

FILE FOLDER

DESCRIPTION ON TAB:

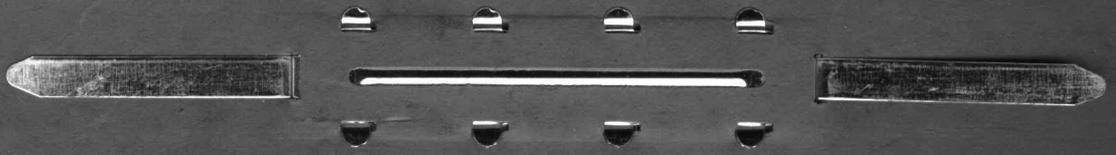
36 J.O. Complete

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MSC



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DESCRIPTION:

J.O. CARD



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JOB ORDER NO	DATE COMPLETED	COST	DESCRIPTION
3626	1-6-78	477	Replace Trap and sink drain
0401	2-20-79	1068	Install key telephone system
4193	5-25-79	2071	EXT REPAIRS + IPT EXT
3925	7-18-80	555	Repair A/C
3680	3-13-81	250	OPEN SWALE
3724	3-13-81	298	PAINT AUDIOMETRIC TEST ROOM
0339	5-1-81	218	INSTALL 22 L.F. SIDEWALK
0335	9-11-81	160	Cover portion of toilet partition walls
0309	5-6-83	859	INSTALL Shower STALL in PHYSICA EXAM. CENTER
0391	9/1/83	2671	INSTALL New 125 AMP 3-Phase
0331	9-5-86	910	INSTALL EXHAUST SYS. IN MENS HEAD TO REMOVE ACID FUMES
0311	12-6-85	30	Procure contract to measure carpet in Bldg 36
2031		2286	Label Electrical Panels in Bldg 15, RR11, 421, BB10, 36
0311		16	Deliver carpet to Bldg 36 from warehouse Bldg 1301
4262	10-23-84	638	Repair compressor in A/C sys.
3549	5-18-84	132	Deionize central A/C in Bldg 36-65
0311	11-22-85	405	Procure contract to purchase & install 35 sq. yds of carpet
2031	10-17-85	2286	LABEL ELECT PANELS - Bldgs 15, RR 11, 421, BB10, MR28, 36
0331	6-13-86	910	INSTALL EXHAUST SYSTEM IN MENS HEAD
0301	6-26-89	297	" X-RAY EQUIPMENT.
		651	
		4112	
0306	11-3-95	8297	Ren Interior } purged 9/16/98
0306	11-3-95	977	1ST AMP
4141	5/22/98	719	RPLC DOOR FRAME variance

PC 9/2/02

BLDG NO
36

INT. PAINT SQ FT

EXT. PAINT SQ FT

ROOF SQ FT

CONDEN. LINES LIN FT

FACILITY HISTORY RECORD
MCBCL 11011/3

JOB ORDER NO	DATE COMPLETED	COST	DESCRIPTION
CONTRACT	C 8/25/61		Exterior Painted
CONTRACT	C 8/31/62		Waterproofed
CONTRACT	6/29/67	24,730.00	Preventive Dentistry Clinic
Contract	12/10/69		Exterior repairs & paint
HP8CMA-05N15	2-9-68	500	Install stainless steel double compartment sink
HP8CMA-110	7-14-67	170	Bring water, air & waste above deck
AA0-23-3300-234T	1-16-70	1068	Maint + repairs to Bldg - Treat for termites
AA0-23-3301-234T	8-29-69	493	Treat for termites
AA1-23-1023-234T	12-11-70	3679	Modify Bldg
AA2-23-1045-234T	9-24-71	276	Install sidewalk from rear door to parking lot
AA1-23-2685-234T	1-8-71	208	Construct & paint cabinet (2 coats)
0425	4-1-74	1151	Enlarge X-ray room
5097	6-8-73	440	Paint interior
4698	5-3-74	161	Rpr roof & fascia
0415	3-21-75	254	Install ceiling exhaust fan
4884	2-25-75	281	Rpr lawn area
2547	5-3-74	259	Hook up X-ray unit
0355	9-7-73	1084	Install transformer
3598	8-10-73	540	Replace A/C condensing unit
3280	7-27-73	355	Replace A/C compressor motor
0350	1-25-73	1401	Wire new X-ray unit
3321	7-26-74	446	Replace A/C compressor
4695	3-9-73	562	Replace 2" vent or drain line
5333	6-10-75	135	Slip slip paint
Cont # 79.2617	Fy 80	15,900	Replace roof
0416	3-9-79	563	Alterations to plumbing & electrical in Bldg

BLDG CLASS 2 PROPERTY RECORD
 (004) UIC..M67001 (001) PR NO.....2-03648
 MCB CAMP LEJEUNE NC (005) FACILITY NO..36
 (106) SPEC AREA....DA
 HADNOT POINT

LOCATION
 (101) COUNTRY..US UNITED STATES
 (102) STATE....37 NORTH CAROLINA
 (103) COUNTY...133 ONSLOW
 (104) CITY.....0735 CAMP LEJEUNE
 (105) AC.....05
 (107) MAP GRID..L10

GENERAL INFORMATION
 (007) ACTION.....CAP-IMPROV
 (008) FAM HOUSING....NO
 (009) EE DATE.....01 FEB 78
 (011) PR REVIEW DATE.31 JUL 81
 (010) FACILITY NAME..
 PHYSICAL EXAMS

ACQUISITION
 (201) ESTATE.....13 OTHER MIL FUND
 (202) ACQ CONTRACT...NOY4750
 (203) ACQ DATE.....01 JUN 43
 (204) GOVT COST..... \$95,015
 (207) LAND CCN.....91140

MEASUREMENTS
 (301) LENGTH.... 111 FT
 (302) WIDTH..... 33 FT
 (303) HEIGHT.... 13 FT
 (304)/AREA..... 3,663 SF
 (308) AREA UM...
 (305) STORIES... 01
 (307) IRREGULAR. NO

CONSTRUCTION
 (401) YEAR BUILT.....1943
 (402) CONSTRUCTION TYPE..PERMANENT
 (403) YEAR IMPROVED.....

(404) ABMP CODE.....
 (409) PROJECT NO.....
 (410) HISTORIC IND...

MAINTENANCE
 (701) MAINT UIC..M67001 (702) PRIME USE....55010 (703) MFC...4 USMC

STATUS / UTILIZATION
 (502) CATEGORY CODE...55010 (501) USE..MEDICAL CLINIC
 (510) USER UIC.....N68093.....NAVHOSP CAMP LEJEUNE NC

AREA/SF*	OTHER/	ALT/BD	DEF CODES
ADEQ(515)	(516)	(517)	(524)
SBST(518).....3,663.00	(519)	(520)	(525)A30 B26
INAD(521)	(522)	(523)	(526)
TOTAL	3,663.00		

BLDC (1004) UIC..M67001
 MCB CAMP LEJUNE NC
 CLASS 2 2 P R O P E R T Y R E C O R D
 (1001) PR NO.....S-03648
 (1002) FACILITY NO..36
 (1003) SPEC AREA....DA
 HADNOT POINT

LOCATIONS
 (101) COUNTRY..US UNITED STATES
 (102) STATE....37 NORTH CAROLINA
 (103) COUNTY....133 DUNLOW
 (104) CITY.....0733 CAMP LEJUNE
 (105) AC.....05
 (107) MAP GRID..L10
 PHYSICAL EXAMS
 (100) FACILITY NAME..
 (011) PR REVIEW DATE..31 JUL 81
 (009) EE DATE.....01 FEB 78
 (008) FAM HOUSING.....NO
 (007) ACTION.....CAP-IMPROV
 L I N E C R M A T I O N

ACQUISITION
 (201) ESTATE.....13 OTHER MIL FUND
 (202) ACQ CONTRACT.....NOV4750
 (203) ACQ DATE.....01 JUN 43
 (204) GOVT COST.....195,015
 (207) LAND CEN.....91140
 (307) IRREGULAR
 (305) STORIES....01
 (308) AREA UM....
 (304) AREA.....3,663 SF
 (303) HEIGHT....13 FT
 (302) WIDTH....33 FT
 (301) LENGTH....111 FT
 M E A S U R E M E N T S

CONSTRUCTION
 (401) YEAR BUILT.....1943
 (402) CONSTRUCTION TYPE..PERMANENT
 (403) YEAR IMPROVED.....
 (410) HISTORIC IND....
 (409) PROJECT NO.....
 (404) ABMP CODE.....

MAINTENANCE
 (701) MAINT UIC..M67001
 (702) PRIME USE....5510
 (703) MEC....4 USMC

UTILIZATION
 (501) USE..MEDICAL CLINIC
 (502) CATEGORY CODE...5510
 (510) USER UIC.....NAVH02P CAMP LEJUNE NC

AREA\SF*	OTHER\	ALTRD	DEF CODES
ADG(215)	(216)	(217)	(224)
28ST(218).....3,663.00 (219)	(220)	(221)	(222)A30 B56
INAC(221)	(222)	(223)	(226)
TOTAL	3,663.00		

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DESCRIPTION:

