

## FILE FOLDER

### DESCRIPTION ON TAB:

TC 600 well E

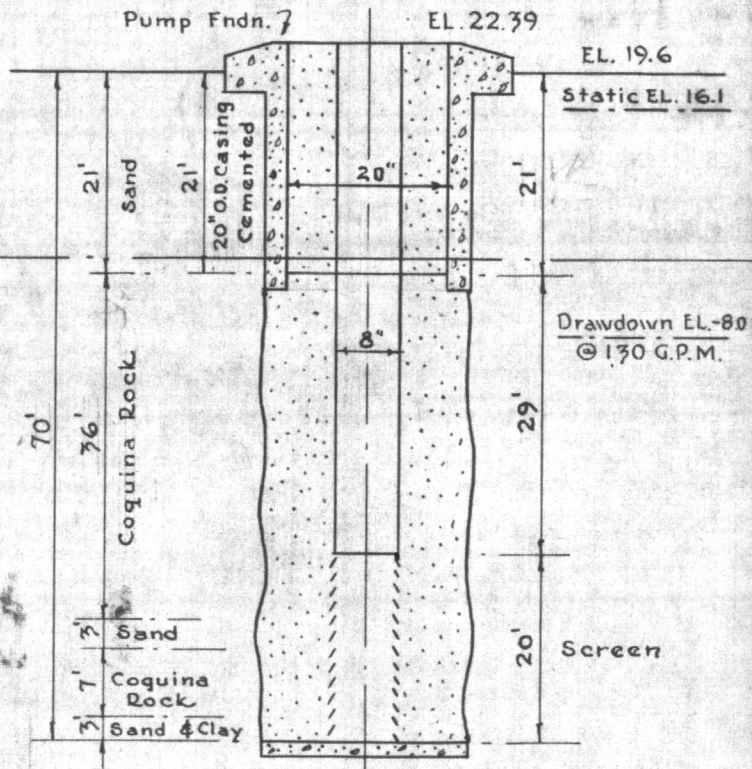
---

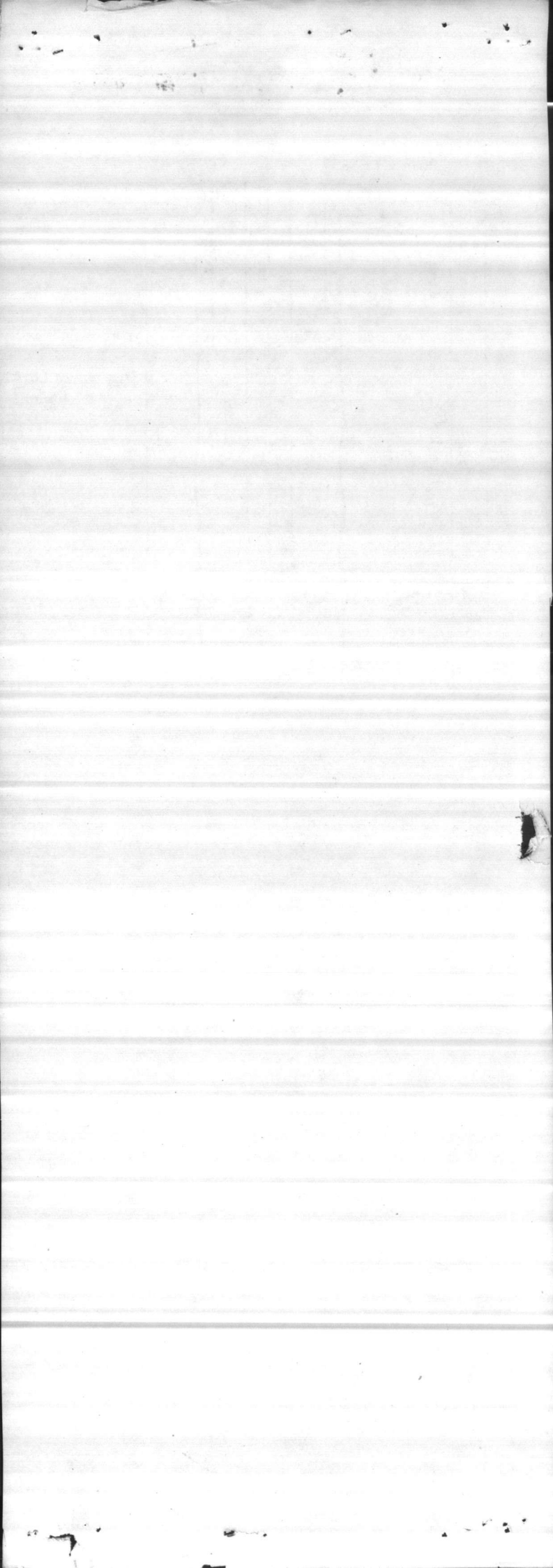
**Outside/inside of actual folder did not contain hand written information**

**Outside/inside of actual folder did contain hand written information**

**\*Scanned as next image**

# 130 G.P.M. - SINGLE DRIVE -





DATE 6-20-00

PWSID 0467042

WELL # TC600

WELL NAME AS-110 WATER PLANT

BLDG. TC.600

CODE G

AVAILABILITY A

LOCATION A STREET

LATITUDE 344405 N

LONGITUDE 0772728 W

WELL DIAMETER 8

WELL DEPTH 70

SCREEN INTERVAL 20'

YIELD 100

STATIC LEVEL 6

PUMPING LEVEL 44

PUMP TYPE Vertical Turbine

MOTOR HP 7.5

INTAKE DEPTH 50

DESIGN CAPACITY 130

ACTUAL GPM 104

SIZE OF CONCRETE SLAB

HEIGHT OF CASING 2 FF/SIN



TO THE  
HONORABLE

MEMBER

OF

THE

344022

0

0110158

MEMBER

MEMBER

MEMBER

# SOURCE INFORMATION GROUND WATER

Date Form Completed

M M D D Y Y  
 01 27 95

PWSID  
 0  
4  
6  
7  
0  
4  
2

Owner Assigned Source Code

Well Name (If purchase, name of system)

Code

G=Ground  
 W=Purchase/G  
 Y=G w/direct influence  
 Z=W w/direct influence

600 MCAS WATER PLANT 600

G

If Purchase, seller ID#

Source Begin Date

Source exempt—

Direct Influence Date

Availability

P=Permanent  
 E=Emergency  
 S=Seasonal  
 I=Interim  
 O=Other

SWTR?  Y  N

P

Location of well within the system (If purchase, location of master meter)

A STREET

Latitude (N)

Longitude (W)

How Determined

GPS Data

No. of Sats. Locked on

34 44 05

077 27 28

G=GPS  
 M=Map  
 S=Surveyed

Q# or  
 DOP #

(If purchase, use seller's primary source lat/long)

Vulnerable (VOCs)  Y  N

Assessment Date

## ENTRY POINT INFORMATION

Use Code

Availability

C=Ground/Permanent  
 D=Ground/non-permanent

P=Year-round  
 E=Emergency  
 S=Seasonal  
 I=Interim  
 O=Other

Owner Assigned Entry Point Code

Entry Point Name

400

MCAS NEW RIVER WTP

Location:

Well Site: Owned or controlled?  (Y,N) Control Area (100' radius)?  (Y,N) If no, explain:

Sources of pollution/distance: 60' to street

Surface water within 200'?  Y  N If yes, actual distance  feet If yes, bact. samples collected?  (Y,N)

Adequate slope?  (Y,N) Flooding?  (Y,N) Maintenance: Blg Needs Repair

Well House: Free of stored materials?  (Y,N) Properly drained?  (Y,N) Locked?  (Y,N)

Condition of house: OK Type of freeze protection: None

Well: Diameter: 8 Type: GRAVEL PACK Yield (gpm): unk Properly sealed?  (Y,N)

Properly vented?  (Y,N) Casing depth 48 ft. (If unknown, put 'UNK') Well depth: 70 Meter available?  (Y,N)

Concrete slab adequate?  (Y,N) If no, explain:

Size of blow-off: 3/4 Sample tap: Before treatment?  (Y,N) After treatment?  (Y,N)

Pumps: Capacity: GPM: 104 HP: 7 1/2 Pump intake depth: 50 Auxiliary Power?  (Y,N)

Type pump: VERTICAL TURBINE Height above floor (pump/casing): 2" / 5'

Storage at well site: Elev:  Hydro:  Ground:

If hydroautomatic, air volume control?  (Y,N) Safety valves?  (Y,N) Coded?  (Y,N)

