vapor sampling on 8/14 was interrupted due to an air monitor alarm. The 8/14 sampling was completed on 8/15 and the 8/15 sampling was performed on 8/16.

The lab received acceptable results on round 146 of the Proficiency Analytical Testing program for the Industrial Hygiene program.

222-S Project Managers Meeting & Misc. Lab Issues (TSD: TS-2-1)
8/30/01

Attachment 3

- Satellite Accumulation in WSCF Laboratories
- Occurrence Report RL—PHMC-WSCF-2001-0004
- “Standards Demonstrating Control”, Memo from D. B. Hardy to WSCF Employees, 8/29/01, memo 8F000-DBH-00-021

Satellite Accumulation in WSCF Laboratories

WSCF employs a centralized satellite accumulation system for management of hazardous and mixed wastes generated within the laboratory. This system consists of a well organized and documented approach to moving wastes generated within laboratory hoods and rooms to a centralized satellite accumulation area. Strict controls are in place to ensure that waste is moved from the point of generation to an approved satellite accumulation area by the end of the workday.

At the time of the event a unused chemical storage cabinet was designated as a satellite accumulation area (SAA). This SAA was located in one of the analytical process rooms (Room N11) for the purpose of accumulation of unused reagents, standards and Performance Evaluation Samples. The SAA was locked and under the control of the Operations group.

What occurred:

On Monday, June 11, the Analytical Manager provided direction to his staff to dispose of unneeded Performance Evaluation Samples (PEs) into an approved waste stream. These PE samples were in Room N4. Chemist 1, aware there were additional PE samples in the Room N11 flammable cabinet (also identified as a satellite accumulation area), obtained the key to the cabinet from WSCF Operations (the SAA is locked at all times with access limited to authorized personnel only) and opened the cabinet to inventory the PE samples. Chemist 1 was unaware these samples had already been declared waste.

On Thursday, June 14, Chemist 2 obtained the N11 flammable cabinet key from Chemist 1. Chemist 2 removed a bottle containing a solid PE sample, and disposed of it into a routine waste stream in the hood. This waste stream, which is on a routine daily pick-up, was picked up later in the day and put into the SAA in Room N24.

On Monday, June 18, the Analytical Manager discovered the PE sample had been removed from the Room N11 flammable cabinet SAA and immediately stopped further disposal activities. He then notified the facility Environmental Compliance Officer and the Operations Manager.

Chemist 1 and 2 both believed that they were operating under the direction of the Analytical Manager when the PE sample was removed from the N11 SAA. They also stated they were not aware that the PE was considered to be part of the SAA inventory. In addition, the Chemists do not routinely access SAAs as part of their work scope, and do not have formal training on the management of these areas.

Corrective Actions:

- | | |
|--|-----------------------|
| 01) Modify ASP 315, Section 6.1 "Management of Satellite Accumulation Areas".
scope and controls. | Complete |
| 02) Develop facility specific waste awareness training | In Development |
| 03) Train facility personnel on facility specific waste awareness. | In Development |
| 04) Issue expectation letter to staff on Waste Control. | Complete |
| 05) Brief effected staff on SAA Management. | Complete |
| 06) Brief Operations staff on Key Control Requirements | Complete. |
| 07) Chemists and Chemical Technologists will attend
Container Waste Management Training | 33% Complete |

Occurrence Report

Waste Sampling & Characterization

(Name of Facility)

Nuclear Waste Operations/Disposal

Facility Function

Hanford Site

Project Hanford Managemnt Contractor

(Name of Laboratory, Site or Organization)

Name:

Title:

Telephone No.:

(Facility Manager/Designee)

Name: RIEL, DENNIS J

Title:

Telephone No.: (509) 373-5661

(Originator/Transmitter)

Name:

Date:

(Authorized Classifier(AC))

1. Occurrence Report Number: RL--PHMC-WSCF-2001-0004

Facility personnel transferred waste from one SAA to another SAA which is a noncompliance with ASP 315 section 6.1.