work requests

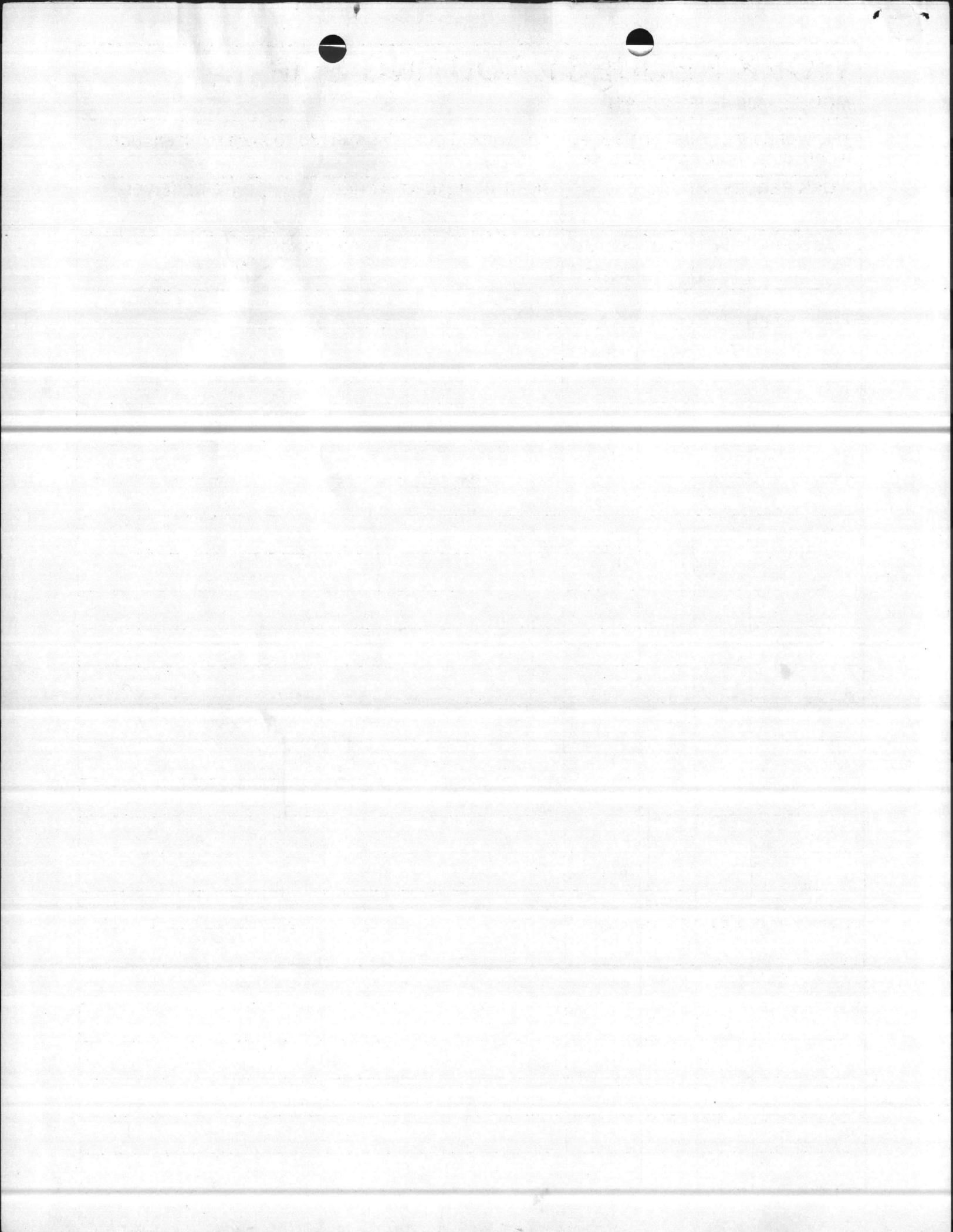


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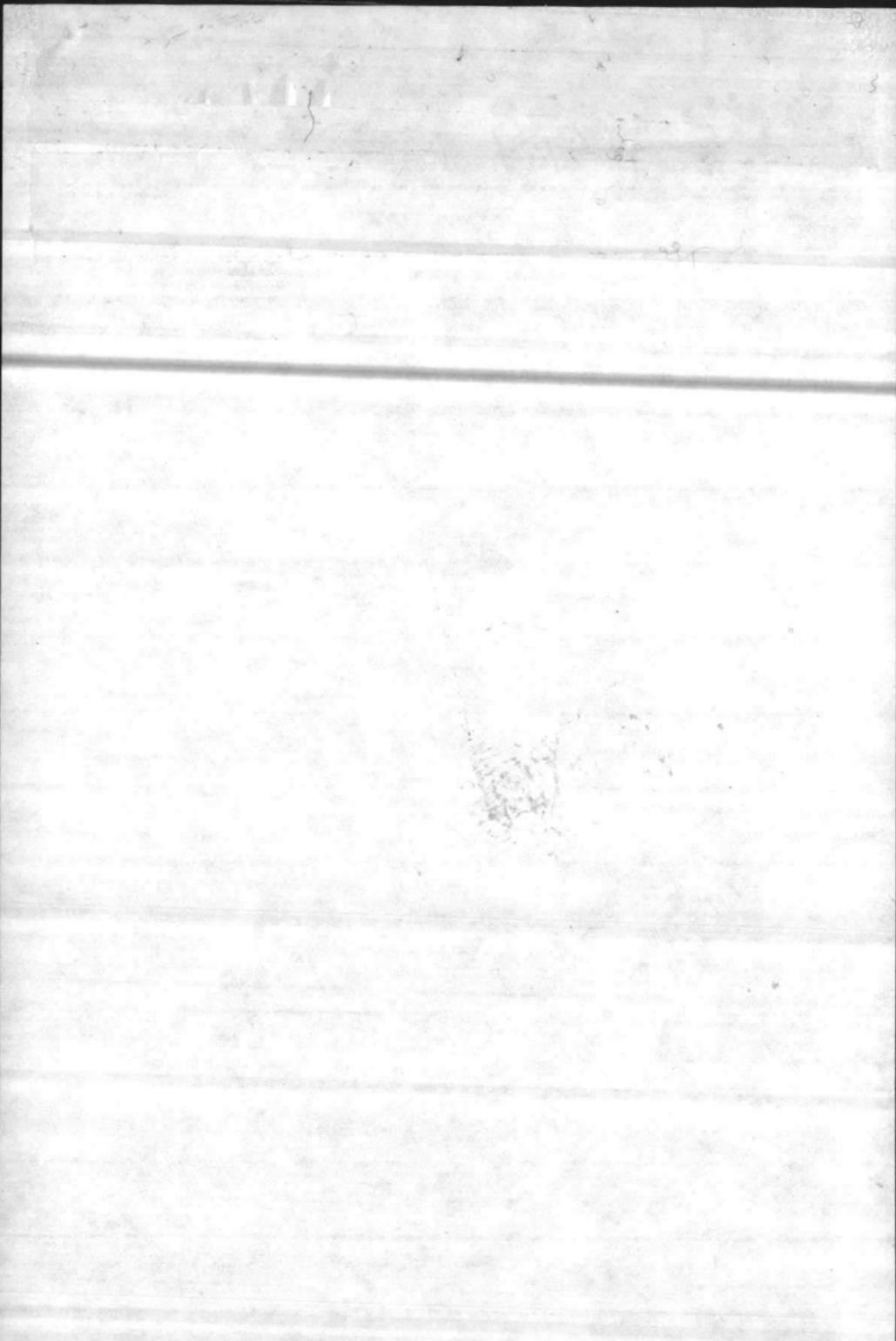
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449 0324

Dr Steussie



Bldg 36

WORK REQUEST (MAINTENANCE MANAGEMENT)
MAINTENANCE DIVISION
WORK REQUEST FORM

UPR Department use instructions
in MAINTENANCE DIVISION

B071

Requester use instructions on Reverse Side

PART I - REQUEST (Filled out by Requester)

1. TITLE Chiro / Podiatry Bldg 36	2. REQUEST NO. 360638
3. WORK CENTER M.C.B Maintenance via NHCL Facilities	4. DATE OF REQUEST 24 APR 03
5. REQUEST TYPE <input type="checkbox"/> NEW WORK <input checked="" type="checkbox"/> REPAIR/REWORK	6. REQUEST DUE DATE 25 APR 03
7. FOR TECHNICAL INFORMATION CALL HM2 Green 451-3236	8. REQUEST STATUS <input type="checkbox"/> NEW <input type="checkbox"/> REWORK
9. DESCRIPTION OF WORK AND EQUIPMENT (Including location, room, unit, priority, etc.)	

Handwritten: Please repair broken tiles on floor in Chiropractic Offices.

Handwritten: MCB Property Repair Non Reimbursable. Please inspect & correct

Handwritten: 03-77341

10. WORK CATEGORY	11. REQUESTING AGENCY
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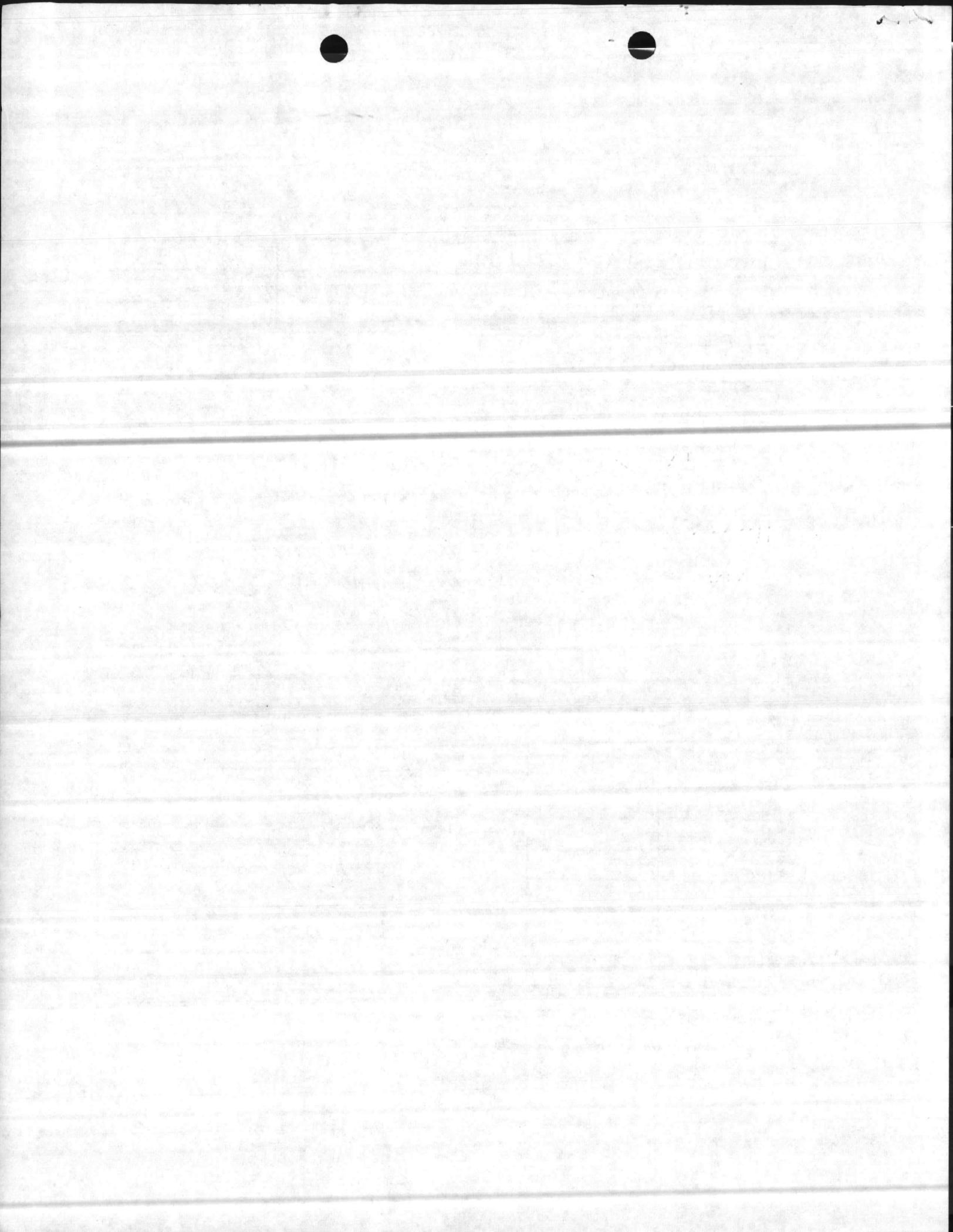
PART II - COST ESTIMATE (Filled out by Maintenance Control Division if estimate requested)

12. COST ESTIMATE	13. APPROVAL/REMARKS												
<table border="1"> <tr> <td>a. Labor</td> <td>\$</td> </tr> <tr> <td>b. Material</td> <td>\$</td> </tr> <tr> <td>c. Overhead (incl. SW/STAFF)</td> <td>\$</td> </tr> <tr> <td>d. Equipment Rental/Usage</td> <td>\$</td> </tr> <tr> <td>e. Contingency</td> <td>\$</td> </tr> <tr> <td>f. TOTAL</td> <td>\$</td> </tr> </table>	a. Labor	\$	b. Material	\$	c. Overhead (incl. SW/STAFF)	\$	d. Equipment Rental/Usage	\$	e. Contingency	\$	f. TOTAL	\$	14. APPROVED TO START BY _____ <input type="checkbox"/> APPROVED BASED ON REQUEST WORK ORDER AND JOB-SITE OF _____ <input type="checkbox"/> APPROVED BY SUPERVISOR _____ AND SUPERVISOR _____ <input type="checkbox"/> REAPPROVED (Use Reverse Side)
a. Labor	\$												
b. Material	\$												
c. Overhead (incl. SW/STAFF)	\$												
d. Equipment Rental/Usage	\$												
e. Contingency	\$												
f. TOTAL	\$												
15. DATE	16. DATE												

PART III - ACTION (Filled out by Requester)

17. APPROVALS TO REQUESTER (Check one & enter date if applicable to the work)	18. WORK REQUESTED
<input type="checkbox"/> MAINTENANCE DIVISION <input type="checkbox"/> OTHER	<input type="checkbox"/> NEW WORK <input type="checkbox"/> REWORK <input type="checkbox"/> OTHER
19. COMMENTS	20. DATE

Use Part IV on Reverse Side



WORK REQUEST (MAINTENANCE MANAGEMENT)
MAINTENANCE DIVISION USE - CALL THE MAINTENANCE JIB
FOR WORK REQUESTS

Bldg 36

UPV Department use (not for
MAINTENANCE JIB)

3071

PART I - REQUEST (Filled out by Requester)

1. WORK CENTER	Chiro/ Podiatry Bldg 36	1. REQUEST NO.	360632
2. WORK CENTER	MCB Maintenance via NHCL Facilities	2. DATE OF WORK	10APR03
3. WORK CENTER		3. WORK ORDER FROM	4APR03
4. WORK CENTER		4. WORK ORDER FROM	
5. WORK CENTER	HMZ Green 451-3236	5. WORK ORDER FROM	

Please repair the stall door
in the male's head.

