

FILE FOLDER

DESCRIPTION ON TAB:

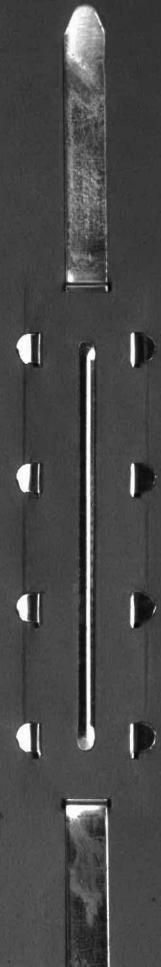
J.O Completed 315

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MISC



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DESCRIPTION:

J.O. CARD



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JOB ORDER NO	DATE COMPLETED <small>signed</small>	COST	DESCRIPTION
022-06712-620	4/24/62		Renovate (C 5/31/62)
3885	10-6-70	1151	Self help paint - Complete interior
1175	3-24-72	145	Remove 2 A/C
4115	8-30-71	2003	Rpr exterior trim, roofs, paint trim
5003	3-22-72	345	Rpl all lites in hallway
2555	9-22-72	462	Treat for Termite
1075	9-7-73	255	Remove 4 A/C
4315	12-27-73	313	Rpl 29 V-blinds
3988	9-13-73	687	Self help - paint interior complete
2437	6-17-74	526	LT1 + INSTALL 9 WINDOW A/C UNITS + 3 RECEPTACLES
4965	4-18-75	165	Replace, dutch doors
3537	11/19/76	4564	Rpr + paint base maint
4649	7-19-77	2091	Remove old + replace with new floor tile
1212	5-17-77	437	Remove Urinal + install shower in officer's head
cont 79-2617	1980	4901	Replace roof
162470-78C-8114	12-17-80	3512	Steam pit improvements for energy conservation
1314	3-19-79	284	Renovations of rooms Co and Sgt Maj's Office
3569	7-10-81	5310	Repl Steam & condensate line
3616	1980	287	Do Painting Int.
4853	11-19-82	489	Repair WATER LINE
1135	9-21-84	731	Install Area Lighting
2405	8-9-85	1033	INSTALL 18 WINDOW A/C UNITS
7024	3-1-85	311	Rpl SHOWER STALL
5225	8-26-85	3,563	INTERIOR PAINT
3667	12-20-95	1163	Rpl 35 EACH VENETIAN BLINDS
0313	1-20-95	1122	Rem 2 URINALS IN LADIES' HEAD

Journal
9/10/96
JH

BLDG CLASS 2 PROPERTY RECORD
 (004) UIC..M67001 (001) PR NO.....2-03879
 MCB CAMP LEJEUNE NC (005) FACILITY NO..315
 (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.M10

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..
 ADMINISTRATION BUILDING

ACQUISITION
 (201) ESTATE.....13 OTHER MIL FUND
 (202) ACQ CONTRACT...NOY4750
 (203) ACQ DATE.....01 AUG 43
 (204) GOVT COST..... \$48,680
 (207) LAND CCN.....91140

MEASUREMENTS
 (301) LENGTH.... 127 FT
 (302) WIDTH..... 62 FT
 (303) HEIGHT.... 14 FT
 (304)/AREA..... 5,181 SF
 (308) AREA UM...
 (305) STORIES... 01
 (307) IRREGULAR. YES

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....61072 (703) MFC...4 USMC

STATUS / UTILIZATION
 (502) CATEGORY CODE...61072 (501) USE..BATTLN SQUADRN HQ (MARCOR)
 (510) USER UIC.....M67001.....MCB CAMP LEJEUNE NC

AREA/SF*	OTHER/	ALT/	DEF CODES
ADEQ(515).....4,719.00	(516)	(517)	(524)B03 A30 B26
SBST(518)	(519)	(520)	(525)
INAD(521)	(522)	(523)	(526)
TOTAL	4,719.00		

TOTAL

4,719.00

INAD(521)

(522)

(523)

(526)

282T(518)

(519)

(520)

(525)

ADQ(515).....4,719.00 (516)

(517)

(524)803 A30 B56

AREAS#*

OTHER\

ALTA

DEF CODES

(510) USER UIC.....M7001.....MGB CAMP LEJUNE NC

(505) CATEGORY CODE...61075

(501) USE..BATTLN SQUADRN HQ (MARCOR)

(701) MAINT UIC..M67001

(702) PRIME USE.....61075

(703) MFC....4 USMC

(403) YEAR IMPROVED.....

(402) CONSTRUCTION TYPE..PERMANENT

(409) PROJECT NO.....

(401) YEAR BUILT.....1943

(404) ABMP CODE.....

(507) LAND CCM.....91140

(504) GOVT COST.....448,080

(304) AREA.....2,181 SF

(503) ACQ DATE.....01 AUG 43

(303) HEIGHT.....14 FT

(502) ACQ CONTRACT...NOV4750

(302) WIDTH.....62 FT

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

(301) LENGTH.....127 FT

A C Q U I S I T I O N

M E A S U R E M E N T S

(107) MAP GRID N10

ADMINISTRATION BUILDING

(105) AG.....05

(101) FACILITY NAME..

(104) CITY.....0732 CAMP LEJUNE

(011) PR REVIEW DATE.13 OCT 81

(103) COUNTY...133 ONSLGW

(009) EE DATE.....13 OCT 81

(102) STATE...37 NORTH CAROLINA

(008) FAM HOUSING.....NO

(101) COUNTRY..US UNITED STATES

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

L O C A T I O N

G E N E R A L I N F O R M A T I O N

MGB CAMP LEJUNE NC

(005) FACILITY NO..315

(004) UIC..M67001

(001) PR NO.....2-03879

BLDG

C L A S S

P R O P E R T Y R E C O R D

BLDG

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

(004) UIC..M67001
MCB CAMP LEJEUNE NC

(001) PR NO.....2-03879
(005) FACILITY NO..315
(106) SPEC AREA....DA
HADNOT POINT

(502) CATEGORY CODE...13115

(501) USE..COMMUNICATION CENTER

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

	AREA/SF*	OTHER/	ALT/	DEF CODES
ADEQ(515)		(516)	(517)	(524)
SBST(518).....	462.00	(519)	(520)	(525) B03 B26 A30
INAD(521)		(522)	(523)	(526)
TOTAL	462.00			

BLDC

CLASS 2 PROPERTY RECORD

(C-D-V-T-I-V-U-A-T-I-D-N)

(004) UIC..M67001
 MCB CAMP LEJUNE NC
 (001) PR NO.....S-03879
 (002) FACILITY NO..312
 (100) SPEC AREA....DA
 HADNOT POINT

(502) CATEGORY CODE...13112 (501) USE..COMMUNICATION CENTER

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

DEF CODES	ALTA	OTHERA	AREASFA*
(524)	(517)	(516)	ADEC(515)
(525)B03 B56 A30	(520)	(519).....662.00	2B2T(518)
(526)	(523)	(522)	INAD(521)
		462.00	TOTAL

TAB PLACEMENT HERE

DESCRIPTION:

Work Requests

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WORK REQUEST (MAINTENANCE MANAGEMENT)

PART I -- REQUEST (Filled out by Requester)

2003 MAY 28 PM 2 46

2003 MAY 28 01 PM 21 48
 WORK RECEPTION
 PUBLIC WORKS
 WORK RECEPTION

1. FROM: Commanding Officer, 2d Dental Battalion	2. REQUEST NO: FO18: 03-0173
3. TO: Commanding General, MCB, Attn: Base Maintenance Commanding General, 2d FSSG, Attn: (AC/S Facilities)	4. DATE OF REQUEST: 28 May 03
5. REQUEST FOR: <input type="checkbox"/> COST ESTIMATE <input type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK Routine
6. FOR FURTHER INFORMATION CALL DT1 ANTONIO AT 451-0219/0220	7. SKETCH /PLAN ATTACHED: <input type="checkbox"/> YES <input type="checkbox"/> NO

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

Location: Bldg. 315

Description: Please make three (3) duplicate keys for CO's suite

Justification: Added security.


