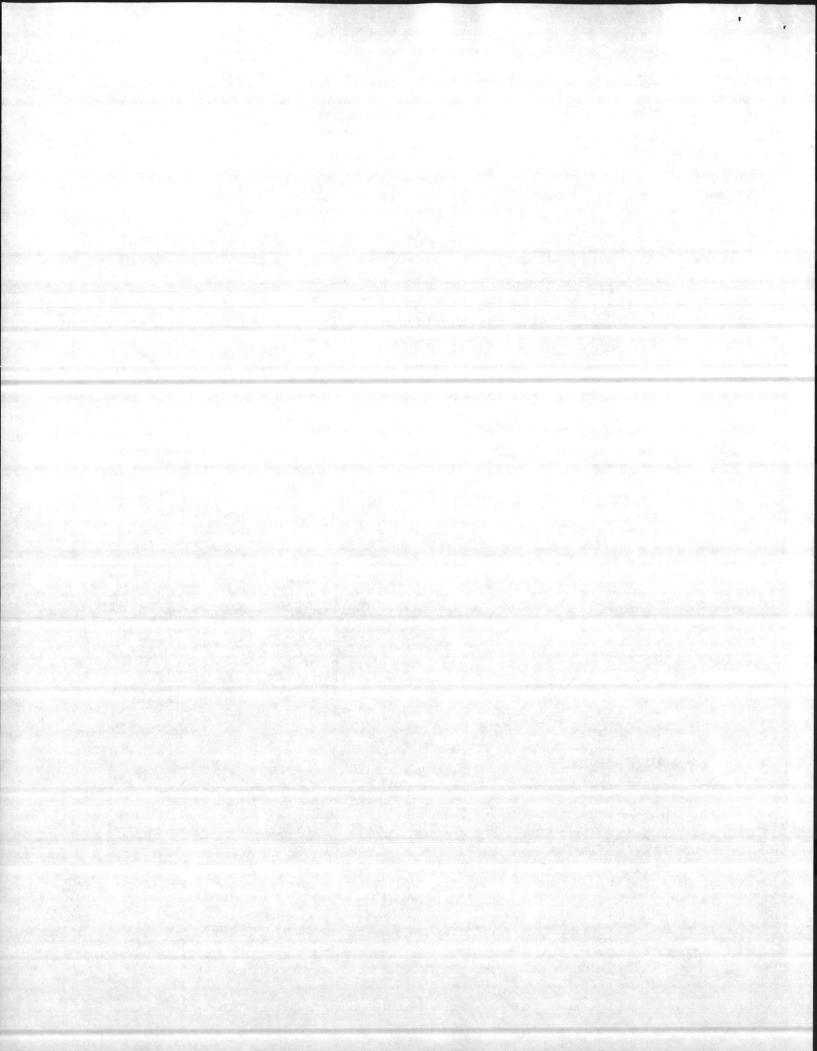
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UNITED STATES MARINE CORPS

Base Maintenance Division Marine Corps Base Camp Lejeune, North Carolina 28542

IN REPLY REFER TO 11000 MAIN 2 4 JUL 1985

Base Maintenance Officer, Marine Corps Base, Camp Lejeune From:

To:

Facilities Management Department, Naval Hospital, Camp Lejeune (Attn: LTJG Richards or Mr. E. B. Morris)

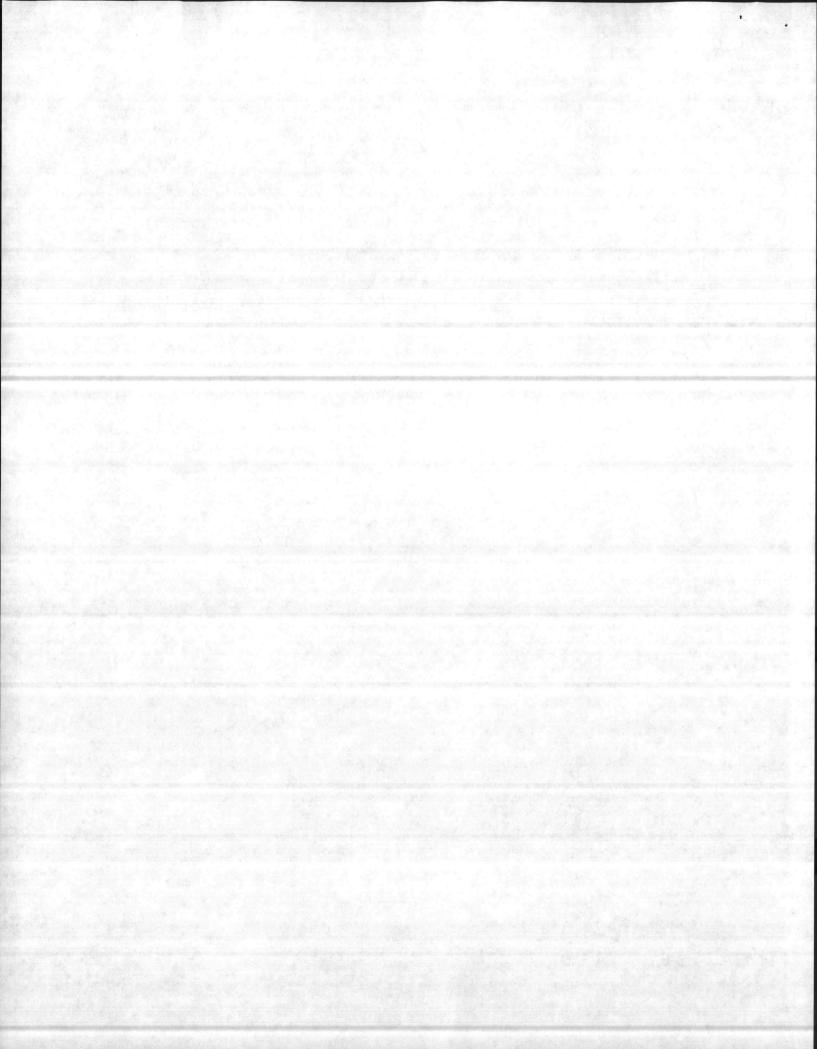
COST ESTIMATE FOR WORK REQUEST #1300521 Subj:

