

FILE FOLDER

DESCRIPTION ON TAB:

309

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Misc



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DESCRIPTION:

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JOB ORDER NO	DATE COMPLETED <i>signed</i>	COST	DESCRIPTION
022-047470-420	9/13/61		Rehabilitate
022-06741-620	4/10/62		Renovate
Contract	9/10/69		Head & shower renovation
Contract	7/3/69		Interior paint & mechanical renovation
Contract	12/10/69		Exterior repairs & paint
4518	4-29-69	147	MODIFY DOORS
587-272	3-31-67	611	RPL RETURN CONDENSATE LINE
4073	11-17-69	272	RPR HOT WATER STEAM COIL
4297	2-10-70	653	RPL CONDENSATE UNIT COMPLETE
4286	10-19-71	346	RPL FAN MOTORS, LINE STARTER + SWITCH
4949	4-11-73	539	REPLACE CONDENSATE PUMP
3971	9-5-73	588	REPLACE LIGHT GLOBES
3953	8-29-73	1619	SELF HELP - PAINT INTERIOR COMPLETE
5530	7-9-76	343	Full Repair Steam Coil
3532	11/19/76	2746	Paint ext
5276	5/14/76	775	Repair holes in wall
2465	10/8/76	479	Install service for washers & gas dryers
4549	6/17/77	315	Issue 50 light globes
3309	2-23-79	1696	Remove/Rpl wall mounted exhaust fans for heads in 3 Brks (12 fans)
5234	8-11-78	664	Patch damaged plaster and paint 2 coats
4649	10-9-79	653	Do paint
3759	4.11.80	1260	Repl. Condensate pump + tank assembly
3458	1980	3672	11 11 received repair electric in pot
3204	1980	1776	repair Bleacher
3851	9.26.80	1214	Repl. tube Bundle in Hot water heater

JOB ORDER NO	DATE COMPLETED	COST	DESCRIPTION
4032	Comp	1655	Secure inspect panels covers in hallway
4189	12-25-81	600	Rpr. A/c
3929	8-4-82	863	PAINT INT (Self Help)
4309	9-3-82	650	REPAIR A/C
4244	8-27-82	1055	REPAIR A/C
4908	8/2/83	910	RPI COMPRESSOR
3557	Comp	9225	Dewwater central A/c
3969	11-16-84	1255	Rpl missing or damaged window screen
4969	1-10-86	6685	Perform cyclic maint Repair
3615	31 Jan 92	1656	MATERIAL w/Job 3614
3614		1927	MATERIAL w/Job 3615
3615		1656	MATERIAL w/Job 3614
4587	6-25-93	9312	Rmv/Rpl Condensing Units for A/c
3063	9-23-94	6066	REPLACE AIR HANDLES PURGED 10/15/97
85438599	9-23-94	453	INSTALL OUTLET X PURGED PURGED 10/15/97
4394	9-19-97	4774	RPLC A/C power cables PURGED 9-12-97
4394	9-19-97	272	1ST AMP
(4582)	9-30-98	5214	Cyclic Maint. 9-9-02 Purged RC

BLDG CLASS 2 PROPERTY RECORD
 (004) UIC..M67001 (001) PR NO.....2-04031
 MCB CAMP LEJEUNE NC (005) FACILITY NO..309
 (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..10M

GENERAL INFORMATION
 (007) ACTION.....CAP-IMPROV
 (008) FAM HOUSING....NO
 (009) EE DATE.....13 OCT 81
 (011) PR REVIEW DATE..13 OCT 81
 (010) FACILITY NAME..
 BEQ E1-E4

ACQUISITION
 (201) ESTATE.....13 OTHER MIL FUND
 (202) ACQ CONTRACT...NOY4750
 (203) ACQ DATE.....01 SEP 42
 (204) GOVT COST..... \$251,568
 (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.....

(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...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).....24,978.00	(519).....164.00	(520)	(525)A30 B04 B26
INAD(521)	(522)	(523)	(526)
TOTAL 24,978.00	164.00		

AREA#	OTHER P#*	ALTA	DEF CODES
ADG(515)	(516)	(517)	(524)
282(518).....24,978.00 (519).....184.00 (520)			(525)A30 B04 B56
INAD(521)	(522)	(523)	(526)
TOTAL	24,978.00	184.00	

(510) USER UIC.....M67001.....MCB CAMP LEJUNE NC	(505) CATEGORY CODE...72111	(501) USE...UEPH EIVEA	(500) ST A T U S V M A X OCCUPANCY	(701) MAINT UIC..M67001	(705) PRIME USE...72111	(703) MEC...4 USMC
(403) YEAR IMPROVED.....	(402) CONSTRUCTION TYPE..PERMANENT	(401) YEAR BUILT.....1945	(410) HISTORIC IND...	(307) LAND CON.....91140	(304) GOVT COST.....\$251,268	(303) AGO DATE.....01 SEP 45
(302) ACC CONTRACT...NOY4750	(301) ESTATE.....13 OTHER MIL FUND	(307) LAND CON.....91140	(308) AREA UM...	(304) AREA.....26,605 SF	(303) HEIGHT.....54 FT	(302) WIDTH.....142 FT
(301) LENGTH.....127 FT	(300) STORIES.....05	(307) IRREGULAR	(301) IRREGULAR	(301) AREA.....26,605 SF	(300) STORIES.....05	(300) STORIES.....05

(403) YEAR IMPROVED.....	(402) CONSTRUCTION TYPE..PERMANENT	(401) YEAR BUILT.....1945	(410) HISTORIC IND...	(307) LAND CON.....91140	(304) GOVT COST.....\$251,268	(303) AGO DATE.....01 SEP 45	(302) ACC CONTRACT...NOY4750	(301) ESTATE.....13 OTHER MIL FUND	(307) LAND CON.....91140	(308) AREA UM...	(304) AREA.....26,605 SF	(303) HEIGHT.....54 FT	(302) WIDTH.....142 FT	(301) LENGTH.....127 FT
(307) IRREGULAR	(301) IRREGULAR	(300) STORIES.....05	(300) STORIES.....05	(301) AREA.....26,605 SF	(302) WIDTH.....142 FT	(301) LENGTH.....127 FT	(300) STORIES.....05	(307) LAND CON.....91140	(304) GOVT COST.....\$251,268	(303) AGO DATE.....01 SEP 45	(302) ACC CONTRACT...NOY4750	(301) ESTATE.....13 OTHER MIL FUND	(307) LAND CON.....91140	(308) AREA UM...

