

## FILE FOLDER

### DESCRIPTION ON TAB:

422

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**Outside/inside of actual folder did not contain hand written information**

**Outside/inside of actual folder did contain hand written information**

**\*Scanned as next image**

|                |                               |                                      |            |                      |  |
|----------------|-------------------------------|--------------------------------------|------------|----------------------|--|
| BLDG NO<br>422 | INT. PAINT SQ FT<br>49,538 sf | EXT. PAINT SQ FT<br>1500 sf 214 wind | ROOF SQ FT | CONDEN. LINES LIN FT | FACILITY HISTORY RECORD<br>MCBCL 11011/3 |
|----------------|-------------------------------|--------------------------------------|------------|----------------------|--|

| JOB ORDER NO                     | DATE COMPLETED<br><i>signed</i> | COST           | DESCRIPTION   |
|----------------------------------|---------------------------------|----------------|---|
| 021-02946-62                     | 1/25/67                         |                | Rehabilitate  |
| <del>06741-620</del><br>CONTRACT | 3/7/62<br>12/4/67               |                | Rehabilitate<br>Renovate Heads & Showers  |
| Contract                         | 3/31/70                         |                | Renovate mechanical system  |
| Contract                         | 12/10/69                        |                | Exterior repairs & paint  |
| 4119                             | 12-29-70                        | 1337           | <i>Self help - Paint interior complete 1 coat</i>                                       |
| 31754                            | 2-20-69                         | 225            | <i>Follow up recurring maint</i>  |
| 587-316                          | 5-8-67                          | 1237           | <i>Self help - Paint interior complete 1 coat</i>                                       |
| 3885                             | 8-17-73                         | <del>104</del> | <i>Issue life globes</i>  |
| 4297                             | 12-10-73                        | 1363           | <i>Paint interior complete 1 coat</i>   |
| 3576                             | 7-3-72                          | 205            | <i>Rpl 3 fan motors</i>   |
| 1136                             | 5-14-75                         | 192            | <i>Strip thinning const parking lot</i>   |
| 4400                             | 4-8-76                          | 2801           | <i>Self help repair/paint vent</i>  |
| 80-2095                          | 3-16-81                         | —              | <i>Ext paint</i>  |
| 4019                             | 10-12-79                        | 199            | <i>Reple both in man water supply</i>   |
| 4482                             | 9-9-79                          | 656            | <i>Do painter</i>   |
| 3339                             | 79                              | 3927           | <i>Repair floor tiles replace exhaust fans</i>  |
| 3256                             | 79                              | 205            | <i>Repair plaster + rescore radiators</i>   |
| 3583                             | 80                              | 2067           | <i>11 radiators</i>   |
| 4069                             | Comp                            | 39,672         | <i>Rpl shower valves</i>  |
| 3490                             | Comp                            | 1633           | <i>Rpr clothesline post + install new wire</i>  |
| 4032                             | Comp                            | 1655           | <i>Secure inspect. panel covers in hallway</i>  |
| 1144                             | 4-23-82                         | 109            | <i>Install venetian blinds in 1<sup>st</sup> &amp; 2<sup>nd</sup> deck NCO quarters</i> |
| 4079                             | 3-22-83                         | 1245           | <i>RPR duct / Rpl register</i>  |
| 1156                             | 9-26-86                         | 5634           | <i>CONSTRUCT OFF SPACE</i>  |
| 6013                             | 2-19-86                         | 7424           | <i>Perform cyclic maint</i>   |

| JOB ORDER NO | DATE COMPLETED | COST | DESCRIPTION   |
|--------------|----------------|------|---|
| 2066         | 2-28-86        | 889  | Remove (9) WINDOW A/C UNITS From Bldg 120X. INSTALL (10) NEW 014, 422 |
| 3557         | Comp           | 9275 | DeWinterize central A/C.  |
| 4398         | 10-9-86        | 1499 | Rep Asphalt surface + surrounding GRASS AREA                          |
| 83-95        |                | 525  | Install Outlets - see FURGED 99                                       |
| 4922         | 3-15-94        | 8209 | RPLC 7 EA A/C CONDENSING UNITS  |
| 1058         | 2-17-95        | 4591 | Construct office space / Purged 10/6/98 gr                            |
| 4578         |                | 2980 | Remove light fixtures, Rep walls & Ceiling Rep jic.                   |

BLDG CLASS 2 PROPERTY RECORD  
 (004) UIC..M67001 (001) PR NO.....2-04099  
 MCB CAMP LEJEUNE NC (005) FACILITY NO..422  
 (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.100

GENERAL INFORMATION  
 (007) ACTION.....CAP-IMPROV  
 (008) FAM HOUSING....NO  
 (009) EE DATE.....15 OCT 81  
 (011) PR REVIEW DATE.15 OCT 81  
 (010) FACILITY NAME..  
 BEQ E1-E4

ACQUISITION  
 (201) ESTATE.....13 OTHER MIL FUND  
 (202) ACQ CONTRACT...NOY4750  
 (203) ACQ DATE.....01 AUG 42  
 (204) GOVT COST..... \$183,955  
 (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 (404) ABMP CODE.....  
 (402) CONSTRUCTION TYPE..PERMANENT (409) PROJECT NO.....  
 (403) YEAR IMPROVED..... (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).....1,624.00 | (519)    | (520) | (525)A30 B10 B26 |
| INAD(521)              | (522)    | (523) | (526)            |
| TOTAL                  | 1,624.00 |       |                  |

|          |          |       |       |
|----------|----------|-------|-------|
| INAD(51) | (525)    | (523) | (526) |
| TOTAL    | 1,624.00 |       |       |

|                |                |       |                  |
|----------------|----------------|-------|------------------|
| 28ST(518)..... | 1,624.00 (519) | (520) | (525)A30 B10 B5A |
| ADEQ(515)      | (516)          | (517) | (524)            |

(510) USER UIC.....M67001.....MCR CAMP LEJUNE NC  
 (505) CATEGORY CODE...61073  
 (501) USE...COMPANY BATTERY HG (MARGDR)  
 (701) MAINT UIC..M67001 (705) PRIME USE...75111 (703) MFC...4 USMC

(403) YEAR IMPROVED.....  
 (402) CONSTRUCTION TYPE..PERMANENT  
 (401) YEAR BUILT.....1945  
 (410) HISTORIC IND...  
 (409) PROJECT NO.....  
 (404) ABMP CODE.....

(307) IRREGULAR... YES  
 (305) STORIES... 05  
 (308) AREA UM...  
 (304) AREA..... 26,605 SF  
 (303) HEIGHT... 24 FT  
 (302) WIDTH... 145 FT  
 (301) LENGTH... 127 FT

(107) MAP GRID..10D  
 (105) AC.....05  
 (104) CITY.....0732 CAMP LEJUNE  
 (103) COUNTY...133 ONSLOW  
 (102) STATE...37 NORTH CAROLINA  
 (101) COUNTRY..02 UNITED STATES

(107) MAP GRID..10D  
 (105) AC.....05  
 (104) CITY.....0732 CAMP LEJUNE  
 (103) COUNTY...133 ONSLOW  
 (102) STATE...37 NORTH CAROLINA  
 (101) COUNTRY..02 UNITED STATES

(004) UIC..M67001  
 MCR CAMP LEJUNE NC  
 (106) SPEC AREA...DA  
 (105) FACILITY NC..455  
 (100) PR NO.....2-04099

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.....2-04099  
(005) FACILITY NO..422  
(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)..... | 24,978.00 | (519)..... | 164.00 | (520) (525)A30 B10 B26 |
| INAD(521)      | (522)     | (523)      | (526)  |                        |
| TOTAL          | 24,978.00 | 164.00     |        |                        |

BLDC

CLASS 2 PROPERTY RECORD

(C-O-N-T-I-N-U-A-T-I-C-N)

(004) UIC..M67001  
 (005) FACILITY NO..422  
 (100) SPEC AREA...DA  
 HADNOT POINT  
 (001) PR NO.....S-04099

MCB CAMP LEJUNE NC

(202) CATEGORY CODE...75111 (201) USE..DEPH EIVE4

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

DEF CODES

ALTA

OTHERVBN\*

AREASR

(224)

(217)

(216)

ADBD(212)

(225)A30 B10 B56

28T(218).....24,978.00 (219).....164.00 (220)

(226)

(223)

(222)

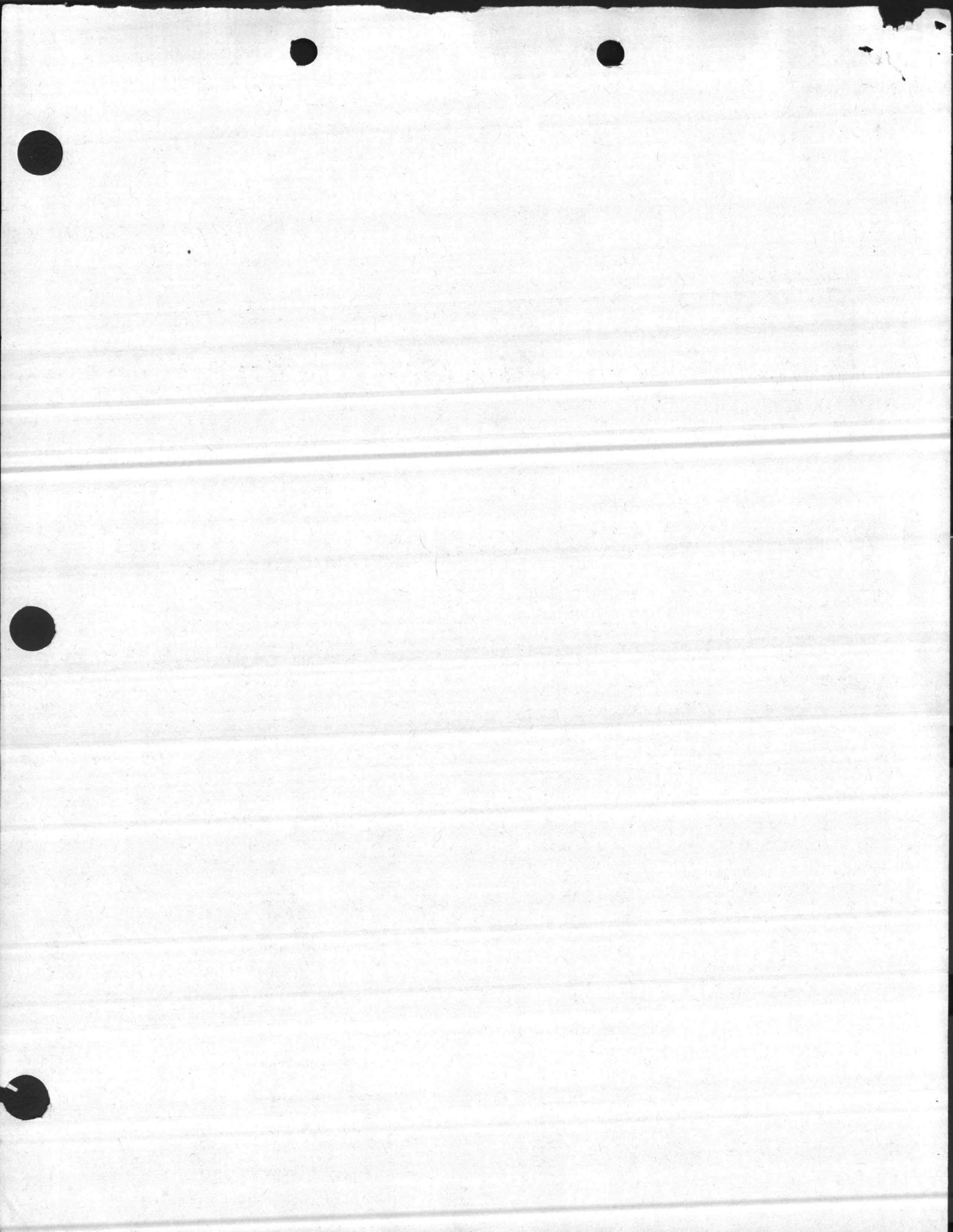
IND(221)

164.00

24,978.00

TOTAL





Work Order Ticket

ROUTINE SERVICE

Shop: 20

Work Order: 03-2310
POC: GYSGT ZICKEFOOSE
Phone: 451-2996
Entered By: LUMLEYRL

Status: WOPS
Report Date: 03-OCT-2002 08:35 AM
Respond By: 17-OCT-2002 08:35 AM
Target Comp Date:

Service Requested: THE CEILING PLASTER IS FALLING AND NEEDS IMMEDIATE ATTENTION
No additional information available.

Building/Location: 422 Bldg Descrip: DIV ANNEX
Equipment #: Equip Descrip:
Actual Location: ECHO COMPANY OFFICE
PM #: Job Plan #:

Assigned To: PARKERML Supervisor: SHOEMAKERGL Craft:

FINANCIAL INFORMATION

For ISD Use Only

For SSC Use Only

JON: CLM1



AD323CLM12320T



03-2310



2310

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

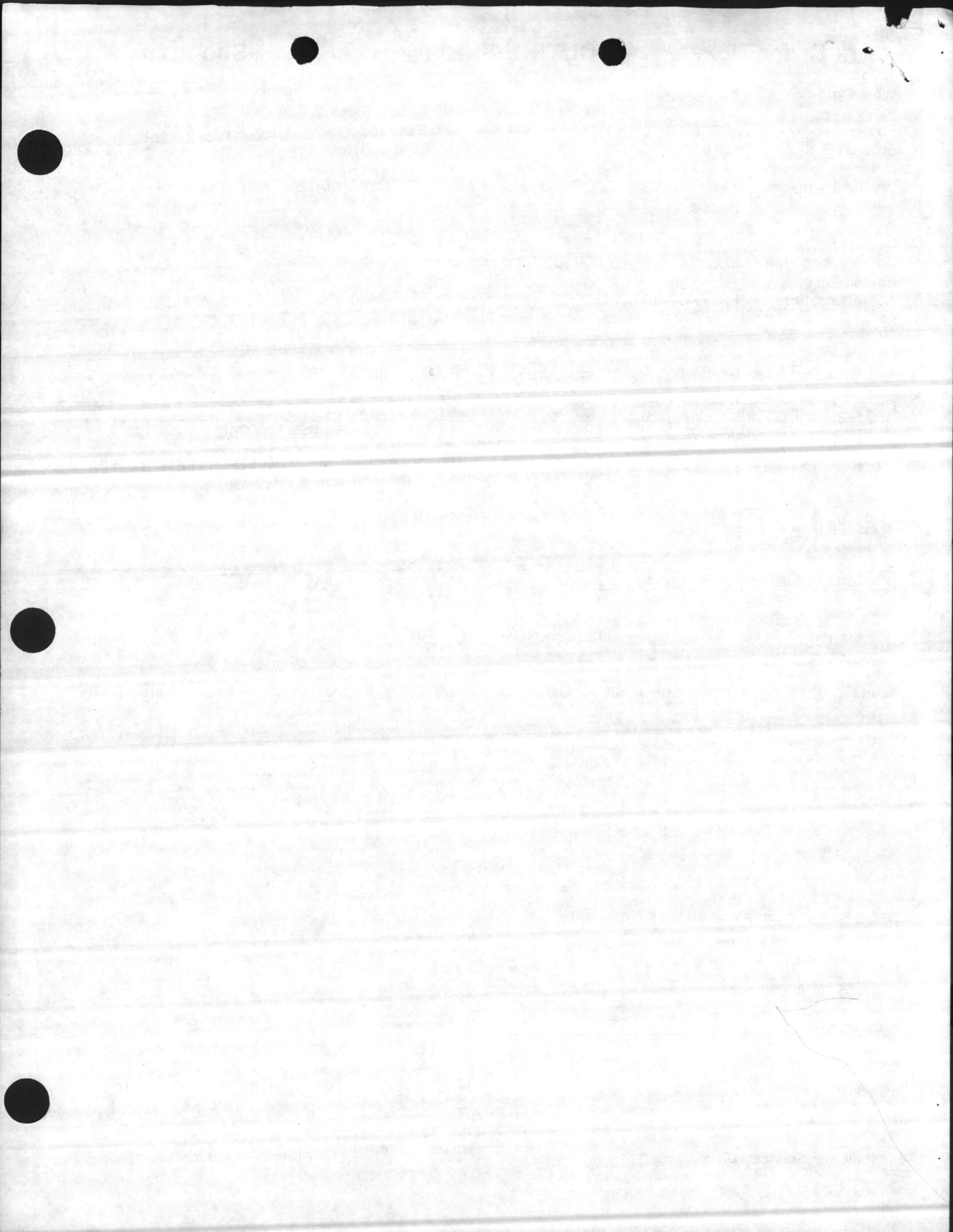
Job Started: Job Completed: Units:

Table with 13 columns: Name, Date, Start1, Stop1, Date, Start2, Stop2, Date, Start3, Stop3, Date, Start4, Stop4. The table is currently empty.

