

FACILITY STATUS CHANGE FORM

Date Submitted: 12/18/2017	Area: 200 East Area	Control Number: D4-A FARMS-138
Originator: Deanna Klages	Facility ID: MO-421	Phone: 376-7718

Action Memorandum/Removal Action Work Plan:

DOE/RL-2010-22, Rev. 1 Action Memorandum/DOE/RL-2010-33, Rev. 0 Work Plan

This form documents the status of facility decontamination, deactivation, decommissioning, and demolition operations or debris removal in accordance with the applicable regulatory decision documents.

Section 1: Facility Status

☒ All D4 operations required by action memo complete.

Description of Completed Activities and Current Conditions:

Deactivation: Utility isolations were performed on the facility prior to removal of mobile office.

Decontamination and Decommissioning: Hazardous materials were removed prior to above-grade demolition (i.e., hauling). Hazardous material removal and waste disposition was performed in accordance with Removal Action Work Plan For Central Plateau General Decommissioning Activities (DOE/RL-2010-33, Rev.0).

Demolition: MO-421 was hauled to ERDF for disposal in March 2015 per OWTF 200E-15-0073.

Total D4 Cost for the Facility:

Estimated cost of \$19,538.

Section 2: Underlying Soil Status

- ☒ No waste site(s) present. No additional actions anticipated.
- ☐ Documented waste site(s) present. Cleanup and closeout to be addressed under a separate CERCLA Response Action.
- ☐ Potential waste site discovered during D4 operations. Waste site identification number <to be> assigned. Cleanup and closeout to be addressed under a separate CERCLA Response Action.

Description of Current/As-Left Conditions:

No radiological or IH postings remain.

Identification of Documented Waste Site(s) or Nature of Potential Waste Site Discovery (as applicable):

None

Section 3: List of Attachments

1. Facility information and pre-removal photograph.

Jeremy Johnson
DOE-RL Print First and Last Name

Signature

12/20/17
Date

NOTE: The information on this form also satisfies the related DOE 430.1B Facility Closeout Reporting Requirements.

FACILITY STATUS CHANGE FORM (continued)

Date Submitted: 12/18/2017

Area: 200 East Area

Control Number: D4-A FARMS-138

MO-421 was an 8 foot by 32 foot (256 square feet) mobile office trailer at 277A Building.



INFORMATION CLEARANCE REVIEW AND RELEASE APPROVAL

Part I: Background Information

Title: Facility Status Change Form for MO-421 in the 200 East Area		Information Category: <input type="checkbox"/> Abstract <input type="checkbox"/> Journal Article <input type="checkbox"/> Summary <input type="checkbox"/> Internet <input type="checkbox"/> Visual Aid <input type="checkbox"/> Software <input type="checkbox"/> Full Paper <input checked="" type="checkbox"/> Report <input type="checkbox"/> Other _____	
Publish to OSTI? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Trademark/Copyright "Right to Use" Information or Permission Documentation		Yes NA <input type="checkbox"/> <input checked="" type="checkbox"/>	
Document Number: D4-A FARMS-138 Revision 00		Date: December 2017 01/10/2018	
Author: Klages, Deanna L			

Part II: External/Public Presentation Information

Conference Name:			
Sponsoring Organization(s): Environmental Protection			
Date of Conference:		Conference Location:	
Will Material be Handed Out?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Will Information be Published?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, attach copy of Conference format instructions/guidance.)

Part III: WRPS Document Originator Checklist

<i>Description</i>	Yes	N/A	<i>Print/Sign/Date</i>
Information Product meets requirements in TFC-BSM-AD-C-01?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Document Release Criteria in TFC-ENG-DESIGN-C-25 completed? (Attach checklist)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If product contains pictures, safety review completed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Part IV: WRPS Internal Review

Function	Organization	Date	Print Name/Signature/Date
Subject Matter Expert	WRPS		Klages, Deanna L <small>Approved via att. IDMS data file.</small>
Responsible Manager	WRPS		Joyner, Jessica A <small>Approved via att. IDMS data file.</small>
Other:			