(107) MAP GRID IOM	(105) AC.....05	(104) CITY.....0735 CAMP LEJUNE	(103) COUNTY...133 BNSLOW	(102) STATE...37 NORTH CAROLINA	(101) COUNTRY..02 UNITED STATES	(107) MAP GRID IOM	(105) AC.....05	(104) CITY.....0735 CAMP LEJUNE	(103) COUNTY...133 BNSLOW	(102) STATE...37 NORTH CAROLINA	(101) COUNTRY..02 UNITED STATES
(107) MAP GRID IOM	(105) AC.....05	(104) CITY.....0735 CAMP LEJUNE	(103) COUNTY...133 BNSLOW	(102) STATE...37 NORTH CAROLINA	(101) COUNTRY..02 UNITED STATES	(107) MAP GRID IOM	(105) AC.....05	(104) CITY.....0735 CAMP LEJUNE	(103) COUNTY...133 BNSLOW	(102) STATE...37 NORTH CAROLINA	(101) COUNTRY..02 UNITED STATES

(107) MAP GRID IOM	(105) AC.....05	(104) CITY.....0735 CAMP LEJUNE	(103) COUNTY...133 BNSLOW	(102) STATE...37 NORTH CAROLINA	(101) COUNTRY..02 UNITED STATES	(107) MAP GRID IOM	(105) AC.....05	(104) CITY.....0735 CAMP LEJUNE	(103) COUNTY...133 BNSLOW	(102) STATE...37 NORTH CAROLINA	(101) COUNTRY..02 UNITED STATES
(107) MAP GRID IOM	(105) AC.....05	(104) CITY.....0735 CAMP LEJUNE	(103) COUNTY...133 BNSLOW	(102) STATE...37 NORTH CAROLINA	(101) COUNTRY..02 UNITED STATES	(107) MAP GRID IOM	(105) AC.....05	(104) CITY.....0735 CAMP LEJUNE	(103) COUNTY...133 BNSLOW	(102) STATE...37 NORTH CAROLINA	(101) COUNTRY..02 UNITED STATES

BLDG CLASS 2 P R O P E R T Y R E C O R D
 (1004) UIC..M67001
 MCB CAMP LEJUNE NC
 (1002) FACILITY NC..309
 (1001) PR NO.....2-04031
 (1008) SPEC AREA...DA
 HADNOT POINT

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.....2-04031
(005) FACILITY NO..309
(106) SPEC AREA....DA
HADNOT POINT

(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).....	1,624.00	(519)	(520)	(525)A30 B04 B26
INAD(521)		(522)	(523)	(526)
TOTAL	1,624.00			

BLDG CLASS 2 PROPERTY RECORD
 (C-D-N-T-I-V-U-A-T-I-O-N)
 (004) UIC..M67001
 MCB CAMP LEJUNE NC
 (001) PR NO.....S-04031
 (002) FACILITY NO..309
 (106) SPEC AREA....DA
 HADNOT POINT

(502) CATEGORY CODE...61073
 (501) USE..COMPANY BATTERY HQ (MARGOR)
 (510) USER UIC.....M67001...MCB CAMP LEJUNE NC

DEF CODES	ALTY	OTHER	AREA\SF*
(524)	(517)	(516)	ADEQ(515)
(525)A30 B04 B26	(520)	(519)	282T(518).....1,624.00
(526)	(523)	(522)	INAC(521)
			TOTAL 1,624.00

