

DATE: 04/04/00
TIME: 11:35:43

AMEREN/UE
DOCUMENT CONTROL SYSTEM
DOCUMENT TRANSMITTAL

PAGE: 41
ARDC8801

TRANSMITTAL NUMBER: 440736
TO CONTROL NUMBER: 338U
TITLE: OTHER
DEPT: NUCLEAR REGULATORY COMM.
LOCATION: USNRC - WASH DC
TRANSMITTAL DATE: 20000404

RETURN ACKNOWLEDGED TRANSMITTAL AND
SUPERSEDED DOCUMENTS (IF APPLICABLE) TO:
ADMINISTRATION RECORDS
AMEREN/UE
CALLAWAY PLANT
P.O. BOX 620
FULTON, MO 65251

TRAN	DOC			RET		ALT	ALT				
CODE	TYPE	DOCUMENT	NUMBER	REV	REV	MED	COPY	MED	COPY	AFFECTED	DOCUMENT
A	PROC	00-0181		007		C	1			EIP-ZZ-03010	

ACKNOWLEDGED BY:

DATE:

A045

TEMPORARY CHANGE NOTICE REQUEST FORM

A190.0001 / A190.0035

(Instructions for Completion on Back)

TCN NO. 00-0181

1. PROCEDURE NUMBER EIP-ZZ-03010 REVISION NO. 007
PROCEDURE TITLE Hazardous Chemical/Oil Spill Response/Spill Cleanup Implementing Procedure
1.1 One Time TCN? YES ☐ NO ☒ Effective from _____ to _____
1.2 Does this TCN supersede a previous TCN? YES ☐ NO ☒ If "yes," number of TCN to be superseded _____
1.3 Mark one: ☒ REFERENCE USE PROCEDURE ☐ *****
1.4 Is this the seventh (7th) TCN against this revision? YES ☐ NO ☒ * CONTINUOUS USE PROCEDURE *
(If "Yes", generate an SOS Suggestion to notify the responsible department that a * This procedure must be performed exactly as *
procedure revision is necessary.) SOS No. _____ * written with each step being read by the *
NOTE: If this is the eighth [8th] TCN, the procedure requires formal revision * user prior to the performance of that step. *
1.5 YES ☐ NO ☒ Notification of procedure owner required? *****
2. CHANGE SUMMARY
2.1 PAGE NUMBERS AFFECTED BY CHANGE Attachment 1 page 2 of 4
2.2 CHANGE SUMMARY Replaced Ameren ESH contacts John Pozzo and Tom Siedhoff with Don Richardson and Mark Bryant/Internal re-assignment of responsibilities.

3. THIS TEMPORARY CHANGE REPRESENTS:

3.1 YES ☐ NO ☒ A proposed change to the facility as described in the FSAR?
If 3.1 is checked "No", select one of the below bases to substantiate the determination:
☒ Basis 1: The procedure being revised does not alter the design, function or method of performing the function of a system, structure or component as described in the FSAR.
☐ Basis 2: This revision is associated with a procedure change for which either an approved FSAR CN currently exists OR an approved FSAR CN WILL exist prior to issuing this procedure. FSAR CN# _____. (Note this procedure revision may not be issued until an approved FSAR CN exists.)
☐ Basis 3: Other (annotate basis in Change Summary, section 2.0 above)

3.2 YES ☐ NO ☒ A change to procedures as described in the FSAR?
If 3.2 is checked "No", select one of the below bases to substantiate the determination:
☒ Basis 1: The procedure being revised does not alter the design, function or method of performing the function of a system, structure or component as described in the FSAR.
☐ Basis 2: This revision is associated with a procedure change for which either an approved FSAR CN currently exists OR an approved FSAR CN WILL exist prior to issuing this procedure. FSAR CN# _____. (Note this procedure revision may not be issued until an approved FSAR CN exists.)
☐ Basis 3: Other (annotate basis in Change Summary, section 2.0 above)

