

FROM (Show telephone number in addition to address)
Commander, Atlantic Division
Naval Facilities Engineering Command, Norfolk, VA 23511-6287

DATE
9 SEPT 86

SUBJECT
SITE APPROVAL FOR MCON PROJECT P-607
MEDICAL-DENTAL CLINIC COURTHOUSE BAY

SERIAL OR FILE NO.
2011C
11010

TO:

COMMANDING OFFICER
NAVAL HOSPITAL
CAMP LEJEUNE NC 28542-5008

REFERENCE (a) Co NAV HOSP
CAMP LEJ LTR 11012/P-607
13/11246 OF 11 JULY 86

ENCLOSURE W/ 1ST END C.G.
MARINE CORPS BASE CAMP
LEJ LTR 11013 FAC OF
15 AUG 86.
(b) NAVFAC INST 11010.570

VIA:

ENDORSEMENT ON

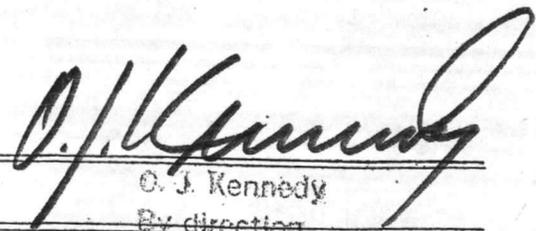
ENCLOSURE
(1) NAVFAC FORM 11010/31
DTD 11 JULY 86 FOR
MCON PROJ P-607

FORWARDED RETURNED FOLLOW-UP, OR TRACER REQUEST SUBMIT CERTIFY MAIL FILE

GENERAL ADMINISTRATION		CONTRACT ADMINISTRATION		PERSONNEL	
FOR APPROPRIATE ACTION UNDER YOUR COGNIZANCE	INFORMATION	NAME & LOCATION OF SUPPLIER OF SUBJECT ITEMS	SUBCONTRACT NO. OF SUBJECT ITEM	REPORTED TO THIS COMMAND:	
APPROVAL RECOMMENDED <input type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	APPROPRIATION SYMBOL, SUBHEAD, AND CHARGEABLE ACTIVITY	SHIPPING AT GOVERNMENT EXPENSE <input type="checkbox"/> YES <input type="checkbox"/> NO	DETACHED FROM THIS COMMAND	
COMMENT AND/OR CONCURRENCE	CONCUR	A CERTIFICATE, VICE BILL OF LADING	COPIES OF CHANGE ORDERS, AMENDMENT OR MODIFICATION	OTHER	
LOANED, RETURN BY:	SIGN RECEIPT & RETURN REPLY TO THE ABOVE BY:	CHANGE NOTICE TO SUPPLIER	STATUS OF MATERIAL ON PURCHASE DOCUMENT		

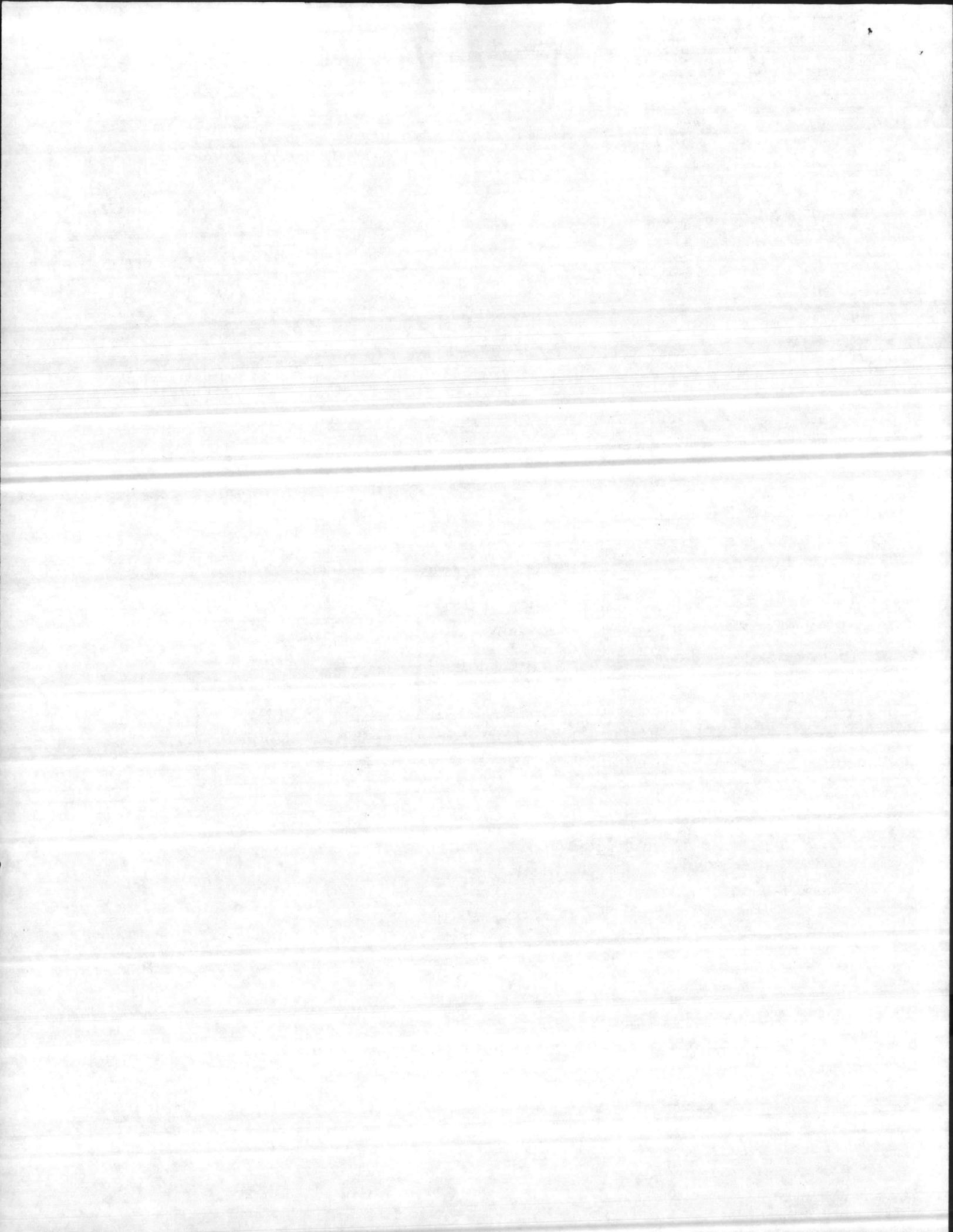
REMARKS (Continue on reverse)