DT1 ANTONIO, DT1, USN
 AUTHORIZED SIGNATURE/STAMP

PART II -- COST ESTIMATE (Attach if required) & APPROVAL
 (Filled out by Maintenance Control Division) DT1 ANTONIO 451-0219/0220

APPROVED:

DISAPPROVED:

SIGNATURE: _____ DATE: _____

COMMENTS: _____

03-98584

PART III -- ACTION (Filled out by Requester)

TO: _____

AUTHORIZATION TO PROCEED:

REQUEST BASE FUNDING

FUNDS WILL BE FORWARDED

WORK REQUESTED

HAS BEEN CANCELED

HAS BEEN DEFERRED

WILL BE PERFORMED BY SELF HELP

SIGNATURE _____

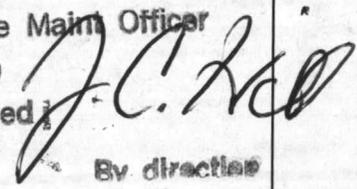
DATE _____

030528
 157 Endorsement

From: CG, 2d FSSG, FMFLant

To: Base Maint Officer

Via: (1)

Forwarded: 

By direction

REMARKS

WORK RECEPTION
PUBLIC WORKS DIV
WORK RECEPTION
5:08 PM 28 MAY 88

M. ANTONIO, DTI, USA

64040

[Handwritten signature]

WORK REQUEST (MAINTENANCE MANAGEMENT)

PART I - REQUEST (Filled out by Requester)

21 JAN 03 / 400

1. FROM: Commanding Officer, 2d Dental Battalion	2. REQUEST NO: F018: 03-0080
3. TO: Commanding General, MCB, Attn: Base Maintenance Commanding General, 2d FSSG, Attn: (AC/S Facilities)	4. DATE OF REQUEST: 21 Jan 03
5. REQUEST FOR: <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK ROUTINE
6. FOR FURTHER INFORMATION CALL DT1 EASTERLING 451-0220	7. SKETCH /PLAN ATTACHED: <input type="checkbox"/> YES <input type="checkbox"/> NO

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

Location: Bldg 315

Description: Re-set combination to safe. *Meilink Floor Safe. Serial # 82-12893*

Justification: Required before it can be DRMO.

Mark Easterling
AUTHORIZED SIGNATURE/STAMP

Endorsement
From: CG, 2d FSSG, FM Flan
To: Base Maint Officer
DT1 (1)
Forwarded *MR* Capt, USMC
By direction

PART II - COST ESTIMATE (Attach if required) & APPROVAL
(Filled out by Maintenance Control Division) DT1 EASTERLING 451-0220

APPROVED: *45*

DISAPPROVED: *4*

SIGNATURE: _____ DATE: _____

COMMENTS: _____

PART III - ACTION (Filled out by Requester)

TO: _____

AUTHORIZATION TO PROCEED:

REQUEST BASE FUNDING *03-40442*

FUNDS WILL BE FORWARDED
WORK REQUESTED

HAS BEEN CANCELED

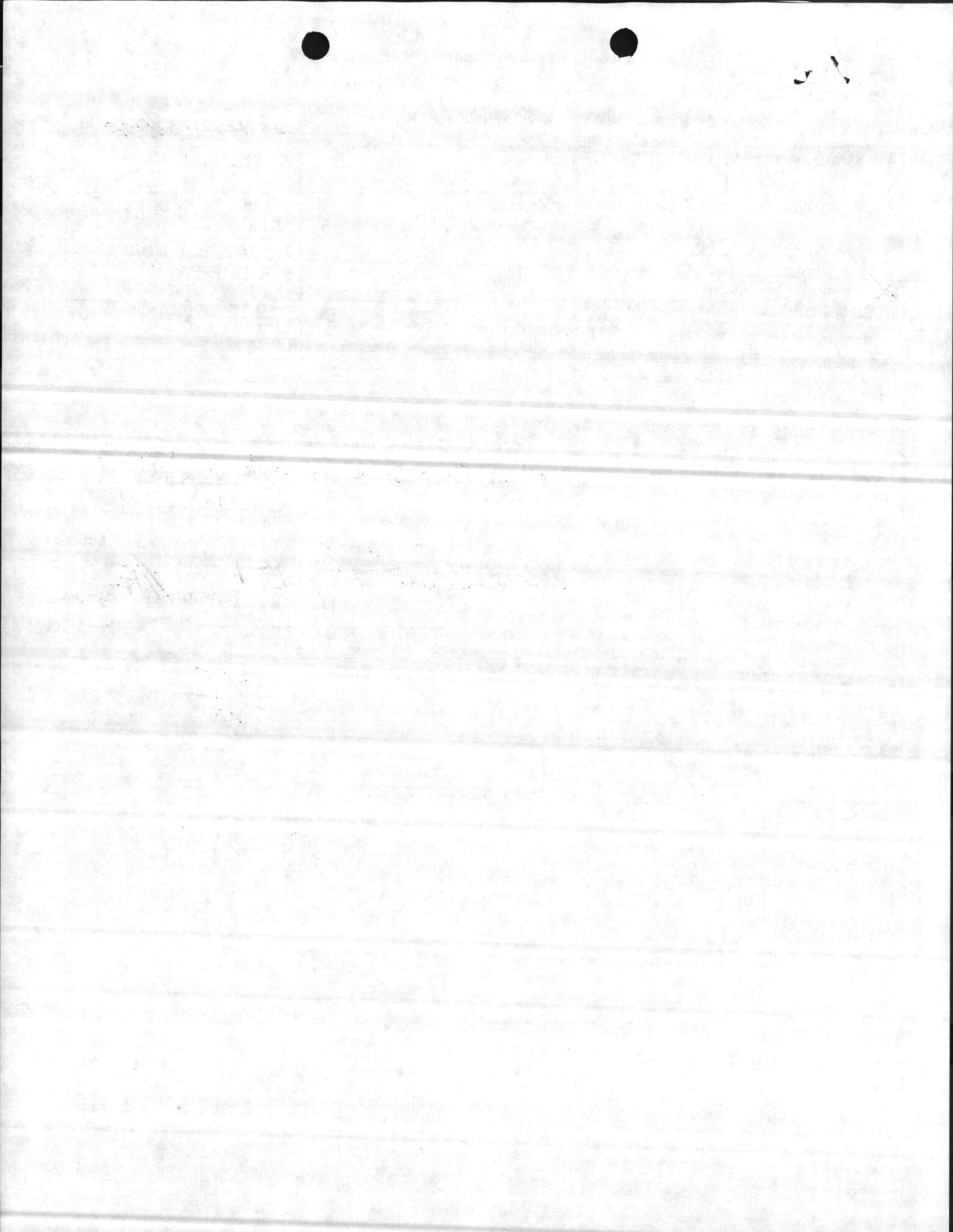
HAS BEEN DEFERRED

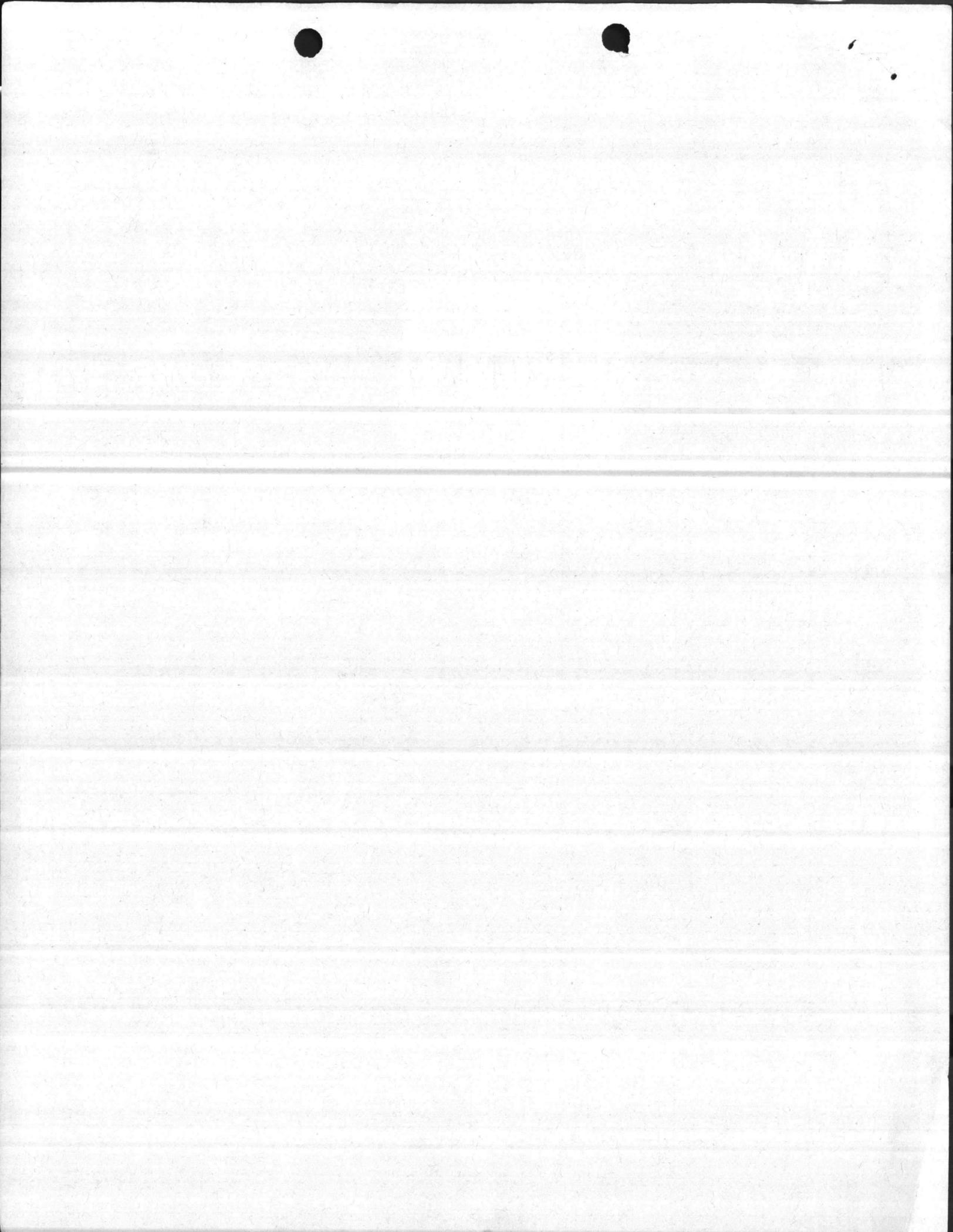
WILL BE PERFORMED BY SELF HELP

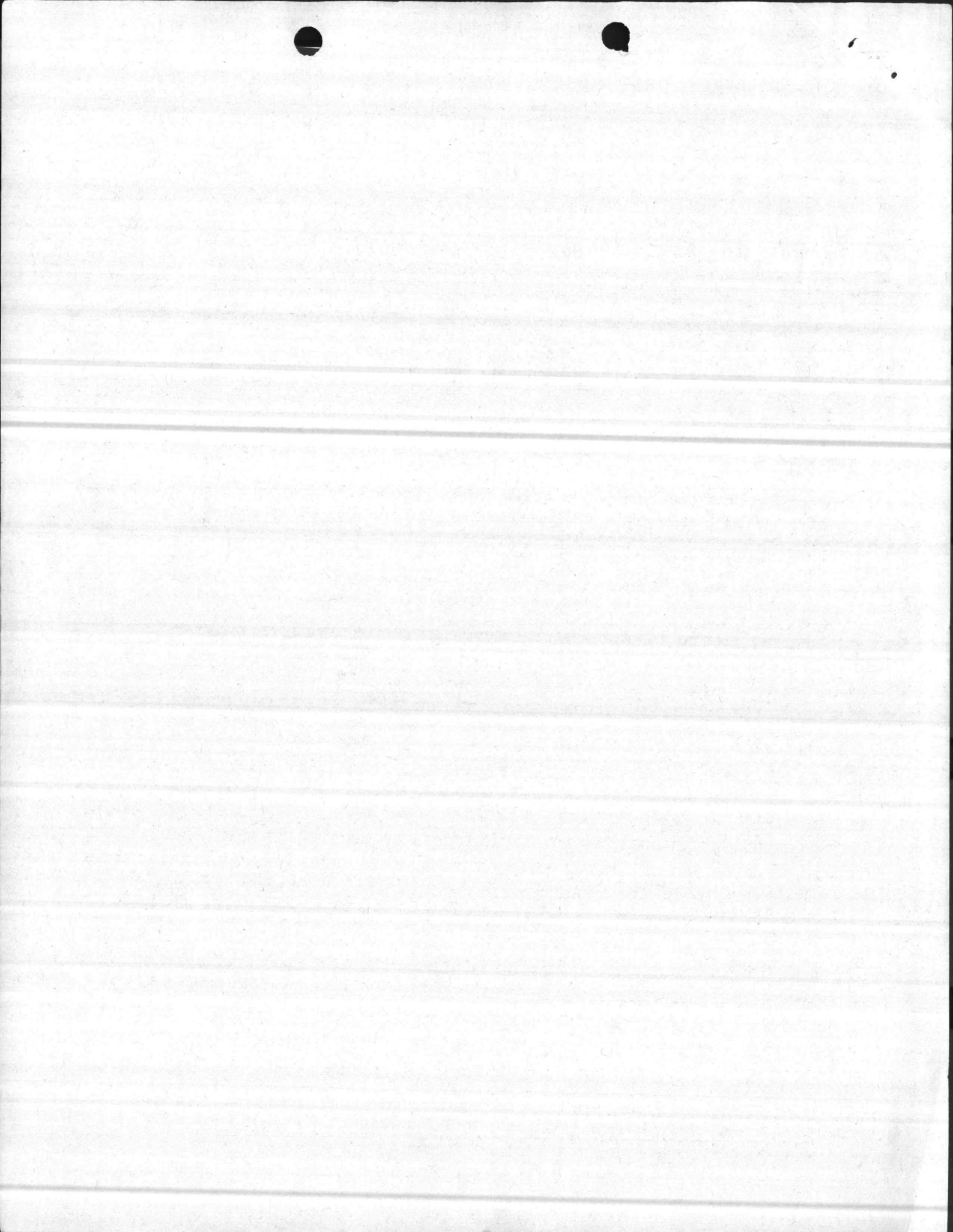
SIGNATURE _____

DATE _____

REMARKS







WORK REQUEST (MAINTENANCE MANAGEMENT)

8-27-02
@ 1355

PART I -- REQUEST (Filled out by Requester)

1. FROM: Commanding Officer, 2d Dental Battalion	2. REQUEST NO: F018: 02-2402
3. TO: Commanding General, MCB, Attn: Base Maintenance Commanding General, 2d FSSG, Attn: (AC/S Facilities)	4. DATE OF REQUEST: 21 Aug 02
5. REQUEST FOR: <input type="checkbox"/> COST ESTIMATE <input type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK URGENT
6. FOR FURTHER INFORMATION CALL DTI EASTERLING 451-0220	7. SKETCH/PLAN ATTACHED: <input type="checkbox"/> YES <input type="checkbox"/> NO

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

Location: Bldg 315

Description: Request spraying for bugs.