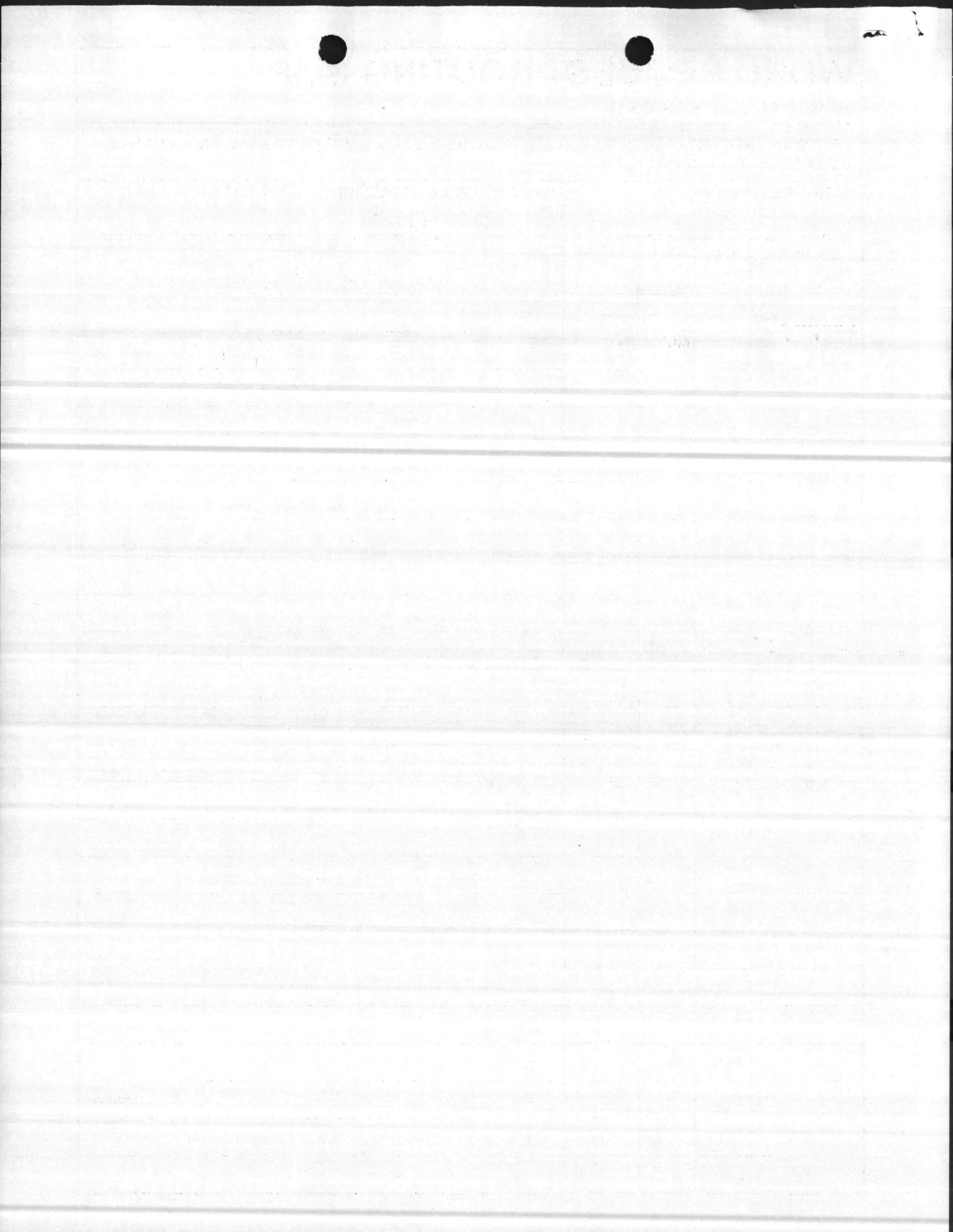
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work requests

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WORK REQUEST (MAINTENANCE MANAGEMENT)
 NAVFAC 9-11014/20 (REV. 2/94 (EF)) (New S/N number pending)

04-24-03
 1130

PW Department see instructions
 in NAVFAC MO-321

Requestor see instructions on Reverse Side

PART I--REQUEST (Filled out by Requestor)

1. FROM Reserve Support Unit MCB	2. REQUEST NO. 03-95 B003
3. TO Base Maintenance	4. DATE OF REQUEST 20030424
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 Smith 451-5425	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.)

BUILDING 309
 REQUEST THAT THE EXIT SIGNS IN BRAVO, CHARLIE, DELTA WINGS BE MOVED
 JUSTIFICATION: THE EXIT SIGNS ARE PLACED TO WHERE THEY ARE HARD TO SEE, CAUSING CONFUSION FOR FIRE DRILLS.
 ALSO PER BASE FIRE INSPECTION IT IS REEQUESTED THAT THEY BE MOVED.

03-77313

20
 (circled) *clerk/Ops?*

9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) <i>Brad E. Ashby</i>
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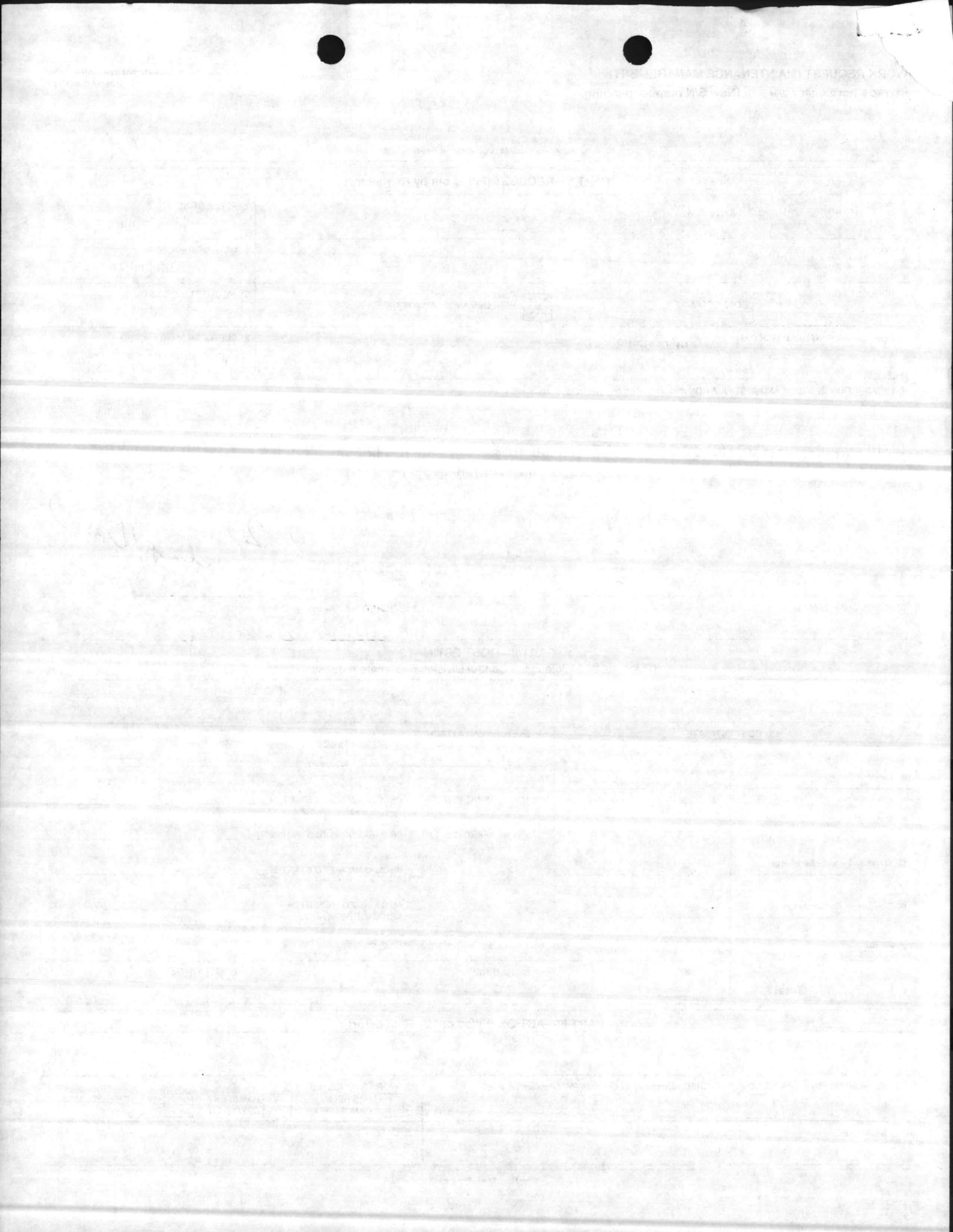
PART II--COST ESTIMATE
 (Filled out by Maintenance Control Division if estimate requested)