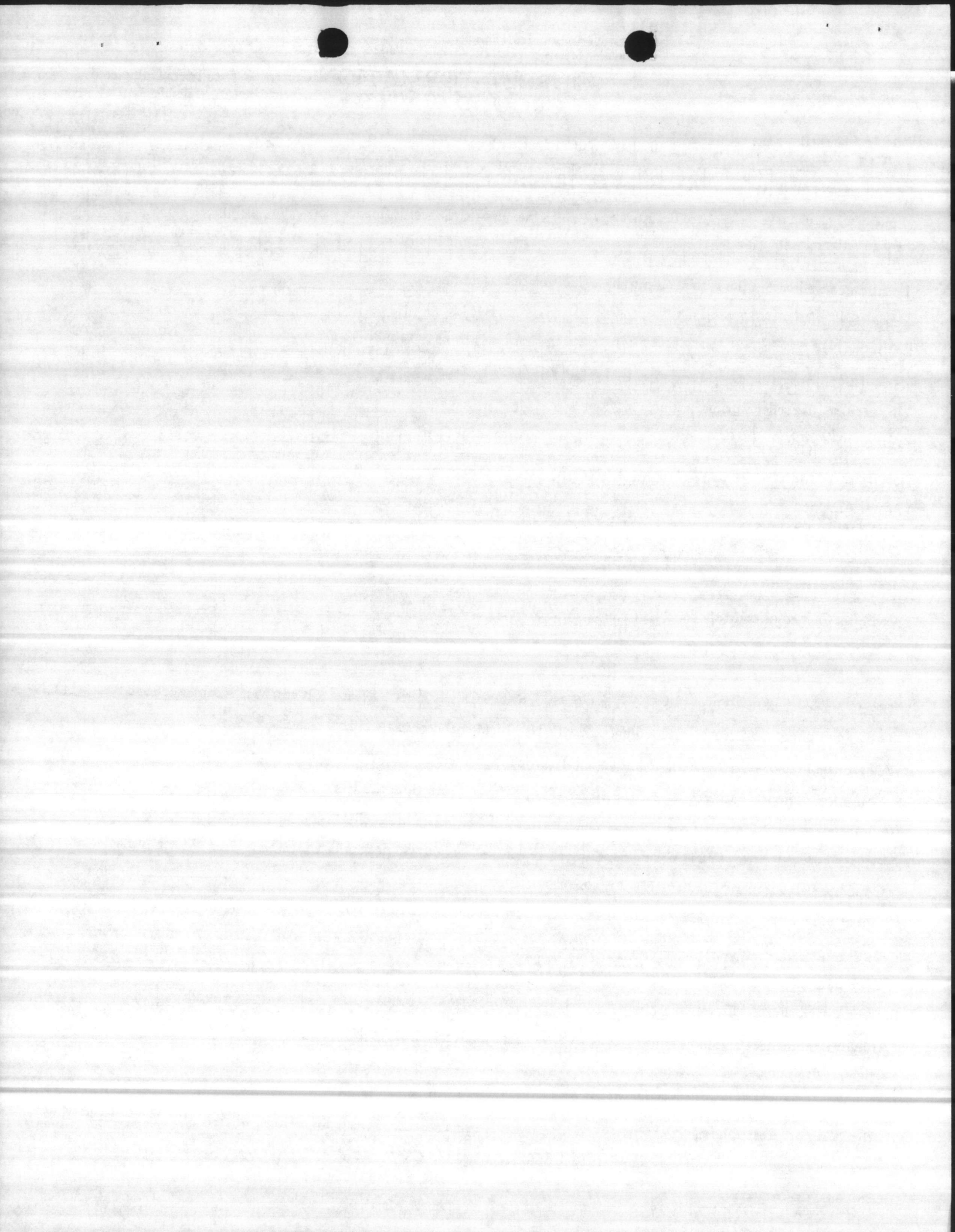
High service pumps: 1.  gpm  hp 2.  gpm  hp 3.  gpm  hp Auxiliary Power?  (Y,N)

Is the water treated at this well?  Y  N If yes, complete back of form.

If other wells are treated here, which ones? If treated elsewhere, where? MCAS/WATER PLANT

If purchase, retreat?  Y  N If yes, complete back of form.

- ① Pipe leaking
- ② No meter
- ③ No vent
- ④ Seal pump base



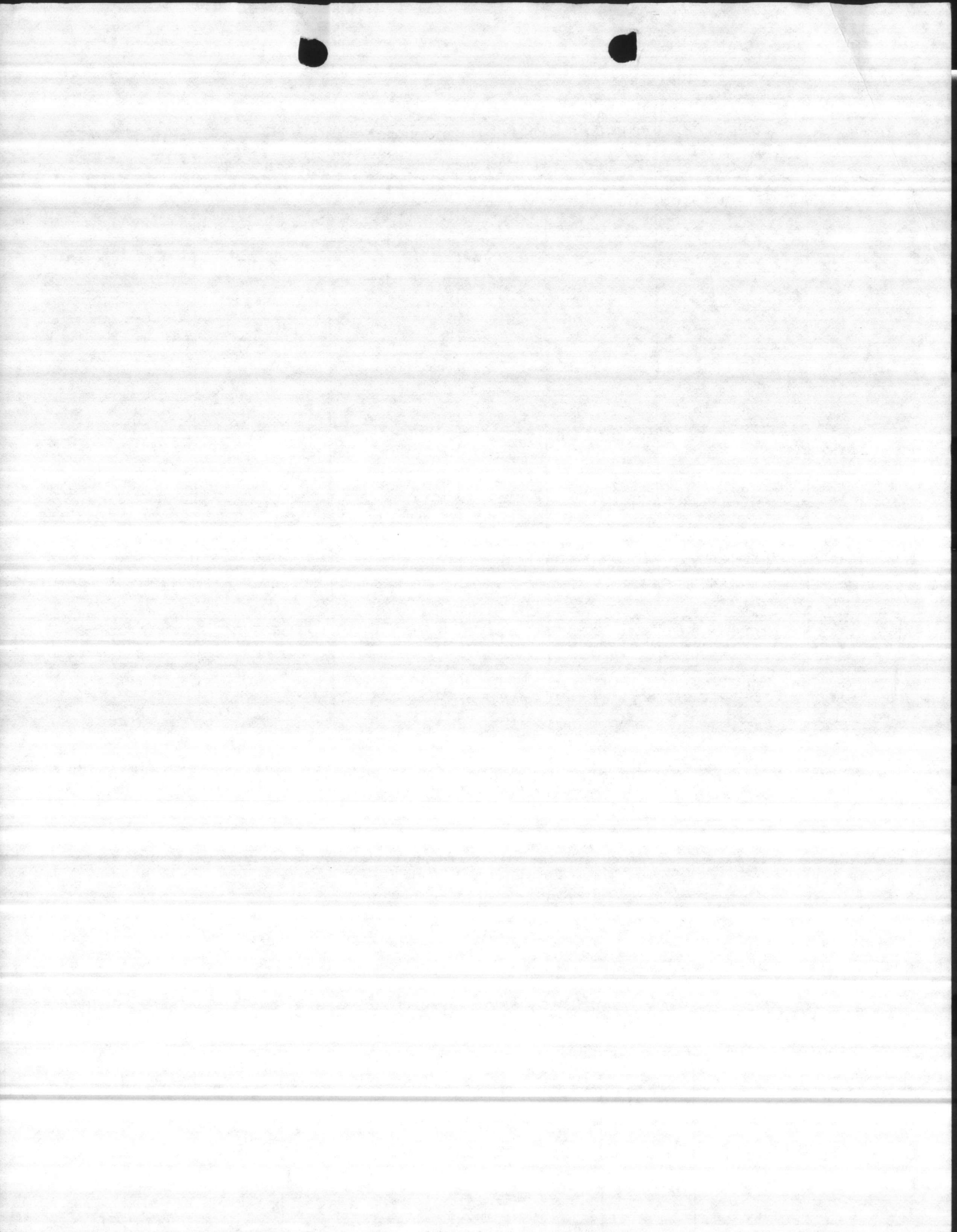


WELL NUMBER *TC 600* BY *THOMAS / STEVENSON* DATE *6-8-94*

AIR LINE	STATIC LEVEL	PUMPING LEVEL	DRAIN DOWN	DISCHARGE PRESSURE	GPM	START TIME
<i>50</i>	<i>6</i>	<i>44</i>	<i>36</i>	<i>26</i>	<i>104</i>	