2. Report Type and Date: Update Report

	Date	Time (MTZ)
Notification:	06/18/2001	17:13
Initial Update:	07/25/2001	12:44
Latest Update:	07/25/2001	13:59

3. Occurrence Category: Off-Normal

4. Number of Occurrences: 1 **Original OR:**

5. Division or Project: FH, Analytical Services

6. Secretarial Office: Environmental Management

7. System, Bldg., or Equipment: 6266 Building/Satellite Accumulation Areas

8. UCNI?: No

9. Plant Area: 600

10. Date and Time Discovered: 06/18/2001 11:45 PTZ

11. Date and Time Categorized: 06/18/2001 13:30 PTZ

12. DOE-HQ EOC Notification:

13. Other Notifications:

Date	Time (PTZ)	Person	Organization
06/18/2001	11:45	Jennifer Nuzum	Ops Mgr
06/18/2001	12:30	Don Hardy	Proj Mgr
06/18/2001	13:53	Duane Renberger	AS VP
06/18/2001	13:57	Steve McDuffie	DOE-RL
06/18/2001	14:10	Ron Smithwick	ONC

14. Subject or Title of Occurrence:

Facility personnel transferred waste from one SAA to another SAA which is a noncompliance with ASP 315 section 6.1.

15. Nature of Occurrence:

- 01) Facility Condition
- F. Violation/Inadequate Procedures

16. Description of Occurrence:

On Monday 6/18/01, at approximately 1145 hrs, WSCF Operations Management was made aware that a container of solid waste had been taken out of a designated Satellite Accumulation Area (SAA) (flammable cabinet) and transferred to another SAA (Room 24) during non-routine disposal activities. This is a noncompliance with facility specific procedure ASP 315 section 6.1.

To further investigate the matter, the Analytical Manager interviewed the two chemists involved (Chemist 1 and Chemist 2), and a meeting was held with WSCF management and the WSCF ECO.

On Monday, June 11, the Analytical Manager provided direction to his staff to dispose of unneeded Performance Evaluation Samples (PEs) into an approved waste stream. These PE samples were in Room N4. Chemist 1, aware there were additional PE samples in the Room N11 flammable cabinet (also identified as a satellite accumulation area), obtained the key to the cabinet from WSCF Operations (the SAA is locked at all times with access limited to authorized personnel only) and opened the cabinet to inventory the PE samples. Chemist 1 was unaware these samples had already been declared waste.

On Thursday, June 14, Chemist 2 obtained the N11 flammable cabinet key from Chemist

1. Chemist 2 removed a bottle containing a solid PE sample, and disposed of it into a routine waste stream in the hood. This waste stream, which is on a routine daily pick-up, was picked up later in the day and put into the SAA in Room N24.

On Monday, June 18, the Analytical Manager discovered the PE sample had been removed from the Room N11 flammable cabinet SAA and immediately stopped further disposal activities. He then notified the facility Environmental Compliance Officer and the Operations Manager.

Chemist 1 and 2 both believed that they were operating under the direction of the Analytical Manager when the PE sample was removed from the N11 SAA. They also stated they were not aware that the PE was considered to be part of the SAA inventory. In addition, the Chemists do not routinely access SAAs as part of their work scope, and do not have formal training on the management of these areas.

WSCF management is evaluating the event and will initiate the Deficiency Evaluation and subsequent corrective action process as soon as possible. Corrective actions will include, but are not limited to, appropriate waste management training for the analytical staff and reinforcement of management expectations.

17. Operating Conditions of Facility at Time of Occurrence:

Facility operating conditions at the time had no bearing on the occurrence.

