



DEPARTMENT OF THE NAVY  
BUREAU OF MEDICINE AND SURGERY  
WASHINGTON, D.C. 20372

IN REPLY REFER TO

BUMED-4151-db

15 Dec 1978

*PWO*  
*File*

From: Chief, Bureau of Medicine and Surgery  
To: Commander, Atlantic Division, Naval Facilities  
Engineering Command  
Via: Commander, Naval Facilities Engineering Command  
Subj: Contract N62470-77-B-7526, FY-79 MCON Project P-600,  
Hospital Replacement, Naval Regional Medical Center,  
Camp Lejeune, North Carolina  
Ref: (a) LANTNAVFACENCOM ltr 09A21A:SFB N62470-77-B-7526  
of 4 Dec 1978  
Encl: (1) Dwgs - Study Environmental Walls and Columns,  
Schemes 'A' & 'B'  
(2) Sketch of Modified Scheme 'B'

1. As requested by reference (a), the proposed schemes of the ICU/CCU power column for NAVREGMEDCEN CAMLEJ have been reviewed.

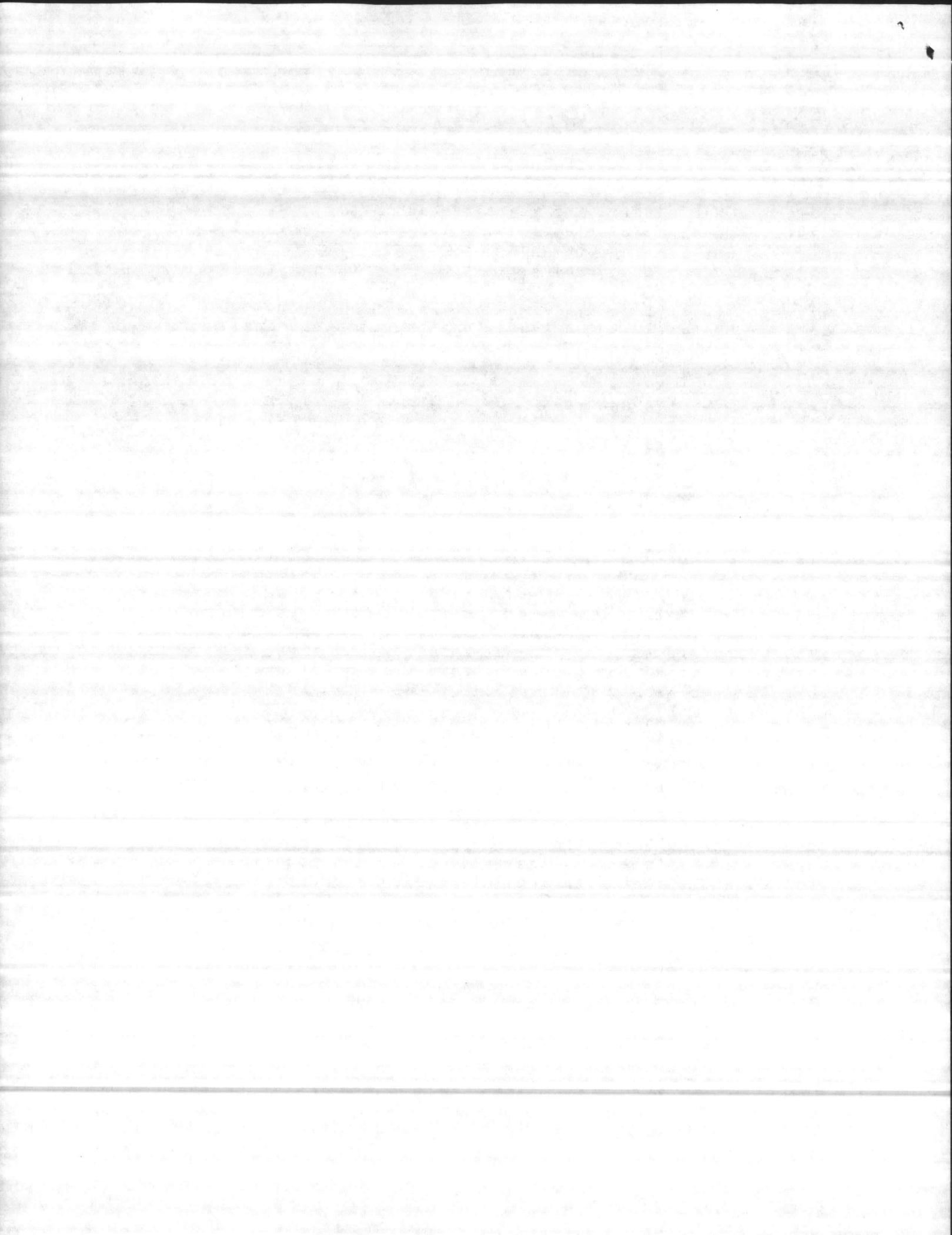
2. Enclosure (1) is the approved schemes to be incorporated in the project. Scheme 'B' incorporates the use of the power column at the left side of the patient's head which allows the doctor to examine the patient from the right side with immediate view of the power column. In addition, this scheme has the best space utilization of the room and the closest access to the patient toilet from the bed.

3. Scheme 'A' is to be used in all ICU/CCU isolation rooms. The environmental wall unit has to be utilized because the room size is not adaptable to a power column.

4. Enclosure (2) is a modified layout of Scheme 'B' that occurs in the rooms that are opposite hand to the ones shown by the A/E in the drawings reviewed. This modified scheme incorporates the advantages of Scheme 'B' mentioned above in these opposite hand rooms.

*W. P. Arentzen*  
W. P. ARENTZEN

Copy to:  
NAVREGMEDCEN CAMLEJ



OLD I.V. TRACK  
OLD A/C OUTLET  
OLD EXAM LIGHT

SCHEME 'B'

