

DEPARTMENT OF THE NAVY NAVAL HOSPITAL CAMP LEJEUNE, NORTH CAROLINA 28542-5008

11013/C2-86 13/11223 31 July 86

IN REPLY REFER TO

From: Commanding Officer, Naval Hospital, Camp Lejuene, NC 28542-5008

- To: Commander, Naval Medical Command, Department of the Navy, Washington, DC 20372 (MEDCOM 312)
- Via: Commander, Naval Medical Command, Mid-Atlantic Region, 6500 Hampton Blvd, Norfolk, VA 23508-1297
- Subj: SPECIAL PROJECT C2-86 PROVIDE PAVILION AND PLAYING FIELD
- Ref: (a) OPNAVINST 11010.20E
   (b) NAVFAC P-80
   (c) CO NAVHOSP CLNC ltr 11010 13/11228 dtd 30 July 86

Encl: (1) Special Project C2-86, Step II

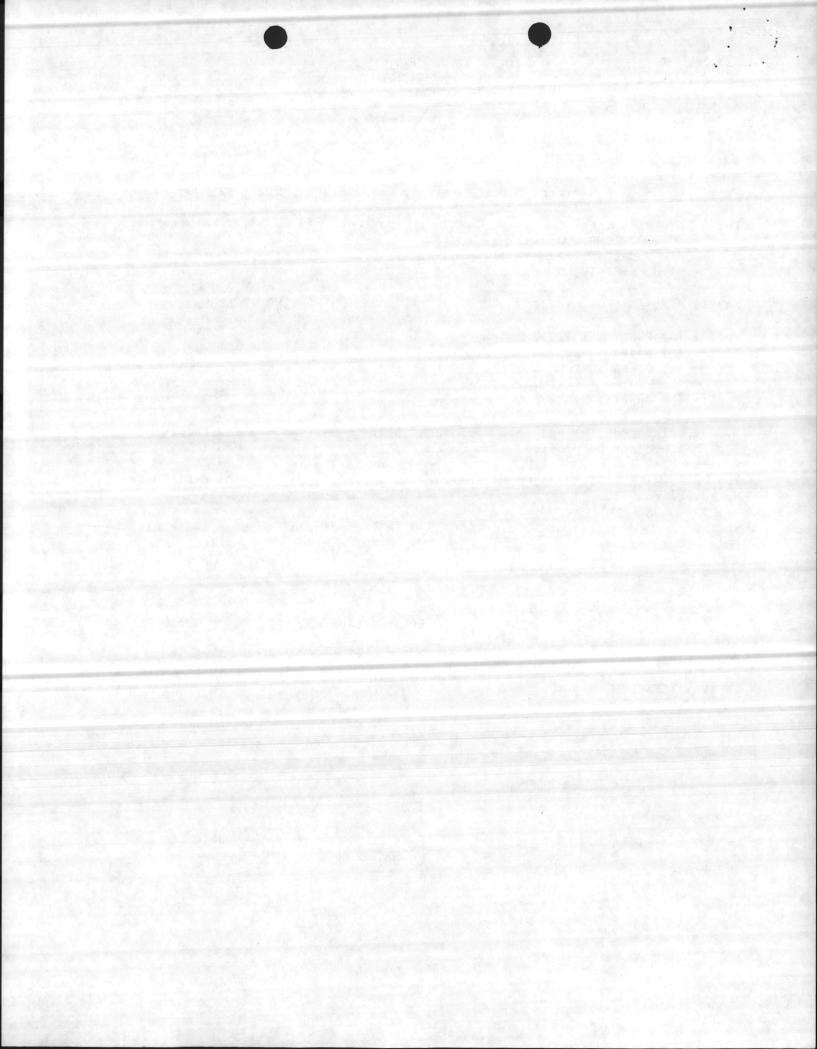
1. By references (a) and (b), enclosure (1) is submitted. Request funding for this project be provided as soon as possible.

2. Our Facility Planning documents were requested to be updated at LANTDIV by reference (c).

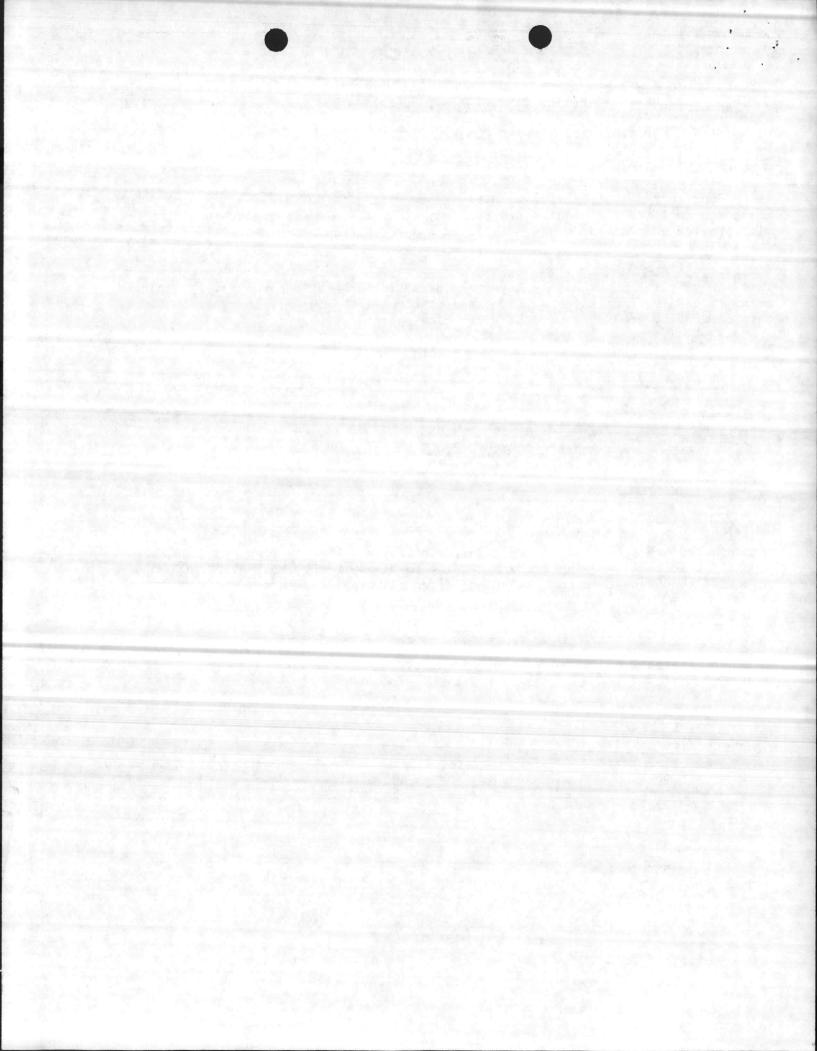
3. Mr. Elwood Morris at Autovon 484-4900 is the point of contact concerning this special project.