1. ENCL (1) SUBMITTED BY REF (a)
IS APPROVED IAW REF (b).


G. J. Kennedy
By direction

SIGNATURE & TITLE

COPY TO: NAVFAC
COMMANDING GENERAL MCB CAMP LEJ



096
20



UNITED STATES MARINE CORPS
Marine Corps Base
Camp Lejeune, North Carolina 28542-5001

IN REPLY REFER TO:
11013
FAC
15 AUG 1986

FIRST ENDORSEMENT on CO, Naval Hospital, Camp Lejeune ltr
11012/P-607 over 13/11246 of 11 Jul 86

From: Commanding General, Marine Corps Base, Camp Lejeune
To: Commander, Atlantic Division, Naval Facilities Engineering
Command, Norfolk, VA 23511-6287

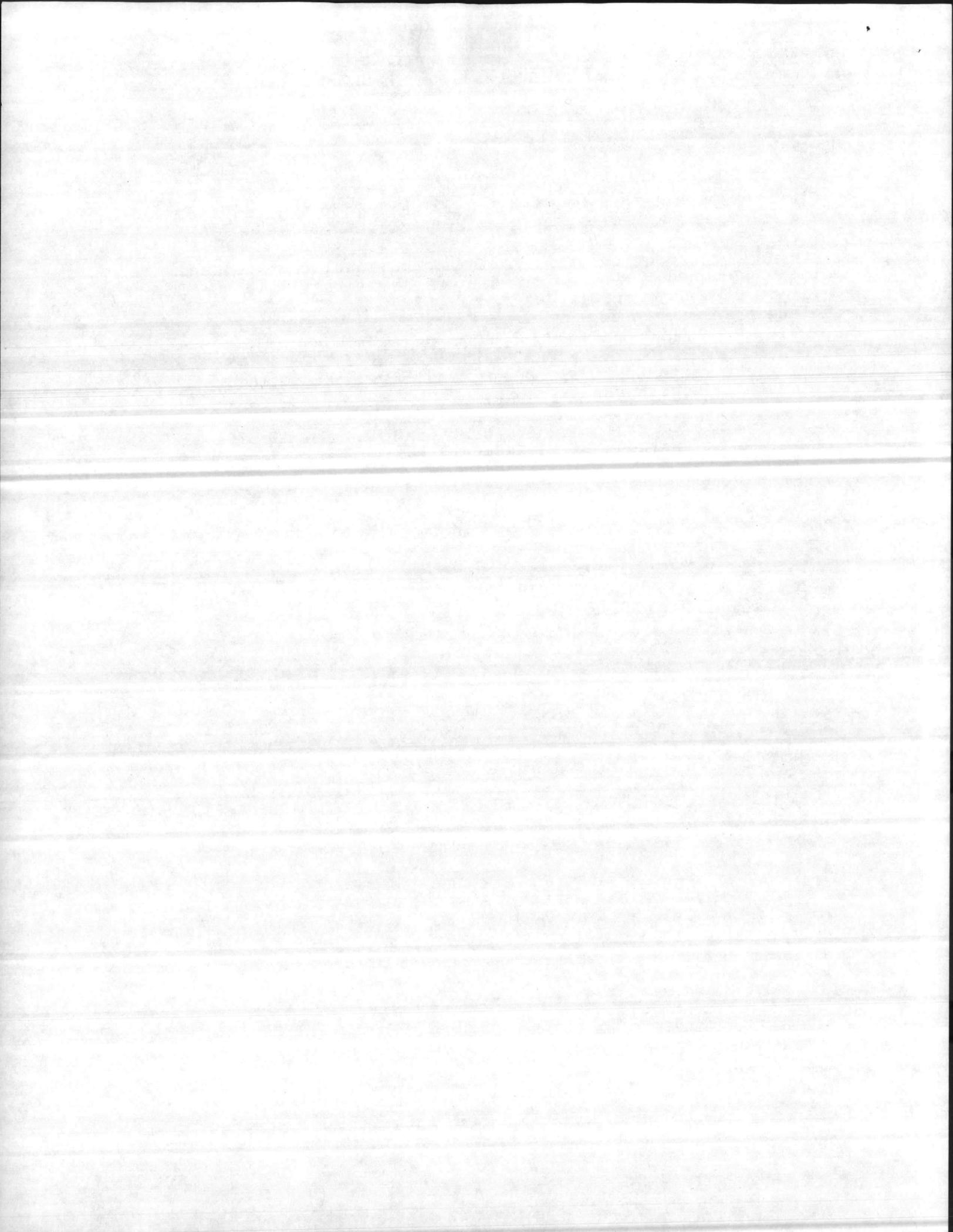
Subj: MCON PROJECT P-607, SITE APPROVAL FOR

Encl: (2) Site Approval, P-607, Medical-Dental Clinic,
Courthouse Bay

1. Forwarded. Enclosure (2) contains the subject site, as
approved by the Commanding General, Marine Corps Base, Camp
Lejeune.