Ref: (a) Your wk req #1300521

Encl: (1) Cost Estimate

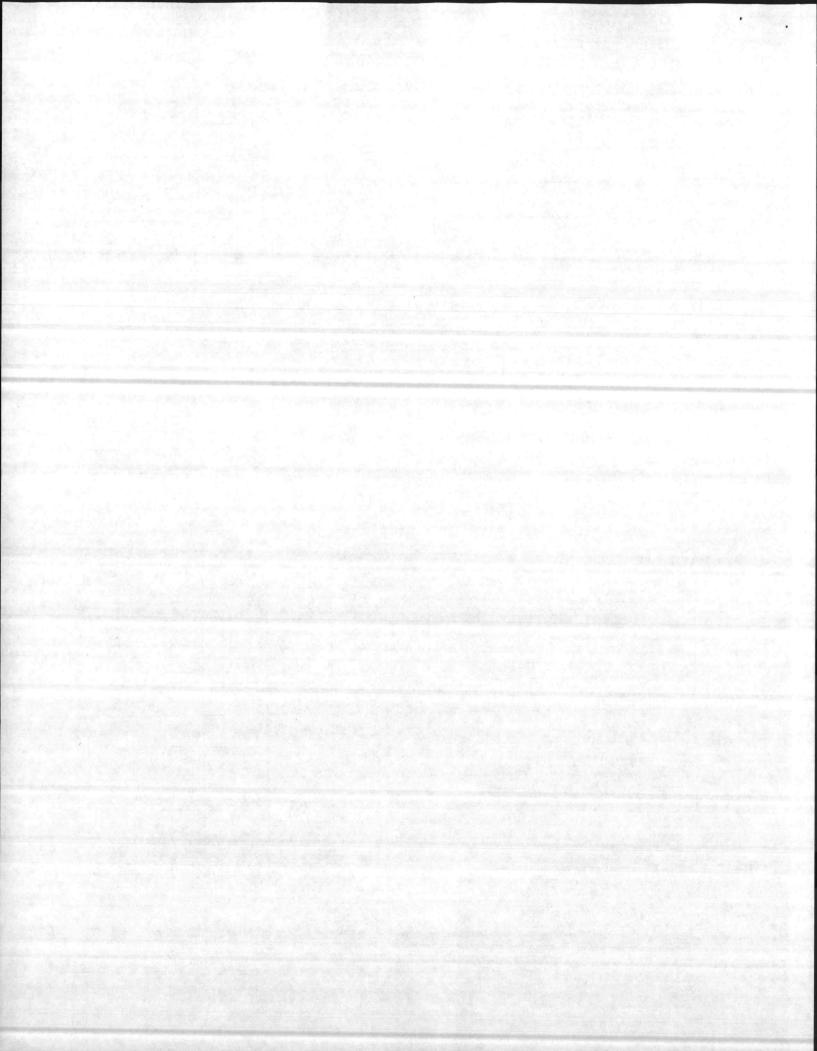
Per the reference, the enclosure is forwarded.

Point of contact for additional information is Mr. Mike Strain, X5809.



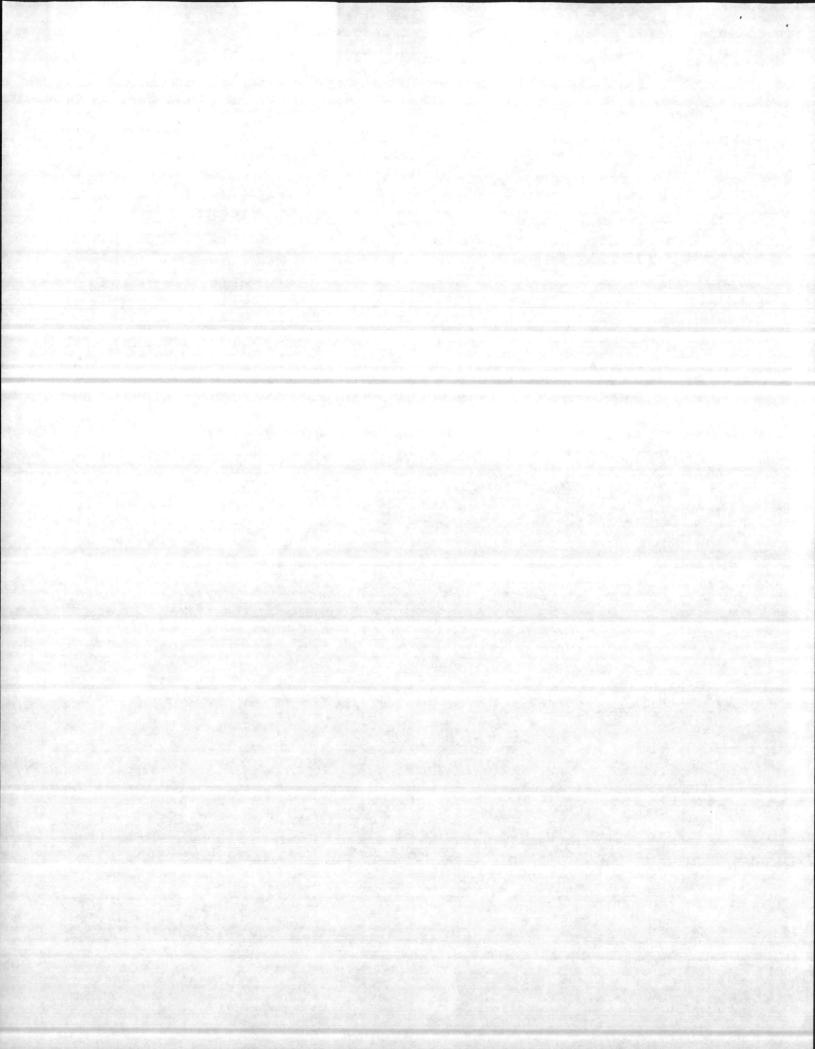
JOB ORDER	(CONTROLLED MAINTENANCE)
MCBCI 1101	4/18 (REV 12-80)