R. N. GRAHAM By direction

Copy to: Fiscal LANTVANFACENGCOM

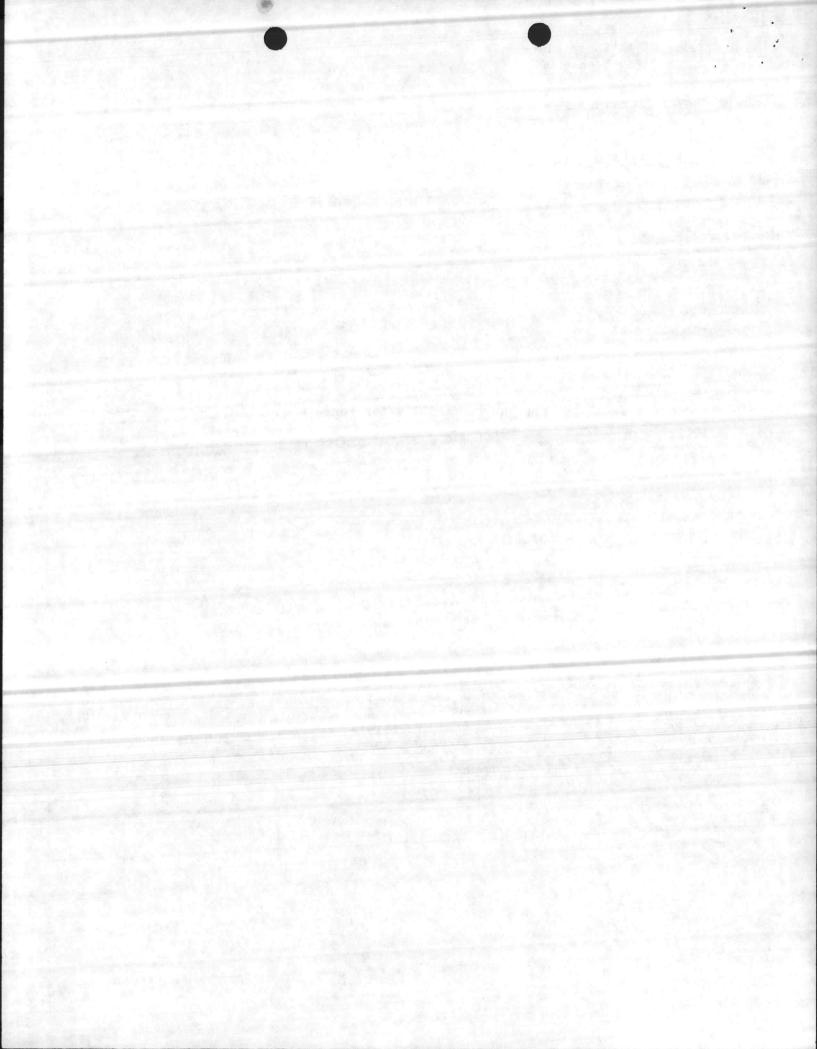


	014/64 (11-68) STEP TWO SUBMISSION	e. coriis
ACTIVITY SNDL NO.	ACTIVITY NAME AND LOCATION	DATE SUBMITTED
3435-185	NAVAL HOSPITAL, CAMP LEJEUNE, NC 28542-5008	15 July 1986
C2-86	PROVIDE PAVILION AND PLAYING FIELD	
a. MAINT./RE		EQUIPMENT
An outdoor a command a fa	recreation pavilion with restrooms will provide thi acility for picnics, recreation, etc. The playing e an area for sport activities and recreation.	
area. These	ty is approximately 4 years old and is located in a e two facilities will increase the morale of the mi d by providing outdoor recreation opportunities.	
THE REQUIREMENT FOR		ENTLY REQUIRED
EST. FUNDED COST	b. EST. PROJECT COST b. EST. PROJECT COST c. EST. PLANNING COST s. Pavilion - 30,350 s. 23,400 s. 20,200 s. 20,200	F TIME REQUIREMENTS
CONSTRUCTED	X YES NO	
YES NO	INNUAL INSPECTION SUMMARY? If answer is "NO," and AIS is applicable, explain exclusion.	
YES NO N. DESCRIBE CONDITION TO This command regulation s		lion and 2 ea. ANTNAVFACENGCOM has been
YES NO . DESCRIBE CONDITION TO This command regulation s	X N.A. D BE CORRECTED, OR PROBLEM TO BE SOLVED WITH PROPOSED SOLUTION. Attach additional description if necessary has a basic facility requirement for a 800SF pavi softball playing field according to NAVFAC P-80. L	lion and 2 ea. ANTNAVFACENGCOM has been
YES NO N. DESCRIBE CONDITION TO This command regulation s requested to	X N.A. D BE CORRECTED, OR PROBLEM TO BE SOLVED WITH PROPOSED SOLUTION. Attach additional description if necessary has a basic facility requirement for a 800SF pavi softball playing field according to NAVFAC P-80. L o update this command's facilities planning documen	lion and 2 ea. ANTNAVFACENGCOM has been
YES NO N. DESCRIBE CONDITION TO This command regulation s requested to 2. WHY IS THE PROPOSED S	X N.A. D BE CORRECTED, OR PROBLEM TO BE SOLVED WITH PROPOSED SOLUTION. Attach additional description if necessary has a basic facility requirement for a 800SF pavi softball playing field according to NAVFAC P-80. L	lion and 2 ea. ANTNAVFACENGCOM has been
YES NO N. DESCRIBE CONDITION TO This command regulation s requested to L. WHY IS THE PROPOSED S No other alt	X N.A. D BE CORRECTED, OR PROBLEM TO BE SOLVED WITH PROPOSED SOLUTION. Attach additional description if necessary has a basic facility requirement for a 800SF pavi softball playing field according to NAVFAC P-80. L o update this command's facilities planning documen	lion and 2 ea. ANTNAVFACENGCOM has been
YES NO N. DESCRIBE CONDITION TO This command regulation s requested to D. WHY IS THE PROPOSED S No other alt	X N.A. D BE CORRECTED, OR PROBLEM TO BE SOLVED WITH PROPOSED SOLUTION. Attach additional description if necessary a has a basic facility requirement for a 800SF pavi softball playing field according to NAVFAC P-80. L b update this command's facilities planning documen OLUTION BEST - AND WHAT ALTERNATIVES WERE CONSIDERED? Sernative will solve the deficiency. KPERTS INVITED TO REVIEW THIS PROBLEM AND THIS SOLUTION? Explain effect on solution.	lion and 2 ea. ANTNAVFACENGCOM has been
YES NO N. DESCRIBE CONDITION TO This command regulation s requested to 2. WHY IS THE PROPOSED S No other alt 3. WERE ANY NON-NAVY EX	NA. D BE CORRECTED, OR PROBLEM TO BE SOLVED WITH PROPOSED SOLUTION. Attach additional description if necessary a has a basic facility requirement for a 800SF pavi softball playing field according to NAVFAC P-80. L b update this command's facilities planning documen olution BEST - AND WHAT ALTERNATIVES WERE CONSIDERED? cernative will solve the deficiency. RPERTS INVITED TO REVIEW THIS PROBLEM AND THIS SOLUTION? Explain effect on solution. NO NO NO NO NO NO NO NO NO NO	lion and 2 ea. ANTNAVFACENGCOM has been ts.