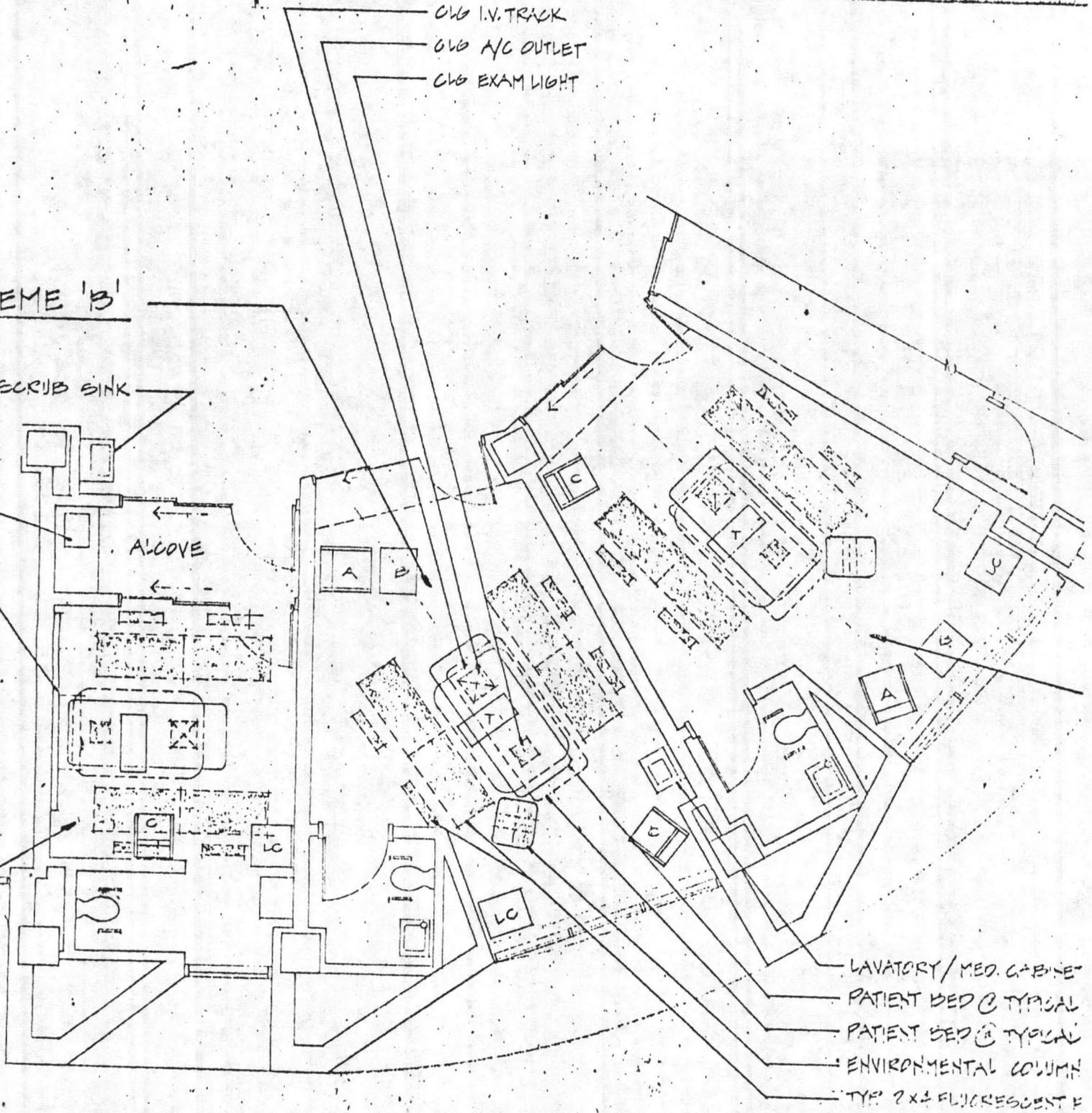
SURGEON'S SCRUB SINK

WATER/SINK

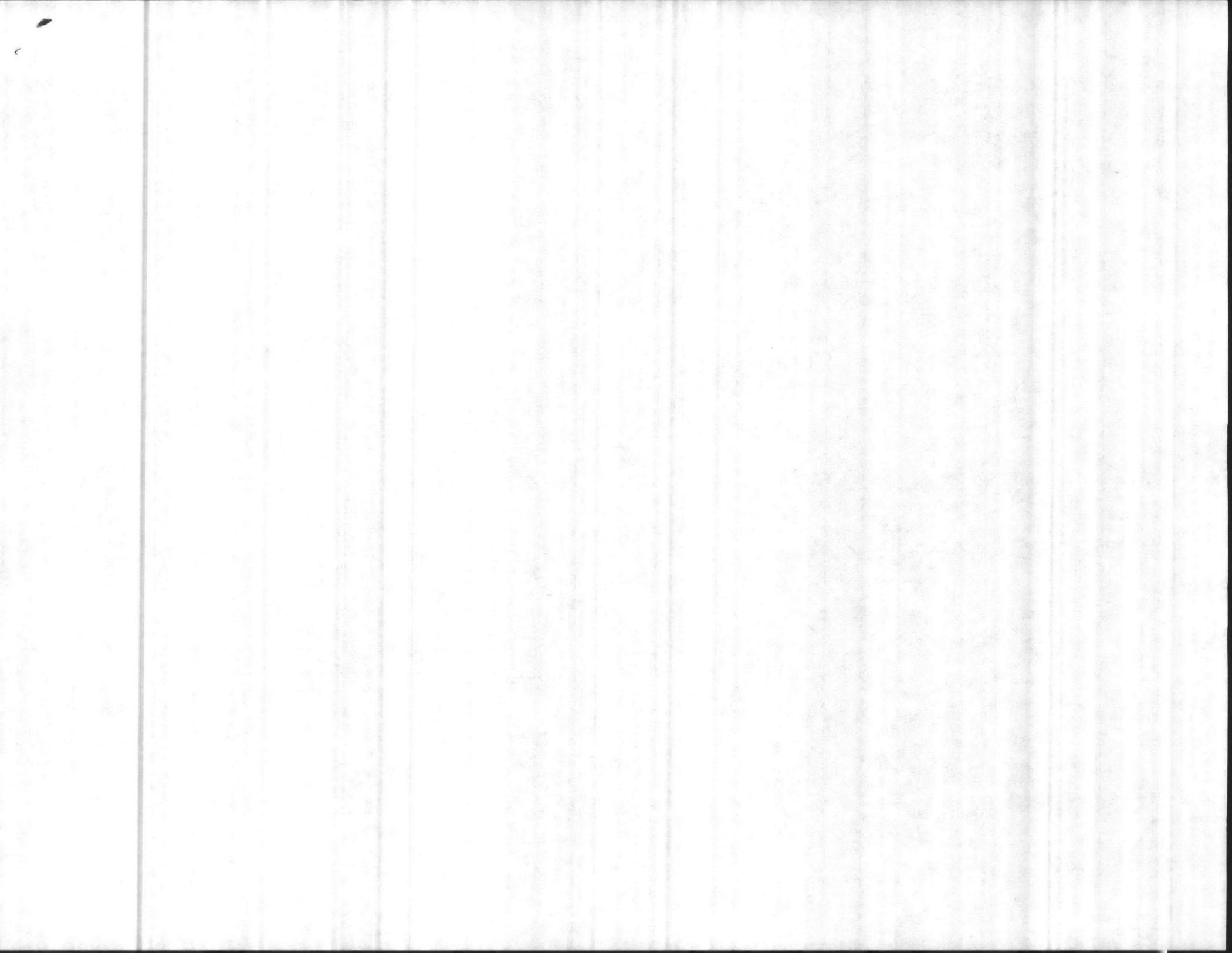
CONCRETE WALL IN  
ENTER ROOM

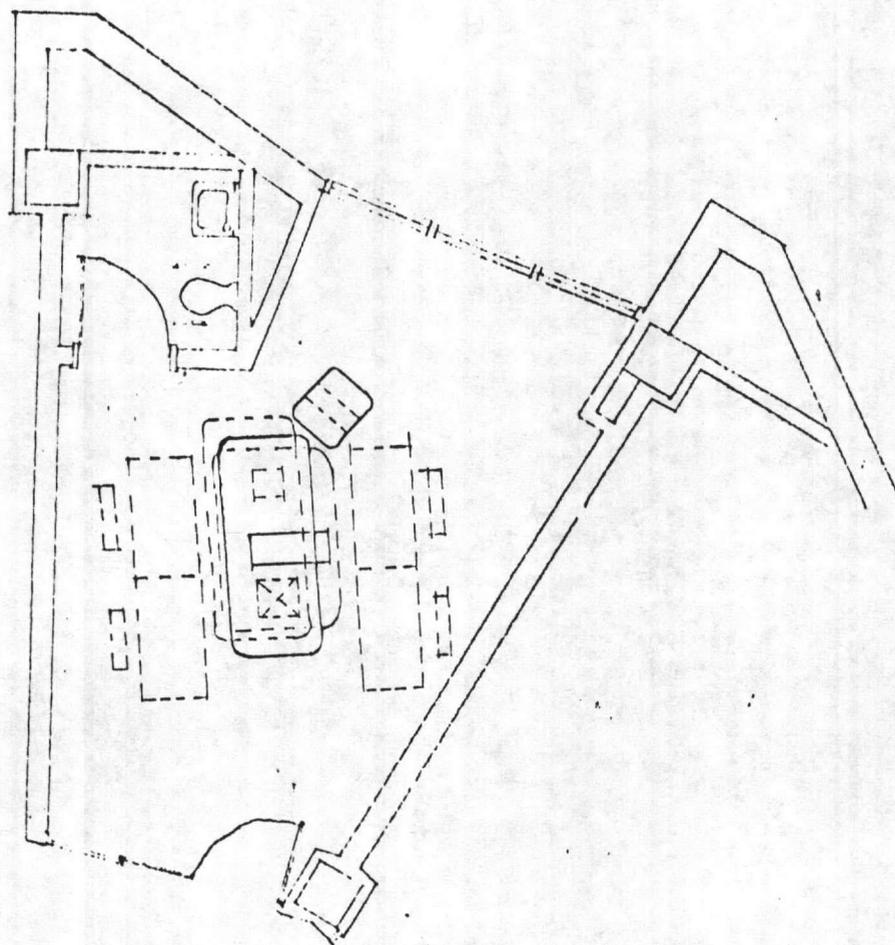
ALCOVE

SCHEME 'A'



