

DATE: 12/14/99
TIME: 13:15:54

AMEREN/UE
DOCUMENT CONTROL SYSTEM
DOCUMENT TRANSMITTAL

PAGE: 38
ARDC8801

TRANSMITTAL NUMBER: 431169
TO CONTROL NUMBER: 338U
TITLE: OTHER
DEPT: NUCLEAR REGULATORY COMM.
LOCATION: USNRC - WASH DC
TRANSMITTAL DATE: 19991214

RETURN ACKNOWLEDGED TRANSMITTAL AND
SUPERSEDED DOCUMENTS (IF APPLICABLE) TO:
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| TRAN | DOC | | | RET | | ALT | ALT | | | | |
|------|------|----------|--------|-----|-----|-----|------|-----|------|--------------|----------|
| CODE | TYPE | DOCUMENT | NUMBER | REV | REV | MED | COPY | MED | COPY | AFFECTED | DOCUMENT |
| A | PROC | 99-0481 | | 006 | | C | 1 | | | EIP-ZZ-03010 | |

ACKNOWLEDGED BY:

DATE:

A045

POL APPROX 05006483

TEMPORARY CHANGE NOTICE REQUEST FORM

(Instructions for Completion on Back)

TCN NO. 99-0481

1. PROCEDURE NUMBER EIP-ZZ-03010 REVISION NO. 006

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 YES NO If "yes," number of TCN to be superseded _____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
(If "Yes", generate an SOS Suggestion to notify the responsible department that a procedure revision is necessary.) SOS No. _____

- CONTINUOUS USE PROCEDURE
- This procedure must be performed exactly as
- written with each step being read by the
- user prior to the performance of that step

NOTE: If this is the eighth [8th] TCN, the procedure requires formal revision.

1.5 YES NO Notification of procedure owner required?

2. CHANGE SUMMARY

2.1 PAGE NUMBERS AFFECTED BY CHANGE Attachment 2 page 8 of 8, new page 8i

2.2 CHANGE SUMMARY Page 8i added to provide guidance for response to significant spills of anion and cation resin/SOS 99-1397

3. THIS TEMPORARY CHANGE REPRESENTS:

- 3.1 YES NO A proposed change to the facility as described in the FSAR?
 3.2 YES NO A change to procedures as described in the FSAR?
 3.3 YES NO A test or experiment not described in the FSAR or Technical Specifications?

If 3.1-3.3 are all answered "No", check one and only one of the below bases to substantiate the "No" determination

- Basis 1: This revision is associated with a procedure which is not listed (Tables 13.5-1-13.5-6 FSAR SA) nor described in the FSAR.
 Basis 2: This revision is associated with a procedure which is listed in the FSAR, but not described.
 Basis 3: This revision is associated with a procedure which is described in the FSAR; however, this change consists of procedural modification(s) for which the FSAR does not contain the requisite level of detail.
 Basis 4: This revision is associated with a procedure which is described in the FSAR; however, this change consists of procedural modification(s) that do not differ from the FSAR description.
 Basis 5: This revision is associated with a procedure change for which an approved FSE exists, but the associated FSAR CN has not been approved. The FSE and FSAR CN have been reviewed and the answer to questions 3.1-3.3 above are "No".
 Note the associated FSAR CN number _____
 Basis 6 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 Offsite Dose Calculation Manual (ODCM) or Process Control Program (PCP)?
(A "yes" answer to 3.1, 3.2, 3.3, 3.4 or 3.5 constitutes a Change of Intent.)
 3.6 YES NO A change affecting the environment or the NPDES Permit?
 3.7 YES NO A change which affects the RERP?
 3.8 YES NO A change which affects the Security Plan?
(A "yes" answer to 3.6, 3.7 or 3.8 requires written evaluation from Radwaste/Environmental, Emergency Preparedness or Security Department, as appropriate, to document no Change of Intent.)
 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? YES NO Checkoff list preapproved?
 3.12 YES NO A change to the Improved Technical Specifications or Bases? (A "Yes" answer is a change of intent.)

Two (2) of the members of plant staff who Prepare, Review, or provide Preliminary Approval of a TCN should be knowledgeable in the area affected by the TCN.

