

## FILE FOLDER

### DESCRIPTION ON TAB:

205

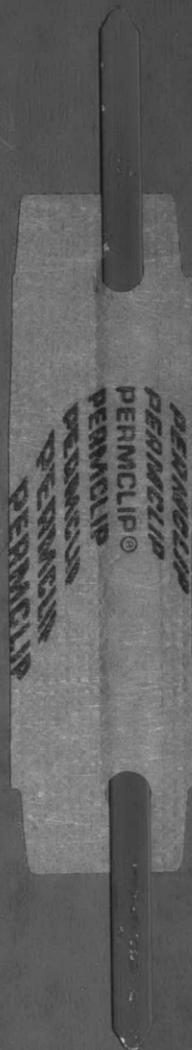
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J.O. completed

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Misc.



TAB PLACEMENT HERE

DESCRIPTION:

J.O. card

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JOB ORDER NO	DATE COMPLETED signed	COST	DESCRIPTION
023-02897-82	6/12/62		Renovate
023-03894-82	1/28/63		Install additional outlets
023-03930-82	5/1/63		Install 6 window fans
CONTRACT	C/12/20/65		Repairs to head and shower facilities
CONTRACT	C 4/16/63		Exterior painted
AA9-23-31381	1-17-69	2633	Plaster repairs & paint int
AA3-23-3284-23	7/14/72	3636	Repair & paint int
4011	9-17-74	66	Paint rec room
1158	2-5-73	620	Allocations to P.C. & A.O. office
5237	5-23-75	1751	Paint interior complete
1164	4-1-74	136	install 2 elec. outlets
3627	12-16-77	477	Repair insulation on hot water storage tank
3452	1-29-82	2099	Replace headers on water heaters
3762	4/18/80	1260	Replace condensate pump and tank
4032	Comp	1655	Secure inspect. panel covers in hallway
3340	1-1/82	736	Replace STEAM Coil
4679	3/22/83	1245	RPL duct/RPI re S. DR
5907	Comp	70,960	Perform Recovery cycle maint to Bldg
3118	2-28-86	1890	Ref & Rpl TO EXTERIOR DOOR
3557	Comp	9215	Downwater central A/C in H Type BARRACKS
4552	Comp	5356	Rpl missing and Damage Window screen
5849	Comp	4753	Perform cyclic MAINT. Repair
3366	2-19-90	2266	Relay Bldg. Complete with new Master Key.
8081	9-23-91	200	INST ONE DUPLEX OUTLET
4147	9-4-92	10647	Rplc A/C CONDENSING UNIT
8399		837	Relocate cons room, JUNE PURGED 99



BLDG CLASS 2 PROPERTY RECORD  
 (004) UIC..M67001 (001) PR NO.....2-03968  
 MCB CAMP LEJEUNE NC (005) FACILITY NO..205  
 (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..9L

GENERAL INFORMATION  
 (007) ACTION.....CAP-IMPROV  
 (008) FAM HOUSING....NO  
 (009) EE DATE.....08 OCT 81  
 (011) PR REVIEW DATE..08 OCT 81  
 (010) FACILITY NAME..  
 BEQ E1-E4

ACQUISITION  
 (201) ESTATE.....13 OTHER MIL FUND  
 (202) ACQ CONTRACT...NOY4750  
 (203) ACQ DATE.....01 DEC 42  
 (204) GOVT COST..... \$312,015  
 (207) LAND CCN.....91140

MEASUREMENTS  
 (301) LENGTH.... 157 FT  
 (302) WIDTH..... 145 FT  
 (303) HEIGHT.... 24 FT  
 (304)/AREA..... 26,602 SF  
 (308) AREA UM...  
 (305) STORIES... 02  
 (307) IRREGULAR. YES

CONSTRUCTION  
 (401) YEAR BUILT.....1942  
 (402) CONSTRUCTION TYPE..PERMANENT  
 (403) YEAR IMPROVED.....1969

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

MAINTENANCE  
 (701) MAINT UIC..M67001 (702) PRIME USE....72111 (703) MFC...4 USMC

STATUS / MAX OCCUPANCY  
 (502) CATEGORY CODE...61073 (501) USE..COMPANY BATTERY HQ (MARCOR)  
 (510) USER UIC.....M67001.....MCB CAMP LEJEUNE NC

AREA/SF*	OTHER/	ALT/	DEF CODES
ADEQ(515)	(516)	(517)	(524)
SBST(518).....3,306.00	(519)	(520)	(525)A30 C26 B26
INAD(521)	(522)	(523)	(526)
TOTAL	3,306.00		

TOTAL

3,306.00

INAD(521)

(522)

(523)

(526)

282T(518)

3,306.00 (519)

(520)

(522) A30 C56 B56

ADEG(515)

(516)

(517)

(524)

AREA\SF#

OTHER\

ALTA

DEF CODES

(510) USER UIC.....M67001.....MCR CAMP LEJUNE NC

(505) CATEGORY CODE...61073

STATAUSVMAX OCCURANCY (501) USE..COMPANY BATTERY HC (MARGOR)

(701) MAINT UIC..M67001

(702) PRIME USE.....75111

(703) MEC...4 USMC

(403) YEAR IMPROVED.....1969

(402) CONSTRUCTION TYPE..PERMANENT

(409) PROJECT NO.....

(404) ABMP CODE.....

(307) LAND CON.....9140

(305) STORIES.....02

(308) AREA UM.....

(204) GOVT COST.....\$315,015

(304) AREA.....\$6,605 SF

(203) ACQ DATE.....01 DEC 45

(303) HEIGHT.....54 FT

(202) ACQ CONTRACT...NOV450

(302) WIDTH.....145 FT

(201) ESTATE.....13 OTHER MIL FUND

(301) LENGTH.....157 FT

(107) MAP GRID..9L

(105) AC.....05

(104) CITY.....0735 CAMP LEJUNE

(103) COUNTY...139 GNSLOW

(102) STATE...37 NORTH CAROLINA

(101) COUNTRY..US UNITED STATES

REC EI-E4

(101) FACILITY NAME..

(011) PR REVIEW DATE..08 OCT 81

(009) EE DATE.....08 OCT 81

(008) FAM HOUSING.....ND

(007) ACTION.....CAP-IMPROV

GENERAL INFORMATION

HADNOT POINT

(106) SPEC AREA...DA

(005) FACILITY NO...205

(001) PR NO.....2-03968

MCR CAMP LEJUNE NC

(004) UIC..M67001

BLDG

CLASS 2

PROPERTY RECORD

BLDG

C L A S S 2 P R O P E R T Y R E C O R D  
( C - O - N - T - I - N - U - A - T - I - O - N )

(004) UIC..M67001  
MCB CAMP LEJEUNE NC

(001) PR NO.....2-03968  
(005) FACILITY NO..205  
(106) SPEC AREA....DA  
HADNOT POINT

(502) CATEGORY CODE...72111 (501) USE..UEPH E1/E4

(510) USER UIC.....M67001.....MCB CAMP LEJEUNE NC

	AREA/SF	OTHER/PN*	ALT/	DEF CODES
ADEQ(515)		(516)	(517)	(524)
SBST(518)		(519)	(520)	(525)
INAD(521).....	23,296.00	(522).....	143.00	(523)
TOTAL	23,296.00		143.00	(526)A30 C26 B26

(004) UIC..M67001  
 (005) FACILITY NG..205  
 (106) SPEC AREA...DA  
 HADNOT POINT  
 (001) PR NO.....S-03968

BLDG CLASS 2 PROPERTY RECORD  
 (C-D-N-T-I-V-U-A-T-I-O-N)

(502) CATEGORY CODE...75111 (501) USE..LEPH EIVE#

(510) USER UIC.....M67001.....MCG CAMP LEJUNE NC

DEF CODES	ALTA	OTHERPIN*	AREAS#
(254)	(217)	(216)	AD6G(215)
(252)	(250)	(219)	282T(218)
(256)A30 CSE B56	(253)	.....143.00 (253)	INAC(251).....23,296.00 (252)
		143.00	TOTAL 23,296.00

TAB PLACEMENT HERE

DESCRIPTION:

Work Requests

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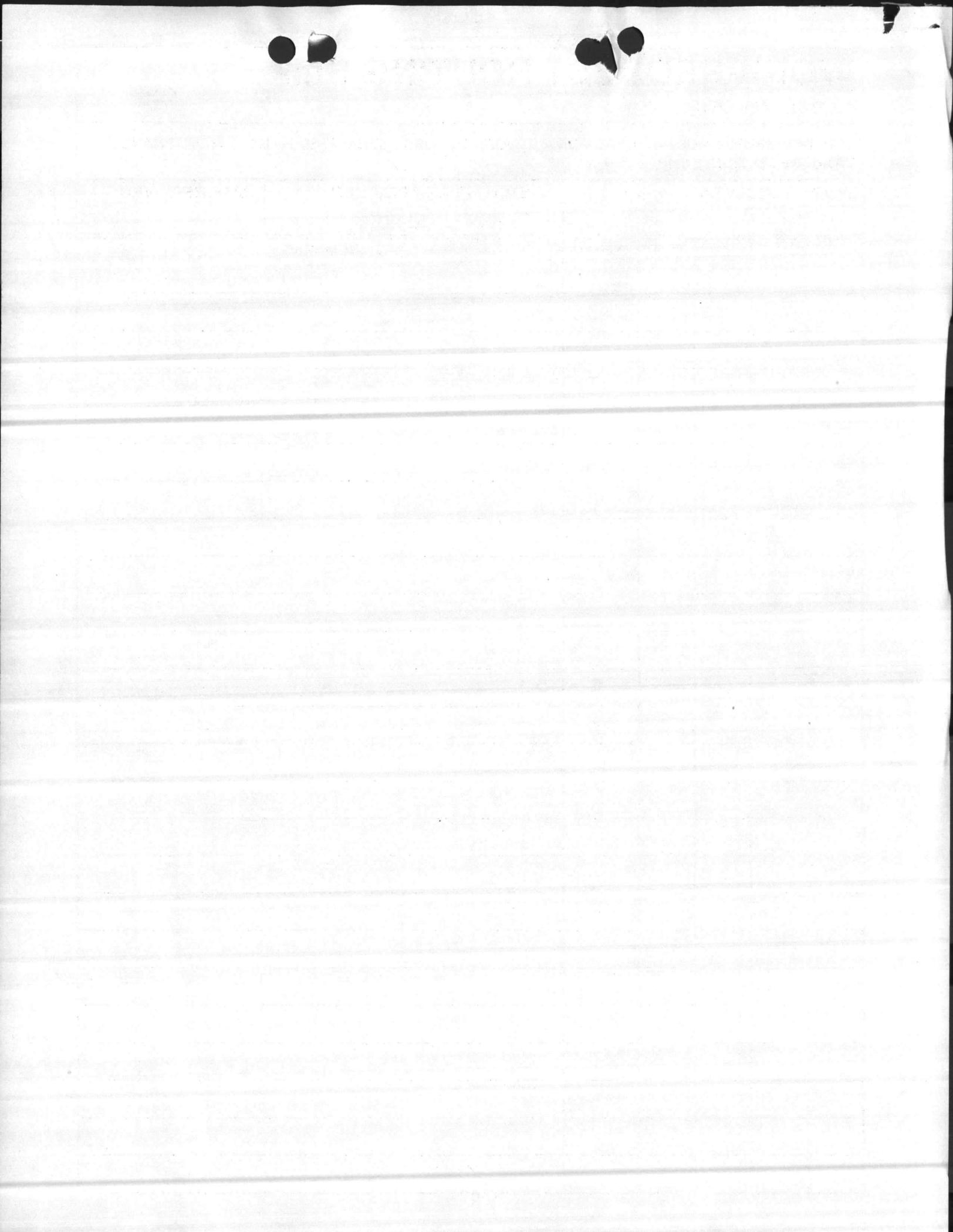
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**WORK REQUEST (MAINTENANCE MANAGEMENT)**  
 NAVFAC 9-11014/20 REV. 2-68) S/N 0105-LF-002-7510  
 Supersedes NAVDOCKS 2351

(PW Department see Instructions in NAVFAC MO-321)

Requestor see Instructions on Reverse Side

**PART I—REQUEST (Filled out by Requestor)**

1. FROM <p style="font-size: 1.5em; margin-left: 20px;">BLT 2/2</p>	2. REQUEST NO. <p style="font-size: 1.5em; margin-left: 20px;">D007 20</p>
3. TO <p style="font-size: 1.5em; margin-left: 20px;">BMO</p>	4. DATE OF REQUEST <p style="font-size: 1.5em; margin-left: 20px;">030515</p>
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START <p style="font-size: 1.5em; margin-left: 20px;">ASAP</p>
6. FOR FURTHER INFORMATION CALL <p style="font-size: 1.5em; margin-left: 20px;">JASON CHOFORLUN 451-4027</p>	7. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.) <p style="font-size: 1.2em; margin-left: 40px;">THERE IS A HOLE 3 FEET X 1 FOOT IN WALL          OF WEAPONS CO. OFFICES LOCATED IN BLD. 205.          IT NEEDS TO BE FIXED.</p> <p style="font-size: 1.5em; margin-left: 100px; margin-top: 20px;">INST.</p>	

9. FUNDS CHARGEABLE

10. SIGNATURE (Requesting Official)

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

11. TO:	12. ESTIMATE NO.														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left; padding: 5px;">13. COST ESTIMATE</th> </tr> <tr> <td style="width:30%; padding: 5px;">a. Labor</td> <td style="padding: 5px;">\$</td> </tr> <tr> <td style="padding: 5px;">b. Material</td> <td style="padding: 5px;">\$</td> </tr> <tr> <td style="padding: 5px;">c. Overhead and/or Surcharge</td> <td style="padding: 5px;">\$</td> </tr> <tr> <td style="padding: 5px;">d. Equipment Rental/Usage</td> <td style="padding: 5px;">\$</td> </tr> <tr> <td style="padding: 5px;">e. Contingency</td> <td style="padding: 5px;">\$</td> </tr> <tr> <td style="padding: 5px;">f. TOTAL</td> <td style="padding: 5px;">\$</td> </tr> </table>	13. COST ESTIMATE		a. Labor	\$	b. Material	\$	c. Overhead and/or Surcharge	\$	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)
13. COST ESTIMATE															
a. Labor	\$														
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 CANCELED <input type="checkbox"/> HAS BEEN DEFERRED <input type="checkbox"/> WILL BE PERFORMED BY OTHERS	21. SIGNATURE
22. DATE	23. DATE



**WORK REQUEST (MAINTENANCE MANAGEMENT)**

NAVFAC 9-11014/20 rev. 2-68) S/N 0105-LF-002-75  
Supersedes NAVDOCKS 2351

(PW Department see Instructions in  
NAVFAC 9-321)

Requestor see Instructions on Reverse Side

PART 1 - REQUEST (Filled out by Requestor)

D007

1. FROM <b>COMMANDING OFFICER, 2D Bn 2D Mar</b>		2. REQUEST NO. <b>71</b>
3. TO <b>COMMANDING OFFICER, MCB (ATTN: BASE MAINT).</b>		4. DATE OF REQUEST <b>030528</b>
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK		5a. REQUEST WORK START <b>ASAP</b>
6. FOR FURTHER INFORMATION CALL <b>SGT CHOFOOKLUN 451-4027</b>		7. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)		

**Request new keys be made for the S-4 officer and the Battalion Commanders office in building 205. They can not lock there doors.**

45

2003 MAY 28 PM 12 05  
 PUBLIC WORKS DIV  
 WORK RECEPTION

**1ST ENDORSEMENT**  
**DIVISION ENGINEERS**  
 DATE IN                      8 2003  
 SIGNATURE                     

9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Officer) <b>Sgt Chofooklun</b>
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**PART II - COST ESTIMATE**

(Filled out by Maintenance Control Division if estimate requested)

11. TO:		12. ESTIMATE NO. <b>03-98456</b>
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 25 <sup>TH</sup> OF _____ AND FUNDS AND 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 Requester)**

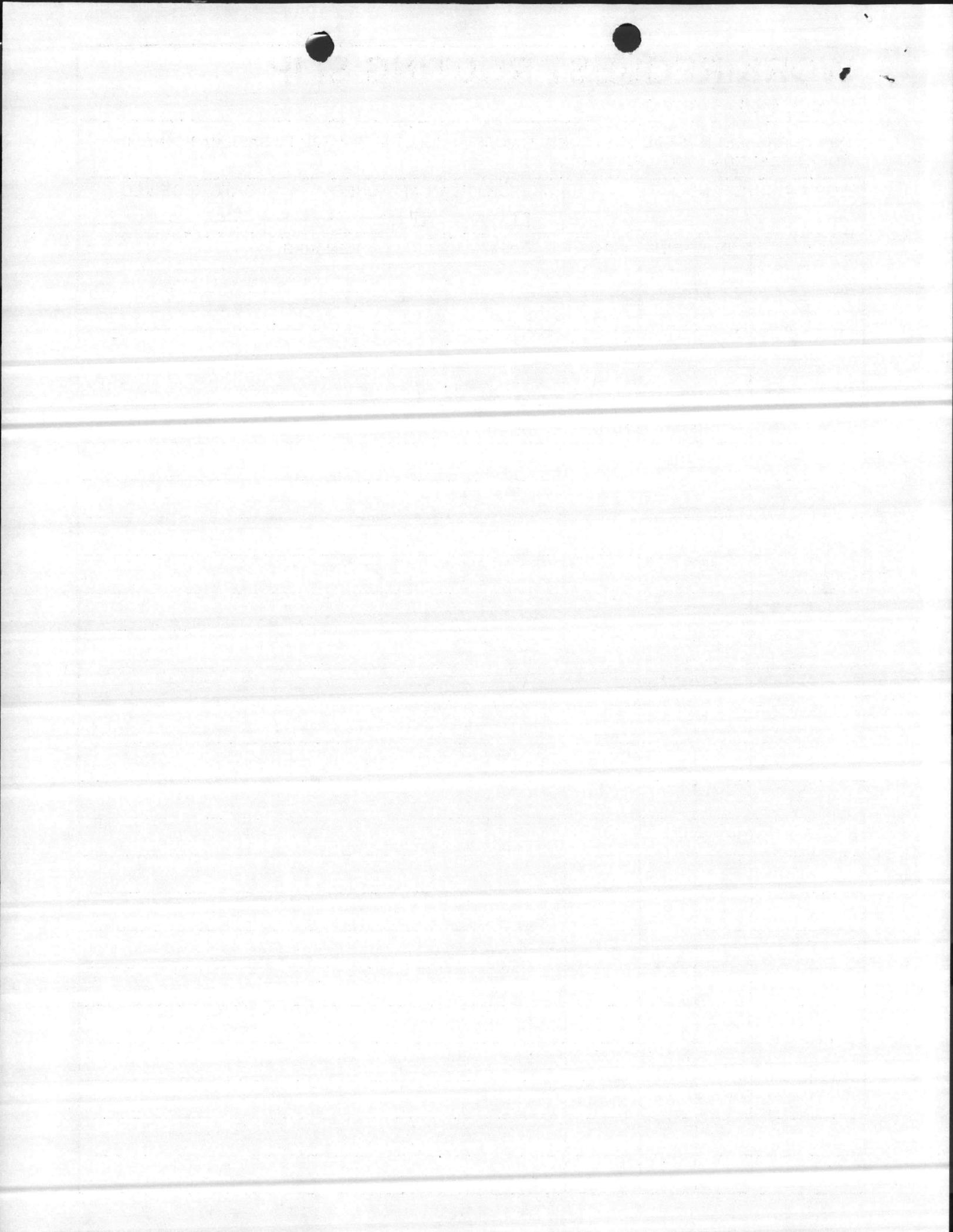
18. TO	
19. AUTHORIZATION TO PROCEED IS ATTACHED (Check one if other than PW funds are involved) <input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER	20. WORK REQUESTED <input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> HAS BEEN DEFERRED <input type="checkbox"/> WILL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