LAVATORY/MED. CABINET  
PATIENT BED @ TYPICAL  
PATIENT BED @ TYPICAL  
ENVIRONMENTAL COLUMN  
TYP 2x4 FLUORESCENT

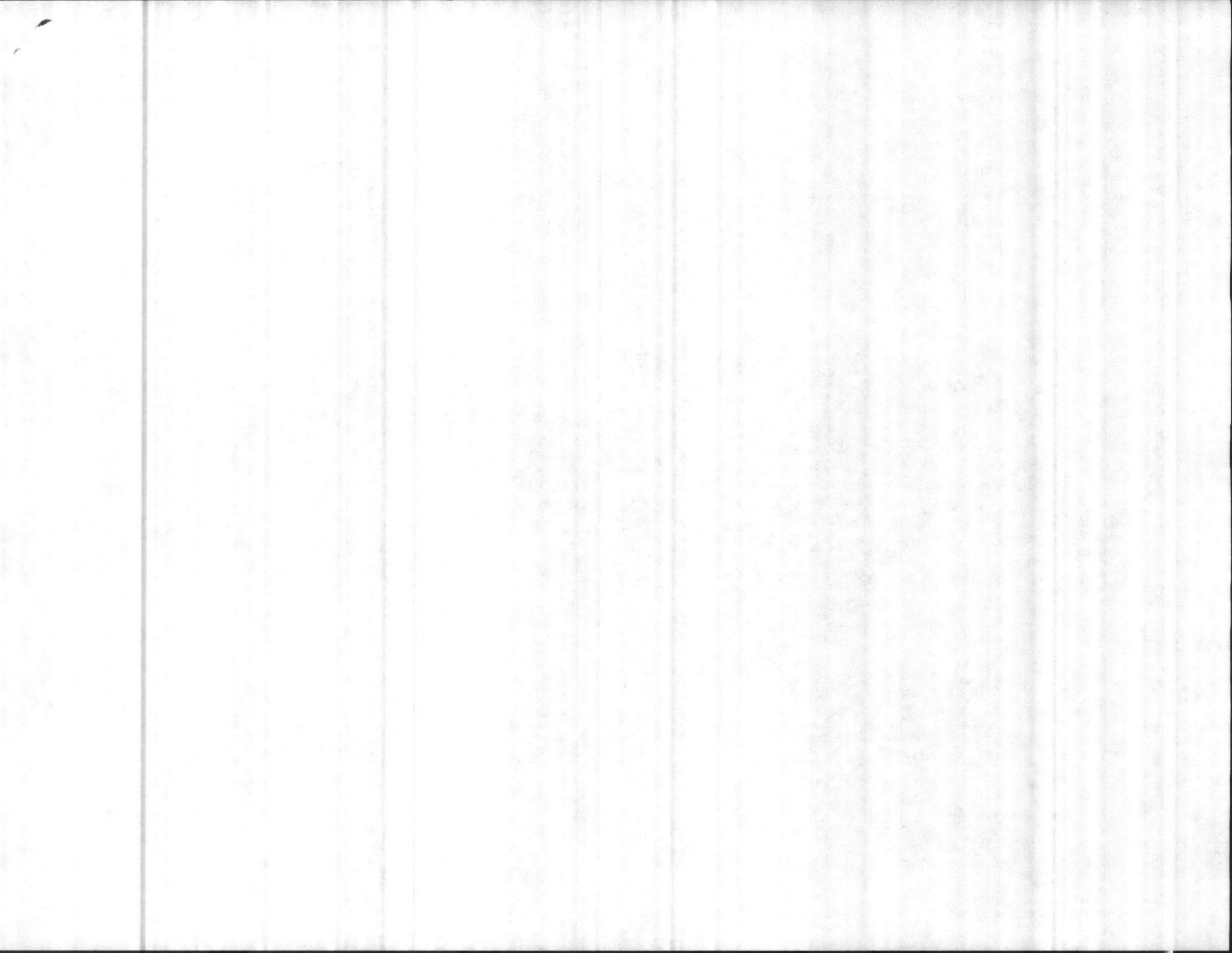




SCHEME 'B' (MODIFIED)

BUMED 12 DEC. 78

ENCLOSURE (2)





DEPARTMENT OF THE NAVY  
ATLANTIC DIVISION  
NAVAL FACILITIES ENGINEERING COMMAND  
NORFOLK, VIRGINIA 23511

TELEPHONE NO.  
444-1131

AUTOVON 690-1131  
IN REPLY REFER TO:

09AS:CEK  
4330/2

16 NOV 1978

From: Commander, Atlantic Division, Naval Facilities Engineering Command  
To: Lieutenant Commander Richard E. CARLSON, CEC, USN, 147-26-0622/5100

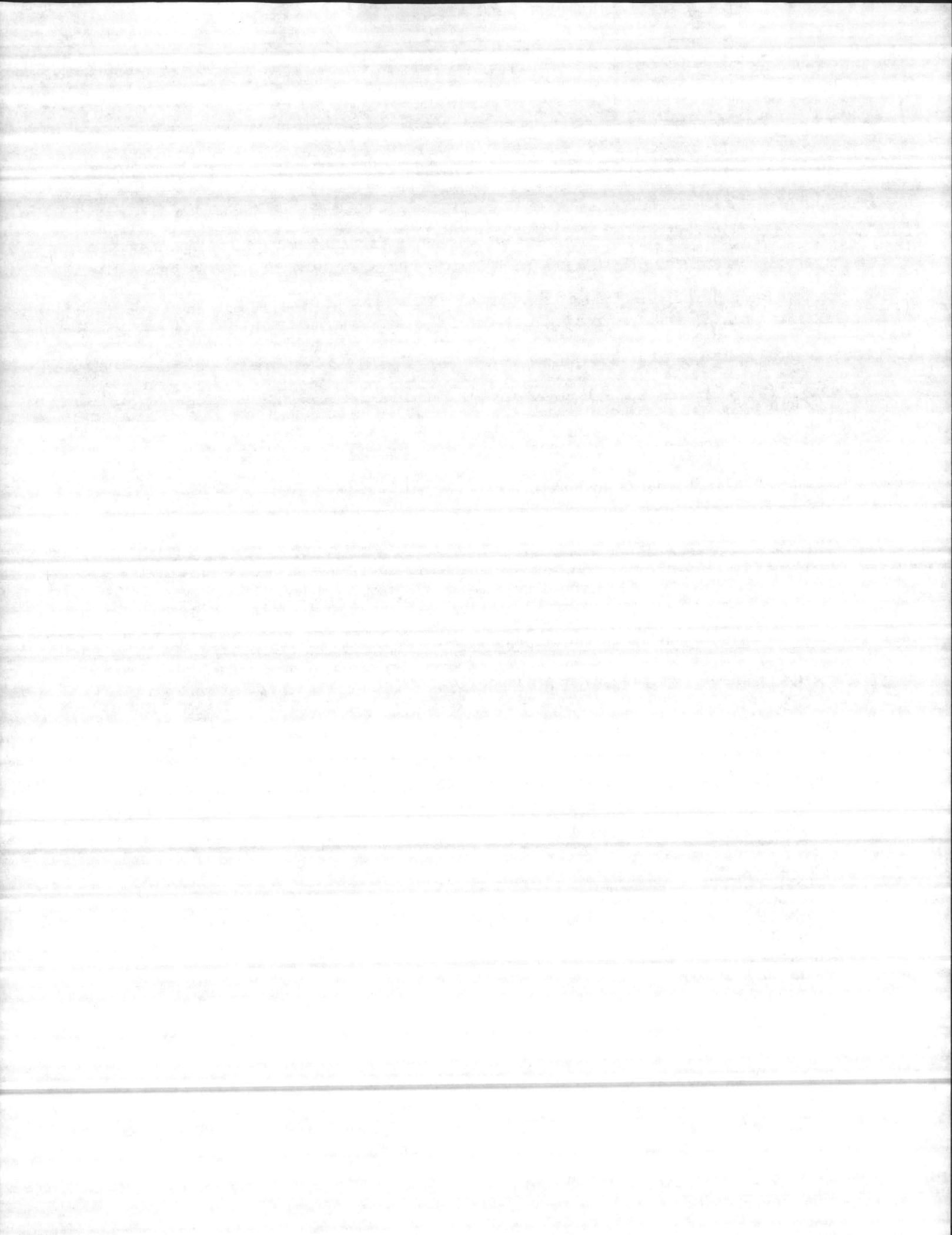
Subj: Contracting responsibilities; assignment of

Ref: (a) NAVFAC P-68, Contracting Manual

1. Effective this date, you are assigned duty as Resident Officer in Charge of Construction, Camp Lejeune Hospital, Marine Corps Base, Camp Lejeune, North Carolina.
2. As ROICC, your duties will include representing the Commander at the site on all matters pertaining to field administration of contracts for construction of the new Camp Lejeune Hospital, and taking such action as may be necessary to insure that the contracts are prosecuted and completed in accordance with the approved plans and specifications.
3. The ROICC's functions and responsibilities for the administration of NAVFACENGCOM contracts are generally set forth in reference (a).
4. You shall keep the OICC fully informed on the status of construction at all times and submit such progress and performance records as may be required. Upon completion of construction, you shall forward all original contract records and correspondence to the OICC for his retention with other pertinent contract records.