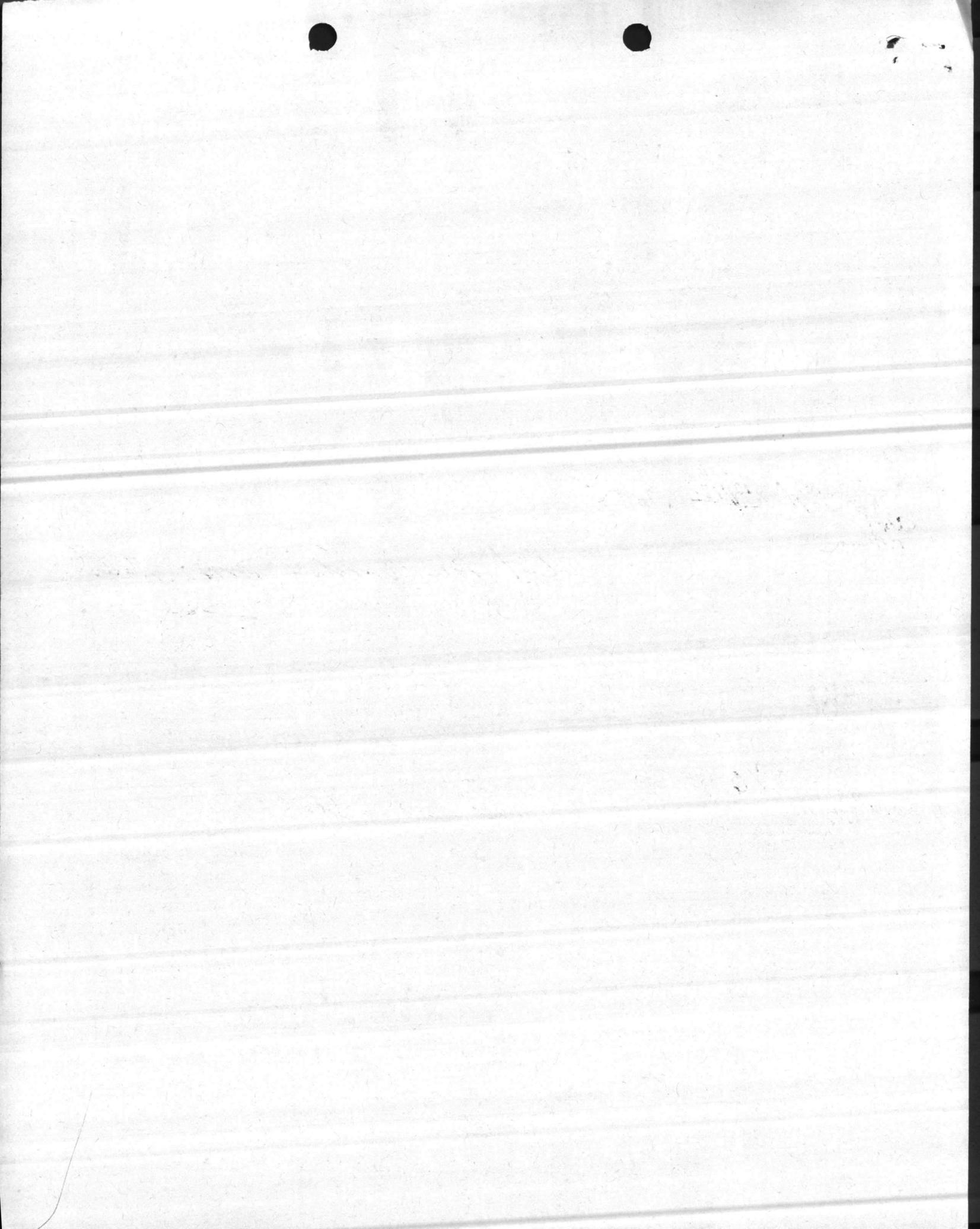
Work Remarks (continue on back if needed):

Customer Acceptance:

Signature: Date:







WORK REQUEST (MAINTENANCE MANAGEMENT)  
 NAVFAC 9-11014/20 REV. 2-68) S/N 0105-LF-002-751  
 Supercedes NAVDOCKS 2351

(PW DEPARTMENT SEE INSTRUCTIONS)  
 (in NAVFAC MO-321)

2002 OCT 16 PM 3 34

2D MARINE DIVISION WORK REQUEST  
 PUBLIC WORKS DIVISION  
 (Requester see Instructions on Reverse)  
 PART I- REQUEST (Filled out by Requestor)  
 WORK RECEPTION

|   |  |                                     |  |
|---|--|-------------------------------------|--|
| 1. FROM<br>Commanding Officer, 2d Battalion, 6th Marines  |  | 2. REQUEST NO.<br>D011-078-02       |  |
| 3. TO<br>Commanding General, MCB(Attn:BMO)  |  | 4. DATE OF REQUEST<br>16-Oct-02     |  |
| 5. REQUEST FOR<br>COST ESTIMATE   |  | 5a. REQUEST WORK START<br>EMERGENCY |  |
| 6. FOR FURTHER INFORMATION CALL<br>LCPL MARTINEZ@451-3798/3885  |  | 7. SKETCH/PLAN ATTACHED<br>YES NO x |  |
| 8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)<br>LOCATION : BLG 422, S-1 SHOP, MAILROOM |  |                                     |  |

DESCRIPTION : Need metal bars put on outside of mailroom windows.

JUSTIFICATION : As per MCO P5110.6B

NOTE:

*Review*  
 Division Facilities OCT 16 2002  
 Date in \_\_\_\_\_  
 Date on \_\_\_\_\_  
 Ker B. C. G. J.

03-7790

|                     |   |
|---------------------|---|
| 9. FUNDS CHARGEABLE | 10. SIGNATURE (Requesting Official)<br>Sgt. Zachary R. Dona |
|---------------------|---|

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                   | \$ | 15.                      |          |
| c. Overhead and/ or Surcharge | \$ |                          |          |
| d. Equipment Rental/Usage     | \$ |                          |          |
| e. Contingency                | \$ | (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) | 20. WORK REQUESTED |
| 21. SIGNATURE  | 22. DATE           |

(See Part iv on Reverse Side)

34 3 PM 18 OCT 2002

WORK RECEPTION  
PUBLIC WORKS DIV

*Handwritten:* 172 252 X

*Handwritten:* 172 252 X

Estimate Information

Project FABRICATE AND INSTALL SECURITY SCREEN OVER WINDOW TO MAIL ROOM.

Labor Rate Table 2000 RS Means Base Rates

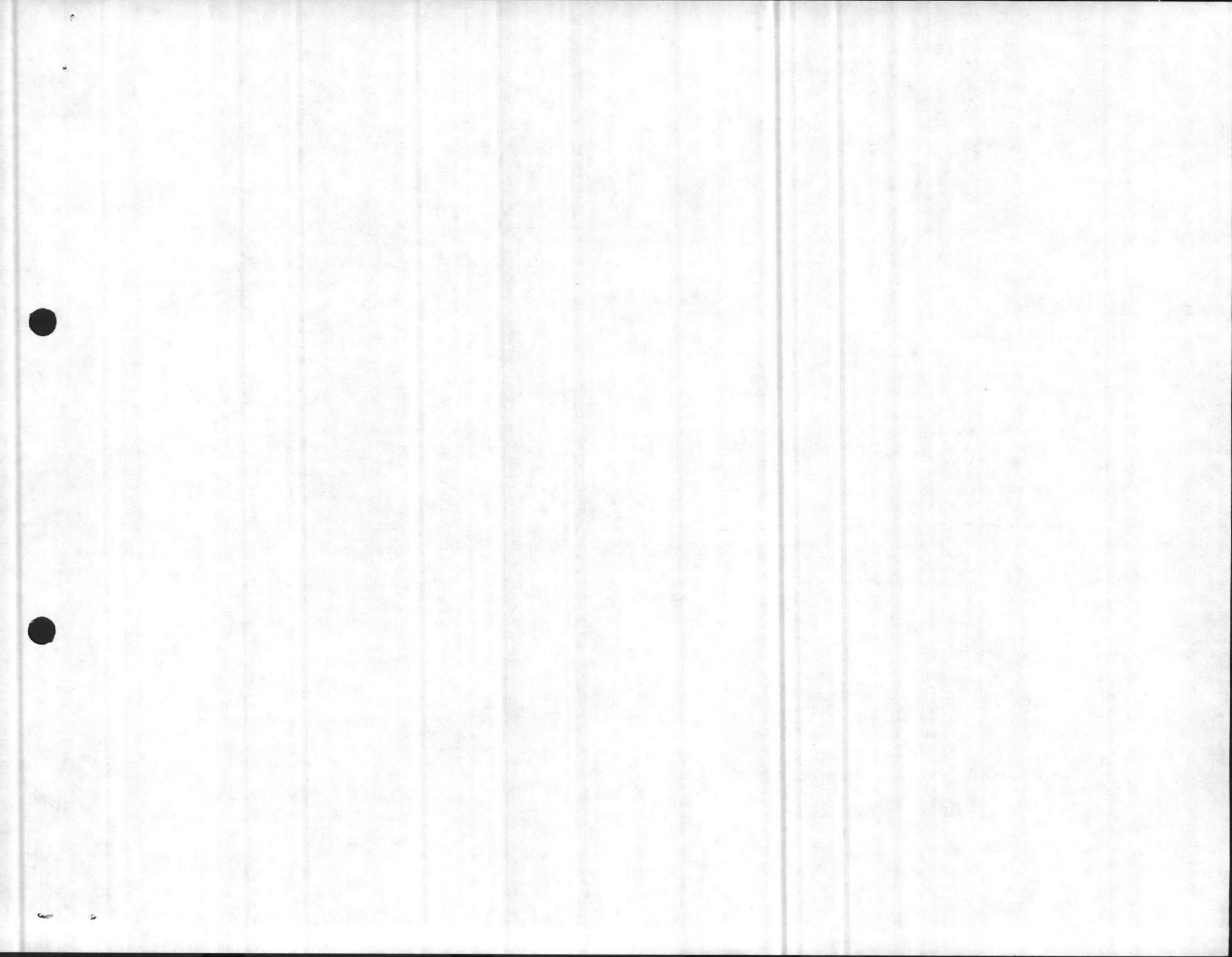
Equipment Rate Table 2000 RS Means Equipment Rates

Client COMMANDING OFFICER 1ST BN. 6TH MARINES

Address BLDG# 422

REQ# D017 REQ# 078-02

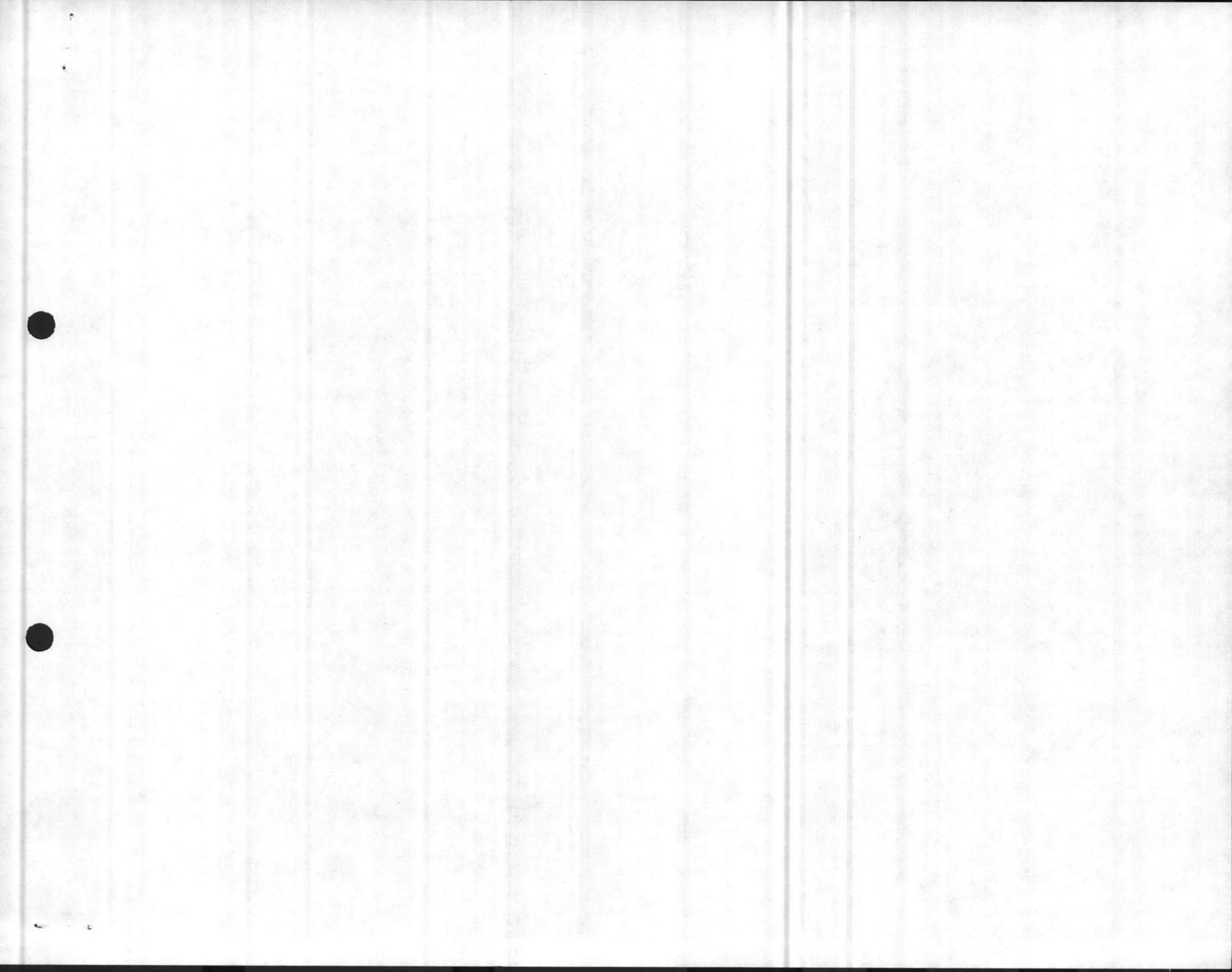
MAXIMO# 03-7790 POC LCPL. MARTINEZ 451-3798



(none)

| CSI              | Item Description   | Quan | Unit | Labor | Materials | Subs | Equipment | Other | Total |
|------------------|--|------|------|-------|-----------|------|-----------|-------|-------|
| <b>05 Metals</b> |  |      |      |       |           |      |           |       |       |
| 05580900         | Window guards expanded metal, steel angle frame, permanent | 15   | sqft | 44    | 215       |      | 29        |       | 288   |
| Metals Total     |  |      |      | 44    | 215       |      | 29        |       | 288   |

|         |                             |     |
|---------|-----------------------------|-----|
|         | Net Costs Subtotal          | 288 |
| 6.50 %  | SALES TAX 6.5% OF MATERIALS | 14  |
| 18.00 % | URANCE 18% OF LABOR         | 8   |
| 15.00 % | CONTRACTOR ADMIN/OVERHEAD   | 43  |
| 10.00 % | CONTRACTOR PROFIT 10%       | 26  |
| 1.00 %  | CONTRACTOR BOND             | 3   |
|         | Total Estimate              | 382 |

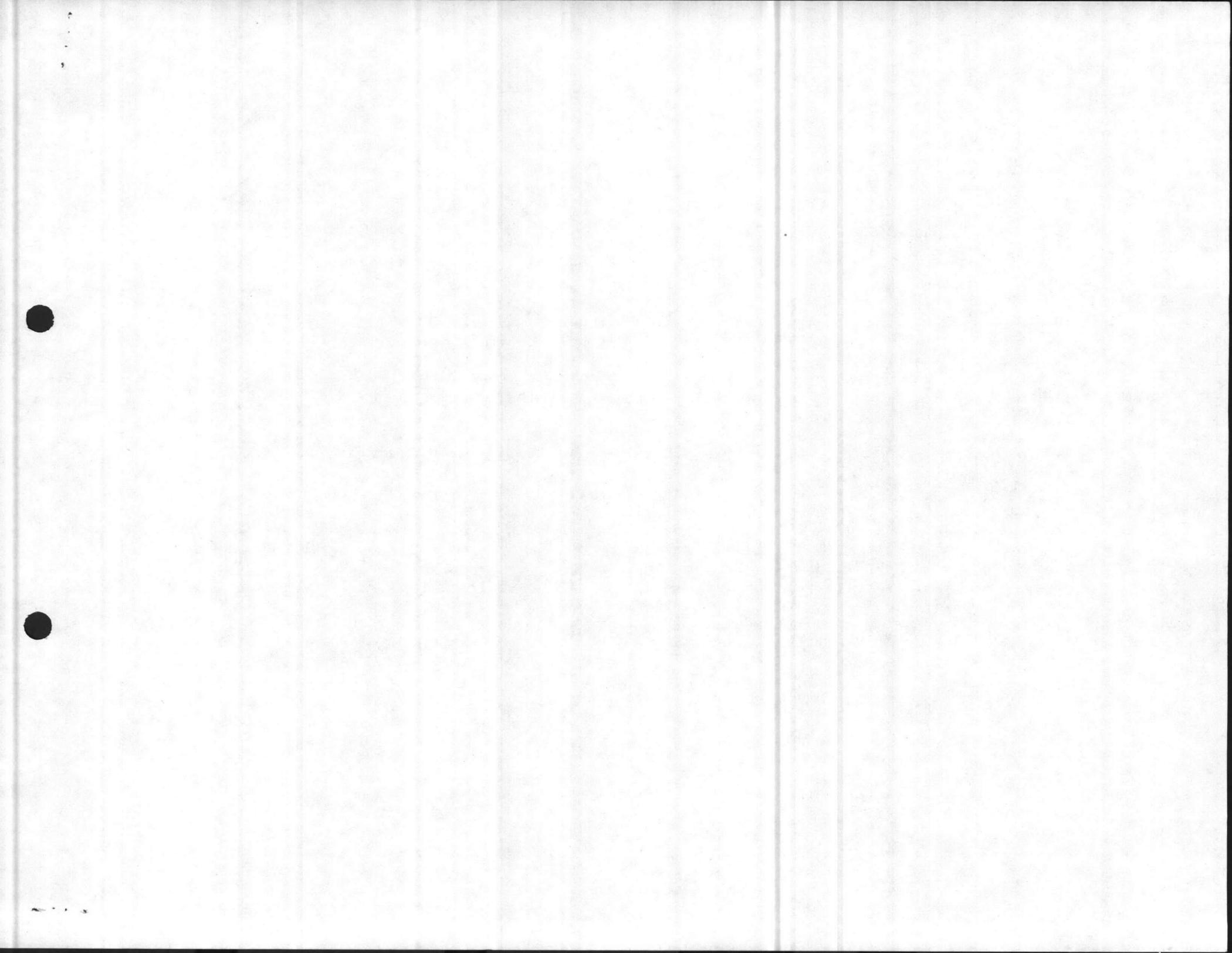


(none)