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 PROGRAMMING TO START IN _____ PROGRAMMING 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	

(See Back for Reverse Side)



04-24-03
 1430

Requestor see instructions on Reverse Side

PART I--REQUEST (Filled out by Requestor)

1. FROM Reserve Support Unit MCB	2. REQUEST NO. 03-96 B003
3. TO Base Maintenance	4. DATE OF REQUEST 20030424
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 Smith 451-5425	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.)

BUILDING 309
 REQUEST THAT 3 COPIES OF 10E-125 BE MADE
 JUSTIFICATION: PERSONNEL ARE NEEDING ACCESS TO THIS ROOM AND THEY DO NOT HAVE KEYS TO THIS ROOM .

03-77200 45

9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) <i>Bruce E. Ashby</i>
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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 PROGRAMMING TO START IN _____ PROGRAMMING 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	



THE UNIVERSITY OF CHICAGO

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04-24-03

1130

Requestor see instructions on Reverse Side

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

1. FROM Reserve Support Unit MCB	2. REQUEST NO. 03-94 B003
3. TO Base Maintenance	4. DATE OF REQUEST 20030424
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 Smith 451-5425	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.)

BUILDING 309 ROOM 123
 REQUEST THAT ROOM 123 BE REKEYED TO KEY CODE 10E
 JUSTIFICATION , ROOM IS GOING TO BE USED AS AN OFFICE AND PERSONNEL NEED ACCESS ASAP

45 20/ops?

03-77300

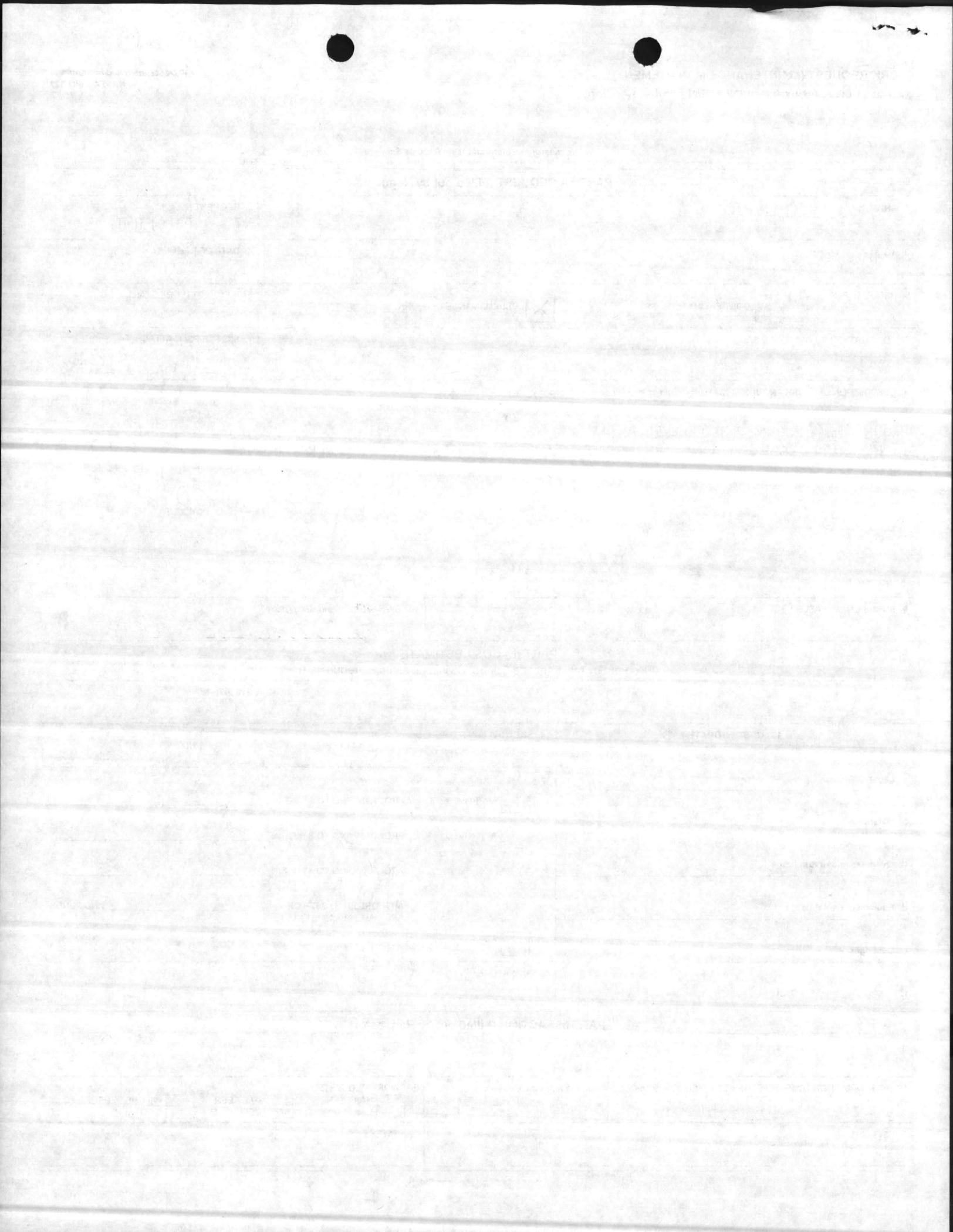
9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) <i>Bruce E. Ashby</i>
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PART II---COST ESTIMATE
 (Filled out by Maintenance Control Division if estimate requested)

