**Department of Energy**
Office of Civilian Radioactive Waste Management
Office of Repository Development
P.O. Box 364629
North Las Vegas, NV 89036-8629

QA: QA

JUL 29 2003

N. H. Williams
Bechtel SAIC Company, LLC
1180 Town Center Drive, M/S 423
Las Vegas, NV 89144

ISSUANCE OF CONDITION REPORT (CR) OCRWM(O)-03-D-214 RELATED TO DATA USED AS TECHNICAL INFORMATION

Enclosed is CR OCRWM(O)-03-D-214, related to data used as technical information.

Please provide a response that meets the applicable requirements AP-16.1Q, *Management of Conditions Adverse to Quality*. Send the original of your response to Deborah G. Opielowski, Navarro Quality Services, P.O. Box 364629, Mail Stop 455, North Las Vegas, Nevada 89036-8629.

Response to the CR is due thirty calendar days from the date of this letter. Please notify the U.S. Department of Energy when all actions are complete.

If you have any questions, please contact either William J. Boyle at (702) 794-5506 for technical questions or Kerry M. Grooms at (702) 794-1367 for quality related questions.

William Boyle

William J. Boyle, Division Director
Postclosure & License Acquisition Division
Office of License Application & Strategy

OLA&S:WJB -1613

Enclosures:
1. CR OCRWM(O)-03-D-214
2. Condition Report Response Form
3. Condition Report Response Instructions

Contract Number:
DE-AC28-01RW12101

NM5507
WM11

cc w/encl:
K. M. Grooms, DOE/OQA (RW-3W), Las Vegas, NV
N. K. Stablein, NRC, Rockville, MD
Robert Latta, NRC, Las Vegas, NV (2 cys.)
S. W. Lynch, State of Nevada, Carson City, NV
L. W. Bradshaw, Nye County, Pahrump, NV
G. K. Beall, BSC, Las Vegas, NV
M. J. Mason, BSC, Las Vegas, NV
F. H. Dove, NQS, Las Vegas, NV
W. J. Glasser, NQS, Las Vegas, NV
D. G. Opielowski, NQS, Las Vegas, NV
W. J. Boyle, DOE/ORD (RW-40W), Las Vegas, NV
D. H. Coleman, DOE/ORD (RW-40W), Las Vegas, NV
E. R. Cooper, DOE/ORD (RW-40W), Las Vegas, NV
C. M. Newbury, DOE/ORD (RW-40W), Las Vegas, NV
B. M. Terrell, DOE/ORD (RW-40W), Las Vegas, NV
J. D. Ziegler, DOE/ORD (RW-40W), Las Vegas, NV
Records Processing Center = "7"

ORIGINAL
THIS IS A RED STAMP
OCRWM

# CONDITION REPORT

1. ☒ DR ☐ CAR
CR NO.: OCRWM(O)-03-D-214
Page of
QA: QA

| 2. Controlling Document (Document Identifier and Rev. or Effective Date): | 3. Related Report No.: |
|---|---|
| AP-3.15Q, Revision 4, ICN 2, Managing Technical Product Inputs | ANL-NBS-HS-000031, Revision 01 |
| **4. Responsible Organization:** | **5. Discussed With:** |
| Saturated Zone (SZ) | Hari Vishwanathan |

**6. Requirement:**

Section 3.2 Definition of data (collected) - "Factual information obtained from investigation activities such as sample collection, physical measurements, testing, and analyses, both in the field and laboratory (QARD)."

Section 5.3.1b) "During technical product development, determine the product of the technical product input and whether a TBV number is required by using Attachment 3, Input Status Decision Checklist."

Section 5.3.1e) "For technical product inputs needing a new TBV, obtain a Work Package number for working off the TBV from the Responsible Manager. If the Responsible manager does not have, or cannot provide a Work Package number for working off the TBV, escalate the issue through the management chain until a resolution is obtained."

**7. Description of Condition:**

7a. ☐ Corrected During Activity
(Describe all actions taken to close in Block 7.)