A			W.C.	Dist	b. Date-B	Ву	Job Orde	r No.	
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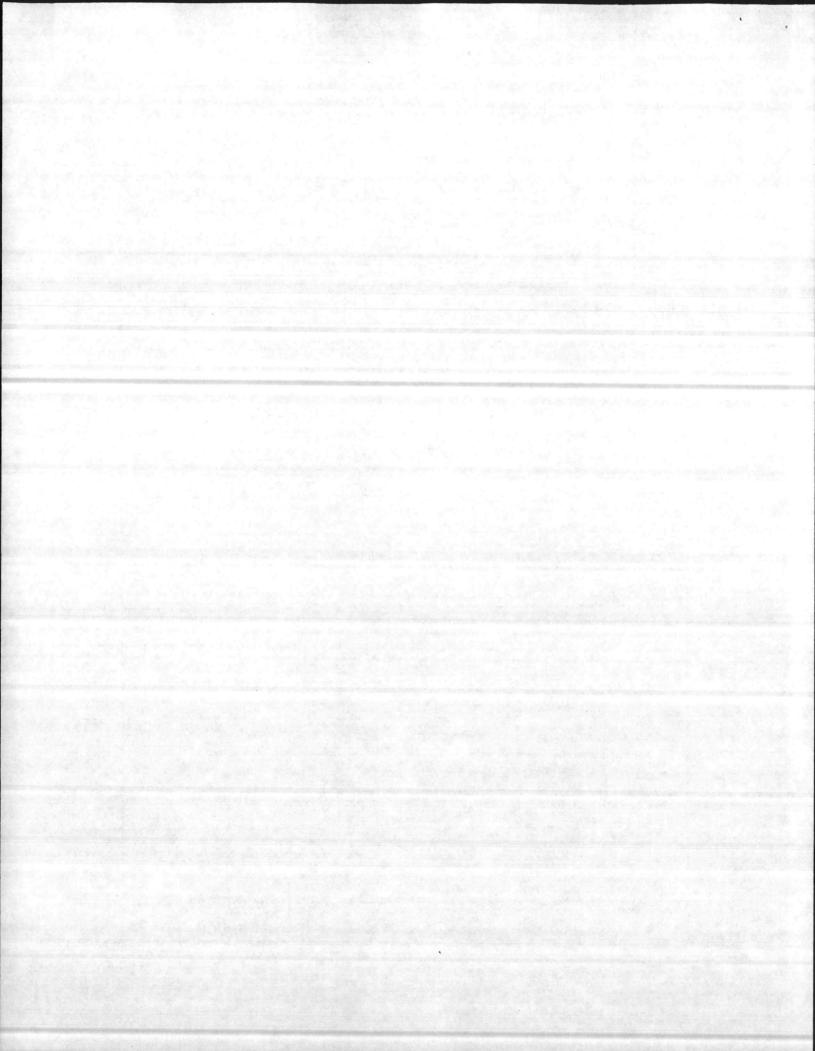


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WORK CENTER	DESCRIPTION	EST. HOURS
? - 61A	DISCONNECT, REMOVE, AND REINSTALL FLUMBING	44
	FIXTURES INSTALL WATER HEATER	
	SH#7-14	
4- 41	REMOVE CABINETS, COUNTER, DOORS, JAMES, FLOOR	24,5
	TILE AS LISTED ON INSP. SHEETS	
-	SH# 15-23	
5-71	BREAK OUT WALLS & FOOTER AS LISTED ON TUST	
	READET SH# 24-26	
Tage - or Bellion		
6-44	MAKE REPAIRS AS LISTED ON INSPECTION	241
	REPORT SH# 27-31	
7-51	MAKE REPAIRS AS LISTED ON INSPECTION REPUET	41
	SH 32- 40	
8-41	FABRICATE COUNTER & CABINETS AS LISTED	31
	ON INSPECTION REPORT	
	JOB ORDER NO. FACILITY NO.	
	7300	