Part V: IRM Clearance Services Review

Description	Yes	No	Print Name/Signature														
Document Contains Classified Information?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If Answer is "Yes," ADC Approval Required _____ Print Name/Signature/Date														
Document Contains Information Restricted by DOE Operational Security Guidelines?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Reviewer Signature: _____ Print Name/Signature/Date														
Document is Subject to Release Restrictions? <i>If the answer is "Yes," please mark category at right and describe limitation or responsible organization below:</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Document contains: <table border="0"> <tr> <td><input type="checkbox"/> Applied Technology</td> <td><input type="checkbox"/> Protected CRADA</td> </tr> <tr> <td><input type="checkbox"/> Personal/Private</td> <td><input type="checkbox"/> Export Controlled</td> </tr> <tr> <td><input type="checkbox"/> Proprietary</td> <td><input type="checkbox"/> Procurement – Sensitive</td> </tr> <tr> <td><input type="checkbox"/> Patentable Info.</td> <td><input type="checkbox"/> OOU</td> </tr> <tr> <td><input type="checkbox"/> Predecisional Info.</td> <td><input type="checkbox"/> UCNI</td> </tr> <tr> <td><input type="checkbox"/> Restricted by Operational Security Guidelines</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other (Specify) _____</td> <td></td> </tr> </table>	<input type="checkbox"/> Applied Technology	<input type="checkbox"/> Protected CRADA	<input type="checkbox"/> Personal/Private	<input type="checkbox"/> Export Controlled	<input type="checkbox"/> Proprietary	<input type="checkbox"/> Procurement – Sensitive	<input type="checkbox"/> Patentable Info.	<input type="checkbox"/> OOU	<input type="checkbox"/> Predecisional Info.	<input type="checkbox"/> UCNI	<input type="checkbox"/> Restricted by Operational Security Guidelines		<input type="checkbox"/> Other (Specify) _____	
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<input type="checkbox"/> Predecisional Info.	<input type="checkbox"/> UCNI																
<input type="checkbox"/> Restricted by Operational Security Guidelines																	
<input type="checkbox"/> Other (Specify) _____																	
Additional Comments from Information Clearance Specialist Review?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Information Clearance Specialist Approval <div style="border: 1px solid black; padding: 5px; text-align: center;"> APPROVED <i>By Julia Raymer at 7:45 am, Jan 10, 2018</i> </div> _____ Print Name/Signature/Date														

When IRM Clearance Review is Complete – Return to WRPS Originator for Final Signature Routing (Part VI)

INFORMATION CLEARANCE REVIEW AND RELEASE APPROVAL

Part VI: Final Review and Approvals

Description	Approved for Release		Print Name/Signature
	Yes	N/A	
WRPS External Affairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Approved via att. IDMS data file.
WRPS Office of Chief Counsel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Approved via att. IDMS data file.
DOE – ORP Public Affairs/Communications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Approved via att. IDMS data file.
Other: ORP SME	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Approved via att. IDMS data file.
Other:	<input type="checkbox"/>	<input type="checkbox"/>	

Comments Required for WRPS-Indicate Purpose of Document:

This form documents the status of MO-421 decontamination, deactivation, decommissioning, and demolition operations or debris removal in accordance with the DOE/RL-2010-22, Rev. 1 Action Memorandum and DOE/RL-2010-33, Rev. 0 Work Plan.

APPROVED
By Julia Raymer at 7:48 am, Jan 10, 2018

**Approved for Public Release;
Further Dissemination Unlimited**

Information Release Station

Was/Is Information Product Approved for Release? ☒ Yes ☐ No

If Yes, what is the Level of Releaser? ☒ Public/Unrestricted ☐ Other (Specify) _____

Date Information Product Stamped/Marked for Release: 01/10/2018

Was/Is Information Product Transferred to OSTI? ☐ Yes ☒ No

Forward Copies of Completed Form to WRPS Originator

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- <workflow name="(JRR) D4-A FARMS-138-00" id="216984325">
- <task name="Clearance Process" id="0" date-initiated="20180102T1533"
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    POC: Deanna Klages (509) 376-7718 Thank you, Julia Raymer (509) 373-
    0230</comments>
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