REMARKS *Pool head 42*

MANUFACTURER	STAGE	S.N.	TOTAL HEAD	SIZE

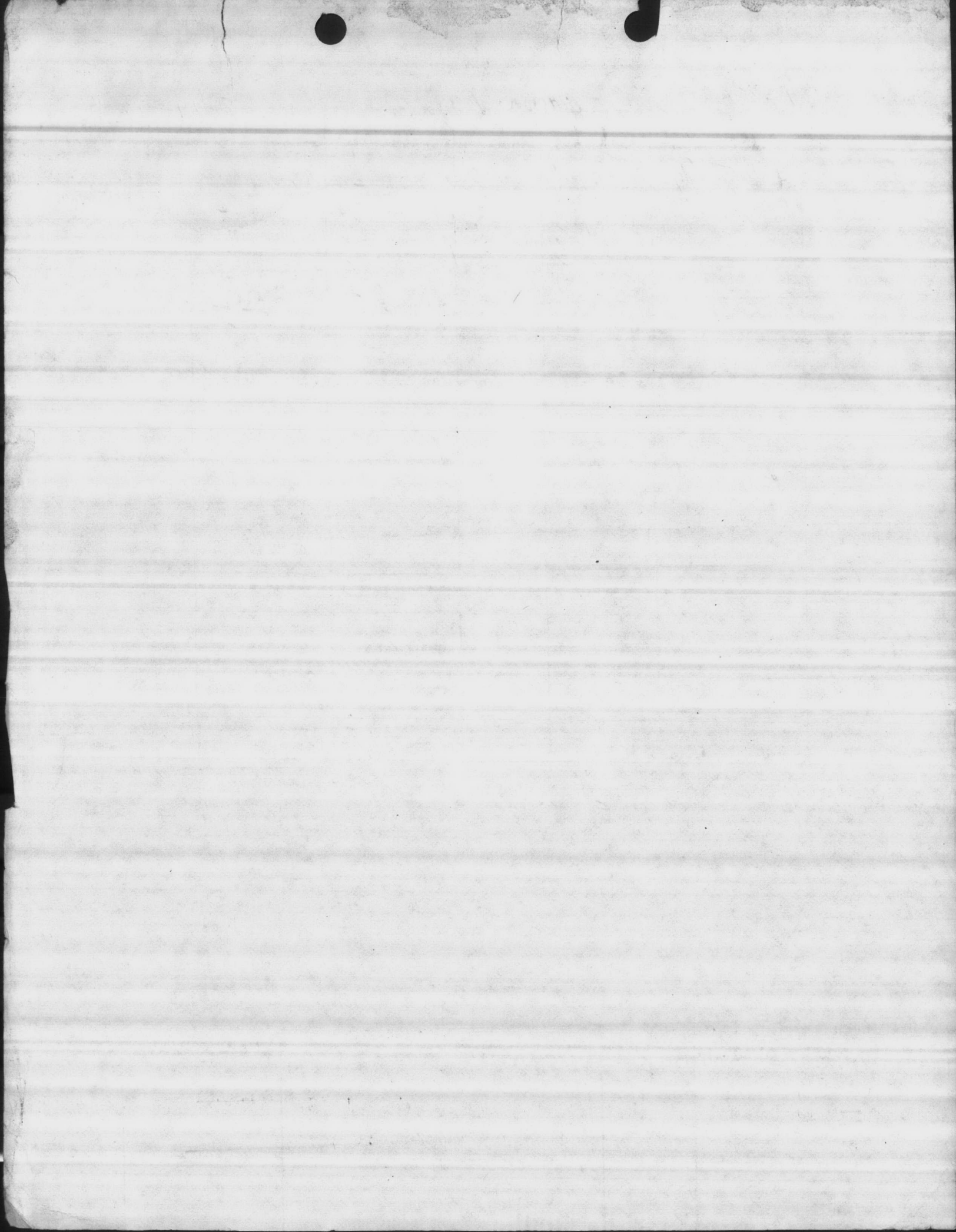


WELL NUMBER		BY			DATE		
AIR LINE	STATIC LEVEL	PUMPING LEVEL	DRAIN DOWN	DISCHARGE PRESSURE	GPM	START TIME	
7c600		THOMAS			3-8-93		
50	36	44'	36'	26	108		

