

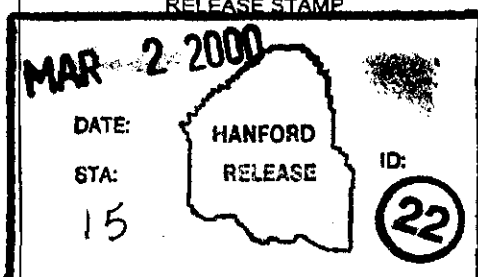
S	ENGINEERING CHANGE NOTICE	1. ECN 635189
	Page 1 of <u>2</u>	Proj. ECN

2. ECN Category (mark one)	3. Originator's Name, Organization, MSIN, and Telephone No.	4. USQ Required?	5. Date
Supplemental <input type="radio"/>	M. D. Ellefson/Generator	<input type="radio"/> Yes <input checked="" type="radio"/> No	February 29, 2000
Direct Revision <input type="radio"/>	Services/T3-05/372-0733		
Change ECN <input type="radio"/>	6. Project Title/No./Work Order No.	7. Bldg./Sys./Fac. No.	8. Approval Designator
Temporary <input type="radio"/>	101607/AJ60	LLBG	EQ
Standby <input type="radio"/>	9. Document Numbers Changed by this ECN (includes sheet no. and rev.)	10. Related ECN No(s).	11. Related PO No.
Supersedure <input type="radio"/>	HNF-SD-EN-WAP-002, Rev. 2	NA	NA
Cancel/Void <input checked="" type="radio"/>			

12a. Modification Work	12b. Work Package No.	12c. Modification Work Completed	12d. Restored to Original Condition (Temp. or Standby ECNs only)
<input type="radio"/> Yes (fill out Blk. 12b)	NA	NA	NA
<input checked="" type="radio"/> No (NA Blks. 12b, 12c, 12d)		Design Authority/Cog. Engineer Signature & Date	Design Authority/Cog. Engineer Signature & Date

13a. Description of Change	13b. Design Baseline Document? <input type="radio"/> Yes <input checked="" type="radio"/> No
This ECN cancels HNF-SD-EN-WAP-002.	

14a. Justification (mark one)	14b. Justification Details
Criteria Change <input type="radio"/>	The requirements in this plan have been incorporated in HNF-5841. This document is no longer required.
Design Improvement <input type="radio"/>	
Environmental <input type="radio"/>	
Facility Deactivation <input type="radio"/>	
As-Found <input checked="" type="radio"/>	
Facilitate Const. <input type="radio"/>	
Const. Error/Omission <input type="radio"/>	
Design Error/Omission <input type="radio"/>	

15. Distribution (include name, MSIN, and no. of copies) See attached distribution sheet	RELEASE STAMP
	

ENGINEERING CHANGE NOTICE	Page 2 of 2	1. ECN (use no. from pg. 1) 635189
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16. Design Verification Required <input type="radio"/> Yes <input checked="" type="radio"/> No	17. Cost Impact ENGINEERING Additional <input type="radio"/> \$ NA Savings <input type="radio"/> \$ NA CONSTRUCTION Additional <input type="radio"/> \$ NA Savings <input type="radio"/> \$ NA	18. Schedule Impact (days) Improvement <input type="radio"/> NA Delay <input type="radio"/> NA
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19. 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 13. Enter the affected document number in Block 20.

<input type="checkbox"/> 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"/> Tickler File
<input type="checkbox"/> Environmental Report	<input type="checkbox"/> Inspection Plan	<input checked="" type="checkbox"/> NA
<input type="checkbox"/> Environmental Permit	<input type="checkbox"/> Inventory Adjustment Request	<input type="checkbox"/>