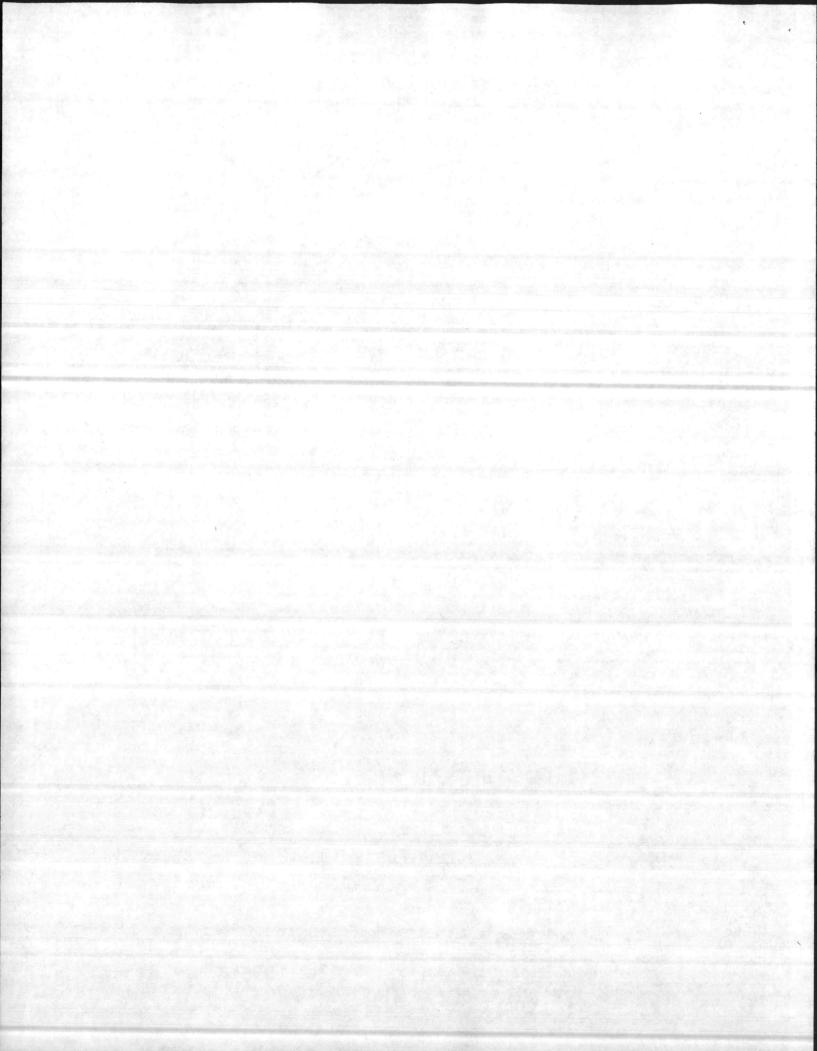
SHEET 2 OF 3



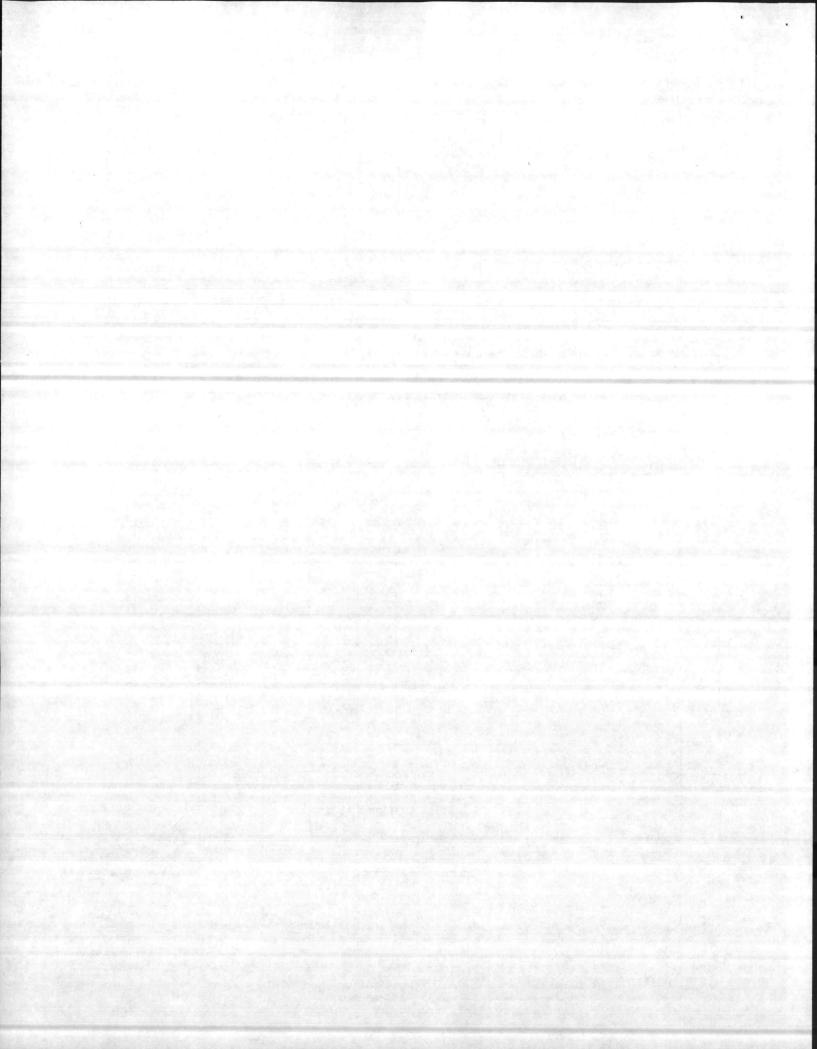
	BREAKDOWN OF WORK	
WORK CENTER	DESCRIPTION	EST. HOUR
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	JOB SITE SHENIA	
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0 - 53	Install Window unit Heat & Cooling Unit	4
	Sh# 4/	
1633	TO SET FRAMES AS NEEDED,	15
	TO SET FRAMES AS NEEDED,	
)	54#42-49.	
12/43	PRINT Two coats AS PER INSPECTION	29
	REPORT.	
	5h#50-52	
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		C. SUB- HEAD	D. OBJ. CLASS	E. BU. CONTROL	F. SA	G. AAA	H. TT	I. PAA	J. COST CODE	AMOUNT
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UNITED STATES MARINE CORPS