41 03-73324

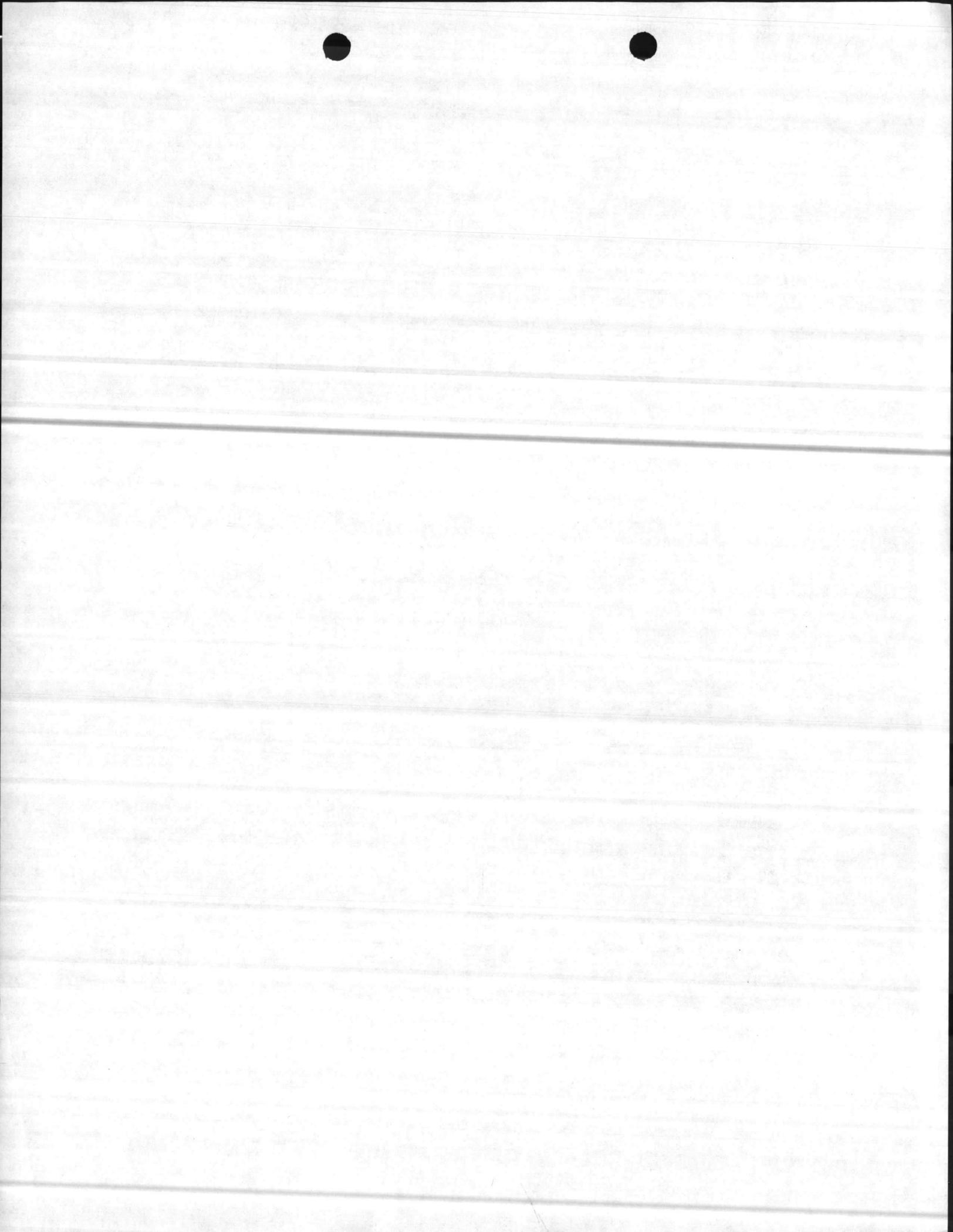
MAINTENANCE WARRANTY ISSUE
Now Reimbursable
Please investigate & correct

PART II - COST ESTIMATE (Filled out by Maintenance Control Division if estimate requested)

1. LABOR	0	12. APPROVED - REPAIRING TO START IN	
2. MATERIAL	0	12. APPROVED - BASED ON TRADE WORKER CALL - THE WORK CAN BE	
3. OVERHEAD AND/OR SUPPLIES	0	12. APPROVED - REPAIRING TO START IN	
4. EQUIPMENT RENTAL/LEASE	0	12. APPROVED - REPAIRING TO START IN	
5. OVERTIME	0	12. APPROVED - REPAIRING TO START IN	
TOTAL	0	12. APPROVED - REPAIRING TO START IN	

PART III - ACTION (Filled out by Requester)

17. AUTHORIZATION TO THIS JOB IS PLACED (Check one if other than PW made in the building)	<input type="checkbox"/> MAINTENANCE JIB	<input type="checkbox"/> OTHER	18. WORK REQUESTED	<input type="checkbox"/> HAS BEEN	<input type="checkbox"/> HAS NOT	<input type="checkbox"/> WILL BE
19. WORK ORDER			18. DATE			



Bldg 36

WORK REQUEST (MAINTENANCE MANAGEMENT)
 HAWAII STATE DEPT. OF HEALTH
 DIVISION OF FACILITIES

OW Department on Performance
 & MAINTENANCE

3071

Request on Building or Bldg 36

PART I - REQUEST (Filed out by Requester)

1. Requester Chiro / Podiatry Bldg 36	2. Request No. 03-71187
3. Request Description MCB Maintenance via NHCL Facilities	4. Date of Request 10APR03
5. Requester Title HMZ Green 451-3230	6. Requester Unit 14APR03
7. Requester Address	8. Requester Phone

Please repair leaking roof in casting room.

41

MCB Property Repair
 Please investigate & Repair
 Non Reimbursable

03-73322

[Signature]

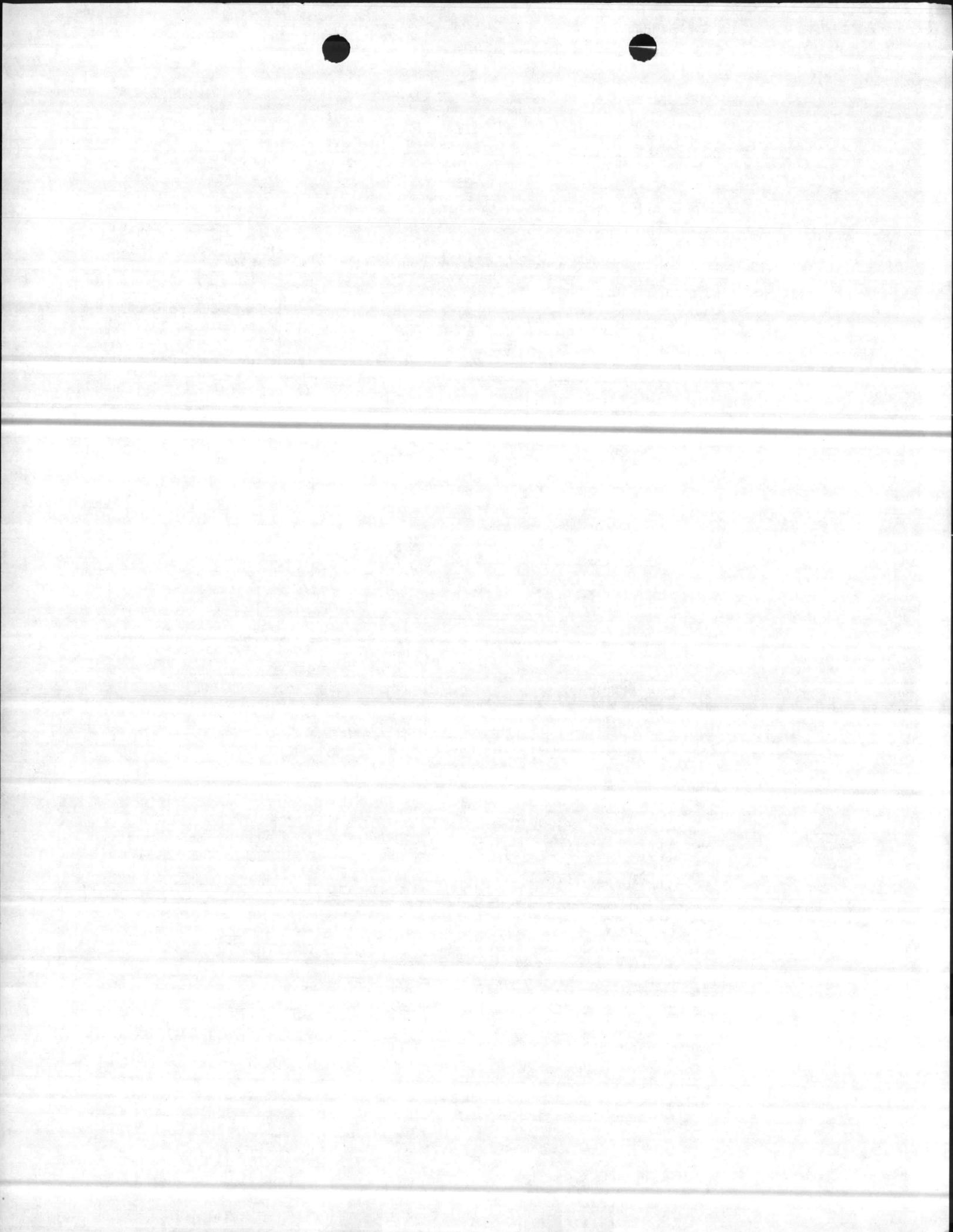
PART II - COST ESTIMATE (Filed out by Maintenance Control Division if estimate requested)

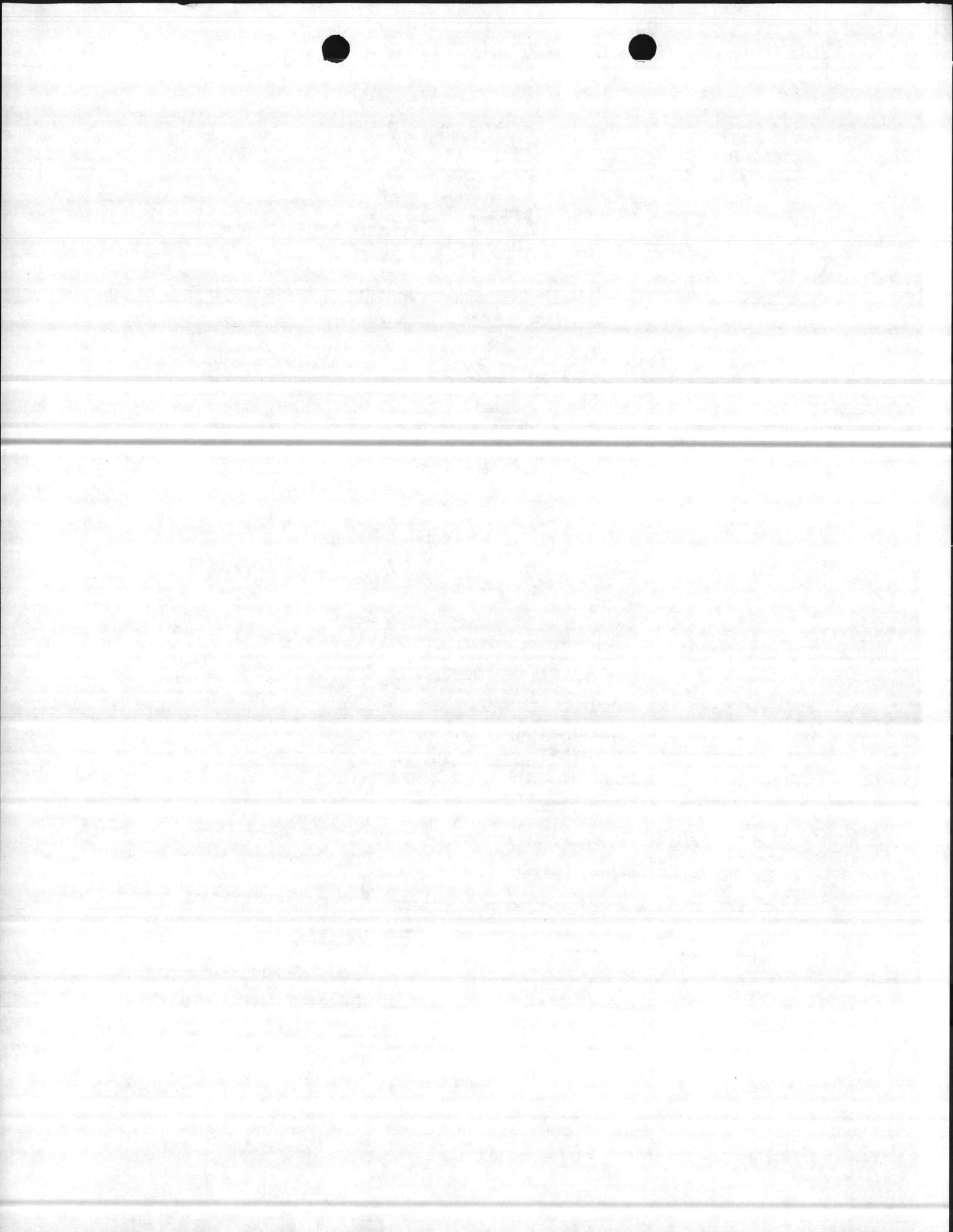
1. Cost Estimate	2. Requester Approval
3. Material	4. Requester Approval
5. Overhead	6. Requester Approval
7. Equipment	8. Requester Approval
9. Contractor	10. Requester Approval
11. Total	12. Requester Approval

PART III - ACTION (Filed out by Requester)

13. Requester Approval	14. Requester Approval
15. Requester Approval	16. Requester Approval

Use Part IV on Reverse Side





WORK REQUEST (MAINTENANCE MANAGEMENT)
NAVFAC 9-1114/00 REV. 3-01 2/4 0146-14-011 JS10
Replaces NAVFAC 7341

Bldg 36 "urgent"

UPR Department and Instructions
(A NAVFAC 270-01)

6071

Register the Instructions on Reverse Side

PART I - REQUEST (Filled out by Requester)

1. REQ NO. Chico/Pedestal Bldg 36	5. DESCRIPTION 360572
2. TO MCB MAINTENANCE "Locksmith"	6. DATE OF REQUEST 18 NOV 02
3. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	7. WORKER W/OUT START 18 NOV 02
4. FOR FURTHER INFORMATION CALL P.O. GREEN 451-3236	8. BUDGET PLAN ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

9. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, etc., quantity, etc.)

