RI-F - 1000.01 (5/95)
Formerly RF-47940

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Document Modification Request

25. DMR No. 96-DMR ERM-0040

Originator

Print or Type all information (except signatures). Process procedures in accordance with 1-A01-PROC DEV-400, Procedure Process.

1. Name/Phone/Pager/Location: MARGARET N. BOWMAN / X-5044 / - / T-891P
2. Date: 8-13-96
3. Existing Document Number and Revision: RF/ER-96-0019, REV. 0
4. Document Type: ☐ Procedure ☒ Plan ☐ Other
5. Document Title: OU7 PASSIVE SEEP INTERCEPTION AND TREATMENT SYSTEM

6. Item	7. Page	8. Step	9. Proposed Modification
			NEW SAMPLING PLAN

10. Item	10a. Justification (reason for modification, EJO #, TP #, etc.)

Originator's Supervisor

11. ☒ Process ☐ Do not Process (state reason in Block 10a) — (print/sign/date) J R Cirillo JR Cirillo 8-13-96

Responsible Manager

12. ☒ Process (Complete Blocks 13-22) ☐ Do not Process (state reason in Block 10a) — (print/sign/date) M. T. Vess M.T. Vess 8-13-96
13. New Document/ Rev. No. (if new or changed)

Complete either Section 14a. or 14b., as applicable. For procedures, attach completed Procedure Modification Worksheet from 1-A01-PROC DEV-400.

14a. Type of Complete Modification: ☒ New ☐ Revision ☐ One-Time-Use ☐ Cancellation

14b. Changes: (check all that apply.) ☐ Intent Change ☐ Editorial Correction ☐ Nonintent Change ☐ Regular ☐ Interim Approval Requested - Needed for Immediate Use (14-day limit for obtaining final approval)

Additional Attributes: ☐ Temporary ☐ One-Time-Use ☐ Limited Distribution

15. ERM Change Control Board Required: ☐ Yes ☐ No (Applicable only to new procedures, revisions, and intent changes.)

List the reviewing disciplines in Block 16. After concurrence has been obtained (in accordance with 1-A01-PROC DEV-400), enter the name of the reviewer followed by /s/ in block 17. If the reviewer indicates *No comments*, the review signature constitutes concurrence. Enter the date concurrence is obtained in Block 18.

16. Organization	17. Reviewer/Concurror	18. Date	16a. Organization	17a. Reviewer/Concurror	18a. Date
ER Ops	M.T. Vess	8-13-96			
QA	Greg DiGregorio	8-13-96			
SME	JR Cirillo JR Cirillo	8-13-96			

19. Assigned SME/Phone/Pager/Location: JR Cirillo JR Cirillo 8-13-96
20. Cost Center: AR0203
21. Charge Number: 95185100
22. Requested Completion Date
23. Prescreen/Screen/USOD Number
24. Independent Safety Review Meeting and Date
26. After obtaining ALL required signatures. Responsible Manager's Approval (print/sign/date) (Not required for New procedures or Revisions)
27. Effective Date
28. Expiration Date (if applicable)

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A-OU07-000386