Justification: Health and comfort.

Review
Hemby

02-17-014

Mark R Easterling DTI
AUTHORIZED SIGNATURE/STAMP

PART II -- COST ESTIMATE (Attach if required) & APPROVAL
(Filled out by Maintenance Control Division) DTI EASTERLING 451-0220

- APPROVED
- DISAPPROVED

SIGNATURE: _____ DATE: _____

COMMENTS:

PART III -- ACTION (Filled out by Requester)

TO: _____

AUTHORIZATION TO PROCEED

- REQUEST BASE FUNDING
- FUNDS WILL BE FORWARDED

WORK REQUESTED

- HAS BEEN CANCELED
- HAS BEEN DEFERRED
- WILL BE PERFORMED BY SELF HELP

SIGNATURE _____

DATE _____

Date 020827
1ST Endorsement
From: CG, 2d FSSG, FMFLant
To: Base Maint Officer
Via: (1)
Forwarded by *J.A. Hill*
By direction

REMARKS

100

2

[Faint, illegible handwriting]

020807
Department
C/O
Group

[Handwritten signature]
by

COMPLETED

MATERIAL RECEIVED

BY NAME _____ DATE _____

SIGNATURE _____

CARBON PAPERS

THIS DOCUMENT CONTAINS CARBON PAPERS

Confidential Records Management, Inc.
New Bern, NC
1-888-622-4425
10/08

WORK REQUEST (MAINTENANCE MANAGEMENT)

Self Help

PART I -- REQUEST (Filled out by Requester)

21 JAN 03, 1400

1. FROM: Commanding Officer, 2d Dental Battalion	2. REQUEST NO: F018: 03-0031
3. TO: Commanding General, MCB, Attn: Base Maintenance Commanding General, 2d FSSG, Attn: (AC/S Facilities)	4. DATE OF REQUEST: 21 Jan 03
5. REQUEST FOR: <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK ROUTINE
6. FOR FURTHER INFORMATION CALL DT1 EASTERLING 451-0220	7. SKETCH /PLAN ATTACHED: <input type="checkbox"/> YES <input type="checkbox"/> NO

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

Location: Bldg 315

Description: Repair ceiling tiles. Need 4 cases of ceiling tiles. *24x24 and 24x48 2 Jan 03*

Justification: Water damage to ceiling tiles.

Appx 20 March 2003


 AUTHORIZED SIGNATURE/STAMP

Endorsement
 From: *1ST* CG, 2d FSSG, FMFLant
 To: Base Maint Officer
 On: 1 (1) *[Signature]*
 Forwarded *[Signature]* CPT, USMC

PART II -- COST ESTIMATE (Attach if required) & APPROVAL
(Filled out by Maintenance Control Division) DT1 EASTERLING 451-0220

APPROVED:

DISAPPROVED:

SIGNATURE: _____ DATE: *03-40447*

COMMENTS:

PART III -- ACTION (Filled out by Requester)

TO:

AUTHORIZATION TO PROCEED:

REQUEST BASE FUNDING

FUNDS WILL BE FORWARDED
WORK REQUESTED

HAS BEEN CANCELED

HAS BEEN DEFERRED

WILL BE PERFORMED BY SELF HELP

SIGNATURE _____

DATE _____

REMARKS

10/10/10

10/10/10

10/10/10

10/10/10

CARBON PAPERS

THIS DOCUMENT CONTAINS CARBON PAPERS

Confidential Records Management, Inc.
New Bern, NC
1-888-622-4425
10/08

WORK REQUEST (MAINTENANCE MANAGEMENT)

PART I -- REQUEST (Filled out by Requester)

21 JAN 03, 1400

1. FROM: Commanding Officer, 2d Dental Battalion	2. REQUEST NO: F018: 03-0031
3. TO: Commanding General, MCB, Attn: Base Maintenance Commanding General, 2d FSSG, Attn: (AC/S Facilities)	4. DATE OF REQUEST: 21 Jan 03
5. REQUEST FOR: <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK ROUTINE
6. FOR FURTHER INFORMATION CALL DT1 EASTERLING 451-0220	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>Location: Bldg 315</p> <p>Description: Repair ceiling tiles. Need 4 cases of ceiling tiles. 24x24 AND 24x48 2 Jan 03</p> <p>Justification: Water damage to ceiling tiles.</p> <p align="center">  AUTHORIZED SIGNATURE/STAMP </p>	

PART II -- COST ESTIMATE (Attach if required) & APPROVAL
(Filled out by Maintenance Control Division) DT1 EASTERLING 451-0220

APPROVED:

DISAPPROVED:

SIGNATURE: _____

DATE: 03-40447

COMMENTS:

PART III -- ACTION (Filled out by Requester)

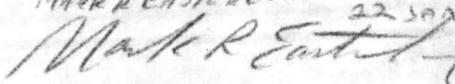
TO:

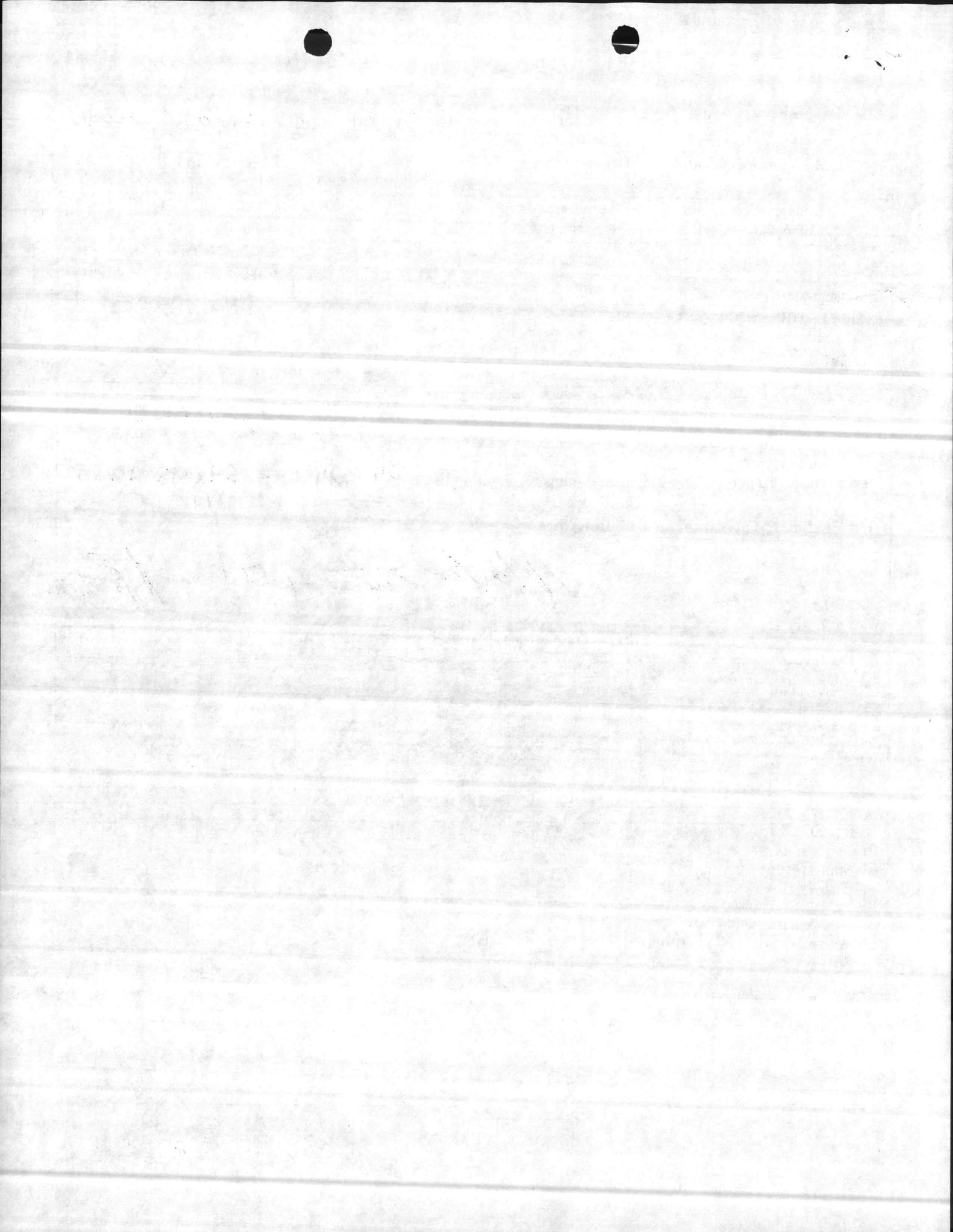
AUTHORIZATION TO PROCEED:

- REQUEST BASE FUNDING
 - FUNDS WILL BE FORWARDED
 - WORK REQUESTED
 - HAS BEEN CANCELED
 - HAS BEEN DEFERRED
 - WILL BE PERFORMED BY SELF HELP
- SIGNATURE

DATE

REMARKS

MARK R EASTERLING
 22 JAN 03




WORK REQUEST (MAINTENANCE MANAGEMENT)

PART I -- REQUEST (Filled out by Requester)

21 JAN 03, 1400

1. FROM: Commanding Officer, 2d Dental Battalion	2. REQUEST NO: F018: 03-0031
3. TO: Commanding General, MCB, Attn: Base Maintenance Commanding General, 2d FSSG, Attn: (AC/S Facilities)	4. DATE OF REQUEST: 21 Jan 03
5. REQUEST FOR: <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK ROUTINE
6. FOR FURTHER INFORMATION CALL DT1 EASTERLING 451-0220	7. SKETCH /PLAN ATTACHED: <input type="checkbox"/> YES <input type="checkbox"/> NO

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

Location: Bldg 315

Description: Repair ceiling tiles. Need 4 cases of ceiling tiles. *24x24 AND 24x48 21 Jan 03*

Justification: Water damage to ceiling tiles.

Mark R Easterling DT1
AUTHORIZED SIGNATURE/STAMP

APPR 20 Review
11/10

PART II -- COST ESTIMATE (Attach if required) & APPROVAL
(Filled out by Maintenance Control Division) DT1 EASTERLING 451-0220

APPROVED:

DISAPPROVED:

SIGNATURE: _____ DATE: *03-00447*

COMMENTS:

PART III -- ACTION (Filled out by Requester)

TO:

AUTHORIZATION TO PROCEED:

REQUEST BASE FUNDING

FUNDS WILL BE FORWARDED
WORK REQUESTED

HAS BEEN CANCELED

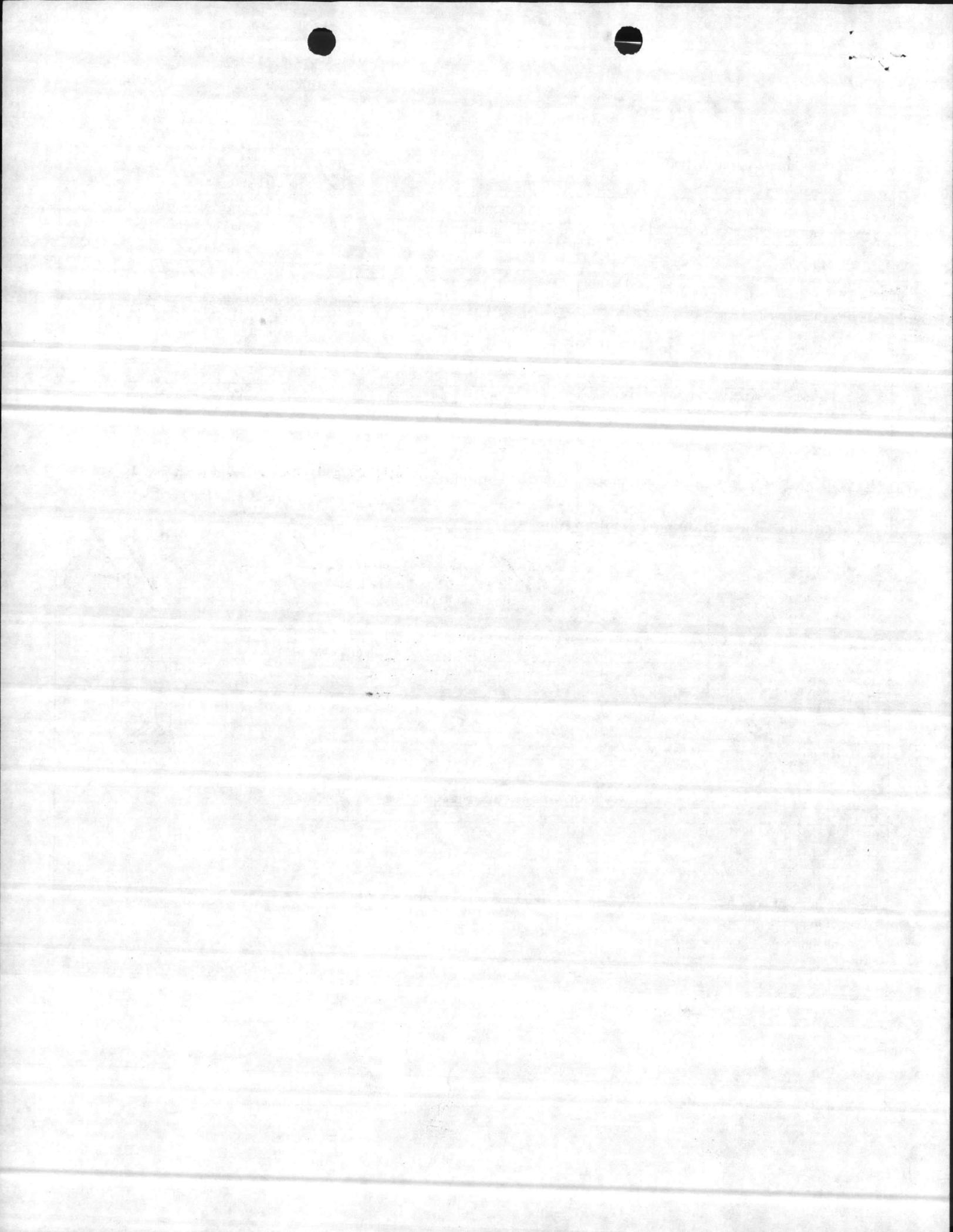
HAS BEEN DEFERRED

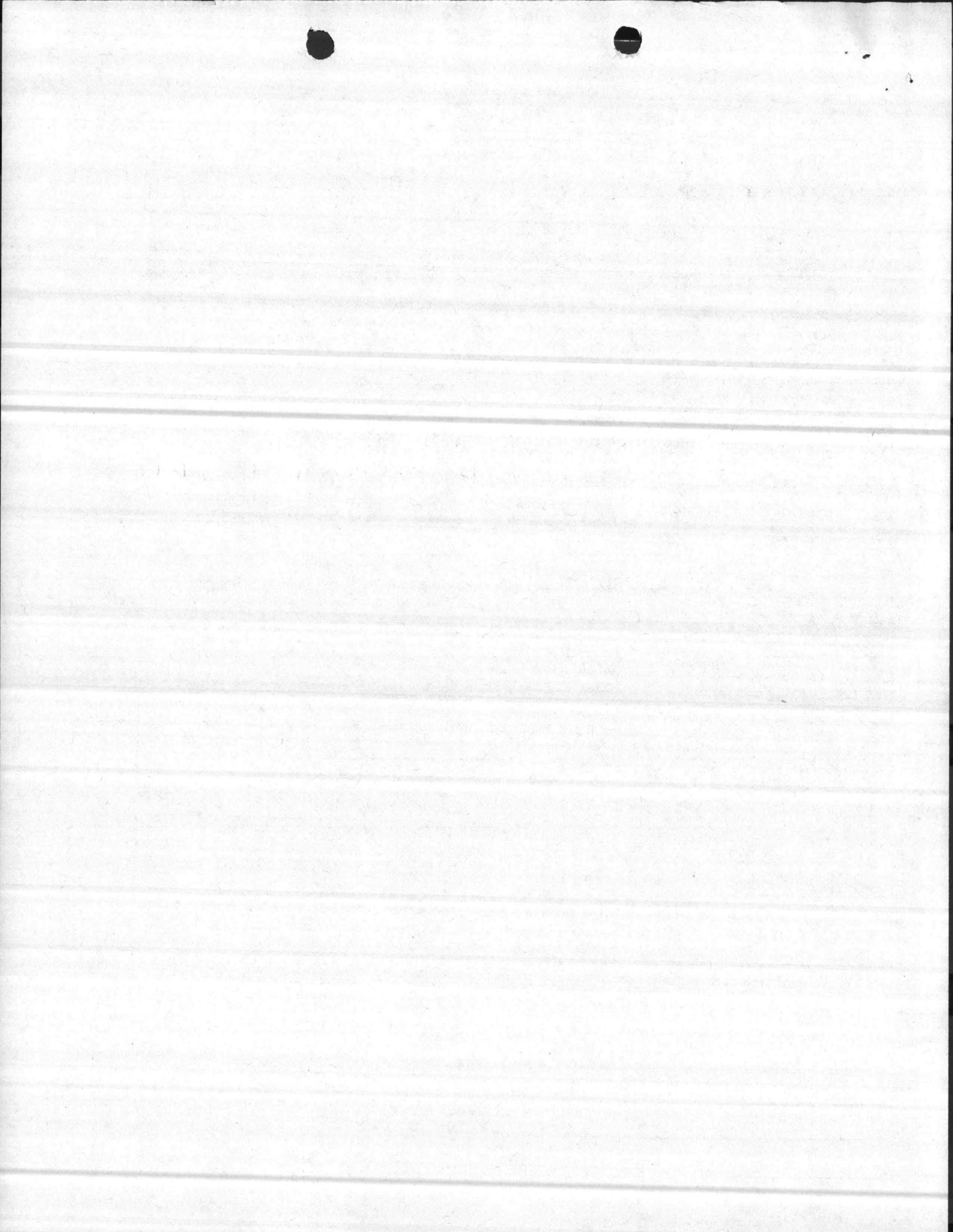
WILL BE PERFORMED BY SELF HELP
SIGNATURE

DATE

REMARKS

Mark R Easterling DT1
22 JAN 03





WORK REQUEST (MAINTENANCE MANAGEMENT)

PART I -- REQUEST (Filled out by Requester)

22 NOV 02 1055

1. FROM: Commanding Officer, 2d Dental Battalion	2. REQUEST NO: F018: 03 - 0032
3. TO: Commanding General, MCB, Attn: Base Maintenance Commanding General, 2d FSSG, Attn: (AC/S Facilities)	4. DATE OF REQUEST: 7 Nov 02
5. REQUEST FOR: <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK Routine
6. FOR FURTHER INFORMATION CALL DTI EASTERLING 451-0220	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.)

Locations: Bldg 315. *Sup* Reviewed

Description: 12 x 18 sign for computer room with WARNING, RESTRICTED AREA, KEEP OUT AUTHORIZED PERSONNEL ONLY. See attachment. *Red Plastic with yellow lettering.*

Justification: To meet base order requirements

Mark Easterling
AUTHORIZED SIGNATURE/STAMP

PART II -- COST ESTIMATE (Attach if required) & APPROVAL
(Filled out by Maintenance Control Division) DTI EASTERLING 451-0220

APPROVED

DISAPPROVED

SIGNATURE: _____ DATE: *03-20-02*

COMMENTS:

PART III -- ACTION (Filled out by Requester)

TO: _____

AUTHORIZATION TO PROCEED

REQUEST BASE FUNDING

FUNDS WILL BE FORWARDED

WORK REQUESTED

HAS BEEN CANCELED

HAS BEEN DEFERRED

WILL BE PERFORMED BY SELF HELP

SIGNATURE: _____

DATE: _____

REMARKS:

Date: 021120

1st Endorsement

From: CG, 2d FSSG, FMFLant

To: Base Maint Officer

Via: (1)

