

Copy

TVA/COO		FORM A - DESIGN CHANGE NOTICE				Page 1 of 2	
1. a. DCN Type <input checked="" type="checkbox"/> Base DCN <input type="checkbox"/> PIC for Base/ Parent DCN No.: _____		b. Class Routine Design Change <input checked="" type="checkbox"/> Documentation Only <input type="checkbox"/> Material Equivalency <input type="checkbox"/> c. Advance Authorization <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		2. DCN No. JOF-05-1055		Rev. 0	
				3. Plant/TL/SUB/ Facility JOF			
				Unit/TL/SUB No. 0			
				4. System(s) 300			

PART I - REQUESTED CHANGE

5. Authorizing Documents									
6. Requested Change or Problem Statement		The DuPont dredge cell, east of the gas turbines, was put into closure in April 2001, per TDEC closure regulations, with a 24 inch compacted soil cap (6 inches to support vegetation). In 2003, wet spots developed on the west side of the cell at the toe of the Phase 2 dike. A bathtub effect took place due to the cell liner having a lower permeability than the cover and the water levels in the cell have risen. There are 5 existing piezometers installed to monitor the water levels. TDEC has had taken notice and wants the problem resolved. Lowering the water levels inside the cell will prevent the standing water and leachate from reaching the surface.							
7. Initiator's Name (Print)		FPG/EDS/Civil		751-6421		8. H.L. Petty		2/10/06	
		Organization		Phone		Supervisor/Principal Engr		Date	

PART II - INITIATION APPROVAL

(Skip blocks 9 and 10 for Advance Authorization Approval)

9. Reviewed		2/10/06		10. Approved		2/10/06	
INITIATOR'S DEPARTMENT MANAGER		Date		ENGRG/OPERATIONS MANAGER		Date	

PART III - APPROVED CHANGE/DETAILED DESIGN

11. Approved Change Description		<input checked="" type="checkbox"/> Planned at Initiation		<input type="checkbox"/> As Issued (If different than planned, line through below and update on continuation sheet.)					
Plant varying tree species based on evapotranspiration (ET) rates and survivability statistics (roughly 15,000 trees) to develop an evaporative tree cap over the dredge cell. These trees will perform ET to lower the water levels inside the cell. Two additional monitoring wells will be installed. The water levels will be monitored, as well as the survivability/success of the trees, to determine if the tree cap is a success.									
12. Advanced Authorization Approval (If applicable, otherwise mark N/A.)		RE or Manager				Date			
13. Does this change contain any assumptions or constraints that require confirmation before RTO?						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
14. Does this change address the full scope of the authorizing document?						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
15. RE		751-6421		11/3/05		16. Civil Lead		2/10/06	
		Phone		Date				Date	
17. N/A		N/A		18. N/A		N/A		N/A	
		Electrical/I&C Lead		Date				Date	
19. N/A		N/A		20. N/A		N/A		N/A	
		Operations		Date				Date	
21. N/A		N/A		22. Implementing Organization		2-13-06		Date	
		System Engineer		Date				Date	
23. N/A		N/A		25. Plant / Site Manager		2-13-06		Date	
		Telecommunications		Date				Date	
24. Engrg or Site Engrg Manager		2-13-06		26. ISSUE EDMS #		B79-060217-006			
		Date							

PART IV - DCN CLOSURE

27. Facility Manager or Engrg Manager		3-2-06		29. CLOSURE EDMS #			
		Date					
28. RE Signature for DCN Closure		2/24/06					
		Date					

Mark "N/A" in any blocks not applicable.

TVA 40872-FPG [07-2004]

RECEIVED

FEB 16 2006

RECEIVED

MAR 06 2006

By

By

B79-060307-001 (closed)

COO-SPP-9.2-1 [12-22-2003]

FORM A1 - DCN SCREENING REVIEW
Page 1 of 1

DCN No. JOF-05-1055 Rev. 0

Page 1 of 1

Answer the following questions as they pertain to this DCN's scope of work.

System Number and Name 0
Feature or Component UNID 300 Facilities and Grounds

PART 1. ORGANIZATIONAL IMPACTS OF THIS DESIGN CHANGE

Does this modification create, revise, or otherwise affect:

		YES	NO
1.	Procedures, operator instructions, operator letters, or Start-up/Rehab Procedure, SOPs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.	Operations or maintenance training?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	Facility component labeling?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Preventive Maintenance (PM) activities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.	Temporary Alterations to systems or components?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Vendor Manuals affecting operations or maintenance?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.	Predecessor DCNs/WOs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8.	Post-Modification or Pre-operational tests requiring Engineering review?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	Logic or controls for components or systems	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10.	Environmental Process or Procedures	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11.	Other (identify on the "Special Requirements" line of Modification Impact Review Form)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If any of the above questions are answered "YES", then the appropriate Impact Review Form Bs shall be completed and attached to this DCN at issuance.