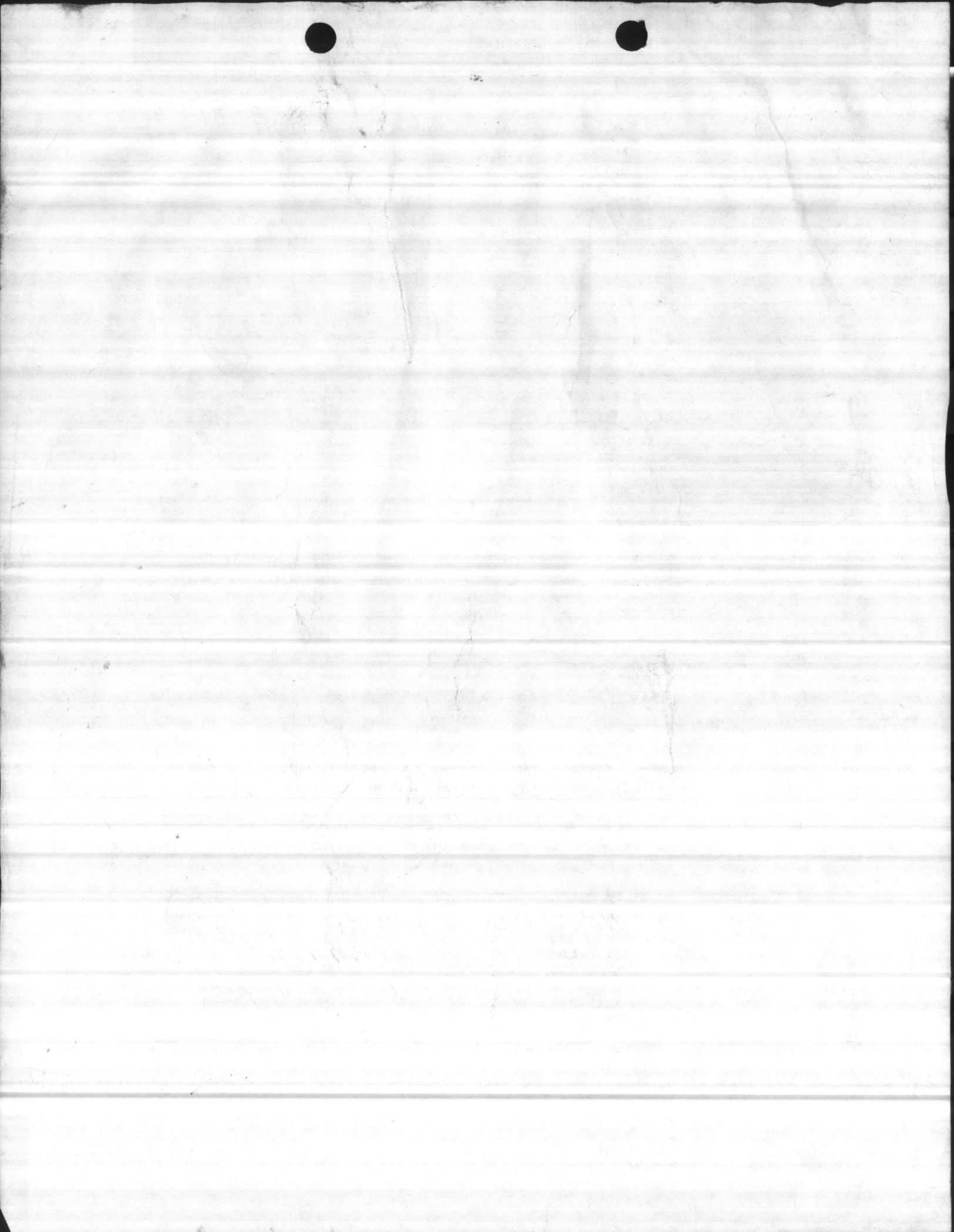
REMARKS Dead head @ 47 PSI

MANUFACTURER	STAGE	S.N.	TOTAL HEAD	SIZE



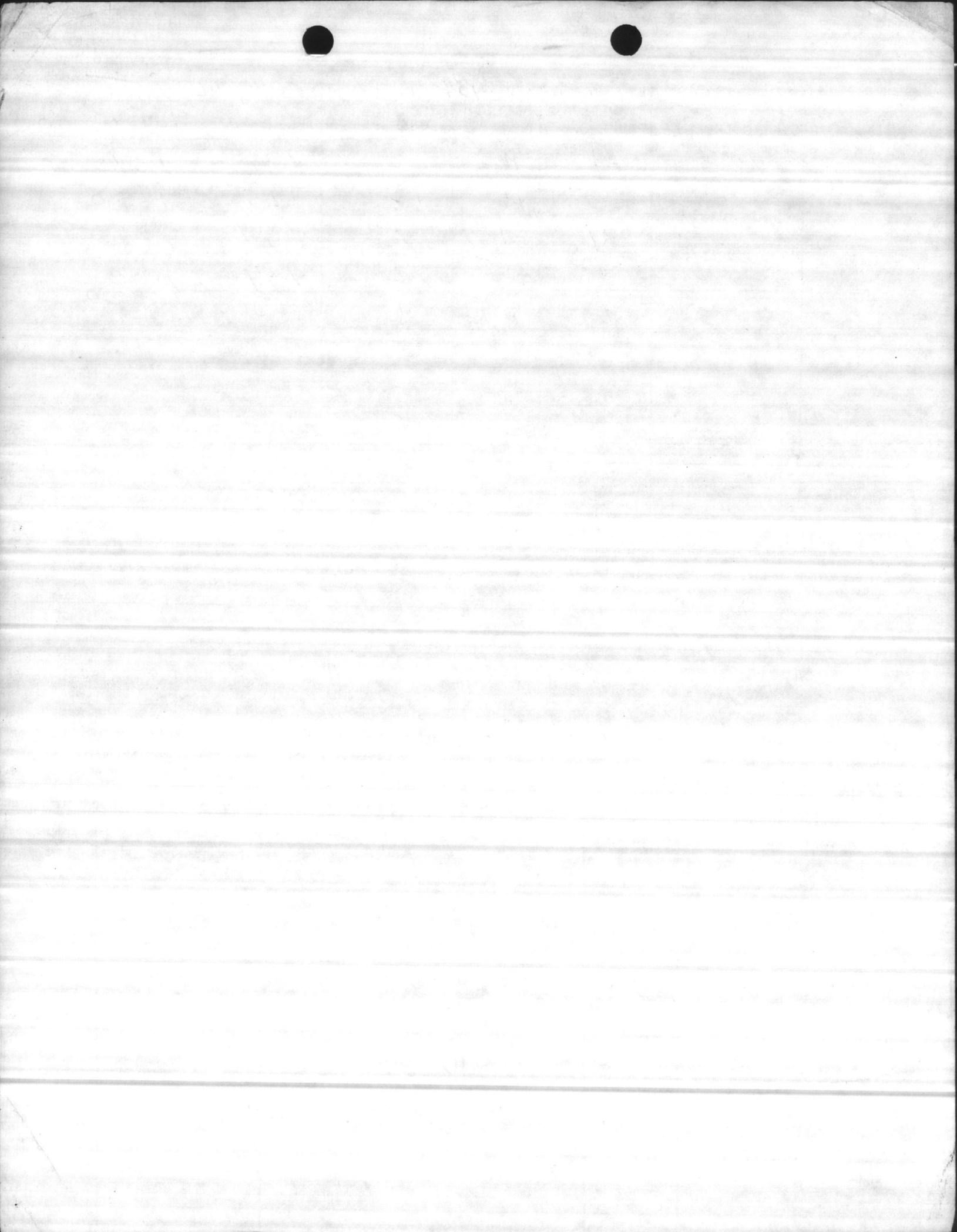












U.S. DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY  
OFFICE OF WATER DATA COORDINATION  
INVENTORY OF HYDROLOGIC DATA STATIONS  
QUALITY OF WATER

APPROVED.  
Budget Bureau No. 42-R1485  
Approval Expires June 30, 1968

1. AGENCY CODE  MC	2. TYPE Q	3. LATITUDE ° ' " N 34 44 07	4. LONGITUDE ° ' " W 77 27 28	5.
6. AGENCY STATION NO. TC502		7. STATION NAME TC502-D		
8. DRAINAGE BASIN CODE No. Letter 6 N		9. STATE CODE 32	10. COUNTY CODE 133	11. COUNTY NAME ONSILOW
12. PERIOD OF RECORD Began Discontinued 7/1/71		Y <input type="checkbox"/> Continuous <input type="checkbox"/> Interruption Exceeds 1 Year		13. 14.
15. SITE				
<input type="checkbox"/> 101 Stream <input type="checkbox"/> 102 Canal		<input type="checkbox"/> 103 Lake <input type="checkbox"/> 104 Reservoir <input type="checkbox"/> 105 Estuary		<input type="checkbox"/> 106 Spring <input checked="" type="checkbox"/> 107 Well <input type="checkbox"/> 108 Other
16. FREQUENCY OF MEASUREMENT				
<input type="checkbox"/> 201 Continuous Recorder <input type="checkbox"/> 202 Telemetered		<input type="checkbox"/> 203 Daily <input type="checkbox"/> 204 Weekly <input type="checkbox"/> 205 Monthly <input type="checkbox"/> 206 Quarterly		<input type="checkbox"/> 207 Seasonal <input type="checkbox"/> 208 Annual <input type="checkbox"/> 209 Other Periodic <input checked="" type="checkbox"/> 210 Occasional
17. TYPES OF DATA AVAILABLE				
<i>Physical</i> <input type="checkbox"/> 311 Temperature <input type="checkbox"/> 312 Specific Conductance * <input type="checkbox"/> 313 Turbidity <input type="checkbox"/> 314 Color <input type="checkbox"/> 315 Odor <input type="checkbox"/> 316 Radioactivity <input type="checkbox"/> 317 pH (field) <input checked="" type="checkbox"/> 318 pH (lab) <input type="checkbox"/> 319 Eh <input type="checkbox"/> 320 Other		<i>Chemical</i> <input type="checkbox"/> 331 Dissolved solids <input checked="" type="checkbox"/> 332 Chlorides Only <input type="checkbox"/> 333 Nutrients (Nitrogen and phosphorus compounds) <input type="checkbox"/> 334 Common ions <input checked="" type="checkbox"/> 335 Hardness <input type="checkbox"/> 336 Radiochemical <input type="checkbox"/> 337 Dissolved oxygen <input type="checkbox"/> 338 Other Gases <input type="checkbox"/> 339 Other		<i>Organic</i> <input type="checkbox"/> 351 Pesticides (insecticides, herbicides, etc.) <input type="checkbox"/> 352 Synthetic detergents <input type="checkbox"/> 353 Other <i>Biologic</i> <input type="checkbox"/> 361 Coliforms <input type="checkbox"/> 362 Other Micro-organisms <input type="checkbox"/> 363 BOD <input type="checkbox"/> 364 Other <i>Sediment</i> <input type="checkbox"/> 371 Concentration <input type="checkbox"/> 372 Particle size <input type="checkbox"/> 373 Other
18. SUPPLEMENTARY DATA FOR SITE				
<input type="checkbox"/> 421 Surface Water Station <input type="checkbox"/> 422 Ground Water Station		<input type="checkbox"/> 423 Water Stage or Level <input checked="" type="checkbox"/> 424 Water discharge X		<input type="checkbox"/> 425 Time of Travel <input type="checkbox"/> 426 Drainage Area
19. STORAGE OF DATA				
<input type="checkbox"/> 501 Periodic Report <input type="checkbox"/> 502 Areal Report		<input checked="" type="checkbox"/> 503 Not Published <input type="checkbox"/> 504 Data on Punched Card		<input type="checkbox"/> 505 Data on Magnetic Tape <input type="checkbox"/> 506 Other
20. OFFICE AT WHICH DATA AVAILABLE				
Office — BASE MAINTENANCE DEPARTMENT, UTILITIES DIVISION				
Street No. — MARINE CORPS BASE				City Code
City, State, Zip — CAMP LEJEUNE, N. C. 28542				0735
21. OFFICE COMPLETING FORM				
BASE MAINTENANCE DEPARTMENT				
22. COMPILER'S NAME F. E. TEW, JR.			23. DATE Month   Year 09   1966	