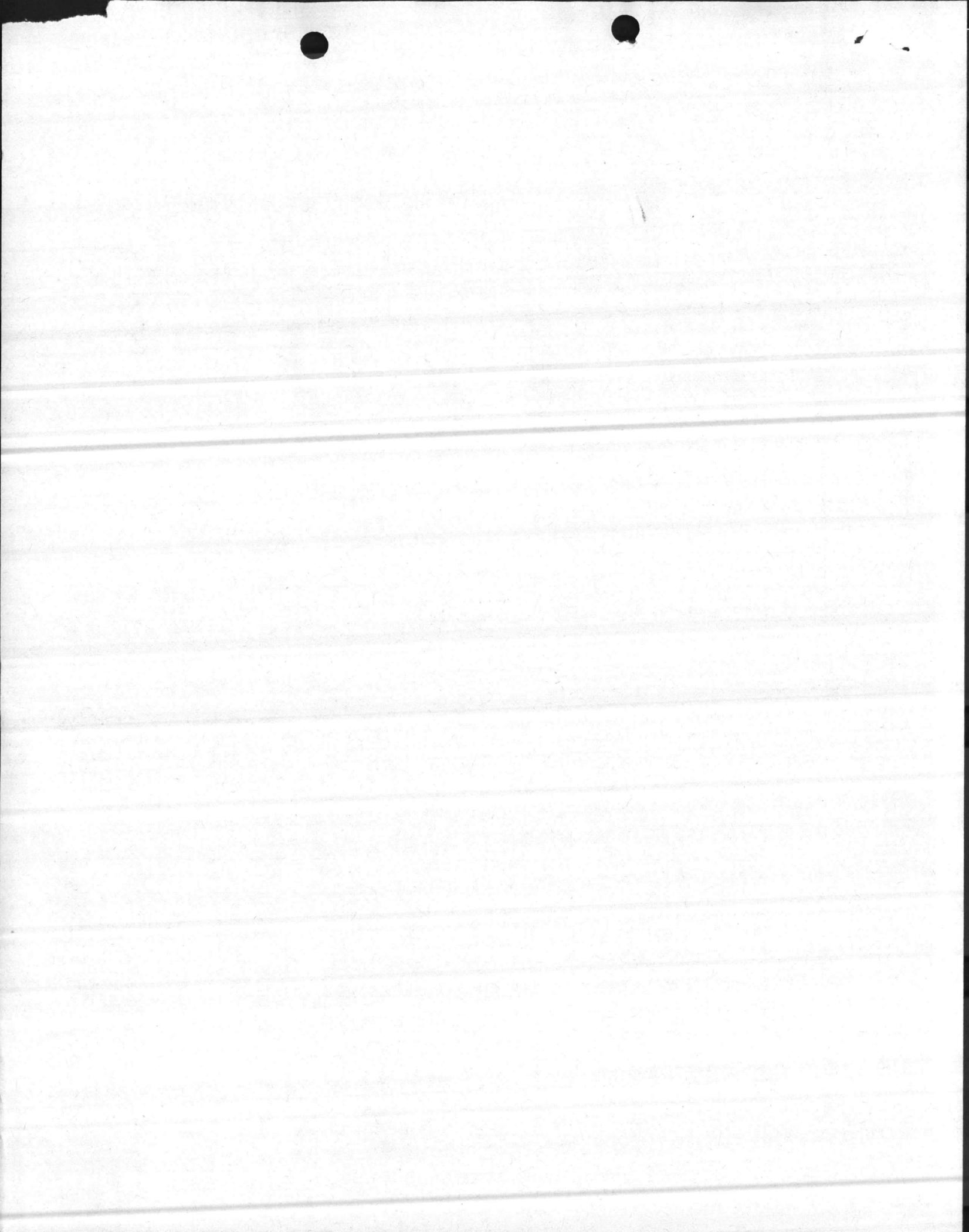
3

| CSI Division     | Labor     | Material   | Subs | Equip     | Other | User | Total      |
|------------------|-----------|------------|------|-----------|-------|------|------------|
| <b>05 Metals</b> | <b>44</b> | <b>215</b> |      | <b>29</b> |       |      | <b>288</b> |
| Grand Total      | 44        | 215        |      | 29        |       |      | 288        |

|         |                              |     |
|---------|------------------------------|-----|
|         | Net Costs Subtotal           | 288 |
| 6.50 %  | SALES TAX 6.5% OF MATERIALS  | 14  |
| 18.00 % | TAXES/INSURANCE 18% OF LABOR | 8   |
| 15.00 % | CONTRACTOR ADMIN/OVERHEAD    | 43  |
| 10.00 % | CONTRACTOR PROFIT 10%        | 26  |
| 1.00 %  | CONTRACTOR BOND              | 3   |
|         | Total Estimate               | 382 |







**2D MARINE DIVISION WORK REQUEST**

Requestor see Instructions on Reverse

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

|  |   |
|--|---|
| 1. FROM<br><b>Commanding Officer, 2ND BATTALION 6TH MARINES</b>  | 2. REQUEST NO.<br><b>D011-118-02</b>  |
| 3. TO<br><b>COMMANDING GENERAL MCB, (ATTN, BMO)</b>  | 4. DATE OF REQUEST<br><b>6-Dec-02</b>   |
| 5. REQUEST FOR<br><input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK | 5a. REQUEST WORK START<br><b>IMMEDIATE</b>  |
| 6. FOR FURTHER INFORMATION CALL<br><b>Sgt Blank@450-8564</b>   | 7. SKETCH/PLAN ATTACHED<br>YES <input type="checkbox"/> <input checked="" type="checkbox"/> |

8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)  
**LOCATION : BLDG 422 BAS**

**DESCRIPTION : SCREEN NEEDS TO BE REPLACED ON HATCH**

*REVIEW*

JUSTIFICATION: COMFORT OF WORKING SPACE

in the Department  
 Division, Facilities  
 Date in **DEC 11 2002**  
 Date of  
 [Signature] CAPT, USMC

*03-28129*

|                     |   |
|---------------------|---|
| 9. FUNDS CHARGEABLE | 10. SIGNATURE (Requesting Official)<br><b>LCpl SHANE D KENYON</b> |
|---------------------|---|

**PART II--COST ESTIMATE**

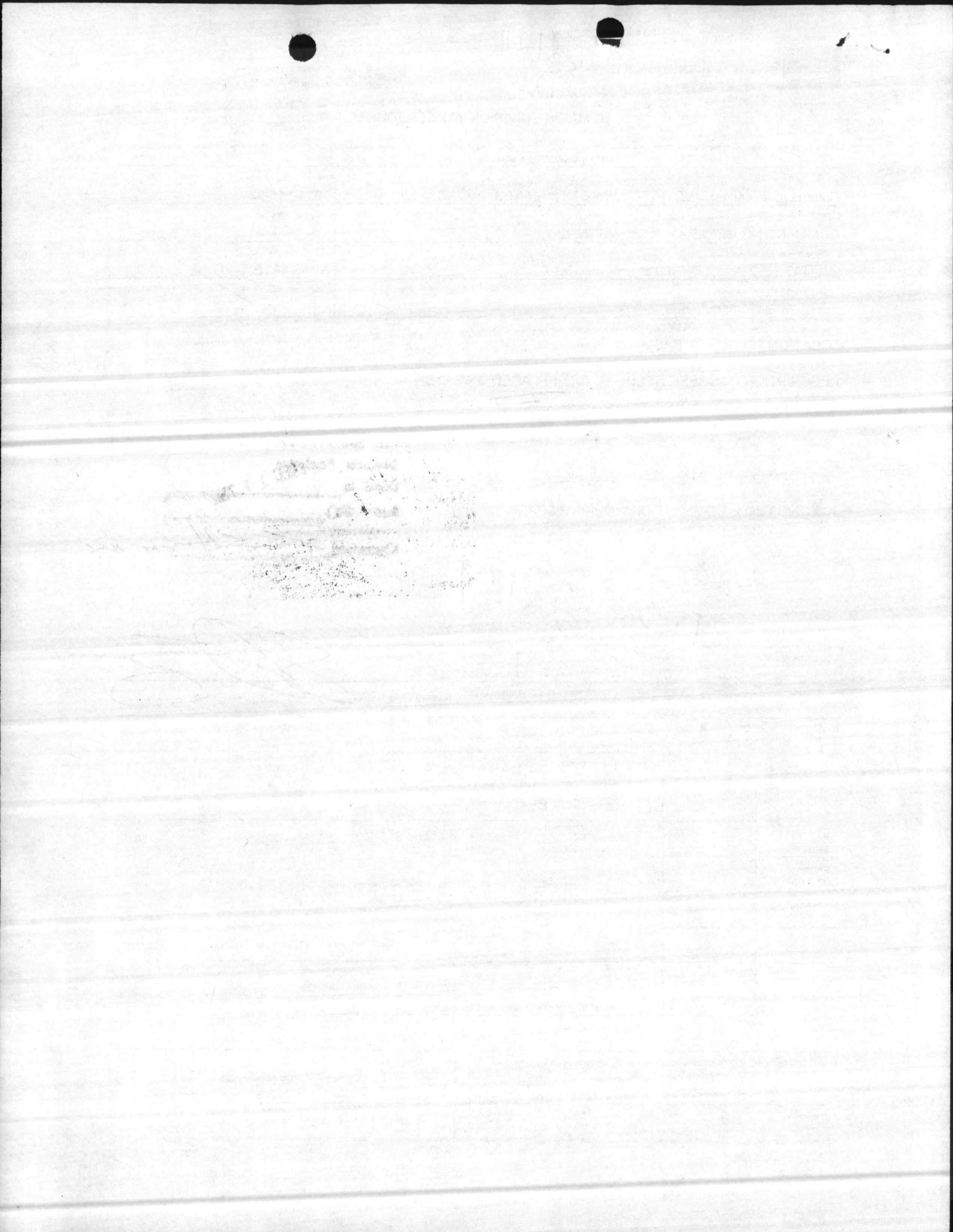
(Filled out by Maintenance Control Division if estimate requested)

|                                  |   |
|----------------------------------|---|
| 11. TO:                          | 12. ESTIMATE NO.  |
| 13. COST ESTIMATE                | 14. SKETCH/PLAN ATTACHED  |
| a. Labor \$                      | YES NO  |
| b. Material \$                   | 15. APPROVED. PROGRAMMING TO START IN   |
| c. Overhead and/ or Surcharge \$ | APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE                          |
| d. Equipment Rental/Usage \$     | PROGRAMMED TO START IN IF AUTHORIZED BY 25TH OF AND FUNDS ARE MADE AVAILABLE. |
| e. Contingency \$                | 16. SIGNATURE   |
| f. TOTAL \$                      | 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)<br>NAVCOMPT 140 OTHER | 20. WORK REQUESTED<br>HAS BEEN HAS B BEEN WILL BE PERFORMED<br>CANCELED DEFERRED BY OTHERS |
| 21. SIGNATURE | 22. DATE   |  |

(See Part IV on Reverse Side)



021211  
 1120

**2D MARINE DIVISION WORK REQUEST**

Requestor see Instructions on Reverse

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

|  |  |   |
|--|--|---|
| 1. FROM<br><b>Commanding Officer, 2ND BATTALION 6TH MARINES</b>  |  | 2. REQUEST NO.<br><b>D011-116-02</b>  |
| 3. TO<br><b>COMMANDING GENERAL MCB, (ATTN, BMO)</b>  |  | 4. DATE OF REQUEST<br><b>6-Dec-02</b>   |
| 5. REQUEST FOR<br><input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK |  | 5a. REQUEST WORK START<br><b>IMMEDIATE</b>  |
| 6. FOR FURTHER INFORMATION CALL<br><b>LCpl Tinker@450-8553</b>   |  | 7. SKETCH/PLAN ATTACHED<br>YES <input type="checkbox"/> <input checked="" type="checkbox"/> |

8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)  
**LOCATION : BLDG 422 FOX COMPANY OFFICE**

**DESCRIPTION : DOOR LOCK STICKS AND WON'T LOCK PROPERLY**

**Key Code (422 RM 100)**  
 45

JUSTIFICATION: SECURITY OF THE COMPANY OFFICE

Division Facilities  
 Date in **DEC 7 2002**  
 Date of  
 Signature  
**CAPT, USMC**

|                     |   |
|---------------------|---|
| 9. FUNDS CHARGEABLE | 10. SIGNATURE (Requesting Official)<br><b>LCpl SHANE D KENYON</b> |
|---------------------|---|

**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 Surcharge | \$ | 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. TOTAL                      | \$ | ARE MADE AVAILABLE.                                  |
| 16. SIGNATURE                 |    | 17. DATE   |

03-27892

**PART III--ACTION (Filled out by Requestor)**

|  |  |  |
|--|--|--|
| 18. TO:  |  |  |
| 19. AUTHORIZATION TO PROCEED IS ATTACHED (Check one if other than PW funds are involved)<br>NAVCOMPT 140 OTHER |  | 20. WORK REQUESTED<br>HAS BEEN HAS B BEEN WILL BE PERFORMED<br>CANCELED DEFERRED BY OTHERS |
| 21. SIGNATURE  |  | 22. DATE   |

(See Part IV on Reverse Side)



WILSON (W.D. B.M. 1901)



021211  
1120

2D MARINE DIVISION WORK REQUEST

Requestor see Instructions on Reverse

PART I--REQUEST (Filled out by Requestor)

|  |   |
|--|---|
| 1. FROM<br><b>Commanding Officer, 2ND BATTALION 6TH MARINES</b>  | 2. REQUEST NO.<br><b>D011-119-02</b>  |
| 3. TO<br><b>COMMANDING GENERAL MCB, (ATTN, BMO)</b>  | 4. DATE OF REQUEST<br><b>6-Dec-02</b>   |
| 5. REQUEST FOR<br><input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK | 5a. REQUEST WORK START<br><b>IMMEDIATE</b>  |
| 6. FOR FURTHER INFORMATION CALL<br><b>Cpl Hudar@450-8533</b>   | 7. SKETCH/PLAN ATTACHED<br>YES <input type="checkbox"/> <input checked="" type="checkbox"/> |

8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)  
**LOCATION : BLDG 422 ECHO COMPANY OFFICE**

DESCRIPTION : LOCK NEEDS TO BE REPLACED ON HATCH **CO'S Hatch Indoors 45**

JUSTIFICATION: SECURITY OF COMPANY OFFICE AND GEAR

1. CH. Endorsement  
Division, Function  
Date in **DEC 1**  
Date of **2002**  
**[Signature]**  
[Signature], USMC

|                     |   |
|---------------------|---|
| 9. FUNDS CHARGEABLE | 10. SIGNATURE (Requesting Official)<br><b>LCpl SHANE D KENYON</b> |
|---------------------|---|

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 \$                   | 15. APPROVED. PROGRAMMING TO START IN                |
| c. Overhead and/ or Surcharge \$ | 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. TOTAL \$                      | ARE MADE AVAILABLE.                                  |
|                                  | 16. SIGNATURE  |
|                                  | 17. DATE   |

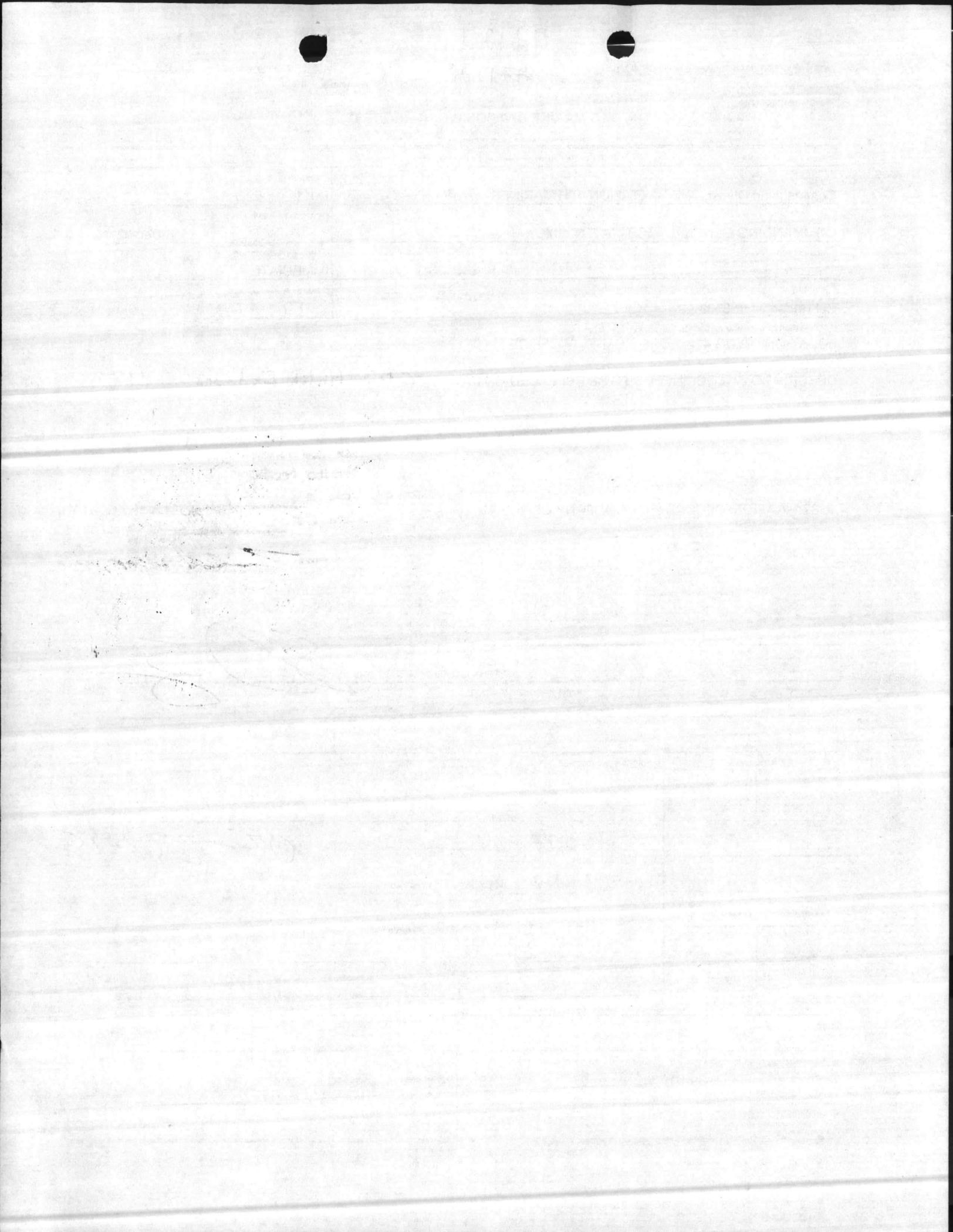
03-27895

PART III--ACTION (Filled out by Requestor)

|               |  |  |
|---------------|--|--|
| 18. TO:       | 19. AUTHORIZATION TO PROCEED IS ATTACHED (Check one if other than PW funds are involved)<br>NAVCOMPT 140 OTHER | 20. WORK REQUESTED<br>HAS BEEN HAS B BEEN WILL BE PERFORMED<br>CANCELED DEFERRED BY OTHERS |
| 21. SIGNATURE | 22. DATE   |  |