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YES NO NO DESCRIBE CONDITION TO This command regulation so regulation so requested to WHY IS THE PROPOSED SO NO other alt WERE ANY NON-NAVY ED NO YES D. X HAS EFD DESIGN DI REVIEWED SOLUTIO 6. CAN PROJECT BE FUNDI YES D. X	NA. D BE CORRECTED, OR PROBLEM TO BE SOLVED WITH PROPOSED SOLUTION. Attach additional description if necessary to be connected, or problem to be solved with proposed solution. Attach additional description if necessary to ftball playing field according to NAVFAC P-80. L to update this command's facilities planning document outurion BEST - AND WHAT ALTERNATIVES WERE CONSIDERED? ternative will solve the deficiency. REPERTS INVITED TO REVIEW THIS PROBLEM AND THIS SOLUTION? Explain effect on solution. NO NO NVISION a. YES b. NO 15. CAN ANOTHER FACILITY BE ECONOMICAL ADAPTED FOR THIS FUNCTION? ED IN PHASES? How? How many? NO N/A	LY . YES b. X NO
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	2 Ea. F		COPILE COPILE
YES b. NO	If "NO," explain the difference, including cost.		
OJFCT IS PLANNED TO BE ACCOMPLISHED BY			
STATION LABOR b. X CONTRACT	HIS OR SIMILAR FACILITIES? Check and explain if "YES."	Constant State Street S	
YES b. X NO When? *			
PROBABLE INCREASE IN PROJECT IS DONE THIS YEAR AS COMPARED T PROBABLE INCREASE IN PROJECT COST FOR ANY JUSTIFIABLE REAS		ION IN CURRENT OPERATIONS COST	
\$ 2,568 JUSTIFY ANY SAVINGS INDICATED	\$ \$	WHAT IS PAY BACK PER	DOIR
Inflation rate 4%		OF PROJECT? (In years) N/A	
WILL ACCOMPLISHMENT GENERATE REQUIREMENTS FOR ADDITIONAL M&O FUNDS OR PERSONNEL?	a. NO b. X YES Est. Ann.	\$650	
T WOULD BE THE EFFECT OF DEFERRING THE PROJECT ONE YEAR?	?	ç030	-
N/4			
ARS BEFORE SERIOUS DAMAGE OCCURS $N/A$ . S THE REDUCED UTILIZATION OF THIS SPECIFIC FACILITY AFFECTED YES b. NO N/A			
ARS BEFORE SERIOUS DAMAGE OCCURS N/A.			_
S THE REDUCED UTILIZATION OF THIS SPECIFIC FACILITY AFFECTE		CURITY 9. OTHER	_
ARS BEFORE SERIOUS DAMAGE OCCURS $N/A$ . S THE REDUCED UTILIZATION OF THIS SPECIFIC FACILITY AFFECTED YES b. NO BY HOW MUCH? $N/A_{g}$ THERE ANY OTHER FACTORS INVOLVED? Check and explain.		CURITY 9. OTHER	
ARS BEFORE SERIOUS DAMAGE OCCURS N/A STHE REDUCED UTILIZATION OF THIS SPECIFIC FACILITY AFFECTED YES b. NO BY HOW MUCH? N/A THERE ANY OTHER FACTORS INVOLVED? Check and explain. MORALE b. HEALTH c. PUBLIC RELATION MORALE b. HEALTH c. PUBLIC RELATION MORALE b. HEALTH c. HEALTH MORALE b. HEALTH C. HEALTH MORALE b. HEALTH C. HEALTH MORALE b. HEALTH C. HEALTH MORALE D. HEALTH		osed method of accomplishment of this project	cı
ARS BEFORE SERIOUS DAMAGE OCCURS N/A STHE REDUCED UTILIZATION OF THIS SPECIFIC FACILITY AFFECTED YES b. NO BY HOW MUCH? N/A THERE ANY OTHER FACTORS INVOLVED? Check and explain. MORALE b. HEALTH c. PUBLIC RELATION MORALE b. HEALTH c. PUBLIC RELATION MORALE b. HEALTH c. HEALTHON MORALE b. HEALTH C. HEALTHON MORALE b. HEALTH C. HEALTHON RELATION	%.         NS       d.       SAFETY       e.       FIRE PROTECTION       f.       SE         um personally cognizant of the need for, the essentiality of, and the propress all criteria specified in OPNAVINST 11010.20 and subsequent cl	osed method of accomplishment of this project tanges thereto.	c1
ARS BEFORE SERIOUS DAMAGE OCCURS <u>N/A</u> S THE REDUCED UTILIZATION OF THIS SPECIFIC FACILITY AFFECTED YES b. NO BY HOW MUCH? <u>N/A</u> THERE ANY OTHER FACTORS INVOLVED? Check and explain. MORALE b. HEALTH c. PUBLIC RELATION MORALE b. HEALTH c. PUBLIC RELATION ENTIFICATION BY RESPONSIBLE OFFICER AT ACTIVITY: 1 and Activity that the above information is correct, and that this project to URE NEAD TANAN, LTJG, CEC, USAR	%. NS d. SAFETY e. FIRE PROTECTION f. SET um personally cognizant of the need for, the essentiality of, and the proprimeets all criteria specified in OPNAVINST 11010.20 and subsequent cl TITLE Head, Facilities Management NAVHOSP CLNC	osed method of accomplishment of this project anges thereto.	c1
ARS BEFORE SERIOUS DAMAGE OCCURS <u>N/A</u> S THE REDUCED UTILIZATION OF THIS SPECIFIC FACILITY AFFECTED YES b. NO BY HOW MUCH? <u>N/A</u> THERE ANY OTHER FACTORS INVOLVED? Check and explain. MORALE b. HEALTH c. PUBLIC RELATION ENTIFICATION BY RESPONSIBLE OFFICER AT ACTIVITY: 1 and detrify that the above information is correct, and that this project to URE	%. NS d. SAFETY e. FIRE PROTECTION f. SET um personally cognizant of the need for, the essentiality of, and the proprimeets all criteria specified in OPNAVINST 11010.20 and subsequent cl TITLE Head, Facilities Management NAVHOSP CLNC	osed method of accomplishment of this project anges thereto.	ct