*Carl Courtwright*  
CARL COURTRIGHT  
Vice Commander

Copy to:  
CHNAVPERS  
NAVFACENGCOM  
BUMED  
CMC (A01)  
COMFIVE  
MARCORB CAMLEJ  
→ NAVREGMEDCEN CAMLEJ  
FMFLANT  
OICC/ROICC JACKSONVILLE NC AREA





DEPARTMENT OF THE NAVY  
ATLANTIC DIVISION  
NAVAL FACILITIES ENGINEERING COMMAND  
NORFOLK, VIRGINIA 23511

TELEPHONE NO. *two*

444-1131

AUTOVON 690-1131 *Full*  
IN REPLY REFER TO:

09AS:CEK

4330/2

16 NOV 1978

From: Commander, Atlantic Division, Naval Facilities Engineering Command  
To: Lieutenant Commander Richard E. CARLSON, CEC, USN, 147-26-0622/5100

Subj: Contracting responsibilities; assignment of

Ref: (a) NAVFAC P-68, Contracting Manual

1. Effective this date, you are assigned duty as Resident Officer in Charge of Construction, Camp Lejeune Hospital, Marine Corps Base, Camp Lejeune, North Carolina.
2. As ROICC, your duties will include representing the Commander at the site on all matters pertaining to field administration of contracts for construction of the new Camp Lejeune Hospital, and taking such action as may be necessary to insure that the contracts are prosecuted and completed in accordance with the approved plans and specifications.
3. The ROICC's functions and responsibilities for the administration of NAVFACENGCOM contracts are generally set forth in reference (a).
4. You shall keep the OICC fully informed on the status of construction at all times and submit such progress and performance records as may be required. Upon completion of construction, you shall forward all original contract records and correspondence to the OICC for his retention with other pertinent contract records.

*Carl Courtwright*  
CARL COURTRIGHT  
Vice Commander

Copy to:

CHNAVPERS

NAVFACENGCOM

BUMED

CMC (A01)

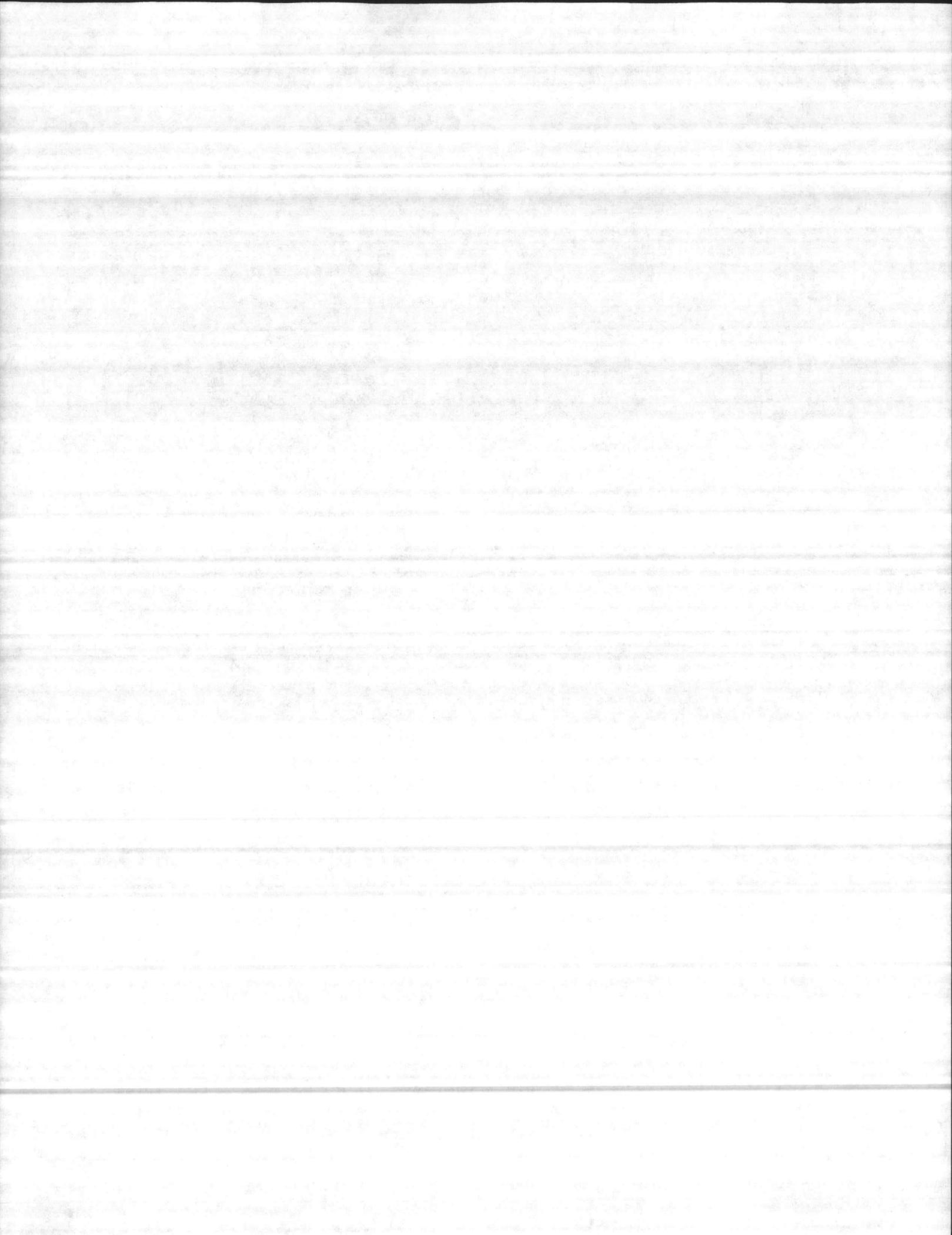
COMPIVE

MARCORB CAMLEJ

→ NAVREGMEDCEN CAMLEJ

FMFLANT

OICC/ROICC JACKSONVILLE NC AREA





2-5-1  
DEPARTMENT OF THE NAVY  
ATLANTIC DIVISION  
NAVAL FACILITIES ENGINEERING COMMAND  
NORFOLK, VIRGINIA 23511

TELEPHONE NO. *PW0*

444-7521

IN REPLY REFER TO:

09A21A:LFB  
N62470-75-C-1383  
*File  
P600*

16 OCT 1978

Lockwood Greene/Six Associates  
P. O. Box 491  
Spartanburg, South Carolina 29304

Re: A&E Contract N62470-75-C-1383, FY 79 MCON Project P-600,  
Hospital Replacement, Naval Regional Medical Center, Camp  
Lejeune, North Carolina

Gentlemen:

As indicated in enclosure (1), the Bureau of Medicine and Surgery has requested that acute care columns be provided in the ICU and CCU. It is, therefore, requested that you submit a fee proposal to provide a redesign of the ICU and CCU spaces which would include a non-proprietary design of the acute care columns. Enclosure (1) provides a possible solution for your consideration. Your proposal should provide a schedule to accomplish this design change. The current schedule for submittal of the final plans and specifications should not be delayed. Therefore, this redesign will be handled as an amendment or a change order to the construction contract depending on the timing.