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 PROGRAMMING TO START IN _____ PROGRAMMING 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	



Requestor see instructions on Reverse Side

PART I—REQUEST (Filled out by Requestor)

1. FROM Reserve Support Unit	2. REQUEST NO. B003 03-81
3. TO Base Maintenance	4. DATE OF REQUEST 20030328
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 Smith or Lcpl Roan at 450-9137 451-5588	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.)

Description:

copies needed of keys
 10E-15 need 2 keys
 10E-16 need 5 keys

Justification:

Access needs to be granted to mobilization processing center personnel

45

03-68294

2003 MAR 28 PM 1 51
 PUNTO WORK

Bldg # 309

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.
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 _____
b. Material	<input type="checkbox"/> APPROVED PROGRAMMING TO START IN _____
c. Overhead and/or Surcharge	PROGRAMMING TO START IN _____, IF
d. Equipment Rental/Usage	AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE.
e. Contingency	<input type="checkbox"/> DISAPPROVED. (See Reverse Side)
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	21. SIGNATURE
	22. DATE

(See Part IV on Reverse Side)

PART I--REQUEST (Filled out by Requestor)

1. FROM: Reserve Support Unit

2. TO: Base Maintenance

3. REQUEST NO: 8003

4. DATE OF REQUEST: 20090328

5. REQUEST FOR: COST ESTIMATE PERFORMANCE OF WORK

6. REQUEST WORK START: ASAP

7. ONE TO PLAN ATTACHED: YES NO

8. FOR FURTHER INFORMATION: Sgt Smith or Eqpt Room at 450-9137

9. DESCRIPTION OF WORK AND JUSTIFICATION (Indicate location, line and quantity of work)
 Description:
 copies needed of keys
 10-11 need 2 keys
 10-12 need 2 keys
 10-13 need 2 keys
 Justification:
 Access needs to be granted to mobilization processing center personnel

2009 MAR 28 PM 3:03

PART II--COST ESTIMATE

(Filled out by Maintenance Control Division if estimate provided)

11. TO	12. COST ESTIMATE	13. BENCHMARK ATTACHED	14. ESTIMATE NO.
a. Labor		<input type="checkbox"/> YES <input type="checkbox"/> NO	
b. Material			
c. Overhead and/or surcharge			
d. Equipment Rental/usage			
e. Contingency			
f. Total			

15. AUTHORIZED BY 15TH OR ARE MADE AVAILABLE

16. SIGNATURE

17. DATE

PART III--ACTION (Filled out by Requestor)

18. AUTHORIZATION TO PROCEED IS ATTACHED (Check only if more than RW funds are involved) YES NO

19. WORK REQUESTED: CANCELLED DEFERRED WILL BE PERFORMED BY OTHERS

20. DATE

21. SIGNATURE

WORK REQUEST (MAINTENANCE MANAGEMENT)

NAVFAC 9-11014/20 (REV. 2/94 (EF)) (New S/N number pending)

PW Department see instructions in NAVFAC MO-321

Requestor see instructions on Reverse Side

PART I--REQUEST (Filled out by Requestor)

B003

1. FROM Reserve Support Unit	2. REQUEST NO. 01-128
3. TO Base Maintenance	4. DATE OF REQUEST 20030113
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. Smith 450-9137 Bldg 309	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.)

It is requested that we get (5) 10E-8 keys, (5) 10E-14 keys, (5) 10E-17 keys, (5) 10E-06 keys, (5) 10E-09 keys and that office 121 and 124 as well as the (2) exterior doors located in the offices be rekeyed with the same coded locks within the 10E master key code. The make of the locks are BEST.

chg to MOBILIZATION

More personnel are going to be working within the building and will need access. The present locks in offices 121, 124, and the exterior doors found within these offices, has a common lock found throughout the building and needs to be secured by a separate lock for individual access by a selective group of people.