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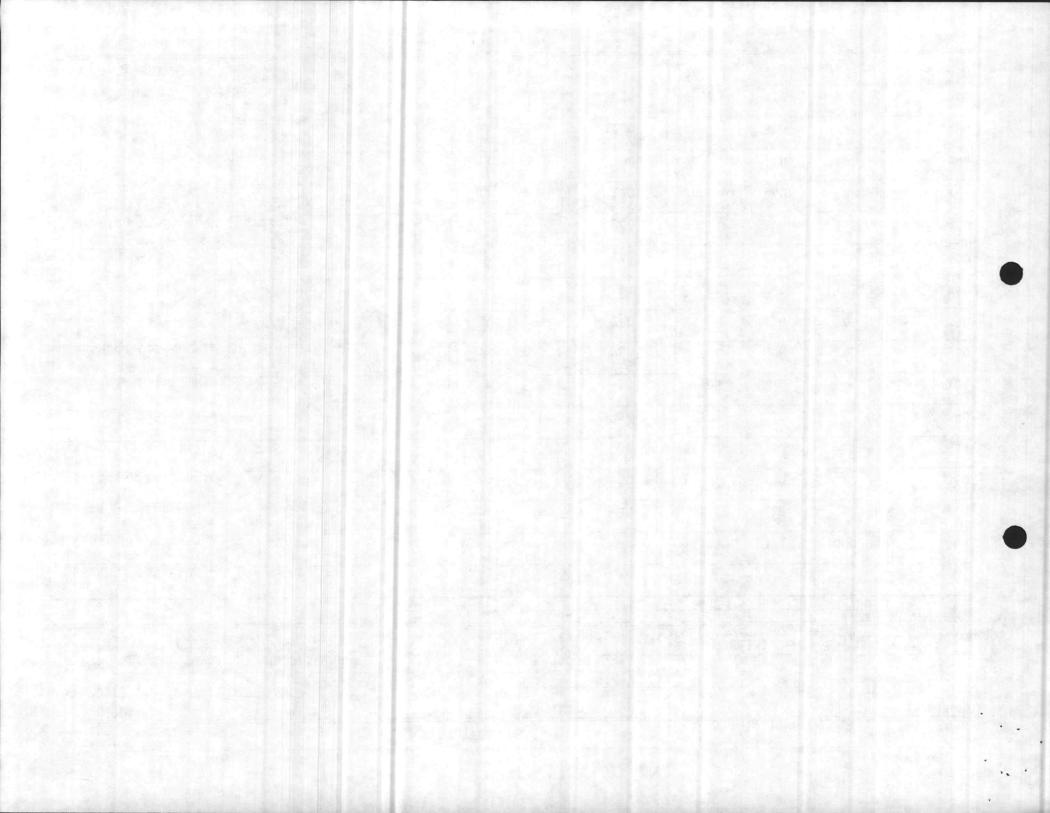


Fac: 11013/7 (1-78) rsedus NA VDOCKS 2417 and 2417A	COST ESTIMATE DATE PREPARED 15 July 1986							SHEET 1	OF 4	
IVITY AND LOCATION		1.00	1.10	CONSTRUCTION CO	ONTRACT NO.	IDENTIFICATION NUMBER				
AL HOSPITAL, CAMP LEJEU	NE, NC				10. 14.12	C2-86				
		1. a. 1.	2.61	ESTIMATED BY		CATEGORY C	CATEGORY CODE NUMBER			
PROVIDE PAVILION		E. B. MOR		Sec. Sec. Sec.						
NAVAL HOSPITAL		STATUS OF DESIGN		FINAL Spe	cial Proje	ct JOB ORDER NUMBER 740-78 - Pavilion				
	TV		AL COST	-A-						
ITEM DESCRIPTION		OUANTI NUMBER	UNIT	UNIT COST	TOTAL	UNIT COST	TOTAL	ENGINEERING ESTIMATE		
CONSTRUCT PAVILION										
Clear Underbrush		, 1	ACRE		<u> </u>	1008	1008	1008	1008	
Site Grading		88	SY	.50	44	.25	22	.75	66	
Building Excavation		30	SY	2	60	10	300	12	360	
Shell Rock Fill		5	TN	7	35	. 4	20	11	55	
Provide Vapor Barrier		800	SF	.03	24	.02	16	.05	40	
Provide Reinf. Wing		800	SF	.08	64	.05	40	.13	104	
Provide Concrete Floor	Slab	15	CY	50	750	40	600 🕌	90	1350	
Treated Post	<u>and 1.57 6.7</u>	6	EA	40	240	25	150	65	390	
8" CMU Walls		416	SF	1.42	591	1.80	749	3.22	1340	
4" CMU Walls		160	SF	1.00	160	1.50	240	2.50	400	
Provide Windows (Mtl F	rame)	4	EA	75	300	. 30	120	105	420	
Provide Door Frames		2	EA	60	120	20	40	80	160	
Provide Doors w/Hardwa	re	2	EA	250	500	20	40	270	540	
Wood Trusses		20	EA	60	1200	25	500	85	1700	
Sheathing 5/8" Plywood		840	SF	.30	252	.25	210	.55	462	
Asphalt Shingles		9	SQ	25	225	26	234	51	459	