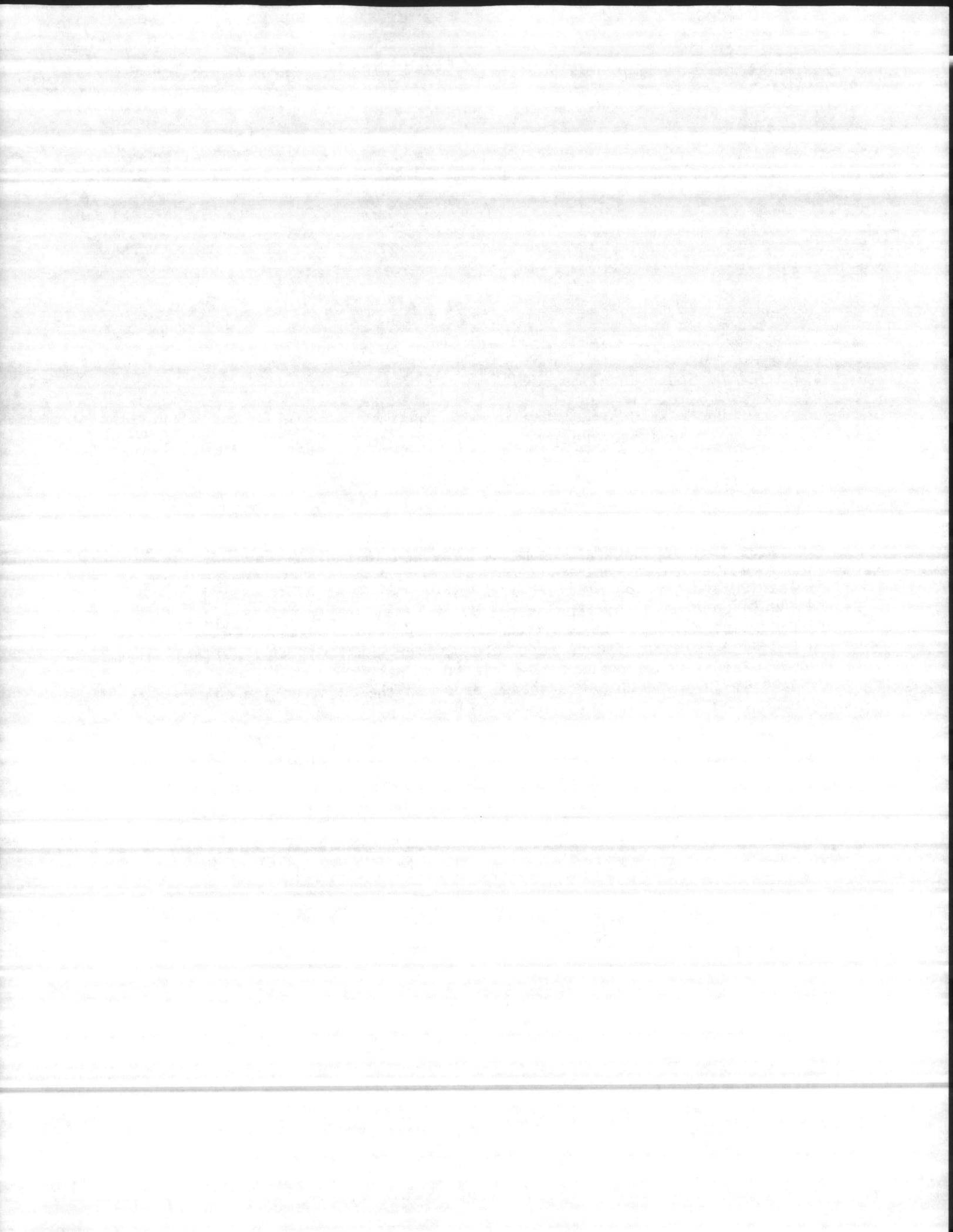
Sincerely yours,

A. G. BRYANT, JR., P.E.  
Head, CONUS Branch  
Acquisition Project Management Office  
By direction of the Commander

Encl:  
(1) BUMED-4131-mr of 3 Oct 1978  
w/encls

Blind copy to: (w/o encls)  
BUMED

NAVFACEGCOM  
NAVREGMEDCEN CAMLEJ





DEPARTMENT OF THE NAVY  
ATLANTIC DIVISION  
NAVAL FACILITIES ENGINEERING COMMAND  
NORFOLK, VIRGINIA 23511

TELEPHONE NO. *PW0*

444-7521

IN REPLY REFER TO: *File P600*

09A21A:LFB  
N62470-75-C-1383

16 OCT 1978

Lockwood Greene/Six Associates  
P. O. Box 491  
Spartanburg, South Carolina 29304

Re: A&E Contract N62470-75-C-1383, FY 79 MCON Project P-600,  
Hospital Replacement, Naval Regional Medical Center, Camp  
Lejeune, North Carolina

Gentlemen:

As indicated in enclosure (1), the Bureau of Medicine and Surgery has requested that acute care columns be provided in the ICU and CCU. It is, therefore, requested that you submit a fee proposal to provide a redesign of the ICU and CCU spaces which would include a non-proprietary design of the acute care columns. Enclosure (1) provides a possible solution for your consideration. Your proposal should provide a schedule to accomplish this design change. The current schedule for submittal of the final plans and specifications should not be delayed. Therefore, this redesign will be handled as an amendment or a change order to the construction contract depending on the timing.

Sincerely yours,

A. G. BRYANT, JR., P.E.  
Head, CONUS Branch  
Acquisition Project Management Office  
By direction of the Commander

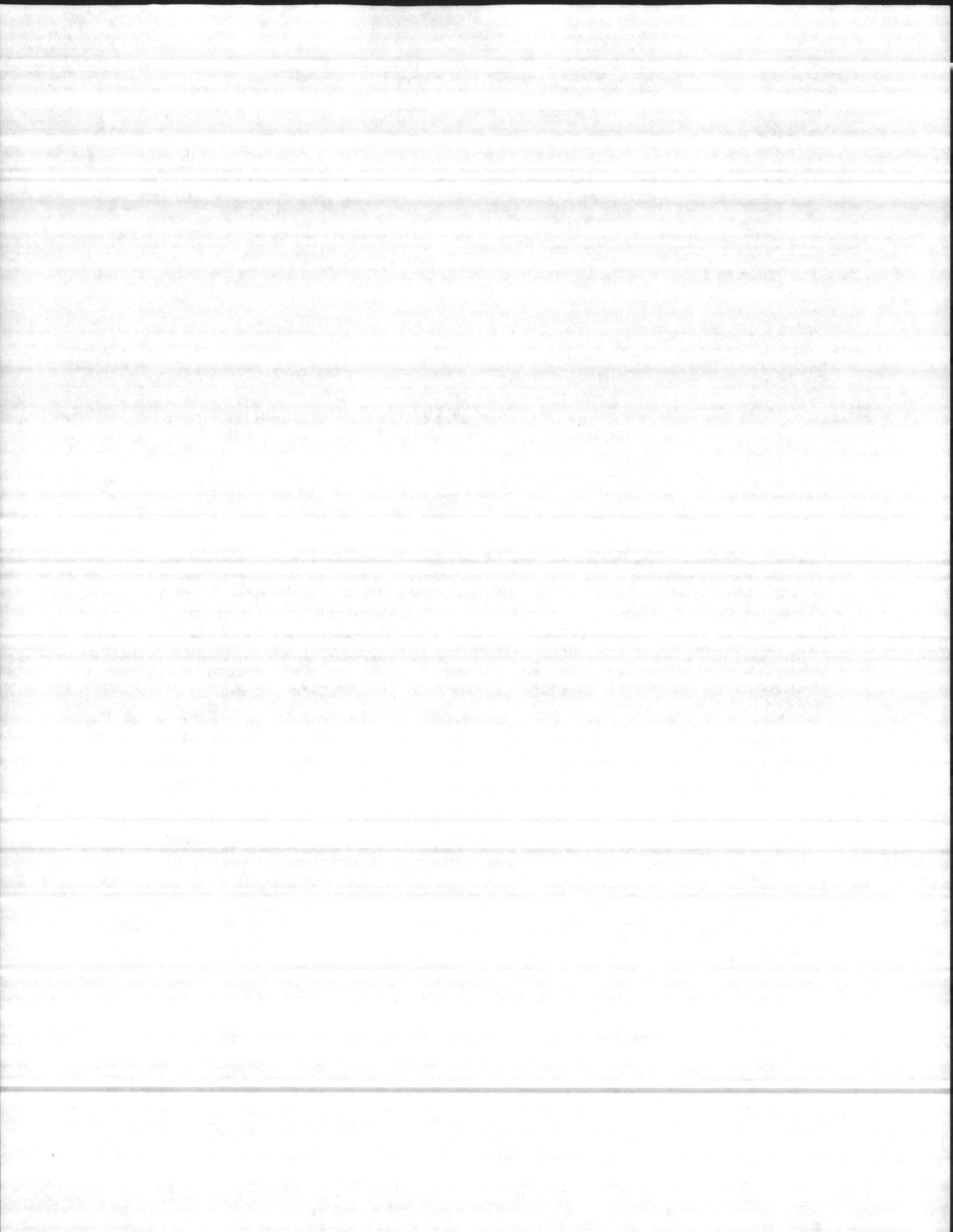
Encl:  
(1) BUMED-4131-mr of 3 Oct 1978  
w/encls

