KAISER • HILL
COMPANY

MEMORANDUM

Date: July 30, 2003

Minutes are unclassified and NOT UCNI: UNU 7-30-03

To: Jan Robbins, T130G

From: David Ward

Subject: WEEKLY STATUS MEETING DOE/LRA for July 30, 2003

Attached are the minutes for the referenced weekly meeting for the Operating Record.
In attendance were:

J. Brothers	W. Seyfert
D. Coyne	S. Thompson
D. Delvecchio	D. Ward
K. Ferrera	J. Zaret
J. Floerke	
	Group from Los Alamos

Additional items discussed:

1. The August monthly walkdown is schedule for 8:00am on August 6, 2003, Set 35 PWA approval walkdown is included.
2. Corrective action on size reduction tent is being implemented. At this time there has been no impact to the schedule.
3. RCRA Stable paper work for RCRA unit 371.1B Room 3206 GB 39, 40 and 42 is attached.
4. Closure paper work for 90-day unit 8118 Room 3717, GB 3202, 3203, 4101, 4201 4301, and 4401 is attached.

Action items:

1. DOE will provide a contact record confirming the approval of PWAs walkdown on July 2, 2003. Action James Brothers
2. DOE requested a copy of the D&D schedule to compare to their milestones schedule. Action Joel Zaret

End

AUG 2003
RECEIVED
RECORDS CENTER

ADMIN RECORD

B371-A-000147

Ward, David

From: Hoffman, Betty
Sent: Wednesday, July 30, 2003 12:19 PM
To: Ward, David; Cunningham, Steven; Green, Ken; Nesheim, Janet
Subject: RE: WEEKLY DOP MINUTES - reviewed as unclassified and NOT UCNI

The July 30, 2003, DOP minutes, in two parts, along with the transmittal memorandum, are Unclassified/Not UCNI.

Betty Hoffman

-----Original Message-----
From: **Ward, David**
Sent: Wednesday, July 30, 2003 12:17 PM
To: Cunningham, Steven; Green, Ken; Hoffman, Betty; Nesheim, Janet
Subject: WEEKLY DOP MINUTES - reviewed as unclassified and NOT UCNI

Attached is the weekly DOP minutes, in two parts, along with the transmittal memorandum for July 30, 2003. All documents have been reviewed by Jim Floerke, who has signed on the cover page of transmittal memorandum, that they are unclassified and NOT UCNI. Your return E-mail indicating approval will accompany the minutes to the Administrative Record for access by the public.

David Ward
x5938

<< File: TRANSMITTAL MINUTES (2).doc >> << File: AGENDA.doc >> << File: Weekly state status 7-30-03.doc >>

2

B371 CLOSURE PROJECT

WEEKLY STATUS MEETING

[Every Wednesday, 9:30 am. B371 Conference Room]

AGENDA

July 30, 2003

INTRODUCTION – David Ward, X5938 (212-2578)

D&D – Jim Floerke, X2850 ((212-3292)

CONSTRUCTION / MAINTENANCE –Dan Coyne X2820 (212-6200)

D&D WASTE –Randy Leitner X3537 (212-2174)

PuSPS / BUILDING OPERATIONS – Kelly Trice, X6383 (212-5657)

AUTHORIZATION BASIS / BIO – Howard Gilpin, X3701 (212-3603)

ENVIRONMENTAL & ACTION ITEMS – David Ward

OUTSTANDING ACTION ITEMS

1. DOE will provide a contact record confirming the approval of PWAs walkdown on July 2, 2003.
2. DOE requested a copy of the Defense Board Agenda for the week of 7/38/03. Action – Dave Delvecchio.
3. DOE requested a copy of the D&D schedule to compare to their milestones. Action Joel Zaret.