PART 2. DESIGN BASIS IMPACTS OF THIS DESIGN CHANGE

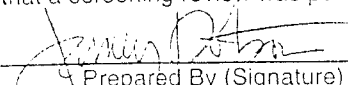
Does this modification create, revise, or otherwise affect:

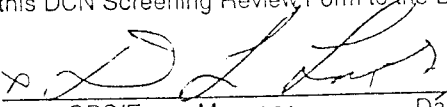
		YES	NO
1.	Special Requirements prior to, concurrent with, or after this modification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.	Design Criteria?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	System Descriptions?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Calculations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.	Equipment/Systems Specifications?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Unverified Assumptions that must be resolved prior to RTO?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.	Horsepower, Circuit Breaker trip settings, fuse size or type, cable size/length?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8.	System pressure, flow, temperature, setpoints, relay settings?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	OSHA requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10.	Environmental permits, compliance status, or other environmental impacts?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.	Other (e.g., Modification Criteria at the discretion of the business unit)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If any of the above questions are answered "YES", then a Modification Criteria Form C must be completed and attached to this DCN at issuance.

If both Form B, and Form C are required based on Parts 1 and 2 above, this Screening Review Form may be omitted from the DCN package.

If all the above questions can be answered "NO", then attach this DCN Screening Review Form to the DCN as proof that a screening review was performed.

 11/3/05
Prepared By (Signature) Date

 7/10/05
OPS/Engrg Manager Date

DCN # JOF-05-1055

Form B IS NOT REQUIRED

N/A

FORM C – MODIFICATION CRITERIA

DCN No. JOF-05-1055

Rev 0

Page 1 of 3

1.0 SCOPE

- A. System(s): 0
- B. Feature(s): 300 FACILITIES AND GROUNDS
- C. Scope Description: Plant varying tree species based on ET rates and survivability statistics (~15000 trees) to develop ET cap over the dredge cell. Two additional monitoring wells will be installed. The water levels will be monitored, as well as the survivability/success of the trees to determine if the tree cap is a success.
- D. List existing design criteria document(s) with revision number that cover this modification:
N/A

2.0 DESIGN BASIS

Provide the following information if it applies to this modification; otherwise mark "N/A".

NOTE If the required information can be found in existing design input documents, give the document number, revision number, and applicable section(s).

- A. Functional Requirements: Addendum to the Existing Operations Manual, Evapotranspirative Tree Cap Proposal, IDL 43-102-0082 DuPont Dredge Cell, Johnsonville Fossil Plant (JOF)
- B. OSHA Requirements: N/A
- C. SSC Operating Environment: N/A
- D. Electrical Requirements: N/A
- E. Instrumentation Requirements: N/A
- F. Protection and Control Requirements: N/A
- G. Mechanical Requirements: N/A

FORM C – MODIFICATION CRITERIA

DCN No. JOF-05-1055 Rev 0 Page 2 of 3

H. Civil Requirements
N/A

I. Telecommunications Requirements
N/A

J. Logic for Operation
N/A

K. Maintenance
N/A

L. Installation Requirements
N/A

M. Hazardous Waste Requirements
(Including 29CFR1910.119(1) Management of Change to Highly Hazardous Materials)
N/A

N. NEPA Environmental Review Commitments
FPG Project Environmental Management Plan Outline completed

O. Other (e.g., location, security, FME, cleanliness, and Emergency Notification System requirements)
N/A

3.0 TEST AND INSPECTION REQUIREMENTS

Note If the required information can be found in existing TVA general specifications and construction documents, give the document number, revision number, and applicable section(s).