Blind copy to: (w/o encls)

BUMED

NAVFACECOM

NAVREGMEDCEN CAMLEJ





DEPARTMENT OF THE NAVY  
ATLANTIC DIVISION  
NAVAL FACILITIES ENGINEERING COMMAND  
NORFOLK, VIRGINIA 23511

TELEPHONE NO. *[Handwritten initials]*  
444-7521 *Full*

IN REPLY REFER TO:  
09A21A:LFB  
11010/NAVREGMEDCEN  
CAMLEJ

12 OCT 1978

Lockwood Greene/Six Associates  
P. O. Box 491  
Spartanburg, South Carolina 29304

Re: FY 79 MCON Project P-600, Hospital Replacement, Naval  
Regional Medical Center, Camp Lejeune, North Carolina

Gentlemen:

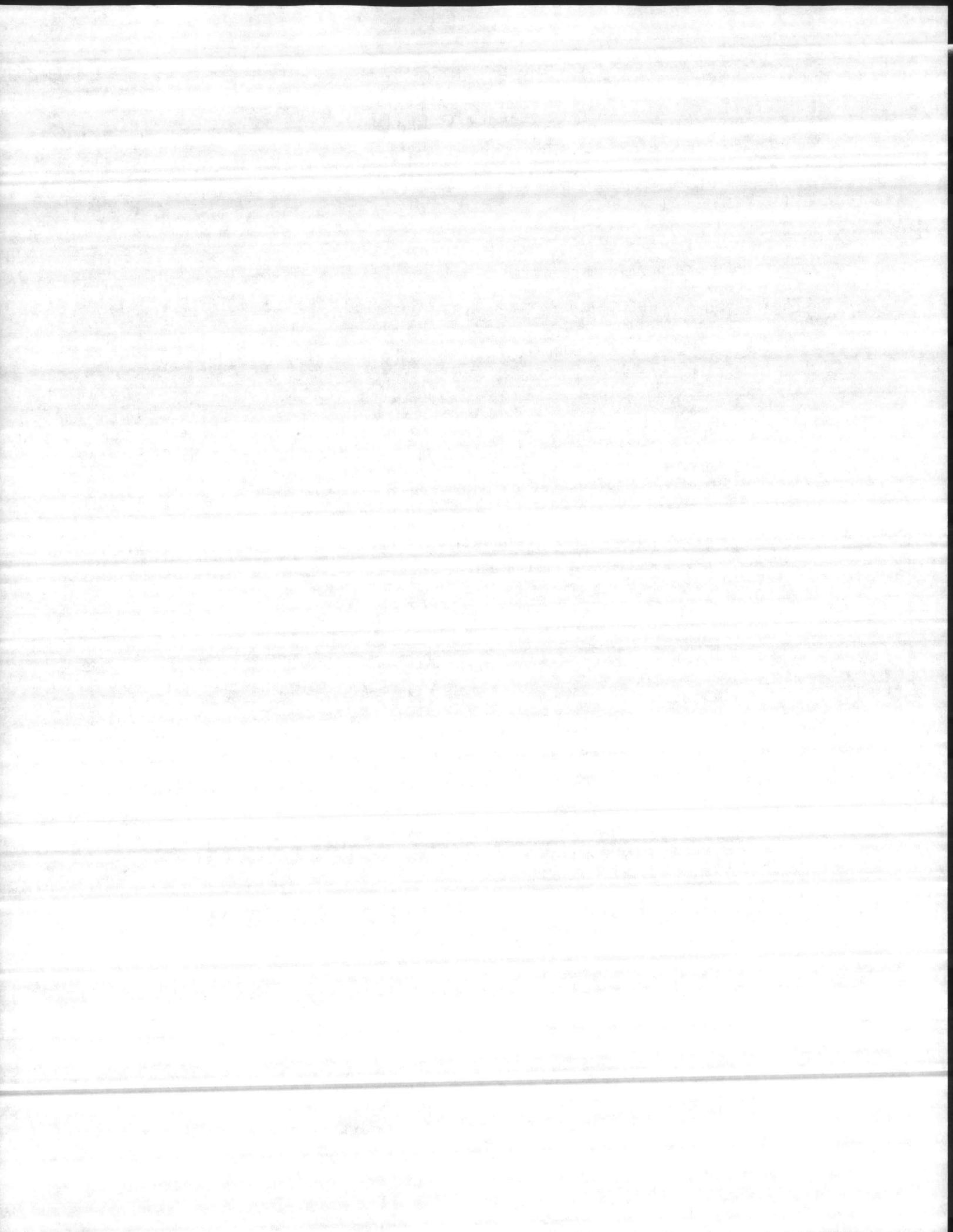
Enclosure (1) is the proposed brick sample provided at the 29-30 August 1978 review meeting in Atlanta. This brick selection, Jamestown Standard Brick with wire cuts, manufactured by Borden Brick Company and the use of black mortar are approved. A test panel should be constructed at the Naval Regional Medical Center, Camp Lejeune for viewing by prospective construction contract bidders. You are requested to retain enclosure (1) and provide a duplicate sample to this Command.

Sincerely yours,

A. G. BRYANT, JR., P.E.  
Head, CONUS Branch  
Acquisition Project Management Office  
By direction of the Commander

Encl:  
(1) Brick Sample w/NAVFACENCOM  
approval ltr 046B/RLJ of  
22 Sep 1978

Blind copy to: (w/o encl)  
NAVFACENCOM  
BUMED  
→ NAVREGMEDCEN CAMLEJ





DEPARTMENT OF THE NAVY  
ATLANTIC DIVISION  
NAVAL FACILITIES ENGINEERING COMMAND  
NORFOLK, VIRGINIA 23511

TELEPHONE NO.  
444-7521

IN P-83A21A-LFB  
N52470-77-B-7526

6 OCT 1978

Lockwood Greene/Six Associates  
P. O. Box 491  
Spartanburg, South Carolina 29304

Re: A&E Contract N52470-77-B-7526, FY 79 MCON Project P-600,  
Hospital Replacement, Naval Regional Medical Center, Camp  
Lejeune, North Carolina

Gentlemen:

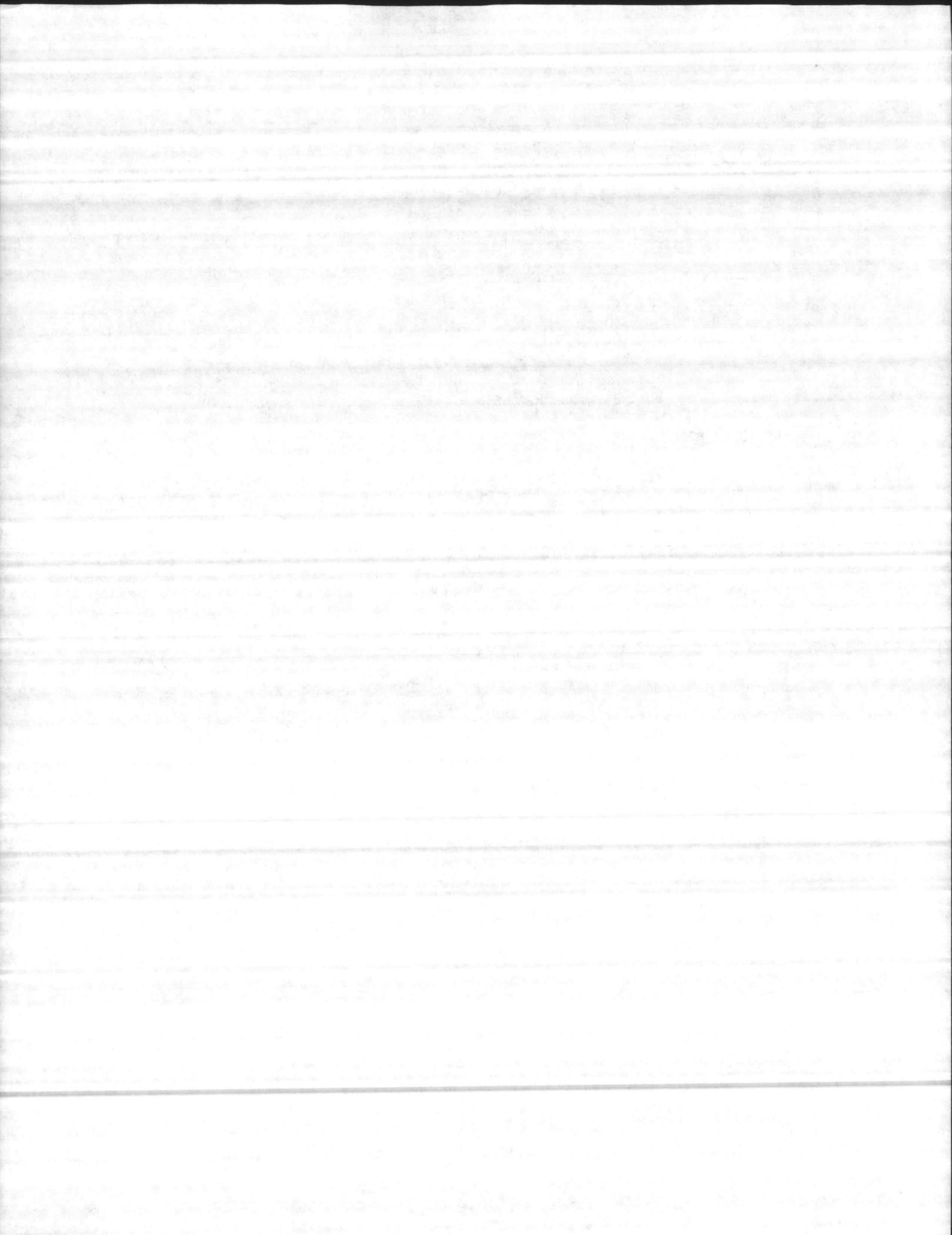
Enclosure (1) is guidance provided by the Bureau of Medicine and Surgery, Washington, D. C., concerning the desired type of surgical lighting and configuration of lighting in the Operating, Delivery and Cysto Rooms. You are requested to incorporate these changes in the design of the referenced project.

Sincerely yours,

A. G. BRYANT, JR., P.E.  
Head, CONUS Branch  
Acquisition Project Management Office  
By direction of the Commander

Encl:  
(1) BUMED ltr BUMED-4131-mr  
dtd 2 Oct 1978

Copy to: (w/o encl)  
NAVFACENGCOM  
BUMED  
→ NAVREGMEDCEN Camp Lejeune





DEPARTMENT OF THE NAVY  
BUREAU OF MEDICINE AND SURGERY  
WASHINGTON, D. C. 20372

IN REPLY REFER TO  
BUMED-4131-mr  
3 Oct 1978

*PWO*  
*E. Wood*  
*file*

From: Chief, Bureau of Medicine and Surgery  
To: Commander, Naval Facilities Engineering Command

Subj: FY 1979 MILCON Project P-600, Naval Regional Medical Center, Camp Lejeune, NC, Hospital Replacement

Ref: (a) A/E 100 Percent Interior Design Presentation for Naval Regional Medical Center, Camp Lejeune, NC, in Atlanta, GA, on 29 Aug 1978

Encl: (1) Sketch of ICU/CCU Room Configuration for Acute Care Column  
(2) Sample Specifications and Planning Guide for Acute Care Column

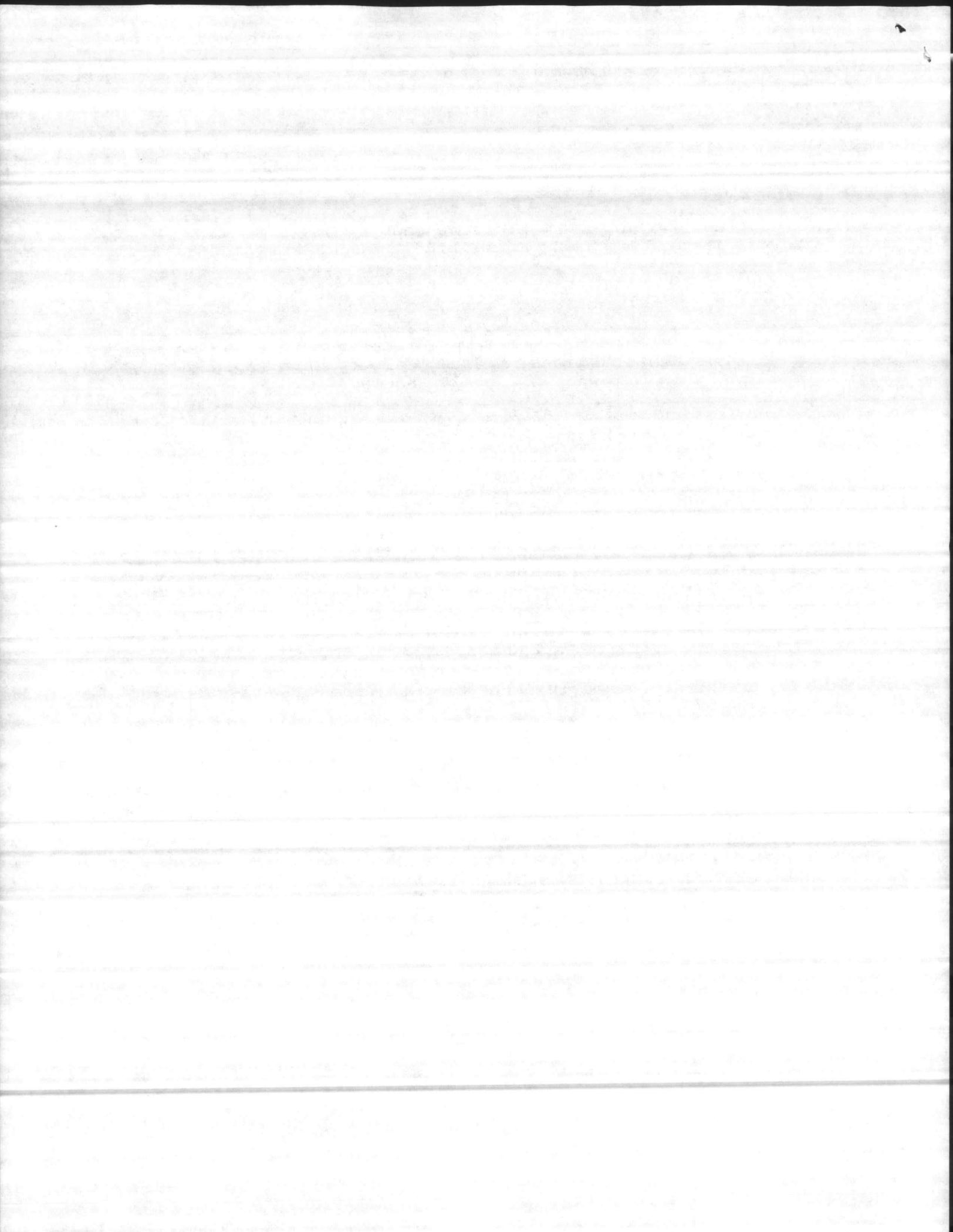
1. During reference (a) an investigation was requested on the subject project for the incorporation of an acute care column in the ICU and CCU units. Enclosures (1) and (2) represent a possible solution to that request.

2. This Bureau is concerned with keeping abreast of medical equipment advances which provide the means to give the best possible care for our patients. Therefore, it is our request that an acute care column, as shown in enclosures (1) and (2), be incorporated into the Camp Lejeune ICU and CCU bedrooms.