BASE MAINTENANCE DIVISION MARINE CORPS BASE CAMP LEJEUNE, NORTH CAROLINA 28542-5000

IN REPLY REFER TO: 11000 MAIN

1 3 JUN 1986

From:

Base Maintenance Officer, Marine Corps Base, Camp Lejeune

To:

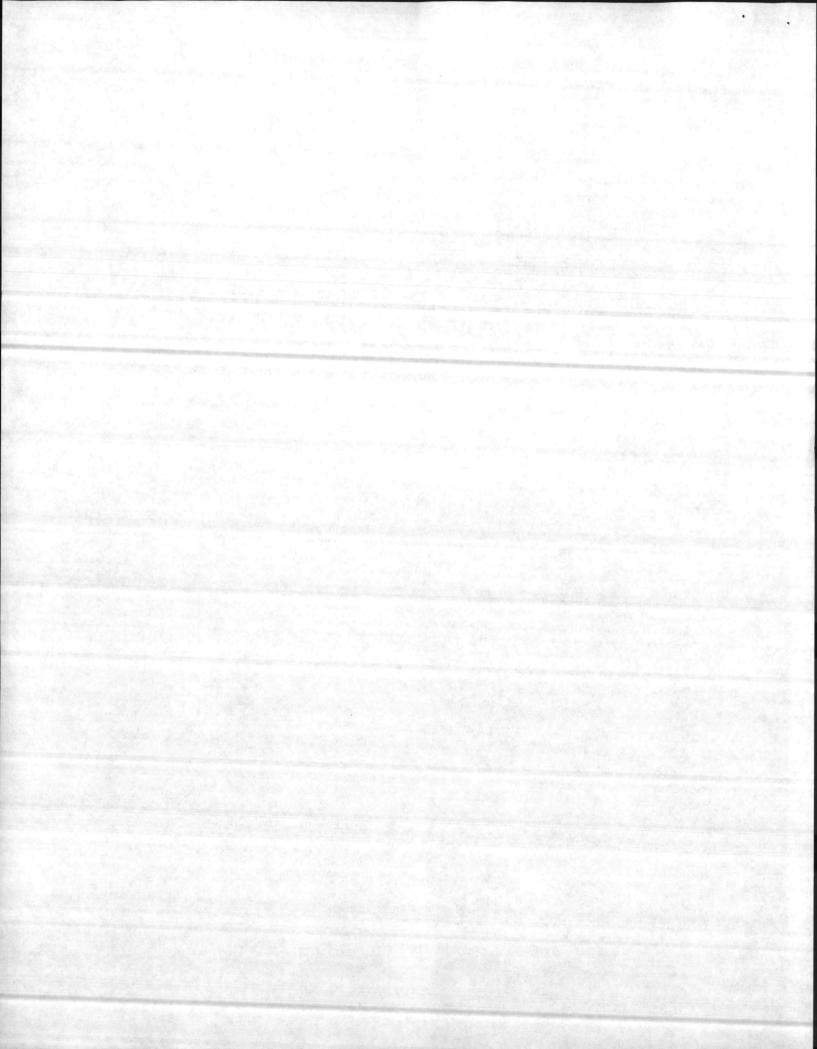
Commanding Officer, Naval Hospital, Camp Lejeune

Mr. Morris) (Attn:

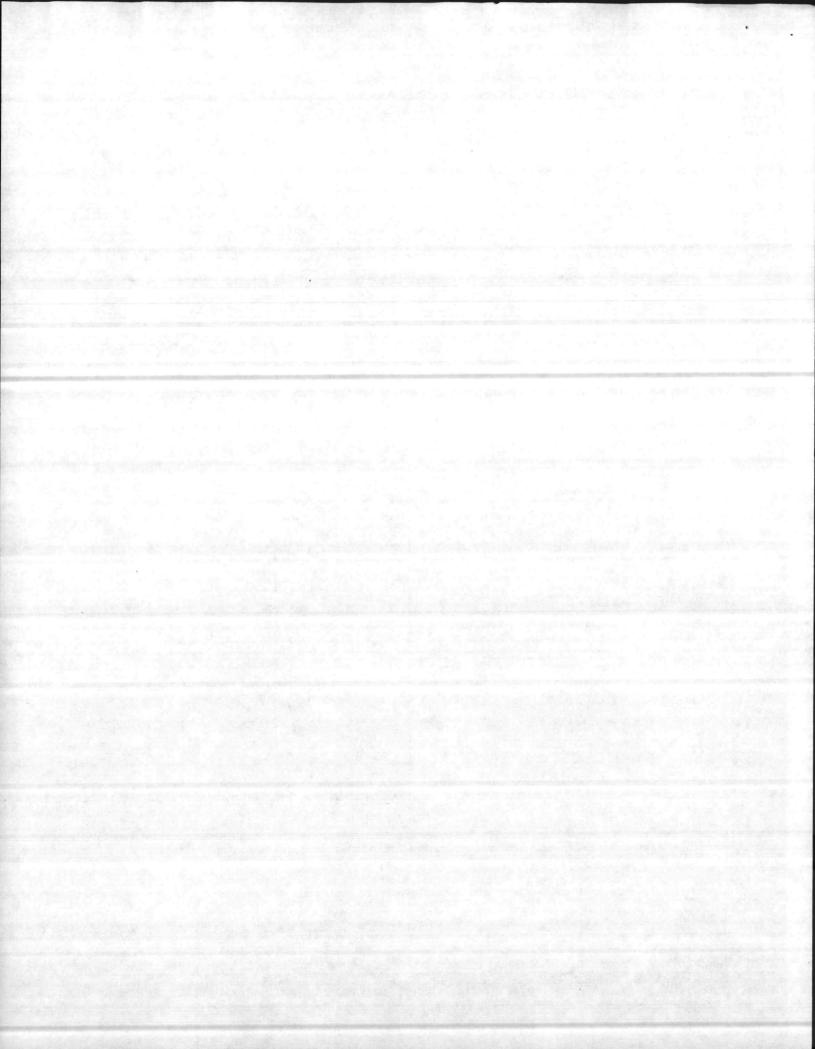
Subj: ADDITIONAL FUNDS

1. Request additional funds of \$2,112.00 on Building 1300 due to increased asbestos removal in the building.

By direction



NA VDOCE	10-74) S/N 0105-LF-002-71 KS 2353 and 2356		tions for complete	ing form are conta	ined in NAVF	AC MO-321		3. JOB ORDER NO.	. 1 .
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CILITI	IES MANAGEMI	ENT DEPT, NE	H, CLNC					4. ESTIMATE NO.	
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UNITED STATES MARINE CORPS

Base Maintenance Division Marine Corps Base Camp Lejeune, North Carolina 28542

IN REPLY REFER TO

11000 MAIN 12 FEB 1986

From:

Base Maintenance Officer, Marine Corps Base, Camp Lejeune

To:

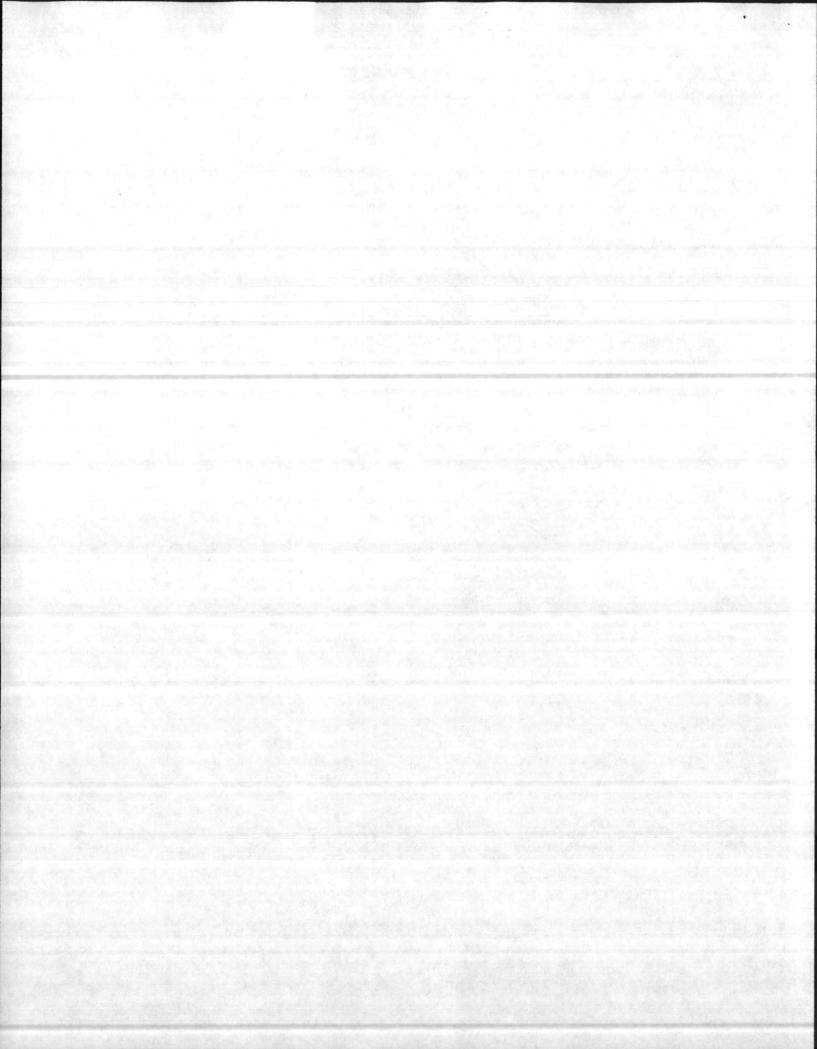
Facilities Management Department, Naval Hospital, Camp

Lejeune (Attn: Mr. Morris)