UN Lock Door to Voice/Data Closet
Provide (1) A4 Key

03-18648

45 Hospital

MCB Property
Maintenance Assistance Equipment
REFNAV Comp 2775
N6809303WRMM 001

[Signature]

10. FUND SYMBOL	11. BUDGET/PROGRAM/ACCOUNT
-----------------	----------------------------

PART II - COST ESTIMATE
(Filled out by Maintenance Control Division if estimate requested)

12. TO	13. COST ESTIMATE	14. BUDGET/PLAN AFFECTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	15. APPROVED. PROGRAMMING TO START IN _____
a. Labor	\$	16. APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN _____ IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE.	<input type="checkbox"/> DISAPPROVED. (Use Remarks Side)
b. Material	\$		
c. Overhead	\$		
d. Equipment Rental/Usage	\$		
e. Contingency	\$		
f. TOTAL	\$	17. SIGNATURE	18. DATE

PART III - ACTION (Filled out by Requester)

19. AUTHORIZATION TO PROCEED IS ATTACHED (Check one if other than PW funds are used) <input type="checkbox"/> NAVFAC 140 <input type="checkbox"/> OTHER	20. WORK REQUESTED <input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> HAS BEEN DEFERRED <input type="checkbox"/> WILL BE PERFORMED BY OTHER
21. SIGNATURE	22. DATE

(See Part IV on Reverse Side)



Bldg 36

WORK REQUEST (MAINTENANCE MANAGEMENT)
NAVFAC 9-11014/80 REV. 3-011 7/8 0166-U-001 J110
Superseded NAVFAC 7361

(PW Department and Instructions
in NAVFAC 900-001)

B071

Requester and Instructions on Reverse Side

PART I - REQUEST (Filled out by Requester)

1. TO: Chiro/Podiatry Bldg 36

2. REQUEST NO.: 3100567

3. TO: MCB Maintenance via NHCL Facilities

4. DATE OF REQUEST: 05NOV02

5. SECURITY FOR: STAFF WORKMAN INFORMATION OF WORK

6. ESTIMATED WORK START: 06NOV02

7. BUDGET PLAN ATTACHED: YES NO

8. FOR FURTHER INFORMATION CALL: HMZ Green 451-3236

9. DESCRIPTION OF WORK AND ASSIGNATION (Including location, room, date, quantity, etc.)

03-15658

please repair sink in Male Head.
UNSTOP Clogged DRAIN

MCB Property Repair
Non Reimbursable
Please investigate & Repair

10. POINT OF CONTACT: [Signature]

11. WORKING INSTRUCTIONS: [Signature]

PART II - COST ESTIMATE
(Filled out by Maintenance Control Division if estimate requested)

12. BUDGET NO.:

13. COST ESTIMATE		14. BUDGET PLAN EFFECTS	
a. Labor	0	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
b. Material	0	<input type="checkbox"/> APPROVED - PROGRAMMING TO START IN _____	
c. Overhead FTE/OT Benefits	0	<input type="checkbox"/> APPROVED - BASED ON PRESENT WORK LOAD, THIS JOB CAN BE PROGRAMMED TO START BY _____ IF	
d. Equipment Rental/Usage	0	AUTHORIZED BY 25TH OF _____ AND FUND ARE MADE AVAILABLE.	
e. Contingency	0	<input type="checkbox"/> DISAPPROVED - See Review Sheet	
f. TOTAL	0	15. SIGNATURE: _____	17. DATE: _____

PART III - ACTION (Filled out by Requester)

18. TO:

19. AUTHORIZATION TO RED-RED IS REQUIRED (Check one if other than PW funds are requested): NAVFAC 148 OTHER

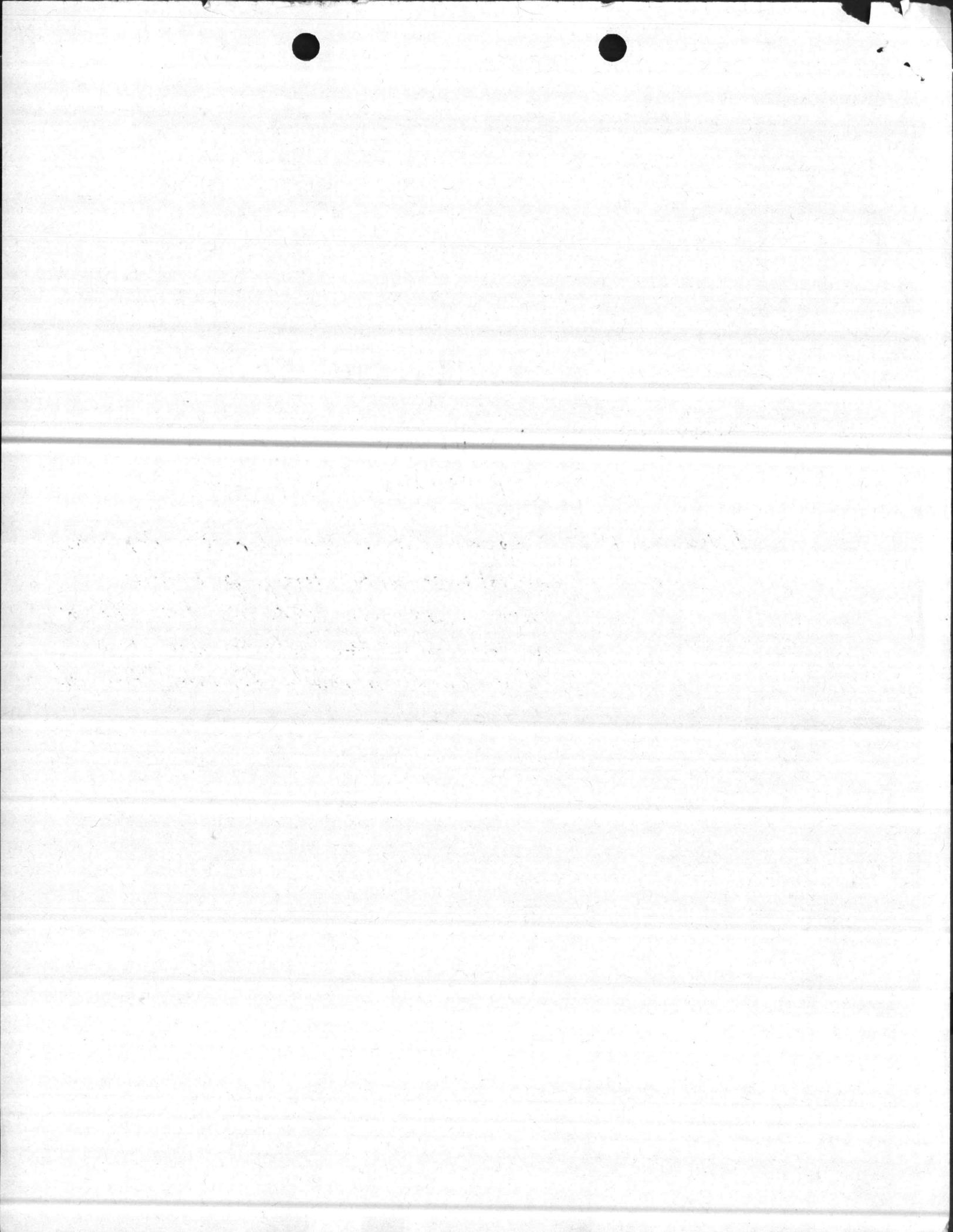
20. WORK REQUESTED: HAS BEEN CANCELLED HAS BEEN DEFERRED WILL BE PERFORMED BY OTHERS

21. WORK PLAN: _____

22. DATE: _____

(Use Form IV on Reverse Side)





WORK REQUEST (MAINTENANCE MANAGEMENT)
MAY 1992 8-1114/92 OCT. 2-001 7/4 0188-14-005-2110
Department: MAINTENANCE 1261

RECEIVED
OCT 28 2002

Bldg 36

UPW Department and Department
(S. MAINTENANCE DIVISION)
3071

PART I—REQUEST (Filed out by Requester)

1. No.	chiro Podiatry Bldg 36	3. REQUEST NO.	360560
2. TO	MCB Maintenance via NHCL Facilities	4. DATE RECEIVED	28 Oct 02
5. REQUEST TYPE	<input type="checkbox"/> CONT. ESTIM. <input checked="" type="checkbox"/> REPAIR/MAINT. WORK	6. REQUEST WORK BY DATE	28 Oct 02
7. FOR FURTHER INFORMATION CALL	HMZ, Green 451-9236	8. WORK PLAN ATTACHED	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

9. DESCRIPTION OF WORK AND ASSIGNMENT (Including location, app, etc. specify etc)

Provide Maintenance Assistance & install
Two x-ray view Boxes in Chiro side

Please install view boxes for
Dr. Kildan & Dr. Clay's offices.

Review
03-11805
??

Maintenance Assistance
REF NAVCOMPT 2275
N6809303WR MM001

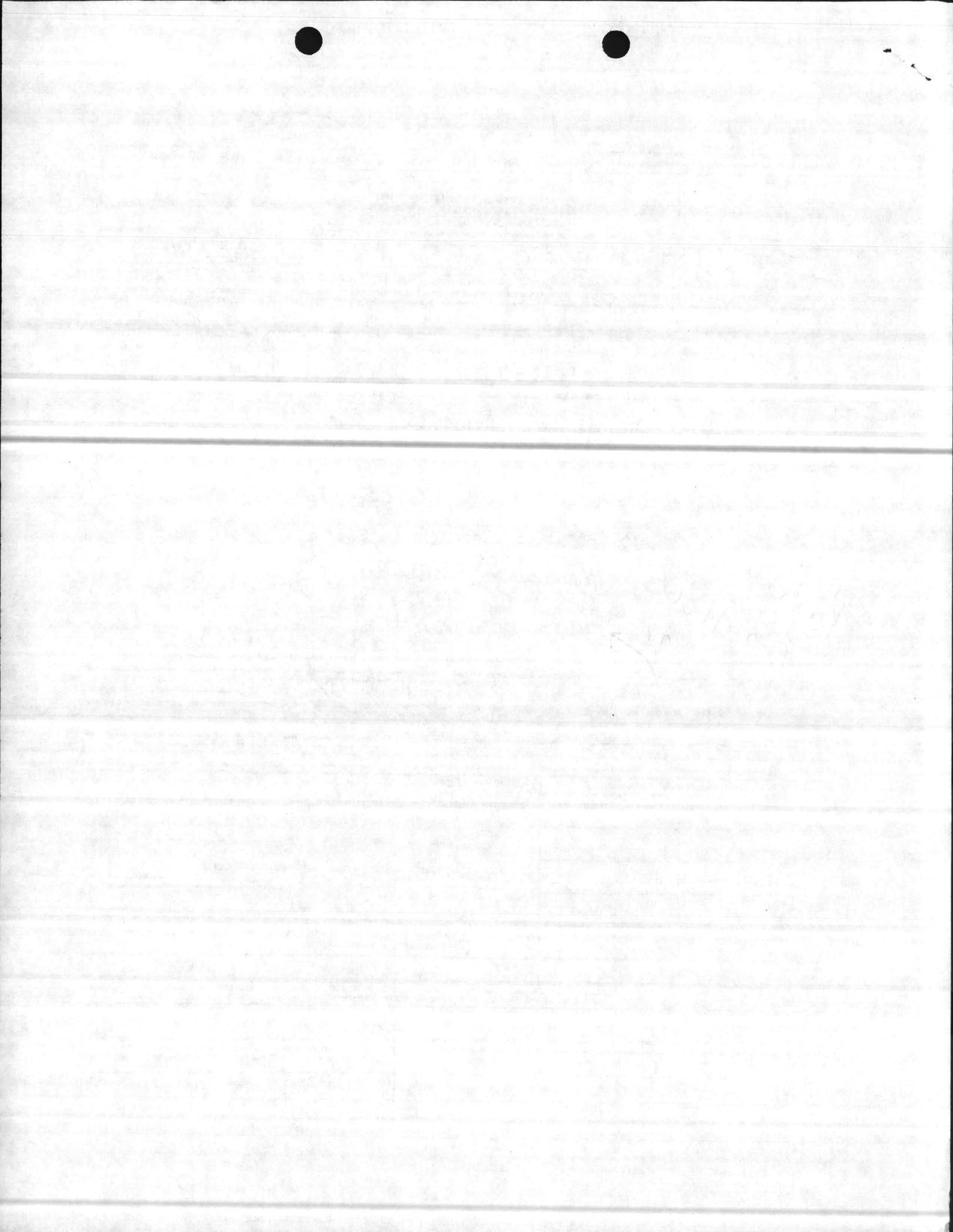
10. PLANT OR BLDG	11. DEPARTMENT
-------------------	----------------