(See Part IV on Reverse Side)

MOBK RECESSION  
BUBTIC MOBK

5003 WWA 58 LW JS-02





**WORK REQUEST (MAINTENANCE MANAGEMENT)**

NAVFAC 9-11014/20 rev. 2-68) S/N 0105-LF-002-7510

Supersedes NAVDOCKS 2351

(PW Department see Instructions in NAVFAC MO-321)

Requestor see Instructions on Reverse Side

**PART I - REQUEST (Filled out by Requestor)**

D007

1. FROM

**COMMANDING OFFICER, 2D Bn 2D Mar**

2. REQUEST NO.

**36**

3. TO

**COMMANDING OFFICER, MCB (ATTN: BASE MAINT).**

4. DATE OF REQUEST

**030520**

5. REQUEST FOR

COST ESTIMATE

PERFORMANCE OF WORK

5a. REQUEST WORK START

**ASAP**

6. FOR FURTHER INFORMATION CALL

7. SKETCH/PLAN ATTACHED

YES  NO

**SGT CHOFOOKLUN 451-4027**

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

**These offices need new keys made, they were never given to the Bn. The Bldg. is 250. We will need keys made for 5 offices.**

**Per: Capt. Harmon**

03-80321

205  
Capt

9. FUNDS CHARGEABLE

10. SIGNATURE (Requesting Officer)

**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

YES  NO

a. Labor

\$

APPROVED. PROGRAMMING TO START IN \_\_\_\_\_

b. Material

\$

APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE

c. Overhead and/or Surcharge

\$

PROGRAMMED TO START IN \_\_\_\_\_, IF

d. Equipment Rental/Usage

\$

AUTHORIZED BY 25<sup>TH</sup> OF \_\_\_\_\_ AND

e. Contingency

\$

FUNDS AND MADE AVAILABLE.

DISAPPROVED. (See Reverse Side)

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)

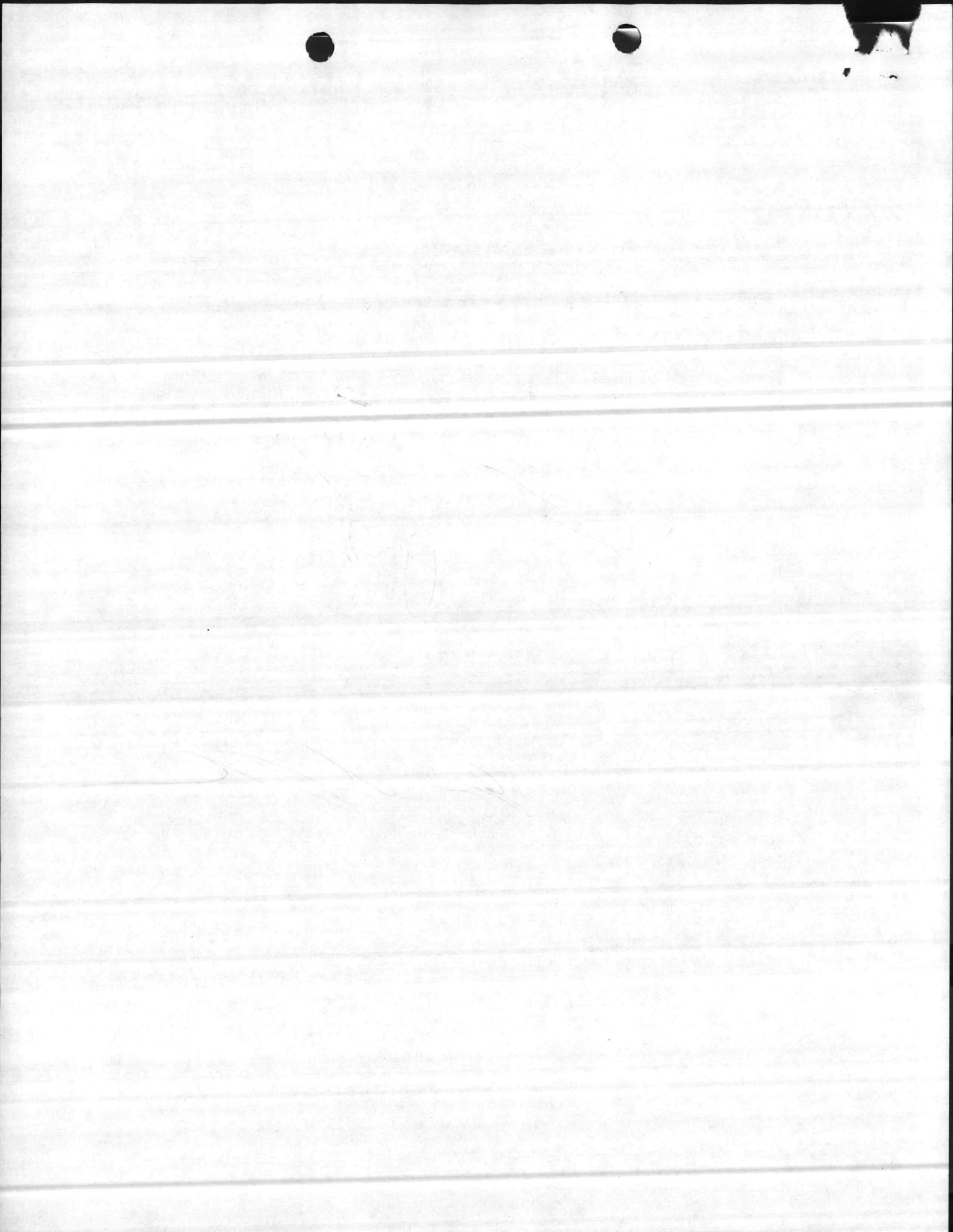
NAVCOMPT 140

OTHER

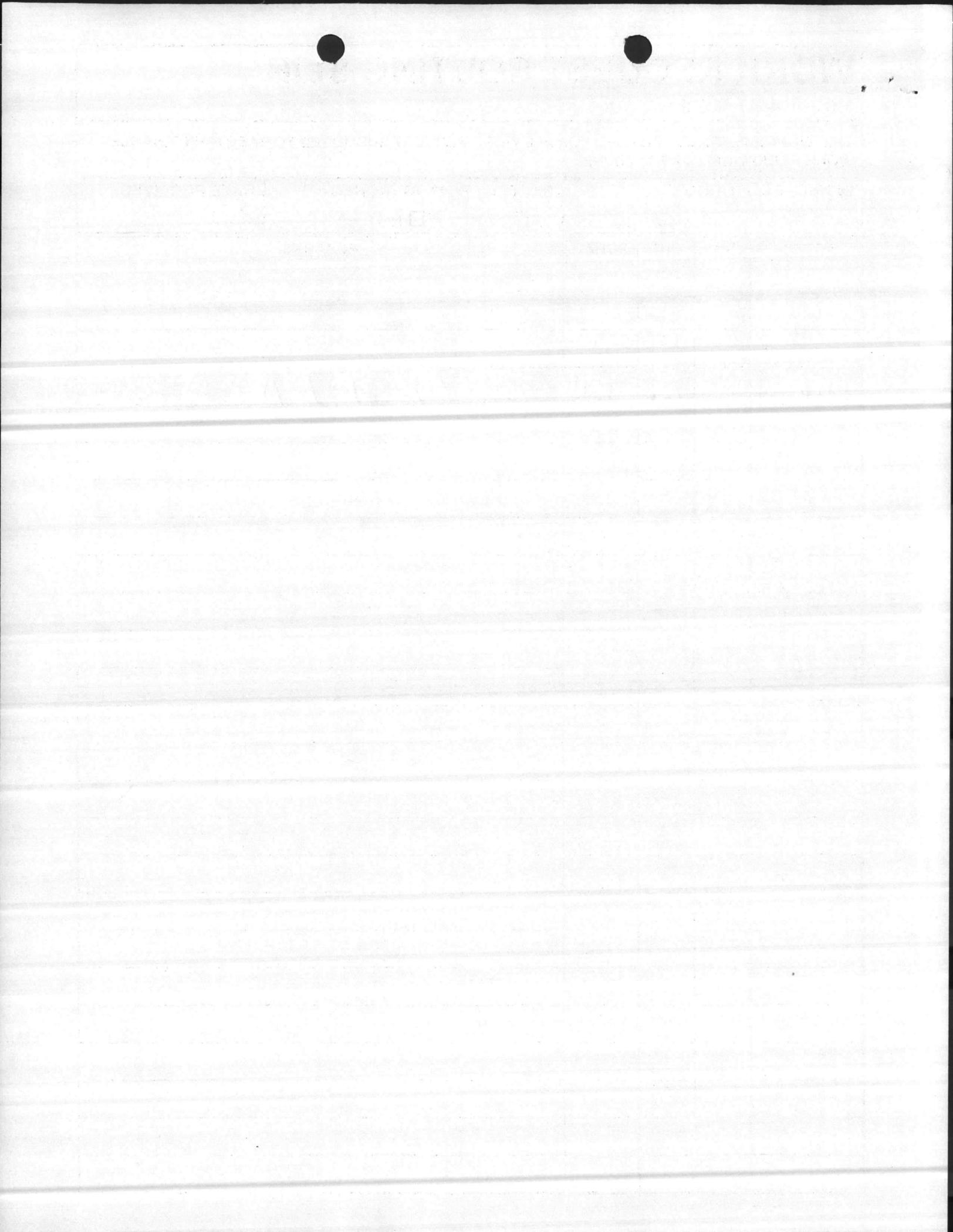
20. WORK REQUESTED

HAS BEEN CANCELLED  HAS BEEN DEFERRED

WILL BE PERFORMED BY OTHERS







**WORK REQUEST (MAINTENANCE MANAGEMENT)**  
 NAVFAC 9-11014/20 REV. 2-68) 5/N 0105-LF-002-7510  
 Supersedes NAVDOCKS 2351

(PW Department see Instructions in NAVFAC MO-321)

Requestor see Instructions on Reverse Side

**PART I—REQUEST (Filled out by Requestor)**

1. FROM <i>COMMANDING OFFICER ZBN ZMAR</i>	2. REQUEST NO. <i>D007</i>
3. TO <i>COMMANDING OFFICER MCB (ATTN: BASE MAINT)</i>	4. DATE OF REQUEST <i>030519</i>
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START <i>ASAP</i>
6. FOR FURTHER INFORMATION CALL <i>SGT CHOFOOKLUN 451-4027</i>	7. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)	

I NEED 1 new key MADE FOR EVERY OFFICE SPACE IN THE FOLLOWING BUILDING BECAUSE THEY ARE MISSING.

03-8689

HP-205  
9-offices

Copy

1ST ENDORSEMENT  
 DIVISION ENGINEERS  
 DATE IN MAY 19 2003  
 SIGNATURE *[Signature]*

9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) <i>[Signature]</i>
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**PART II—COST ESTIMATE**  
 (Filled out by Maintenance Control Division if estimate requested)

11. TO:	12. ESTIMATE NO.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">13. COST ESTIMATE</th> </tr> <tr> <td style="width: 30%;">a. Labor</td> <td style="width: 70%;">\$</td> </tr> <tr> <td>b. Material</td> <td>\$</td> </tr> <tr> <td>c. Overhead and/or Surcharge</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>	13. COST ESTIMATE		a. Labor	\$	b. Material	\$	c. Overhead and/or Surcharge	\$	d. Equipment Rental/Usage	\$	e. Contingency	\$	f. TOTAL	\$	14. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
13. COST ESTIMATE															
a. Labor	\$														
b. Material	\$														
c. Overhead and/or Surcharge	\$														
d. Equipment Rental/Usage	\$														
e. Contingency	\$														
f. TOTAL	\$														
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 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	

1004-10

1004-10

(100)

**WORK REQUEST (MAINTENANCE MANAGEMENT)**  
 NAVFAC 9-11014/20 REV. 2-68) S/N 0105-LF-002-7510  
 Supersedes NAVDOCKS 2351

(PW Department see Instructions in NAVFAC MO-321)

Requestor see Instructions on Reverse Side

**PART I—REQUEST (Filled out by Requestor)**

1. FROM <i>COMMANDING OFFICER ZBN ZMAR</i>	2. REQUEST NO. <i>D007</i>
3. TO <i>COMMANDING OFFICER MCB (ATTN: BASE MGMT)</i>	4. DATE OF REQUEST <i>030519</i>
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START <i>ASAP</i>
6. FOR FURTHER INFORMATION CALL <i>SGT CHOFOOKLUN</i>	7. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)	

*I NEED 1 new key MADE FOR EVERY OFFICE SPACE IN THE FOLLOWING BUILDING BECAUSE THEY ARE MISSING.*

*HP-205  
9-offices*

**1ST ENDORSEMENT  
 DIVISION ENGINEERS  
 DATE IN MAY 19 2003  
 SIGNATURE *[Signature]***

9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) <i>[Signature]</i>
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**PART II—COST ESTIMATE**  
 (Filled out by Maintenance Control Division if estimate requested)

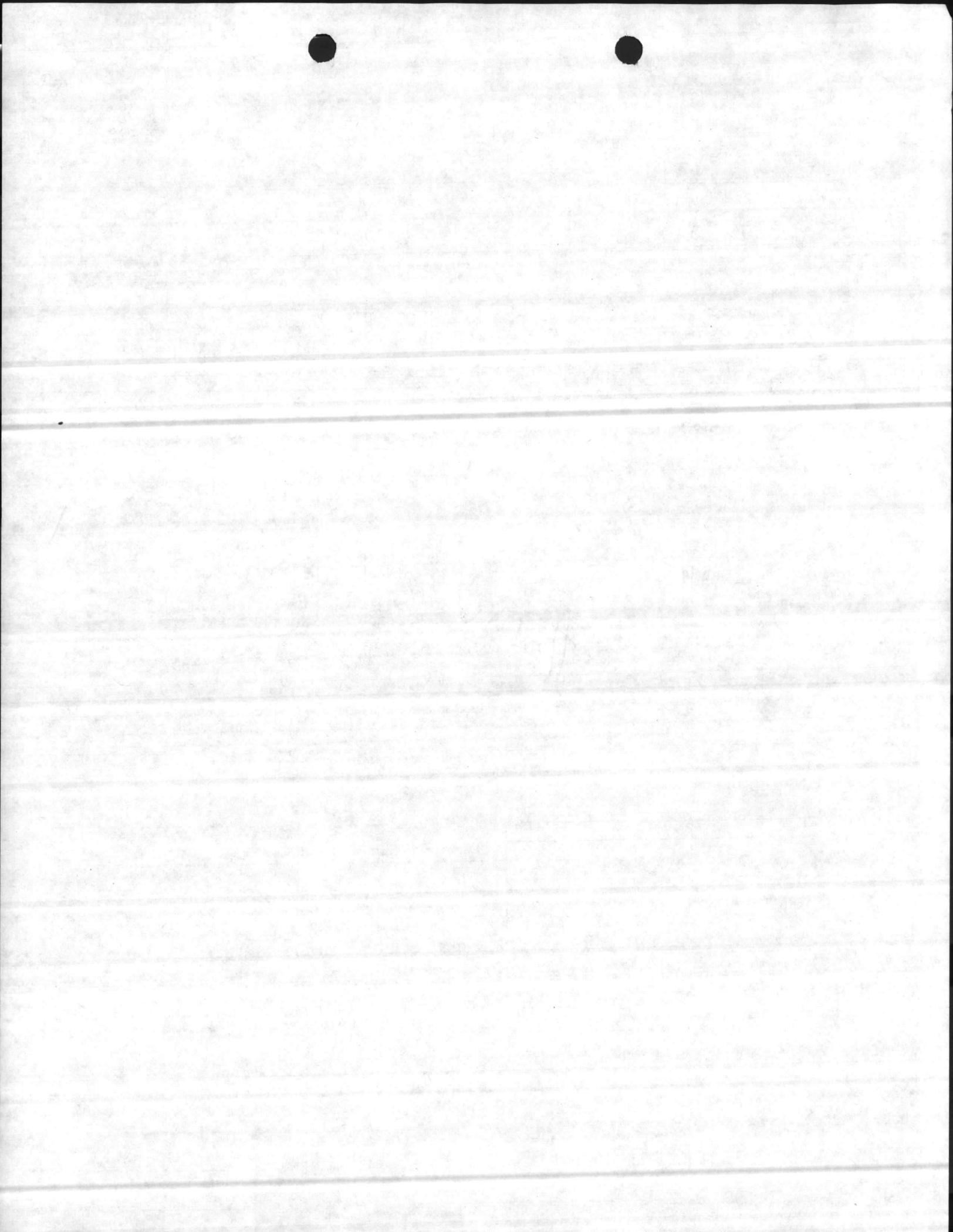
11. TO:	12. ESTIMATE NO.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">13. COST ESTIMATE</th> </tr> <tr> <td style="width: 20%;">a. Labor</td> <td style="width: 10%;">\$</td> </tr> <tr> <td>b. Material</td> <td>\$</td> </tr> <tr> <td>c. Overhead and/or Surcharge</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>	13. COST ESTIMATE		a. Labor	\$	b. Material	\$	c. Overhead and/or Surcharge	\$	d. Equipment Rental/Usage	\$	e. Contingency	\$	f. TOTAL	\$	14. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
13. COST ESTIMATE															
a. Labor	\$														
b. Material	\$														
c. Overhead and/or Surcharge	\$														
d. Equipment Rental/Usage	\$														
e. Contingency	\$														
f. TOTAL	\$														
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<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 Requestor)**