T. J. Dalzell
T. J. DALZELL
By direction

Copy to:
CO, NavHosp



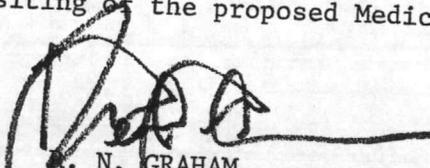


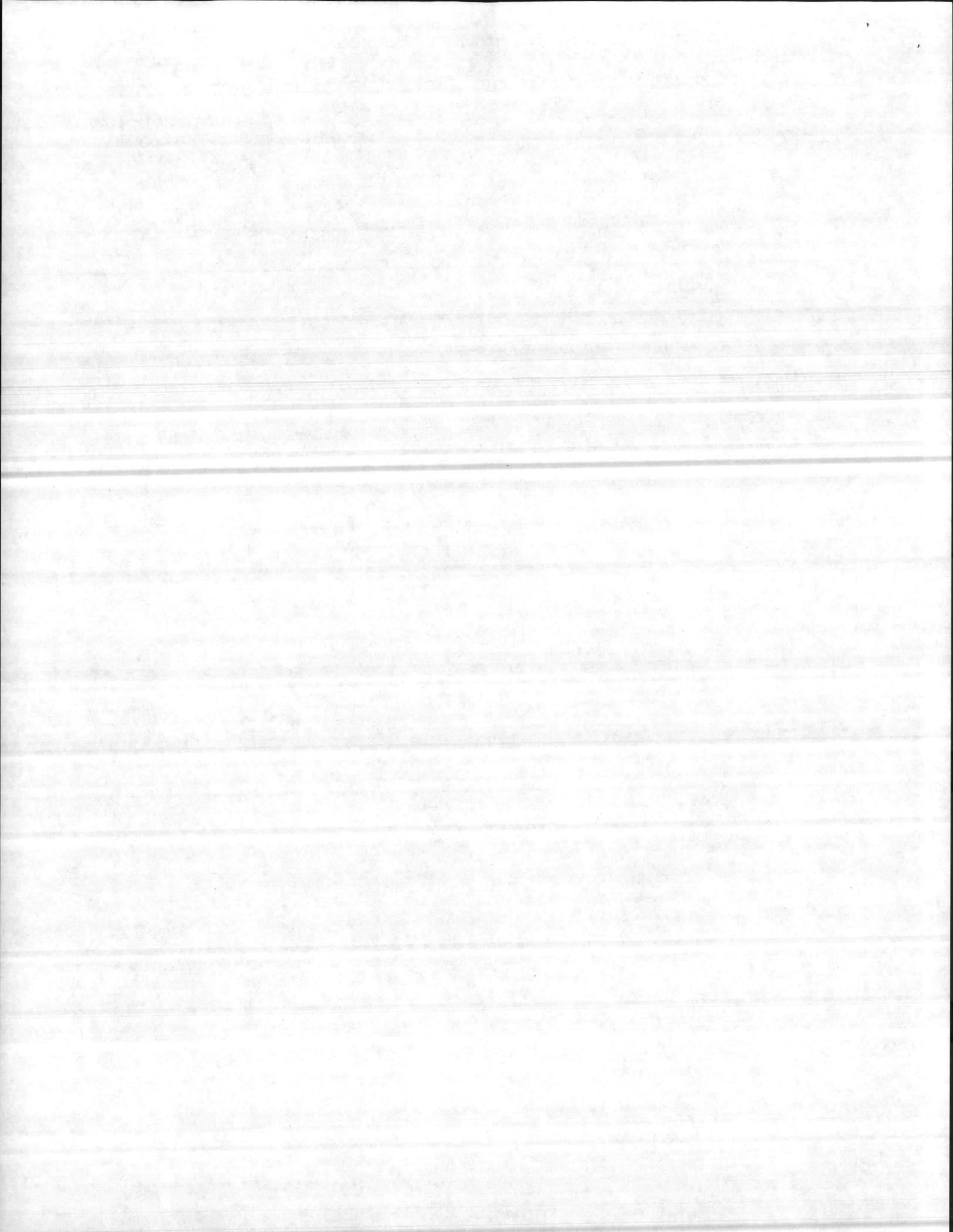
DEPARTMENT OF THE NAVY
NAVAL HOSPITAL
CAMP LEJEUNE, NORTH CAROLINA 28542-5008

IN REPLY REFER TO
11012/P-607
13/11246
11 Jul 1986

From: Commanding Officer, Naval Hospital, Camp Lejeune, NC 28542-5008
To: Commander, Atlantic Division, Naval Facilities Engineering Command,
Norfolk, VA 23511-6287
Via: Commanding General, Marine Corps Base, Camp Lejeune, NC 28542: *BW 7/16/86*
Subj: MCON PROJECT P-607, SITE APPROVAL FOR
Ref: (a) LANTNAVFACENGCOM ltr 11010 2021 dtd 20 Jun 86
(b) NAVFACINST 11010.57C Para 9
Encl: (1) NAVFAC Form 11010/31 and Site Map

1. As requested by reference (a) and in accordance with reference (b) site approval is requested for the project siting of the proposed Medical/Dental Clinic at Courthouse Bay.


E. N. GRAHAM
By direction



3. FROM: **Naval Hospital, Camp Lejeune, NC 28542**
 4. TO: **Atlantic Div, Naval Fac Engr Com**
Via: MCB, Camp Lejeune, NC

5. PROJECT DESCRIPTION: **550-10 MEDICAL/DENTAL CLINIC, COURTHOUSE BAY**
 6. TYPE OF FUNDING: **MCON**
 7. COST (\$000): **2,100**
 8. PROGRAM YEAR: **FY 91**

9. PROJECT DESCRIPTION: **Replacement of existing clinic with a 14,336 SF facility consisting of 10786 SF for Medical and 3200 SF for Dental and 350 SF for Ambulance Shelter**
 10. REMARKS:
 11. TYPE OF MAP: **Site Map**
 12. REQUESTED BY: **R. N. GRAHAM LTjg CEC USN**
 DATE: **11 Jul 86**

2. ANALYSIS
 (Place a check (✓) in box opposite EACH item. Y = Yes, N = No, NA = Not Applicable)

PROJECT SITING CONSIDERATION			PROJECT SITING CONSIDERATION		
Y	N	NA	Y	N	NA
✓					
✓					
✓					
✓					
✓					

1. COMPLIES WITH THE FOLLOWING CRITERIA:
 (1) AMMUNITION AND EXPLOSIVES ✓
 (2) ELECTROMAGNETIC RADIATION ✓
 (3) AIRFIELD SAFETY ✓
 (4) NOISE INTENSITY ✓
 (5) FIRE PROTECTION ✓

3. COMPATIBLE WITH ACTIVITY MASTER PLAN (Check appropriate box)
 IDENTICAL
 DIFFERENT BUT CONSISTENT
 NOT SHOWN BUT CONSISTENT
 * NOT SHOWN AND INCONSISTENT
 * DIFFERENT AND INCONSISTENT