2003 JAN 13
0850
45

9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official)
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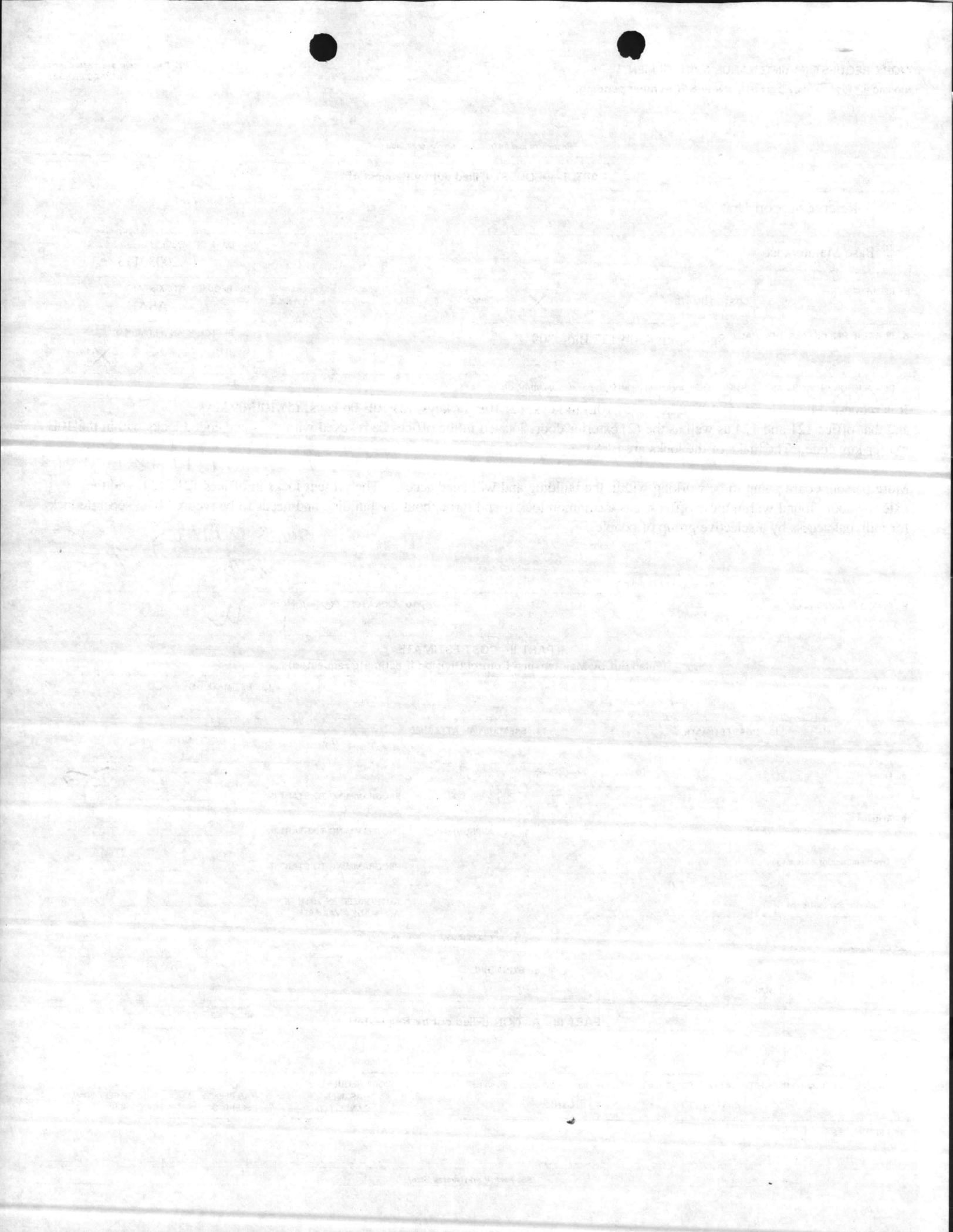
PART II--COST ESTIMATE (Filled out by Maintenance Control Division if estimate requested)

11. TO	12. ESTIMATE NO.
13. COST ESTIMATE	
a. Labor	14. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
b. Material	15. <input type="checkbox"/> APPROVED PROGRAMMING TO START IN 07-31-30
c. Overhead and/or Surcharge	<input type="checkbox"/> APPROVED PROGRAMMING TO START IN _____, IF
d. Equipment Rental/Usage	AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE.
e. Contingency	<input type="checkbox"/> 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) <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)



030115

0930

PW Department see instructions in NAVFAC MO-321

WORK REQUEST (MAINTENANCE MANAGEMENT)
NAVFAC 9-11014/20 (REV. 2/94 (EF)) (New S/N number pending)

Requestor see instructions on Reverse Side

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

1. FROM RESERVE SUPPORT UNIT MCB	2. REQUEST NO. 01-132 (B003)
3. TO BASE MAINTENANCE	4. DATE OF REQUEST 20030114
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START A.S.A.P
6. FOR FURTHER INFORMATION CALL LCPL ASHBY 450-8595	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.)

BUILDING 309
REQUEST THAT A COPY KEYS (IOE-7 NEED 5) (IOE-10 NEED 5) (IOE-125 NEED 3) BE MADE
REASON ACCESS NEEDS TO BE GRANTED FOR MOBILIZATION PROC CENTER PERSONNEL

42
MB

9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) James Grayson
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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 03-30-03
b. Material	<input type="checkbox"/> APPROVED PROGRAMMING TO START IN _____
c. Overhead and/or Surcharge	PROGRAMMING TO START IN _____, IF
d. Equipment Rental/Usage	AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE.
e. Contingency	<input type="checkbox"/> 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) <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 Reverse Side)



with normal

030128
 1340

Requestor see instructions on Reverse Side

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

1. FROM RESERVE SUPPORT UNIT MCB	2. REQUEST NO. 03-19 (B003)
3. TO BASE MAINTENANCE	4. DATE OF REQUEST 20030128
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START A.S.A.P
6. FOR FURTHER INFORMATION CALL SGT SMITH 450-9137.	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.)