20. 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
NA		

21. Approvals

<table border="0" style="width:100%;"> <tr> <th style="text-align: left;">Signature</th> <th style="text-align: left;">Date</th> </tr> <tr> <td>Design Authority _____</td> <td>_____</td> </tr> <tr> <td>Cog. Eng. <u>M. D. Ellefson</u> <i>MDE</i></td> <td><u>2/29/00</u></td> </tr> <tr> <td>Cog. Mgr. <u>G. C. Trainer</u> <i>GCT</i></td> <td><u>3/1/00</u></td> </tr> <tr> <td>QA <u>C. A. McNaughton</u> <i>Clark A. McNaughton</i></td> <td><u>2/29/00</u></td> </tr> <tr> <td>Safety _____</td> <td>_____</td> </tr> <tr> <td>Environ. <u>D. G. Saueressig</u> <i>DGS</i></td> <td><u>2/29/00</u></td> </tr> <tr> <td>Other _____</td> <td>_____</td> </tr> </table>	Signature	Date	Design Authority _____	_____	Cog. Eng. <u>M. D. Ellefson</u> <i>MDE</i>	<u>2/29/00</u>	Cog. Mgr. <u>G. C. Trainer</u> <i>GCT</i>	<u>3/1/00</u>	QA <u>C. A. McNaughton</u> <i>Clark A. McNaughton</i>	<u>2/29/00</u>	Safety _____	_____	Environ. <u>D. G. Saueressig</u> <i>DGS</i>	<u>2/29/00</u>	Other _____	_____	<table border="0" style="width:100%;"> <tr> <th style="text-align: left;">Signature</th> <th style="text-align: left;">Date</th> </tr> <tr> <td>Design Agent _____</td> <td>_____</td> </tr> <tr> <td>PE _____</td> <td>_____</td> </tr> <tr> <td>QA _____</td> <td>_____</td> </tr> <tr> <td>Safety _____</td> <td>_____</td> </tr> <tr> <td>Design _____</td> <td>_____</td> </tr> <tr> <td>Environ. _____</td> <td>_____</td> </tr> <tr> <td>Other _____</td> <td>_____</td> </tr> </table> <p>DEPARTMENT OF ENERGY Signature or a Control Number that tracks the Approval Signature</p> <p>_____ _____ _____ _____</p> <p>ADDITIONAL _____ _____ _____</p>	Signature	Date	Design Agent _____	_____	PE _____	_____	QA _____	_____	Safety _____	_____	Design _____	_____	Environ. _____	_____	Other _____	_____
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Design Authority _____	_____																																
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DISTRIBUTION SHEET

To Distribution	From Waste Services/Generator Services	Page 1 of 1
Project Title/Work Order Waste Analysis Plan for the Low-Level Burial Grounds		Date 2/29/2000
		EDT No. NA
		ECN No. 635189

Name	MSIN	Text With All Attach.	Text Only	Attach./Appendix Only	EDT/ECN Only
R. E. Bolls	T3-05	x			
J. B. Buckley, Jr.	T4-05	x			
D. A. Pratt	T4-03	x			
M. D. Ellefson	T3-05	x			
C. K. Girres	T3-01	x			
R. D. Greenwell	T3-05	x			
J. O. Hanley	T4-05	x			
C. A. McNaughton	T4-06	x			
J. R. Rosser	T4-03	x			
D. G. Saueressig	T4-04	x			
G. C. Triner	T3-05	x			

S

HNF-SD-EN-WAP-002, Rev. 3

Waste Analysis Plan for the Low-Level Burial Grounds

M. D. Eliefson
Fluor Hanford
Richland, WA 99352
U.S. Department of Energy Contract DE-AC06-96RL13200

EDT/ECN: 635189 UC: 2000
Org Code: 33200 Charge Code: 101607AJ60 *HM WM 0021*
B&R Code: EW3130020 Total Pages: 2.3

Key Words: Low-Level Burial Grounds, mixed waste, waste acceptance, waste designation, waste characterization, QA/QC, sampling and analysis.

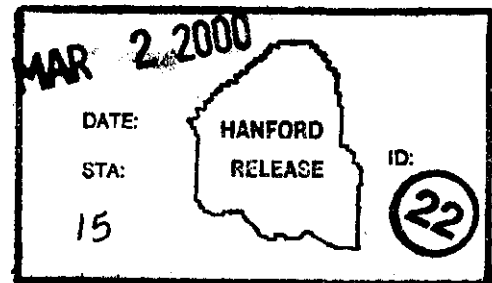
Abstract: This waste analysis plan (WAP) has been prepared for the Low-Level Burial Grounds which are located in the 200 East and West Areas of the Hanford Facility, Richland, Washington. This WAP documents the methods used to characterize, obtain and analyze representative samples of waste managed at this unit.

Cancelled - The requirements of this WAP are now in HNF-5841-0.