4. DATE FORWARDED TO NAVFACHO: _____
 5. REVISION TO MASTER PLAN (Date) REQUESTED: _____ APPROVED: _____
 6. DATE OF INTERIM DEFERRAL AND REASON: _____

7. JUSTIFICATION ATTACHED: _____
 8. NAME AND CODE OF REVIEWER: **EA LUPINE 2011C**
 9. SIGNATURE OF CONCURRING OFFICIAL: _____
 10. DATE: _____

2. EVALUATION: _____
 1. DATE RECEIVED: _____

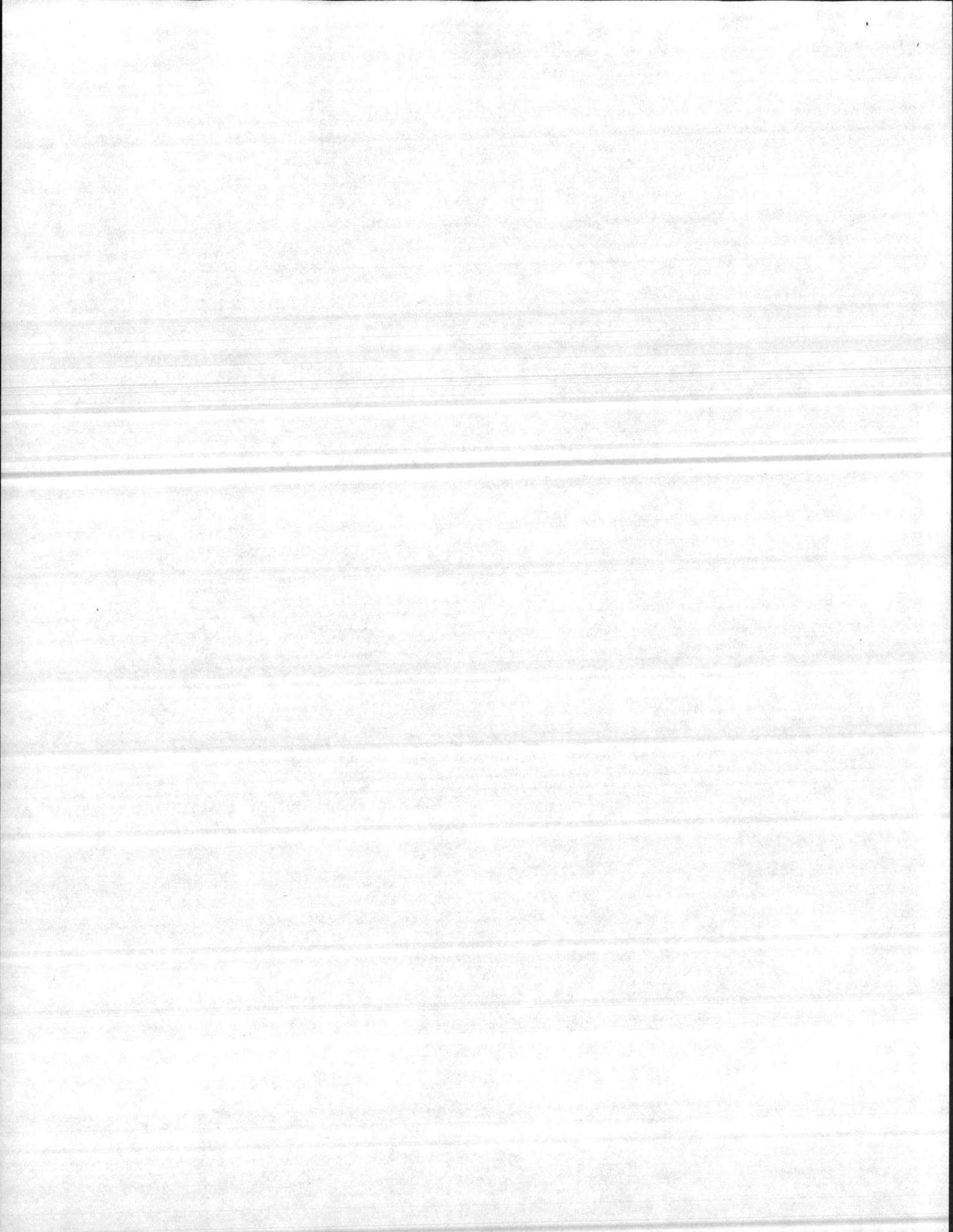
3. CRITERIA CERTIFICATION(S) REQUESTED (Check):
 DDESB CNO NAVSEA NAVELEX NAVAIR OTHER: _____

4. DATE CERTIFICATION(S) RECEIVED:
 DDESB: _____ CNO: _____ NAVSEA: _____ NAVELEX: _____ NAVAIR: _____ OTHER: _____

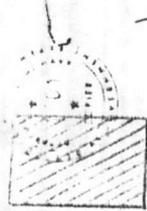
5. NAME AND CODE OF REVIEWER: _____
 1. ACTION (NAVFAHQ) (IEFD) (Check):
 APPROVED DISAPPROVED DEFERRED
 2. CERTIFICATION IDENTIFICATION (NAVFAHQ): _____

3. REMARKS (NAVFAHQ) (IEFD): _____
 4. APPROVING OFFICIAL (NAVFAHQ) (IEFD): _____
 5. COPY TO NAVFAHQ (IEFD): **202 G**
 6. TO ACTIVITY (IEFD): _____
 7. COPY TO (IEFD): _____
 DATE: _____

* Requires approval of a major or minor change to the master plan prior to site approval.