3.3 YES ☐ NO ☒ A test or experiment not described in the FSAR or Technical Specifications?
If 3.3 is checked "No", select one of the below bases to substantiate the determination:
☒ Basis 1: The procedure being revised does not involve a test or experiment.
☐ Basis 2: The procedure being revised involves a test or experiment described in the FSAR or Technical Specifications.
☐ Basis 3: This revision is associated with a procedure change for which either an approved FSAR CN currently exists OR an approved FSAR CN WILL exist prior to issuing this procedure. FSAR CN# _____. (Note this procedure revision may not be issued until an approved FSAR CN exists.)
☐ Basis 4: Other (annotate basis in Revision Summary, section 2.0 above)

3.4 YES ☐ NO ☒ A change to the Technical Specifications?
3.5 YES ☐ NO ☒ A change affecting the environment or the NPDES Permit?
3.6 YES ☐ NO ☒ A change to the Offsite Dose Calculation Manual (ODCM) or Process Control Program (PCP)?
3.7 YES ☐ NO ☒ A change which affects the RERP?
3.8 YES ☐ NO ☒ A change which affects the Security Plan?
3.9 YES ☐ NO ☒ A change requiring a new/revision to a Surveillance Task Sheet or EQ PM Task Sheet?
3.10 YES ☐ NO ☒ A change requiring revision to the Acceptance Criteria Instrumentation (ACI) Program?
3.11 YES ☐ NO ☒ A new or change to a computerized Checkoff List?
3.12 YES ☐ NO ☒ A change to the Technical Specifications or Bases? (A "Yes" answer is a change of intent.)
3.13 YES ☐ NO ☒ A change to hidden text commitments? (A "Yes" answer is a change of intent.)

Two of the members of plant staff whom Prepare, Review, or provide Preliminary Approval of a TCN should be knowledgeable in the area affected by the TCN.

4. WRITTEN BY _____
5. PREPARED BY Charlie Riggs Signature Charlie Riggs Title Sr. Chemist Date 4-4-2000
6. QUALIFIED REVIEWER Paul Chen Signature Paul Chen Title Supervisor Date 4/4/00
For EOP TCNs, the Qualified Reviewer SHOULD be the EOP Coordinator UNLESS that person is the Preparer or Preliminary Approver
The TCN Qualified Reviewer SHALL be different from the Preparer and the Preliminary Approver.

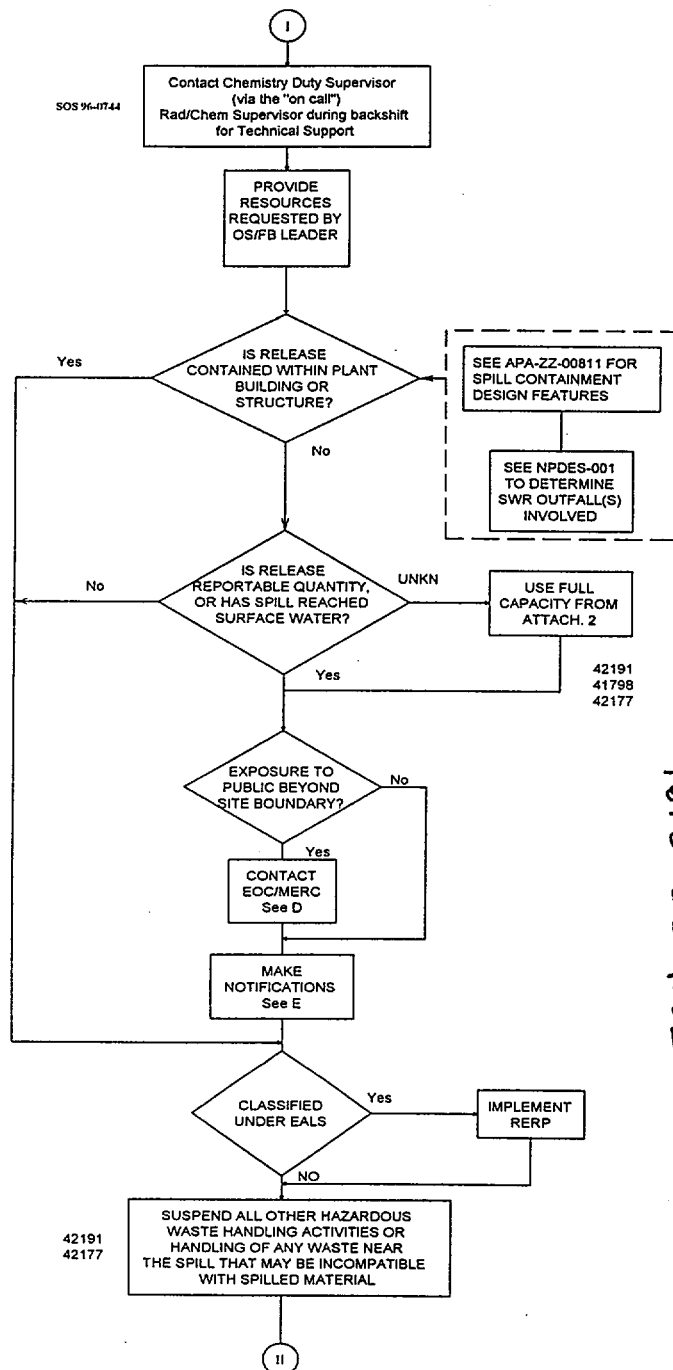
7. PRELIMINARY APPROVAL (Prior to issue SOS 98-102))