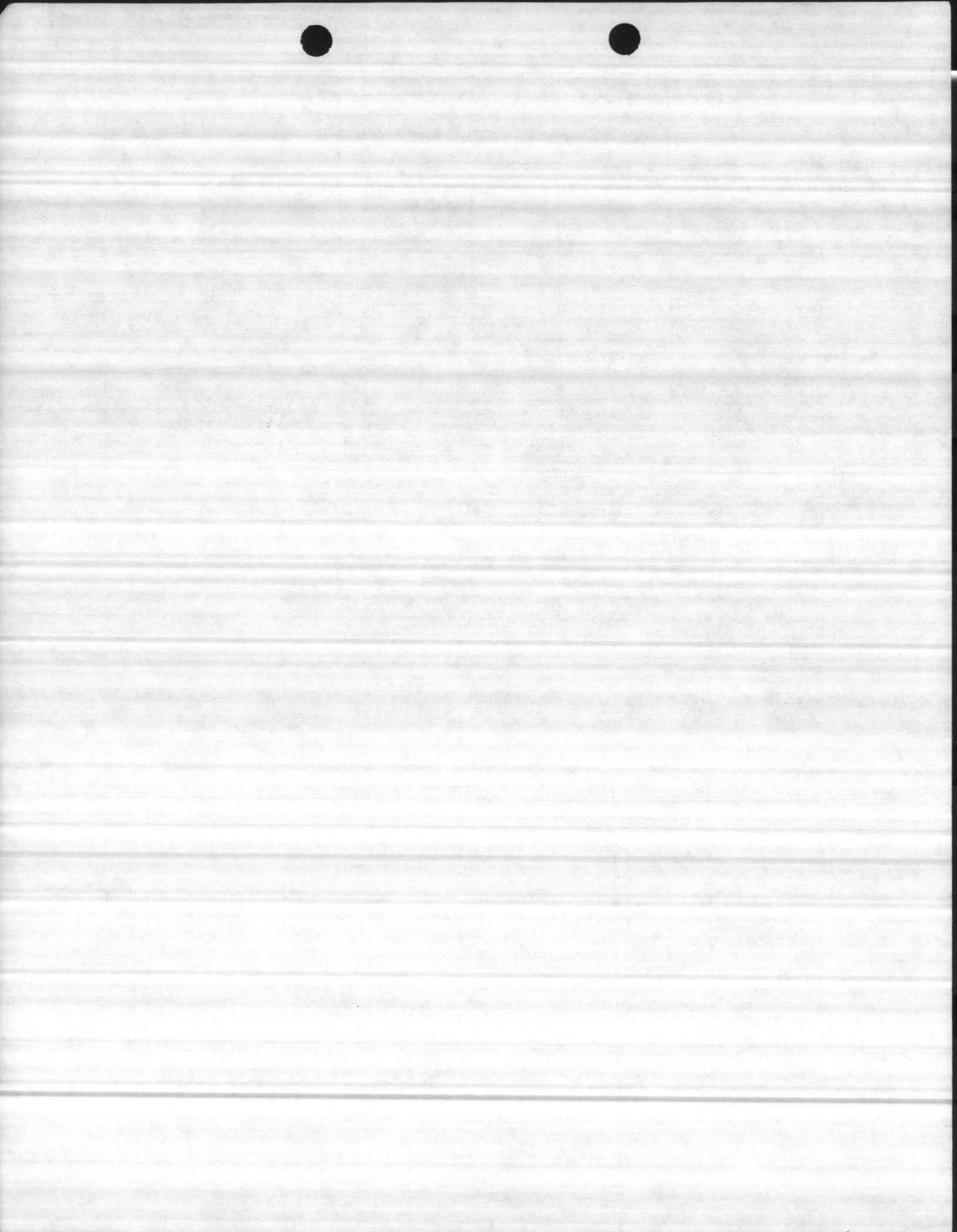
12

13

14

15







T C 600

Pump VALLEY

SN - 6668

MODEL 6X ME .5A

DATE H. 85

5 stage

Pump removed 3-12-51

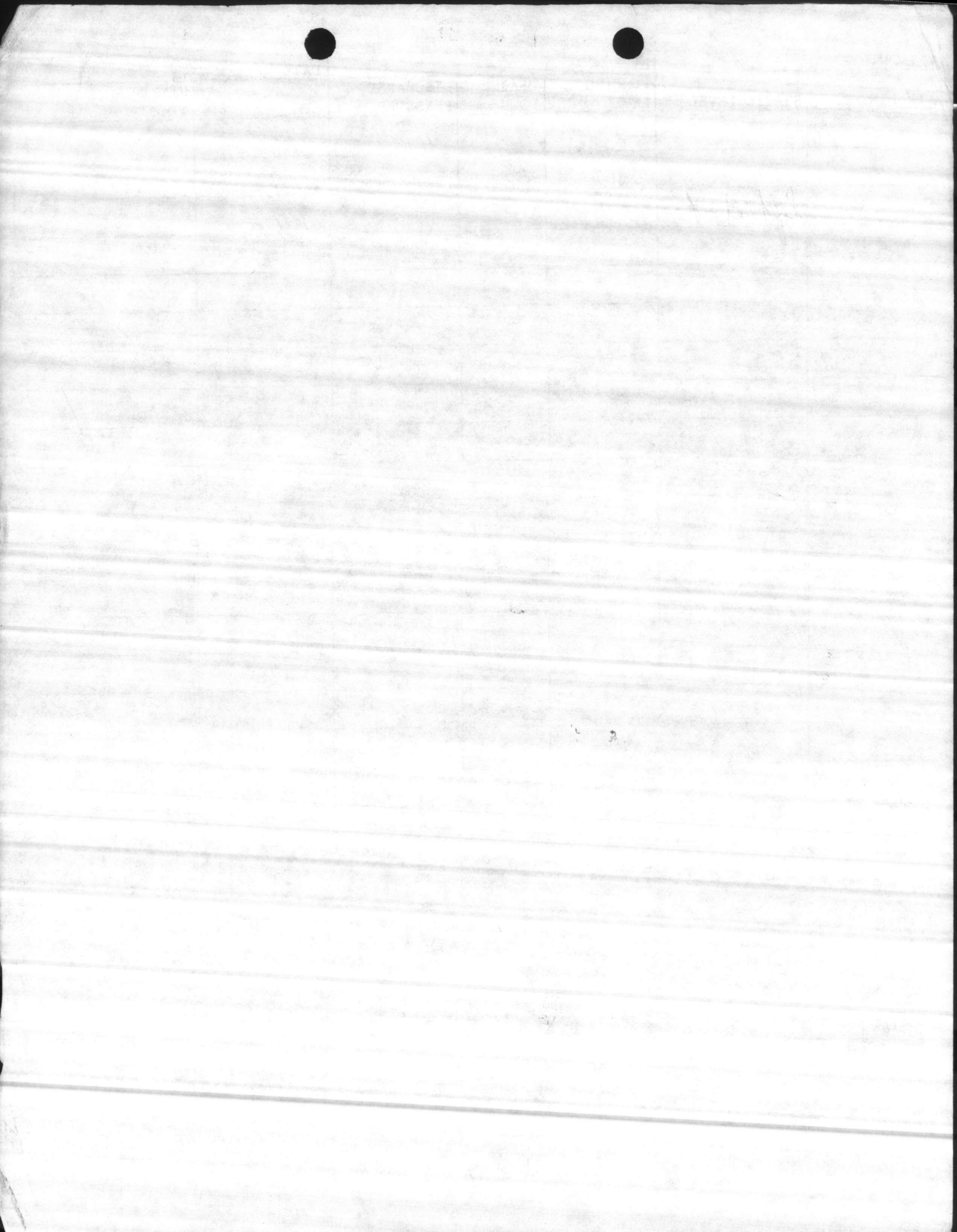
T 500

Pump  
 2 m  
 Model 6X ME 10A  
 DATE 4.22  
 2 days

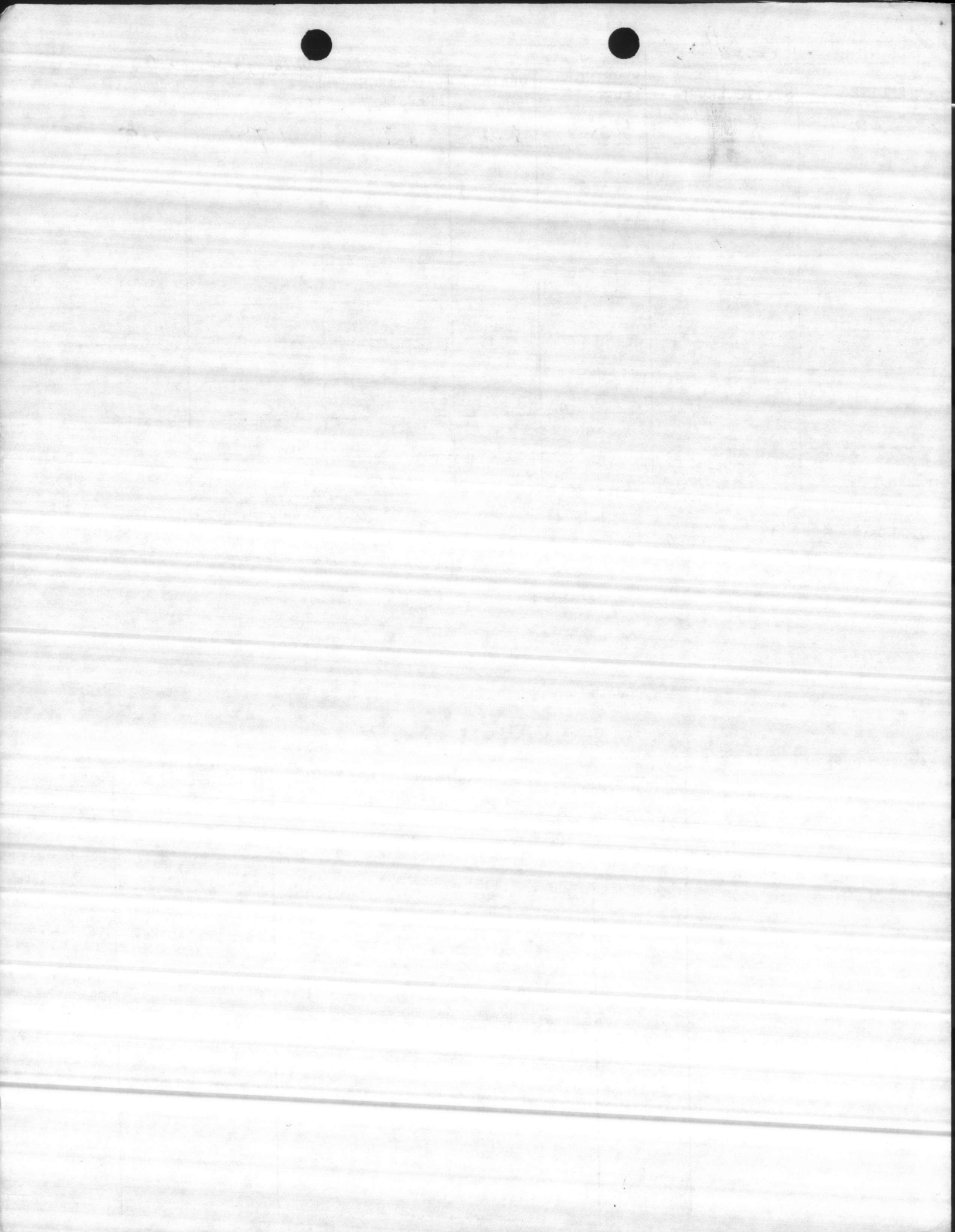
Pump removed  
 3-15-71













WELL # 3

PLACE - Geiger

DATE - 4 Feb 1957

ORIGINAL WELL CAPACITY G.P.M. 130

ORIGINAL WELL		TESTING	
Depth of Well	70	Depth after Cleaning	70
Pump Size		Test Pump Setting	50
Pump Setting	50	Measured Static Water Level	16' 4 1/2'
Static Water Level	16' 1"	Depth of Air Line	50

Static 20' on gauge