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Christine Willingham 3-2-2000
Release Approval Date



Release Stamp

Approved For Public Release

INFORMATION CLEARANCE FORM

A. Information Category <input type="checkbox"/> Abstract <input type="checkbox"/> Journal Article <input type="checkbox"/> Summary <input type="checkbox"/> Internet <input type="checkbox"/> Visual Aid <input type="checkbox"/> Software <input type="checkbox"/> Full Paper <input type="checkbox"/> Report <input checked="" type="checkbox"/> Other _____	B. Document Number HNF-5841 C. Title Low-Level Burial Grounds Waste Analysis Plan D. Internet Address
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E. Required Information 1. Is document potentially Classified? <input checked="" type="radio"/> No <input type="radio"/> Yes (MANDATORY) <u>[Signature]</u> Manager's Signature Required If Yes _____ <input checked="" type="radio"/> No <input type="radio"/> Yes Classified ADC Signature Required 2. Internal Review Required? <input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Document Signatures Below Counsel _____ Program _____ 3. References in the information are Applied Technology <input checked="" type="radio"/> No <input type="radio"/> Yes Export Controlled Information <input checked="" type="radio"/> No <input type="radio"/> Yes	4. Does Information Contain the Following: (MANDATORY) a. New or Novel (Patentable) Subject Matter? <input checked="" type="radio"/> No <input type="radio"/> Yes If "Yes", Disclosure No.: _____ b. Information Received in Confidence, Such as Proprietary and/or Inventions? <input checked="" type="radio"/> No <input type="radio"/> Yes If "Yes", Affix Appropriate Legends/Notices. c. Copyrights? <input checked="" type="radio"/> No <input type="radio"/> Yes If "Yes", Attach Permission. d. Trademarks? <input checked="" type="radio"/> No <input type="radio"/> Yes If "Yes", Identify in Document. 5. Is Information requiring submission to OSTI? <input checked="" type="radio"/> No <input type="radio"/> Yes If Yes UC- _____ and B&R- _____ 6. Release Level? <input checked="" type="radio"/> Public <input type="radio"/> Limited 7. Charge Code <u>101598/CA20</u> <u>Jack Pkg</u>
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F. Complete for a Journal Article

1. Title of Journal _____

G. Complete for a Presentation

1. Title for Conference or Meeting _____

2. Group Sponsoring _____

3. Date of Conference _____

4. City/State _____

5. Will Information be Published in Proceedings? No Yes

6. Will Material be Handed Out? No Yes


H. Author/Requestor <u>M.P. Ellafson</u> (Print and Sign)	Responsible Manager <u>Glenn Triner</u> (Print and Sign)
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I. Reviewers	Yes	Print	Signature	Public Y/N (If N, complete J)
General Counsel	<input type="checkbox"/>	_____	_____	Y / N
Office of External Affairs	<input type="checkbox"/>	_____	_____	Y / N
DOE-RL	<input type="checkbox"/>	_____	_____	Y / N
Other - <u>oms I</u>	<input checked="" type="checkbox"/>	<u>C. Willingham</u>	<u>Chris Willingham</u>	<input checked="" type="radio"/> Y / N
Other	<input type="checkbox"/>	_____	_____	Y / N

J. If Information Includes Sensitive information and is not to be released to the Public indicate category below.

<input type="checkbox"/> Applied Technology	<input type="checkbox"/> Protected CRADA
<input type="checkbox"/> Personal/Private	<input type="checkbox"/> Export Controlled
<input type="checkbox"/> Proprietary	<input type="checkbox"/> Procurement-Sensitive
<input checked="" type="checkbox"/> Business-Sensitive	<input type="checkbox"/> Patentable
<input type="checkbox"/> Predecisional	<input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> UCNI	

Information Clearance Approval



K. If Additional Comments, Please Attach Separate Sheet

A-6001-401 (02/98)

RELEASE AUTHORIZATION

**Document
Number:**

HNF-5841, Rev. 0

Document Title:

Low-Level Burial Grounds Waste Analysis Plan

This document, reviewed in accordance with DOE Order 241.1, "Scientific and Technical Information Management," and DOE G 241.1-1, "Guide to the Management of Scientific and Technical Information," does not contain classified or sensitive unclassified information and is:

APPROVED FOR PUBLIC RELEASE



C. Willingham

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Document Control/Information Clearance

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RECORD OF REVISION		(1) Document Number HNF-SD-EN-WAP-002		Page <u>1</u>
(2) Title Waste Analysis Plan for the Low-Level Burial Grounds				
Change Control Record				
(3) Revision	(4) Description of Change - Replace, Add, and Delete Pages	Authorized for Release		
		(5) Cog. Engr.	(6) Cog. Mgr.	Date
0	(7) EDT - 161194, dated 2/13/96.			
1	Incorporated changes per ECN# 630806.			
2	Incorporated changes per ECN# 639100.			
3 RS	Cancel HNF-SD-EN-WAP-002 per ECN# 635189.	M.D. Ellefson	G.C. Triner	
		<i>For Signature see page 2 of ECN</i>	<i>For Signature see page 2 of ECN EW 3-14-00</i>	