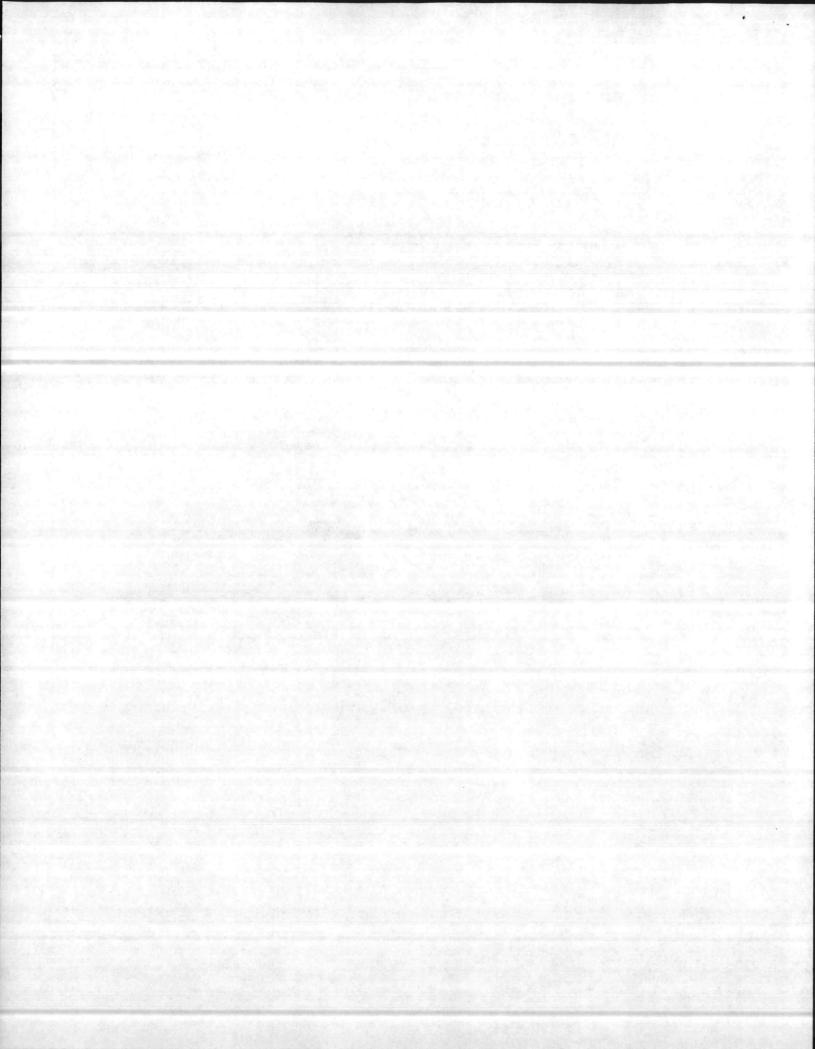
Subj: PRICE INCREASE TO JOB ORDER NUMBER 0308, BUILDING 1300

1. Additional reimbursable funds in the amount of \$398.00 are required on the subject job due to an increase in the cost of commode partitions.

2. Materials will be ordered upon receipt of additional funds.



ורד.ו	S ORDER MUST	BE ACCEP	TED ON A	REIMBURSA SIDE.	BLEE	BASIS ONLY A	ND IS	SUBJECT TO		OCUMENT NUMBER N6809385P000039
-	ERENCE NUMB		4. FUND	Aug 86		5. WORK CO			6. DATE PREPARED 7 Mar 86	7. AMENDMENT NO.
. ==(OM: Comm	anding			AND T			9. FOR DET	AILS CONTACT:	1
)	Nava	1 Hospi Lejeun	tal	28542-5	008				V. RICHARDS, LT . 4900	CEC USN
0.70): r							7	11. MAIL BILLINGS TO-	
اں (70	c Mari	anding ne Corp Lejeun	s Base		001					
2.			1 11	ACCOUNTING	GDAT	A TO BE CITE	D ON	BESTU TING	RULINGS	and the same of the
CEN	B. APPROPRIA- TION	C. SUB- HEAD	D. OBJ. CLASS	E. BU. CONTROL	F. SA	G. ,	H.	1.	J.	к.
	TION	HEAD	CLASS	CONTROL	SA	AAA	TT	PAA	COST CODE	AMOUNT /
A.t.	1751804	1880	000	68093	0	000612	2D	25067Q	PP5P00003900	\$ 398.00
										\$ 398.00
۸.									CUMULATIVE TOTAL	\$14,309.00
			BEFERRO	HIMED ALL	TIMER	INSTRUCTIO	Chic			
e j		for al	terati	ons to V	'etei	rinary Cl	inio		1300, for Naval	Hospital, Camp
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æ j	vide funds eune, NC.	for al	terati	ons to V	'etei	rinary Cl	inio			Hospital, Camp
Lė j	vide funds eune, NC.	for al	terati	ons to V	'etei	rinary Cl	inio			Hospital, Camp
Lej	vide funds eune, NC. ndment #1	for al	terati	ons to V	eten	rinary Cl	inio			



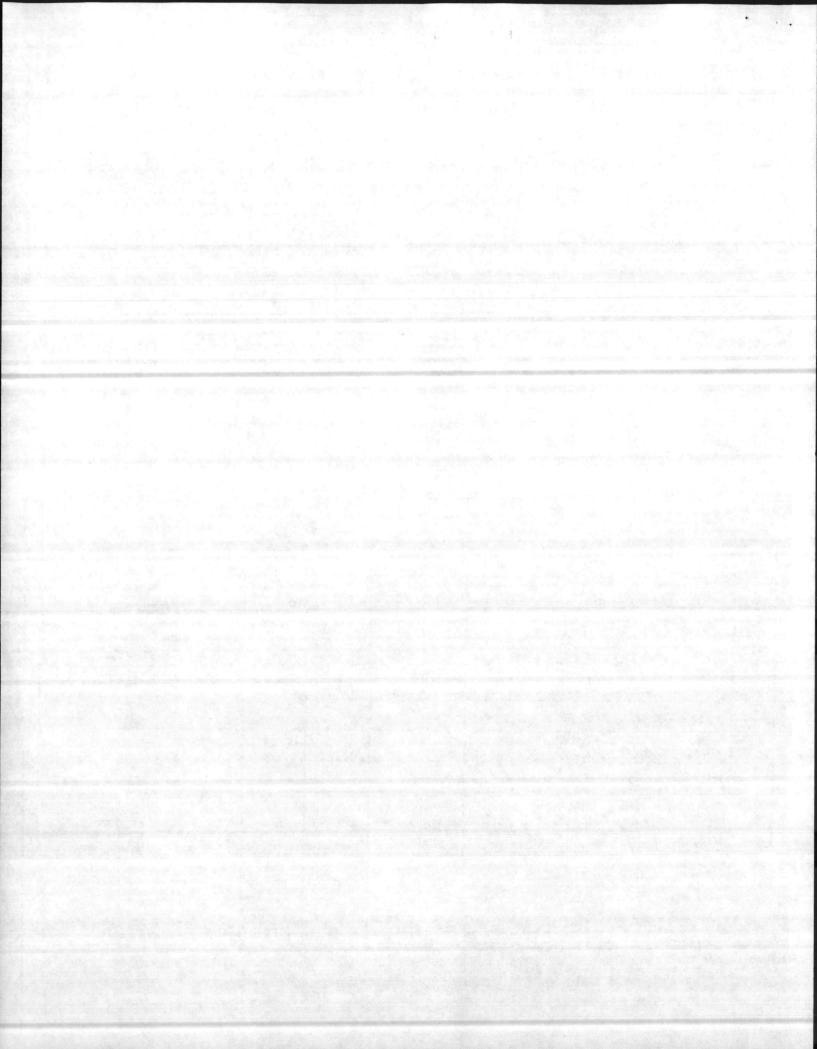
DB ORDER (CONTROLLED MAINTENANCE) 2 NO AMENIMENT 0308