PART II—COST ESTIMATE
(Filed out by Maintenance Control Division if estimate requested)

12. COST ESTIMATE	13. ESTIMATE NO.												
<table border="1"> <tr> <td>k. Labor</td> <td>\$</td> </tr> <tr> <td>l. Material</td> <td>\$</td> </tr> <tr> <td>m. Overhead SRC/OT SURCHARGE</td> <td>\$</td> </tr> <tr> <td>n. Equipment Rentals/Usage</td> <td>\$</td> </tr> <tr> <td>o. Contingency</td> <td>\$</td> </tr> <tr> <td>TOTAL</td> <td>\$</td> </tr> </table>	k. Labor	\$	l. Material	\$	m. Overhead SRC/OT SURCHARGE	\$	n. Equipment Rentals/Usage	\$	o. Contingency	\$	TOTAL	\$	14. DATE/PLAN APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____ <input type="checkbox"/> APPROVED. BASED ON FIELD WORKING, THE JOB CAN BE PROGRAMMED TO START IN _____ IF AUTHORIZED BY 25TH CN AND FUNDS ARE MADE AVAILABLE. <input type="checkbox"/> DISAPPROVED. (See Request File)
k. Labor	\$												
l. Material	\$												
m. Overhead SRC/OT SURCHARGE	\$												
n. Equipment Rentals/Usage	\$												
o. Contingency	\$												
TOTAL	\$												
15. SIGNATURE	16. DATE												

PART III—ACTION (Filed out by Requester)

17. AUTHORIZATION TO REQUEST IS ATTACHED (Check one & other than PIV funds (if needed))	18. WORK REQUESTED
<input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER	<input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> HAS BEEN DEFERRED <input type="checkbox"/> WILL BE PERFORMED BY OTHER
19. BUDGET	20. DATE



RECEIVED

Bldg 36

WORK REQUEST (MAINTENANCE MANAGEMENT)
NAVJAG 411014/00 001 2-001 1/11 0111-11-001-001
Supersedes NAVJAG 0003 1341

OCT 28 2002

UPW Department and Instructions
in NAVJAG 370-001

FACILITIES MGMT
NAVJAG 411014/00 001 2-001 1/11 0111-11-001-001

B071

PART I - REQUEST (Filled out by Requestor)

1. TO: Chiro / Podiatry Bldg 36	2. REQUEST NO: 360559
3. BY: MCB Maintenance via NHCL Facilities	4. DATE OF REQUEST: 28 Oct 02
5. CATEGORY FOR: <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	6. REQUESTOR'S UNIT: 80002
7. FOR THE RFA INFORMATION CALL: HMZ Green 451-3236	8. BUDGET PLAN ATTACHED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

9. DESCRIPTION OF WORK AND JUSTIFICATION (Include location, type, size, priority, etc.)

(Locksmith)

Please repair lock on Chiro doors.

03-11804
45

MCB Property Repair
Now Reimbursable

PLEASE INVESTIGATE & CORRECT

10. FULLY COMPLETED 11. REQUESTOR'S SIGNATURE

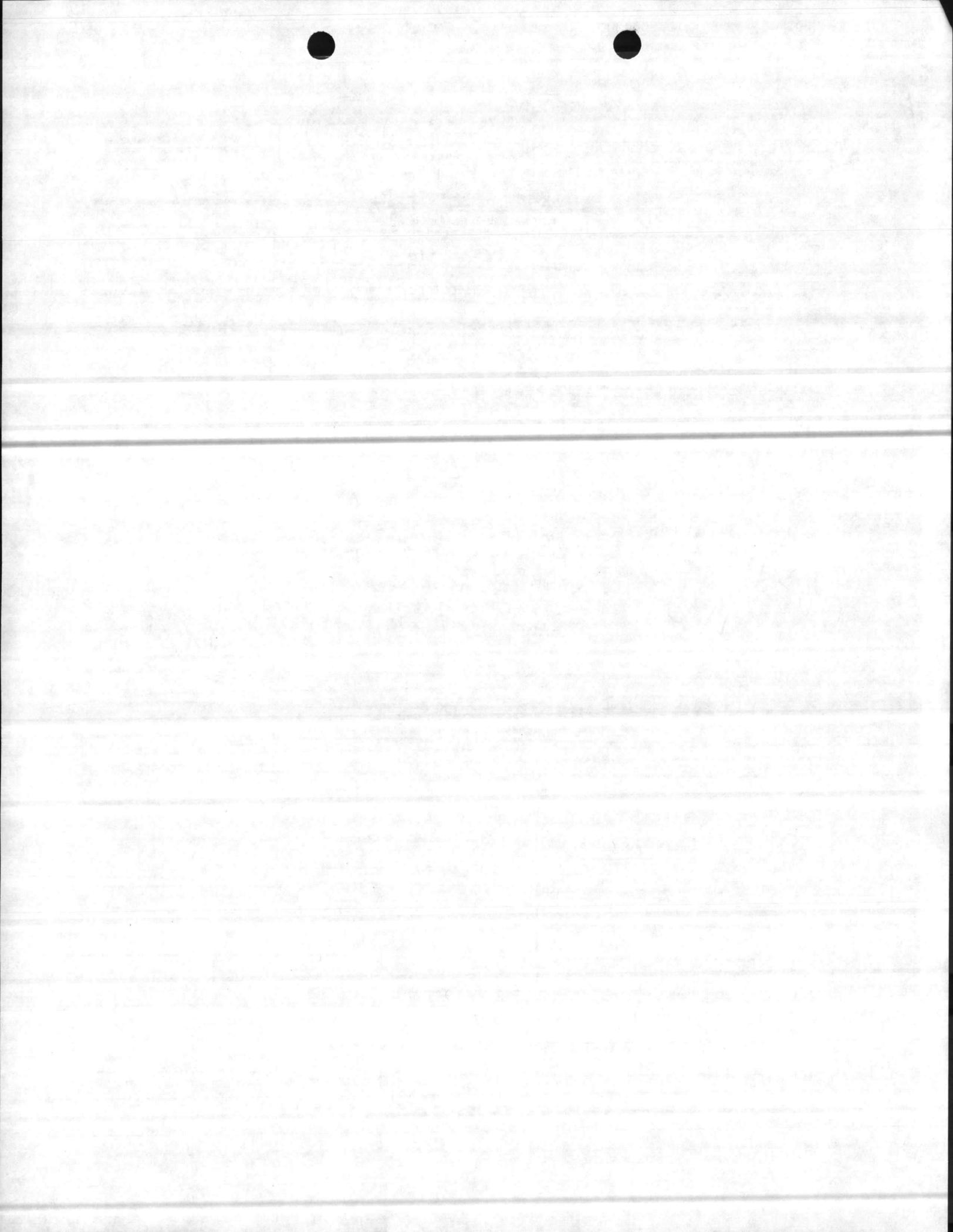
PART II - COST ESTIMATE
(Filled out by Maintenance Control Division if estimate requested)

12. COST ESTIMATE		13. BUDGET PLAN ENLARGED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
a. Labor	0	14. <input type="checkbox"/> APPROVED - PROGRAMMING TO START IN _____	
b. Material	0	<input type="checkbox"/> APPROVED - BASED ON RESOURCES AVAILABLE, THE JOB CAN BE	
c. Overhead STAG or OVERHEAD	0	PROCESSED TO START IN _____ IF	
d. Equipment Rental/Usage	0	AUTHORIZED BY BOTH OF _____ AND FUND	
e. Contingency	0	<input type="checkbox"/> DISAPPROVED (Use Remarks Field)	
f. TOTAL	0	15. SIGNATURE	16. DATE

PART III - ACTION (Filled out by Requestor)

17. ALLOCATION TO FUND IS ATTACHED (Check one if other than FY funds are involved) <input type="checkbox"/> NAVJAG 140 <input type="checkbox"/> OTHER	18. WORK REQUIRED <input type="checkbox"/> HAS BEEN COMPLETED <input type="checkbox"/> HAS BEEN DEFERRED <input type="checkbox"/> WILL BE PERFORMED BY OTHER
19. SIGNATURE	20. DATE

(Use Part IV of Request Sheet)



RECEIVED
OCT 28 2002
FACILITIES MGMT
NAVHOSP CLNC

Bldg 36

WORK REQUEST (MAINTENANCE MANAGEMENT)
NAVFAC 7-11014/00 REV. 3-01 2/4 01-11-11-000-010
Dependent NAVFAC 1361

UPW Department can be contacted
to NAVFAC 1361

B071

PART I - REQUEST (Filled out by Requester)

1. REQUEST NO. 360 558

2. DATE OF REQUEST 28 Oct 02

3. WORK TO BE DONE 28 Oct 02

4. FOR FURTHER INFORMATION CALL HM2 Green 451-3236

5. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, priority, etc.)

Repair broken glass on Bldg 36
Front Door. Podiatry Side

Repair Entry Door.

03-11799
43

MCB Property Repair
Now Reimbursable.
PLEASE INVESTIGATE & COLLECT

PART II - COST ESTIMATE (Filled out by Maintenance Control Division if estimate requested)

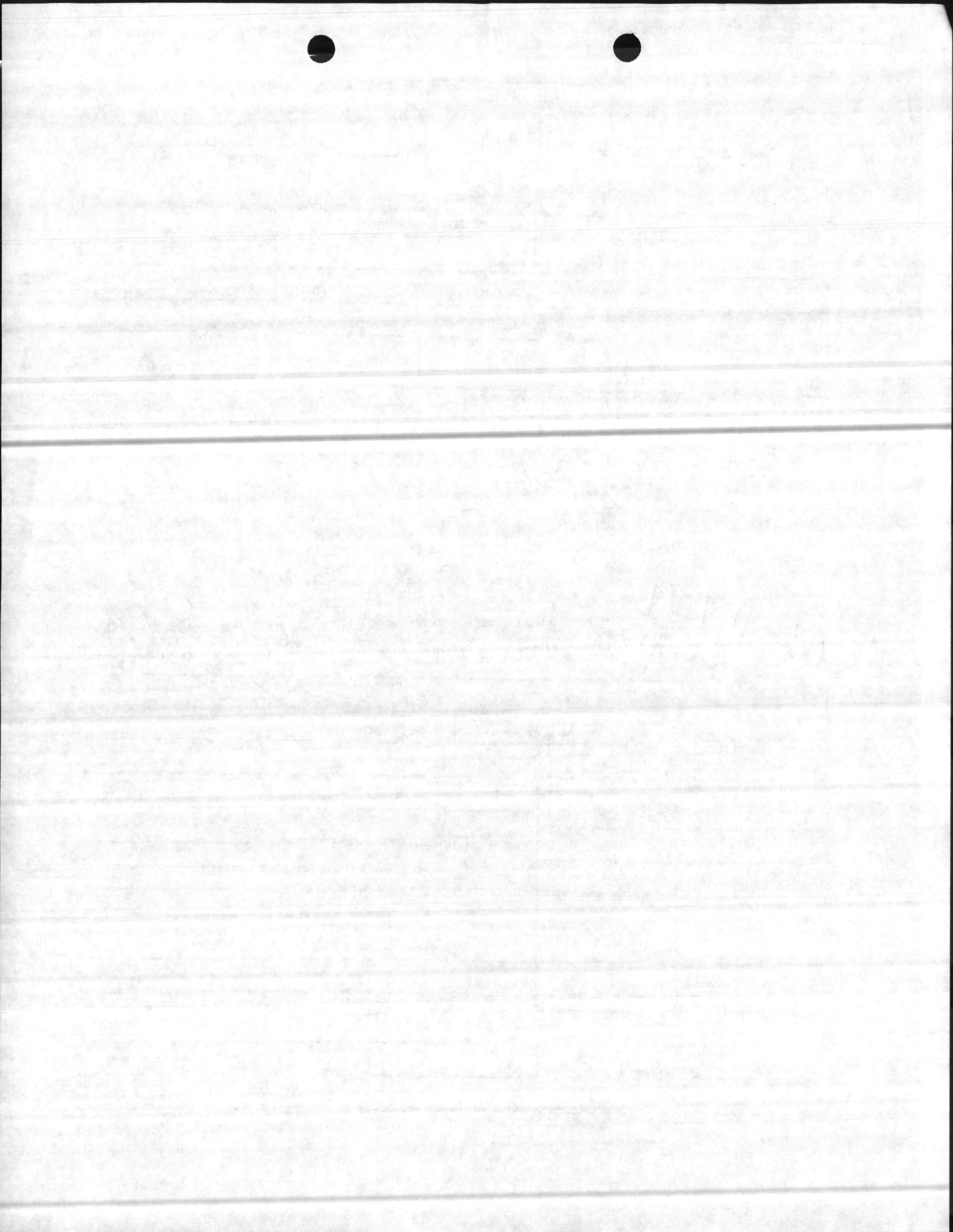
11. WORK		12. ESTIMATE NO.	
12. COST ESTIMATE		13. DATE/PLAN ATTACHED	
a. Labor	\$	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. Material	\$	13. APPROVED PROGRAMMING TO START BY	
c. Overhead	\$	APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE	
STAFF/STORAGE	\$	PROCEEDED TO START BY	
d. Equipment	\$	AUTHORIZED BY SIGNATURE AND FUND	
Rental/Usage	\$	APPROVED (See Reverse Side)	
e. Contingency	\$	14. SIGNATURE	
f. TOTAL	\$	17. DATE	

PART III - ACTION (Filled out by Requester)

18. AUTHORIZATION TO PROCEED IS ATTACHED (Check one if other than PW funds are required)

19. WORK REQUESTED

20. DATE



RECEIVED
OCT 28 2002
 FACILITIES MGMT
 NAVHOSP CLINIC

Bldg 36

WORK REQUEST (MAINTENANCE MANAGEMENT)
 NAVFAC 011014/20 MAY 2001 1/4 DATES 12-001-7310
 Department NAVHOSG 7351

UPW Department on Inspection
 (6 MAY 01 0 APR 01)

B071

PART I—REQUEST (Filled out by Requester)

1. NO. Chiro / Podiatry Bldg 36	2. WORK CENTER 360 557
3. NO. MCB Maintenance via NHCL Facilities	4. DATE OF REQUEST 28 OCT 02
5. PRIORITY <input type="checkbox"/> CRIT URGENT <input checked="" type="checkbox"/> INFORMATION OF WORK	6. REQUESTED WORK DATE 28 OCT 02
7. FOR TUB/PER INFORMATION CALL HMZ Green 451-3236	8. MATCH/PLAN ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

9. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, apt, size, quantity, etc.)