(See Part IV on Reverse Side)

PANTRY



2D MARINE DIVISION WORK REQUEST

Requestor see Instructions on Reverse

PART I --REQUEST (Filled out by Requestor)

|  |   |
|--|---|
| 1. FROM<br>Commanding Officer, 2ND BATTALION 6TH MARINES   | 2. REQUEST NO.<br>D011-127-02   |
| 3. TO<br>COMMANDING GENERAL MCB, (ATTN, BMO)   | 4. DATE OF REQUEST<br>11-Dec-02   |
| 5. REQUEST FOR<br><input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK | 5a. REQUEST WORK START<br>IMMEDIATE   |
| 6. FOR FURTHER INFORMATION CALL<br>Sgt Blank@450-8564  | 7. SKETCH/PLAN ATTACHED<br>YES <input type="checkbox"/> <input checked="" type="checkbox"/> |

8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)  
 LOCATION : BLDG 422 , REAR ENTRANCE LEFT SIDE

DESCRIPTION : DOOR WILL NOT LOCK

47

JUSTIFICATION: SECURITY OF BATALLION PERSONEL AND PROPERTY

231 2007 01 11 09:20 AM  
 Division Facilities  
 Date In DEC 11 2002  
 Date Out  
 [Signature]

|                     |  |
|---------------------|--|
| 9. FUNDS CHARGEABLE | 10. SIGNATURE (Requesting Official)<br>LCpl SHANE D KENYON |
|---------------------|--|

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 Surcharge \$ | APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE                            |
| d. Equipment Rental/Usage \$    | PROGRAMMED TO START IN . IF AUTHORIZED BY 25TH OF AND FUNDS ARE MADE AVAILABLE. |
| e. Contingency \$               | DISAPPROVED. (See Reverse Side)   |
| f. TOTAL \$                     | 16. SIGNATURE 17. DATE  |

03-27295

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)<br>NAVCOMPT 140 OTHER | HAS BEEN HAS B BEEN WILL BE PERFORMED<br>CANCELED DEFERRED BY OTHERS |
| 21. SIGNATURE  | 22. DATE   |

(See Part iv on Reverse Side)

1930

6)



Handwritten text at the top center, possibly a date or page number, appearing as "1/20/20" or similar.

Nov 5 02  
1609

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

(PW DEPARTMENT SEE INSTRUCTIONS)  
(in NAVFAC MO-321)

**2D MARINE DIVISION WORK REQUEST**

Requestor see Instructions on Reverse

| PART I --REQUEST (Filled out by Requestor)               |  | D011                                       |
|--|--|--|
| 1. FROM<br>Commanding Officer, 2d Battalion, 6th Marines |  | 2. REQUEST NO.<br>D011-095-02              |
| 3. TO<br>Commanding General, MCB(Attn:BMO)               |  | 4. DATE OF REQUEST<br>5-Nov-02             |
| 5. REQUEST FOR<br>PERFORMANCE OF WORK                    |  | 5a. REQUEST WORK START<br><b>EMERGENCY</b> |
| 6. FOR FURTHER INFORMATION CALL<br>SGT DONA@450-8582     |  | 7. SKETCH/PLAN ATTACHED<br>YES NO x        |

8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)  
LOCATION: Bldg 422, Battalion Conference Room outside hatch

DESCRIPTION : Need three keys made

AG59

45

NOV 05 2002  
Requestor  
Date  
Date of  
Signature  
Legal name

JUSTIFICATION : Access to Bn Commander, Bn XO and Bn Sgt Majors office

NOTE:

03-14567

|                     |   |
|---------------------|---|
| 9. FUNDS CHARGEABLE | 10. SIGNATURE (Requesting Official)<br>Sgt. Zachary R. Dona |
|---------------------|---|

**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<br>YES NO |
| a. Labor                      | \$ |                                    |
| b. Material                   | \$ |                                    |
| c. Overhead and/ or Surcharge | \$ |                                    |
| d. Equipment Rental/Usage     | \$ |                                    |
| e. Contingency                | \$ |                                    |
| f. TOTAL                      | \$ | 15. (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 |
| 21. SIGNATURE  | 22. DATE           |

(See Part iv on Reverse Side)

60-20-11

1931

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

(PW DEPARTMENT SEE INSTRUCTIONS)  
 (in NAVFAC MO-321)

**2D MARINE DIVISION WORK REQUEST**

*Requestor see Instructions on Reverse*

| PART I --REQUEST (Filled out by Requestor)  |  | D011                                       |
|---|--|--|
| 1. FROM<br>Commanding Officer, 2d Battalion, 6th Marines  |  | 2. REQUEST NO.<br>D011-091-02              |
| 3. TO<br>Commanding General, MCB(Attn:BMO)  |  | 4. DATE OF REQUEST<br>30-Oct-02            |
| 5. REQUEST FOR<br>PERFORMANCE OF WORK   |  | 5a. REQUEST WORK START<br><b>EMERGENCY</b> |
| 6. FOR FURTHER INFORMATION CALL<br>SGT DONA@450-8582  |  | 7. SKETCH/PLAN ATTACHED<br>YES NO x        |
| 8. DESCRIPTION OF WORK AND JUSTIFICATION <i>(Including location, type, size, quantity, etc.)</i><br>LOCATION: Blg. 422, Echo Co. Office |  |  |

DESCRIPTION : Lock broken on back hatch. Just spins when key is turned.

JUSTIFICATION : Security of serialized gear and equipment.

NOTE:

OCT 31 10:44

HRSC EAST

45

03-17198

*In End Of Instruction*  
 Division, Facilities  
 Date in OCT 31  
 Date on 20  
*[Signature]*

|                     |   |
|---------------------|---|
| 9. FUNDS CHARGEABLE | 10. SIGNATURE<br>Sgt. Zachary R. Dona<br><i>(Requesting Official)</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                         |
| a. Labor                      | \$ | YES NO   |
| b. Material                   | \$ | 15.<br><br><br><br><br><i>(See Reverse Side)</i> |
| 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 <i>(Check one if other than PW funds are involved)</i> | 20. WORK REQUESTED |
| 21. SIGNATURE   | 22. DATE           |

*(See Part iv on Reverse Side)*



19

1923 9/21

1923 10/10

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

(PW DEPARTMENT SEE INSTRUCTIONS)  
 (in NAVFAC MO-321)

**2D MARINE DIVISION WORK REQUEST**

Requestor see Instructions on Reverse

| PART I --REQUEST (Filled out by Requestor)                |  | D011   |
|---|--|--|
| 1. FROM<br>Commanding Officer, 2d Battalion, 6th Marines  |  | 2. REQUEST NO.<br>D011-090-02                |
| 3. TO<br>Commanding General, MCB(Attn:BMO)                |  | 4. DATE OF REQUEST<br>29-Oct-02              |
| 5. REQUEST FOR<br>PERFORMANCE OF WORK                     |  | 5a. REQUEST WORK START<br><b>IMMEDIATELY</b> |
| 6. FOR FURTHER INFORMATION CALL<br>SGT DONA@451-5022/3778 |  | 7. SKETCH/PLAN ATTACHED<br>YES NO x          |

8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)  
 LOCATION: Blg 422, Battalion Server Room

DESCRIPTION : Need old lock replaced with P4 lock

*Exchanged 45  
 But can't give key*

Division Facilities  
 Date in Oct 31  
 Date on Oct 31

JUSTIFICATION : Base Telephone needs 24/7 access to the server room

NOTE:

2002 OCT 31 10:44  
 HRSC EAST

*03-13298*

*[Handwritten Signature]*

|                     |   |
|---------------------|---|
| 9. FUNDS CHARGEABLE | 10. SIGNATURE (Requesting Official)<br>Sgt. Zachary R. Dona |
|---------------------|---|

**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 \$                   | 15.                      |
| c. Overhead and/ or Surcharge \$ |                          |
| d. Equipment Rental/Usage \$     |                          |
| e. Contingency \$                |                          |
| f. TOTAL \$                      |                          |
| 16. SIGNATURE (See Reverse Side) |                          |
| 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 |
| 21. SIGNATURE  | 22. DATE           |

(See Part iv on Reverse Side)



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

(PW DEPARTMENT SEE INSTRUCTIONS)  
 (in NAVFAC MO-321)

2002 OCT 23 PM 2 29

2D MARINE DIVISION WORK REQUEST

Requestor see Instructions on Reverse

| PART I --REQUEST (Filled out by Requestor)  |  | D011                                       |
|---|--|--|
| 1. FROM<br>Commanding Officer, 2d Battalion, 6th Marine Regiment  |  | 2. REQUEST NO.<br>D011-089-02              |
| 3. TO<br>Commanding General, MCB(Attn:BMO)  |  | 4. DATE OF REQUEST<br>29-Oct-02            |
| 5. REQUEST FOR<br>PERFORMANCE OF WORK   |  | 5a. REQUEST WORK START<br><b>EMERGENCY</b> |
| 6. FOR FURTHER INFORMATION CALL<br>SGT DONA@451-5022/3778   |  | 7. SKETCH/PLAN ATTACHED<br>YES NO x        |
| 8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)<br>LOCATION: Bldg 422, Intelligence shop(S-2) |  |  |

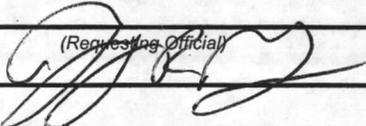
DESCRIPTION : Hatch combination doesn't not work and lock reset itself.

JUSTIFICATION : Battalion S-2 security

NOTE:

03-11757

Public Facilities  
 Date in  
 Date on  
 OCT 29 2002  


|                     |   |
|---------------------|---|
| 9. FUNDS CHARGEABLE | 10. SIGNATURE (Requesting Official)<br>Sgt. Zachary R. Dona  |
|---------------------|---|

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<br>YES NO |
| a. Labor                     | \$ |                                    |
| b. Material                  | \$ |                                    |
| c. Overhead and/or Surcharge | \$ |                                    |
| d. Equipment Rental/Usage    | \$ |                                    |
| e. Contingency               | \$ |                                    |
| f. TOTAL                     | \$ | 15. (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 |
| 21. SIGNATURE  | 22. DATE           |

(See Part iv on Reverse Side)

WORK RECEPTION  
PUBLIC WORKS DIV  
23 OCT 53 PM 2 53

03-11-53





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)

2002 OCT 23 PM 2 25

2D MARINE DIVISION WORK REQUEST

Requestor see Instructions on Reverse

| PART I --REQUEST (Filled out by Requestor)  |  | D011                                |
|---|--|-------------------------------------|
| 1. FROM<br>Commanding Officer, 2d Battalion, 4th Marines  | <b>PUBLIC WORKS DIV<br/>WORK RECEPTION</b> | 2. REQUEST NO.<br>D011-084-02       |
| 3. TO<br>Commanding General, MCB(Attn:BMO)  |  | 4. DATE OF REQUEST<br>24-Oct-02     |
| 5. REQUEST FOR<br>PERFORMANCE OF WORK   |  | 5a. REQUEST WORK START<br>Routine   |
| 6. FOR FURTHER INFORMATION CALL<br>SGT DONA@451-5022/3778   |  | 7. SKETCH/PLAN ATTACHED<br>YES NO x |
| 8. DESCRIPTION OF WORK AND JUSTIFICATION<br>LOCATION: Blg. 422, BAS, Parking Lot, Landings of ladderwells |  |                                     |

DESCRIPTION : Needs to be painted. Need (5)gallons of Battleship Grey, (5) gallons of white, and (5) gallons of red.

JUSTIFICATION : Appearance of buildings and gear.

NOTE:

03-11467

In Head of Section  
 Division Facilities  
 Date in OCT 28 2002  
 Date of  
 [Signature]

|                     |   |
|---------------------|---|
| 9. FUNDS CHARGEABLE | 10. SIGNATURE<br>Sgt. Zachary R. Dona<br><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<br>YES NO |
| a. Labor                      | \$ |                                    |
| b. Material                   | \$ |                                    |
| c. Overhead and/ or Surcharge | \$ |                                    |
| d. Equipment Rental/Usage     | \$ |                                    |
| e. Contingency                | \$ |                                    |
| f. TOTAL                      | \$ | 15. (See Reverse Side)             |
|                               |    | 16. SIGNATURE                      |
|                               |    | 17. DATE                           |

PART III--ACTION (Filled out by Requestor)

|   |                    |
|---|--------------------|
| 18. TO:   |                    |
| 19. AUTHORIZATION TO PROCEED IS ATTACHED<br>(Check one if other than PW funds are involved) | 20. WORK REQUESTED |
| 21. SIGNATURE   | 22. DATE           |

(See Part iv on Reverse Side)

25 3 PM 2 52

WORK RECEPTION  
PUBLIC WORKS DIV

WORK REQUEST (MAINTENANCE MANAGEMENT)

(PW DEPARTMENT SEE INSTRUCTIONS)

NAVFAC 9-11014/20 REV. 2-68) S/N 0105-1 F 002-7510

(in NAVFAC MO-321)

Supercedes NAVDOCK 18235

2002 OCT 23 PM 2 16

2D MARINE DIVISION WORK REQUEST

Requestor see Instructions on Reverse

PUBLIC WORKS DIV  
WORK RECEPTION

PART I--REQUEST (Filled out by Requestor)

D011

|   |                                     |
|---|-------------------------------------|
| 1. FROM<br>Commanding Officer, 2d Battalion, 6th Marines  | 2. REQUEST NO.<br>D011-082-02       |
| 3. TO<br>Commanding General, MCB(Attn:BMO)                | 4. DATE OF REQUEST<br>23-Oct-02     |
| 5. REQUEST FOR<br>PERFORMANCE OF WORK                     | 5a. REQUEST WORK START<br>EMERGENCY |
| 6. FOR FURTHER INFORMATION CALL<br>Sgt Dona@451-5022/3778 | 7. SKETCH/PLAN ATTACHED<br>YES NO x |

8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)  
LOCATION : Blg. 422/Conference room outside hatch

DESCRIPTION : Hatch does not properly secure

03-10477 45

1st Enforcement  
Division Facilities  
Date in OCT 24 2002  
Date of  
Ken B. [Signature]

JUSTIFICATION : Security of CP and all gear inside.