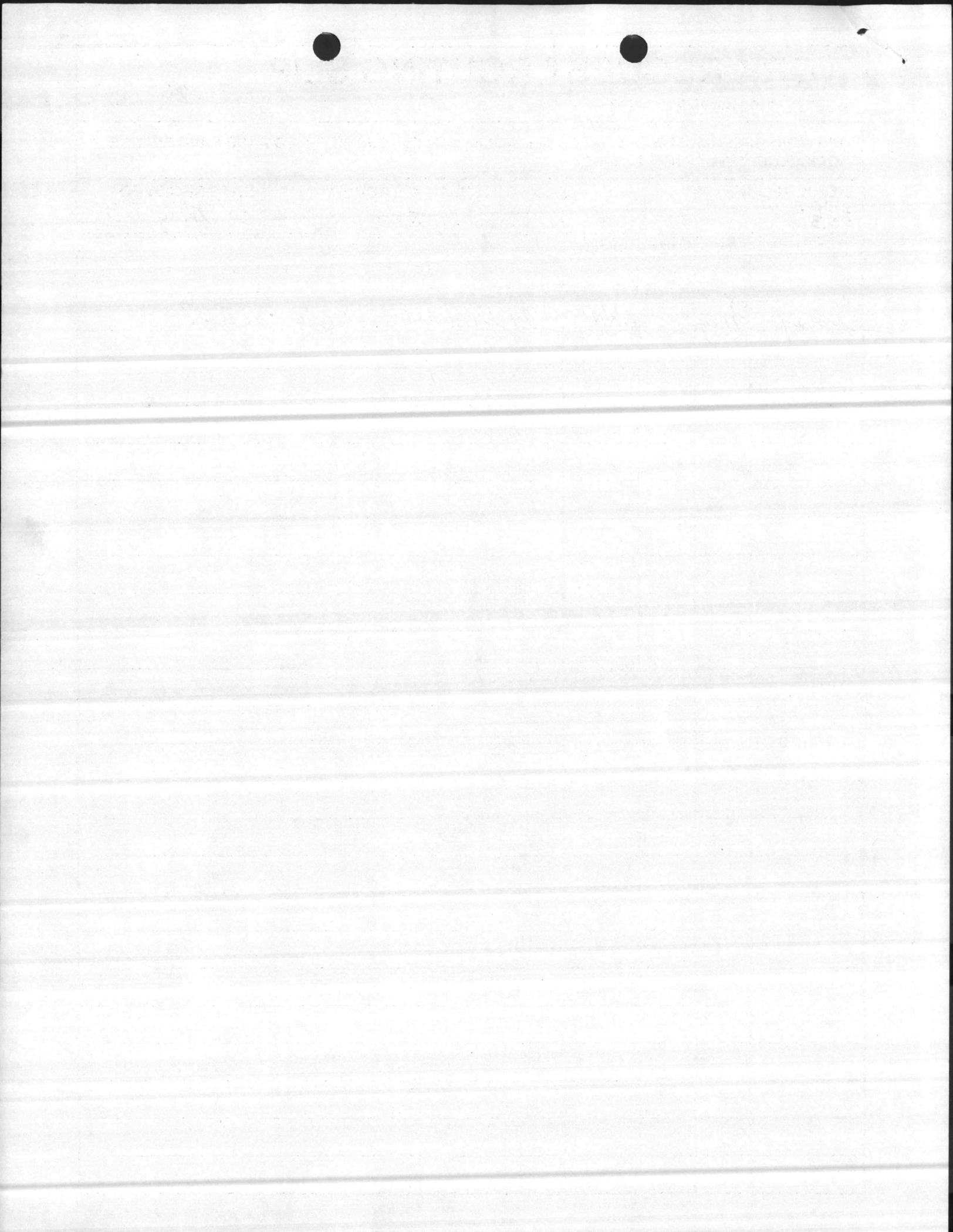
18. TO:	20. WORK REQUESTED
19. AUTHORIZATION TO PROCEED IS ATTACHED (Check one if other than PW funds are involved) <input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER	<input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> HAS BEEN DEFERRED <input type="checkbox"/> WILL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

2011-9









**WORK REQUEST (MAINTENANCE MANAGEMENT)**

NAVFAC 9-11014/20 REV. 2-68) S/N D105-LF-002-7510  
Supersedes NAVDOCKS 2351

(PW Department see Instructions  
in NAVFAC MO-321)

Requestor see Instructions on Reverse Side

PART I—REQUEST (Filled out by Requestor)	
1. FROM <i>BLT 2/2</i>	2. REQUEST NO. <i>D007</i> <i>0007</i>
3. TO <i>BMO</i>	4. DATE OF REQUEST <i>030507</i>
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START <i>ASAP</i>
6. FOR FURTHER INFORMATION CALL <i>Jason Chafsohlan 451-4027 [Signature]</i>	7. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)	

*Hole needs to be gilled in, in weapons company office.  
Hole is in the wall of building 4tp 205.*

*JNSB*

*03-81967*

9. FUNDS CHARGEABLE	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												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 80%;">a. Labor</td><td style="width: 20%;">\$</td></tr> <tr><td>b. Material</td><td>\$</td></tr> <tr><td>c. Overhead and/or Surcharge</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 and/or Surcharge	\$	d. Equipment Rental/Usage	\$	e. Contingency	\$	f. TOTAL	\$	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)
a. Labor	\$												
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:	20. WORK REQUESTED <input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> HAS BEEN DEFERRED <input type="checkbox"/> WILL BE PERFORMED BY OTHERS
19. AUTHORIZATION TO PROCEED IS ATTACHED (Check one if other than PW funds are involved) <input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER	22. DATE
21. SIGNATURE	

1006  
1007  
1008  
1009

1006  
1007

X

1006-1007  
1008-1009

This is the result of building the 1006  
This is to be filed in the company files

1006  
1007

1006  
1007

**WORK REQUEST (MAINTENANCE MANAGEMENT)**

NAVFAC 9-11014/20 REV.2-68) S/N 0105-LF-002-7510  
Supersedes NAVDOCKS 2351

D005

**PART 1-REQUEST (Filled out by Requestor)**

1. FROM Commanding Officer 2d Marine Regiment	2. REQUEST NO. 2605
2. TO Commanding Officer MCB (Attn. Base Maint.)	4. DATE OF REQUEST 021024
5. REQUEST FOR [ ] COST ESTIMATE [X] PERFORMANCE OF WORK	5a. REQUEST WORK START ASAP
6. FOR FURTHER INFORMATION CALL SSgt Keagy/Lcpl Justice 451-3737/3547	7. SKETCH/PLAN ATTACHED [ ] YES [x] NO
8. DESCRIPTION OF WORK AND JUSTIFICATION	

2002 OCT 23 PM 2 18

PUBLIC WORKS DIV  
WORK RECEPTION

Bldg 205

03-10831

LOCATION: ~~HP 205~~ (s-1 office 2<sup>nd</sup> deck)  
DESCRIPTION: locked keys in office need look opened  
TYPE:  
SIZE:  
QUANTITY:  
JUSTIFICATION: TO GAIN ACCESS TO OFFICE

...  
...  
...  
Date of 007 2 4 2002  
[Signature]

be9. FUNDS CHARGEABLE	10. SIGNATURE [Signature] JUSTICE J.J LCPL USMC
-----------------------	---

**PART 2-COST ESTIMATE**

11. TO	12. ESTIMATE NO.
13. COST ESTIMATE	14. SKETCH/PLAN ATTACHED [ ] YES [ ] NO
a. LABOR \$	15. [ ] APPROVED. PROGRAMMING TO START IN _____ [ ] APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN _____  AUTHORIZED BY 25 <sup>TH</sup> OF _____ AND FUNDS ARE MADE AVAILABLE.  [ ] DISAPPROVED
b. MATERIAL \$	
c. OVERHEAD AND/OR SURCHARGE \$	
d. EQUIPMENT RENTAL/USAGE \$	
e. CONTINGENCY \$	
f. TOTAL \$	
16. SIGNATURE	17. DATE

**PART 3-ACTION**

18. TO	20. WORK REQUEST [ ] CANCELLED [ ] DEFERRED [ ] PERFORMED BY OTHERS
19. AUTHORIZATION TO PROCEED IS ATTACHED [ ] NAVCOMPT 140 [ ] OTHER	22. DATE
21. SIGNATURE	

2005 OCT 23 PM 2 18

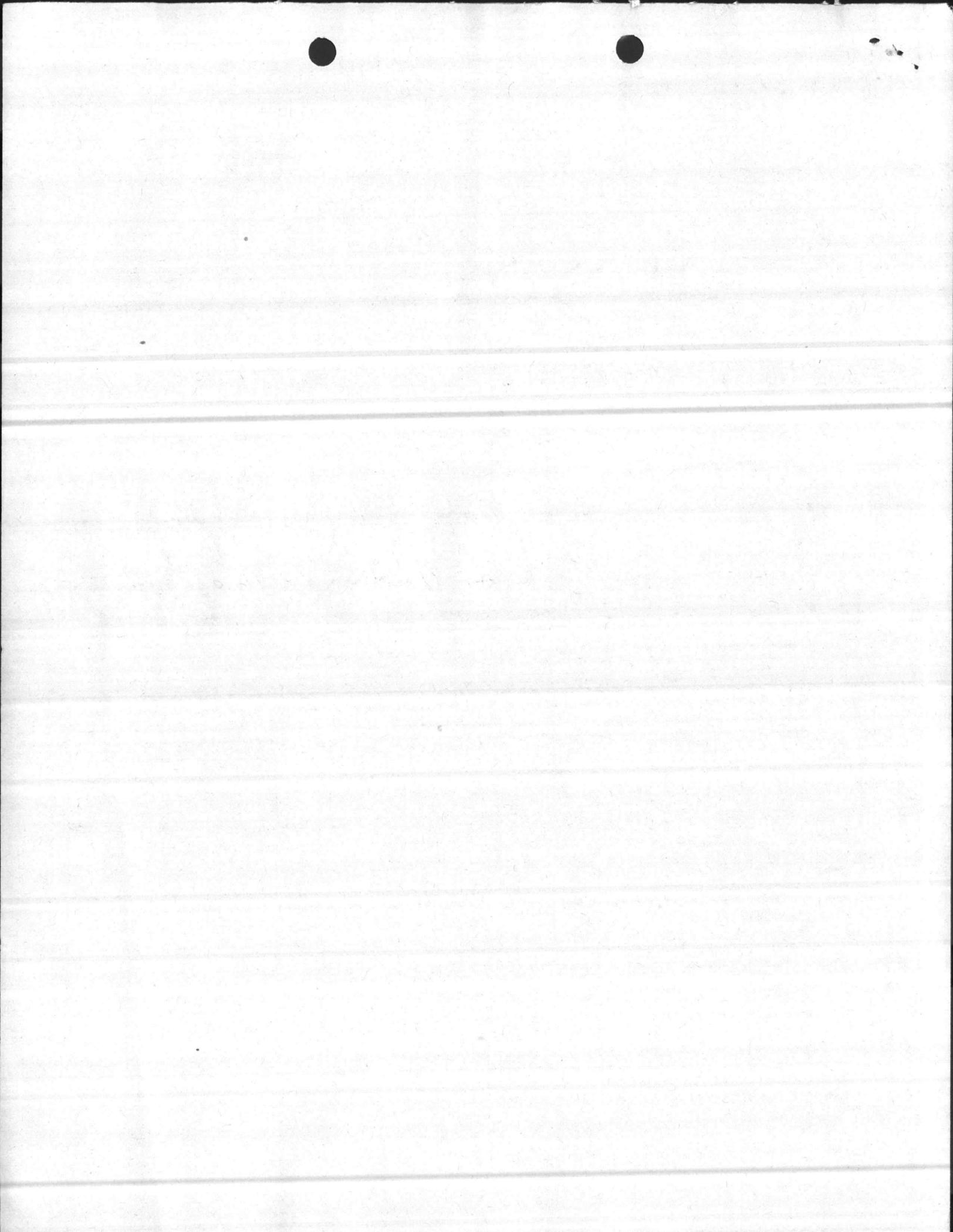
WORK RECEPTION  
PUBLIC WORKS DIV

10/23/05

*[Faint handwritten signature]*

*[Faint handwritten signature]*





Work Order Ticket

ROUTINE SERVICE

Shop: INSP/CON

Work Order: 02-162747  
POC: T. MULL  
Phone: 451-3235  
Entered By: STRICKLANDAC

Status: WOPS  
Report Date: 02-AUG-2002 12:51 PM  
Respond By: 16-AUG-2002 12:51 PM  
Target Comp Date:

Service Requested: UPGRADE CIRCUIT TO A/C UNIT  
A/C UNIT HAS EXISTING 30A CKT AND IS DRAWING 33.9 AMPS.

Building/Location: 205  
Equipment #:   
Actual Location: A/C UNIT  
PM #:   
Bldg Descrip: BN SQDRN HDQTRS  
Equip Descrip:   
Job Plan #:

Assigned To: Supervisor: SHOEMAKERGL Craft: ELEC

FINANCIAL INFORMATION

For ISD Use Only

For SSC Use Only

JON: CLM1



Ensure all lock-out/tag-out procedures are followed, wear proper PPE, and review MSDS as required.

Job Started: Job Completed: Units:

Name	Date	Start1	Stop1	Date	Start2	Stop2	Date	Start3	Stop3	Date	Start4	Stop4

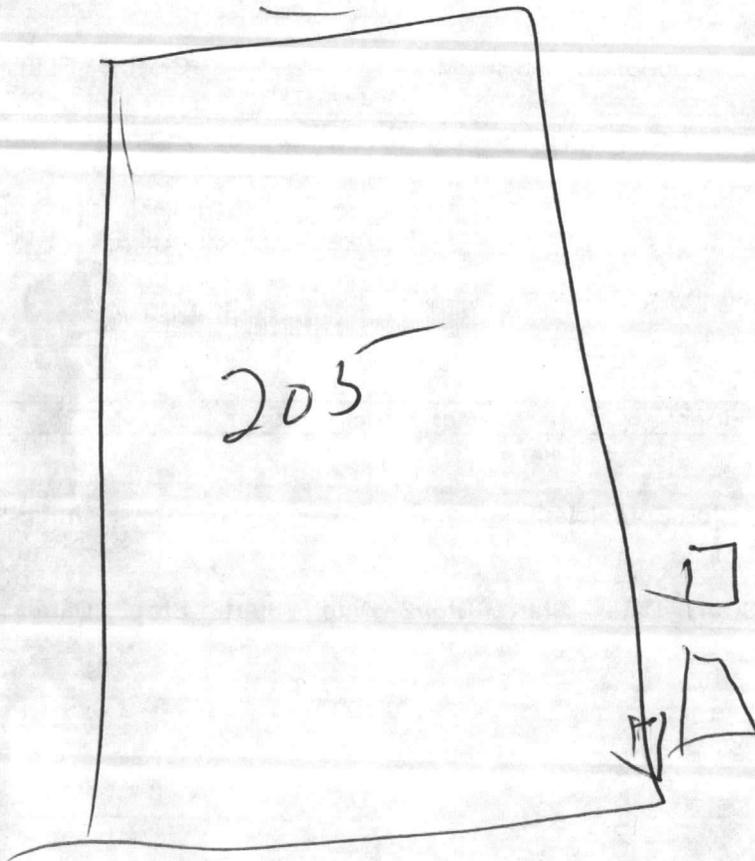
Work Remarks (continue on back if needed):

Customer Acceptance:  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

50 AMP

GE-THQB

mfb → Goodman CK60-1C -



22 Jul 02 1532

2D MARINE DIVISION WORK REQUEST

Requestor see Instructions on Reverse

PART I --REQUEST (Filled out by Requestor)		D007
1. FROM Commanding Officer BLT 2/2	2. REQUEST NO. 205-722	
3. TO Commanding Officer MCB (Attn. Base Maint.)	4. DATE OF REQUEST 22-Jul-02	
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> ** PERFORMANCE OF WORK	5a. REQUEST WORK START ASAP	
6. FOR FURTHER INFORMATION CALL SGT ROBBINS 451-4027	7. SKETCH/PLAN ATTACHED NO	
8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)		

LOCATION: BLDG 205, BAS SUPPLY CLOSET

DESCRIPTION: KEY SNAPPED APART AND HALF IS STILL INSIDE THE LOCK

*as per top Gomes  
7-22-02  
OKAY*

JUSTIFICATION: BAS MEDICAL SUPPLY LOCKER CANNOT BE SECURED UNTIL LOCK IS FIXED, LOCKER HOLDS PHARMACUDICAL DRUGS.