3

D&D Summary (AAC/AAD)
Week Ending 7/30/03

Set	**D&D Status** Jim Floerke	**Construction Status** Dan Coyne	**Environmental Status** David Ward
1 and 2 1AD101BD00 1AD102BD00	• Planning and Engineering in final stages.		
6 1AQ31DR02B	• Scanning of tanks in rooms is complete. • Glovebox internal component removal is complete for GB 58 and 59. ▪ D&D package for Room 3563 in process, attic isolation complete. ▪ D&D package for Room 3553 in process. ▪ D&D package for Room 3559 in process. • Electrical isolation and stripout package in process (3559)	• Electrical removal in progress in room 3559.	• MRT;IE quarterly insps.; • rms 3543 and 3567A container storage
8 1AD108BD00	• D&D operations initiated, glovebox clean out on process. Prepping for removal of BG 43 and 44. • Electrical Isolation and strip-out in process.	• Electrical stripout room 3206	Rm 3202 Vault storage RM 3204 Vault storage Rm 3206 room/GB storage
9 (CSV)	• Package for relocation of BMS switch ready to work. • Making preps for I/O 6 conversion to add pallet removal station. • Initiated pallet removal through I/O 8, pallet decon in I/O 6. 301 of 1,147 pallets removed.		• RCRA stable – no insps.
12 Dismantlement 1AD112BD00	• Dismantlement engineering/planning in process. • Internal GB component removal in process for GBs 17, 19, 20, and 21. Working piping removal. GB 31, 27, and 14 removed. • Electrical isolation and stripout in process. • Rooms 1103 and 1105 stripout is in process. • NOCHAR for liquids in process.	• Electrical removal in progress room 1115.	• **CWTS haz. Waste removed, quarterly insp.** • rm 1101, 1208 vault storage RCRA stable • MRT; IE quarterly insp.
13 Dismantlement 1AD113BD00	• Electrical isolation and stripout in process. • Dismantlement planning and engineering activities in process. ▪ Room 2307 D&D in process. Set scope complete. ▪ Room 2317 D&D in process. Set scope complete. ▪ Room 2319 D&D in process.	• Tank removal on-hold. Lack of resources	• MRT; IE quarterly insp. • All MRTs in Room 2317 have been removed.
16 Dismantlement 1AD116BD00	• Electrical isolation and stripout package in process. • Mechanical isolation and stripout package initiated. ▪ GB33 removed. ▪ Canyon entries for component size reduction and removal in process.	• 3521 Electrical removal complete w/exception of lighting and receptacles	• Rm 3511 container storage • IE
23 Disamantlement 1A116BD00	• Electrical isolation and strip-out on hold due to resources. Currently 90% complete.		• Rooms 3341, 3321/3323/3335 are RCRA permitted storage

Work "Pending Resources" is bolded and underlined. MR – Mixed Residue tank systems IE – Idle Equipment

D&D Waste – Randy Leitner	
Repackage/disposition the remaining 3000 legacy drums	**Room 3305 Repack/Size Reduction Tent Status**
• Starting inventory (May 3, 2002) 3,163 drums • July 29, 2003 inventory Building 371 Total 1076 Building 374 Total 117 **1193** • Net Drum Loss for Week 7 • Material Stewardship containers received to date 82	• Tent size reduction operations continue. • 11 containers repackaged.

371/4 Project

Closure Process for Storage Units

1. ☑ Perform final inspection Date: 7/11/03
2. ☑ Print WEMS historical storage on the unit to be closed
3. ☑ Review spill history
4. ☑ Remove/close storage units from WEMS
5. ☑ Remove storage units from inspection logs
6. NA Update Tank II database (for tanks only)
7. ☑ De-post units
8. NA Notify Site permitting, provide Matrix, to remove units from Master List and Permit 90-day
9. ☑ Notify NMC of closure
10. ☑ Indicate closure on Weekly State Matrix (indicate type of closure per DOP)
11. ☑ File Completed documents for closure in unit operating record/copy attached to State Meeting Minutes for AR.
12. NA Completed PE Closure Certification, submitted to State and received State approval within 60 days (for clean closure and no removal only)

Unit No(s): 8118 Room No(s): 3717

GB/Tank No(s): 3202, 3203, 4101, 4201, 4301 & 4401

Work Package No(s): — Set No(s): —

Date Packaged: —

Waste Package number(s): —

Comments: 90-day unit

Closure Steps Completed: Derek N. Wood
Signature

Date: 8/4/03

8

90-DAY INSPECTION LOG SHEET BUILDING 371

By signing, the inspector verifies that the inspections were performed and completed.	
Date of Inspection	7/11/03
Time of Inspection	0850
Inspector's printed name	[redacted]
Inspector's signature	
Inspector's employee number	
2nd Inspector's printed name(1)	
2nd Inspector's signature(1)	
2nd Inspector's employee number(1)	
Supervisor's or Owner's printed name(2)	
Supervisor's or Owner's signature(2)	
Supervisor's or Owner's employee number(2)	

The following log sheet must be filled out completely and accurately. The only acceptable answers are "Yes", "No" or "N/A".