7.1 SS/OS/SRO [Signature] Signature OS Title OS Date 4/4/00
TCNs that WILL affect work in progress associated with plant equipment MUST be approved by the on-shift SS/OS before receiving final approval.
The Preliminary Approver SHALL hold an SRO license.

8. FINAL APPROVAL (No greater than 14 days past issue date SOS 98-102)

8.1 APPROVAL AUTHORITY _____
Signature _____ Title _____ Date _____

IMAGED
UTILITYCA1685
04/01/00
APA-ZZ-00114



- D. Contact the following agencies if exposure occurs to the general public beyond the Site boundary. (Owner Controlled Area) Use message in F.

☐ N/A

1. Callaway/Fulton EOC 573-642-1090/1031

Name _____ TIME: _____

2. Mo. Emergency Response Commission (MERC) 573-634-2436

Name _____ TIME: _____

- E. Notify the following agencies if release is > reportable quantity in a 24 hour period and is not contained within plant buildings or a spill has reached surface water within 1 hour. Use message in F.

☐ N/A

1. EDO Name _____ Time: _____
2. USCGNRC Name _____ Time: _____
3. EPA/DNR via Ameren Environmental Safety and Health (Contact one individual)

Name _____ Time: _____

Warren Mueller 43063/618-344-5998

Warren Mueller Pager 314/430-1245

John Pozzo 42280/314 846 1640

Thomas Siedhoff 42637/314 842 5422

*EPA/USCGNRC U.S. Coast Guard National Response Center
24 hr. Number: 800-424-8802

*DNR 573-634-2436 (24 hour number)

*EPA/USCGNRC Name _____ Time: _____

*DNR Name _____ Time: _____

*NOTE: Contact EPA/USCGNRC/DNR only if Ameren Environmental Safety and Health cannot be reached.

1129 NOTE: The Nuclear Regulatory Commission (NRC) is required to be notified per 10CFR50.72 (b) (2) (vi) whenever a notification is made to another government agency. If necessary the Ameren Environmental Safety and Health will notify the EPA. If Ameren Environmental Safety and Health does contact the EPA, a courtesy call to the Missouri DNR WILL also be made. Ameren Environmental Safety and Health should then contact the Control Room to report their notifications.

TCN 00-0181

Don Richardson 44867/618-345-5419
Don Richardson Pager/314-430-0146
Mark Bryant 42340/618-345-5314
Mark Bryant Pager/314-430-0147