9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) SGT ROBBINS <i>Paul Robbins</i>
---------------------	--

2002 JUL 22 PM 3:32  
 HRSC EAST

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	
a. Labor	\$	YES	NO
b. Material	\$	APPROVED.	PROGRAMMING TO START IN
c. Overhead and/ or Surcharges	\$	APPROVED.	BASED ON PRESENT WORKLOAD, THIS JOB CAN BE
d. Equipment Rental/Usage	\$		PROGRAMMED TO START IN ,IF
e. Contingency	\$		AUTHORIZED BY 25TH OF AND FUNDS
f. TOS	\$	DISAPPROVE(See Reverse Side)	
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)	20. WORK REQUESTED
NAVCOMPT 140	HAS BEEN CANCELED
OTHER	HAS BEEN DEFERRED
	WILL BE PERFORMED BY OTHERS
21. SIGNATURE	22. DATE

(See Part iv on Reverse Side)

02-156958

1221 00 1233

1221 00 1233

1221 00 1233

1221 00 1233

1221 00 1233

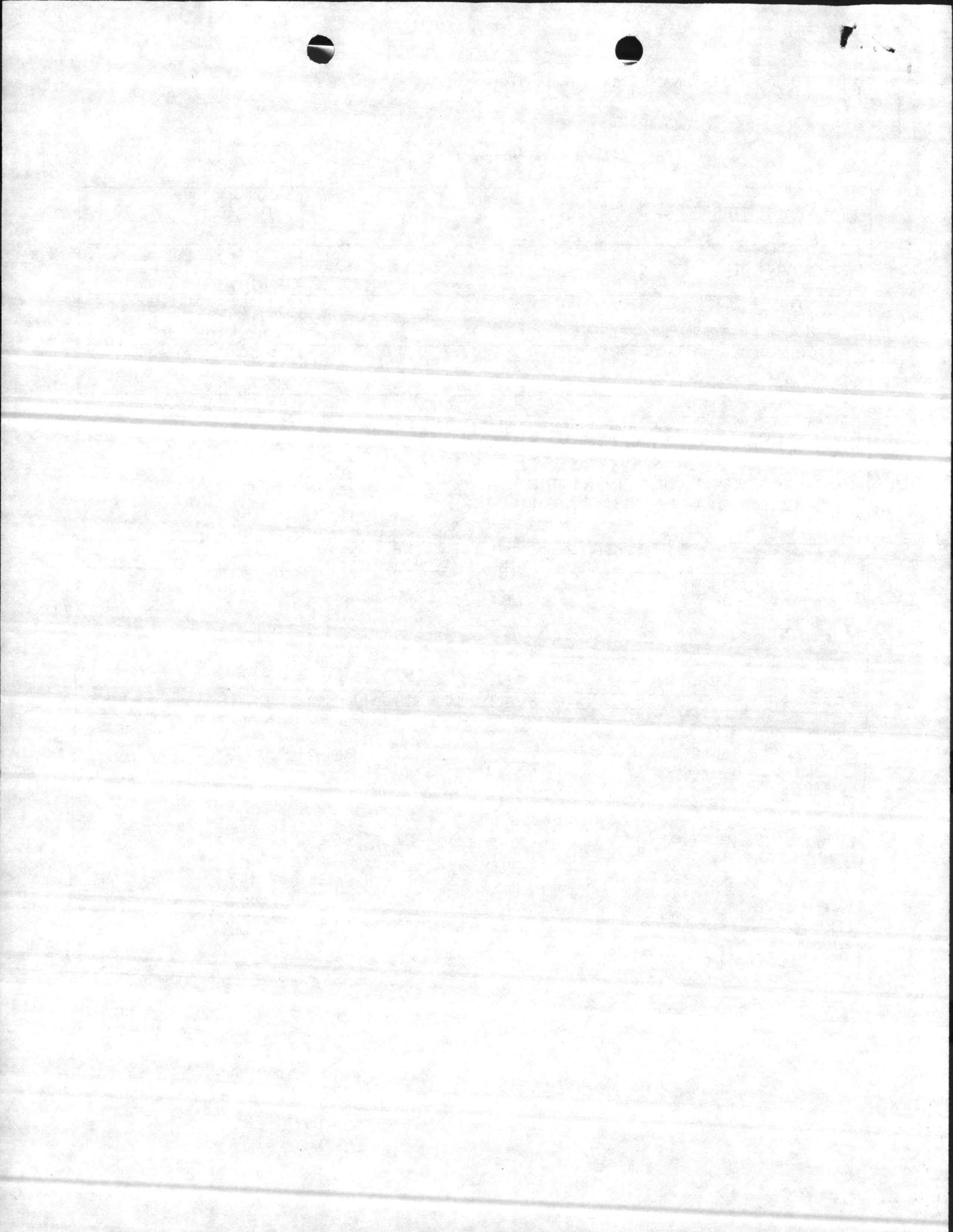
1221 00 1233

1221 00 1233

**WORK REQUEST (MAINTENANCE MANAGEMENT)**

**PART I -- REQUEST (Filled out by Requester)**

<p>1. FROM: <b><u>ILMEF FACILITIES</u></b></p>	<p>3. REQUEST NUMBER: <b><u>M024-24031</u></b></p>
<p>2. TO: <b>Public Works Officer</b></p>	<p>4. DATE OF REQUEST: <b><u>19 JULY 02</u></b></p>
<p>5. REQUEST FOR: <b>X COST ESTIMATE PERFORMANCE OF WORK</b></p>	<p>5a. REQUEST WORK START <b><u>19 JULY 02</u></b></p>
<p>6. FOR FURTHER INFORMATION CALL: <b><u>SSGT MASE @ 451- 4002</u></b></p>	<p>7. SKETCH /PLAN ATTACHED: YES <b>X NO</b></p>
<p>8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.) <b>Location: BLDG 205 2<sup>ND</sup> BATTALION 2ND Mar Reg <del>ME</del></b>  <b>Description: CMCC VAULT DOOR IS BROKE</b> <b>Justification: NEED ACCESS TO CLASSIFIED INFO</b></p>	
<p style="text-align: center;">AUTHORIZED SIGNATURE/STAMP: <b>PART II -- COST ESTIMATE (Attach if required) &amp; APPROVAL</b> (Filled out by Maintenance Control Division)</p>	
<p><input type="checkbox"/> APPROVED: <input type="checkbox"/> DISAPPROVED: SIGNATURE: _____ DATE: _____ COMMENTS:</p>	
<p style="text-align: center;"><b>PART III -- ACTION (Filled out by Requester).</b></p>	
<p>TO: <input type="checkbox"/> AUTHORIZATION TO PROCEED: <input type="checkbox"/> REQUEST BASE FUNDING <input type="checkbox"/> FUNDS WILL BE FORWARDED WORK REQUESTED <input type="checkbox"/> HAS BEEN CANCELED <input type="checkbox"/> HAS BEEN DEFERRED <input type="checkbox"/> WILL BE PERFORMED BY SELF HELP SIGNATURE  <p style="text-align: center; font-size: 2em; font-family: cursive;">07-156286</p></p>	
<p>DATE <input type="checkbox"/></p>	
<p>REMARKS <b>Funding Document is as follows:</b></p>	



TAB PLACEMENT HERE

DESCRIPTION:

Contract Data

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**TAB PLACEMENT HERE**

**DESCRIPTION:**

J.O. Pending

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BASE MAINTENANCE JOB ORDER

FY 01	AG/SAG	REQ. CODE			REQUEST # PM # 187B-01	DIST. DATE - BY <i>10/1/01</i>		FACILITY # HQ 205	
AAC M67001	FA 23	WC	FC	OC/SOC	CAC	BRC	JN/LU EBFO	RON	RBC
WGC	TYPE OF WORK REPAIR		PROJECT #		SKETCH	PLAN	SPECIAL INSTRUCTIONS CYCLIC MAINTENANCE		

FOR FURTHER INFORMATION CONTACT: JOHN YANKOSKY 451-0877      TICKET #      01-75638

GENERAL JOB DESCRIPTION: MISC. STRUCTURAL, ELECTRICAL, MECHANICAL, & PLUMBING REPAIRS  
TO ALL ROOMS AND PUBLIC AREAS

FOR ENTRY INTO BUILDING CONTACT: SGT EMERSON      451-4027

START DATE: 11/12/01      NEED MATERIAL BY: 11/05/01

START DATE: *15 Nov 01* COMPLETE BY:      COMPLETION DATE: *11.23.01*

PHASE SEQUENCE		SUMMARY OF ESTIMATES						
PHASE NO.	WORK CTR	EST HRS	SHEET NO.	WORK CTR	LABOR HRS	LABOR COST	MATERIAL COST	TOTAL COST
1	41 CG MECHAN	16		41CG MECHAN	16	\$ 474		\$ 474
2	41CG ELEC	16		41CG ELEC	16	\$ 474		\$ 474
3	41CG STRUCT	16		41CG STRUCT	16	\$ 474		\$ 474
							\$ 1,952	\$ 1,952
TOTALS					48	1422	1952	\$ 3,374

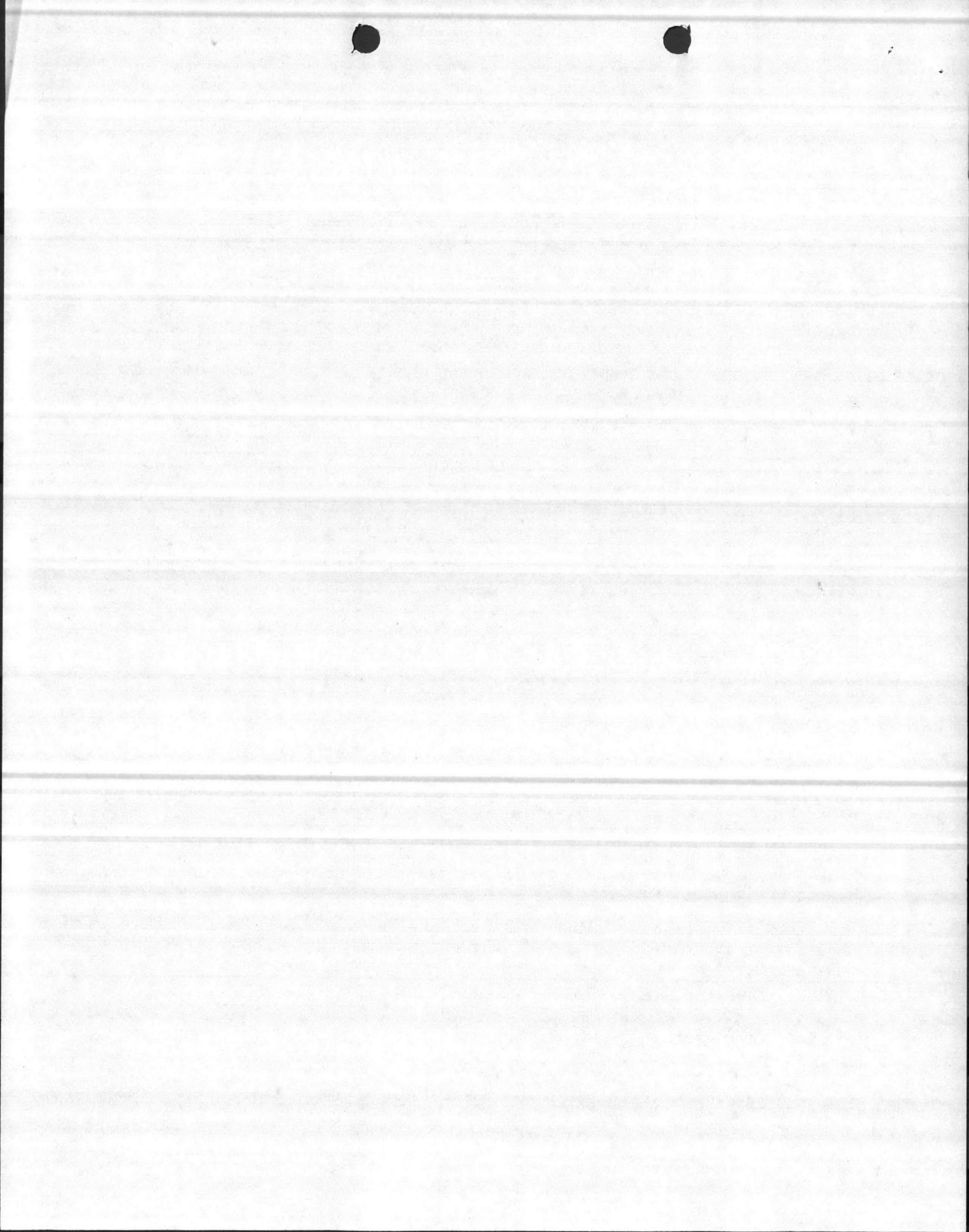
CONTINUED ON SH \_0\_ THRU \_0\_

PREPARED BY: JOHN YANKOSKY      DATE: 09/26/01

REVIEWED BY: *Doug Brown*

AUTHORIZED BY: *E. White*      DATE: *9/27/01*

SHEET \_1\_ OF \_19\_



MATERIAL LIST FOR BLDG 205

01-75638  
RDF  
PM # 187 B-01  
19 slat  
S6T  
Quantity  
4027

①

QUANTITY: 10 EACH  
DESCRIPTION: STAINLESS STEEL RECEPTACLE COVER  
FSN#: 5975-00-682-0559

②

QUANTITY: 10 EACH  
DESCRIPTION: HOLDER, TISSUE CHROME ONE PIECE  
FSN#: 4510-01-C00-8635

③

QUANTITY: 8 EACH  
DESCRIPTION: SUPPLY LINE, STEEL HOSE, 3/8" COMPRESSION BY IPS FOR  
FAUCET X 12" LONG  
S/S PALMETTO PARTS, 1-800-830-0426  
PART # P109-01

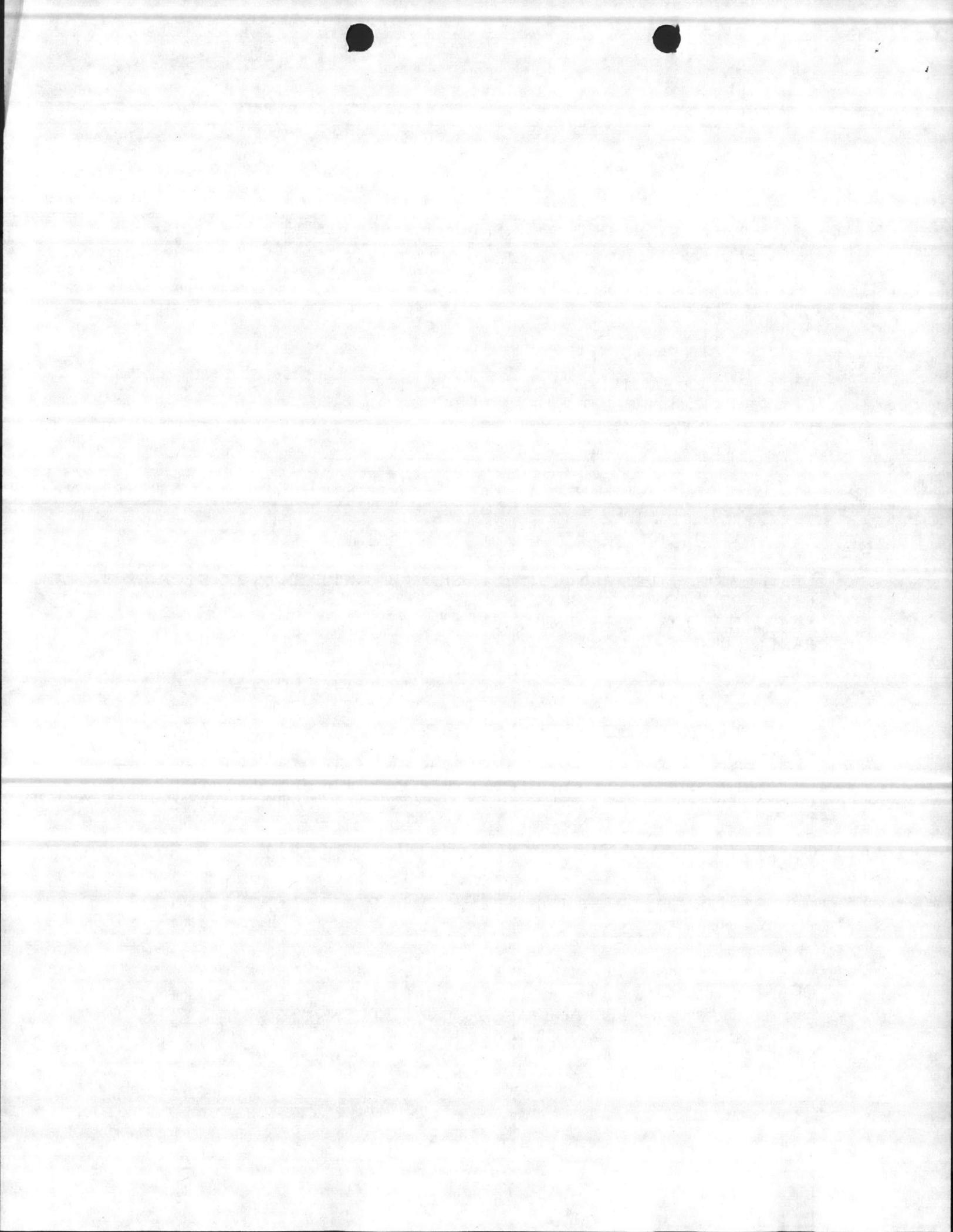
④

QUANTITY: 4 EACH  
DESCRIPTION: 1 1/2 P TRAP, CHROME PLATED, 20 GA, WITHOUT CLEAN OUT  
PLUMING  
S/S PALMETTO PARTS, 1-800-830-0426  
PART # P101-01