Forwarded. *Clarence G. Sutt*
By direction

2011-06-28

x

x

Handwritten scribbles

Handwritten scribbles

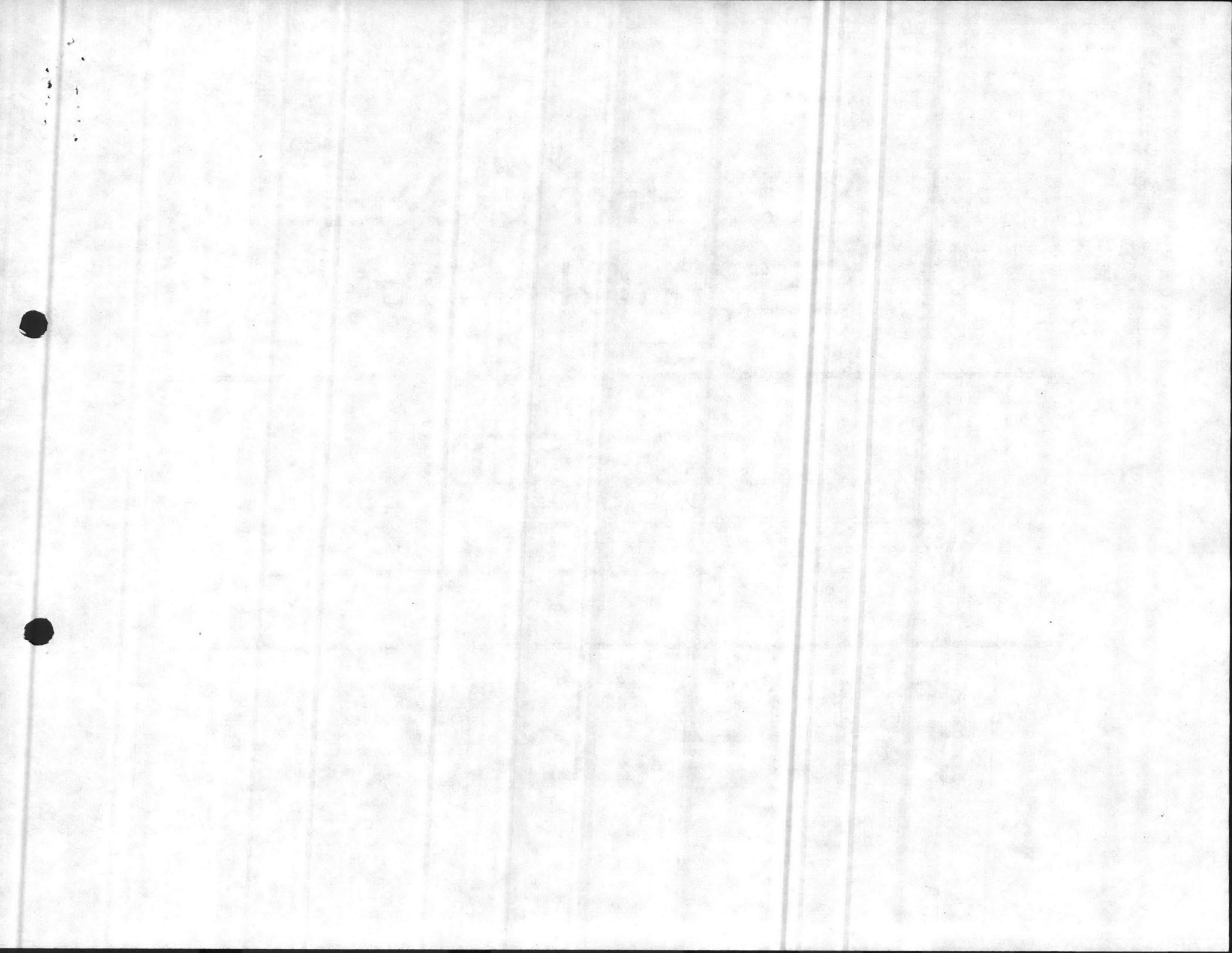
Handwritten scribbles

Handwritten scribbles

2122
WARNING

20
811
**RESTRICTED AREA
KEEP OUT**

30
**AUTHORIZED
PERSONNEL ONLY**



WORK REQUEST (MAINTENANCE MANAGEMENT)

PART I -- REQUEST (Filled out by Requester)

22 NOV 02 1055

1. FROM: Commanding Officer, 2d Dental Battalion	2. REQUEST NO: F018: 0039-03
3. TO: Commanding General, MCB, Attn: Base Maintenance Commanding General, 2d FSSG, Attn: (AC/S Facilities)	4. DATE OF REQUEST: 22 Nov 2002
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK URGENT
6. FOR FURTHER INFORMATION CALL DTI EASTERLING 451-0219	7. SKETCH / PLAN ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO

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

Location: Bldg 315

Description: make keys. (9) total 07-2(177) 45

Justification: New door.

Mark Easterling DTI
AUTHORIZED SIGNATURE/STAMP

PART II -- COST ESTIMATE (Attach if required) & APPROVAL
(Filled out by Maintenance Control Division) DTI EASTERLING 451-0220

APPROVED

DISAPPROVED

SIGNATURE: _____ DATE: _____

COMMENTS

PART III -- ACTION (Filled out by Requester)

TO: _____

AUTHORIZATION TO PROCEED

REQUEST BASE FUNDING

FUNDS WILL BE FORWARDED

WORK REQUESTED

HAS BEEN CANCELED

HAS BEEN DEFERRED

WILL BE PERFORMED BY SELF HELP

SIGNATURE _____

DATE _____

021122

1st Endorsement

From: CG, 2d FSSG, FMFLant

To: Base Maint Officer

Via: (1)

Forwarded: *Alvin G. St*
By direction

REMARKS

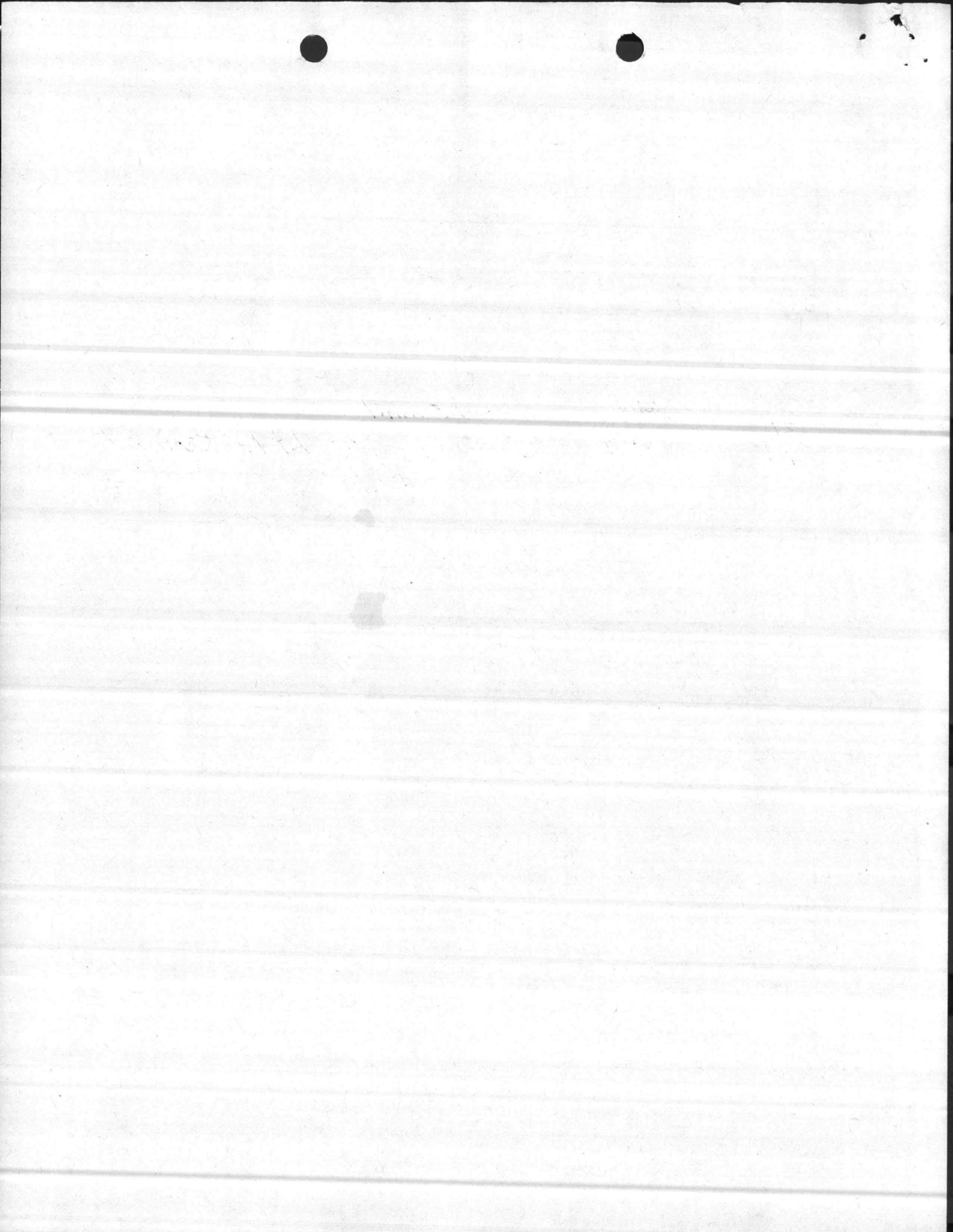
2000

10/10/00

10/10/00

10/10/00

10/10/00



WORK REQUEST (MAINTENANCE MANAGEMENT)

PART I -- REQUEST (Filled out by Requester)

10-07-02
10:39

1. FROM: Commanding Officer, 2d Dental Battalion	2. REQUEST NO: F018: 03-0031
3. TO: Commanding General, MCB, Attn: Base Maintenance Commanding General, 2d FSSG, Attn: (AC/S Facilities)	4. DATE OF REQUEST: 6 Nov 02
5. REQUEST FOR: <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK ROUTINE
6. FOR FURTHER INFORMATION CALL DTI EASTERLING 451-0220 9373 451-0219	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.)