SEE POC
 check electrical outlet in chiro
 therapy suite

03-11797
 H1

MCB Property Repair
 Non Reimbursable
 Please investigate & correct

[Signature]

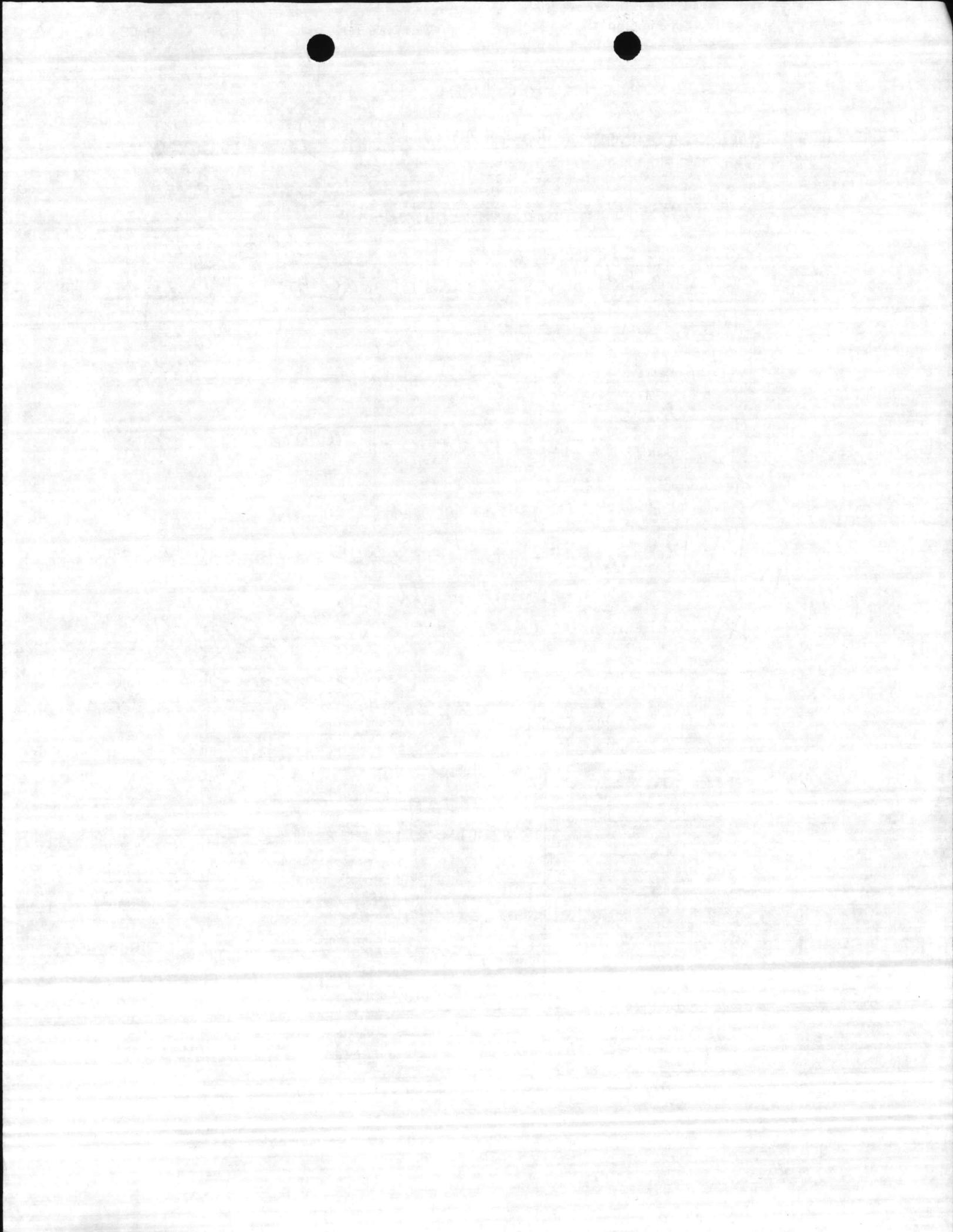
10. SIGNATURE _____ **11. SIGNATURE** _____

PART II—COST ESTIMATE
 (Filled out by Maintenance Control Division if estimate requested)

12. COST ESTIMATE	13. SIGNATURE NO.																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. Labor</td> <td style="width: 10%; text-align: center;">\$</td> <td style="width: 10%;"></td> <td style="width: 10%;">14. SWITCH/PLAN ENDED</td> <td style="width: 10%;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</td> </tr> <tr> <td>b. Material</td> <td style="text-align: center;">\$</td> <td></td> <td rowspan="2">15.</td> <td><input type="checkbox"/> APPROVED. PROGRAMMS TO START IN _____</td> </tr> <tr> <td>c. Overhead</td> <td style="text-align: center;">\$</td> <td></td> <td><input type="checkbox"/> APPROVED. BASED ON REQUEST WORKS DATES, THE JCS CAN BE PROGRAMMS TO START IN _____ IF</td> </tr> <tr> <td>d. Equipment Rental/Usage</td> <td style="text-align: center;">\$</td> <td></td> <td></td> <td>AUTHORIZED BY 25TH OF _____ AND LINES ARE MARKS APPLICABLE.</td> </tr> <tr> <td>e. Contingency</td> <td style="text-align: center;">\$</td> <td></td> <td><input type="checkbox"/> UNAPPROVED (See Reverse Side)</td> <td></td> </tr> <tr> <td>f. TOTAL</td> <td style="text-align: center;">\$</td> <td></td> <td>16. SIGNATURE</td> <td>17. DATE</td> </tr> </table>	a. Labor	\$		14. SWITCH/PLAN ENDED	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	b. Material	\$		15.	<input type="checkbox"/> APPROVED. PROGRAMMS TO START IN _____	c. Overhead	\$		<input type="checkbox"/> APPROVED. BASED ON REQUEST WORKS DATES, THE JCS CAN BE PROGRAMMS TO START IN _____ IF	d. Equipment Rental/Usage	\$			AUTHORIZED BY 25TH OF _____ AND LINES ARE MARKS APPLICABLE.	e. Contingency	\$		<input type="checkbox"/> UNAPPROVED (See Reverse Side)		f. TOTAL	\$		16. SIGNATURE	17. DATE	
a. Labor	\$		14. SWITCH/PLAN ENDED	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																										
b. Material	\$		15.	<input type="checkbox"/> APPROVED. PROGRAMMS TO START IN _____																										
c. Overhead	\$			<input type="checkbox"/> APPROVED. BASED ON REQUEST WORKS DATES, THE JCS CAN BE PROGRAMMS TO START IN _____ IF																										
d. Equipment Rental/Usage	\$			AUTHORIZED BY 25TH OF _____ AND LINES ARE MARKS APPLICABLE.																										
e. Contingency	\$		<input type="checkbox"/> UNAPPROVED (See Reverse Side)																											
f. TOTAL	\$		16. SIGNATURE	17. DATE																										

PART III—ACTION (Filled out by Requester)

18. AUTHORIZATION TO PERFORM IS A PRIORITY (Check one if other than PW funds are involved) <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> OTHER	19. WORK REQUESTED <input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> HAS BEEN DEFERRED <input type="checkbox"/> WILL BE PERFORMED BY OTHER
20. SIGNATURE	21. DATE



FAK 450-9400
ATTN EARL BROWN

U.S.GPO:1988-0-808-741

WORK REQUEST (MAINTENANCE MANAGEMENT)

NAVFAC 9-11014/20 REV. 8-68) S/N 0108-LF-002-7310
Supersedes NAVDOCKS 2351

(PW Department use Instructions
in NAVFAC MO-321)

Bldg 36
Requestor use Instructions on Reverse Side

B071

PART I—REQUEST (Filled out by Requestor)

1. FROM Chiro / Podiatry Bldg 36		2. REQUEST NO. # 001-360552
3. TO MCS MAINTENANCE via NHCL Facilities		4. DATE OF REQUEST 02/01/02
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK		5a. REQUEST WORK START 11 Oct 02
6. FOR FURTHER INFORMATION CALL HM2 GREEN 451-3236		7. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)

would like the deep sink in the
MALE'S HEAD to be fixed.

Currently spouting water from
top of faucet.

Repair leak @ Deep Sink.

W
03 6084

MCS Property Repair

Non Reimbursable

Please investigate & correct

[Signature]

RECEIVED
OCT 10 2002
FACILITIES MGMT
NAVHOSP CLNC

9. FUND CHARACTERIZATION NAVHOSP CLNC	10. SIGNATURE (Requesting Official) <i>[Signature]</i>
---	---

PART II—COST ESTIMATE
(Filled out by Maintenance Control Division if estimate requested)

11. TO:		12. ESTIMATE NO.
13. COST ESTIMATE		14. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
a. Labor	\$	15. <input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____ <input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN _____ IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE. <input type="checkbox"/> DISAPPROVED. (See Reverse Side)
b. Material	\$	
c. Overhead and/or Surcharge	\$	
d. Equipment Rental/Usage	\$	
e. Contingency	\$	
f. TOTAL	\$	16. SIGNATURE
		17. DATE

PART III—ACTION (Filled out by Requestor)

18. TO:	19. AUTHORIZATION TO PROCEED IS ATTACHED (Check one if other than PW funds are involved) <input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER	20. WORK REQUESTED <input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> HAS BEEN DEFERRED <input type="checkbox"/> WILL BE PERFORMED BY OTHERS
21. SIGNATURE	22. DATE	



Handwritten scribbles, possibly including the number "10" and some illegible characters.