1. Is the waste labeled, legible, filled out completely? (Hazardous Waste label has accumulation start date and compatibility code).	N/A
2. Are area signs present, and visible? (3)	N/A
3. Are the containers in good condition? (Spills, leaks, no signs of incompatibility)	yes
4. Are incompatible wastes separated by catch pans?	N/A
5. Has the WEMS information been recorded on the comments page?	N/A
6. Have the area specific requirements been met? (On Unit Information sheet)	yes

List of 90-Day Units: **(check as inspected)**

Unit 8118, Rm. 3717 – GBs 3202, 3203, 4101, 4201, 4301, 4401.

NOTE: Refer to UIS for storage area description.

(1) If a 2nd inspector assists in completion of the inspection, both inspectors will sign the log sheet and indicate in comments who inspected which unit(s).
(2) Always notify Configure Control Authority (CCA) of any problems. Any "NO" answers require supervisor/unit owner (or designee) signature, an explanation and/or corrective action in the "Comments" section and the date any corrective action was taken.
(3) Area signs include Unit (Area) Information Sheets and "Hazardous Waste" signs posted on or at the entrance.

9

WEMR_2P00

Waste and Environmental Management System
Area Location Report

07/15/2003 07:03:00 am

Building	Unit	Room	Unit Type	RCRA	Activated	Status	Inactivated	Volume
371	8118	3717	90D	Y	04/17/02	A		55 GALLONS

Waste Description: LEADED GLOVEBOX GLOVES

Allowed Waste Types: EMT, TRM

Allowed Compat Codes: NA

Allowed EPA Codes: D008

Custodian: 520528 BOLDEN, N Owner: 520702 GLETSOS, E

Ext: 6150 Pager: 212-1756 Ext: 2513 Pager:

Selection Criteria

Area Status: A RCRA: Y Unit Type: All Custodian ID: All Owner ID: All

Building: '371'

Unit: '8118'

Room: All

10

Waste and Environmental Management System
Package Inventory Report

NO RECORDS FOUND

Selection Criteria

Building: '371'
Unit: '8118'
Room: '3717'
Package Type: All
Waste Type: All
IDC/WFC: All
Solid/Liquid/Both/Gas: All Locale From: All to All

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WEMS AREA LOCATION REQUEST FORM

1 **ACTION REQUIRED** (Circle one.) **ADD** **INACTIVATE** **MODIFY** **RELOCATE**

If action is **ADD**, complete Sections 1, 2A, and 3 through 7.

If action is **INACTIVATE**, complete Sections 1, 2A, and 7. Also, ensure that no active waste packages still reside in this Area Location.

If action is **MODIFY**, complete Sections 1, 2A, and 7, and provide **ONLY** *information that has changes* in Sections 3, 4, 5, and 6.

If action is **RELOCATE**, complete **BOTH** columns A and B in Section 2, and provide **ONLY** *information that has changed* in Sections 3, 4, 5, and 6. Also complete Sections 1 and 7.

2

(A) AREA LOCATION (Current, New, or From)	**(B) AREA LOCATION (To – Used for RELOCATE only)**
Building 371_ Unit _8118__ Room 3717 GB 3202,3203,4101, 4201, 4301, and 4401	Building _____ Unit _____ Room _____

(If this request is applicable to a number of Area Locations, attach the list of affected Area Locations (Building/Unit/Room) to one completed, signed WEMS Area Location Request Form.) NOTE: If Area Location is offsite, also complete Addendum 1.

3 **UNIT INFORMATION**

Unit Type: _____
(Enter one Unit Type from List 1.)
Include in FSAR Report: (applies to 460 and 750 Pad only) ☐ Yes ☐ No

RCRA Unit: ☐ Yes ☐ No
Permit Status: ☐ Permitted ☐ N/A
Outdoor Storage: ☐ Yes ☐ No
Inside PA: ☐ Yes ☐ No

Exceeds U-235 Gram Limit: ☐ Yes ☐ No
(Note: "Yes" indicates waste packages exceeding 15 grams U-235 cannot be stored in this unit.)