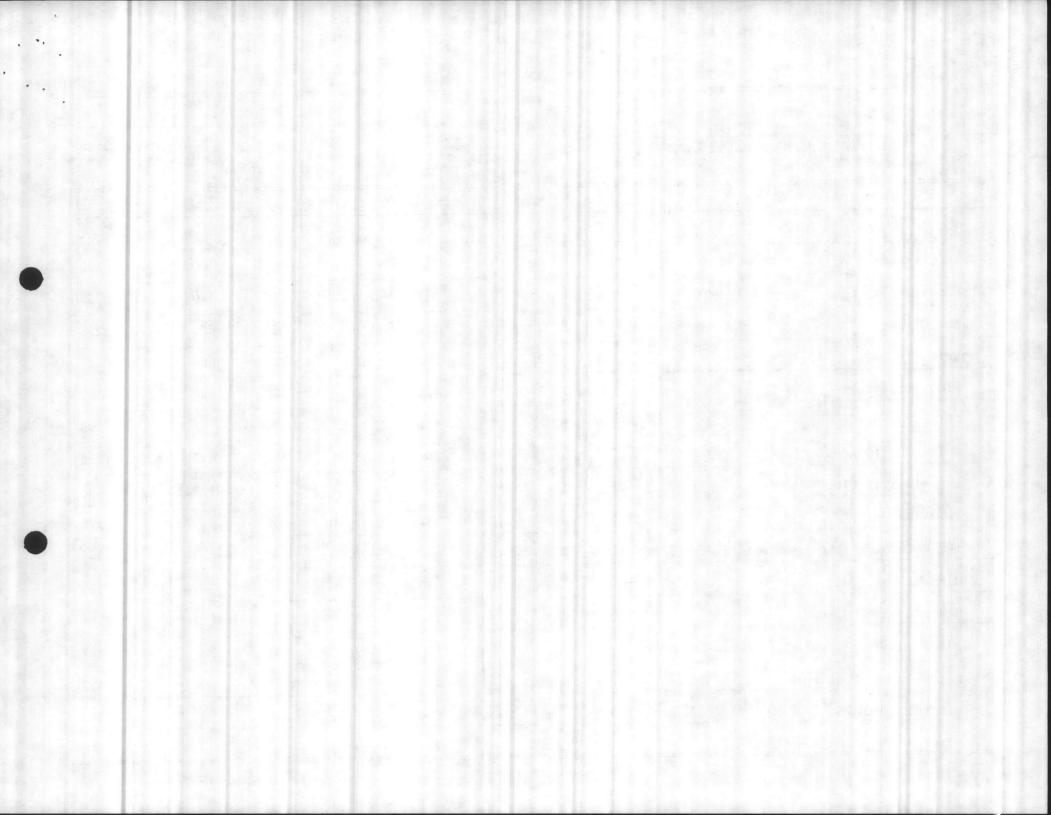
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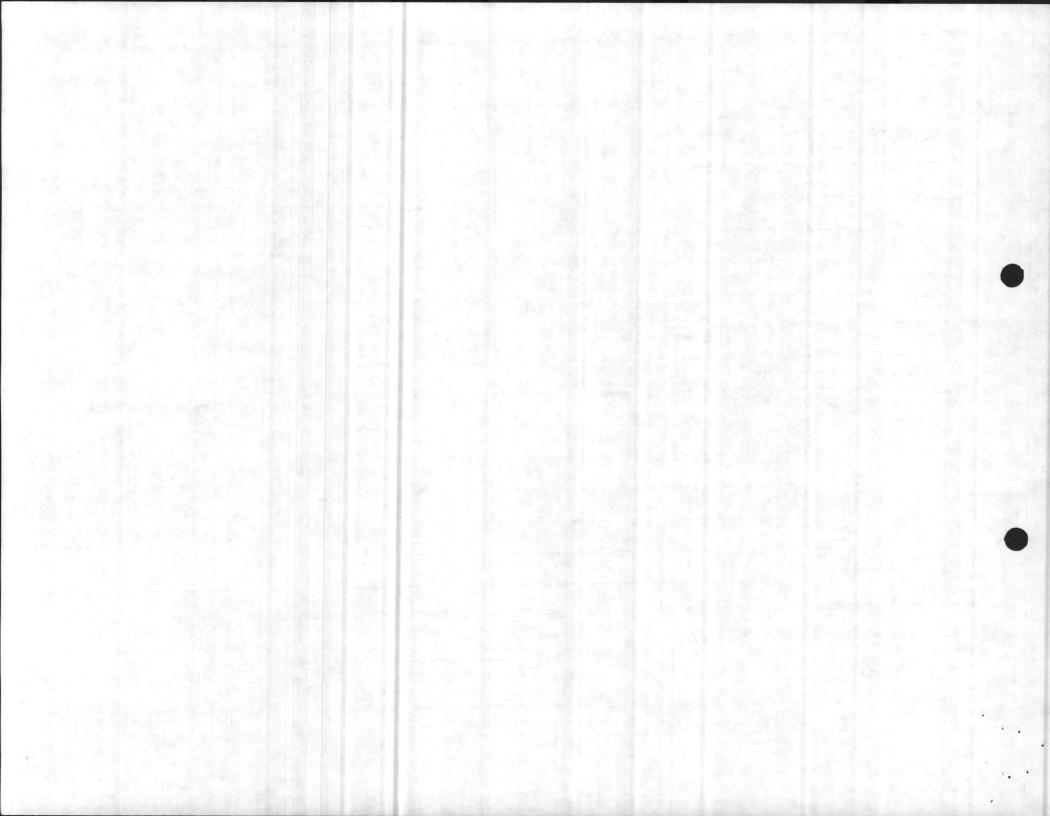


VEAC 11013/7 (1-78) ersader NA VDOCKS 2417 and 2417A	COST E	STIM	ATE			PREPARED July 1986	SHEET	SHEET OF 4		
WITY AND LOCATION			CONSTRUCTION CO	ONTRACT NO.		JULY 1986		IDENTIFICATION NUMBER		
VAL HOSPITAL, CAMP LEJEUNE, NC				C2-86						
DECT TITLE PROVIDE PAVILION AND PLAYING FIELD	-	S. Andrews	ESTIMATED BY	CATEGORY C	CATEGORY CODE NUMBER 740-78-Pavilion					
NAVAL HOSPITAL			E. B. MO				=== = = = =	TRAying		
		. To in	PED 30	% [ 100% [	FINAL S	ecial Proje		JOB-ORDER NUMBER J - 116		
ITEM DESCRIPTION		1		AL COST	LABO	R COST		ENGINEERING ESTIMATE		
	NUMBER	UNIT	UNIT COST	TOTAL	UNIT COST	TOTAL	UNIT COST	TOTAL		
Insulation	160	SF	.40	64	.15	.24	.55	88		
Water Heater	1	EA		140		80		220		
Lavatory	2	EA	279	558	100	200	379	758		
Water Closet	3	EA	290	870	118	356	408	1224		
Urinal	1	EA	290	290	118	118	408	408		
Floor Drains	3	EA	140	420	40	120	180	540		
Toilet Accessories	ale a	LS	and the second	150		30		180		
Toilet Partitions	4	EA	345	1380	62	248	407	1628		
Ceramic Tile Floor	160	SF	1.56	246	1.56	250	3.10	496		
Painting	1920	SF	.10	192	.20	384	•30 ·	576		
1'2" Waterline (Underground)	400	LF	1.10	440	1.00	400	210	840		
Gate Valve 1'z"	1	EA		90		20		110		
Sewer Line 4"	600	LF	1.94	1164	2.00	1200	3.94	2364		
Outdoor Drinking Fountain (Freeze-proof)	2	EA	745	1490	279	558	1024	2048		
Water Hydrant (Freezeproof)	2	EA	143	286	23	46	166	332		
Electrical Service	600	LF	1.00	600	.40	240	1.40	840		
Electrical Panel	. 1	EA		250	5	60		310		