A. Component Testing (including any construction checks)
N/A

B. System Testing
N/A

C. In Service Inspection
Addendum to the Existing Operations Manual, Evapotranspirative Tree Cap Proposal,
IDL 43-102-0082 DuPont Dredge Cell, Johnsonville Fossil Plant (JOF)

FORM C – MODIFICATION CRITERIA

DCN No. JOF-05-1055 Rev 0 Page 3 of 3

4.0 OPERABILITY, RELIABILITY, MAINTAINABILITY, PERFORMANCE ANALYSIS

N/A

5.0 COMMENTS

N/A

6.0 REFERENCES AND ATTACHMENT

A. List of Required Design Input

N/A

B. Other References (if required, attach I/A summary, sketches, etc.)

N/A

7.0 SPECIAL REQUIREMENTS OR UNVERIFIED ASSUMPTIONS (UVA)

A. Engineering UVAs/Special Requirements

N/A

B. Non-Engineering Special Requirements

N/A

7-25-02

DOCUMENT REQUEST FORM / DCN FORM DDrawings are included in DCN # JOF-05-1055Rev 0

Drawings are included in PDL # _____

Rev _____

Drawings are not associated with a DCN or PDL

of Drawings 1PLANT: Johnsonville Fossil PlantUNIT(s): 0Project Title/Description: JOF271-DuPont Dredge Cell Remediation

PCN or W/O Number: _____

IBS Engineering Short Code Number: 0017KXJEng. (PE) or Program Manager: Jamey DotsonAddress LP2G-CPhone: 751-6421

Drawings Prepared By:

TVA
PARSONS
MESA
ALSTOMX

_____T
P
M
AVOITH
Other _____

V

If drawings are prepared by an outside A.E., please mark code accordingly

Jamey Dotson

Address: LP2G-CPhone: 751-6421

H.L. Petty

Address: LP2G-CPhone: 751-6704

Special Filing Instructions: _____

FOR: COMPLETE THIS SECTION FOR ISSUE OF TVA DRAWINGSDrawing files for this issue are in folders on \\Chapgtfs6\mpg_working_dcns\JOF\DCN JOF-05-1055
The package contains all drawings listed and electronic files have been placed on the file server.

The package is released for the Issue Process.

2-10-06

Date

Supervisor Signature

FOR: COMPLETE THIS SECTION FOR RELEASE OF VENDOR DRAWINGSDrawing files for this release are in DOES NOT APPLY
If drawing files / documents are provided for scanning where electronic files aren't available
at filing instructions for listed items which are NOT to be inserted into the AutoManager system

Signature

Date

Phone

RECORDS USE ONLY

No

AutoCad Files Received

Drawings Cleared

Drawings Mailed

Supervisor, address above. Copy of Completed release Sheet and Drawing List (With all DATES)

Engineer, address above. Copy of Completed Release Sheet and Drawing List (With all DATES)

Program Manager, address above. Copy of Completed Release Sheet and Drawing list (With all DATES)

Page 1 of 5 1 vjd

Unit(s) 0

SP = Specification

REF = Reference Documents not included in the DCN package

ENV = Environmental Documents

PRM = Permit

O = Other

CN = Calculation

* Mark a check box for documents included in the DCN package. Other documents maintained in a controlled storage system shall be referenced by a retrievable document or EMDS number.

DCN # JOF-05-1055

Form E IS NOT REQUIRED

N/A

FORM F - MODIFICATION TURNOVER PACKAGE DATA SHEET

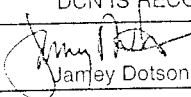
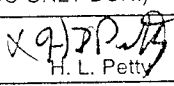
1. DCN No. JOF-05-1055 Rev. 0 Page 1 of 1

PART I - SCOPE / DESCRIPTION

2. PLANT/TL/SUB JOF UNIT(s) 0 TL/SUB No. 0
3. SSC INVOLVED N/A SYSTEM 300 UNID N/A
4. TURNOVER PACKAGE SCOPE/DESCRIPTION (If less than full scope is turned over, indicate the scope included. Include additional data sheets as necessary for other partial scopes until the full scope is turned over.)

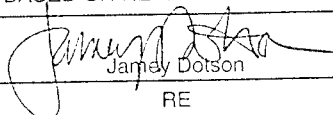

PART II - ACTIONS REQUIRED FOR RETURN TO OPERABILITY (RTO)