NOTE: THIS WORK REQUEST HAS BEEN SUBMITTED BY ME QUITE A FEW TIMES AND NEVER PROPERLY COMPLETED

|                     |   |
|---------------------|---|
| 9. FUNDS CHARGEABLE | 10. SIGNATURE (Requesting Official)<br>Sgt. Zachary R. Dona [Signature] |
|---------------------|---|

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 \$                   | 15. (See Reverse Side)   |
| 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 |
| 19. AUTHORIZATION TO PROCEED IS ATTACHED (Check one if other than PW funds are involved) | 21. SIGNATURE      |
| 22. DATE   |                    |

(See Part iv on Reverse Side)

2002 OCT 23 PM 2 16

WORK RECEPTION  
PUBLIC WORKS DIV

4/1



*[Faint, illegible handwritten text]*

MATERIAL RECEIVED

DATE

SIGNATURE

**COMPLETED**

*[Faint handwritten text]*

# CARBON PAPERS

**THIS DOCUMENT CONTAINS CARBON PAPERS**

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

1435 5 Sep 02

**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)**

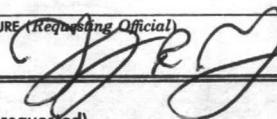
|  |  |  |
|--|--|--|
| 1. FROM<br>Commanding Officer, 20 Battalion, 6th Marines   |  | 2. REQUEST NO.<br>DØ11-035-02  |
| 3. TO<br>Commanding General MCB (ATTN: BMO)  |  | 4. DATE OF REQUEST<br>020905   |
| 5. REQUEST FOR<br><input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK |  | 5a. REQUEST WORK START<br>Immediate  |
| 6. FOR FURTHER INFORMATION CALL<br>Sgt Dona @ 451-5022   |  | 7. SKETCH/PLAN ATTACHED<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

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

Location: Bldg 422  
 Description: Self help items for patch work in Bn CP  
 Spackle: white 1 gal  
 Justification: Presentability of Bn CP

02-175154

501H  
Review

|                     |   |
|---------------------|---|
| 9. FUNDS CHARGEABLE | 10. SIGNATURE (Requesting Official)<br> ZACHARY R. DONA |
|---------------------|---|

**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<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |
| a. Labor                     | \$ | 15.<br><input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____<br><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.<br><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)<br><input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER |  | 20. WORK REQUESTED<br><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)



## CARBON PAPERS

THIS DOCUMENT CONTAINS CARBON PAPERS

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

1435 55, 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)**

|  |  |
|--|--|
| 1. FROM<br>Commanding Officer, 20 Battalion, 6th Marines   | 2. REQUEST NO.<br>0811-035-02  |
| 3. TO<br>Commanding General MCB (ATTN: BMD)  | 4. DATE OF REQUEST<br>020905   |
| 5. REQUEST FOR<br><input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK | 5a. REQUEST WORK START<br>Immediate  |
| 6. FOR FURTHER INFORMATION CALL<br>Sgt Dona @ 451-5022   | 7. SKETCH/PLAN ATTACHED<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

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

Location: Bldg 402

Description: Self help items for patch work in Bldg CP

Spackle: white 1 gal

Justification: Representability of Bldg CP

02-175154

Review

|                     |  |
|---------------------|--|
| 9. FUNDS CHARGEABLE | 10. SIGNATURE (Requesting Official)<br>ZACHARY R. DONA |
|---------------------|--|

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

|                                 |  |
|---------------------------------|--|
| 11. TO: 93                      | 12. ESTIMATE NO. MAXIMO  |
| 13. COST ESTIMATE               | 14. SKETCH/PLAN ATTACHED<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  |
| a. Labor \$                     | 15. <input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____<br><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.<br><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)<br><input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER | 20. WORK REQUESTED<br><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)



**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)

14-55 55:02

Requestor see Instructions on Reverse Side

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

|  |  |
|--|--|
| 1. FROM<br>Commanding Officer, 20 Battalion, 6th Marines   | 2. REQUEST NO.<br>D811-035-02  |
| 3. TO<br>Commanding General MCB (ATTN: BMD)  | 4. DATE OF REQUEST<br>020405   |
| 5. REQUEST FOR<br><input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK | 5a. REQUEST WORK START<br>Immediate  |
| 6. FOR FURTHER INFORMATION CALL<br>Sgt Dona @ 451-5022   | 7. SKETCH/PLAN ATTACHED<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

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

Location: Bldg 402

Description: Self help items for patch work in Div CP

Spackle: white 1 gal

Justification: Presentability of Bldg CP

02-175151

Review

|                     |  |
|---------------------|--|
| 9. FUNDS CHARGEABLE | 10. SIGNATURE (Requesting Official)<br>ZACHARY R. DONA |
|---------------------|--|

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

|                                 |  |
|---------------------------------|--|
| 11. TO: 73                      | 12. ESTIMATE NO. MAXIMO  |
| 13. COST ESTIMATE               | 14. SKETCH/PLAN ATTACHED<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  |
| a. Labor \$                     | 15. <input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____<br><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.<br><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)<br><input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER | 20. WORK REQUESTED<br><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)



# CARBON PAPERS

**THIS DOCUMENT CONTAINS CARBON PAPERS**

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

**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<br>Commanding Officer 20 Battalion 6th Marines   | 2. REQUEST NO.<br>DX11-035-02  |
| 3. TO<br>Commanding General MCB (ATTN BMD)   | 4. DATE OF REQUEST<br>020105   |
| 5. REQUEST FOR<br><input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK | 5a. REQUEST WORK START<br>Immediate  |
| 6. FOR FURTHER INFORMATION CALL<br>Sgt Dova (451-5022)   | 7. SKETCH/PLAN ATTACHED<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

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

Location: Bldg 402  
 Description: Self help items for patch work in DV CP  
 Spackle white 1 gal  
 Justification: Presentability of Bldg CP

|                     |  |
|---------------------|--|
| 9. FUNDS CHARGEABLE | 10. SIGNATURE (Requesting Official)<br>ZACHARY R. DOVA |
|---------------------|--|

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

|                                 |  |
|---------------------------------|--|
| 11. TO: 73 45 28                | 12. ESTIMATE NO.   |
| 13. COST ESTIMATE               | 14. SKETCH/PLAN ATTACHED<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  |
| a. Labor \$                     | 15. <input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____<br><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.<br><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)<br><input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER | 20. WORK REQUESTED<br><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)

## INSTRUCTIONS

### IF ESTIMATE IS DESIRED BEFORE WORK IS STARTED

Requestor fills in all items in Part I, checks "Cost Estimate" in item 5, attaches sketch or plan if necessary, and checks proper block in item 7. Requestor retains last copy and forwards balance to Public Works Department.

If the Work Request is approved, the original and first copy will be returned to the requestor with Part II completed. If the requestor desires the work to proceed in accordance with the estimate provided, he should fill in Part III, checking proper block in item 19 and attaching the document citing the funds to be used. If the requestor decides not to authorize the work, the appropriate box in item 20 should be checked. The original form, in either case, is returned to the Public Works Department.

If the Work Request is disapproved, the reasons for disapproval will be stated in Part IV, signed by the Public Works Officer, and the original and one copy returned to the requestor.

### IF ESTIMATE IS NOT DESIRED BEFORE WORK IS STARTED AND FUNDS ARE NOT UNDER COGNIZANCE OF PWO

Requestor fills in all items in Parts I and III except item 20, checks "Performance of Work" in item 5, attaches sketch or plan if necessary, checks proper block in item 7, checks proper block in item 19, and attaches document citing the funds to be used. Requestor retains last copy and forwards balance to Public Works Department.

If the Work Request is approved, the first copy will be returned to the requestor with items 11, 12, 15, 16, and 17 of Part II completed.

If the Work Request is disapproved, the reasons for disapproval will be stated in Part IV, signed by the Public Works Officer, and the original and one copy returned to requestor.

### IF ESTIMATE IS NOT DESIRED BEFORE WORK IS STARTED AND FUNDS ARE UNDER COGNIZANCE OF PWO

Requestor fills in all items in Part I, checks "Performance of Work" in item 5, attaches sketch or plan if necessary, and checks proper block in item 7. Requestor retains last copy and forwards balance to the Public Works Department.

If the Work Request is approved, the first copy will be returned to the requestor with items 11, 12, 15 as applicable, 16 and 17 of Part II completed.

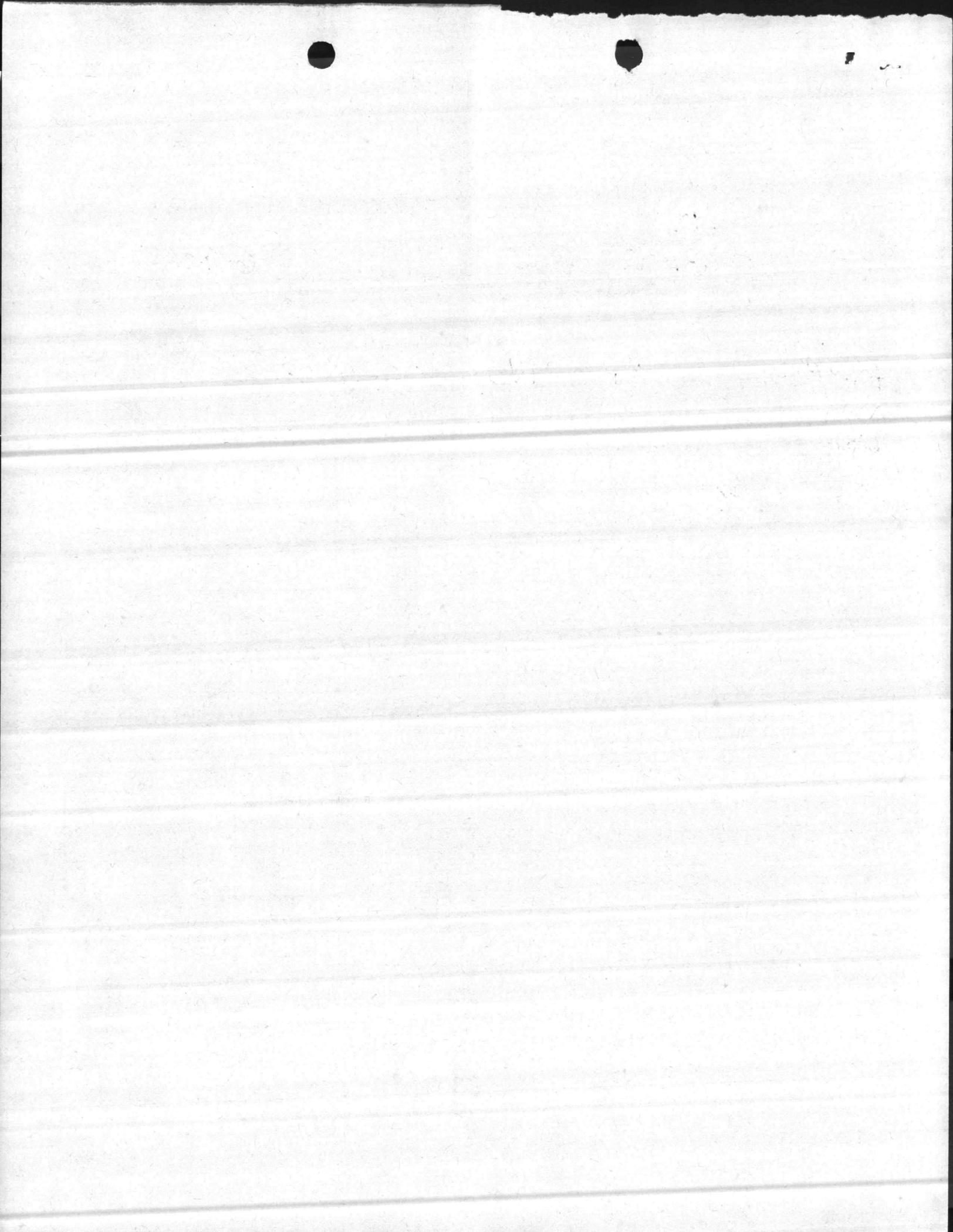
If the Work Request is disapproved, the reasons for disapproval will be stated in Part IV, signed by the Public Works Officer, and the original and one copy returned to requestor.

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## PART IV—REMARKS

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1900 020619

Requestor see instructions on Reverse Side

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

|  |   |  |
|--|---|--|
| 1. FROM COMMANDING OFFICER, 2D BATTALION, 6TH MARINES  |   | 2. REQUEST NO.<br>D011-031-02  |
| 3. TO COMMANDING GENERAL MCB, (ATTN: BMO)  |   | 4. DATE OF REQUEST<br>020619   |
| 5. REQUEST FOR<br><input type="checkbox"/> COST ESTIMATE   | <input checked="" type="checkbox"/> PERFORMANCE OF WORK | 5a. REQUEST WORK START<br>IMMEDIATE  |
| 6. FOR FURTHER INFORMATION CALL SSGT. CRILEY@451-3973  |   | 7. SKETCH/PLAN ATTACHED<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)<br>LOCATION: HP422 MAIN CONFERENCE ROOM, S-3/S-4 OFFICE, H & S COMPANY OFFICE<br><br>DESCRIPTION: CEILINGS ABOVE AIR CONDITIONING UNITS IN THESE SPACES ARE BADLY DAMAGED AND FALLING AWAY IN LARGE CHUNKS. PLASTER NEEDS TO BE PATCHED AND STRUCTURAL INTEGRITY OF A/C UNIT SUPPORTS CHECKED.<br><br>JUSTIFICATION: SAFETY HAZARD<br>Rev: [Signature] |   |  |
| 9. FUNDS CHARGEABLE  |   | 10. SIGNATURE (Requesting Official) SSGT CRILEY, BR<br>[Signature]                             |

1st Endorsement  
 Division Facilities  
 Date in JUN 19 2002  
 Date of [Signature]

02-146103

**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)<br><input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER | 20. WORK REQUESTED<br><input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> HAS BEEN DEFERRED <input type="checkbox"/> WILL BE PERFORMED BY OTHERS |
| 21. SIGNATURE | 22. DATE   |   |

INSTRUCTIONS

IF ESTIMATE IS DESIRED BEFORE WORK IS STARTED

Requestor fills in all items in Part I checks "Cost Estimate" in item 5, attaches sketch or plan if necessary, checks proper block in item 7. Requestor retains last copy and forwards balance to Public Works Department.

If the Work Request is approved, the original and first copy will be returned to the requestor with Part II completed. If the requestor desires the work to proceed in accordance with the estimate provided, he should fill in Part III, checking proper block in item 19 and attaching the document citing the funds to be used. If the requestor decides not to authorize the work, the appropriate box in item 20 should be checked. The original form, in either case, is returned to the Public Works Department.

If the Work Request is disapproved, the reasons for disapproval will be stated in Part IV, signed by the Public Works Officer, and the original and one copy returned to the requestor

IF ESTIMATE IS NOT DESIRED BEFORE WORK IS STARTED AND FUNDS ARE NOT UNDER COGNIZANCE OF PWO

Requestor fills in all items in Parts I and III except item 20, checks "Performance of Work" in item 5, attaches sketch or plan if necessary, checks proper block in item 7, checks proper block in item 19, and attaches document citing the funds to be used. Requestor retains last copy and forwards balance to Public Works Department.

If the Work Request is approved, the first copy will be returned to the requestor with items 11, 12, 15, 15/6, and 17 of Part II completed.

If the Work Request is disapproved, the reasons for disapproval will be stated in Part IV, signed by the Public Works Officer, and the original and one copy returned to requestor.

IF ESTIMATE IS NOT DESIRED BEFORE WORK IS STARTED AND FUNDS ARE UNDER COGNIZANCE OF PWO

Requestor fills in all items in Parts I, checks "Performance of Work" in item 5, attaches sketch or plan if necessary, checks proper block in item 7. Requestor retains last copy and forwards balance to the Public Works Department.

If the Work Request is approved, the first copy will be returned to the requestor with items 11, 12, 15 as applicable, 16 and 17 of Part II completed.

If the Work Request is disapproved, the reasons for disapproval will be stated in Part IV, signed by the Public Works Officer, and the original and one copy returned to requestor.

PART IIV---REMARKS

Conference Rm - CK for Leak - Roof

S3/S4 - ~~CK Drain Line - A/C Unit~~

~~Repr 1 SF Plaster Ceiling along A/C Trunk line~~

~~Paint Reg/Paint 100 SF Plaster ceiling~~

upstairs Hallway by Career planner - Repr/Rep/ADDC  
Access Hatch



COMPLETED

MATERIAL RECEIVED

PRINT NAME

SIGNATURE

020701  
 1034

Requestor see instructions on Reverse Side

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

|  |  |  |
|--|--|--|
| 1. FROM <b>COMMANDING OFFICER, 2D BATTALION, 6TH MARINES</b>   |  | 2. REQUEST NO.<br><b>D011-034-02</b>   |
| 3. TO <b>COMMANDING GENERAL MCB (ATTN: BMO)</b>  |  | 4. DATE OF REQUEST<br><b>020628</b>  |
| 5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK  |  | 5a. REQUEST WORK START<br><b>IMMEDIATE</b>   |
| 6. FOR FURTHER INFORMATION CALL <b>SSGT CRILEY@451-3973</b>  |  | 7. SKETCH/PLAN ATTACHED<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)<br>LOCATION: <b>HR 422</b><br>DESCRIPTION: <b>SELF-HELP ITEMS FOR MINOR PAINTING TO CP AREA.</b><br><b>2 AMERICAN VERMILION</b><br>PAINT: <b>5 GAL TRAFFIC YELLOW, 5 GAL TRAFFIC RED.</b><br>JUSTIFICATION: <b>REPAINT LINES IN PARKING LOT, REPAINT UNIT SIGNPOSTS AND ROPE BORDER POSTS.</b> |  |  |
| 9. FUNDS CHARGEABLE  |  | 10. SIGNATURE (Requesting Official) <b>SSGT CRILEY, BR</b><br><i>Brant Criley</i>              |

*Approved*  
 JUL 01 2002  
 Division Facilities  
 Date is \_\_\_\_\_  
 Site Of \_\_\_\_\_  
*T. Lewis*  
 2-21-02

**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 _____<br><input type="checkbox"/> APPROVED PROGRAMMING TO START IN _____<br>PROGRAMMING TO START IN _____, IF<br>AUTHORIZED BY 25TH OF _____ AND FUNDS<br>ARE MADE AVAILABLE.<br><input type="checkbox"/> DISAPPROVED. (See Reverse Side) |
| b. Material                  |  |   |
| c. Overhead and/or Surcharge |  |   |
| d. Equipment Rental/Usage    |  |   |
| e. Contingency               |  |   |
| f. <b>Total</b>              |  | 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)<br><input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER |  | 20. WORK REQUESTED<br><input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> HAS BEEN DEFERRED <input type="checkbox"/> WILL BE PERFORMED BY OTHERS |  |
| 21. SIGNATURE<br><b>149533</b> |  | 22. DATE   |  |   |  |

(See Part IV on Reverse Side)

**INSTRUCTIONS**

**IF ESTIMATE IS DESIRED BEFORE WORK IS STARTED**

*Requestor fills in all items in Part I checks "Cost Estimate" in item 5, attaches sketch or plan if necessary, checks proper block in item 7. Requestor retains last copy and forwards balance to Public Works Department.*