WORK REQUEST (MAINTENANCE MANAGEMENT)
NAVY & MARINE CORPS
NAVY & MARINE CORPS

Bldg 36

(For Department use - Instructions
in NAVY & MARINE)

B071

Requester or Initiator (Name or Office)

PART I - REQUEST (Filled out by Requester)

1. NO.	FAC MAINT, Bldg 36 Chiro/Podiatry	6. REQUEST NO.	360551
2. NO.	MCB Maintenance (Locksmith)	7. DATE OF WORK	09 Oct 02
3. AGENCY FOR	<input type="checkbox"/> OTHER AGENCY	8. REQUEST DUE DATE	10 Oct 02
4. FOR FURTHER INFORMATION CALL	<input checked="" type="checkbox"/> INFORMATION BY WORK	9. METHOD OF ATTACH	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
5. DESCRIPTION OF WORK AND ABBREVIATION (including location, type, size, priority, etc)	LT NIETO 451-5783 or 526-9586		

SEE POC RETRIEVE KEYED CORES
AND INSTALL @ Bldg 36

URGENT
BOD

MCB Property Repair
Non Reimbursable

03-5624

[Signature]

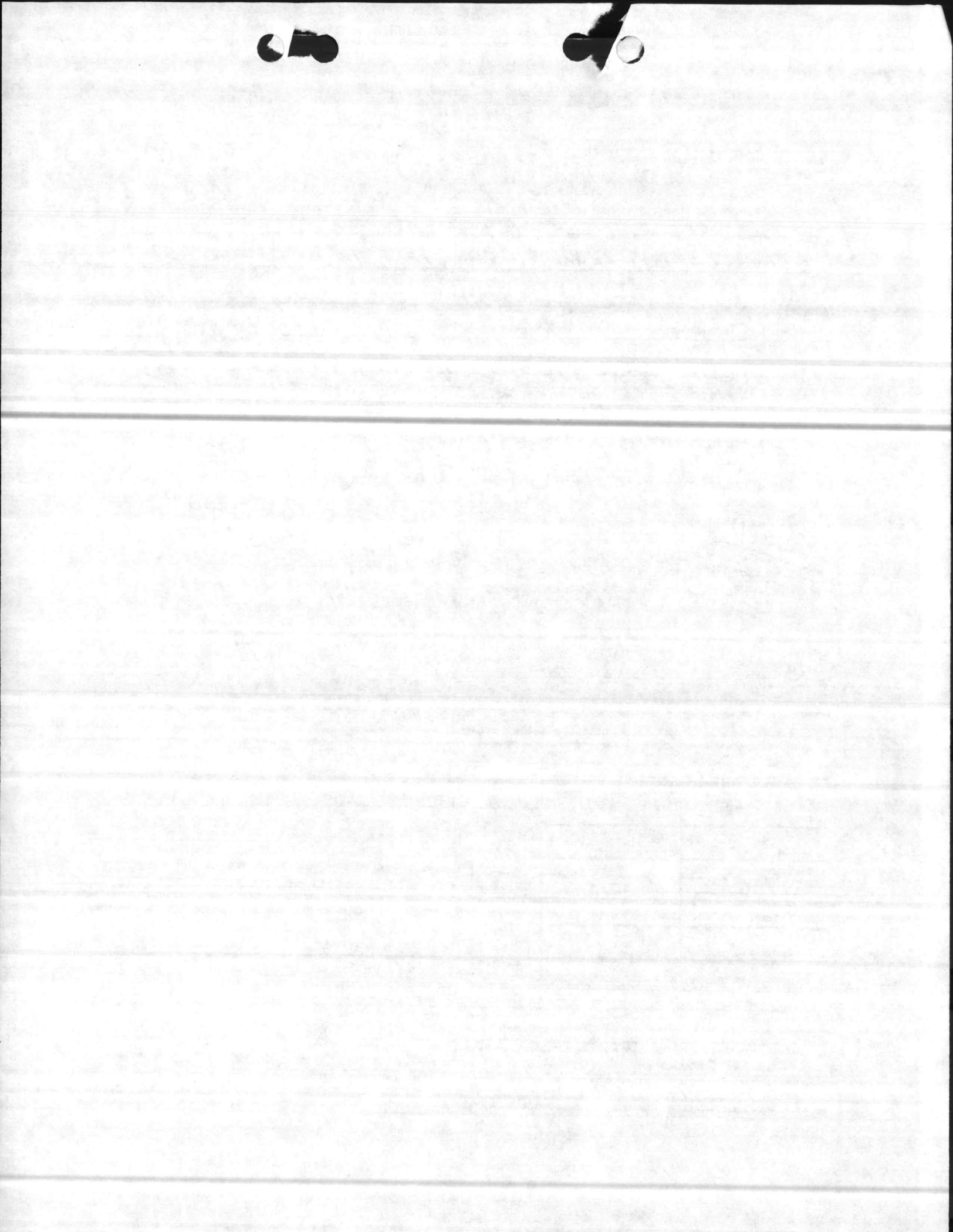
10. FUND SYMBOL	11. BUDGET CATEGORY
-----------------	---------------------

PART II - COST ESTIMATE
(Filled out by Maintenance Control Division if estimate requested)

12. COST ESTIMATE	14. BUDGET PLAN ENCLERED	15. ESTIMATE NO.
a. Labor	<input type="checkbox"/> YES <input type="checkbox"/> NO	
b. Material	<input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____	
c. Overhead ONE/OF SURCHARGE	<input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN _____ IF	
d. Equipment Rental/Lease	AUTHORIZED BY BOTH OF _____ AND I HAVE ASST MADE AVAILABLE.	
e. Contingency	<input type="checkbox"/> DISAPPROVED. USE REQUEST ONLY	
f. TOTAL	16. SIGNATURE	17. DATE

PART III - ACTION (Filled out by Requester)

18. NO.	19. AUTHORIZATION TO REQUEST IS ATTACHED (Check one or other than POC funds are included)	20. WORK REQUESTED
	<input type="checkbox"/> MAINTENANCE <input type="checkbox"/> OTHER	<input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> HAS BEEN DEFERRED <input type="checkbox"/> WILL BE PERFORMED BY OTHER
21. SIGNATURE		22. DATE



27 Sep 02
1400

WORK REQUEST (MAINTENANCE MANAGEMENT)
NAVFAC 9-11014/20 REV. 3-88) 3/4 OHS-17-002-7510
Supersedes NAVDOCS 2251

Bldg 36

(PW Department and Instructions in NAVFAC MDO-881)

B071

Requester and Instructions on Reverse Side

PART I—REQUEST (Filled out by Requester)

1. FAC <i>Chiro / Podiatry Clinic</i>	2. REQUEST NO. <i>360544</i>
3. TO <i>McB Maintenance (Locksmith) via NtCL Facilities</i>	4. DATE OF REQUEST <i>26 Sept 02</i>
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START <i>27 Sept 02</i>
6. FOR FURTHER INFORMATION CALL <i>HM2 GREEN 451-3236</i>	7. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)	

*MAKE 7 copies of Bldg 36 Key.
POC HAS Key*

*MAINTENANCE ASSISTANCE
Ref NAVComp 2226
N6809302 WR MM001*

02-179023

9. FUNDS CHARGED TO	10. SIGNATURE (Requesting Official)
---------------------	-------------------------------------

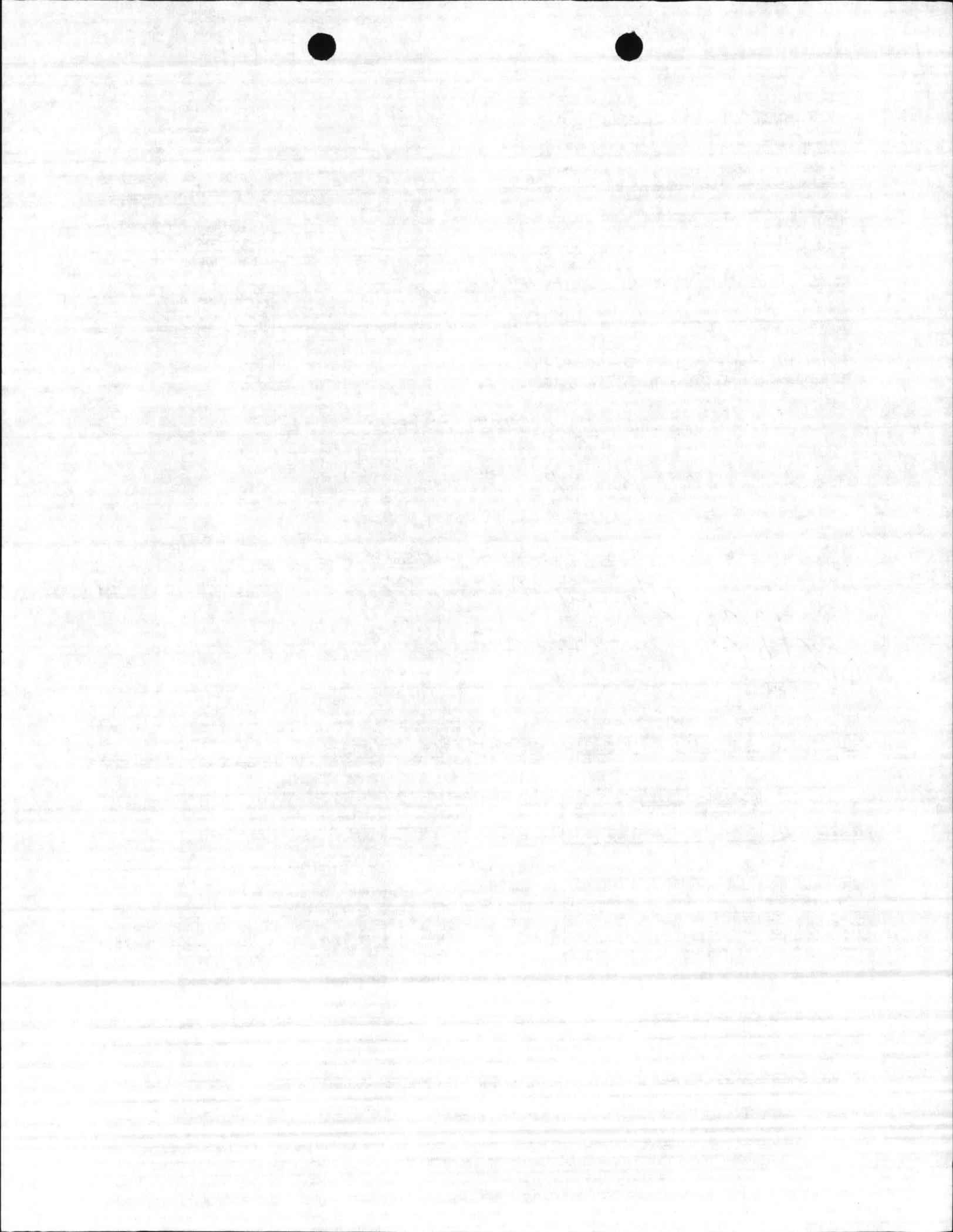
PART II—COST ESTIMATE (Filled out by Maintenance Control Division if estimate requested)

11. TO	12. ESTIMATE NO.
13. COST ESTIMATE	
a. Labor	\$
b. Material	\$
c. Overhead and/or Surcharges	\$
d. Equipment Rental/Usage	\$
e. Contingency	\$
f. TOTAL	\$
14. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO	
15. <input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____	
<input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN _____ IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE.	
<input type="checkbox"/> DISAPPROVED. (See Reverse Side)	
16. SIGNATURE	17. DATE

PART III—ACTION (Filled out by Requester)

18. TO	19. AUTHORIZATION TO PROCEED IS ATTACHED (Check one & other than PW funds are involved) <input type="checkbox"/> NAVCOMP 140 <input type="checkbox"/> OTHER	20. WORK REQUESTED <input type="checkbox"/> HAS BEEN CANCELED <input type="checkbox"/> HAS BEEN DEFERRED <input type="checkbox"/> WILL BE PERFORMED BY OTHERS
21. SIGNATURE	22. DATE	

(See Part IV on Reverse Side)



WORK REQUEST (MAINTENANCE MANAGEMENT)
NAVFAC 9-17014 (REV. 04-97) 2/11 0100-11-000-7010
Equivalent NAVFAC 1301

Bldg 36

UPW Department on Instructions
(6 MAY2002 JFC-EN)

B071

Register on Instructions on Reverse Side

PART I—REQUEST (Filled out by Requester)

1. NAME <i>Chico / Podiatry Clinic</i>		2. REQUEST NO. <i>360544</i>
3. TO <i>mcb Maintenance (Locksmith) via NotCL Facilities</i>		4. DATE OF REQUEST <i>26 Sept 02</i>
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK		6. REQUEST WORK START <i>27 Sept 02</i>
7. FOR FURTHER INFORMATION CALL <i>HM2 GREEN 451-3236</i>		8. MONTH/PLAN ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
9. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, apt, etc, quantity, etc)		

MAKE 7 COPIES OF Bldg 36 Key.