- | | YES | N/A |
|---|--------------------------|-------------------------------------|
| 5. A. ALL IMPACT ITEMS REQUIRED FOR RTO, AS IDENTIFIED ON IMPACT REVIEW FORMS, HAVE BEEN COMPLETED. COPIES OF IMPACT REVIEW FORMS ARE ATTACHED. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| B. ALL LEVEL I ACTIONS, AS IDENTIFIED ON THE IMPACT REVIEW FORMS, IF APPLICABLE, HAVE BEEN COMPLETED. (REQUIRED FOR FIELD WORK DCNS ONLY) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| C. WORK ORDER IMPLEMENTATION VERIFIED COMPLETE. (REQUIRED FOR FIELD WORK DCNS ONLY) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| VERIFIED BY IMPLEMENTING ORG.: _____ | | |
| D. SPECIAL REQUIREMENTS IMPLEMENTED. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| E. POST-MOD TESTING, IF REQUIRED, WAS COMPLETED AND EVALUATED. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. SPECIAL CONDITIONS, IF APPLICABLE: | | |
| 7. BASED ON A REVIEW OF THE ABOVE DOCUMENTS, RTO OF THE SYSTEM AFFECTED BY THIS DCN IS RECOMMENDED. (N/A IF DOC ONLY DCN.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

	3/6/06		3/6/06	N/A	N/A
RE-SE	DATE	RE-SE- SUPV	DATE	OPERATIONS	DATE

PART III - ACTIONS REQUIRED FOR DCN CLOSURE

- | | YES | N/A |
|---|-------------------------------------|-------------------------------------|
| 8. ALL IMPACT ITEMS REQUIRED FOR DCN CLOSURE HAVE BEEN COMPLETED. ALL LEVEL II ITEMS HAVE BEEN COMPLETED. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. BASED ON REVIEW OF THE ABOVE DOCUMENTS, CLOSURE OF THIS DCN IS RECOMMENDED. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

	3/6/06		3/6/06
RE	DATE	RE SUPV	DATE

DCN # JOF-05-1055

Form G IS NOT REQUIRED

N/A

DCN # JOF-05-1055

An FPG Project Environmental Management Plan Outline was completed for this project.

FORM F – MODIFICATION TURNOVER PACKAGE DATA SHEET

1. DCN No. JOF-05-1055 Rev. 0 Page 1 of 1

PART I – SCOPE / DESCRIPTION

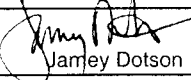

2. PLANT/TL/SUB JOF UNIT(s) 0 TL/SUB No. 0

3. SSC INVOLVED N/A SYSTEM 300 UNID N/A

4. TURNOVER PACKAGE SCOPE/DESCRIPTION (If less than full scope is turned over, indicate the scope included. Include additional data sheets as necessary for other partial scopes until the full scope is turned over.)



PART II – ACTIONS REQUIRED FOR RETURN TO OPERABILITY (RTO)

- | | YES | N/A |
|---|--------------------------|-------------------------------------|
| 5. A. ALL IMPACT ITEMS REQUIRED FOR RTO, AS IDENTIFIED ON IMPACT REVIEW FORMS, HAVE BEEN COMPLETED. COPIES OF IMPACT REVIEW FORMS ARE ATTACHED. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| B. ALL LEVEL I ACTIONS, AS IDENTIFIED ON THE IMPACT REVIEW FORMS, IF APPLICABLE, HAVE BEEN COMPLETED. (REQUIRED FOR FIELD WORK DCNS ONLY) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| C. WORK ORDER IMPLEMENTATION VERIFIED COMPLETE. (REQUIRED FOR FIELD WORK DCNS ONLY) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| VERIFIED BY IMPLEMENTING ORG.: _____ | | |
| D. SPECIAL REQUIREMENTS IMPLEMENTED. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| E. POST-MOD TESTING, IF REQUIRED, WAS COMPLETED AND EVALUATED. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. SPECIAL CONDITIONS, IF APPLICABLE: | | |
| 7. BASED ON A REVIEW OF THE ABOVE DOCUMENTS, RTO OF THE SYSTEM AFFECTED BY THIS DCN IS RECOMMENDED. (N/A IF DOC ONLY DCN.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

 Jamey Dotson	3/6/06	 H. L. Petty	3/6/06	N/A	N/A
RE-SE	DATE	RE-SE- SUPV	DATE	OPERATIONS	DATE

PART III – ACTIONS REQUIRED FOR DCN CLOSURE

- | | YES | N/A |
|---|-------------------------------------|-------------------------------------|
| 8. ALL IMPACT ITEMS REQUIRED FOR DCN CLOSURE HAVE BEEN COMPLETED. ALL LEVEL II ITEMS HAVE BEEN COMPLETED. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. BASED ON REVIEW OF THE ABOVE DOCUMENTS, CLOSURE OF THIS DCN IS RECOMMENDED. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