BUILDING HP-309
 REQUEST 3 COPIES OF KEY NUMBER 10E
 JUSTIFICATION BUILDING NEEDS TO BE SECURE DUE TO MOBILIZATION

45
 MOBILE

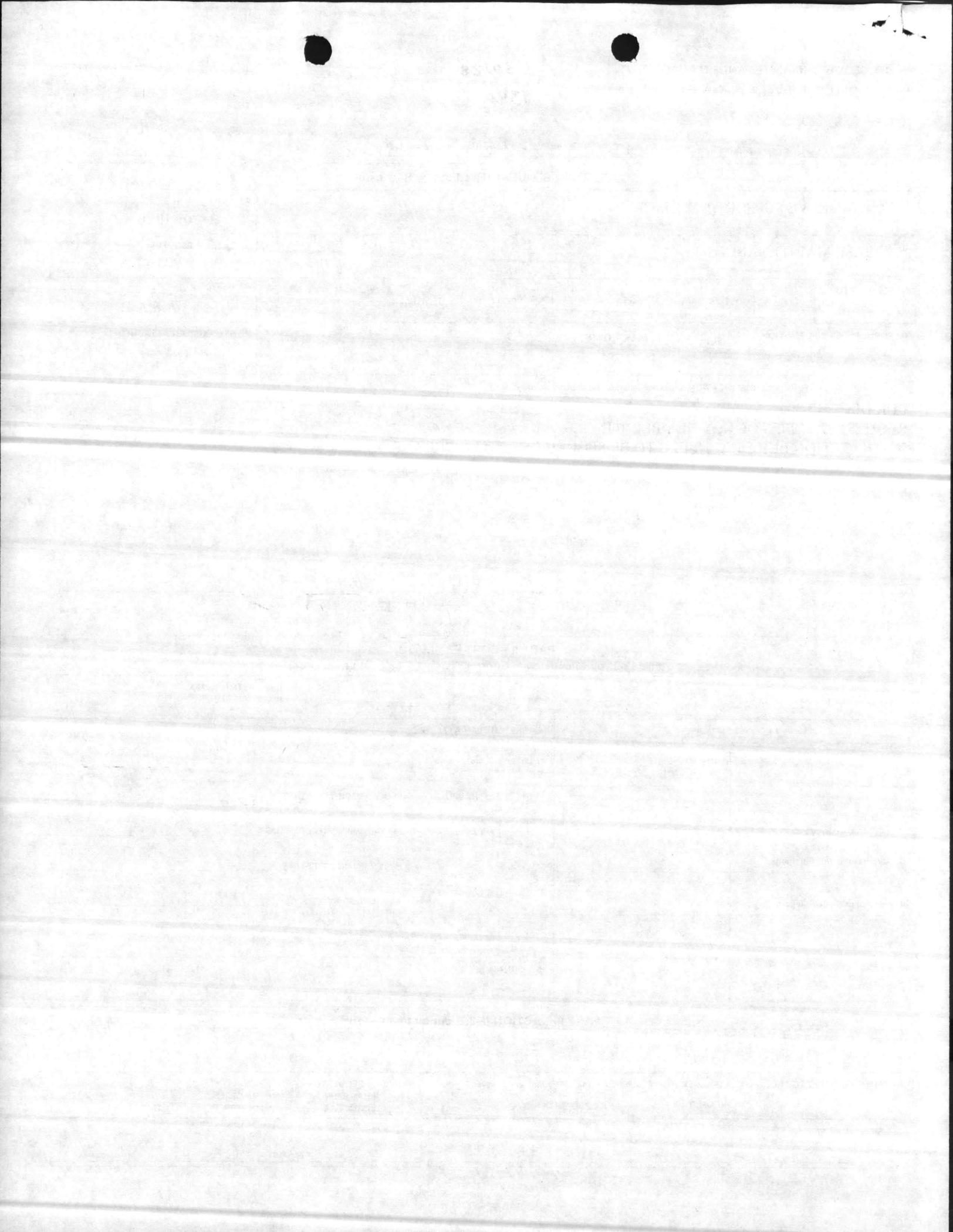
9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official)
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PART II---COST ESTIMATE
 (Filled out by Maintenance Control Division if estimate requested)

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 03-44075 <input type="checkbox"/> APPROVED PROGRAMMING TO START IN _____ PROGRAMMING 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	



Requestor see instructions on Reverse Side

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

1. FROM RESERVE SUPPORT UNIT MCB		2. REQUEST NO. 03-30 (B003)
3. TO BASE MAINTENANCE		4. DATE OF REQUEST 20030203
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE	<input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START A.S.A.P
6. FOR FURTHER INFORMATION CALL SGT SMITH 450-9137		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.)

ALL ITEMS ARE PRIORITY DUE TO MOBILIZATION AND NEED TO BE DONE BY THURSDAY 02-6-03
 BUILDING HP 313,
 REQUEST THAT THESE KEYS BE COPIED, NUMBER OF COPIES IN PARENTHESIS
 (1) 6070211123, (3) 102 MASTER KEY, (3) 10247, 10248, 10249, 10250, ROOMS 1, 2, 3, 4, AND LINEN CLOSET NEED TO BE
 RE-KEYED TO INDEPENDENTLY TO KEY CODE 102, OFFICE IN MIDDLE LOWER OUTER HATCHES NEED TO BE
 RE-KEYED TO 102-50, BAYS A, B, C, D, INTERIOR DOUBLE DOORS NEED TO HAVE DEAD BOLTS INSTALLED AND
 KEYED TO CODE 102-1
 JUSTIFICATION: THESE KEYS ARE PRIORITY TO MOBILIZATION AND TO BE ABLE TO SECURE ALL HATCHES, WHEN
 NOT OCCUPIED, AND FOR LIMITED ACCESS

MOBL 450-9137

9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) <i>Brand E. Ashby</i>
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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 <u>03-46539</u> <input type="checkbox"/> APPROVED PROGRAMMING TO START IN _____ PROGRAMMING 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	

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Requestor see instructions on Reverse Side

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

1. FROM Reserve Support Unit		2. REQUEST NO. 01-106 (8003)
3. TO Base Maintenance		4. DATE OF REQUEST 20021217
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. Unda 451-2688		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.)