⑤

QUANTITY: 4 EACH  
DESCRIPTION: WIDE SPREAD LAVATORY FAUCET  
S/S PALMETTO PARTS, 1-800-830-0426  
PART # PO29-19

2



6

QUANTITY: 4 EACH  
DESCRIPTION: CARTRIDGE, FAUCET, ELKAY  
S/S PALMETTO PARS, 1-800-830-0426  
PART # PO99-137

7

QUANTITY: 4 EACH  
DESCRIPTION: HANDLE, FAUCET, ELKAY  
S/S PALMETTO PARTS, 1-800-830-0426  
PART # PO24-0865

8

QUANTITY: 15  
DESCRIPTION: SHOWER HEAD  
S/S PALMETTO PARTS, 1-800-830-0426  
PART # P105-051

9

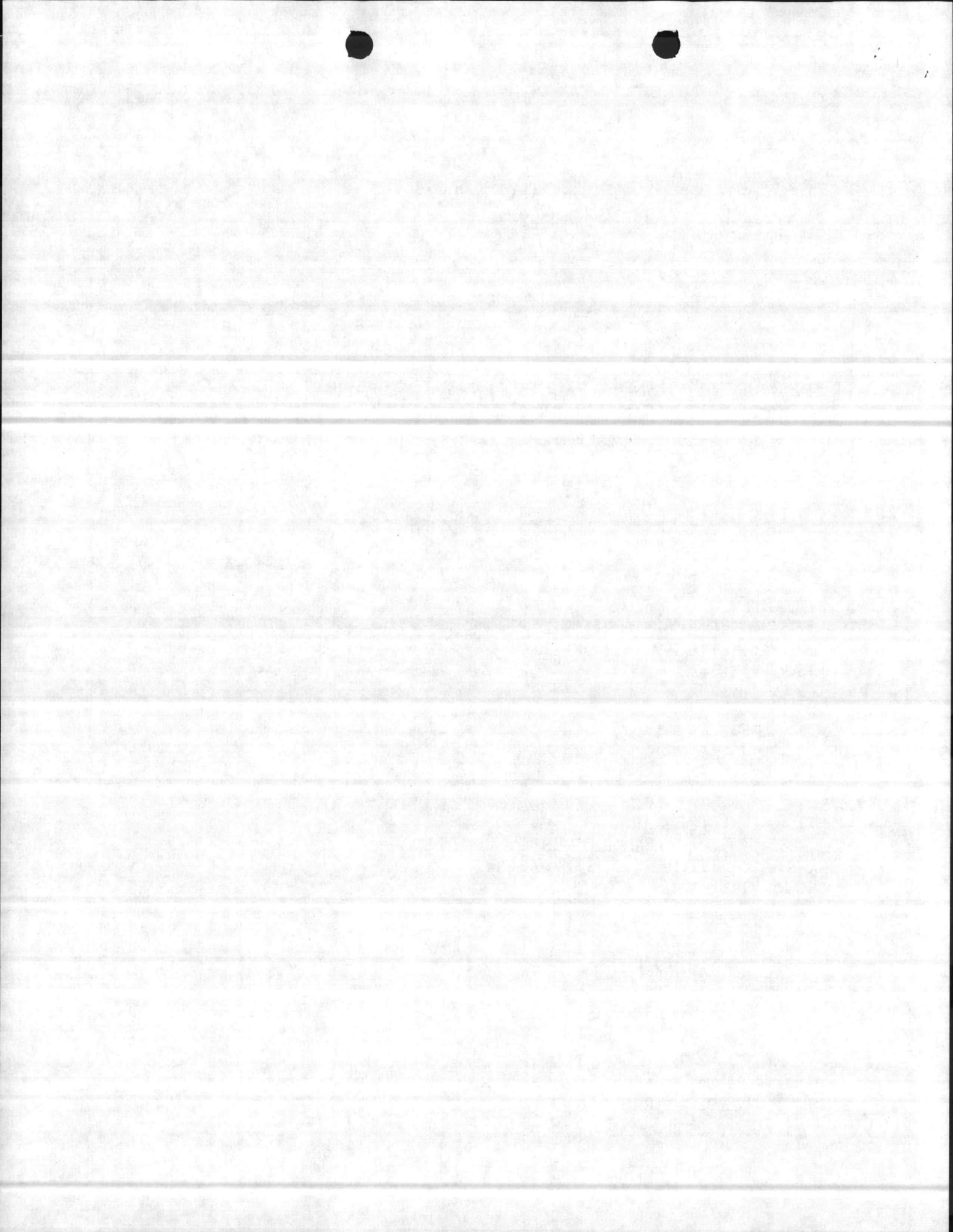
QUANTITY: 4 EACH  
DESCRIPTION: STEM, SHOWER VALVE, ELJER  
S/S PALMETTO PARTS, 1-800-830-0426  
PART # PO99-124R

10

QUANTITY: 4 EACH  
DESCRIPTION: HANDLE, SHOWER VALVE, ELJER  
S/S PALMETTO PARTS, 1-800-830-0426

W

Part # PO24-075



~~PART # PO24-075~~

(11)

QUANTITY: 30 EACH  
DESCRIPTION: ESCUTCHEON, SPLIT PLATE  
S/S PALMETTO PARTS, 1-800-830-0426  
PART # P109-50

(12)

QUANTITY: 2  
DESCRIPTION: KIT, SL/ZU URINAL MASTER REPAIR KIT  
S/S PALMETTO PARTS, 1-800-830-0426  
PART # PO63-09

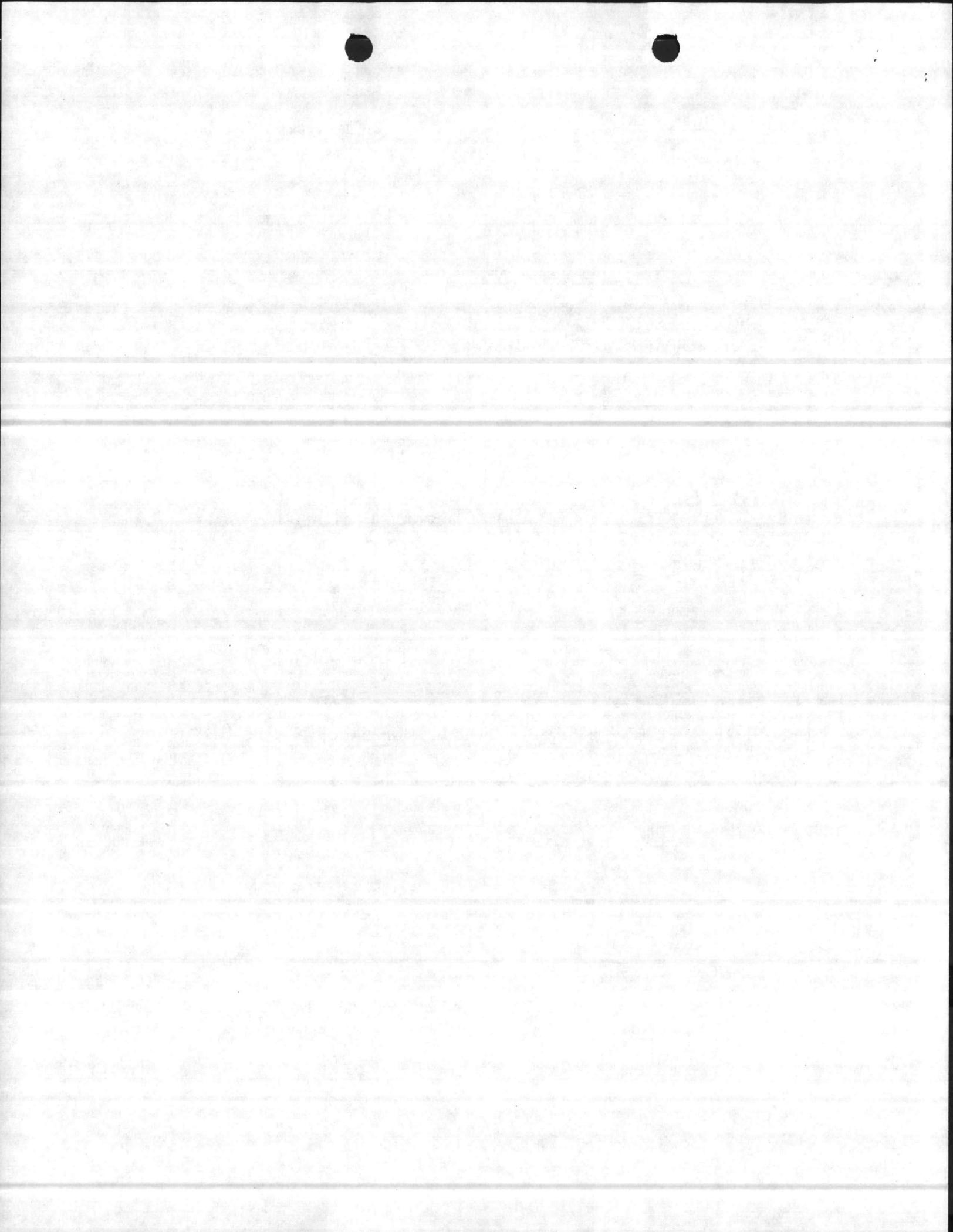
(13)

QUANTITY: 1 EACH  
DESCRIPTION: PISTON, ASSEMBLY, FOR SLOAN/GEM URINAL FLUSH  
VALVE  
S/S PALMETTO PARTS, 1-800-830-0426  
PART # PO63-58

(14)

QUANTITY: 2  
DESCRIPTION: KIT, SLOAN/GEM HANDLE KIT  
S/S PALMETTO PARTS, 1-800-830-0426  
PART # PO63-13

(15)



(15)

QUANTITY: 10  
DESCRIPTION: SWITCH, LIGHT, SINGLE POLE  
S/S FSN

(16)

QUANTITY: 10 EACH  
DESCRIPTION: RECEPTACLE, DURABLE HOSPITAL GRADE  
S/S LONGLEY SUPPLY, 455-3311  
PART # CR20

(17)

QUANTITY: 60 EACH  
DESCRIPTION: LAMP, FLUORESCENT, 48" T-12 35 W  
S/S FSN 6240-01-004-3107

(18)

QUANTITY: 4 EACH  
DESCRIPTION: 4 FT FLUORESCENT VAPOR PROOF/TAMPER PROOF LIGHT  
FIXTURE  
S/S FSN 6210-01-C00-9011

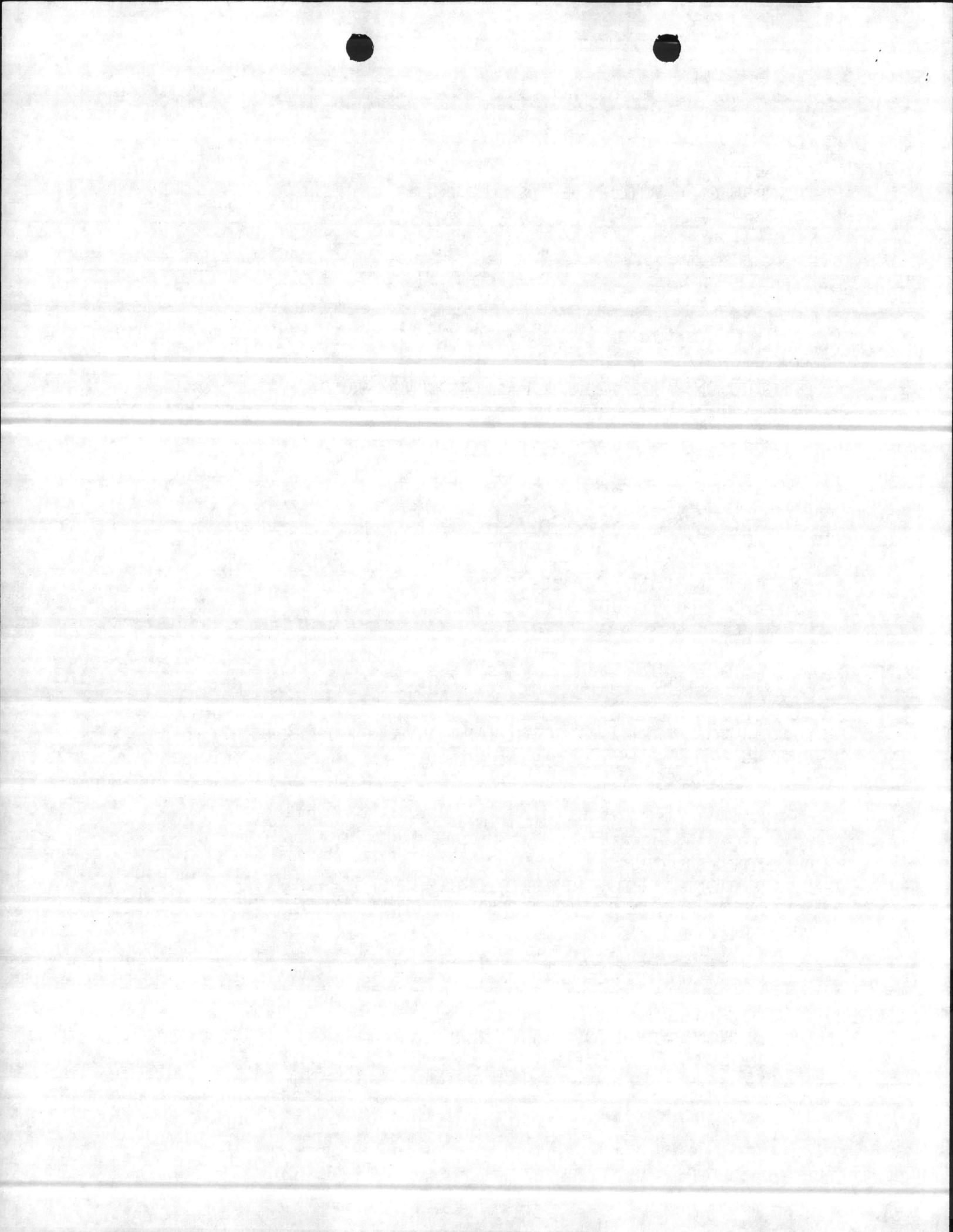
(19)

QUANTITY: 8 EACH  
DESCRIPTION: 4 FT FLUORESCENT LENS COVER  
S/S : OWENS ELECTRIC, 1-800-677-3989  
PART # W10055

(20)

QUANTITY: 8 EACH  
DESCRIPTION: 4 FT FLUORESCENT LENS COVER  
S/S LONGLEY SUPPLY, 455-3311  
WAE 11

(21)



21

QUANTITY: 2 EACH  
DESCRIPTION: KIT, URINAL SLOAN VACUUM BREAKER  
S/S PALMETTO PARTS, 1-800-830-0426  
PART # PO63-15

22

QUANTITY: 2 EA  
DESCRIPTION: SLEEVE, SHOWER VALVE, ELJER  
S/S PALMETTO PARTS, 1-800-830-0426  
PART # PO23-180

23

QUANTITY: 2 EACH  
DESCRIPTION: FLANGE FOR SHOWER VALVE, ELJER  
S/S PALMETTO PARTS, 1-800-830-0426  
PART # PO23-181

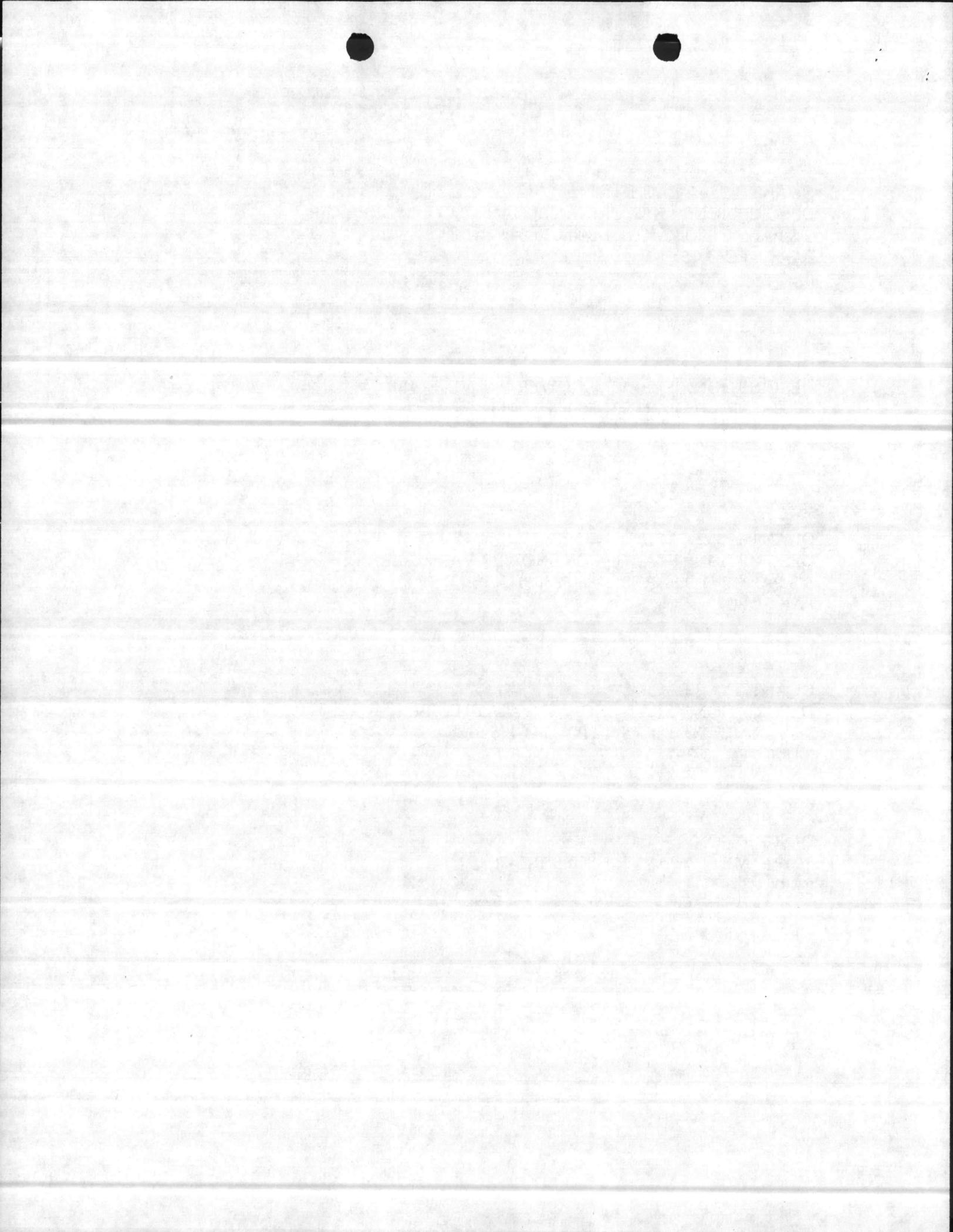
24

QUANTITY: 2 EACH  
DESCRIPTION: SEAT, SHOWER VALVE, ELJER  
S/S PALMETTO PARTS, 1-800-830-0426  
PART # PO03-323

25

QUANTITY:  
DESCRIPTION:  
S/S PALMETTO PARTS, 1-800-830-0426  
PART #

26



DISCREPANCIES FOR BLDG 205

2<sup>ND</sup> DECK

EMBARKATION AREA

1. 4 FT LENS

GUNNERY OFFICE

CO OFFICE

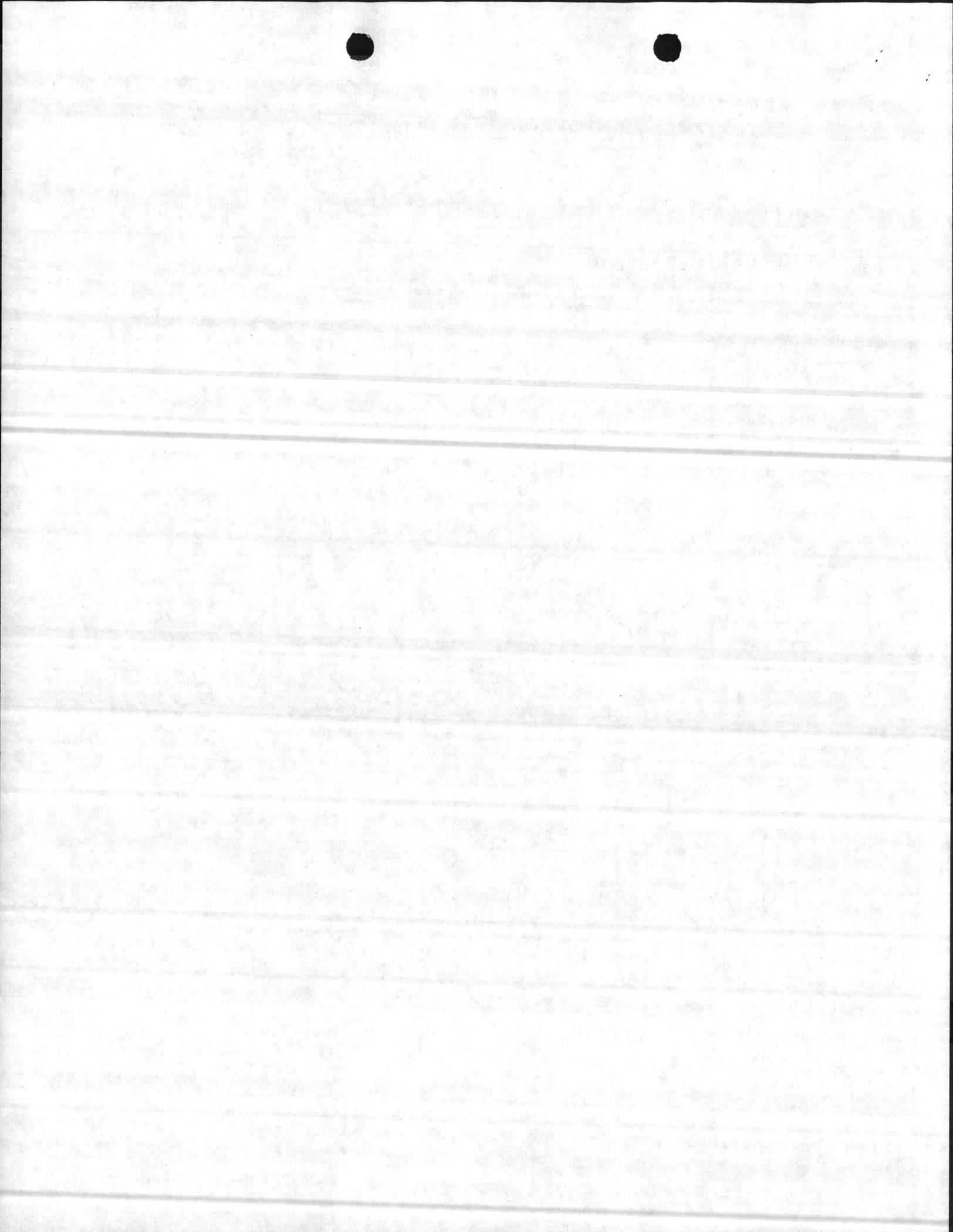
OFFICE (IN FOURIER)