 Jamey Dotson	3/6/06	 H. L. Petty	3/6/06
RE	DATE	RE SUPV	DATE

TVA/COO		FORM A - DESIGN CHANGE NOTICE				Page 1 of <u>2</u>	
1. a. <u>DCN Type</u> <input checked="" type="checkbox"/> Base DCN <input type="checkbox"/> PIC for Base/ Parent DCN No.: _____	b. <u>Class</u> Routine Design Change <input checked="" type="checkbox"/> Documentation Only <input type="checkbox"/> Material Equivalency <input type="checkbox"/> c. Advance Authorization <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2.	DCN No.	JOF-05-1055		Rev.	0
		3.	Plant/TL/SUB/ Facility	JOF			
			Unit/TL/SUB No.	0			
		4.	System(s)	300			
PART I - REQUESTED CHANGE							
5.	Authorizing Documents						
6.	Requested Change or Problem Statement The DuPont dredge cell, east of the gas turbines, was put into closure in April 2001, per TDEC closure regulations, with a 24 inch compacted soil cap (6 inches to support vegetation). In 2003, wet spots developed on the west side of the cell at the toe of the Phase 2 dike. A bathtub effect took place due to the cell liner having a lower permeability than the cover and the water levels in the cell have risen. There are 5 existing piezometers installed to monitor the water levels. TDEC has had taken notice and wants the problem resolved. Lowering the water levels inside the cell will prevent the standing water and leachate from reaching the surface.						
7.	<u>J. Dalton</u> Initiator's Name (Print)	FPG/EDS/Civil	751-6421	8.	<u>H.L. Petty</u> Supervisor/Principal Engr	<u>2/10/06</u> Date	
PART II - INITIATION APPROVAL (Skip blocks 9 and 10 for Advance Authorization Approval)							
9.	<u>R. E. Petty</u> INITIATOR'S DEPARTMENT MANAGER	<u>2/10/06</u> Date	10.	<u>D. L. Petty</u> ENGRG/OPERATIONS MANAGER	<u>2/10/06</u> Date		
PART III - APPROVED CHANGE/DETAILED DESIGN							
11.	Approved Change Description		<input checked="" type="checkbox"/> Planned at Initiation		<input type="checkbox"/> As Issued (If different than planned, line through below and update on continuation sheet.)		
Plant varying tree species based on evapotranspiration (ET) rates and survivability statistics (roughly 15,000 trees) to develop an evaporative tree cap over the the dredge cell. These trees will perform ET to lower the water levels inside the cell. Two additional monitoring wells will be installed. The water levels will be monitored, as well as the survivability/success of the trees, to determine if the tree cap is a success.							
12.	Advanced Authorization Approval (If applicable, otherwise mark N/A.)		RE or Manager		Date		
13.	Does this change contain any assumptions or constraints that require confirmation before RTO?						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
14.	Does this change address the full scope of the authorizing document?						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15.	<u>James Dalton</u> RE	751-6421	<u>11/3/05</u> Date	16.	<u>James Dalton</u> Civil Lead	<u>2/10/06</u> Date	
17.	<u>N/A</u> Electrical/I&C Lead		<u>—</u> Date	18.	<u>N/A</u> Mechanical Lead	<u>—</u> Date	
19.	<u>N/A</u> Operations		<u>—</u> Date	20.	<u>N/A</u> Maintenance	<u>—</u> Date	
21.	<u>N/A</u> System Engineer		<u>—</u> Date	22.	<u>Robert C. Cameron</u> Implementing Organization	<u>2-13-06</u> Date	
23.	<u>N/A</u> Telecommunications		<u>—</u> Date	25.	<u>Roger Trueman</u> Plant / Site Manager	<u>2-13-06</u> Date	
24.	<u>Roger Trueman</u> Engrg or Site Engrg Manager		<u>2-13-06</u> Date	26.	ISSUE EDMS # B79-060217-006		
PART IV - DCN CLOSURE							
27.	<u>Roger Trueman</u> Facility Manager or Engrg Manager	<u>3-2-06</u> Date	29.	CLOSURE EDMS #			
28.	<u>James Dalton</u> RE Signature for DCN Closure	<u>2/24/06</u> Date	<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED FEB 16 2006 </div>				

Mark "N/A" in any blocks not applicable.

TVA 40872-FPG (07-2004)

Page 1 of 2

By _____

FORM A1 - DCN SCREENING REVIEW

Page 1 of 1

DCN No. JOF-05-1055 Rev. 0Page 1 of 1

Answer the following questions as they pertain to this DCN's scope of work.