Bldg : 309

It is requested that (2) P-4 keys be made for access to telephone rooms in bldg. 309. per Mr. Jim Beck, Base Telephone Investigator, the ISC will be authorized access to the telephone rooms inside Bldg 309. However, Base Telephone does not have any spare "P4" keys. Therefore, per Mr. Beck, we must submit a request to base locksmith in order to get this key.

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9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official)
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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 04-30-112 <input type="checkbox"/> APPROVED PROGRAMMING TO START IN _____ PROGRAMMING 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	



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Requestor see instructions on Reverse Side

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

1. FROM RESERVE SUPPORT UNIT, MCB	2. REQUEST NO. 01-91 B003
3. TO BASE MAINTENANCE, MCB	4. DATE OF REQUEST 20021101
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START A.S.A.P
6. FOR FURTHER INFORMATION CALL SSGT LAFFERTY 450-8595/8596	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.)

BUILDING 309
 REQUEST THAT TWO COPIES OF THE MASTER KEY BE MADE
 JUSTIFICATION: WE HAVE NO KEY CODE BECAUSE THE BUILDING WAS JUST TURNED OVER
 AND EXTRA KEYS ARE NEEDED

Need letter from CO!

03-14233

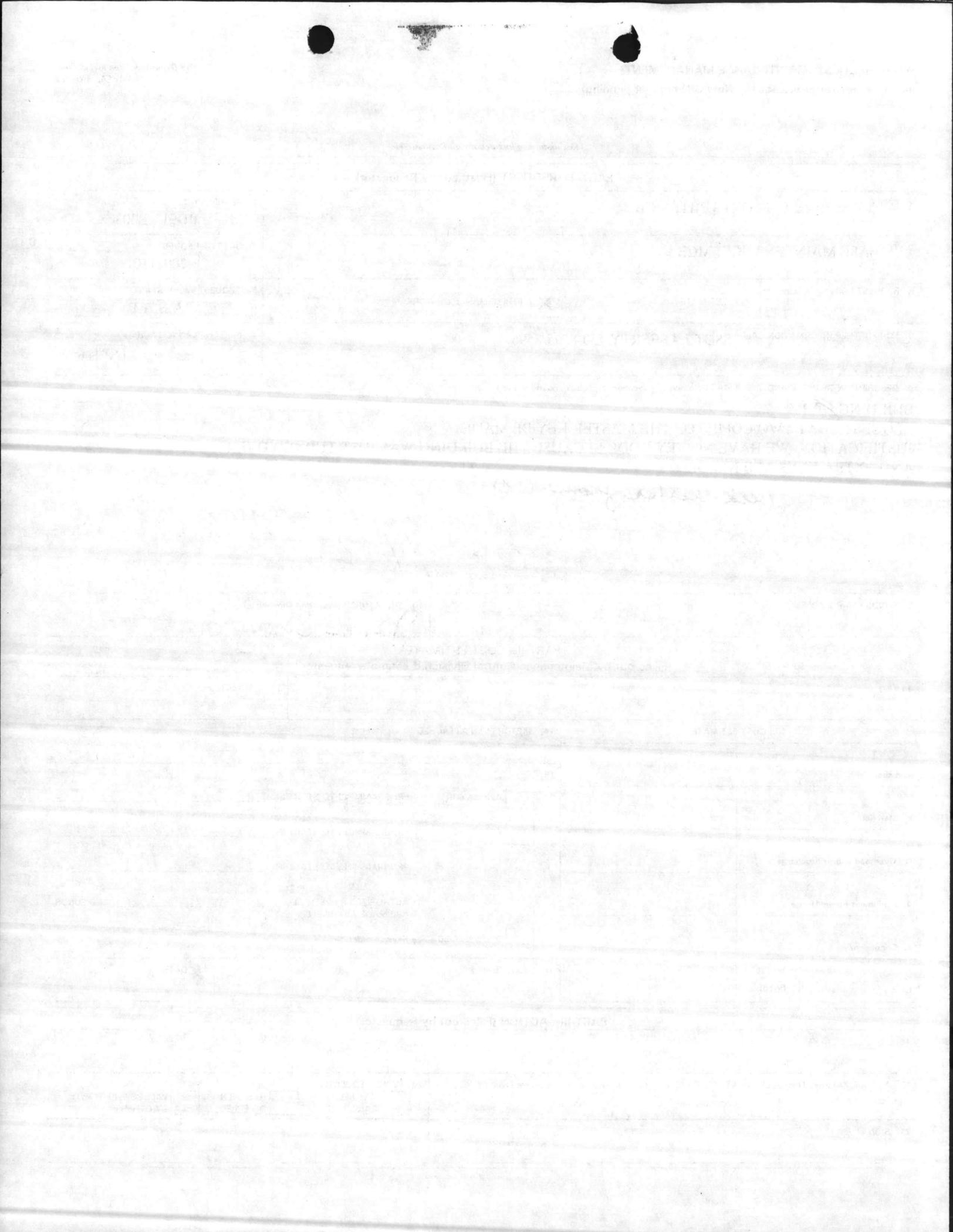
9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) <i>James Shoyon</i>
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PART II---COST ESTIMATE
 (Filled out by Maintenance Control Division if estimate requested)

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 _____
b. Material	<input type="checkbox"/> APPROVED PROGRAMMING TO START IN _____
c. Overhead and/or Surcharge	PROGRAMMING TO START IN _____, IF
d. Equipment Rental/Usage	AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE.
e. Contingency	<input type="checkbox"/> 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) <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	



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