S-3/S-4 BAY AREA

S-3 OPERATIONS OFFICIER

OFFICE

①



HALLWAY

1. 4 FT LENS
2. 4 FT LAMP (INSTALL LONG LIFE LAMP ORDERED WITH JOB)

HEAD

1. REPAIR DRIPPING SINKS (4 EA)
2. INSTALL 5 EACH TOILET PAPER HOLDERS
3. INSTALL 2 NEW 4 FT VAPOR PROOF FIXTURES IN SHOWER ROOM
4. INSTALL NEW 2 FT FLUORESCENT IN PLACE OF DAMAGED INCADESCENT LIGHTS
5. 4 FT LENS
6. SECURE SINK.
7. SHOWER HEADS REPLACE ( 6 EA)

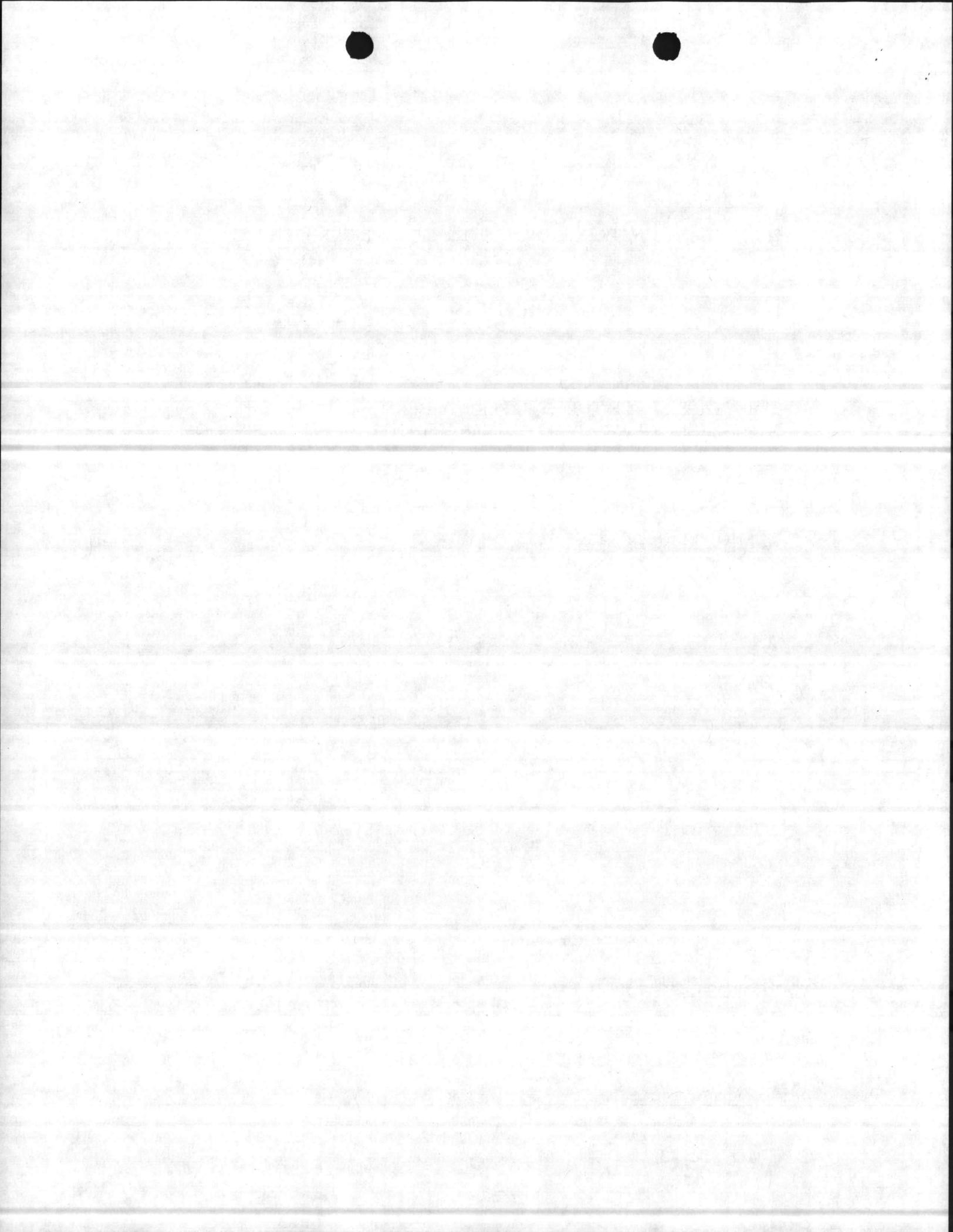
MAIL ROOM

OFFICE

WARLORDS BAY AREA

SGT JMAJOR OFFICE





OFFICE

XO OFFICE

CO OFFICE

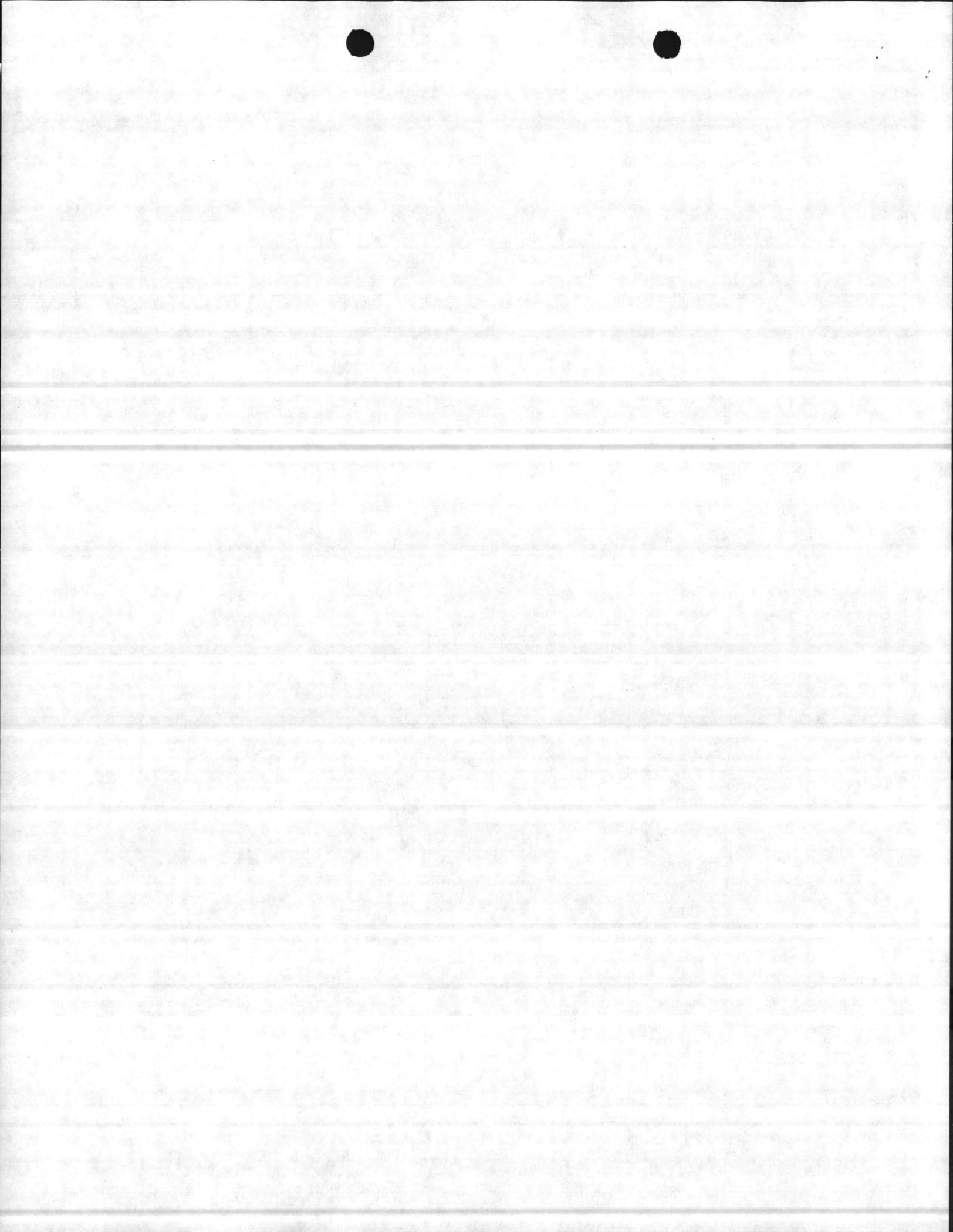
OFFICE

H & S BAY AREA

CO OFFICE

OFFICE

(b)



ADMINISTRATION OFFICE BAY AREA

OFFICE

OFFICE

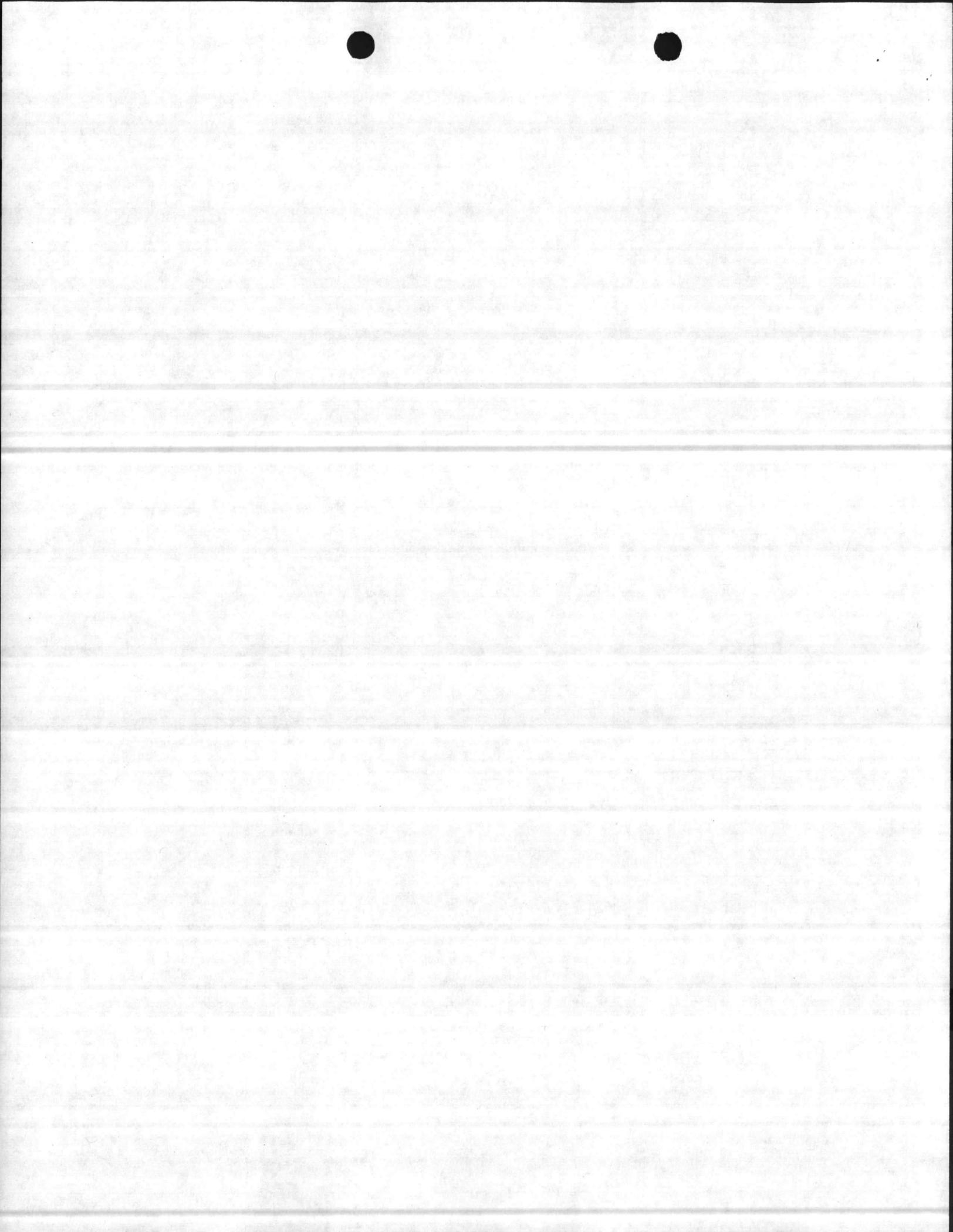
1<sup>ST</sup> DECK

GOLF CO OFFICE  
1. 4 FT LAMP

CO OFFICE

1<sup>ST</sup> SGT OFFICE

6



WEAPONS OFFICE (BAY AREA)