System Number and Name 0
Feature or Component UNID 300 Facilities and Grounds**PART 1. ORGANIZATIONAL IMPACTS OF THIS DESIGN CHANGE**

Does this modification create, revise, or otherwise affect:

		YES	NO
1.	Procedures, operator instructions, operator letters, or Start-up/Rehab Procedure, SOPs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.	Operations or maintenance training?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	Facility component labeling?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Preventive Maintenance (PM) activities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.	Temporary Alterations to systems or components?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Vendor Manuals affecting operations or maintenance?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.	Predecessor DCNs/WOs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8.	Post-Modification or Pre-operational tests requiring Engineering review?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	Logic or controls for components or systems	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10.	Environmental Process or Procedures	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11.	Other (identify on the "Special Requirements" line of Modification Impact Review Form)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If any of the above questions are answered "YES", then the appropriate Impact Review Form Bs shall be completed and attached to this DCN at issuance.

PART 2. DESIGN BASIS IMPACTS OF THIS DESIGN CHANGE


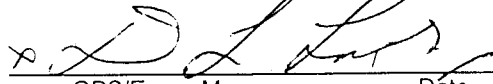
Does this modification create, revise, or otherwise affect:

		YES	NO
1.	Special Requirements prior to, concurrent with, or after this modification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.	Design Criteria?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	System Descriptions?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Calculations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.	Equipment/Systems Specifications?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Unverified Assumptions that must be resolved prior to RTO?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.	Horsepower, Circuit Breaker trip settings, fuse size or type, cable size/length?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8.	System pressure, flow, temperature, setpoints, relay settings?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	OSHA requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10.	Environmental permits, compliance status, or other environmental impacts?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.	Other (e.g., Modification Criteria at the discretion of the business unit)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If any of the above questions are answered "YES", then a Modification Criteria Form C must be completed and attached to this DCN at issuance.

If both Form B, and Form C are required based on Parts 1 and 2 above, this Screening Review Form may be omitted from the DCN package.

If all the above questions can be answered "NO", then attach this DCN Screening Review Form to the DCN as proof that a screening review was performed.


Prepared By (Signature) 11/3/05
Date
OPS/Engrg Manager 7/10/06
Date

DCN # JOF-05-1055

Form B IS NOT REQUIRED

N/A

FORM C – MODIFICATION CRITERIA

DCN No. JOF-05-1055 Rev 0 Page 1 of 3

1.0 SCOPE

- A. System(s): 0
- B. Feature(s): 300 FACILITIES AND GROUNDS
- C. Scope Description: Plant varying tree species based on ET rates and survivability statistics (~15000 trees) to develop ET cap over the dredge cell. Two additional monitoring wells will be installed. The water levels will be monitored, as well as the survivability/success of the trees to determine if the tree cap is a success.
- D. List existing design criteria document(s) with revision number that cover this modification:
N/A

2.0 DESIGN BASIS

Provide the following information if it applies to this modification; otherwise mark "N/A".

NOTE If the required information can be found in existing design input documents, give the document number, revision number, and applicable section(s).

- A. Functional Requirements: Addendum to the Existing Operations Manual, Evapotranspirative Tree Cap Proposal, IDL 43-102-0082 DuPont Dredge Cell, Johnsonville Fossil Plant (JOF)
- B. OSHA Requirements: N/A
- C. SSC Operating Environment: N/A
- D. Electrical Requirements: N/A
- E. Instrumentation Requirements: N/A
- F. Protection and Control Requirements: N/A
- G. Mechanical Requirements: N/A

FORM C – MODIFICATION CRITERIA

DCN No. JOF-05-1055 Rev 0 Page 2 of 3

- | | |
|----|--|
| H. | Civil Requirements
N/A |
| I. | Telecommunications Requirements
N/A |
| J. | Logic for Operation
N/A |
| K. | Maintenance
N/A |
| L. | Installation Requirements
N/A |
| M. | Hazardous Waste Requirements
(Including 29CFR1910.119(1) Management of Change to Highly Hazardous Materials)
N/A |
| N. | NEPA Environmental Review Commitments
FPG Project Environmental Management Plan Outline completed |
| O. | Other (e.g., location, security, FME, cleanliness, and Emergency Notification System requirements)
N/A |

3.0 TEST AND INSPECTION REQUIREMENTS

Note If the required information can be found in existing TVA general specifications and construction documents, give the document number, revision number, and applicable section(s).