CONDITION OF WELL - Cleaned 8' of muck and sand out of well; much oil.

STATIC LEVEL ON GAUGE

Inches of water in dizometer tube	G.P.M.	30 Min.	45 Min.	60 Min.	1 Hour	RECOVERY		
	78	PL	PL	PL	PL	26'	10 Sec.	20
	91	PL	PL	PL	PL	27-5	20	PL 27
	104	PL	PL	PL	PL	30	30	PL 26
	117	PL	PL	PL	PL	33	40	PL 25
	130	PL	PL	PL	PL	36	50	PL 24
	150	PL	PL	PL	PL	41 -s	60	PL 24
		PL	PL	PL	PL		2 Min.	PL 23
		PL	PL	PL	PL		4	PL 22
		PL	PL	PL	PL		8	PL 21
		PL	PL	PL	PL		16	PL 20
		PL	PL	PL	PL		32	PL 19.5

(-s) Sand



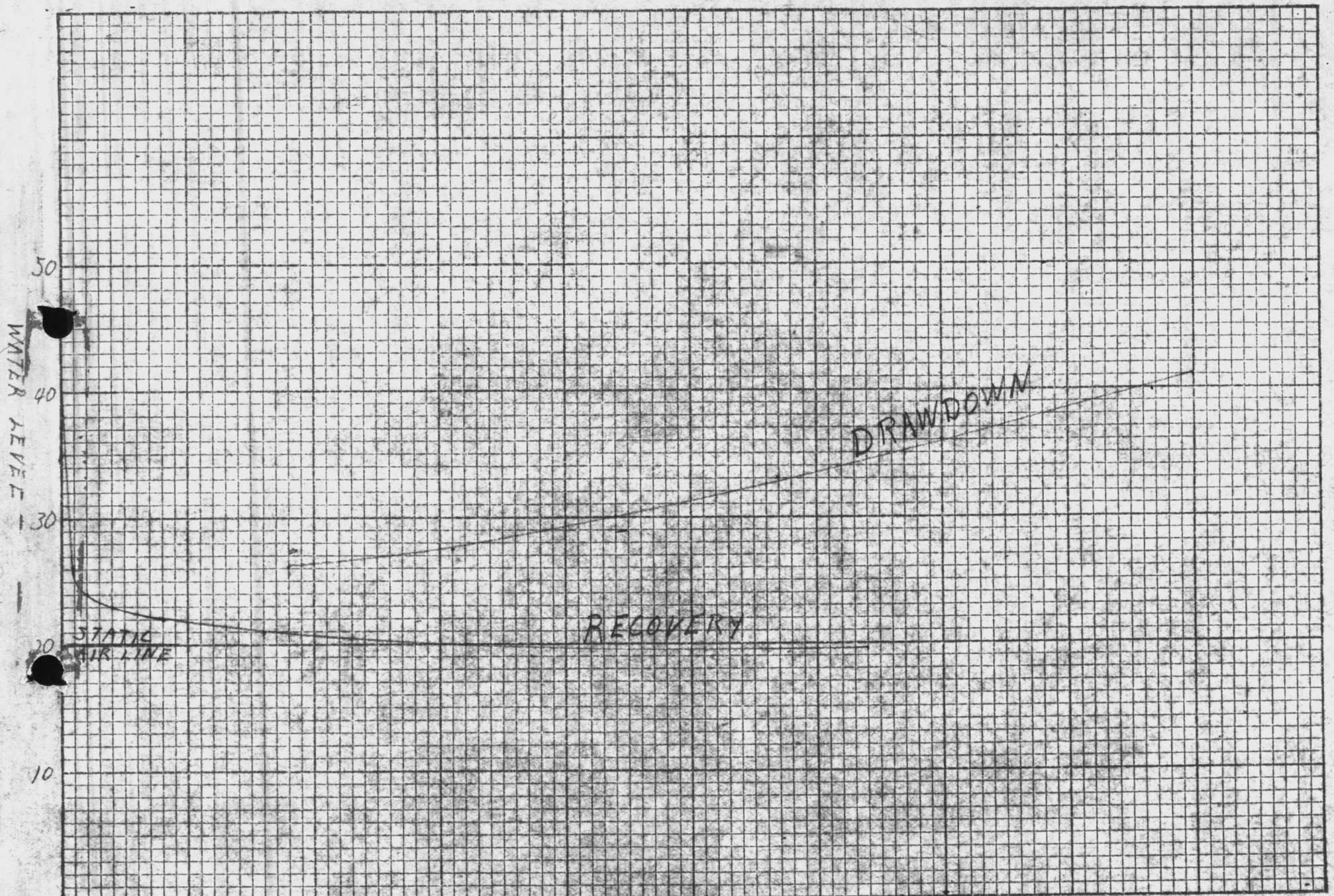
Well # E-TC

Date	Line Ft.	D.D. El.	G.P.M.	Static El.	Shut of Head	D.D. Ft.
------	-------------	-------------	--------	---------------	-----------------	-------------

