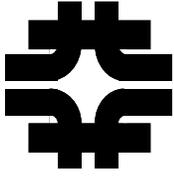


INSTRUCTIONS FOR COMPLETING THE FESS (Appendix B) FORM FOR MODIFICATIONS TO FERMILAB SANITARY SEWERAGE SYSTEMS

1. The purpose of this form is to improve communication within the Laboratory for the monitoring and treatment of various liquid wastes being discharged into Fermilab sanitary sewer systems. FESS assumes responsibility for the design/configuration of Fermilab sanitary sewerage that conveys sewage to the site boundary. This form will document that a review was made of proposed work and complies with this chapter. Divisions and sections are responsible for completing the form and submitting it to FESS Engineering.
2. This form shall be completed prior to work for modifications on any Fermilab sanitary sewerage system. It applies to work done by Fermilab subcontractors as well as employees. Repair work which does not change piping configuration does not normally require the completion of a form.
3. Include the following documentation with completed form:
 - Proposed modifications to sanitary sewerage system in the form of scaled drawings consisting of plumbing plans (indicating location of proposed work), along with an orometric or riser diagram indicating modifications to existing sanitary sewerage system.
 - Characterization of effluents (see "PROCEDURES #4." in this chapter)
 - Copy of requisition
 - Location of Project on Fermilab Vicinity Plan
5. Send completed form to Manager, FESS Engineering, MS214

APPENDIX B



FESS FORM FOR MODIFICATIONS TO FERMILAB SANITARY SEWERAGE SYSTEMS

Building Name _____

FIMS No. _____ Division/Section _____

Building Manager _____

Phone/Pager No./Mail Station _____

Job Title/Project No. _____

P.O. or Task Order No./Task _____

Task Manager _____ Fermilab I.D. No. _____

Phone/Pager No./Mail Station _____

Brief Description of Modifications to Fermilab Sanitary Sewerage System, along with a description of influent being discharged into Sanitary Sewerage System (attach required drawings, additional information):

Anticipated Start Date _____ Anticipated End Date _____

Comments:

F.E.S. Section Approval _____ Date: _____

(Name and ID No.)