Disth Date-By Liob Order No. CBCL 11014/18 (REV. 12-80) Facility No. ccounting No. F/SFC Program/Budget ctivi 1300 AC/S Fac. Proj. No. Approval Document opropriation Subhead Requester Reg. No. lotment/Project CAC 8071-7 1300521 Special Instr. GC Type Of Work Sketch/Plan Attached RZ □ NO or Further Information Contact: LT. JG RICHARDS OR EB MORRIS PH-451-4900 eneral Job Description REMOVE PLASTER WALLS AND CIELING AS REQUIRED REMOVE ASBESTES INSULATION AND REINSULATE PIPING TE: REMOVE AND DISPOSE ASBESTOS MATERIAL AS PRESCRIBED IN OPNAVINST 5100,23 B NOTIFIY INDUSTRIAL HYGINE IN ADJANCE PH-5707. Will Not Be Exceeded Without Prior Approval Of AC/S Fac. he Authorized Funded Cost of Completed Date: Complete By: tarting Date: **Summary of Estimates** Breakdown of Work Est. Work Labor Labor Mat. Total Description Work hase Est. Cost Hours Cost Center 75 PROVIDE DUMPSTER 2 83 1418 242 325 50 FOR ASBESTOS MATERIAL UEH CHKC 54-3 BREAK QUT PLASTER 83 WALLS AND CIEL WG AND REMOVE ASBESTOS PIPEING INSULATION

Prepr 1 By: Reviewed By: TOTALS 104 1771 341 2112.00

Authorized By (Signature): Date:

For Continuation See Sheets Z Thru Z



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	ERENCE NUMBE	ER		ug 86	4	5. WORK CO	MPLE	TION DATE	6. DATE PREPARED 28 Jul 86	7. AMENDMENT NO.
e la	Naval	nding O Hospit Leieune	fficer		08			Transport to the state of the s	AILS CONTACT: GRAHAM, LTjg CEC 4900	USN
то			,			<u> </u>			11. MAIL BILLINGS TO	
UI 00	Comma c Marin	ending G e Corps Lejeune	Base	28542-50	01					
				ACCOUNTING	G DAT	TA TO BE CIT	ED ON	RESULTING	BILLINGS	
2	B.APPROPRIA-	C. SUB- HEAD	D. OBJ. CLASS	E. BU. CONTROL	F. SA	G.	H.	I. PAA	J. COST CODE	K. AMOUNT
	1751804	1880	000	68093	0	000612	2D	25067Q	PP5P00003900	\$ 2,112.00
									TOTAL THIS DOCUMENT	\$ 2,112.00
98.0									CUMULATIVE TOTAL	\$16,421.00
	vide funds eune, NC.	for all	teratio	ons to Ve	ter	inary Cli	nic,	Bldg. 13	300, for Naval Hos	spital, Camp
	ndment #1 indment #2									
	ndment #1									· 1/12
me	ndment #1	is issue	ed to :	increase	autl		unds	by \$2,11	ER Theodo	· 1/12

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CON	ORDER MUST	ON THE	HEVERSE	SIDE.					6. DATE PREPARED	N6809385P000039
REF	ERENCE NUMBE	R	4. FUND	S EXPIRE OF	N	30 Se			30 Sep 86	3
RC	Naval	Hospit	officer tal e, NC	28542-500	08				AILS CONTACT: GRAHAM, LTjg CEC 4900	USN
TC	: -		-		-			٦	11. MAIL BILLINGS TO:	
UI 700	Comma c Marin	e Corp		28542-50	01					
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RN	B.APPROPRIA-	C. SUB- HEAD	D. OBJ.	E. BU. CONTROL	F. SA	G.	H. TT	I. PAA	J. COST CODE	K. AMOUNT
A	1751804	1880	000	68093	0	000612	2D	25067Q	PP5P00003900	\$ 42.56
									TOTAL THIS DOCUMENT	\$ 42.56
_									CUMULATIVE TOTAL	1016 160 56
ro	vide funds ne, NC.	for al	teration	ons to Ve	eteri auth	inary Cli	nic,	by \$398.		spital, Camp
Ame	endment #3	is issu	ed to	increase	auth	norized f	funds	by \$42.	56. Work is comp	lete.
15.				AUTHOR	ZING	OFFICIAL (N	AME, 1	FITLE AND SI	GNATURE)	DATE
	GERTIFY THAT	HARGEA								
	HE WORK OR SE	RVICES R	EQUESTE	D. S. I.	FIS	H. LCDR	MSC I	JSN, Fisc	al Officer	30 Sep 8