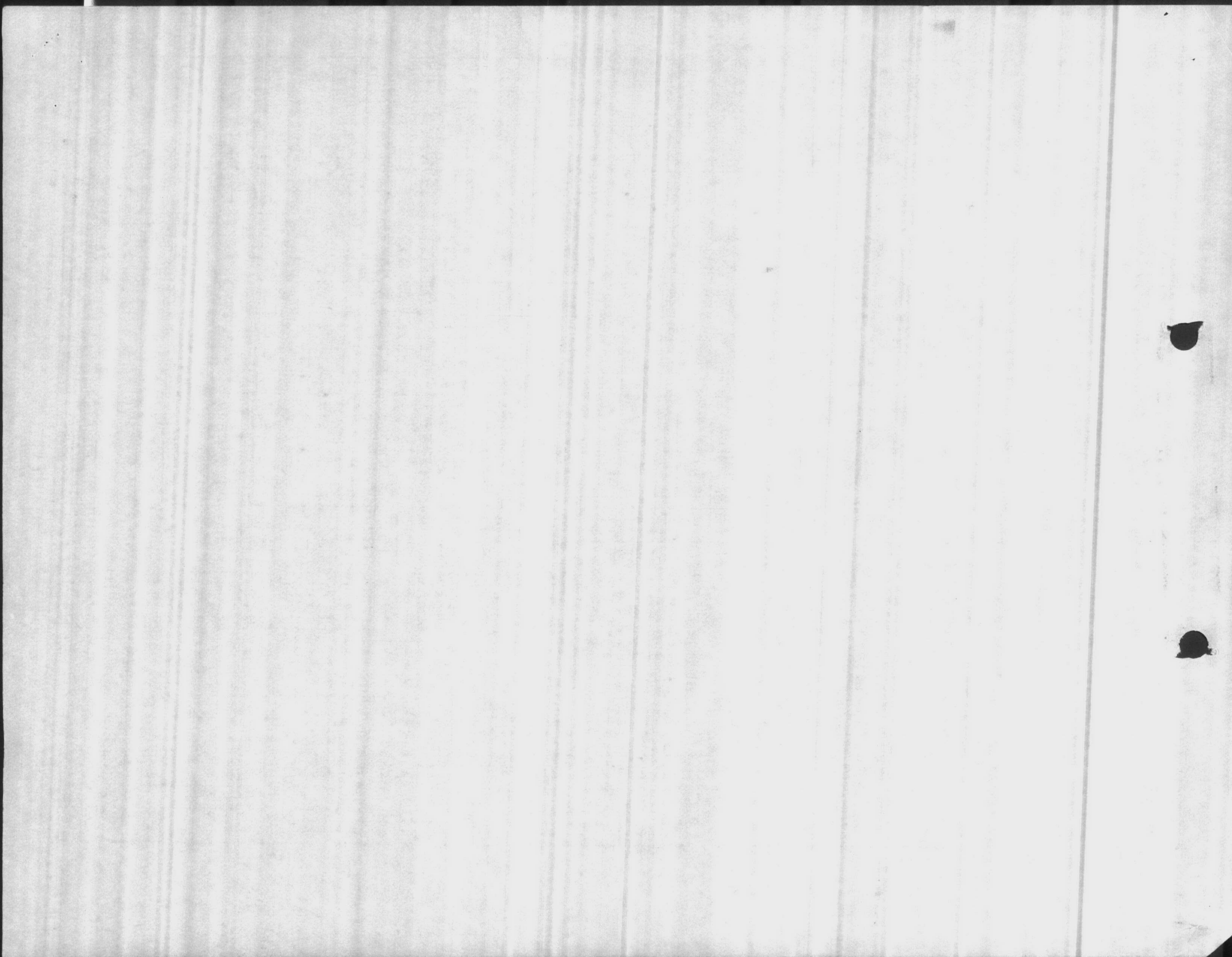
Air Line





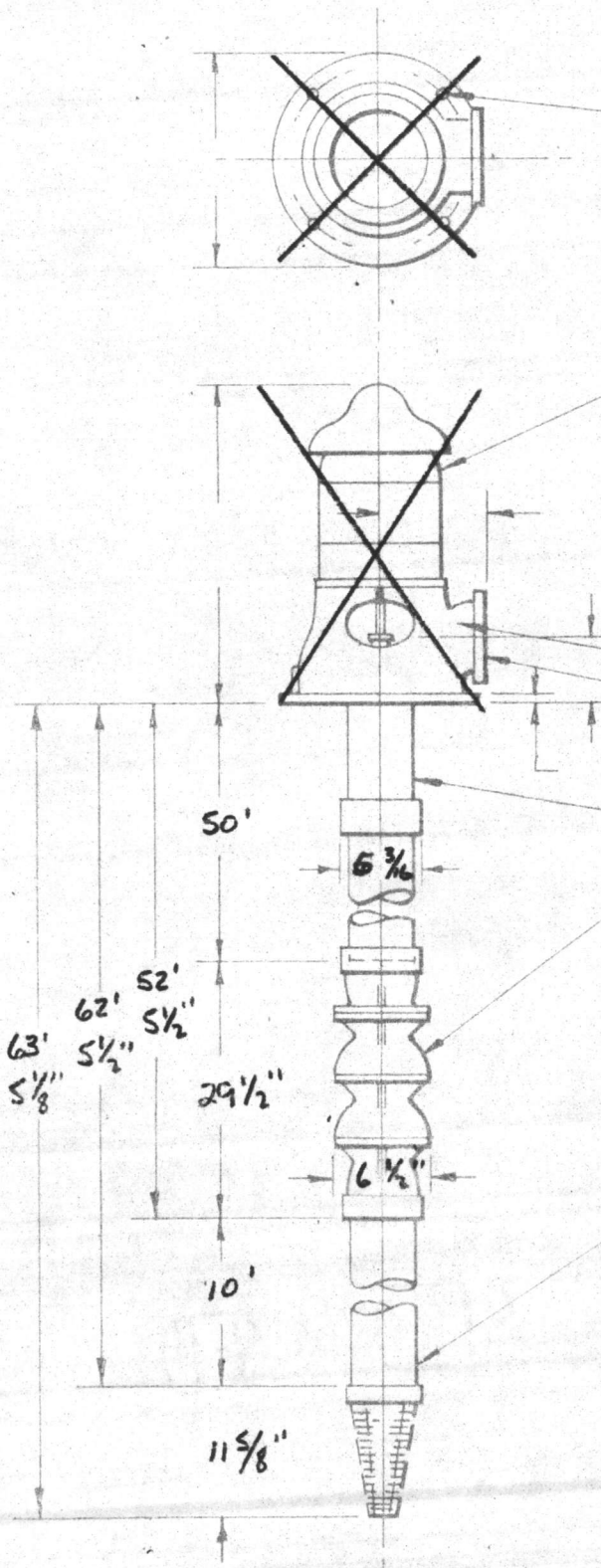


0 GPM 70 80 90 100 110 120 130 140 150  
 0 MINUTES 5 10 15 20 25 30 35 40 45 50  
 FEB. 4, 1957  
 DATA SHEETS  
 CAMP LEJUNE  
 SPEC # 3886  
 CHARLES GRUING COMPANY, INC.  
 PRINTED IN U. S. A.  
 NO. 700-10  
 10 x 10 to the Inch.  
 WELL E  
 CAMP GEIGER





# JOHNSTON VERTICAL TURBINE PUMP



4- DIA. HOLES

Furnished By others  
 VERTICAL HOLLOW SHAFT MOTOR

HP	PHASE	CYCLE
	VOLT	RPM
		ENCLOSURE

Furnished By others  
 TYPE "A" DISCHARGE HEAD  
 " X 125# FLANGE

4" x 1 1/2" x 1" GWI  
 COLUMN ASSEMBLY

3 STAGE 7CC BOWL ASSEMBLY

CONDITIONS:  
 180 USGPM  
 58 FT. TOTAL HEAD  
 LIQUID WATER  
 SPEC. GRAV 1.0 @ °F PUMPING TEMP.

4" SUCTION PIPE 4" CONE STRAINER

CUSTOMER \_\_\_\_\_  
 PC# \_\_\_\_\_  
 DEALER **HEATER WELL Co.**  
 PO# \_\_\_\_\_  
 JOHNSTON SERIAL # \_\_\_\_\_  
 JOHNSTON QUOTATION # \_\_\_\_\_

NOTE: DO NOT USE FOR CONSTRUCTION  
 UNLESS CERTIFIED

Pump # E

PUBLIC WORKS DEPARTMENT  
CAMP LEJEUNE, NORTH CAROLINA

**APPROVED**

SUBJECT TO CONTRACT REQUIREMENTS

CONTRACT NO. *386*

SPEC. NO. *388656*

TITLE *Repairs to Well Pumping Camp Guizer*

DATE: *8 May 1957*

BY DIRECTION OF OFFICER  
IN CHARGE OF CONSTRUCTION

*H. F. Evans, Jr.*  
*JS*



HYDRAULIC PERFORMANCE IS CONTINGENT ON WELL FURNISHING PUMP WITH CLEAR, FRESH NON-AERATED OR NON-GASEOUS WATER FREE FROM DETRITUS WITH NO SUCTION LIFT AND TEMPERATURE NOT TO EXCEED 85 DEGREES FAHRENHEIT

NOTE: ALL COLUMN LOSSES ARE INCLUDED

CUSTOMER: \_\_\_\_\_

P.O.# \_\_\_\_\_

DEALER: Heater Well Co.

P.O.# \_\_\_\_\_

JOHNSTON SERIAL: \_\_\_\_\_

Pump # E

TOTAL HEAD IN FEET

CHANGE EFFICIENCY AS FOLLOWS	NUMBER OF POINTS	FOR NUMBER OF STAGES

NOTE: ANY CHANGE IN EFFICIENCY CHANGES EITHER THE HEAD OR HORSEPOWER IN PROPORTION

Head/Capacity

Operating Conditions:  
130 GPM at 58' TDH  
Pumping Water Sp Gr. 1.0

% EFFICIENCY

Boat Efficiency

Brake H.P. Req'd.

90 110 130 150 170 190

U. S. GALLONS PER MINUTE

HORSE POWER

IMPELLER 13ez.  
5 3/16" DIA.

JOHNSTON PUMP CO.

PERFORMANCE 3 STAGE



**VERTICAL PUMPS**

7 CC

DEEP WELL TURBINE PUMP

1800

R. P. M.

DATE: 4-11-57 BY: SOM

PASADENA • CALIFORNIA • USA

CURVE SHEET No. \_\_\_\_\_



PUBLIC WORKS DEPARTMENT  
CAMP LEJEUNE, NORTH CAROLINA

**APPROVED**

SUBJECT TO CONTRACT REQUIREMENTS

CONTRACT NO. *3886*

SPEC. NO. *3886/56*

TITLE *Repairs to 9th Mess, Camp Lejeune*

DATE: *8 May 1957*

BY DIRECTION OF OFFICER  
IN CHARGE OF CONSTRUCTION

*J.B.*

WATER ANALYSIS

By \_\_\_\_\_

Date Sept 23 - 42

Sample from Well E T.C.A.