- | | |
|----|---|
| A. | Component Testing (including any construction checks)
N/A |
| B. | System Testing
N/A |
| C. | In Service Inspection
Addendum to the Existing Operations Manual, Evapotranspirative Tree Cap Proposal,
IDL 43-102-0082 DuPont Dredge Cell, Johnsonville Fossil Plant (JOF) |

FORM C – MODIFICATION CRITERIA

DCN No. JOF-05-1055 Rev 0 Page 3 of 3

4.0 OPERABILITY, RELIABILITY, MAINTAINABILITY, PERFORMANCE ANALYSIS

N/A

5.0 COMMENTS

N/A

6.0 REFERENCES AND ATTACHMENT

A. List of Required Design Input

N/A

B. Other References (if required, attach I/A summary, sketches, etc.)

N/A

7.0 SPECIAL REQUIREMENTS OR UNVERIFIED ASSUMPTIONS (UVA)

A. Engineering UVAs/Special Requirements

N/A

B. Non-Engineering Special Requirements

N/A

DOCUMENT REQUEST FORM / DCN FORM D
☒ These drawings are included in DCN # JOF-05-1055 Rev 0
☐ These drawings are included in PDL # _____ Rev _____

☐ These drawings are not associated with a DCN or PDL # of Drawings: 1

 PLANT: Johnsonville Fossil Plant UNIT(s): 0

 Project Title/Description: JOF271-DuPont Dredge Cell Remediation

 PCN or W/O Number: _____ IBS Engineering Short Code Number: 0017KXJ

 Project Eng. (PE) or Program Manager: Jamey Dotson Address: LP2G-C Phone: 751-6421

Drawings Prepared By:

TVA	<u>X</u>	T	VOITH	<u> </u>	V
PARSONS	<u> </u>	P	Other	<u> </u>	
MESA	<u> </u>	M			
ALSTOM	<u> </u>	A			

If drawings are prepared by an outside A/E, please mark code accordingly

 Engineer: Jamey Dotson Address: LP2G-C Phone: 751-6421

 Section Supervisor: H.L. Petty Address: LP2G-C Phone: 751-6704

Comments / Special Filing Instructions _____

SUPERVISOR: COMPLETE THIS SECTION FOR ISSUE OF TVA DRAWINGS
 All electronic drawing files for this issue are in folders on \\Chapgt6\mpg_working_dcnst\JOF\DCN JOF-05-1055

This package is released for the Issue Process. The package contains all drawings listed and electronic files have been placed on the file server.



Supervisor Signature

2-10-06

Date

CONTRACT ADMIN: COMPLETE THIS SECTION FOR RELEASE OF VENDOR DRAWINGS
 All electronic drawing files for this release are in DOES NOT APPLY

Hardcopies of drawings / documents are provided for scanning where electronic files aren't available

See special filing instructions for listed items which are NOT to be inserted into the AutoManager system

Signature

Date

Phone
FOR RECORDS USE ONLY

Tracking No _____

Date AutoCad Files Received _____

Date Drawings Cleared _____

Date Drawings Mailed _____

CC:

Section Supervisor, address above, Copy of Completed release Sheet and Drawing List (With all DATES)

Project Engineer, address above, Copy of Completed Release Sheet and Drawing List (With all DATES)

Program Manager, address above, Copy of Completed Release Sheet and Drawing list (With all DATES)

Page 1 of 5 *1 vjb*

Unit(s) 0

** Check mark if anticipated drawing.

PLEASE DISTRIBUTE HARD COPIES TO THE FOLLOWING:

**V. JAMES DOTSON, LP 2G-C, ONE HALF-SIZE SET
DONNIE WALLACE, JOF 1A-NJT, ONE HALF-SIZE SET
EDDIE MULLINAX, JOF 1A-NJT, ONE HALF-SIZE SET
TONY DILLON, JOF 1A-NJT, ONE HALF-SIZE SET
DON OLIVER, COF 1D-TSA, THREE FULL-SIZE SETS**

DCN # JOF-05-1055

Form E IS NOT REQUIRED

N/A

DCN # JOF-05-1055

Form F IS NOT REQUIRED

N/A

DCN # JOF-05-1055

Form G IS NOT REQUIRED

N/A

DCN # JOF-05-1055

An FPG Project Environmental Management Plan Outline was completed for this project.