LEGEND



PROPOSED MEDICAL/
DENTAL CLINIC

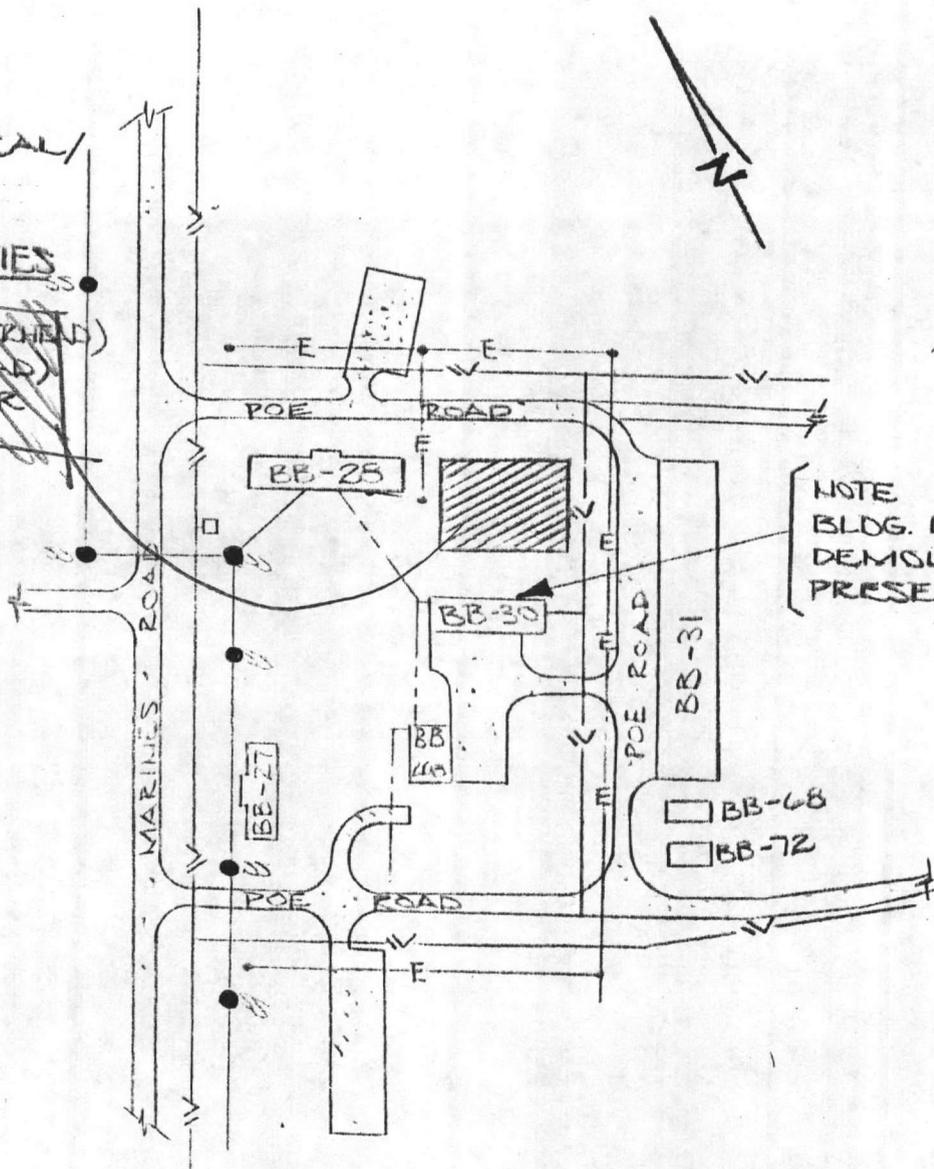
EXIST'G UTILITIES

WATER

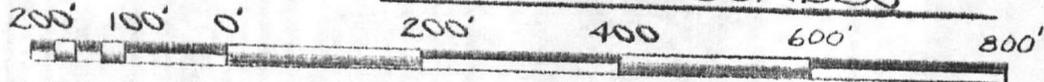
ELECTRICAL (OVERHEAD)

STEAM (OVERHEAD)