Area Description: _____

Area Volume: _____

Waste Description: _____

Closure Project that owns this Area Location: _____

4 **OWNERSHIP INFORMATION**

Custodian:	**Unit Owner:**
Employee Number: _____	**Employee Number:** _____
Name: _____	**Name:** _____
Extension: _____ **Pager:** _____	**Extension:** _____ **Pager:** _____
Company Name: _____	**Company Name:** _____
Group: _____ **Building:** _____	**Group:** _____ **Building:** _____

5 **BAR CODE OPERATIONS** Will bar code operations be performed in this area? ☐ Yes ☐ No If yes complete this section.

Primary Bar Code Error Processor	**Alternate Bar Code Error Processor**
Employee Number: _____	**Employee Number:** _____
Name: _____ (First, Middle Initial, Last)	**Name:** _____ (First, Middle Initial, Last)
Bar Code Error Processor Trained? ☐ Yes ■ No	Bar Code Error Processor Trained? ☐ Yes ☐ No

6 **WASTE INFORMATION**

Waste Types: _____

Compatibility Codes: _____

EPA Codes: _____

7 **APPROVAL SIGNATURES**

Unit Owner: Evangelos Gletsos [signature] 17/30/03
(Required for all requests.) Print Name Signature Date

I certify that the above mentioned regulated unit has been established or modified in compliance with the applicable permit, Consent Order, and/or regulatory requirements, and that the designated Unit Owner and Custodian are properly trained to conduct their duties.

Environmental Manager: Randy Letowski [signature] 17-30-03
Print Name Signature Date
(Required for requests for all Unit Types other than NRA and OFF.)

371/4 Project

RCRA STABLE for Container Storage Units

1. ☑ **Perform final inspection Date:** for RCRA Stable 7/29/03
2. ☑ **Print WEMS Package Inventory**
3. ☑ **Print WEMS historical storage on the unit to be closed.**
4. ☑ **Review Spill History**
5. ☑ **Remove RCRA storage units from WEMS**
6. ☑ **Remove storage units from inspection logs**
7. ☑ **De-post units**
8. ☑ **Notify Site permitting to update units in Master List**
9. ☑ **Indicate RCRA Stable on Weekly State Matrix**
10. ☑ **File Completed documents for RCRA Stable in unit operating record/copy attached to State Meeting Minutes for AR.**

Unit No(s): 371.1B **Room No(s):** 3206
GB 39, 40 & 42

Work Package No(s): _____

Comments: GB under active D&D-isolation

RCRA Stable Steps Completed: David W. Ward
Signature

Date: 8/7/03

13

Waste and Environmental Management System
Package Inventory Report

NO RECORDS FOUND

Selection Criteria

Building: '371'
Unit: '371.1B'
Room: '3206'
Package Type: All
Waste Type: All
IDC/WFC: All
Solid/Liquid/Both/Gas: All Locale From: All to All

14

Ward, David

From: Kirchner, Ken
Sent: Tuesday, July 29, 2003 10:50 AM
To: Ward, David
Subject: WEMS AREA CLOSEOUT QUERY

David, these are the EPA codes that WEMS reports as having been stored in 371, 371.1B Room 3206. This is the only closeout type report I sent to Leslie in the past. If there is something else you had in mind let me know.

EPA_CODE
D002
D003
D004
D005
D006
D007
D008
D009
D010
D011
F001
F002
F005

Ken Kirchner
WEMS Administration
X5284/212-6524

15

GLOVEBOX CONTAINER STORAGE UNIT INSPECTION LOG SHEET
BUILDING 371

6/6/02

RCRA Stable
FINAL INSPECTION

By signing, the inspector verifies that the inspections were performed and completed.

Date of Inspection	7/29/03
Time of Inspection	1400
Inspector's printed name	[redacted]
Inspector's signature	
Inspector's employee number	

The following log sheet must be filled out completely and accurately. The only acceptable answers are "Yes", "No" or "N/A".