*If the Work Request is approved, the original and first copy will be returned to the requestor with Part II completed. If the requestor desires the work to proceed in accordance with the estimate provided, he should fill in Part III, checking proper block in item 19 and attaching the document citing the funds to be used. If the requestor decides not to authorize the work, the appropriate box in item 20 should be checked. The original form, in either case, is returned to the Public Works Department.*

*If the Work Request is disapproved, the reasons for disapproval will be stated in Part IV, signed by the Public Works Officer, and the original and one copy returned to the requestor*

**IF ESTIMATE IS NOT DESIRED BEFORE WORK IS STARTED AND FUNDS ARE NOT UNDER COGNIZANCE OF PWO**

*Requestor fills in all items in Parts I and III except item 20, checks "Performance of Work" in item 5, attaches sketch or plan if necessary, checks proper block in item 7, checks proper block in item 19, and attaches document citing the funds to be used. Requestor retains last copy and forwards balance to Public Works Department.*

*If the Work Request is approved, the first copy will be returned to the requestor with items 11, 12, 15, 15/6, and 17 of Part II completed.*

*If the Work Request is disapproved, the reasons for disapproval will be stated in Part IV, signed by the Public Works Officer, and the original and one copy returned to requestor.*

**IF ESTIMATE IS NOT DESIRED BEFORE WORK IS STARTED AND FUNDS ARE UNDER COGNIZANCE OF PWO**

*Requestor fills in all items in Parts I, checks "Performance of Work" in item 5, attaches sketch or plan if necessary, checks proper block in item 7. Requestor retains last copy and forwards balance to the Public Works Department.*

*If the Work Request is approved, the first copy will be returned to the requestor with items 11, 12, 15 as applicable, 16 and 17 of Part II completed.*

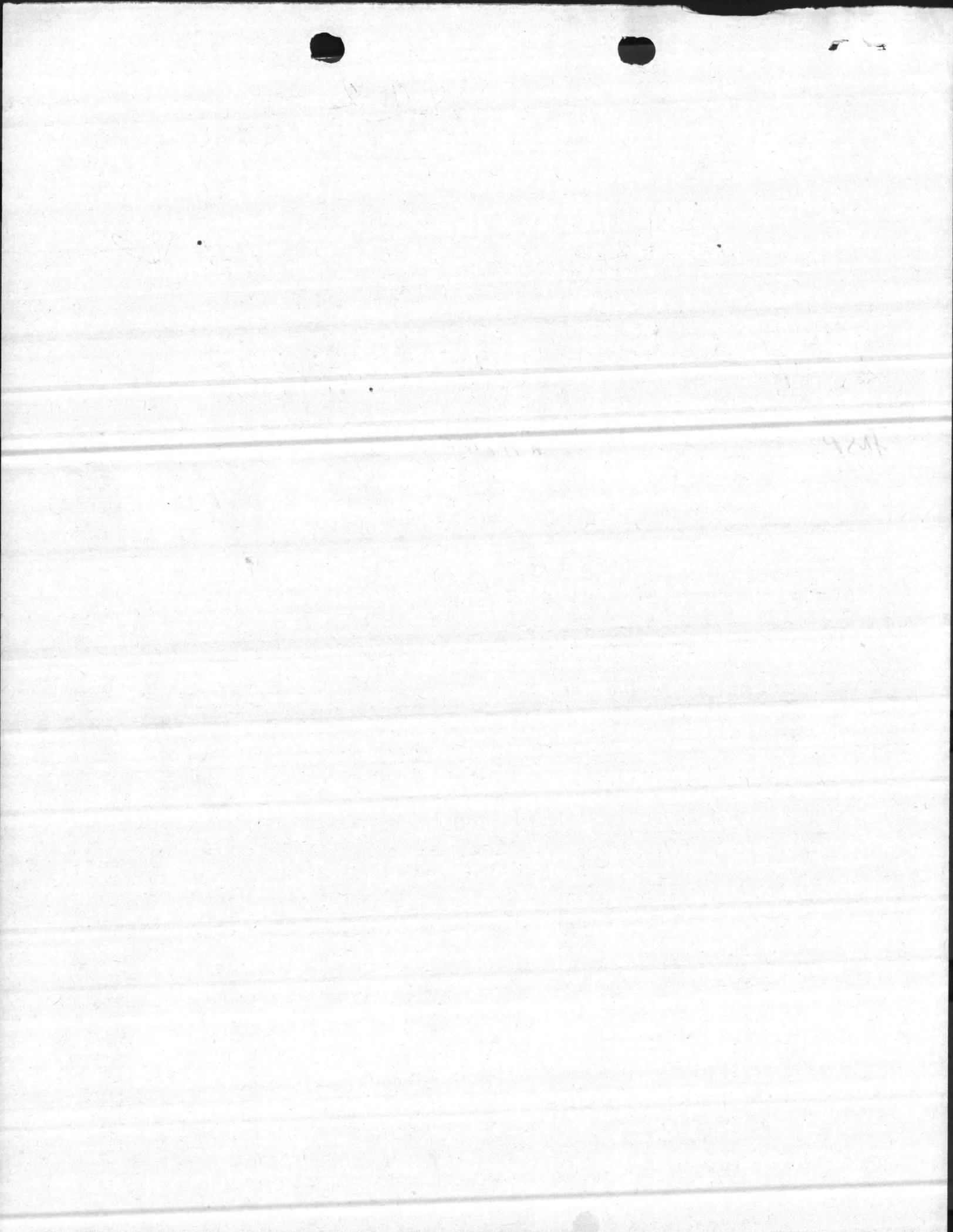
*If the Work Request is disapproved, the reasons for disapproval will be stated in Part IV, signed by the Public Works Officer, and the original and one copy returned to requestor.*

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**PART IIV---REMARKS**

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020001  
 1034

Requestor see instructions on Reverse Side

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

|   |  |
|---|--|
| 1. FROM <b>COMMANDING OFFICER, 2D BATTALION, 6TH MARINES</b>  | 2. REQUEST NO.<br><b>D011-033-02</b>   |
| 3. TO <b>COMMANDING GENERAL MCB (ATTN: BMO)</b>   | 4. DATE OF REQUEST<br><b>020628</b>  |
| 5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK | 5a. REQUEST WORK START<br><b>IMMEDIATE</b>   |
| 6. FOR FURTHER INFORMATION CALL <b>SSGT CRILEY@451-3973</b>   | 7. SKETCH/PLAN ATTACHED<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

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

LOCATION: **HP 422**

DESCRIPTION: **SELF-HELP ITEMS FOR MINOR PAINTING TO CP.**

PAINT: **5 GAL INTERIOR SEMI-GLOSS WHITE**

JUSTIFICATION: **REPAINT DOORS, TRIM AND SPOT PAINT WALLS IN CP.**

*Reviewed*

APPROVED  
 JUL 01 2002  
 Division Facilities  
 Date in \_\_\_\_\_  
 Date of \_\_\_\_\_  
 Signature *[Signature]*  
 CCPT usmc

*02-149542*

|                     |   |
|---------------------|---|
| 9. FUNDS CHARGEABLE | 10. SIGNATURE (Requesting Official) <b>SSGT CRILEY, BR</b><br><i>Bruce Criley</i> |
|---------------------|---|

**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                  |   |          |
| c. Overhead and/or Surcharge |   |          |
| d. Equipment Rental/Usage    |   |          |
| e. Contingency               |   |          |
| f. <b>Total</b>              | 15. <input type="checkbox"/> APPROVED PROGRAMMING TO START IN _____<br><input type="checkbox"/> APPROVED PROGRAMMING TO START IN _____<br>PROGRAMMING TO START IN _____, IF<br>AUTHORIZED BY 25TH OF _____ AND FUNDS<br>ARE MADE AVAILABLE.<br><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)<br><input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER | 20. WORK REQUESTED<br><input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> HAS BEEN DEFERRED <input type="checkbox"/> WILL BE PERFORMED BY OTHERS |
| 21. SIGNATURE | 22. DATE   |   |

**INSTRUCTIONS**

**IF ESTIMATE IS DESIRED BEFORE WORK IS STARTED**

Requestor fills in all items in Part I checks "Cost Estimate" in item 5, attaches sketch or plan if necessary, checks proper block in item 7. Requestor retains last copy and forwards balance to Public Works Department.

If the Work Request is approved, the original and first copy will be returned to the requestor with Part II completed. If the requestor desires the work to proceed in accordance with the estimate provided, he should fill in Part III, checking proper block in item 19 and attaching the document citing the funds to be used. If the requestor decides not to authorize the work, the appropriate box in item 20 should be checked. The original form, in either case, is returned to the Public Works Department.

If the Work Request is disapproved, the reasons for disapproval will be stated in Part IV, signed by the Public Works Officer, and the original and one copy returned to the requestor

**IF ESTIMATE IS NOT DESIRED BEFORE WORK IS STARTED AND FUNDS ARE NOT UNDER COGNIZANCE OF PWO**

Requestor fills in all items in Parts I and III except item 20, checks "Performance of Work" in item 5, attaches sketch or plan if necessary, checks proper block in item 7, checks proper block in item 19, and attaches document citing the funds to be used. Requestor retains last copy and forwards balance to Public Works Department.

If the Work Request is approved, the first copy will be returned to the requestor with items 11, 12, 15, 15/6, and 17 of Part II completed.

If the Work Request is disapproved, the reasons for disapproval will be stated in Part IV, signed by the Public Works Officer, and the original and one copy returned to requestor.

**IF ESTIMATE IS NOT DESIRED BEFORE WORK IS STARTED AND FUNDS ARE UNDER COGNIZANCE OF PWO**

Requestor fills in all items in Parts I, checks "Performance of Work" in item 5, attaches sketch or plan if necessary, checks proper block in item 7. Requestor retains last copy and forwards balance to the Public Works Department.

If the Work Request is approved, the first copy will be returned to the requestor with items 11, 12, 15 as applicable, 16 and 17 of Part II completed.

If the Work Request is disapproved, the reasons for disapproval will be stated in Part IV, signed by the Public Works Officer, and the original and one copy returned to requestor.

**PART IIV--REMARKS**

020701  
1034

Requestor see instructions on Reverse Side

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

|  |   |  |
|--|---|--|
| 1. FROM <b>COMMANDING OFFICER, 2D BATTALION, 6TH MARINES</b> |   | 2. REQUEST NO.<br><b>D011-032-02</b>   |
| 3. TO <b>COMMANDING GENERAL MCB, (ATTN: BMO)</b>             |   | 4. DATE OF REQUEST<br><b>020620</b>  |
| 5. REQUEST FOR<br><input type="checkbox"/> COST ESTIMATE     | <input checked="" type="checkbox"/> PERFORMANCE OF WORK | 5a. REQUEST WORK START<br><b>IMMEDIATE</b>   |
| 6. FOR FURTHER INFORMATION CALL <b>SSGT. CRILEY@451-3973</b> |   | 7. SKETCH/PLAN ATTACHED<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

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

LOCATION: **HP422 MAIN CONFERENCE ROOM, S-3/S-4 OFFICE, H & S COMPANY OFFICE**

JUL 01 2002

DESCRIPTION: AIR CONDITIONING UNITS IN THESE SPACES ARE LEAKING HEAVY VOLUME OF WATER EVERY FEW DAYS, CREATING LARGE PUDDLES ON FLOOR. CONDENSATION DRAIN PIPES ARE PROBABLY CLOGGED.

JUSTIFICATION: LARGE PUDDLES ARE A SAFETY HAZARD AND ARE CAUSING STAINS AND WATER DAMAGE TO FLOORS & FURNITURE.

02-14919458

*T. Criley*  
Capt USMC

|                     |  |
|---------------------|--|
| 9. FUNDS CHARGEABLE | 10. SIGNATURE (Requesting Official) <b>SSGT CRILEY, BR</b><br><i>Brian R. Criley</i> |
|---------------------|--|

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

|                              |   |   |
|------------------------------|---|---|
| 11. TO                       |   | 12. ESTIMATE NO.  |
| 13. COST ESTIMATE            |   | 14. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO |
| a. Labor                     | 15. <input type="checkbox"/> APPROVED PROGRAMMING TO START IN _____<br><input type="checkbox"/> APPROVED PROGRAMMING TO START IN _____<br>PROGRAMMING TO START IN _____, IF<br>AUTHORIZED BY 25TH OF _____ AND FUNDS<br>ARE MADE AVAILABLE.<br><input type="checkbox"/> DISAPPROVED. (See Reverse Side) |   |
| b. Material                  |   |   |
| c. Overhead and/or Surcharge |   |   |
| d. Equipment Rental/Usage    |   |   |
| e. Contingency               |   |   |
| f. <b>Total</b>              | 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)<br><input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER | 20. WORK REQUESTED<br><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)

**INSTRUCTIONS**

**IF ESTIMATE IS DESIRED BEFORE WORK IS STARTED**

Requestor fills in all items in Part I checks "Cost Estimate" in item 5, attaches sketch or plan if necessary, checks proper block in item 7. Requestor retains last copy and forwards balance to Public Works Department.

If the Work Request is approved, the original and first copy will be returned to the requestor with Part II completed. If the requestor desires the work to proceed in accordance with the estimate provided, he should fill in Part III, checking proper block in item 19 and attaching the document citing the funds to be used. If the requestor decides not to authorize the work, the appropriate box in item 20 should be checked. The original form, in either case, is returned to the Public Works Department.

If the Work Request is disapproved, the reasons for disapproval will be stated in Part IV, signed by the Public Works Officer, and the original and one copy returned to the requestor

**IF ESTIMATE IS NOT DESIRED BEFORE WORK IS STARTED AND FUNDS ARE NOT UNDER COGNIZANCE OF PWO**

Requestor fills in all items in Parts I and III except item 20, checks "Performance of Work" in item 5, attaches sketch or plan if necessary, checks proper block in item 7, checks proper block in item 19, and attaches document citing the funds to be used. Requestor retains last copy and forwards balance to Public Works Department.

If the Work Request is approved, the first copy will be returned to the requestor with items 11, 12, 15, 15/6, and 17 of Part II completed.

If the Work Request is disapproved, the reasons for disapproval will be stated in Part IV, signed by the Public Works Officer, and the original and one copy returned to requestor.

**IF ESTIMATE IS NOT DESIRED BEFORE WORK IS STARTED AND FUNDS ARE UNDER COGNIZANCE OF PWO**

Requestor fills in all items in Parts I, checks "Performance of Work" in item 5, attaches sketch or plan if necessary, checks proper block in item 7. Requestor retains last copy and forwards balance to the Public Works Department.

If the Work Request is approved, the first copy will be returned to the requestor with items 11, 12, 15 as applicable, 16 and 17 of Part II completed.

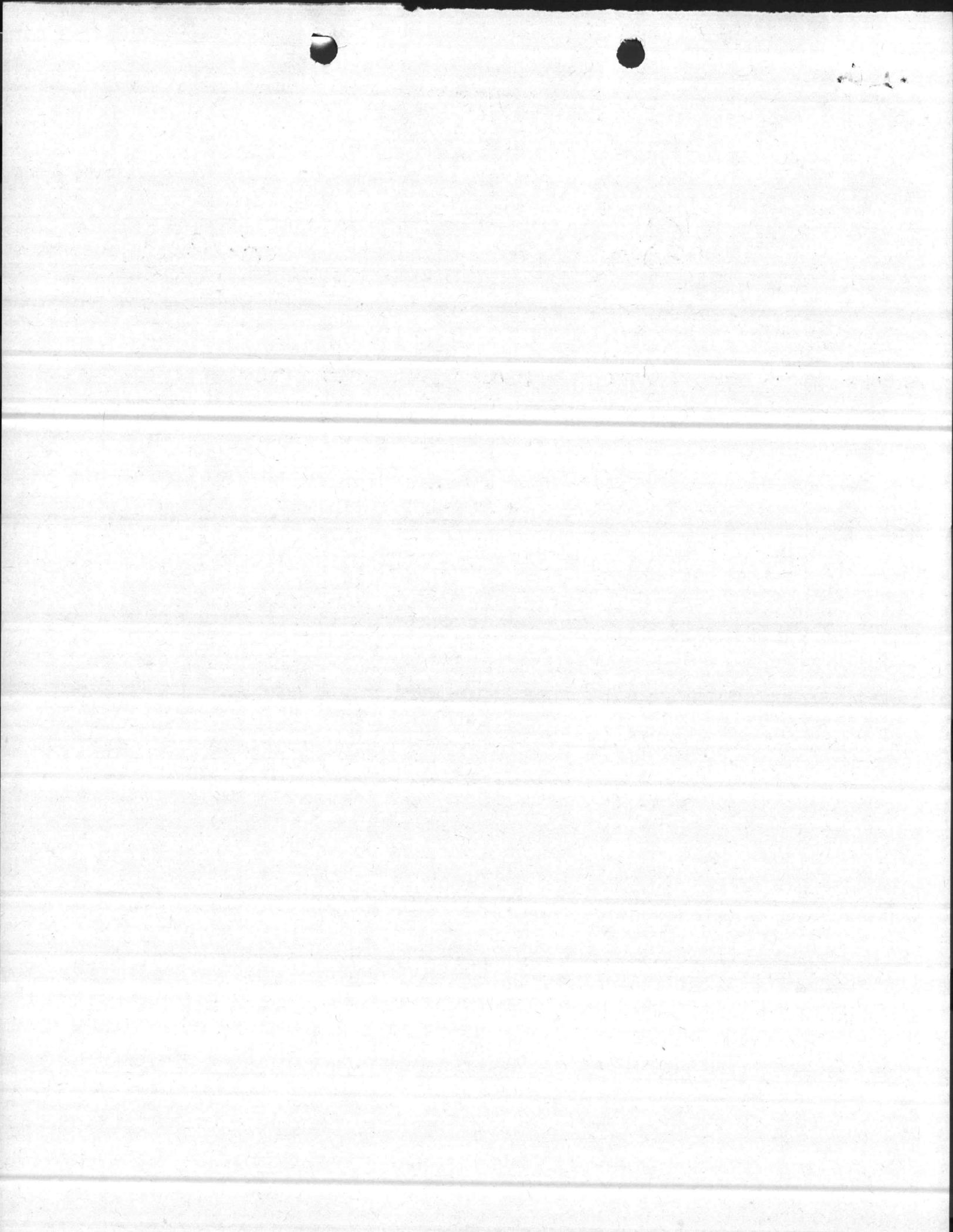
If the Work Request is disapproved, the reasons for disapproval will be stated in Part IV, signed by the Public Works Officer, and the original and one copy returned to requestor.