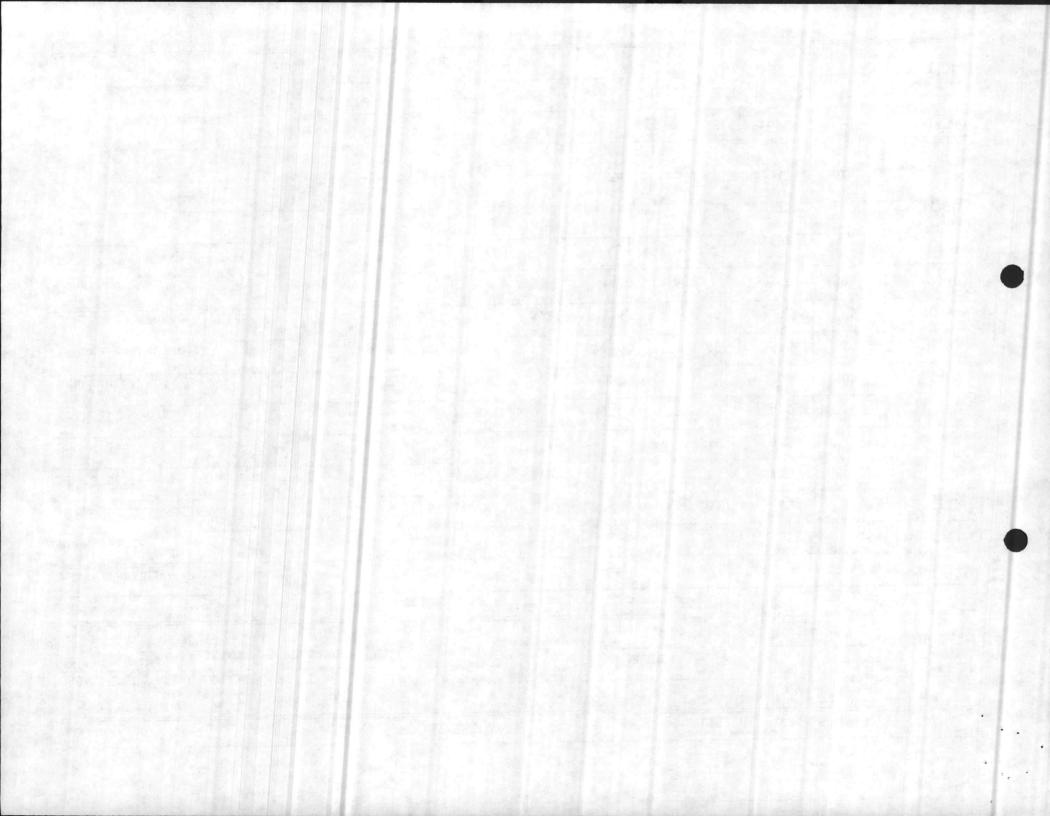


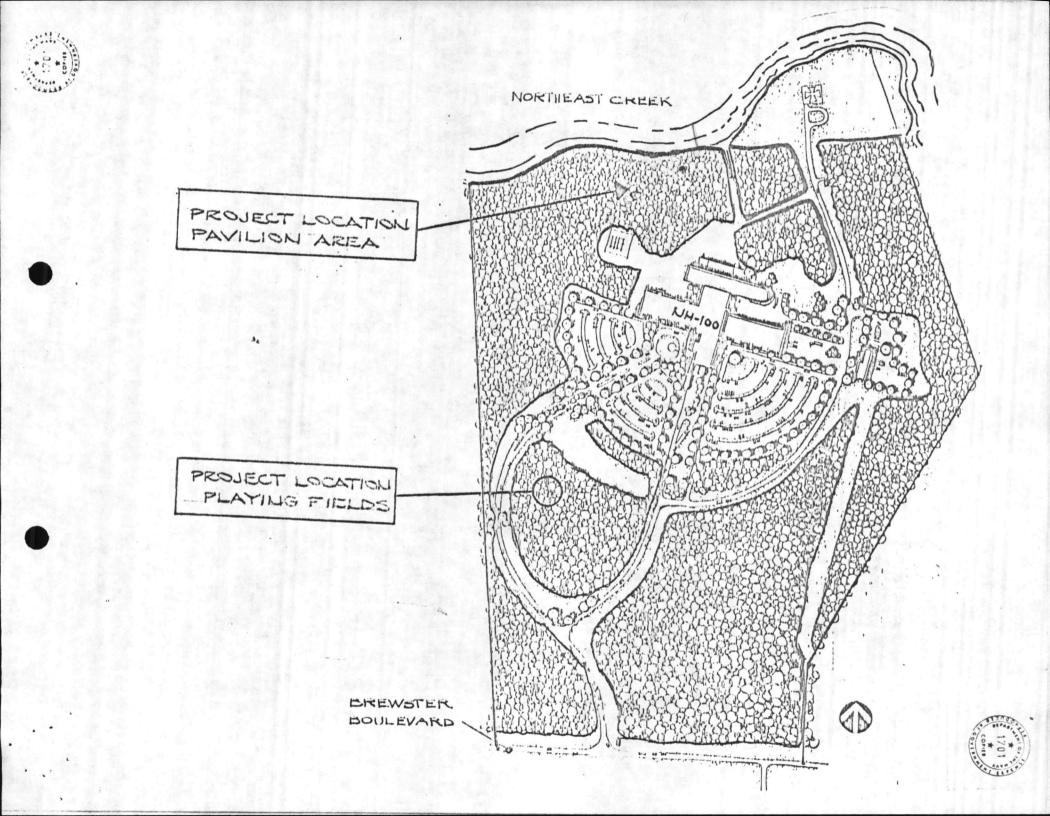
AVE AC 11013/7 (1-78) wersydes NAVDOCKS 2417 and 2417A	COST	STIM	ATE		PREPARED July 1986	SHEET	3 OF 4		
NAVAL HOSPITAL, CAMP LEJEUNE, NC		19. 19. 19.	CONSTRUCTIO	N CONTRACT NO.	IDENTIFICATION NUMBER				
ROJECT TITLE PROVIDE PAVILION AND PLAYING FIELI NAVAL HOSPITAL	)	E. B. MORRIS STATUS OF DESIGN PED 30% 100%				Decial Projec	740-7	CATEGORY CODE NUMBER 740-78-Pavilion JOBS Doc 2000 Reaying	
ITEM DESCRIPTION	QUANT NUMBER		MAT	ERIAL COST		OR COST	ENGINEER	ING ESTIMATE	
Switches	4	EA	5	20	6	TOTAL	UNIT COST	TOTAL	