OFFICE

OFFICE

HALLWAY

1. EXIT LIGHTS

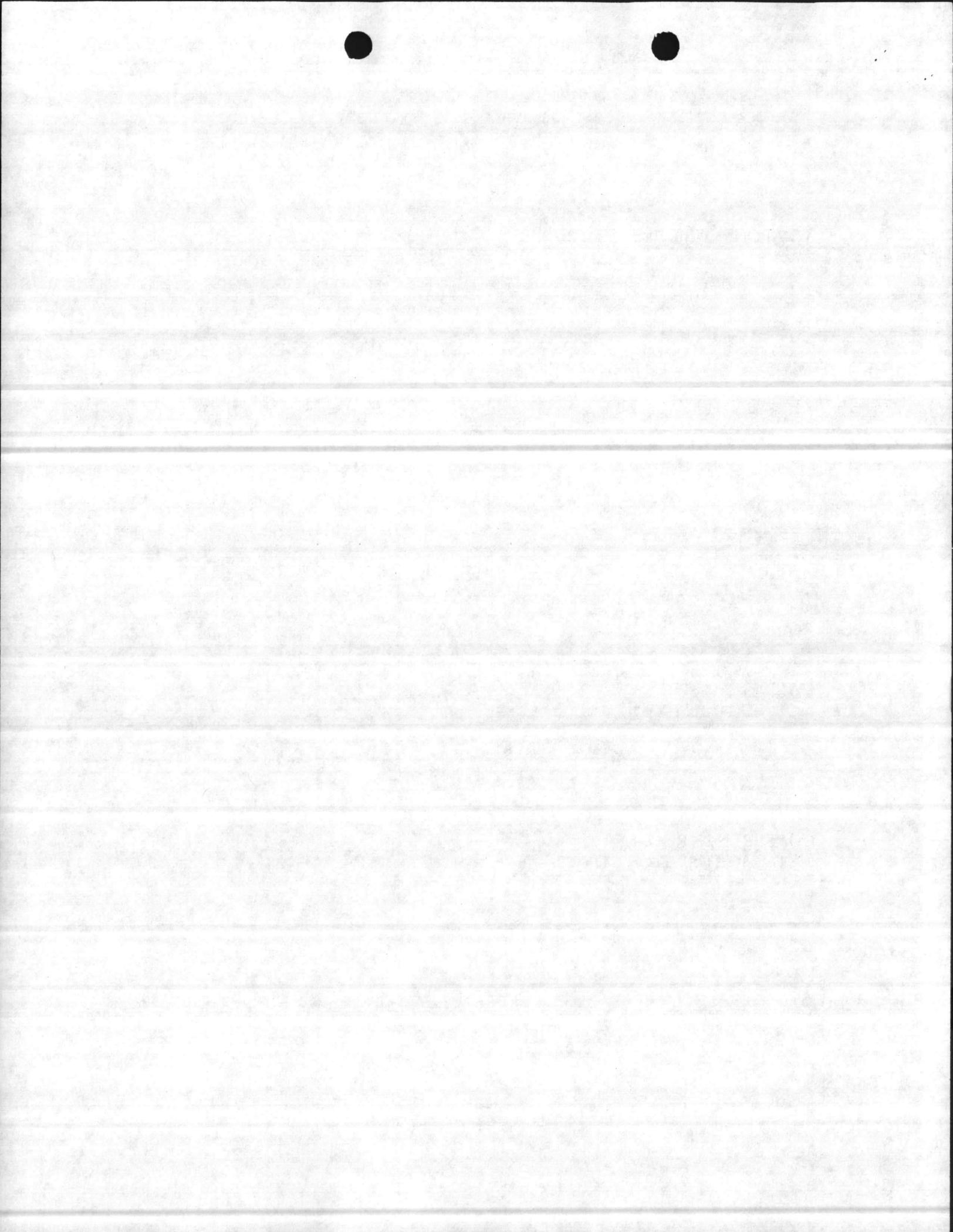
CONFERENCE ROOM

1. LIGHT SWITCH STICKS.

OFFICE

OFFICE

11



MEDICAL BAY AREA

OFFICE

OFFICE

OFFICE

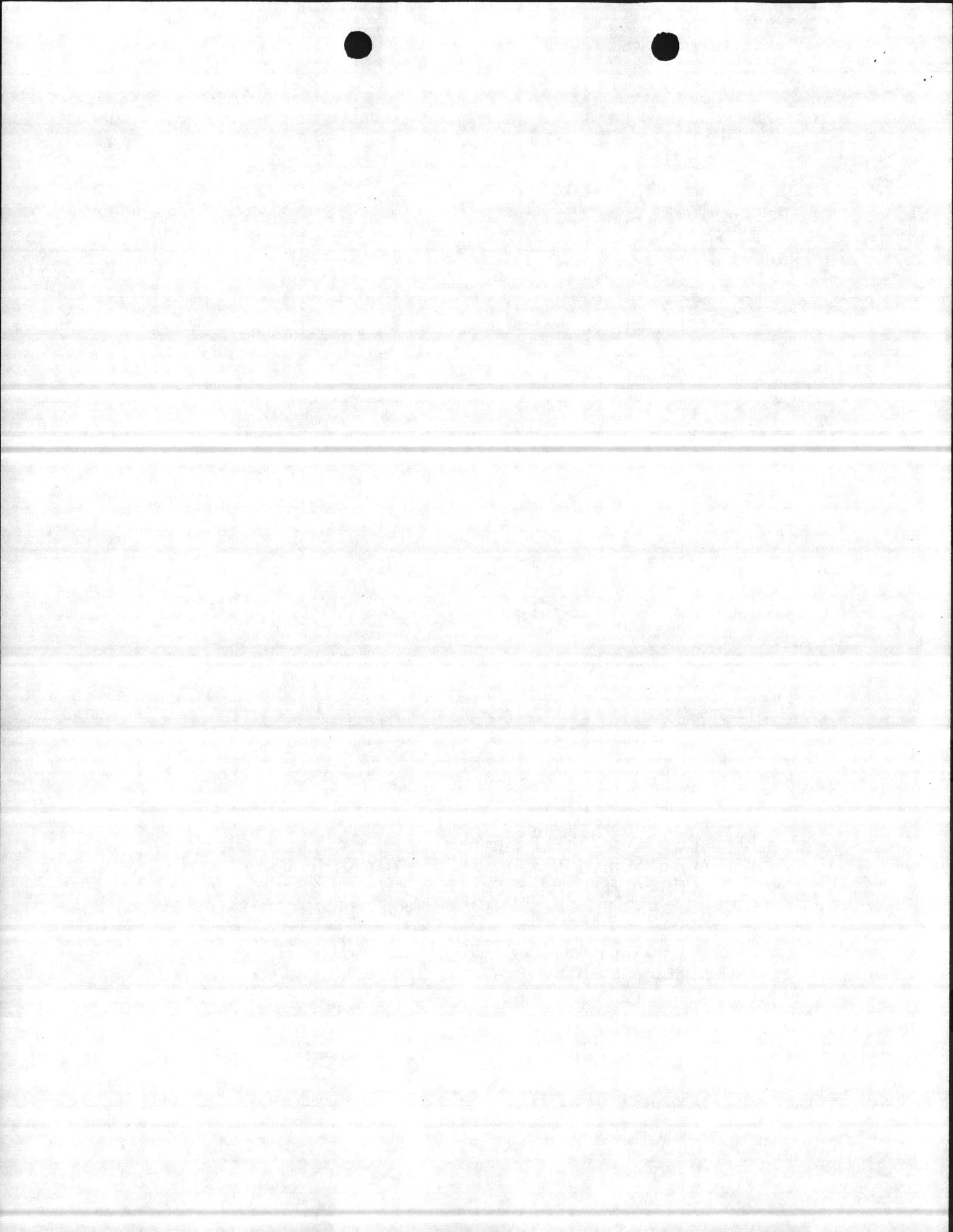
HEAD

1. REPLACE 3 FAUCETS WITH NEW
2. REPLACE 6 EACH SHOWER HEADS
3. REPLACE 6 ESCHUTCHEONS AROUND SWOWER HEADS
4. REPLACE 2 EACH FLUORESCENT LENS
5. INSTALL 2 NEW FLUORESCENT VAPOR PROOF LIGHTS IN SHOWER AREA
6. REPLACE DAMAGED INCADESCENT LIGHTS WITH 2 FT FLUORESCENT LIGHTS.

2 TOILET PAPER HOLDERS 5 ea

CO OFFICE BAY AREA

(12)



1<sup>ST</sup> SGT OFFICE

CO OFFICE

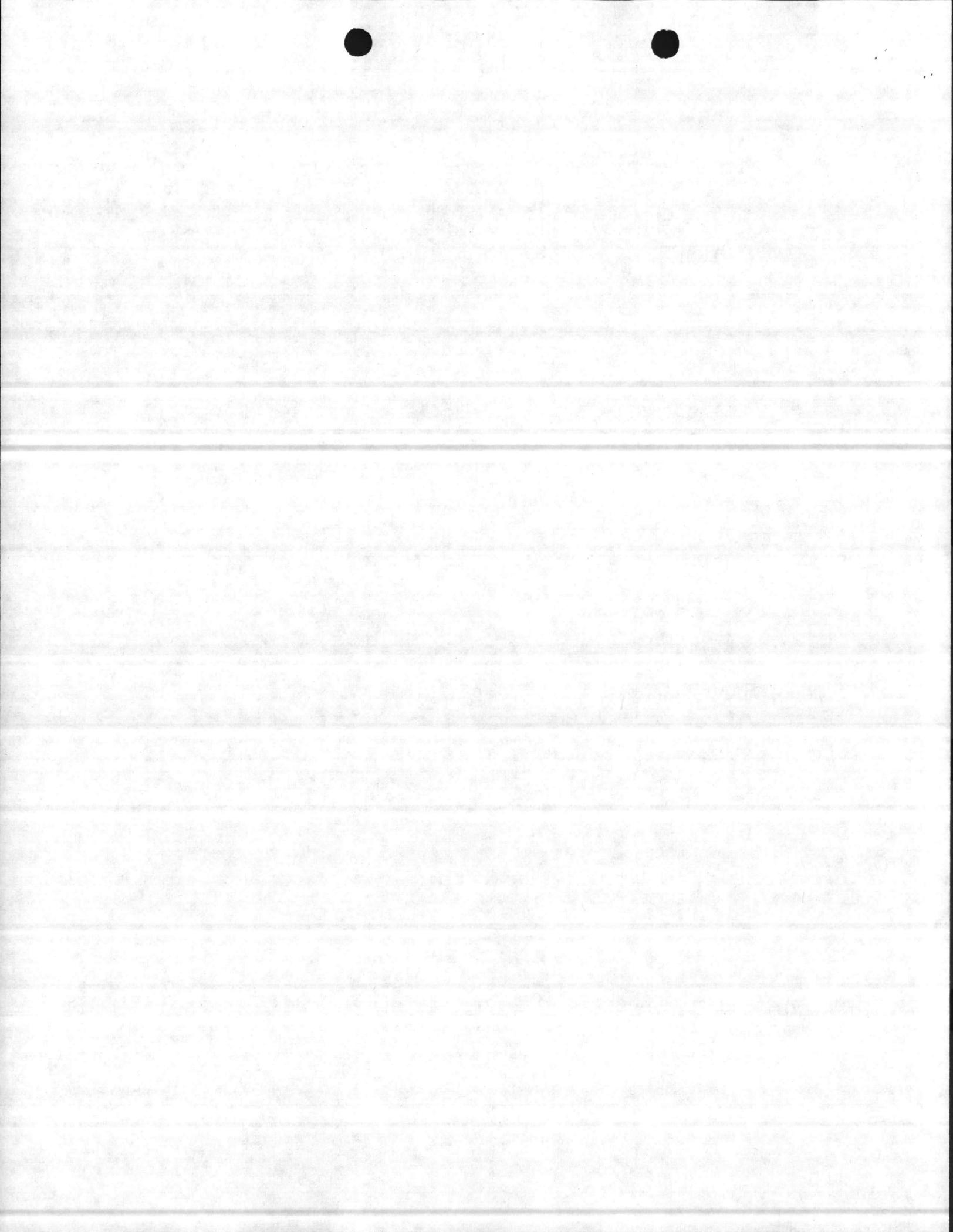
OFFICE

BAY AREA(FOX CO.)

OFFICE

OFFICE

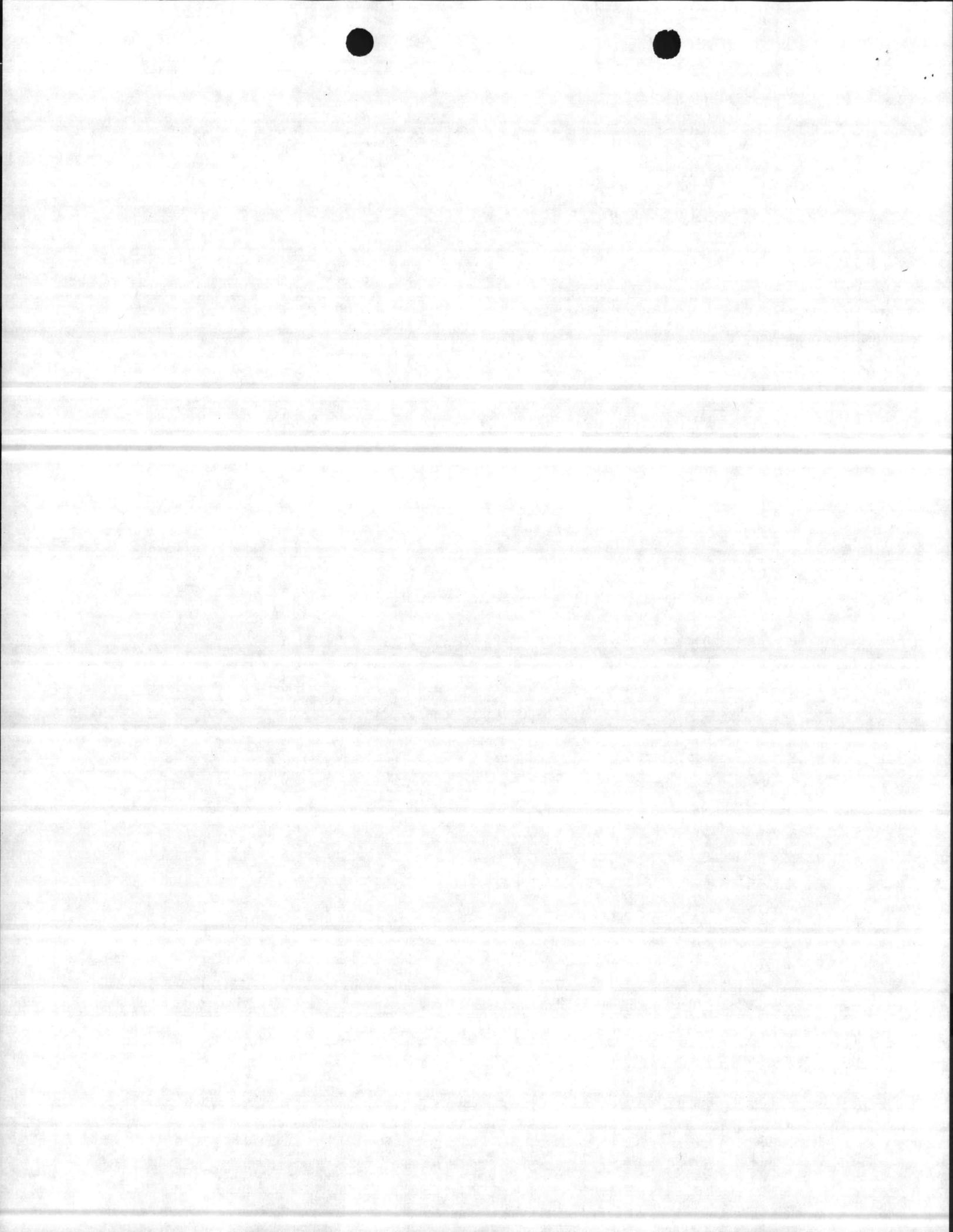
13



OFFICE

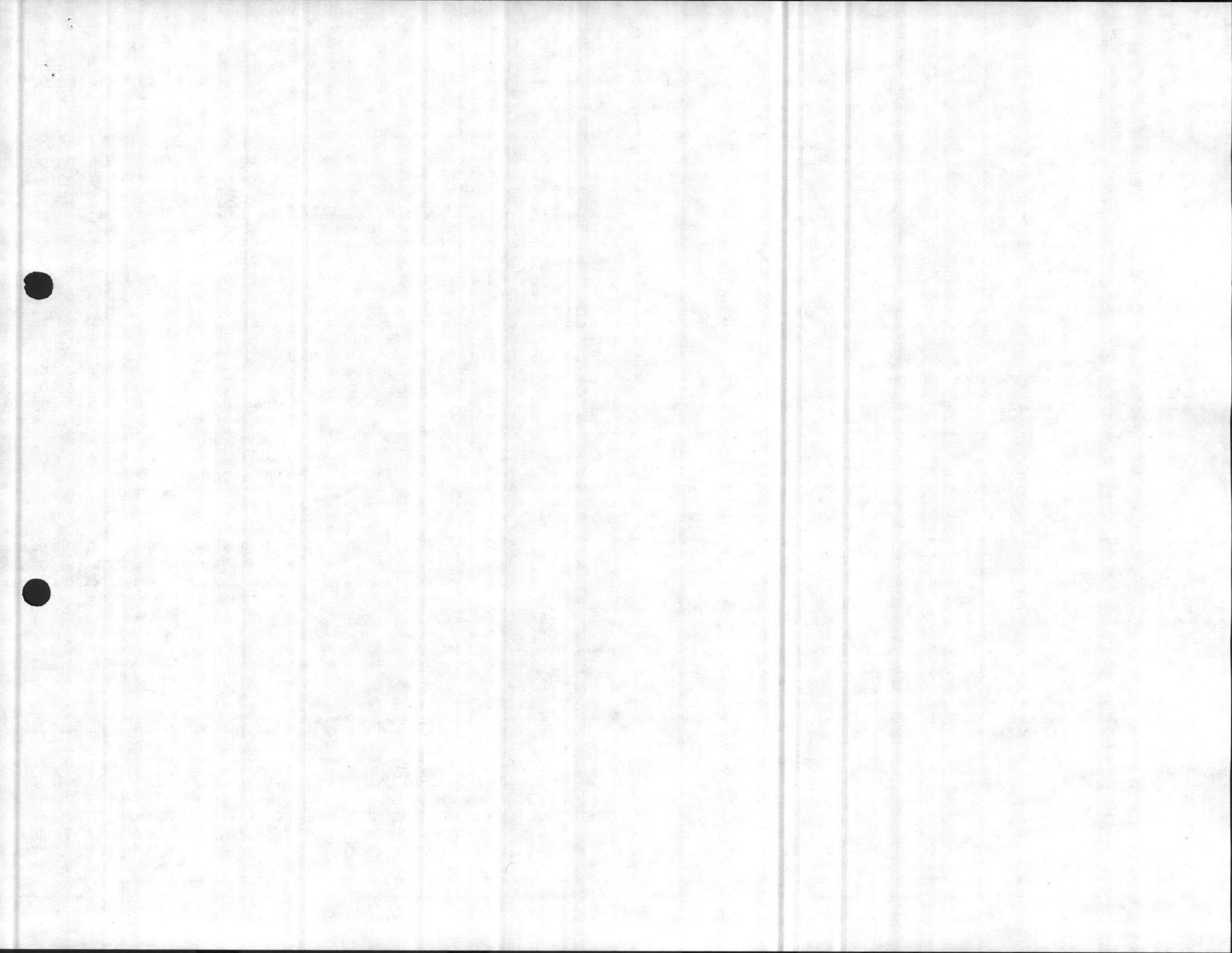
OFFICE

14



CSI	Item Description for Bld 205	Takeoff Qty	Unit	Mat Total	Subs Total	ACTUAL QU
01	General Requirements					
1520500	WORK TRAILER, SET UP		each			
1832350	TIME ALLOWED FOR SECURING TOOLS DAILY		DAYS			
1832350	TIME ALLOWED FOR CLEANUP PER ROOM		ROOM			
1832350	ESTIMATED TIME FOR GOING IN ROOMS WITH NO IDENTIFIED DESCR.		ROOM			
1832350	ESTIMATED TIME FOR REPAIRS ON BLDG WITH NO INSPECTION		ROOM			
1832350	TIME ALLOWED FOR DOCUMENTING REQUIRED REPAIRS IN ROOM		UNITS			
1832350	TIME ALLOWED FOR MECHANICAL REPAIRS	16.0	UNITS			
1832350	TIME ALLOWED FOR ELECTRICAL REPAIRS	16.0	UNITS			
1832350	TIME ALLOWED FOR STRUCTURAL REPAIRS.	16.0	UNITS			
General Requirements Total						
06	Wood & Plastics					
6110530	Framing joists, 2x8,mout/bolt concrete, sec dryers		each			
Wood & Plastics Total						
08	Doors & Windows					
8710340	Doorstops, kick down pad, replace		each			
8710340	Door stop, holder, wall mounted with hook and bumper		each			
8710340	Pull handle, install, passageway door		each			
8710340	Door stop, kick down, mounted on door		each			
8710400	Lock, bathroom, passageway/ replace		each			
8710400	Passageway door, lock set, repair		each			
8720800	Threshold, install new		each			
8720800	Cover, drain, install on drain		each			
8720800	Vanity, cabinet hinges, secure		each			
8720800	Vanity, cabinet door, replace		each			
8720800	Vanity, cabinet door secure		each			
8720800	Vanity, cabinet hinges, replace		each			
8720800	Wall locker, repair		each			
8720800	Window, spray frosted tint to secure vision.		each			
8720800	Tile, ceramic around shower drain		each			
8720800	Tile, floor tile replace		each			
8720800	Window, lock replace		each			
8720800	Drip cap, secure		each			
8720800	Threshold, secure, existing unit		each			
Doors & Windows Total						
09	Finishes					
9510700	Tile, ceiling, remove ceiling fan & replace ceiling tile		each			
9510700	Tile, ceiling tile splein 2 x 2 ft		each			
9510700	Tile, ceiling 2 x 4' replace		each			
9510700	Tile, celing tile splein 1 x 4 ft		each			
9510700	Tile,ceiling, 2 x 2, replace		each			
Finishes Total						
10	Specialties					
10430200	signs, room, instal		each			
10430200	signs, toilet/sink etc., number identification		each			
10430200	signs, build.numb., instal		each			