18. Activity Category:

03 - Normal Operations

19. Immediate Actions Taken and Results:

1. The facility ECO was notified.
2. The subject solid waste in N24 has been moved to a 90-day area.

20. Direct Cause:

21. Contributing Cause(s):

22. Root Cause:

23. Description of Cause:

24. Evaluation (by Facility Manager/Designee):

On 7/24/01, at approximately 1615 hrs, WSCF Facility Management was made aware of an additional issue involving the same personnel and occurring during the same time frame as the initiating event of this report. It was reported that 17 1-mL ampoules containing volatile organic standards logged into the N11 SAA were no longer there. In questioning Chemist 1, it was disclosed Chemist 1 had taken these ampoules out of the

cabinet sometime during the June 11-14 timeframe. Chemist 1 then took them to a fume hood and opened them, thereby disposing of the contents. This activity is a noncompliance with facility specific procedure ASP 315 section 6.1, Management of Satellite Accumulation Areas at WSCF.

25. Is Further Evaluation Required?: Yes

If YES - Before Further Operation? No

By whom? WSCF Facility Management

By when?

26. Corrective Actions:

27. Impact on Environment, Safety and Health:

28. Programmatic Impact:

29. Impact on Codes and Standards:

30. Lessons Learned:

31. Similar Occurrence Report Numbers:

32. User Field #1:

33. User Field #2:

Fluor Hanford
P. O. Box 1000
Richland, WA 99352

FLUOR GLOBAL SERVICES

Memorandum

To: All WSCF Employees
Date: 8F000-DBH-00-021
August 29, 2001

From: D. B. Hardy S3-30
Telephone: 373-7153

cc: DBH File/LB

Subject: **STANDARDS DEMONSTRATING CONTROL**

The standards listed below constitute how WSCF shows control of hazardous wastes within the laboratory. It is important to ensure that everyone who generates, manages, handles, and oversees the management of hazardous waste at WSCF knows and understands the following controls. These controls are necessary to demonstrate to Washington State Department of Ecology Inspectors that we understand state and federal regulations regarding the handling and management of hazardous wastes.

1. Training

Prior to personnel being allowed to generate and/or manage hazardous wastes at the laboratory they must be trained on WSCF waste management procedures. This training emphasizes control of the following:

- Control of waste to ensure only compatible waste is combined.
 - Personnel are trained to recognize compatibility concerns.
 - Chemists/Scientists are trained in compatibility assessments.
 - Personnel are trained to follow method specified waste stream management.
- Control of satellite accumulation areas (SAAs).
 - Operations Personnel are trained in management of SAAs.
 - Only authorized personnel are allowed to enter and remove waste from SAAs.
 - Personnel are trained to prevent non-authorized personnel from performing work in the SAAs.
 - Waste is not allowed to be moved from one SAA to another, waste leaving an SAA must go directly to a 90-Day Accumulation Area.

June 19, 2001

Page 2

- Control of waste containers.
 - Personnel are trained on container management requirements.
 - Personnel are trained to ensure that containers are in good condition.
 - Personnel are trained to ensure that containers are properly closed when not in use.
 - Personnel are trained to ensure that the container is compatible with the waste being accumulated.
- Control of waste container labeling.
 - Personnel are trained to properly label hazardous waste containers (e.g. all mixed waste containers shall be labeled) with the words "Hazardous Waste" and the appropriate major risk (e.g., flammable) in addition to the source and location.

2. Security

Hazardous waste generated within the WSCF Laboratory is accumulated within satellite accumulation areas at or near each point of generation throughout the building. Control of these areas is maintained by limiting building and interior work area access to authorized and trained personnel only.

During normal business hours, the front entrance to the laboratory building is open to allow authorized personnel access to the laboratory. During off-shift hours the front entrance is locked. In addition, access to the analytical process areas is physically controlled at all times so that only authorized personnel have access. Prominent postings identify the laboratory building access requirements for all visitors and non-assigned personnel, i.e., these personnel must sign-in and be escorted at all times while in the laboratory.

- All visitors and non-assigned facility personnel must sign-in upon entry to the building.
- All personnel who are assigned to the facility, but not trained, must be escorted by a trained person.
- Personnel training which emphasizes that waste can only be accumulated in authorized areas.
- Locked doors and controlled key access also maintain security of the SAA.
- Security of the SAA is ensured by self-assessments.
 - Hazardous Materials Control group conducts periodic inspections of each SAA.
 - Operations personnel conduct periodic walk throughs, which include looking at labeling, container integrity and compatibility concerns.