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**PART IV---REMARKS**

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1400 020619

Requestor see instructions on Reverse Side

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

|  |   |  |
|--|---|--|
| 1. FROM <b>COMMANDING OFFICER, 2D BATTALION, 6TH MARINES</b>   |   | 2. REQUEST NO.<br><b>D011-030-02</b>   |
| 3. TO <b>COMMANDING GENERAL MCB, (ATTN: BMO)</b>   |   | 4. DATE OF REQUEST<br><b>020619</b>  |
| 5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK  |   | 5a. REQUEST WORK START<br><b>IMMEDIATE</b>   |
| 6. FOR FURTHER INFORMATION CALL <b>SSGT. CRILEY@451-3973</b>   |   | 7. SKETCH/PLAN ATTACHED<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)<br>LOCATION: <b>HP422</b><br>DESCRIPTION: <b>SELF-HELP ITEMS FOR MINOR PAINTING TO CP.</b><br>PAINT: <b>5 GAL INTERIOR SEMI-GLOSS WHITE, 5 GAL TRAFFIC YELLOW, 5 GAL TRAFFIC RED</b><br>JUSTIFICATION: <b>REPAINT DOORS, TRIM, AND SPOT PAINT WALLS IN CP.</b> |   |  |
| 9. FUNDS CHARGEABLE  | 10. SIGNATURE (Requesting Official) <b>SSGT CRILEY, BR</b><br><i>Frank Criley</i> |  |

*Self Help Rev.*

Endorser:  
 Division Facilities  
 Date in             
 Date of             
**JUN 19 2002**  
*[Signature]*  
 CPL

*02-146105*

**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 checked="" type="checkbox"/> DISAPPROVED. (See Reverse Side) <i>TRAFFIC paint not for interior of building</i> |
| f. Total                     | 16. SIGNATURE <i>[Signature]</i> | 17. DATE <i>20 Jun 02</i>   |

**PART III--ACTION (Filled out by Requestor)**

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

**INSTRUCTIONS**

**IF ESTIMATE IS DESIRED BEFORE WORK IS STARTED**

Requestor fills in all items in Part I checks "Cost Estimate" in item 5, attaches sketch or plan if necessary, checks proper block in item 7. Requestor retains last copy and forwards balance to Public Works Department.

If the Work Request is approved, the original and first copy will be returned to the requestor with Part II completed. If the requestor desires the work to proceed in accordance with the estimate provided, he should fill in Part III, checking proper block in item 19 and attaching the document citing the funds to be used. If the requestor decides not to authorize the work, the appropriate box in item 20 should be checked. The original form, in either case, is returned to the Public Works Department.

If the Work Request is disapproved, the reasons for disapproval will be stated in Part IV, signed by the Public Works Officer, and the original and one copy returned to the requestor

**IF ESTIMATE IS NOT DESIRED BEFORE WORK IS STARTED AND FUNDS ARE NOT UNDER COGNIZANCE OF PWO**

Requestor fills in all items in Parts I and III except item 20, checks "Performance of Work" in item 5, attaches sketch or plan if necessary, checks proper block in item 7, checks proper block in item 19, and attaches document citing the funds to be used. Requestor retains last copy and forwards balance to Public Works Department.

If the Work Request is approved, the first copy will be returned to the requestor with items 11, 12, 15, 15/6, and 17 of Part II completed.

If the Work Request is disapproved, the reasons for disapproval will be stated in Part IV, signed by the Public Works Officer, and the original and one copy returned to requestor.

**IF ESTIMATE IS NOT DESIRED BEFORE WORK IS STARTED AND FUNDS ARE UNDER COGNIZANCE OF PWO**

Requestor fills in all items in Parts I, checks "Performance of Work" in item 5, attaches sketch or plan if necessary, checks proper block in item 7. Requestor retains last copy and forwards balance to the Public Works Department.

If the Work Request is approved, the first copy will be returned to the requestor with items 11, 12, 15 as applicable, 16 and 17 of Part II completed.

If the Work Request is disapproved, the reasons for disapproval will be stated in Part IV, signed by the Public Works Officer, and the original and one copy returned to requestor.

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**PART IIV---REMARKS**

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DATE: 4/17/98

EPS JOB: 422  
\*\*\* FEJE - DETAILED ESTIMATES \*\*\*  
\*\*\* PHASE SUMMARY SHEET \*\*\*

PAGE: 3

\*\*\* PHASE DESCRIPTIONS \*\*\*

| JOB/IFS<br>CRAFT/PHASE  | WORK CENTER | CRAFT NAME | BLDG/<br>FACILITY | EST<br>HOURS |
|---|-------------|------------|-------------------|--------------|
| 1 1/1   | 41ELC       | ELECTRICAN | 422               | 40           |
| REMOVE 9-4 LAMP 4 TUBE FLU LIGHTS FOR CEILING REPAIRS. REINSTALL<br>SAME PER INSPECTION REPORT. |             |            |                   |              |

\*\*\* TOTAL NUMBER OF PHASES ARE \*\*\* 1

\*\*\* THE LAST PHASE HAS BEEN PRINTED \*\*\*

4578 SW #2



AREA & FACILITY NO. 422 | DATE | INSPECTOR | SHEET 1 OF 1

SHOP DEFICIENCIES: | 4/13/98 | A. MOORE

41/51 | 1. DISCONNECT AND REMOVE FLOURESCENT LIGHTS 4' FOUR TUBE LIGHTS. | 9 EA.

2. REPAIR PLASTER WALLS AND CEILING THAT WAS DAMAGE BY WATER. FINISH COAT. | APPROX. 600 SF.

3. REPLACE DAMAGE 1/2" SHEETROCK ON WALLS | APPROX. 100 SF.

4. TAPE AND FINISH SHEETROCK | APPROX. 100 SF.

41/51 | 5. REINSTALL FLOURSCENT LIGHTS. | 9 EA.

LOC: OFFICES # 1, # 2 AND STORAGE ROOM ON 1ST. FLOOR

PLEASE SEE PAINT REPORT AND DRAWING.

POC: SGT. PARSLEY CALL FOR ENTRANCE TO BUILDING.

EXT. 451-5722 SGT. PARSLEY

4578

4578

SH # 3

1058-418

DATE: 98/04/17

EPS JOB: 422

\*\*\* FEJE - DETAILED ESTIMATES \*\*\*  
\*\*\* BILL OF MATERIALS \*\*\*

PAGE: 6

WORK REQUEST NUMBER: 422  
ACCOUNT CODE NUMBER:  
PREPARED BY: RDM  
JOB ORDER NUMBER:

PHASE NO: 1 IFS PHASE NO: 1  
DATE CREATED: 98/04/17  
DELIVERY DATE: 00 00 00  
DELIVER MATERIALS TO: 41ELC

|   |                   |                   |
|---|-------------------|-------------------|
| MCN-NSN: 6240-01-C99-31070  | UNIT OF ISSUE: BX | SOURCE OF SUPPLY: |
| QUANTITY: 1   | UNIT COST: 43.50  | TOTAL COST: 43.50 |
| LOCATION:   |                   |                   |
| DESCRIPTION: LAMP FLUORESCENT ENERGENY SAVING REPLACES F40 T12 CW |                   |                   |
| 48" RAPID START. 30 TO BOX MUST BUY BOX. 04/96                    |                   |                   |
| DSSC  |                   |                   |

|  |                   |                   |
|--|-------------------|-------------------|
| MCN-NSN: 9999-99-999-99990                               | UNIT OF ISSUE: EA | SOURCE OF SUPPLY: |
| QUANTITY: 5  | UNIT COST: 10.00  | TOTAL COST: 50.00 |
| LOCATION:  |                   |                   |
| DESCRIPTION: MISC MATERIAL FOR ITEMS NOT INCLUDED ON JON |                   |                   |

|                   |         |
|-------------------|---------|
| SOS TOTAL COST:   | \$93.50 |
| PHASE TOTAL COST: | \$93.50 |

4578  
# 45  
4

ESTIMATE OF MATERIALS  
DATE OF ESTIMATE  
BY

PROJECT NO.  
SHEET NO.

DESCRIPTION OF WORK

QUANTITY

\*\*\* BILL OF MATERIALS \*\*\*

ACCOUNT CODE NUMBER:  
PREPARED BY: RDM  
JOB ORDER NUMBER:

DATE CREATED: 98/04/17  
DELIVERY DATE: 00 00 00  
DELIVER MATERIALS TO: 41ELC

| MCN-NSN              | NOMENCLATURE                  | UI | U/COST | QTY | SOS | COST    |
|----------------------|-------------------------------|----|--------|-----|-----|---------|
| 6240-01-C99-31070    | LAMP FLU F34T12 ENER SAVIN BX |    | 43.50  | 1   |     | 43.50   |
| 9999-99-999-99990    | MISC MATERIAL                 | EA | 10.00  | 5   |     | 50.00   |
| TOTAL MATERIAL COST: |                               |    |        |     |     | \$93.50 |

\*\*\* END OF BOM SUMMARY \*\*\*

5  
#45  
8  
2018

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DATE OF DECLASSIFICATION: 08-01-2001  
AUTHORITY: 50 USC 3024

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AUTHORITY: 50 USC 3024

THIS DOCUMENT IS UNCLASSIFIED

DATE OF DECLASSIFICATION: 08-01-2001  
AUTHORITY: 50 USC 3024

THIS DOCUMENT IS UNCLASSIFIED

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

4114

\*\*\* PHASE DESCRIPTIONS \*\*\*

| JOB/IFS<br>CRAFT/PHASE  | WORK CENTER | CRAFT NAME                | BLDG/<br>FACILITY | EST<br>HOURS |
|---|-------------|---------------------------|-------------------|--------------|
| 1 1/1<br>REPAIR PLASTER WALLS AND CEILINGS, 600 SF SKIM COAT.                         | 41MG        | COMPANY CONCEPT MASON     | 422               | 53           |
| 1 2/1<br>REPLACE 100 SF DAMAGES SHEETROCK ON WALLS. TAPE AND FINISH 100 SF SHEETROCK. | 41CG        | COMPANY CONCEPT CARPENTER | 422               | 11           |

\*\*\* TOTAL NUMBER OF PHASES ARE \*\*\* 2

\*\*\* THE LAST PHASE HAS BEEN PRINTED \*\*\*

4578

SH #6

4288

EPS JOB: 422

DATE: 98/04/16

\*\*\* FEJE - DETAILED ESTIMATES \*\*\*  
\*\*\* BILL OF MATERIALS \*\*\*

PAGE: 2

WORK REQUEST NUMBER: 422  
ACCOUNT CODE NUMBER: B048  
PREPARED BY: RLM  
JOB ORDER NUMBER:

PHASE NO: 2 IFS PHASE NO: 1  
DATE CREATED: 98/04/16  
DELIVERY DATE: 98/04/24  
DELIVER MATERIALS TO: 41

MCN-NSN: MISC-MA-TTI-AL000  
QUANTITY: 5  
LOCATION:  
DESCRIPTION: MISC MATERIAL.

UNIT OF ISSUE: EA  
UNIT COST: 10.00

SOURCE OF SUPPLY: LOC  
TOTAL COST: 50.00

SOS TOTAL COST: \$50.00

PHASE TOTAL COST: \$50.00

4578

SH #7

4258

EPS JOB: 422

DATE: 98/04/16

\*\*\* FEJE - DETAILED ESTIMATES \*\*\*

PAGE: 1

\*\*\* BILL OF MATERIALS \*\*\*

WORK REQUEST NUMBER: 422  
ACCOUNT CODE NUMBER: B048  
PREPARED BY: RLM  
JOB ORDER NUMBER:

PHASE NO: 1 IFS PHASE NO: 1  
DATE CREATED: 98/04/16  
DELIVERY DATE: 98/04/24  
DELIVER MATERIALS TO: 41

MCN-NSN: MISC-MA-TTI-AL000  
QUANTITY: 10  
LOCATION:  
DESCRIPTION: MISC MATERIAL.