SANITARY SEWER

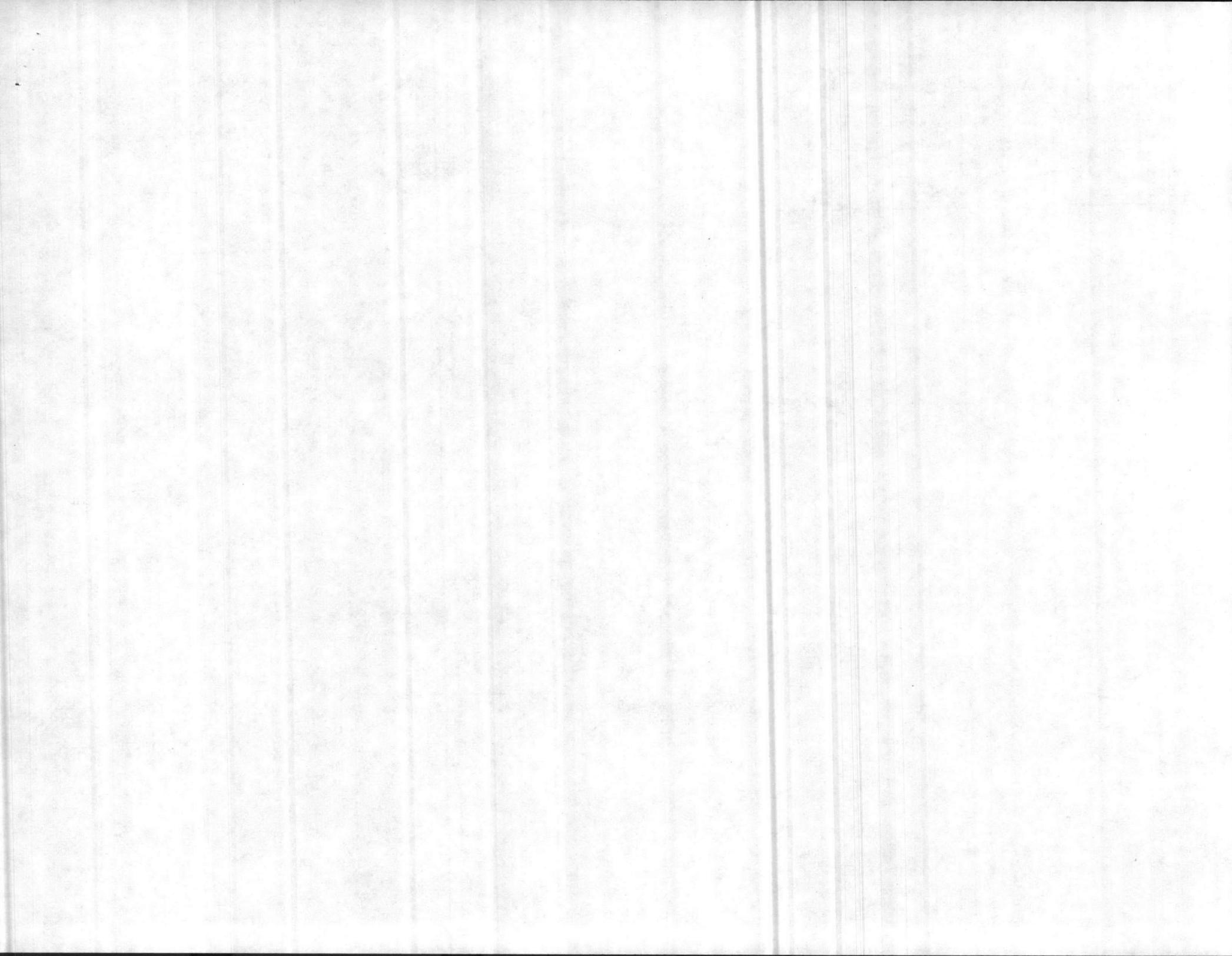


NOTE
BLDG. BB-30 IS UNDER
DEMOLITION AT THE
PRESENT TIME



SCALE - 1" = 200'

MEDICAL/DENTAL CLINIC
COURTHOUSE BAY AREA
CAMP LEJEUNE N. C.
PROJECT P-607



TO: Commanding General, Marine Corps Base, Camp Lejeune, NC 28542 (4700)

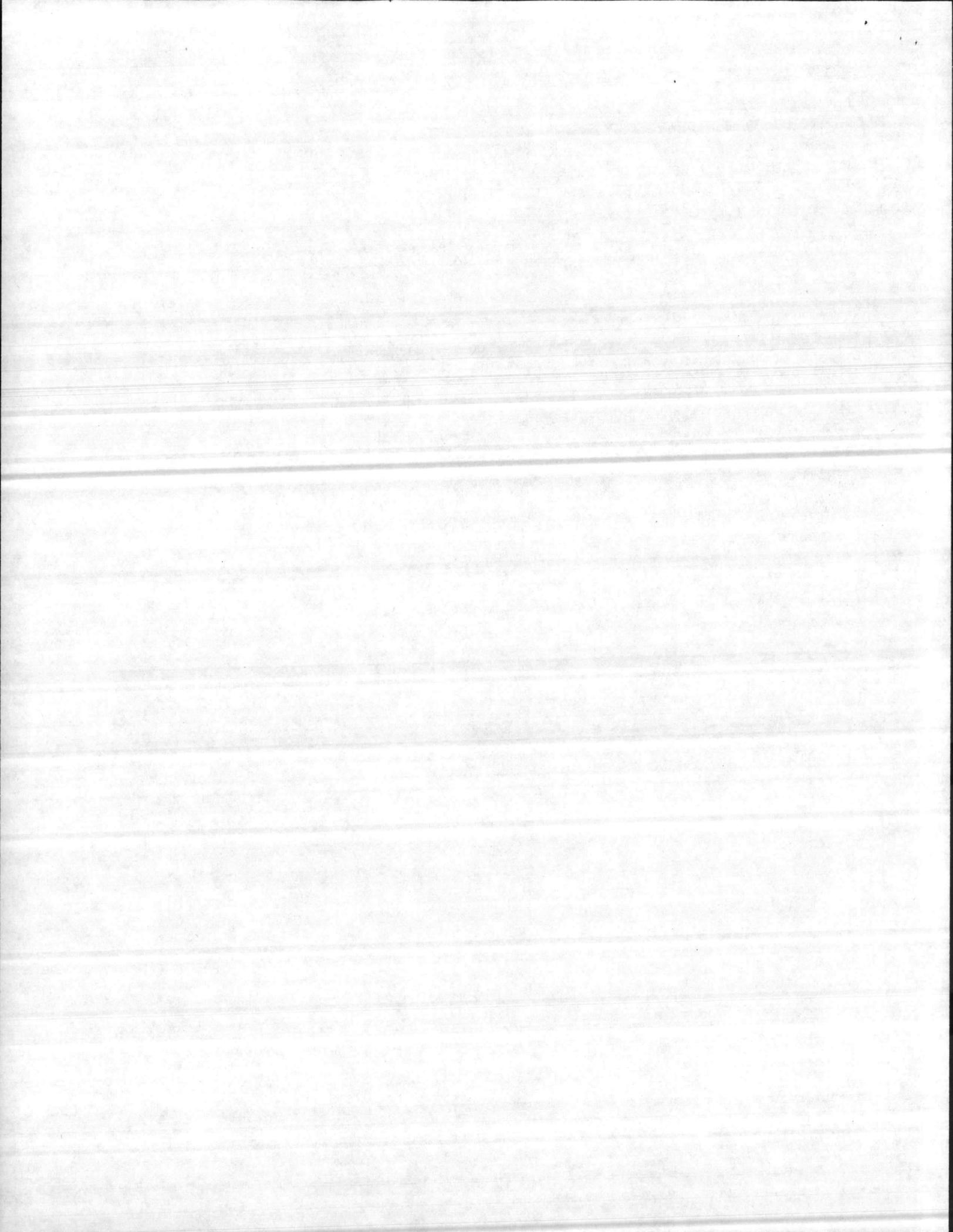
SECTION A FOR USE BY REQUESTER	FROM Assistant Chief of Staff/Facilities, Marine Corps Base, Camp Lejeune, NC 28542			
	CATEGORY CODE AND PROJECT TITLE 550-10 Medical/Dental Clinic, Courthouse Bay	TYPE OF FUNDING MCON	COST (\$000) 2,100	PROGRAM YEAR FY-91
	PROJECT DESCRIPTION Replacement of existing clinic with a 14,336 SF facility consisting of 10,786 SF for Medical, 3,200 SF for Dental and 350 SF for Ambulance Shelter.	REMARKS This is a BUMED project.		
	TYPE OF MAP Site Location Map (encl 1)	DATE -	REQUESTED BY (Typed name and signature) <i>AC Austin</i> A. C. AUSTIN	DATE