Total Solids 234 PPM Dissolved Solids \_\_\_\_\_ PPM

Suspended Solids \_\_\_\_\_ PPM Volatile Solids \_\_\_\_\_ PPM

Phenol. Alk. as CaCO<sub>3</sub> 0 PPM Silica as SiO<sub>2</sub> 2.65 PPM

Total Alk. " " 182 " Ferrous Iron as Fe 0 "

Carbonates " " 0 " Total Iron as Fe 2.2 "

Bicarbonates " " 182 " Aluminum as Al. 3.2 "

Chlorides as Cl. 11 " Calcium as Ca. 60.5 "

Sulphates as SO<sub>4</sub> 5.3 " Magnesium as Mg. 2.4 "

Nitrites as NO<sub>2</sub> \_\_\_\_\_ " Sodium as Na. 9.8 "

Carbon Dioxide as CO<sub>2</sub> 26 "

pH 7.35 Soap Hardness as CaCO<sub>3</sub> 200 PPM

Odor Very Slight Turbidity 5

REMARKS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WATER ANALYSIS

By \_\_\_\_\_

Date \_\_\_\_\_

Sample from \_\_\_\_\_

Total Solids \_\_\_\_\_ PPM

Suspended Solids \_\_\_\_\_ PPM

Phosphorus as  $PO_4$  \_\_\_\_\_ PPM

Total Alk. " " \_\_\_\_\_

Carbonates " " \_\_\_\_\_

Bicarbonates " " \_\_\_\_\_

Chlorides as Cl. \_\_\_\_\_

Sulfates as  $SO_4$  \_\_\_\_\_

Nitrates as  $NO_3$  \_\_\_\_\_

Carbon Dioxide as  $CO_2$  \_\_\_\_\_

Total Hardness as  $CaCO_3$  \_\_\_\_\_ PPM

Color \_\_\_\_\_ Turbidity \_\_\_\_\_

REMARKS



WATER ANALYSIS

By \_\_\_\_\_

Date 8-20-43

Sample from Well-E Tent Camp

Total Solids \_\_\_\_\_ PPM Dissolved Solids \_\_\_\_\_ PPM

Suspended Solids \_\_\_\_\_ PPM Volatile Solids \_\_\_\_\_ PPM

Phenol. Alk. as CaCO<sub>3</sub> 0 PPM Silica as SiO<sub>2</sub> \_\_\_\_\_ PPM

Total Alk. " " 187 " Ferrous Iron as Fe \_\_\_\_\_ "

Carbonates " " 0 " Total Iron as Fe 2.5 "

Bicarbonates " " 187 " Aluminum as Al. \_\_\_\_\_ "

Chlorides as Cl. 10 " Calcium as Ca. \_\_\_\_\_ "

Sulphates as SO<sub>4</sub> \_\_\_\_\_ " Magnesium as Mg. \_\_\_\_\_ "

Nitrites as NO<sub>2</sub> \_\_\_\_\_ " Sodium as Na. \_\_\_\_\_ "

Carbon Dioxide as CO<sub>2</sub> \_\_\_\_\_ "

pH 7.3 Soap Hardness as CaCO<sub>3</sub> 190 PPM

Odor \_\_\_\_\_ Turbidity \_\_\_\_\_

REMARKS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WATER ANALYSIS

By \_\_\_\_\_

Date \_\_\_\_\_

Sample No. \_\_\_\_\_

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

U.S. DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY  
OFFICE OF WATER DATA COORDINATION  
INVENTORY OF HYDROLOGIC DATA STATIONS  
QUALITY OF WATER

APPROVED.  
Budget Bureau No. 42-R1485  
Approval Expires June 30, 1968

1. AGENCY CODE <b>MC</b>	2. TYPE <b>Q</b>	3. LATITUDE ° ' " N <b>34 44 05</b>	4. LONGITUDE ° ' " W <b>77 27 28</b>	5.
-----------------------------	---------------------	---	--	----

6. AGENCY STATION NO. <b>TC600</b>	7. STATION NAME <b>TC508-E</b>
---------------------------------------	-----------------------------------

8. DRAINAGE BASIN CODE No. Letter <b>4 N</b>	9. STATE CODE <b>32</b>	10. COUNTY CODE <b>133</b>	11. COUNTY NAME <b>ONSLOW</b>
--	----------------------------	-------------------------------	----------------------------------

12. PERIOD OF RECORD Began <b>1941</b> Discontinued	Y <input type="checkbox"/> Continuous <input type="checkbox"/> Interruption Exceeds 1 Year	13.	14.
--	---	-----	-----

15. SITE <input type="checkbox"/> 101 Stream <input type="checkbox"/> 102 Canal	<input type="checkbox"/> 103 Lake <input type="checkbox"/> 104 Reservoir <input type="checkbox"/> 105 Estuary	<input type="checkbox"/> 106 Spring <input checked="" type="checkbox"/> 107 Well <input checked="" type="checkbox"/> 108 Other
---	---	--

16. FREQUENCY OF MEASUREMENT <input type="checkbox"/> 201 Continuous Recorder <input type="checkbox"/> 202 Telemetered	<input type="checkbox"/> 203 Daily <input type="checkbox"/> 204 Weekly <input type="checkbox"/> 205 Monthly <input type="checkbox"/> 206 Quarterly	<input type="checkbox"/> 207 Seasonal <input type="checkbox"/> 208 Annual <input type="checkbox"/> 209 Other Periodic <input checked="" type="checkbox"/> 210 Occasional
--	---	---

17. TYPES OF DATA AVAILABLE <i>Physical</i> <input type="checkbox"/> 311 Temperature <input type="checkbox"/> 312 Specific Conductance <input type="checkbox"/> 313 Turbidity <input type="checkbox"/> 314 Color <input type="checkbox"/> 315 Odor <input type="checkbox"/> 316 Radioactivity <input type="checkbox"/> 317 pH (field) <input checked="" type="checkbox"/> 318 pH (lab) <input type="checkbox"/> 319 Eh <input type="checkbox"/> 320 Other	<i>Chemical</i> <input type="checkbox"/> 331 Dissolved solids <input checked="" type="checkbox"/> 332 Chlorides Only <input type="checkbox"/> 333 Nutrients (Nitrogen and phosphorus compounds) <input type="checkbox"/> 334 Common ions <input checked="" type="checkbox"/> 335 Hardness <input type="checkbox"/> 336 Radiochemical <input type="checkbox"/> 337 Dissolved oxygen <input type="checkbox"/> 338 Other Gases <input type="checkbox"/> 339 Other	<i>Organic</i> <input type="checkbox"/> 351 Pesticides (insecticides, herbicides, etc.) <input type="checkbox"/> 352 Synthetic detergents <input type="checkbox"/> 353 Other <i>Biologic</i> <input type="checkbox"/> 361 Coliforms <input type="checkbox"/> 362 Other Micro-organisms <input type="checkbox"/> 363 BOD <input type="checkbox"/> 364 Other <i>Sediment</i> <input type="checkbox"/> 371 Concentration <input type="checkbox"/> 372 Particle size <input type="checkbox"/> 373 Other
--	---	---

18. SUPPLEMENTARY DATA FOR SITE <input type="checkbox"/> 421 Surface Water Station <input type="checkbox"/> 422 Ground Water Station	<input type="checkbox"/> 423 Water Stage or Level <input checked="" type="checkbox"/> 424 Water discharge	<input type="checkbox"/> 425 Time of Travel <input type="checkbox"/> 426 Drainage Area
--	--	---

19. STORAGE OF DATA <input type="checkbox"/> 501 Periodic Report <input type="checkbox"/> 502 Areal Report	<input checked="" type="checkbox"/> 503 Not Published <input type="checkbox"/> 504 Data on Punched Card	<input type="checkbox"/> 505 Data on Magnetic Tape <input type="checkbox"/> 506 Other
--	--	--

20. OFFICE AT WHICH DATA AVAILABLE		
Office	BASE MAINTENANCE DEPARTMENT, UTILITIES DIVISION	
Street No.	MARINE CORPS BASE	City Code
City, State, Zip	CAMP LEJEUNE, N. C. 28542	0735

21. OFFICE COMPLETING FORM	BASE MAINTENANCE DEPARTMENT
----------------------------	-----------------------------

22. COMPILER'S NAME	23. DATE Month Year <b>09 1966</b>
---------------------	--



12/2

12/2

12/2