UNIT OF ISSUE: EA  
UNIT COST: 10.00

SOURCE OF SUPPLY: LOC  
TOTAL COST: 100.00

SOS TOTAL COST: \$100.00

PHASE TOTAL COST: \$100.00

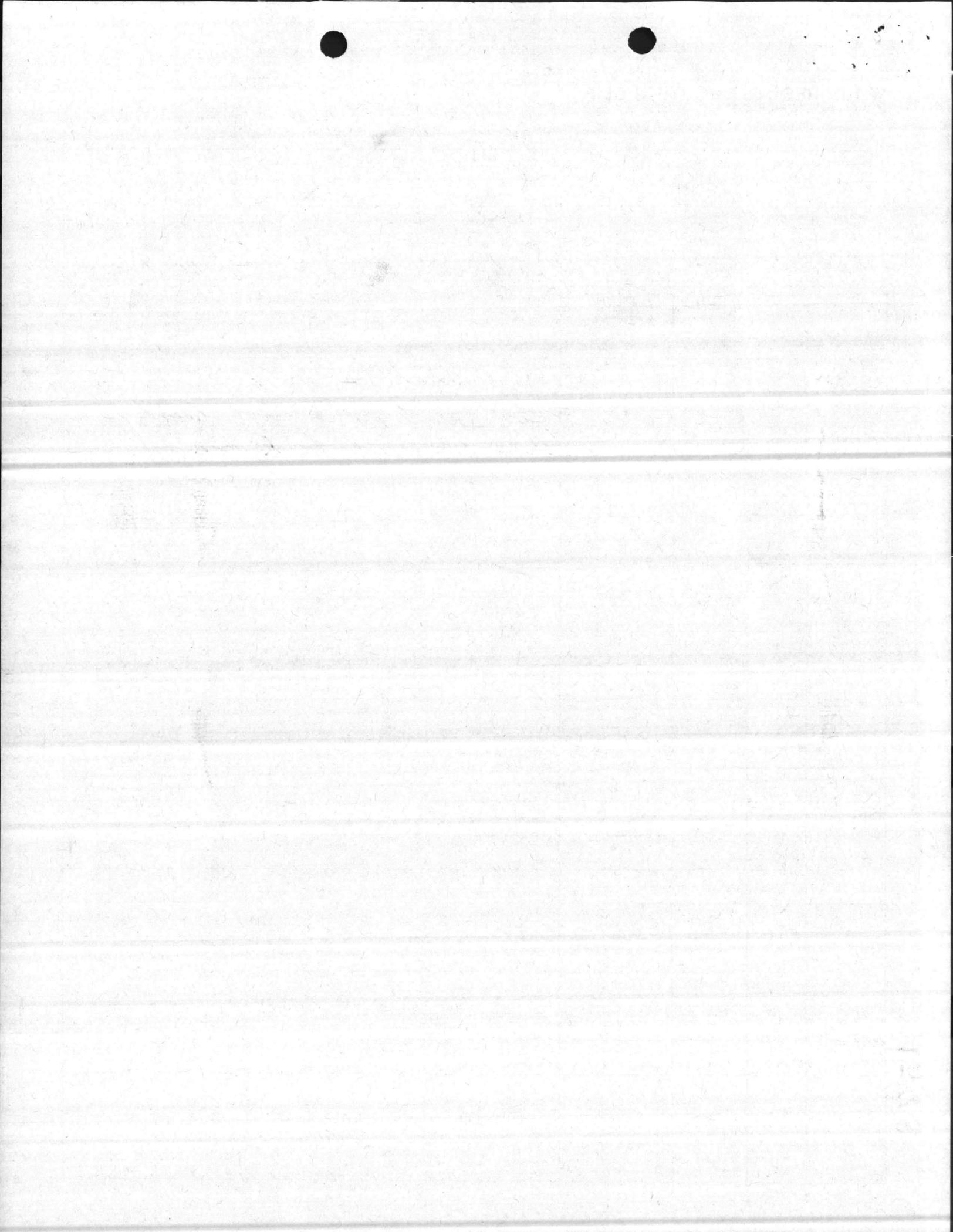
\*\*\* CONTINUED ON PAGE 2 \*\*\*

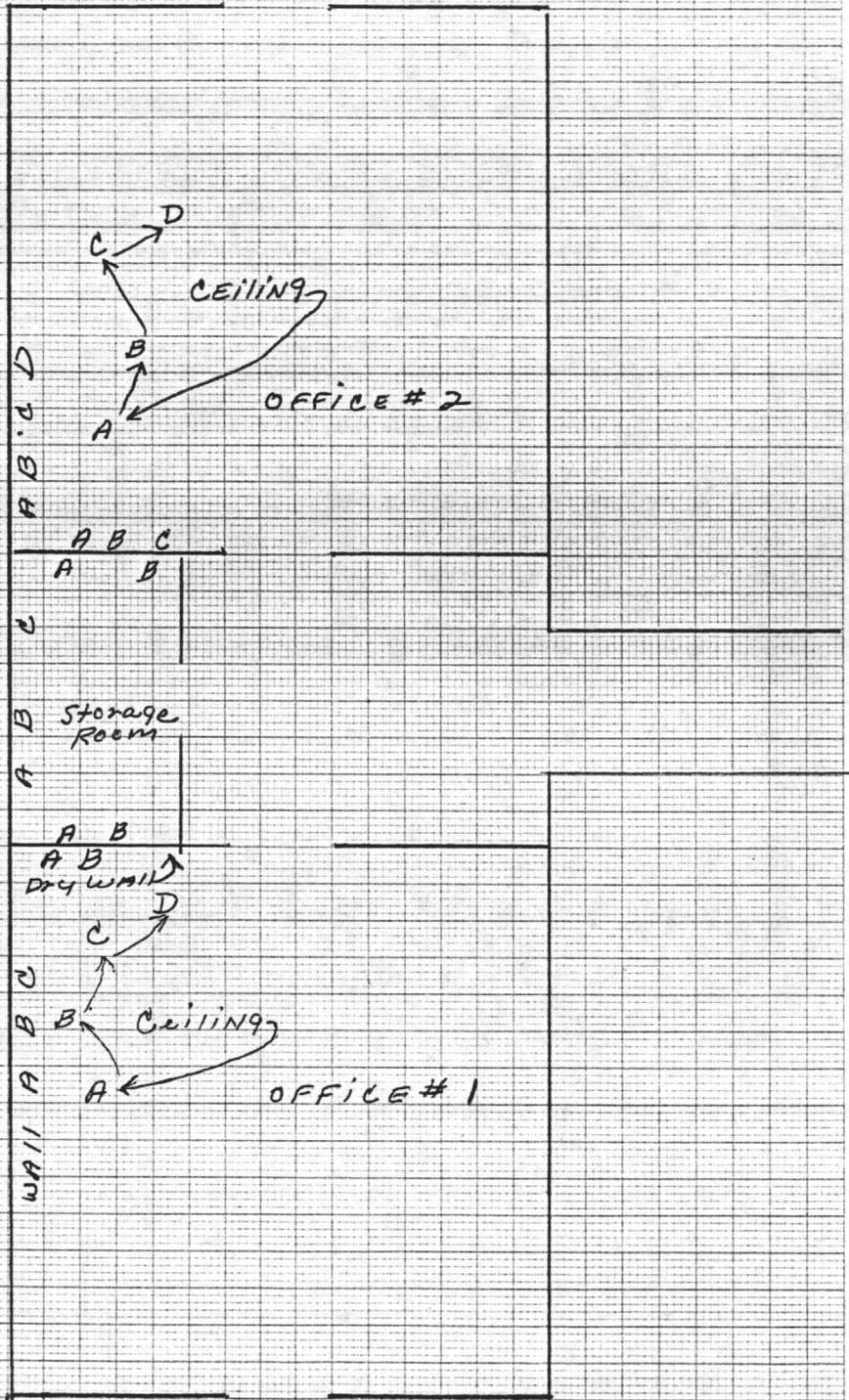
4578

8/1/98

4238







Building # 422 North West End  
1ST. FLOOR

4578



QICZ

Address/Unit No. MCB CAMP LEJEUNE, N.C.

Date 4/15/98

Room Equivalent BUILDING #422

XRF Serial No. \_\_\_\_\_ Inspector Signature A. Moore

| Substrate | Component | Color | Test Locations         | XRF Reading   | Correction Value | Result | Classification (pos, neg, inc) | Laboratory Result  | UNIT?              | Final Classification |
|-----------|-----------|-------|------------------------|---------------|------------------|--------|--------------------------------|--------------------|--------------------|----------------------|
| Plaster   | Ceiling   |       | OFFICE # 1 1st Floor   | A. $\gg 5.0$  |                  |        |                                |                    | mg/cm <sup>2</sup> |                      |
|           |           |       | B. $2.74-0.4$          |               |                  |        |                                |                    |                    |                      |
|           |           |       | C. $0.04-0.1$          |               |                  |        |                                |                    |                    |                      |
|           |           |       | D. $\gg 5.0$           |               |                  |        |                                |                    |                    |                      |
| Plaster   | Ceiling   |       | Storage Room 1st Floor | A. $0.04-0.1$ |                  |        |                                |                    | mg/cm <sup>2</sup> |                      |
|           |           |       | B. $>0.34-xxx$         |               |                  |        |                                |                    |                    |                      |
|           |           |       | C. $>1.34-xxx$         |               |                  |        |                                |                    |                    |                      |
| Plaster   | Ceiling   |       | OFFICE #2 1st Floor    | A. $\gg 5.0$  |                  |        |                                |                    | mg/cm <sup>2</sup> |                      |
|           |           |       | B. $3.24-0.8$          |               |                  |        |                                |                    |                    |                      |
|           |           |       | C. $\gg 5.0$           |               |                  |        |                                |                    |                    |                      |
|           |           |       | D. $\gg 5.0$           |               |                  |        |                                |                    |                    |                      |
|           |           |       |                        |               |                  |        |                                | mg/cm <sup>2</sup> |                    |                      |
|           |           |       |                        |               |                  |        |                                | mg/cm <sup>2</sup> |                    |                      |
|           |           |       |                        |               |                  |        |                                | mg/cm <sup>2</sup> |                    |                      |
|           |           |       |                        |               |                  |        |                                | mg/cm <sup>2</sup> |                    |                      |
|           |           |       |                        |               |                  |        |                                | mg/cm <sup>2</sup> |                    |                      |

Form 7.1

8165

Address/Unit No. M.C.B. CAMP LEJEUNE, NC.

Date 4/15/98

Room Equivalent BUILDING #422

XRF Serial No. \_\_\_\_\_ Inspector Signature A. Moore

| Substrate  | Component | Color | Test Locations      | XRF Reading | Correction Value | Result | Classification (pos, neg, inc) | Laboratory Result | UNIT?              | Final Classification |                    |
|------------|-----------|-------|---------------------|-------------|------------------|--------|--------------------------------|-------------------|--------------------|----------------------|--------------------|
| Plaster    | WALL      |       | OFFICE #1 1ST FLOOR |             |                  |        |                                |                   |                    |                      |                    |
|            |           |       | A.                  | 0.0+ - 0.1  |                  |        |                                |                   | mg/cm <sup>2</sup> |                      |                    |
|            |           |       | B.                  | >> 5.0      |                  |        |                                |                   |                    |                      |                    |
|            |           |       | C.                  | >> 5.0      |                  |        |                                |                   |                    | mg/cm <sup>2</sup>   |                    |
| Sheet-Rock | WALL      |       | OFFICE #1 1ST FLOOR |             |                  |        |                                |                   |                    |                      |                    |
|            |           |       | A.                  | 0.0+ - 0.1  |                  |        |                                |                   | mg/cm <sup>2</sup> |                      |                    |
|            |           |       | B.                  | 0.0+ - 0.1  |                  |        |                                |                   |                    |                      |                    |
| Sheet-Rock | WALL      |       | STORAGE ROOM WALLS  |             |                  |        |                                |                   |                    |                      |                    |
|            |           |       | LEFT WALL           |             |                  |        |                                |                   |                    |                      | mg/cm <sup>2</sup> |
|            |           |       | A.                  | 0.0+ - 0.1  |                  |        |                                |                   |                    |                      |                    |
|            |           |       | B.                  | 0.0+ - 0.1  |                  |        |                                |                   |                    |                      |                    |
|            |           |       | RIGHT WALL          | A.          | 0.0+ - 0.1       |        |                                |                   |                    |                      |                    |
|            |           |       | B.                  | 0.0+ - 0.1  |                  |        |                                |                   |                    |                      |                    |
| Plaster    | WALL      |       | STOR. RM. END WALL  | A.          | 2.3+ - 0.4       |        |                                |                   |                    |                      |                    |
|            |           |       | " " " "             | B.          | 3.1+ - 0.7       |        |                                |                   |                    | mg/cm <sup>2</sup>   |                    |
|            |           |       | " " " "             | C.          | >> 5.0           |        |                                |                   |                    |                      |                    |
| Plaster    | WALL      |       | OFFICE #2 1ST FLOOR |             |                  |        |                                |                   |                    |                      |                    |
|            |           |       | " " " "             | A.          | 2.5+ - xxx       |        |                                |                   |                    | mg/cm <sup>2</sup>   |                    |
|            |           |       | " " " "             | B.          | >> 5.0           |        |                                |                   |                    |                      |                    |
|            |           |       | " " " "             | C.          | >> 5.0           |        |                                |                   |                    | mg/cm <sup>2</sup>   |                    |
| Sheet-Rock | WALL      |       | OFFICE #2 1ST FLOOR | A.          | 0.0+ - 0.1       |        |                                |                   |                    |                      |                    |
|            |           |       | LEFT WALL           | B.          | 0.0+ - 0.1       |        |                                |                   |                    | mg/cm <sup>2</sup>   |                    |
|            |           |       | C.                  | 0.0+ - 0.1  |                  |        |                                |                   |                    |                      |                    |

4578

JOB NUMBER: 422                      CRAFT PHASE NO: 1                      JOB PHASE NO: 1                      P&E: RLM  
 BUILDING / FACILITY: 422                      ZONE: 4                      CREW SIZE: 2  
 WORK CENTER: 41MG COMPANY CONCEPT MASON                      LABOR RATE: A  
 HAZARDOUS WORKING CONDITIONS: NO                      CREW RETURNS FOR LUNCH: YES  
 PHASE COSTS: LABOR: 1396                      MATERIAL COST: 100                      EQUIPMENT COST:  
 DEPRECIATION COSTS:                      TOTAL: 1496  
 CONTRACT (Y/N): NO                      IFS PHASE NO.: 1

\*\*\* PHASE DESCRIPTION \*\*\*

REPAIR PLASTER WALLS AND CEILINGS, 600 SF SKIM COAT.

TASK NUMBER: 1                      TYPE: EPS  
 TTS REFERENCE: DT 274                      SLOTTED: NO                      HOURS: 36.0  
 REPLACE PLASTER SKIM COAT, 600 SF.

WORK QUANTITY:                      DESCRIPTION OF WORK QUANTITY:  
 600.0                      square feet

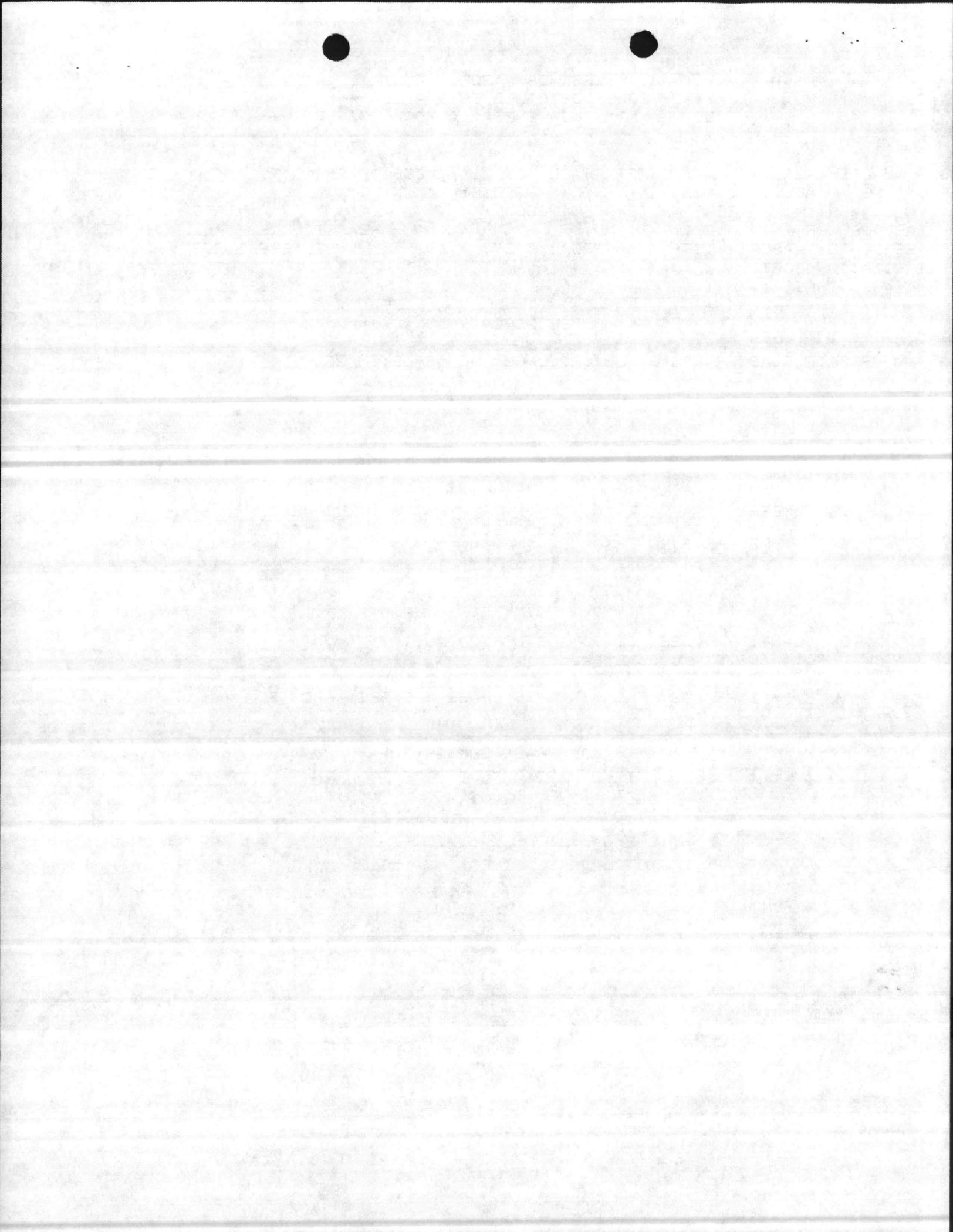
\*\*\* THE LAST TASK IN THIS PHASE HAS BEEN PRINTED \*\*\*

\*\*\* JOB PHASE SUMMARY \*\*\*

|                    |      |
|--------------------|------|
| CRAFT TIME         | 36.0 |
| TOTAL EPS TIME     | 53.0 |
| TOTAL NON-EPS TIME | 0.0  |
| TOTAL PHASE TIME   | 53.0 |

4578

GP





4258

EPS JOB: 422

DATE: 4/16/98

\*\*\* FEJE - DETAILED ESTIMATES \*\*\*

PAGE: 3

\*\*\* JOB PLANNING WORKSHEET DA FORM 2764-E \*\*\*

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\*\*\* JOB PHASE SUMMARY \*\*\*

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|                    |      |
|--------------------|------|
| CRAFT TIME         | 5.8  |
| TOTAL EPS TIME     | 11.0 |
| TOTAL NON-EPS TIME | 0.0  |

---

|                  |      |
|------------------|------|
| TOTAL PHASE TIME | 11.0 |
|------------------|------|

\*\*\* THE LAST PHASE HAS BEEN PRINTED - END OF PHASE PRINTOUT \*\*\*

4578

85

4238

DATE: 4/17/98

EPS JOB: 422

\*\*\* FEJE - DETAILED ESTIMATES \*\*\*

PAGE: .4

\*\*\* JOB PLANNING WORKSHEET DA FORM 2764-E \*\*\*

JOB NUMBER: 422                      CRAFT PHASE NO: 1                      JOB PHASE NO: 1                      P&E: RDM  
 BUILDING / FACILITY: 422                      ZONE: 3                      CREW SIZE: 2  
 WORK CENTER: 41ELC ELECTRICAN                      LABOR RATE: A  
 HAZARDOUS WORKING CONDITIONS: NO                      CREW RETURNS FOR LUNCH: YES  
 PHASE COSTS: LABOR: 1054                      MATERIAL COST: 94                      EQUIPMENT COST:  
 DEPRECIATION COSTS:                      TOTAL: 1148  
 CONTRACT (Y/N): NO                      IFS PHASE NO.: 1

\*\*\* PHASE DESCRIPTION \*\*\*

REMOVE 9-4 LAMP 4 TUBE FLU LIGHTS FOR CEILING REPAIRS. REINSTALL SAME PER INSPECTION REPORT.

TASK NUMBER: 1                      TYPE: EPS  
 TTS REFERENCE: GT 573                      SLOTTED: UP                      HOURS: 29.0  
 REMOVE AND REINSTALL 18 FLU LIGHTS.

WORK QUANTITY:                      DESCRIPTION OF WORK QUANTITY:  
 18.0                      fixture

\*\*\* THE LAST TASK IN THIS PHASE HAS BEEN PRINTED \*\*\*

\*\*\* JOB PHASE SUMMARY \*\*\*

|                    |      |
|--------------------|------|
| CRAFT TIME         | 29.0 |
| TOTAL EPS TIME     | 40.0 |
| TOTAL NON-EPS TIME | 0.0  |
| -----              |      |
| TOTAL PHASE TIME   | 40.0 |

\*\*\* THE LAST PHASE HAS BEEN PRINTED - END OF PHASE PRINTOUT \*\*\*

4578

EPS



UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
DENVER, COLORADO

\*\*\* THREE PARAGRAPHS \*\*\*

REMOVED BY THE BUREAU OF LAND MANAGEMENT FOR THE REASON THAT THE INFORMATION IS NOT NECESSARY FOR THE PRESENT PURPOSES.

\*\*\* JOB TITLE SUMMARY \*\*\*

GRANT TITLE: [Faint text]  
JOB TITLE: [Faint text]  
TOTAL NUMBER OF POSITIONS: [Faint text]

\*\*\* THE LIST HAS BEEN REVISED AND THE CHANGES ARE AS FOLLOWS \*\*\*

[Faint text]