	Y/N/ or N/A	List of Gloveboxes (GB #, Rm. #, and Unit #)
1. Is the glovebox free of all waste, including trash, equipment, waste residue, staining?	Yes	GB 39, 40 & 42, Room 320G Unit 371-1B
2. Have area signs been removed?	Yes	
3. Is there any evidence of spills, leaks, or signs of incompatibility)?	No	
4. Have all hazardous constituents been removed from glovebox including lead windows, gloves, shielding, etc.? (N/A if disposition allows lead to remain – note in comment section)	No	

COMMENTS:

No signs of spills, leaks; GB is still present but empty pending D&D

Question #	GB #	Explanation/Corrective Action Taken	EC Review	Date Corrective Action Taken or placed into ECATS	ECATS #

16

Fax TO Jeff Wilson
4308

WEMS AREA LOCATION REQUEST FORM

1 **ACTION REQUIRED** (Circle one.) **ADD** **INACTIVATE** **MODIFY** **RELOCATE**

If action is **ADD**, complete Sections 1, 2A, and 3 through 7.

If action is **INACTIVATE**, complete Sections 1, 2A, and 7. Also, ensure that no active waste packages still reside in this Area Location.

If action is **MODIFY**, complete Sections 1, 2A, and 7, and provide **ONLY** *information that has changes* in Sections 3, 4, 5, and 6.

If action is **RELOCATE**, complete **BOTH** columns A and B in Section 2, and provide **ONLY** *information that has changed* in Sections 3, 4, 5, and 6. Also complete Sections 1 and 7.

2

(A) AREA LOCATION (Current, New, or From)	**(B) AREA LOCATION (To – Used for RELOCATE only)**
Building **371** Unit **371.1B** Room **3206 GB 39,40, and 42**	Building _____ Unit _____ Room ____

(If this request is applicable to a number of Area Locations, attach the list of affected Area Locations (Building/Unit/Room) to one completed, signed WEMS Area Location Request Form.) NOTE: If Area Location is offsite, also complete Addendum 1.

3 **UNIT INFORMATION**

Unit Type: _____
(Enter one Unit Type from List 1.)
Include in FSAR Report: (applies to 460 and 750 Pad only) ☐ Yes ☐ No

RCRA Unit: ☐ Yes ☐ No
Permit Status: ☐ Permitted ☐ N/A
Outdoor Storage: ☐ Yes ☐ No
Inside PA: ☐ Yes ☐ No

Exceeds U-235 Gram Limit: ☐ Yes ☐ No
(Note: "Yes" indicates waste packages exceeding 15 grams U-235 cannot be stored in this unit.)

Area Description: _____
Area Volume: _____
Waste Description: _____
Closure Project that owns this Area Location: _____

4 **OWNERSHIP INFORMATION**

Custodian:	**Unit Owner:**
Employee Number: _____	**Employee Number:** _____
Name: _____	**Name:** _____
Extension: _____ **Pager:** _____	**Extension:** _____ **Pager:** _____
Company Name: _____	**Company Name:** _____
Group: _____ **Building:** _____	**Group:** _____ **Building:** _____

5 **BAR CODE OPERATIONS** Will bar code operations be performed in this area? ☐ Yes ☐ No If yes complete this section.

Primary Bar Code Error Processor	**Alternate Bar Code Error Processor**
Employee Number: _____	**Employee Number:** _____
Name: _____	**Name:** _____
Bar Code Error Processor Trained? ☐ Yes ☐ No	Bar Code Error Processor Trained? ☐ Yes ☐ No

6 **WASTE INFORMATION**

Waste Types: _____
Compatibility Codes: _____
EPA Codes: _____

7 **APPROVAL SIGNATURES**

Unit Owner: David Ward | David Ward | 8/6/03
(Required for all requests.) Print Name Signature Date

I certify that the above mentioned regulated unit has been established or modified in compliance with the applicable permit, Consent Order, and/or regulatory requirements, and that the designated Unit Owner and Custodian are properly trained to conduct their duties.

Environmental Manager: RANDY LEITNER | [signature] | 8-6-03
Print Name Signature Date
(Required for requests for all Unit Types other than NRA and OFF.)

17/17