ANL-NBS-HS-000031, Revision 01, Table 3, Input Data (page 19) includes colloid-transport data developed from field breakthrough curves identified as "technical information" rather than unqualified data. Because the colloid-transport data were obtained through investigation activities, they are consistent with the definition of data (Section 3.2). The colloid-transport data do not meet the definition of "technical information." Attachment 3, Input Status Decision Checklist, has been misapplied and should have resulted in the assignment of a TBV (see page 24 of AP-3.15Q, Revision 4, ICN 2, Attachment 3). Also, a Work Package number was not obtained nor was the issue escalated through the management chain for resolution.

| 8. Initiator: | | | 9. Responsible Manager: (Required if 7a checked and not from QA verification activity) | | |
|---|---|---|---|---|---|
| Floyd H. Dove | F. Harvey Dove | 07/29/03 | | | |
| Printed Name | Signature | Date | Printed Name | Signature | Date |
| **10. QA Review:** 7/29/03 | | | **11. Does a stop work condition exist?** ☐ Yes ☒ No | | |
| Floyd H. Dove | F. Harvey Dove | 07/29/03 | **13. For a DR, check if Response must have:** | | |
| QAR Printed Name | Signature | Date | ☒ Impact ☒ Cause ☒ Action to Prevent Recurrence | | |
| **12. Issuing Organization: (if applicable)** | | | **14. Due Date: 30 calendar days after issue** | | |
| Issuing Org: William J. Boyle | William Boyle | 7/29/03 | (Issue Date: 7/29/03) | | |
| Issuing Org / Printed Name | Signature | Date | | | |
| **15. Issuing Organization Closure Review: (if applicable)** | | | **16. QA Corrective Action Verification/Closure:** | | |
| Issuing Org / Printed Name | Signature | Date | Printed Name | Signature | Date |

**17. Trend Data:**

____ / ____ ____ / ____ ____ / ____ ____ / ____ ____ / ____



**ENCLOSURE 1**

| OCRWM | 2. Submittal Page of<br>☐ Amended<br>**CONDITION REPORT RESPONSE** | 1. CR NO.:<br>Page of<br>QA: QA |
|---|---|---|

3. Extent of Condition: Significant: ☐ Yes ☐ No (Complete significance for a DR.)

4. Impact: (Provide an impact statement relative to waste isolation and safety, and impact to other work, if any.)

5. Remedial Actions Required:

6. ☐ Root Cause (For a significant CAQ, attach results of formal root cause determination prepared in accordance with AP-16.4Q.)
☐ Apparent Cause

7. Action to Preclude Recurrence: (Address those actions necessary to prevent the identified cause from recurring.)

| 8. Due Date for Completion of Corrective Action: | 9. Responsible Manager:<br>Printed Name Signature Date |
|---|---|
| 10. Issuing Organization: (if applicable)<br>☐ Accept ☐ Reject<br>Printed Name Signature Date | 11. QA Review:<br>☐ Accept ☐ Reject ☐ Re-evaluated for significance<br>QAR Printed Name Signature Date |

## CR RESPONSE INSTRUCTIONS

The numbered steps represent the numbered blocks on the CR Response. Complete only the applicable information. Mark blocks that are not applicable "N/A." Use the CR Continuation Page or reference attachments if additional space is required.

RM:

If a CAQ does not seem to exist, provide a response on a continuation page and justify the basis for not considering the issue to be a CAQ.

1. Enter the applicable CR number. Do not place page numbers in this block.

2. If deemed necessary to number the submittal pages, enter the submittal page count in the upper section of this block. If the specific submittal is an amended response, check this box.

3. Document the extent of condition investigation activities and include a detailed listing of those items or documents that are found to be part of the extent of condition. If an extent of condition investigation is not warranted, provide justification. For a DR, check the appropriate significance box to represent the RM's assessment.

4. Identify the impact relative to waste isolation, safety, and/or to other work, if any. If there is no impact, then provide justification or rationale as to why there is no impact. Otherwise, mark block N/A if impact statement is not required.

5. a) Provide specific remedial actions that have been or will be taken to address each specific type of condition noted in Block 3.

   b) Include the immediate corrective action taken if not reported on the description of condition to allow work to continue or to mitigate the consequences of the CAQ.

   c) List specific actions in a concise bulleted or numbered format. Actions stated must be verifiable.

   d) Provide names of specific individuals responsible for completing each action and the expected completion date, to facilitate closure verification activities.

   e) If remedial actions are deemed unnecessary or cannot be taken, then provide a clear justification or rationale as to why no actions were taken.

   f) Include, as a remedial action, an appropriate requirement to cross-reference this CR to all affected records identified in the extent of condition (required for all CR Responses).

   g) If the CR documents a significant design deficiency because of an incorrect design, then require a review of the design process, design verification methods, and implementing documents.

6. For a significant CAQ, perform a root cause determination in accordance with AP-16.4Q, and attach it to the response. Provide the apparent cause if the "Cause" box of Block 13 of the CR is checked.

7. Identify those actions to be taken to preclude recurrence of the specific causes identified in Block 6. Actions planned should stem directly from the cause statements. These actions must be verifiable prior to closure of the CR. (This is required if the "Action to Prevent Recurrence" box of Block 13 of the CR is checked, or for a CAR.)

8. Provide the due date for completion of all the corrective actions outlined in the response.

9. Print name, sign, and date.