3. Labeling

The SAA operator is responsible for ensuring that waste containers are appropriately labeled.

Fluor Hanford
P. O. Box 1000
Richland, WA 99352

ATTACHMENT

Federal Driver = RCRA (Resource Conservation and Recovery Act)
State Driver = Washington State Dangerous Waste Regulations Washington
Administrative Code 173-303



HNF-PRO-5122 "Dangerous Waste Generator Activities"
HNF-PRO-455 "Solid Waste Management"



ASP 315 section 6.1 "Management of Satellite Accumulation Areas at WSCF"
ASP 315 section 6.4 "Management of 90-Accumulation Areas at WSCF"
ASP 315 section 4.01 "Management of PCBs at WSCF"
ASP 315 section 6.03 "Waste Fact Sheet Development and Issuance at WSCF"
ASP 315 section 5.01 "WSCF Dangerous Waste Training Plan"



LO-100-451 "Waste Management in Analytical Areas"
LO-100-401 "HMC Waste Handling"
LO-100-466 "Manage Satellite Accumulation and 90-Day Accumulation Areas"

June 19, 2001

Page 3

- Personnel are trained to properly label hazardous waste containers to include the words "Hazardous Waste" and with the appropriate major risk (e.g., flammable) in addition to the source and location.
- Compatibility assessment identifies waste types.
- Methods identify specific waste labeling requirements.
- Hazardous Materials Control group periodically inspects each SAA for appropriate labeling.

4. Container Management

Waste containers are maintained in good condition and are compatible with the waste being accumulated.

- Inspections assure that containers are not leaking or deteriorating.
- Leaking or deteriorating containers are immediately replaced with waste compatible containers in good condition.
- The container is compatible with the waste being generated.
- A Chemist/Scientist performs a compatibility assessment of the waste being generated to include:
 - Review of chemical references and literature for appropriate container type
 - Identification of possible chemical reactions
 - Identification of waste segregation requirements
 - Identification of special storage requirements

Conclusion

Please review and make sure you understand the above standards. It is important that we work together to maintain our excellent reputation with the regulators and our peers. Waste management at WSCF is unique and even though burdensome at times, required by law.

The attached flow diagram briefly shows how the State and Federal regulations flow done to us at the laboratory. It is important to be aware of these regulations and also of WSCF Administrative procedures.

Thank you for your hard work and team effort. If you have further questions regarding our policies/expectations on waste management, please feel free to contact me at 373-7153 or Jay Warwick at 373-7076.

dtb

Attachment

CORRESPONDENCE DISTRIBUTION COVERSHEET

Author
L. E. Borneman, FH
373-2821

Addressee
Distribution

Correspondence No.
FH-0105229

Subject: 222-S PROJECT MANAGERS' MEETING AND MISCELLANEOUS LAB ISSUES
(TSD: TS-2-1), AUGUST 2001

DISTRIBUTION

Approval	Date	Name	Location	w/att
		Correspondence Control	A3-01	X
<u>Fluor Hanford, Inc.</u>				
<u>LEB</u>	<u>9/27/01</u>	Administrative Record	H6-08	X
		L. E. Borneman	T6-14	X
		D. B. Hardy	S3-30	X
		D. J. Hart	T6-14	X
		J. L. Nuzum	S3-28	X
		G. J. Warwick	S3-30	X
		222-S Regulatory File	T6-14	X
		WSCF Regulatory File	S3-30	X
<u>US. Department of Energy</u>				
<u>Richland Operations Office</u>				
		J. Zeisloft	A2-15	X
		E. M. Bowers	A2-15	X
<u>Washington State Department of Ecology</u>				
		T. Z. Gao	B5-18	X
		F. Jamison	B5-18	X
		D. G. Singleton	B5-18	X
		J. W. Yokel	B5-18	X