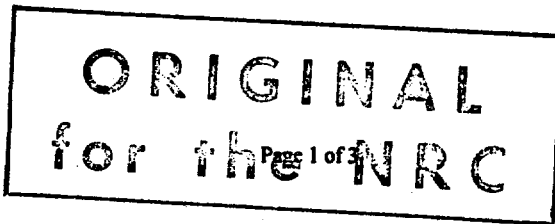
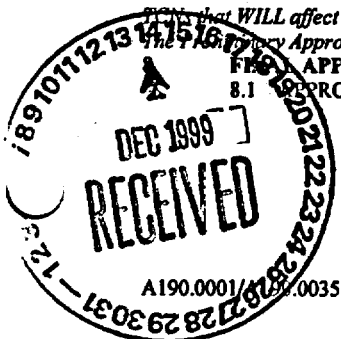
| | | | |
|-----------------------|--------------------------------------|-------------------------------------|-------------------------------|
| 4. WRITTEN BY | <u>Charlie A. Riggs</u> SIGNATURE | <u>Charlie Riggs</u> TITLE | <u>Senior Chemist</u> DATE |
| 5. PREPARED BY | <u>Charlie A. Riggs</u> SIGNATURE | <u>Charlie Riggs</u> TITLE | <u>Senior Chemist</u> DATE |
| 6. QUALIFIED REVIEWER | <u>[Signature]</u> SIGNATURE | <u>Rad Chem Supervisor</u> TITLE | <u>12/13/99</u> DATE |

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. (CTSN 1913.2780)

7. PRELIMINARY APPROVAL (Prior to issue SOS 98-102)
 SS/OS/SRO James R. Cunningham Shift Super. 12/13/99
 SIGNATURE TITLE DATE

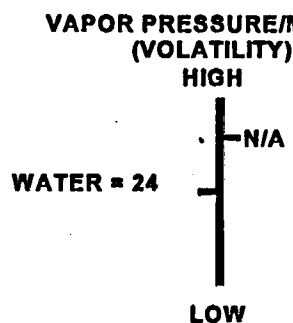
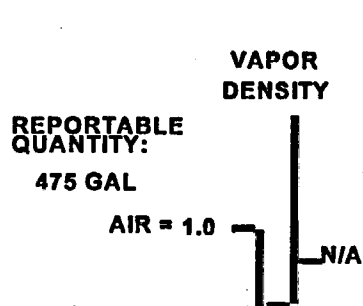
8.1 APPROVAL AUTHORITY [Signature] [Signature] [Signature]
 SIGNATURE TITLE DATE

8.1 APPROVAL AUTHORITY (No greater than 14 Days past issue date SOS 98-102)

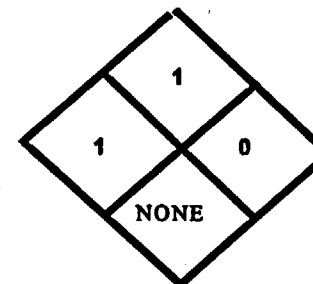


HAZMAT SHEET

EM-ZZ-03010
Rev. 006
TCN 99-0481



| |
|--------------------------------------|
| NAME |
| Cation and Anion Resin |
| Copolymer styrene and divinylbenzene |
| CAS# 069011-20-7, 069011-18-3 |



Hazard Radius



| HEALTH HAZARD | | | | |
|---------------|-----------------------------------|----------------------|-------------------------------------|--|
| ANATOMY | AFFECTS | PROTECTIVE CLOTHING | SYMPTOMS | FIRST AID |
| Respiratory | irritation primarily from fines | Dust/mist respirator | coughing, breathing difficulty | fresh air, oxygen |
| Eyes | severe irritation, corneal damage | Chemical goggles | irritation, tearing, loss of vision | continually flush H ₂ O. DO NOT rub eyes. |
| Skin | irritation especially open wounds | Chemron suit | irritation, burns | wash with soap & large amounts of H ₂ O |
| GI Tract | irritation | Dust/mist respirator | choking hazard | DO NOT induce vomiting. Give cups water. |

*Note: Turnout gear is adequate.

| FIRE AND EXPLOSION HAZARD | | | |
|---------------------------|--|---|-----------------------|
| FLASH POINT | GAS GENERATION | SUPPRESSION AGENT | SP. GR. |
| None | organic amines, toxic compounds see MSDS | Water spray, dry chemical, or CO ₂ | 41 lb/ft ³ |

| REACTIVITY | | | | | |
|------------|-------|---------------------------------------|--------|-------------------|--|
| SUBSTANCES | WATER | FIRE | Metals | Other substances | |
| RESULTS | None | organic amines, toxic compounds -MSDS | none | strong oxidizers* | |

* see MSDS

| SPILL HANDLING | |
|---|--|
| DO | DO NOT |
| Sweep and or wet-dry vacuum spilled material | Dispose of resin in sanitary trash. Contact Chemistry to coordinate disposal of resin. |
| Wear Chemron suit and chemical goggles | Flush to Storm Water Runoff conveyance |
| Contact Duty Chemistry Supv. before cleanup of greater than 1 cu. ft. | Flush to Sanitary sewer system |