Receptacles	4	EA	15	60	8	32	23	92	
Light Fixture	6	EA	30	18	12	72	42	90	
Electrical Unit Heater	2	EA	110	220	20	40	130	260	
Wiring	a set of the	LS		110 .	1.	275		385	
Outdoor Night Light	1	EA		65	4			_105	
				13,688		9,104		22,792	
				Ove	rhead 15%	78		3,419	
		<u>1111</u>	Ins,	Comp, Taxes	Etc., 122	Labor		1,092	
· · ·						•		27,303	
						Profit 10%		2,730	
						Bond 1%		300 30,333	
					1			30,333	
						Say		30,350	
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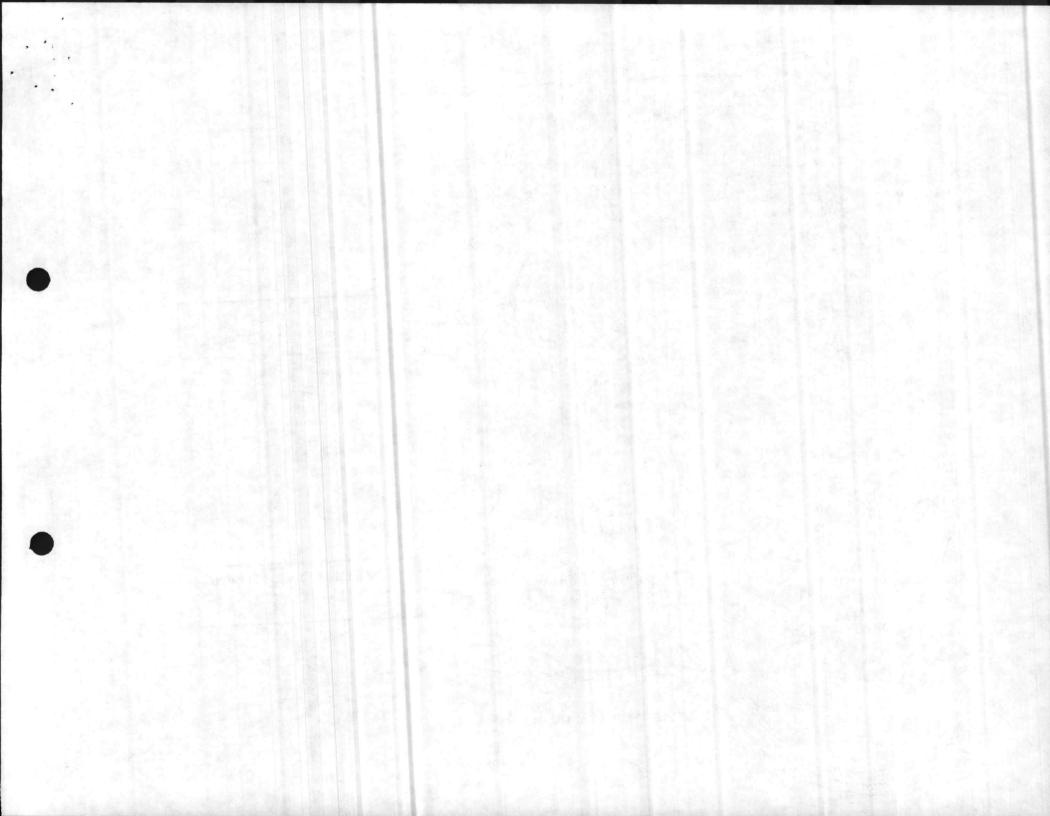
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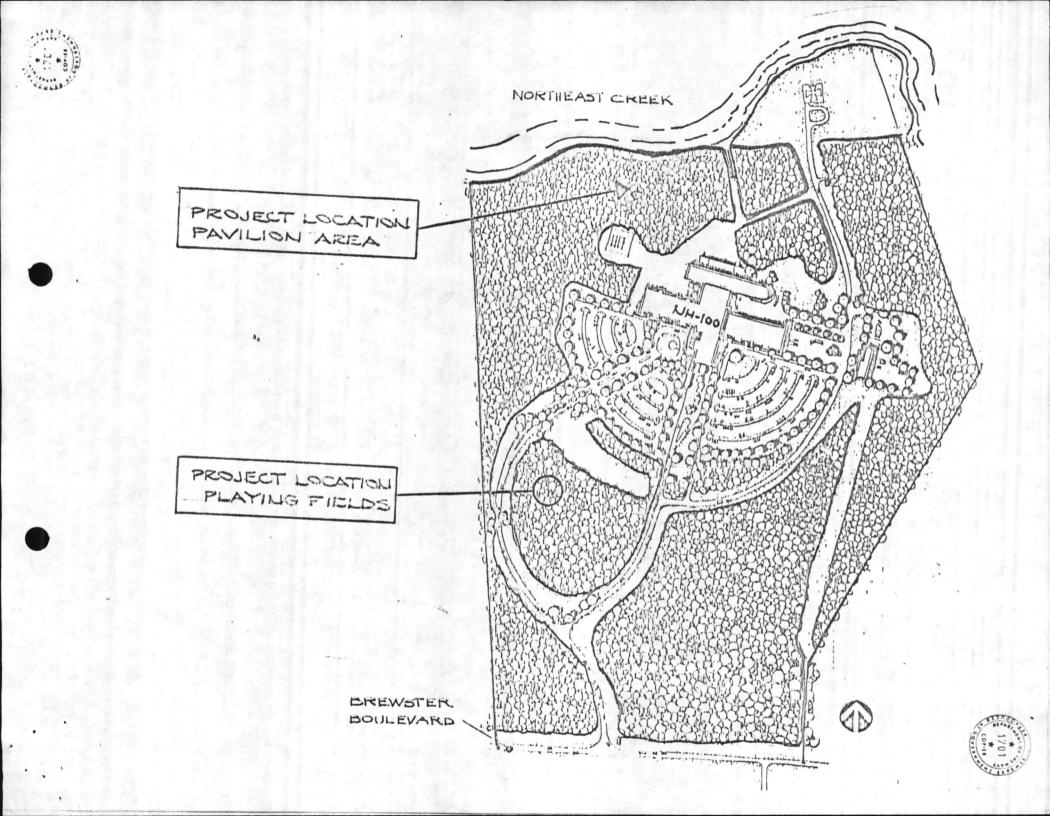