ANALYSIS <i>(Place a check (✓) in box opposite each item. Y = Yes; N = No; NA = Not Applicable)</i>						DATE RECEIVED	
Y	N	NA	PROJECT SITING CONSIDERATION	Y	N	NA	PROJECT SITING CONSIDERATION
X			a. COMPATIBLE WITH ACTIVITY PLANNED DEVELOPMENT GOALS				d. COMPLIES WITH THE FOLLOWING CRITERIA:
X			b. DEMONSTRATES SOUND PLANNING PRINCIPLES			X	(1) AMMUNITION AND EXPLOSIVES
X			c. MEETS MINIMUM PLANNING AND SITING CRITERIA			X	(2) ELECTROMAGNETIC RADIATION
						X	(3) AIRFIELD SAFETY
						X	(4) NOISE INTENSITY
						X	(5) FIRE PROTECTION
COMPATIBLE WITH ACTIVITY MASTER PLAN <i>(Check appropriate box)</i>							
<input type="checkbox"/> IDENTICAL		<input type="checkbox"/> DIFFERENT BUT CONSISTENT		<input type="checkbox"/> NOT SHOWN BUT CONSISTENT		<input type="checkbox"/> *NOT SHOWN AND INCONSISTENT	
<input type="checkbox"/> DDESB		<input type="checkbox"/> CNO		<input type="checkbox"/> NAVSEA		<input type="checkbox"/> NAVEXLEX	
<input type="checkbox"/> NAVSELEX		<input type="checkbox"/> NAVAIR		<input type="checkbox"/> OTHER:		DATE	
DATE CERTIFICATION(S) RECEIVED							
DDESB		CNO		NAVSEA		NAVEXLEX	
NAVAIR		OTHER					
ACTION							
<input type="checkbox"/> APPROVED		<input type="checkbox"/> DISAPPROVED		<input type="checkbox"/> DEFERRED			

SECTION B HQMC REVIEW AND ANALYSIS	REMARKS Site approved by Base Commander under MCO P11000.12C
	APPROVING OFFICIAL (Typed name and signature) B. W. ELSTON <i>BWElston</i>

APPROVING OFFICIAL (Typed name and signature) B. W. ELSTON <i>BWElston</i>	DATE
-------------------------------------------------------------------------------	------

*Requires approval of a major change to the master plan prior to site approval.