POC HAS Key *KS*

02182821

MAINTENANCE ASSISTANCE
Ref NAVCOMP 2226
N0809302 WR MM001

[Signature]

10. WORK CENTER/UNIT	11. ESTIMATE/AVAILABILITY CENTER
----------------------	----------------------------------

PART II—COST ESTIMATE
(Filled out by Maintenance Control Division if estimate requested)

12. COST ESTIMATE		14. BUDGET/PLAN ATTACHED	
a. Labor	\$	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. Material	\$	15. <input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____	
c. Overhead FTE/OT SURCHARGE	\$	<input checked="" type="checkbox"/> APPROVED. BASED ON PRESENT WORK ORDER, THE JOB CAN BE PROGRAMMED TO START IN _____ IF	
d. Equipment Rental/Usage	\$	AUTHORIZED BY 25TH OF _____ AND FUTURE ATTN: _____	
e. Contingency	\$	<input type="checkbox"/> DISAPPROVED. (See Reverse Side)	
f. TOTAL	\$	16. SIGNATURE	17. DATE

PART III—ACTION (Filled out by Requester)

18. NO.	19. AUTHORIZATION TO FUNDING IS ATTACHED (Check one of other than P/R funds are included) <input type="checkbox"/> NAVCOMP 140 <input type="checkbox"/> OTHER	20. WORK REQUESTED <input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> HAS BEEN DEFERRED <input type="checkbox"/> WILL BE PERFORMED IN OTHER
21. SCHEDULE	22. DATE	

(See Part IV of Reverse Side)

10265150

7/4

PROJECT # 314043cn

MAINSIDE REPAIRS & PAINTING

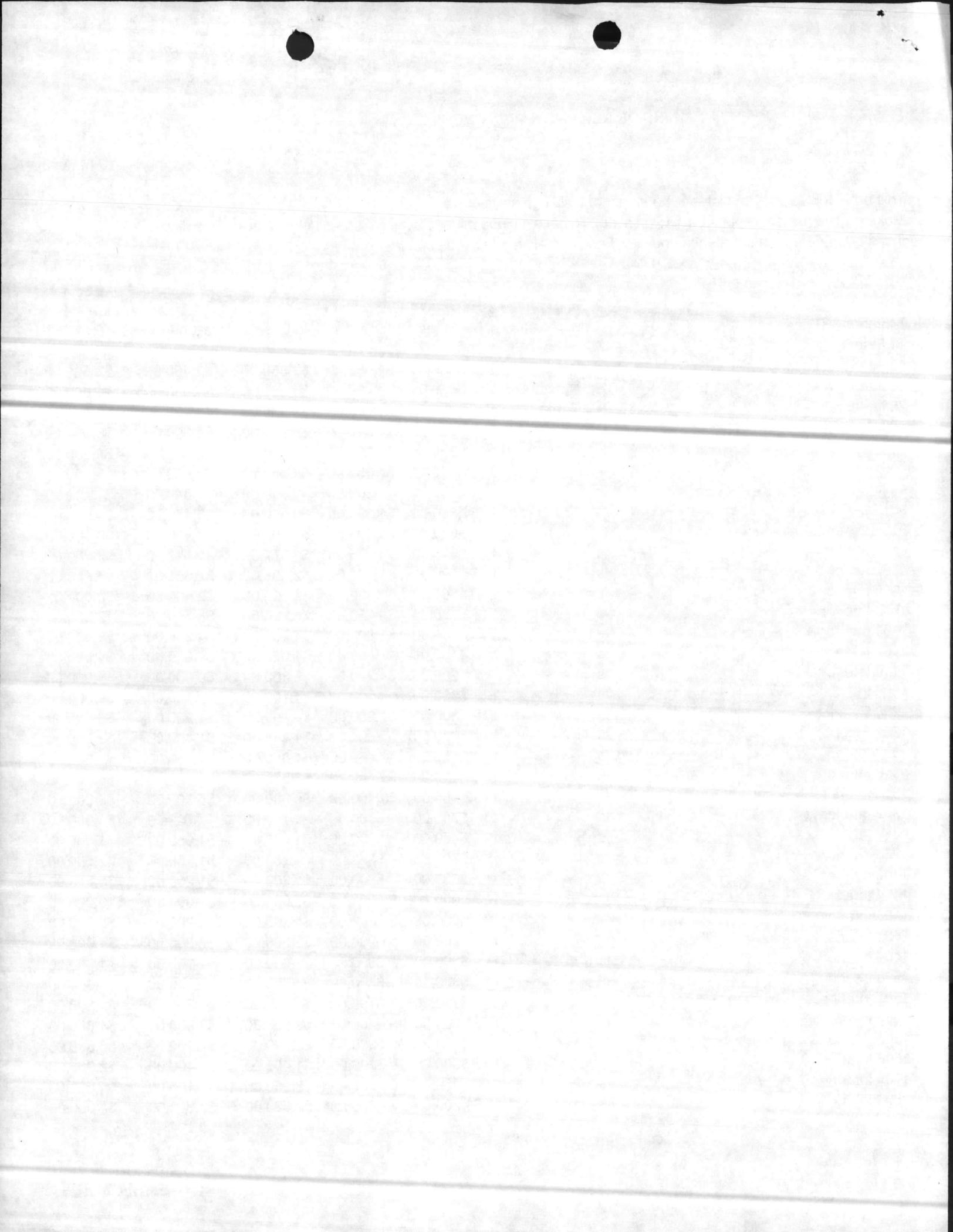
Estimated by: Leslie Lanier

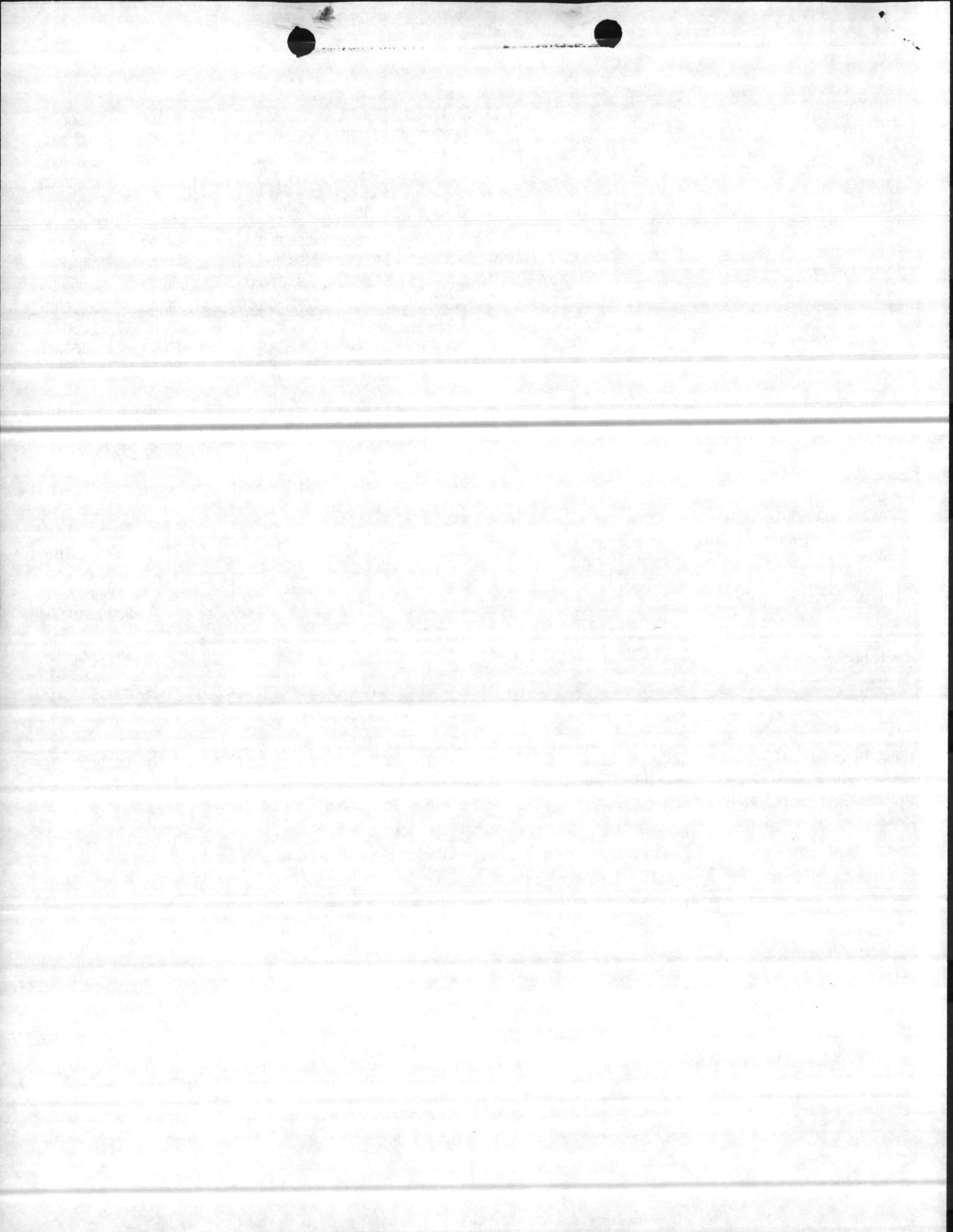
15-May-02

This project is to paint the interior & exterior of buildings as listed. Make any necessary repairs prior to painting. Repairs include minor plaster patching, holes, cracks & caulking. It has been determined that these buildings can contain lead based paint

Description

Description	U/M	Qty	Mat'l Cost	Total Mat'l	Lab Cost	Total Labor	Total
7 Interior & Exterior							
11 Exterior							
13 Interior & Exterior	ls	1	\$1,050.00	\$1,050.00	\$2,450.00	\$2,450.00	\$3,500.00
19 Interior	ls	1	\$450.00	\$450.00	\$1,050.00	\$1,050.00	\$1,500.00
25 Interior	ls	1	\$1,710.00	\$1,710.00	\$3,990.00	\$3,990.00	\$5,700.00
36 Interior	ls	1	\$1,800.00	\$1,800.00	\$4,200.00	\$4,200.00	\$6,000.00
39 Interior	ls	1	\$1,200.00	\$1,200.00	\$2,800.00	\$2,800.00	\$4,000.00
41 Interior	ls	1	\$1,050.00	\$1,050.00	\$2,450.00	\$2,450.00	\$3,500.00
43 Interior	ls	1	\$360.00	\$360.00	\$840.00	\$840.00	\$1,200.00
907 Interior	ls	1	\$1,350.00	\$1,350.00	\$3,150.00	\$3,150.00	\$4,500.00
915 Interior	ls	1	\$600.00	\$600.00	\$1,400.00	\$1,400.00	\$2,000.00
951 Exterior	ls	1	\$675.00	\$675.00	\$1,577.00	\$1,577.00	\$2,252.00
989 Interior & Exterior	ls	1	\$1,500.00	\$1,500.00	\$2,688.00	\$2,688.00	\$4,188.00
1015 Interior & Exterior	ls	1	\$900.00	\$900.00	\$2,100.00	\$2,100.00	\$3,000.00
1072 Interior	ls	1	\$3,750.00	\$3,750.00	\$8,750.00	\$8,750.00	\$12,500.00
1101 Interior & Exterior	ls	1	\$1,800.00	\$1,800.00	\$4,200.00	\$4,200.00	\$6,000.00
1107 Interior	ls	1	\$450.00	\$450.00	\$1,050.00	\$1,050.00	\$1,500.00
1116 Interior	ls	1	\$4,200.00	\$4,200.00	\$9,800.00	\$9,800.00	\$14,000.00
1206 Interior	ls	1	\$300.00	\$300.00	\$700.00	\$700.00	\$1,000.00
1208 Exterior	ls	1	\$1,800.00	\$1,800.00	\$4,200.00	\$4,200.00	\$6,000.00
1231 Exterior	ls	1	\$600.00	\$600.00	\$1,400.00	\$1,400.00	\$2,000.00
1308 Interior	ls	1	\$450.00	\$450.00	\$1,050.00	\$1,050.00	\$1,500.00
1310 Interior	ls	1	\$1,440.00	\$1,440.00	\$3,360.00	\$3,360.00	\$4,800.00
1311 Interior	ls	1	\$2,400.00	\$2,400.00	\$5,600.00	\$5,600.00	\$8,000.00
1312 Interior	ls	1	\$300.00	\$300.00	\$700.00	\$700.00	\$1,000.00
1317 Interior	ls	1	\$450.00	\$450.00	\$1,050.00	\$1,050.00	\$1,500.00
1323 Interior	ls	1	\$750.00	\$750.00	\$1,750.00	\$1,750.00	\$2,500.00
1402 Interior	ls	1	\$600.00	\$600.00	\$1,200.00	\$1,200.00	\$1,800.00
1404 Interior	ls	1	\$3,000.00	\$3,000.00	\$7,000.00	\$7,000.00	\$10,000.00
1406 Interior	ls	1	\$1,800.00	\$1,800.00	\$4,200.00	\$4,200.00	\$6,000.00
1408 Interior	ls	1	\$1,200.00	\$1,200.00	\$2,800.00	\$2,800.00	\$4,000.00
1409 Interior	ls	1	\$600.00	\$600.00	\$1,200.00	\$1,200.00	\$1,800.00
1500 Interior	ls	1	\$300.00	\$300.00	\$700.00	\$700.00	\$1,000.00
1501 Interior	ls	1	\$750.00	\$750.00	\$1,750.00	\$1,750.00	\$2,500.00
1503 Interior	ls	1	\$1,200.00	\$1,200.00	\$2,800.00	\$2,800.00	\$4,000.00
1506 Interior & Exterior	ls	1	\$900.00	\$900.00	\$2,700.00	\$2,700.00	\$3,600.00
1603 Interior	ls	1	\$600.00	\$600.00	\$1,400.00	\$1,400.00	\$2,000.00
1604 Interior	ls	1	\$1,350.00	\$1,350.00	\$3,150.00	\$3,150.00	\$4,500.00
1606 Interior	ls	1	\$1,200.00	\$1,200.00	\$2,800.00	\$2,800.00	\$4,000.00





TAB PLACEMENT HERE

DESCRIPTION:

Contract



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*Scanned as next image

TAB PLACEMENT HERE

DESCRIPTION:

J.O. Pending

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Tab page contained hand written information
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