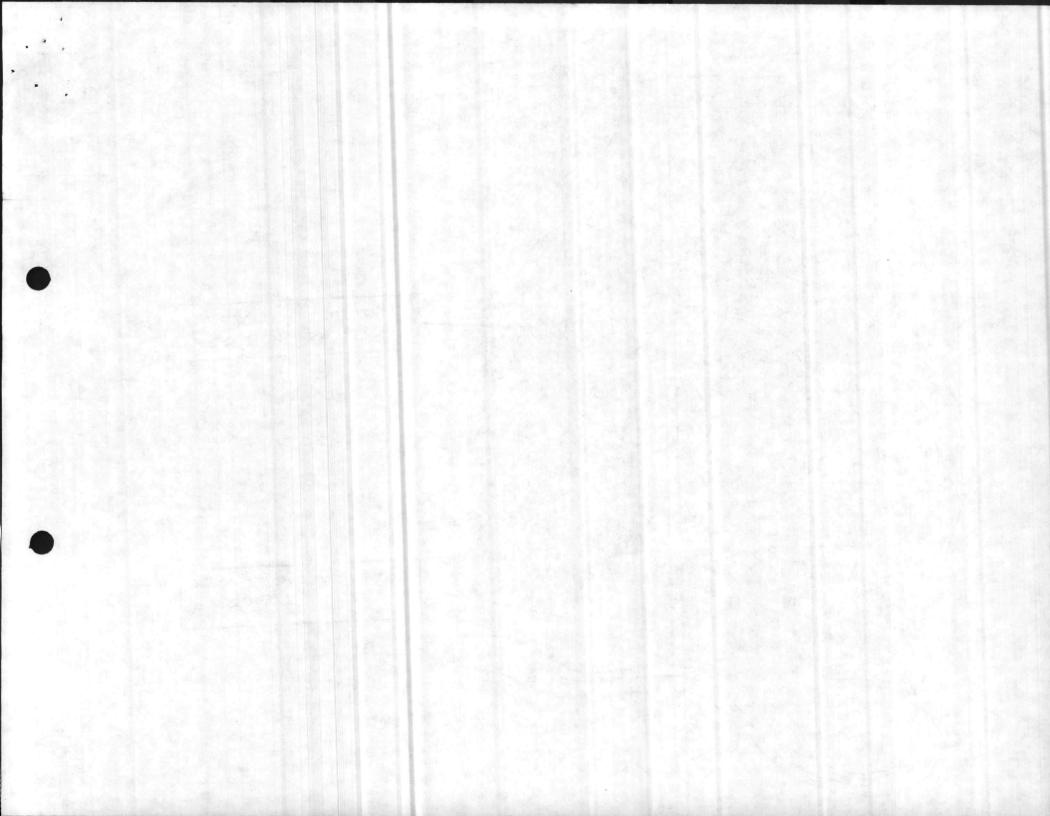
NAVFAC 11013/7 (1-78)	COST	ESTIMATE				E PREPARED July 1986	SHEET	4 OF 4		
ACTIVITY AND LOCATION		2014	CONSTRUCTION	CONTRACT NO.		July 1900		TION NUMBER		
NAVAL HOSPITAL, CAMP LEJEUNE, NC					C2-86					
PROJECT TITLE			ESTIMATED BY		CATEGORY CODE NUMBER					
PROVIDE PAVILION AND PLAYING FIE	LD		line in the	E. B. MOR	RIS		740-78	-Pavilion		
NAVAL HOSPITAL			STATUS OF DESIGN PED 30% 100% FINA		FINAL XSP	ecial Proje	ect 7080 RideQ	750 m20 nBMizying F		
ITEM DESCRIPTION	QUAN NUMBER		MATER UNIT COST	IAL COST	LAE	OR COST		NG ESTIMATE		
PLAYING FIELD - 2 EA	a lan		UNITEOST	TOTAL	UNIT COST	TOTAL	UNIT COST	TOTAL		
Site Grading	6978	SY	.37	2582	.21	1465	.58	4047		
Excavate Diamond Area	267	CY	1.57	419	.35	93	1.92	512		
Place Soil in Playing Area	267	CY	2.90	774	.48	128	3.38	902		
Sow Grass	6178	SY	.19	1174 -	.16	988	.35	2162		
Softball Backstops	2	EA	1,150	2300	200	400	1,350	2700		
Benches 8' Long	8	EA	275	2200	25	200	300	2400		
Bleachers Permanent	200	SEATS	7.50	1500	2.89	578 <b>*</b> r	10.39	2078		
Chain Link Fence 4' High	600	LF	5.27	3162	.65	390	5.92	3552		
Construct Dugouts •	2	EA	710	1420	680	1360	1390	2780		
		-		15,531	· · · ·	5,602		21,133		
				Overhead		15%		3,170		
				Ins, '	Tax, Comp	Etc. 12%	Labor	672		
		100	1000					24,975		
· · · · · · · · · · · · · · · · · · ·						Profit	10%	2,498		
						Bond 1%		275		
/N 0105-LF-010-1335	10. 24					Say		28,000		











60	CONSPORTANCE O	0. ERC	DE.		CONTROL	NUMBER:	1122	3	E 17.00
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DENTIFICATION	POINT OF CONTRA			SUBJ. IDENTIFICATION CODE					
DENTI	SUBJECT	Pro	SECT STRAFT	wo su	BMISSID	N FOL PA	VILLON	e BAU	FIRED
	*ROUTING SYME A-ACTION CL-CLEARANCE	DLS	DF S-		INDORSEMEN				
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