

CONFIRMATORY RADIOLOGICAL SURVEY PLAN APPROVAL FORM (SPAF)

1. PLEASE ANSWER THE FOLLOWING QUESTIONS. IF THERE ARE ANY PROBLEMS OR CONCERNS ABOUT THE SURVEY PLAN, PLEASE STATE THEM IN THE AREA DESIGNATED.

NAME/LOCATION OF SITE TO BE SURVEYED Seneca Army Depot Activity, Romulus, NY

INSPECTOR Dave Everhart SURVEY REGION J DATE(S) 10/30 to 11/3/06

	YES	NO
A) IS THE SCOPE OF THE PROPOSED SURVEY AS PRESENTED IN THE SURVEY PLAN, REASONABLE AND ADEQUATE?	<u>X</u>	<u> </u>
B) IS THE SAMPLING PROPOSED BY ORISE REASONABLE AND NECESSARY FOR PERFORMANCE OF THE SURVEY?	<u>X</u>	<u> </u>
C) IS THE AMOUNT OF TIME NEEDED TO PERFORM, AS STATED IN THE SURVEY PLAN, REASONABLE?	<u>X</u>	<u> </u>
D) IS THE COST ESTIMATE PROVIDED TO PERFORM THE SURVEY REASONABLE?	<u>X</u>	<u> </u>
E) IS THE PROPOSED TIMING OF THE SURVEY SATISFACTORY?	<u>X</u>	<u> </u>

2. *PLEASE EXPLAIN THE ANSWERS THAT ARE MARKED "NO" IN SECTION 1. USE SEPARATE SHEET IF NECESSARY.

3. I CERTIFY THAT I HAVE REVIEWED THE SURVEY PLAN SUBMITTED BY ORISE AND THAT THE PLAN IS (CIRCLE ONE):

A. ACCEPTABLE AS SUBMITTED.

B. ACCEPTABLE WITH MODIFICATIONS STATED ABOVE.

C. NOT ACCEPTABLE (ORISE MUST RESUBMIT FOR APPROVAL).

David B. Everhart (DBE) /BA/

10/26/06

PROJECT MANAGER

DATE

[Signature] for Marie Miller

10/26/2006

SUPERVISOR

DATE

4. HEADQUARTERS APPROVAL

TAPM

DATE

TPM

DATE