Location: Bldg 315

Description: Repair ceiling tiles. Need 4 cases of ceiling tiles.

Justification: Water damage to ceiling tiles.

9333
Lt Beckman

Mark Easterling
AUTHORIZED SIGNATURE/STAMP

PART II -- COST ESTIMATE (Attach if required) & APPROVAL
(Filled out by Maintenance Control Division) DTI EASTERLING 451-0220

APPROVED

DISAPPROVED

SIGNATURE: _____ DATE: 03-15-02

COMMENTS:

PART III -- ACTION (Filled out by Requester)

TO:

AUTHORIZATION TO PROCEED

REQUEST BASE FUNDING

FUNDS WILL BE FORWARDED

WORK REQUESTED

HAS BEEN CANCELED

HAS BEEN DEFERRED

WILL BE PERFORMED BY SELF HELP

SIGNATURE: *Stacy [unclear] Sgt*

DATE: 11/07/02

1st Endorsement
G-4 Facilities

REMARKS

11-1-78
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Hancock GS09 William D

From: Hancock GS09 William D
Sent: Wednesday, November 13, 2002 9:15 AM
To: Easterling DT1 Mark R
Subject: Ceiling tiles

DT1 Easterling, We have received your request for ceiling tiles, however you did not reference the size requested and the actual number of tiles requested. We will need this information to process your request. This ticket will remain open for one week after you have read this message. Please reply ASAP.

Supervisor Shop 93
451-0074 office
451-0072 office
526-9838 cell

11/13/2002

Manoek Gane William D

From: Manoek Gane William D

Sent: Wednesday, November 14, 2012 10:58 AM

To: [Redacted]

Subject: [Redacted]

DT: Estimated. We have received your request for [Redacted] - however, it is not clear what size of [Redacted] you are requesting. We will need the [Redacted] to process your request. If the [Redacted] remains the same, we will have the [Redacted] to you by [Redacted].

Manoek Gane
451-001-0102
451-001-0103
451-001-0104

Hancock GS09 William D

From: System Administrator
To: Easterling DT1 Mark R
Sent: Wednesday, November 13, 2002 9:15 AM
Subject: Undeliverable: Ceiling tiles

Your message did not reach some or all of the intended recipients.

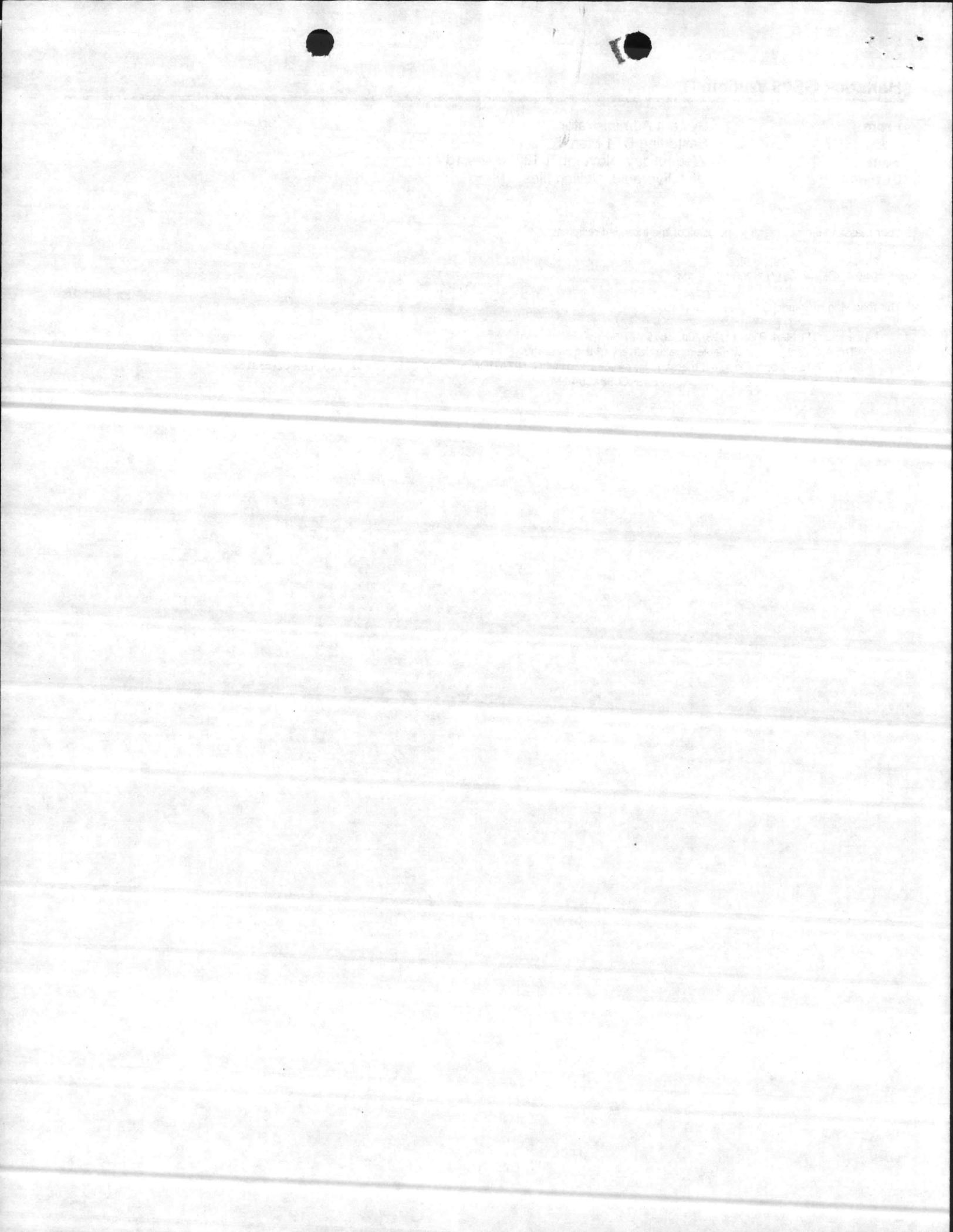
Subject: Ceiling tiles
Sent: 11/13/2002 9:15 AM

The following recipient(s) could not be reached:

Easterling DT1 Mark R on 11/13/2002 9:15 AM

The recipient was unavailable to take delivery of the message

The MTS-ID of the original message is: c=US;a= ;p=ORGANIZATION;l=CLBMCB01EXCH-021113141440Z-55316
MSEXCH:MSExchangeMTA:2FSSG:2FSSGNCC5EXC04



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DESCRIPTION:

Contract Data

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TAB PLACEMENT HERE

DESCRIPTION:

J.O. Pending

Tab page did not contain hand written information

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