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CSI	Item Description for Bld 205	Takeoff Qty	Unit	Mat Total	Subs Total	ACTUAL QU
I0820100	Bathroom accessories, mirror 30 x 30		each			
I0820100	Mirror, bathroom, 18 x 24.		each			
I0820100	Bathroom accessories, toilet seat, rem.old & replace		each			
I0820100	Bathroom accessories, toilet paper roller.		each			
I0820100	Bathroom accessories, toilet paper holder, install new		each			
I0820100	Bathroom accessories, towel bar, stainless steel, 18" long		each			
I0820100	Bathroom accessories, towel hook, secure		each			
I0820100	Bathroom accessories, coat hook, install		each			
I0820100	Bathroom accessories, towel bar, stainless steel, 30" long		each			
I0820100	Bathroom accessories, towel bar install, 24"		each			
I0820100	Bathroom accessories, toilet partition, secure		each			
I0820100	Bathroom accessories, tumbler holder, soap, tumbler & toothbrush		each			
Specialties Total						

12 Furnishings

I2493200	Drapery hardware, tray & curtain rod, adjustable, 30" to 48"		each			
Furnishings Total						

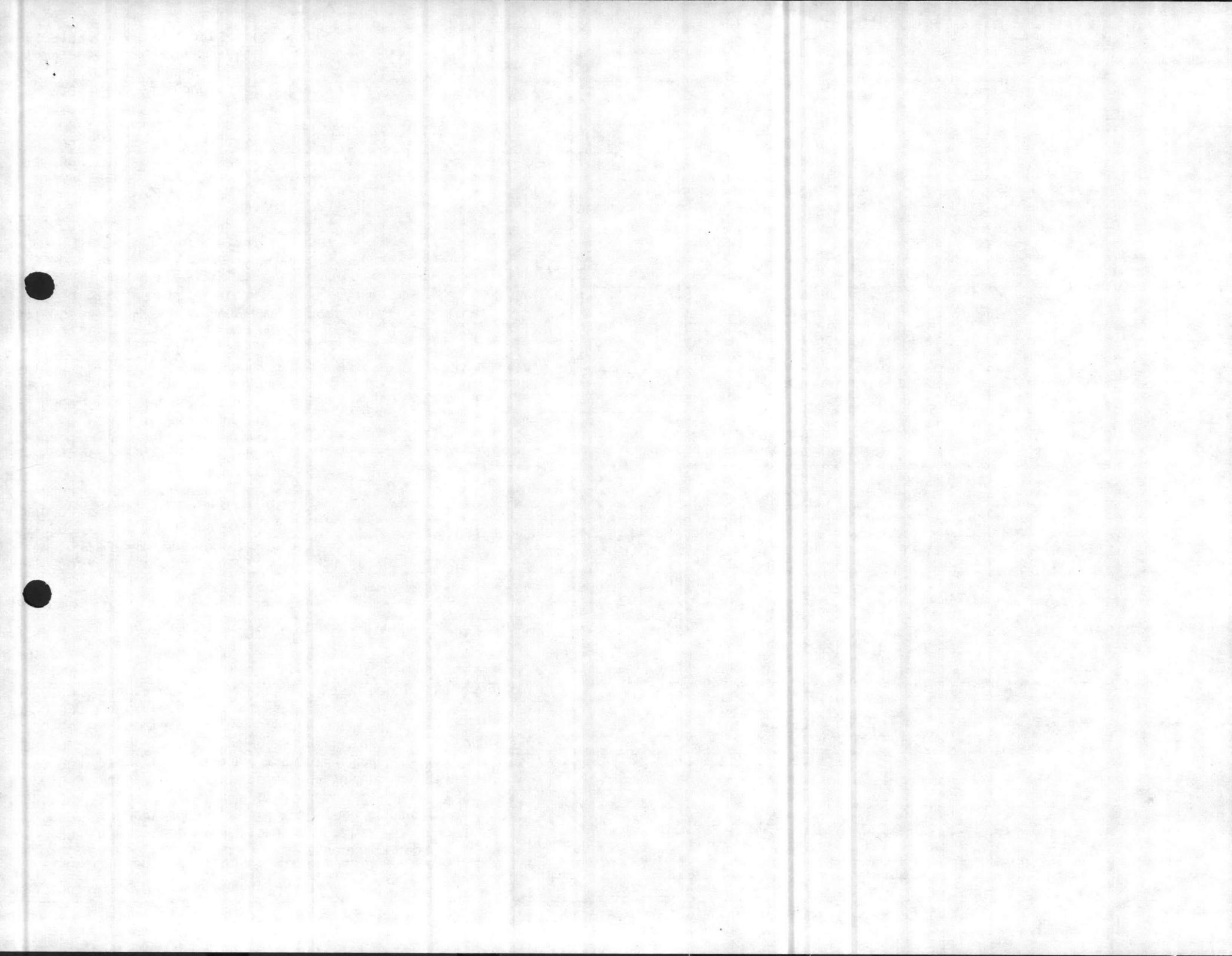
15 Mechanical

I5410300	Faucet, hot & cold water identificatin buttons, replace		each			
I5410300	Faucet, aerator, replace/clean		each			
I5410300	Faucet, supply lines, replace		each			
I5410300	P-Trap, 1 1/4"/1 1/2" replace		each			
I5410300	P trap, repair leak		each			
I5410300	Vanity, replace,cabinet,top,faucet, supply lines & trap		each			
I5410300	Faucets stem, room repair		each			
I5410300	Faucet, repair, deep sink		each			
I5410300	Faucet, replace, deep sink		each			
I5410300	Faucet, replace, room		each			
I5410300	Faucet, pop, remove/repair		each			
I5418450	Lavatories, W/trim, vanity top, cultured marb, 37" x 22", sgl bowl		each			
I5418500	Shower head, replace		each			
I5418500	eschutcheon, at shower head, replace		each			
I5418500	Eschutcheon, shower valve, secure		each			
I5418500	Shower head, remove institutional style, install pipe & new shower head		each			
I5418500	Valve, shower valve, remove/repair/replace stem		each			
I5830100	Fan ,exhaust, repair, rattle noise		each			
I5850500	grille, ac return filter grille, install		each			
I5850500	Panel, AC access, secure		each			
Mechanical Total						

16 Electrical

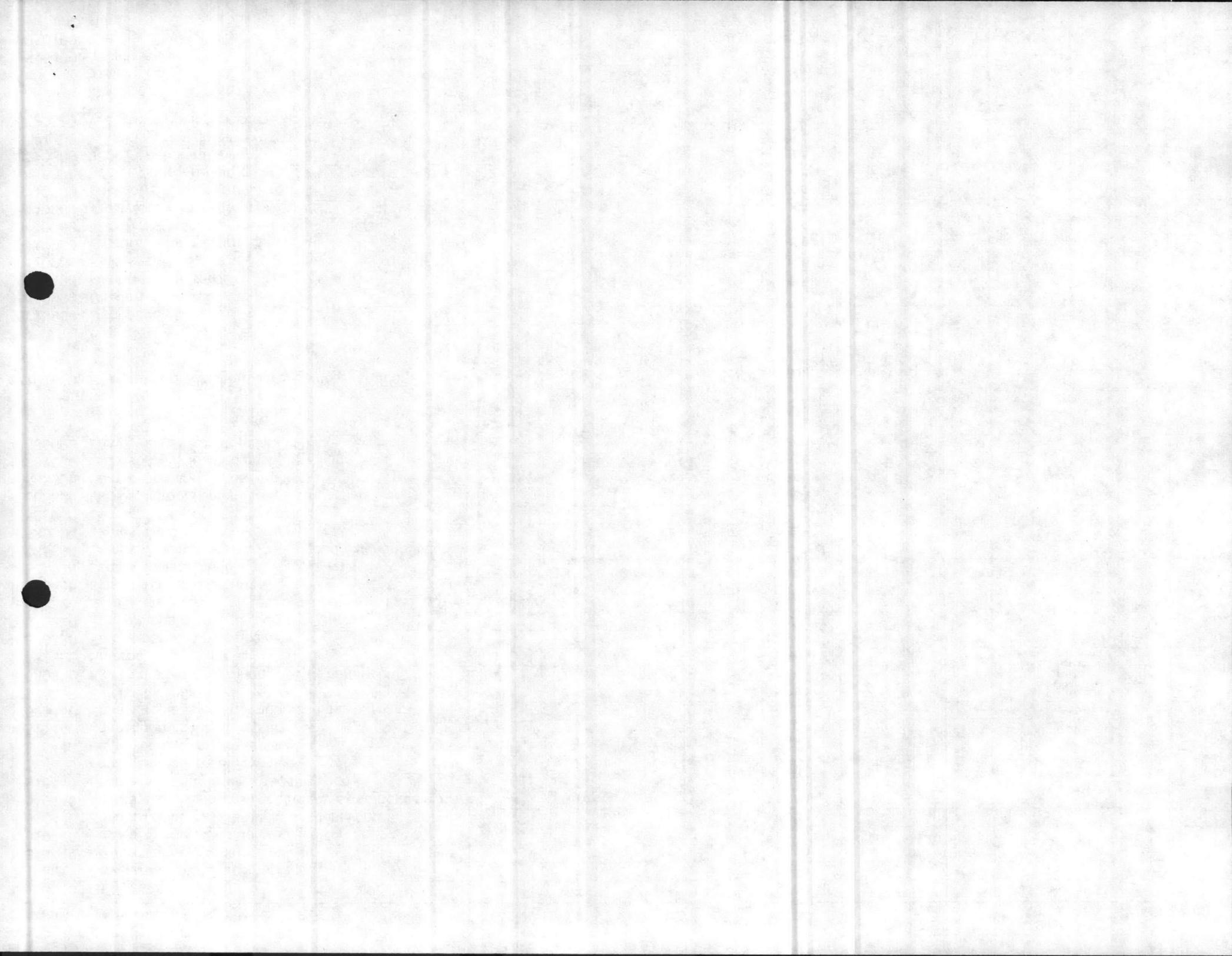
I6139700	Detector, smoke, secure		each			
I6139700	Detector, smoke, interior room, replace		each			
I6139700	Detector, smoke, replace battery		each			
I6140910	Switch, single pole,/light		each			
I6140910	Switch, push button,fluor light		each			
I6140910	Switch, double/light		each			
I6140910	Recepticle, replace		each			
I6140910	Recepticle, secure recepticle & cover		each			

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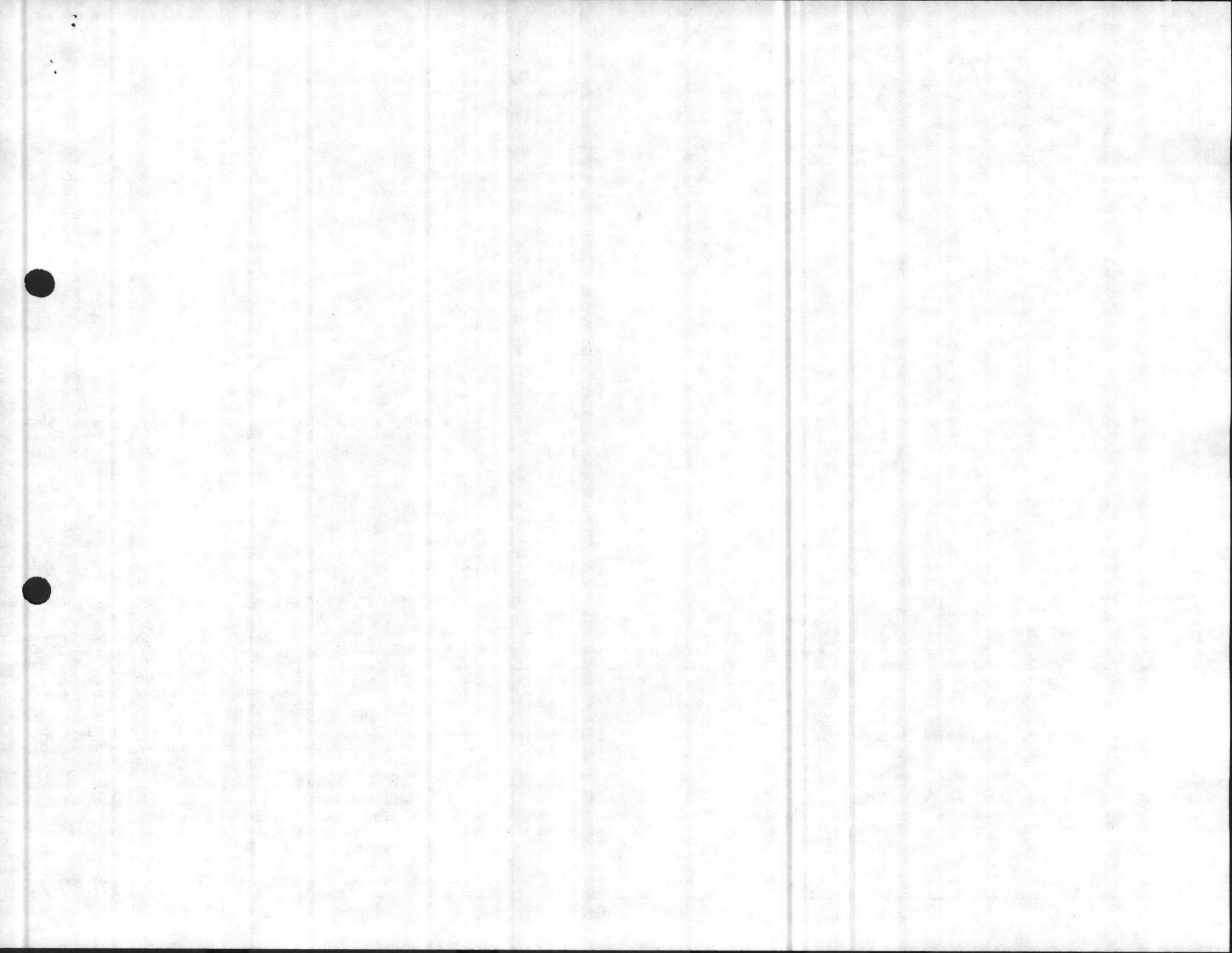
CSI	Item Description for Bld 205	Takeoff Qty	Unit	Mat Total	Subs Total	ACTUAL QU
16140910	GFI, replace		each			
16140910	Cover, recep/gfi/switch, replace		each			
16510440	Fixture, interior, 3ft fluor, replace		each			
16510440	Fixture, interior, 2 ft fluor, replace		each			
16510440	Ballast, replace 2,3, &4 ft fluorescent light		each			
16510440	Fixture, exterior, harris light, remov.exis&instal new.		each			
16510440	Lens, cover, harris light, head/replace		each			
16510440	Lens, fluorescent, 3ft, replace		each			
16510440	Lens, fluorescent, 2 ft,replace		each			
16510440	Lens, fluorescent, 4ft replace		each			
16510440	Ballast, replace/ interior fluorescent fixture		each			
16530320	Exit light, repair		each			
16530320	Exit light clg or wall mount, L.E.D. battery unit, single face		each			
16530320	Emergency light, repair		each			
16530320	Fan, exhaust, replace cover		each			
16530320	Fan, exhaust/room, replace		each			
16530320	Emer lt units,btry operated,twin sealed bm lt,25 W,6 V ea,lead btry		each			
16585600	Lamps, "U" tubes, lounge		each			
16585600	Lamps, incadescent		each			
16585600	Lamps, 7 watt for harris fixture head/exterior security		each			
16585600	Lamps, fluor, exterior, security, 7watt		each			
16585600	Lamps, fluorescent, 2 ft, replace		each			
16585600	Lamps, fluroescent, 4 ft, replace		each			
16585600	Lamps, fluorescent, 3ft, replace		each			
16585600	Lamps, 4 & 8' located on 10ft+ceilings		each			
16585600	Lamps, incadescent, red/night lights.		each			
Electrical Total						
07	Conveying					
12101950	H) clean and adjust proximity devices on door.		each			
Conveying Total						
08	Mechanical					
18110900	Door saver, instal,		each			
18110900	Closure, door, remove		each			
18110900	Door hardwar, replace		each			
18110900	Sink, secure & caulk		each			
18110900	Closure, door, repair		each			
18110900	Install new hinge		sets			
18110900	Vanity/caulk, repair formica		each			
18110900	Lockset, bathroom, replace		each			
18110900	Lock, Window repair/replace		each			
18720300	Install weatherstripping		opng			
18720300	Weather stripping, secure existin.		opng			
18720300	Weather stripping, secure existin.		opng			
Mechanical Total						
09	(Unassigned)					
19310100	Install new tiles		sqft			
19310100	Tile, ceramic, replace		sqft			

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CSI	Item Description for Bld 205	Takeoff Qty	Unit	Mat Total	Subs Total	ACTUAL QU
09310100	Ceiling, repair, paster/sheetrock		sqft			
(Unassigned) Total						
15 (Unassigned)						
I5410100	Valve, toilet, rebuild to repair leak/spud/flush vlv		each			
I5410100	Valve, toilet, replace spud & vacuum breaker		each			
I5410100	Valve, toilet, replace handle repair kit, toilet wont flush		each			
I5410100	Drain, sink,repair leak		each			
I5410100	Drain, shower, unclog		each			
I5410100	Drain, sink, unclog		each			
I5410100	Valve, toilet, adjust water, long/short flush		each			
I5410100	Valve, shower, rebuild/replace		each			
I5410100	Valve, urinal rebuild		each			
I5410100	Flexer, toilet flush vlv, replace		each			
I5410100	Valve, urinal flush, replace		each			
I5418400	Sink (to 23" x 18", single)		each			
I5418400	Vanity, replace cabin.,top,faucet,supply lines,trap		each			
(Unassigned) Total						
Grand Total			item			

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Percent	Amount	Category for Bldg 205	Hours	Job Cost Phase
100.00 %	1,411	Labor	48.0	
		Material		
		Subcontractor		
		Equipment		
		Other		
		User		
	1,411	Net Costs Subtotal		
	1,411	Total Estimate	\$0.00/item	

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