Work Completion Statement (Non-Nuclear)

DCN JOF-05-1055

Rev. 0
Page 1 of 1

Part I. Implemented DCAs

Implementing Organization Engineer: List all the DCAs with revision levels which were implemented and verified for the scope of this DCN. If all DCAs within a DCN are completed concurrent with the RTO of the DCN, then the DCN number (**only**) will serve as the listed of DCAs implemented.

[illegible]

Part II. Work Completion Verification

Robert E. Cavender, Jr.
Preparer

2-17-06
Date

[Signature]
Reviewer

2/22/06
Date

When completed, forward this form to the Engineering Records Unit (ERU), LP 1A-C or fax (423) 751-4623.

TVA/COO		FORM A - DESIGN CHANGE NOTICE				Page 1 of <u>2</u>	
1. a. DCN Type <input checked="" type="checkbox"/> Base DCN <input type="checkbox"/> PIC for Base/ Parent DCN No.: _____		b. Class Routine Design Change <input checked="" type="checkbox"/> Documentation Only <input type="checkbox"/> Material Equivalency <input type="checkbox"/>		2. DCN No.		JOF-05-1055	
				3. Plant/TL/SUB/Facility		JOF	
		c. Advance Authorization <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		4. System(s)		300	
				Unit/TL/SUB No.		0	
PART I - REQUESTED CHANGE							
5. Authorizing Documents							
6. Requested Change or Problem Statement		The DuPont dredge cell, east of the gas turbines, was put into closure in April 2001, per TDEC closure regulations, with a 24 inch compacted soil cap (6 inches to support vegetation). In 2003, wet spots developed on the west side of the cell at the toe of the Phase 2 dike. A bathtub effect took place due to the cell liner having a lower permeability than the cover and the water levels in the cell have risen. There are 5 existing piezometers installed to monitor the water levels. TDEC has had taken notice and wants the problem resolved. Lowering the water levels inside the cell will prevent the standing water and leachate from reaching the surface.					
7. <u>D. D. D. D.</u> Initiator's Name (Print)		FPG/EDS/Civil	751-6421	8. <u>H.L. Petty</u> Supervisor/Principal Engr		2/10/06 Date	
PART II - INITIATION APPROVAL (Skip blocks 9 and 10 for Advance Authorization Approval)							
9. <u>H.E. Petty</u> INITIATOR'S DEPARTMENT MANAGER		2/10/06 Date		10. <u>H.L. Petty</u> ENGRG/OPERATIONS MANAGER		2/10/06 Date	
PART III - APPROVED CHANGE/DETAILED DESIGN							
11. Approved Change Description		<input checked="" type="checkbox"/> Planned at Initiation		<input type="checkbox"/> As Issued (If different than planned, line through below and update on continuation sheet.)			
Plant varying tree species based on evapotranspiration (ET) rates and survivability statistics (roughly 15,000 trees) to develop an evaporative tree cap over the the dredge cell. These trees will perform ET to lower the water levels inside the cell. Two additional monitoring wells will be installed. The water levels will be monitored, as well as the survivability/success of the trees, to determine if the tree cap is a success.							
12. Advanced Authorization Approval (If applicable, otherwise mark N/A.)		RE or Manager				Date	
13. Does this change contain any assumptions or constraints that require confirmation before RTO?						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14. Does this change address the full scope of the authorizing document?						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
15. <u>D. D. D. D.</u> RE		751-6421 Phone	11/3/05 Date	16. <u>D. D. D. D.</u> Civil Lead		2/10/06 Date	
17. <u>N/A</u> Electrical/I&C Lead		Date		18. <u>N/A</u> Mechanical Lead		Date	
19. <u>N/A</u> Operations		Date		20. <u>N/A</u> Maintenance		Date	
21. <u>N/A</u> System Engineer		Date		22. <u>Robert C. Cameron</u> Implementing Organization		2-13-06 Date	
23. <u>N/A</u> Telecommunications		Date		25. <u>Regan Trueman</u> Plant / Site Manager		2-13-06 Date	
24. <u>Regan Trueman</u> Engrg or Site Engrg Manager		2-13-06 Date		26. ISSUE EDMS #			
PART IV - DCN CLOSURE							
27. _____ Facility Manager or Engrg Manager		Date		29. CLOSURE EDMS #			
28. _____ RE Signature for DCN Closure		Date					

Mark "N/A" in any blocks not applicable.

TVA 40872-FPG [07-2004]