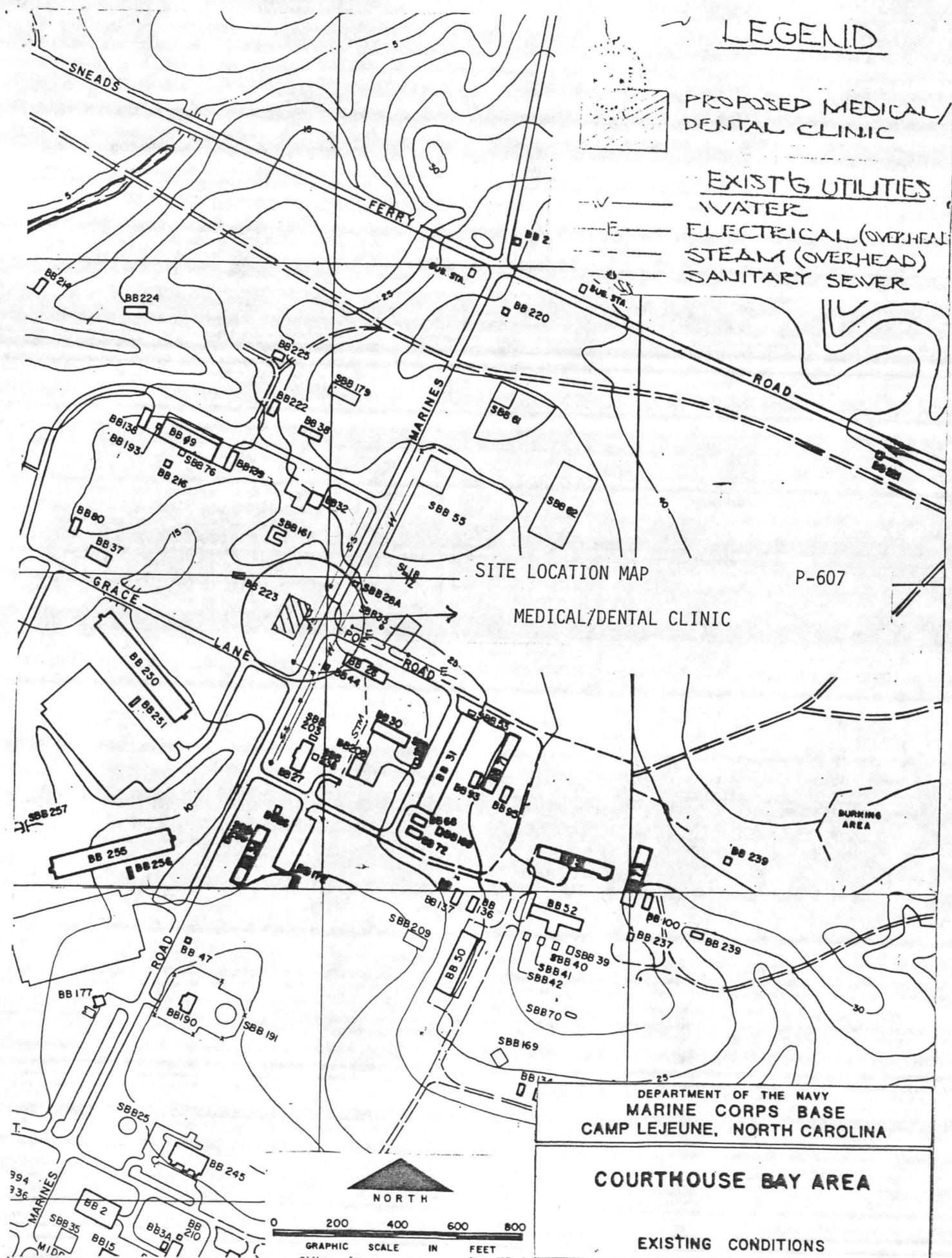
LEGEND



PROPOSED MEDICAL/
DENTAL CLINIC

EXIST'G UTILITIES

- W — WATER
- E — ELECTRICAL (OVERHEAD)
- - - STEAM (OVERHEAD)
- - - SANITARY SEWER



SITE LOCATION MAP

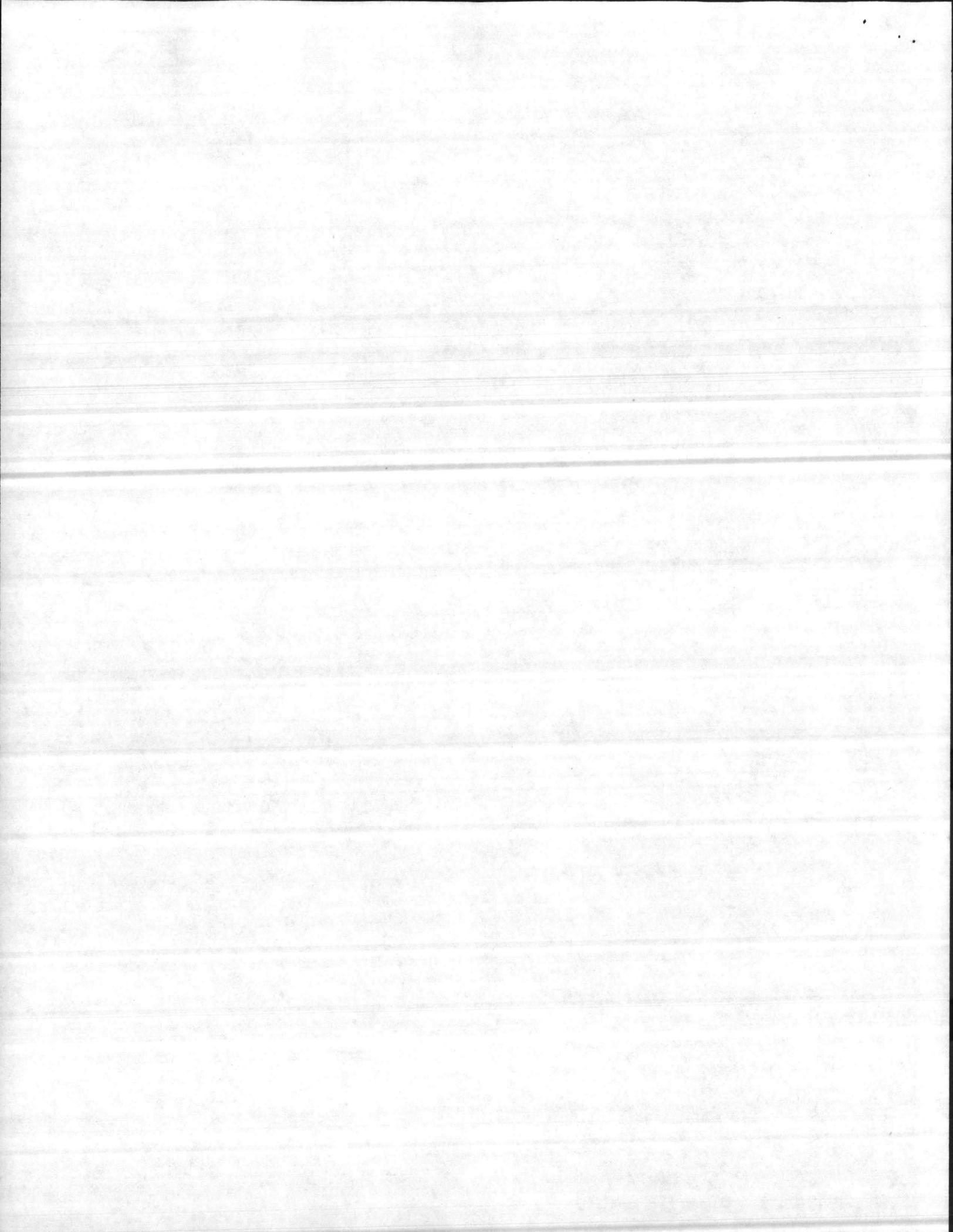
P-607

MEDICAL/DENTAL CLINIC

DEPARTMENT OF THE NAVY
MARINE CORPS BASE
CAMP LEJEUNE, NORTH CAROLINA

COURTHOUSE BAY AREA

EXISTING CONDITIONS



FACILITIES PLANNING DOCUMENT

TIME: 06.48.44

DATE: 09/03/86

ACTIVITY UIC....N68093 NAME....NAVHOSP CAMP LEJEUNE NC
 SPEC AREA.....IA NAME....COURTHOUSE BAY

ALT HOST UIC....M57001 NAME....MCB CAMP LEJEUNE NC
 CATEGORY CODE...55010 DESCRIPTION...MEDICAL CLINIC
 RQMTS DATE.. 12 OCT 83 LATEST CHANGE DATE.. 12 OCT 83 EFD CERT DATE.. 30 AUG 83

BASIC FACILITY ASSETS DATA				QUANTITY	QUANTITY
FAC RQMT	UM	ADEQUATE	SUBSTNRD INADEQUATE OTHER	DEFICIENT	SURPLUS
10786	(SF)		3039	10786	
	BD		6		6

FACILITY DETAIL				SATISFACTION OF DEF/SURP					
FAC NO	U	EE	C	ADEQUATE	SUBSTNRD INADEQTE	DEF CODES ACTION ID	D	SCOPE	NT
BB10	Y	82	P		3039	A30B10B30 DEMOL P-607 -		3039	
	ACQ					CONSTR P-607 +		10786	01
TOTAL PROPOSED ADEQUATE ASSETS =								10786	

NOTES FOR CATEGORY CODE.. 55010
 STD NOTES: REQUIREMENT PENDING NAVFACENGCORHQ APPROVAL

GEN NOTES:
 FPD ACTION NOTES:
 01 CONSTRUCTION OF P-607 WILL PROVIDE A FACILITY FOR THE FOLLOWING USES:

CAT CODE	QUANTITY	
55010	10,786 SF	MEDICAL CLINIC
54010	3,200 SF	DENTAL CLINIC
14310	350 SF	AMBULANCE SHELTER
TOTAL	14,336 SF	

END DATA FOR CATEGORY CODE 55010