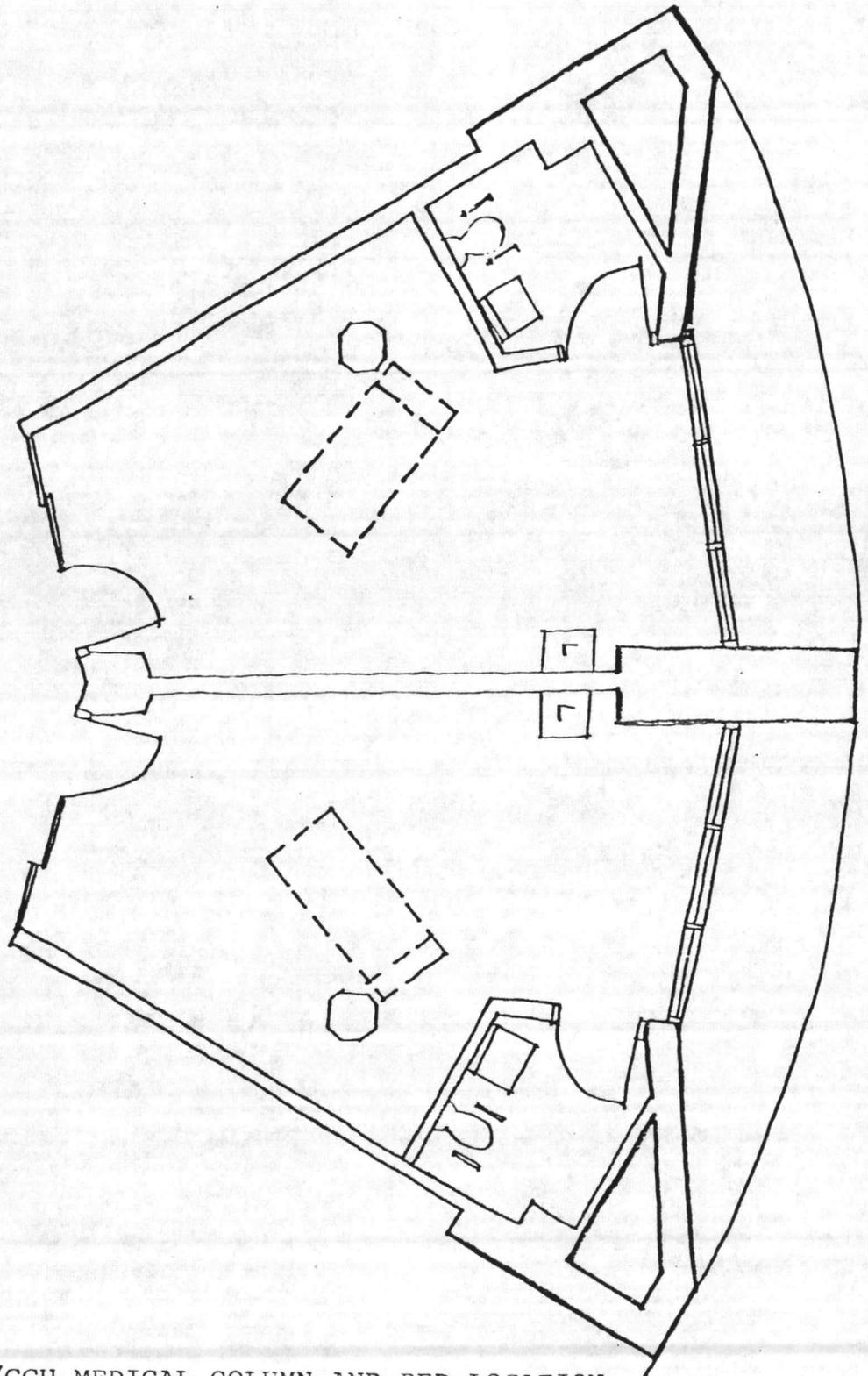
*W. P. Arentzen*  
W. P. ARENTZEN

Copy to:  
LANTNAVFACENCOM  
NAVREGMEDCEN CAMLEJ (w/encl. (1) only)





Nurse  
Station

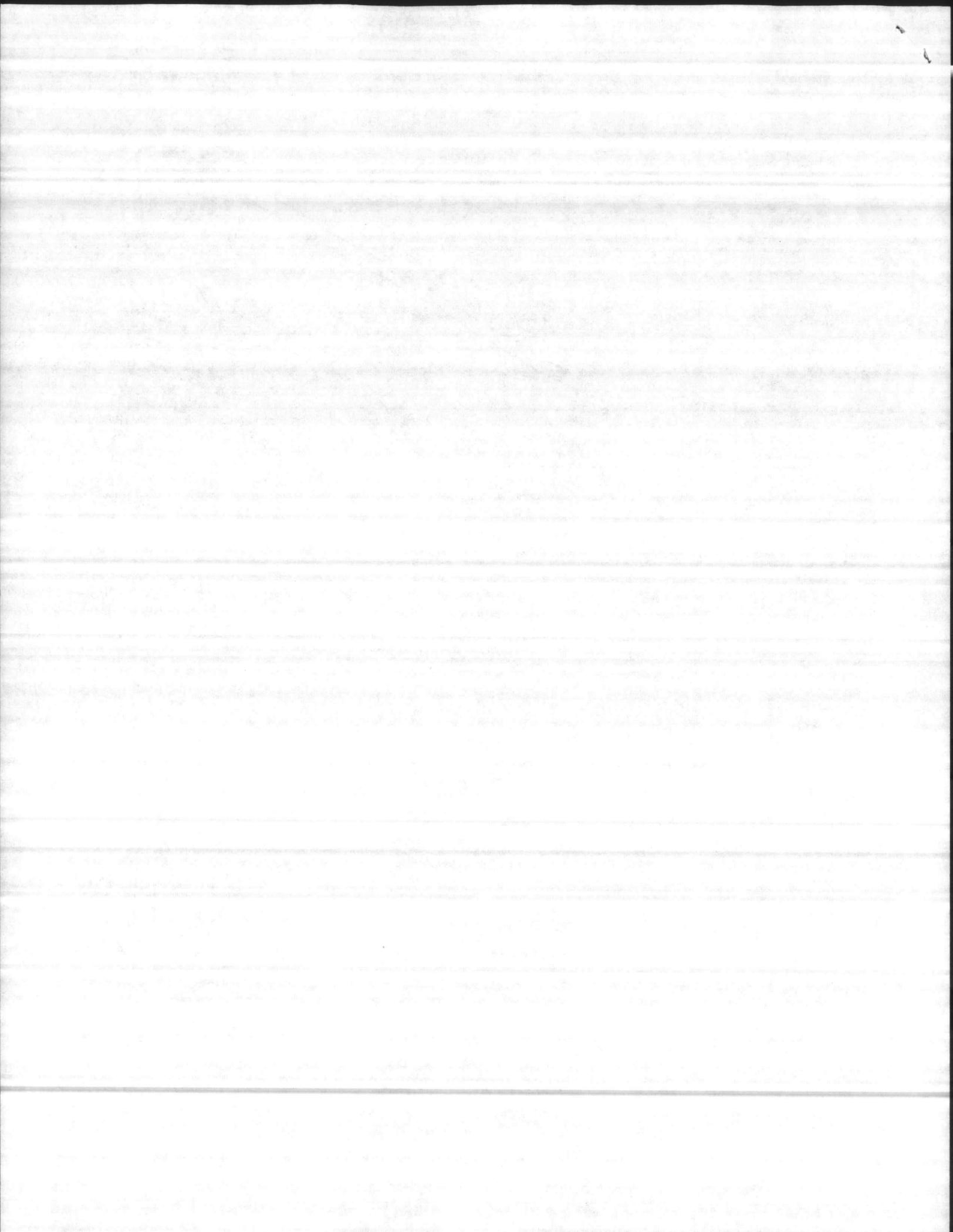


PROPOSED ICU/CCU MEDICAL COLUMN AND BED LOCATION

Naval Regional Medical Center, Camp Lejeune, NC

20 September 1978

ENCLOSURE( 1 )





DEPARTMENT OF THE NAVY  
BUREAU OF MEDICINE AND SURGERY  
WASHINGTON, D.C. 20372

*Edw Elson*  
*PWJ*

*P-600 File*

IN REPLY REFER TO  
BUMED-4131-dd  
27 Sep 1978

From: Chief, Bureau of Medicine and Surgery  
To: Commander, Naval Facilities Engineering Command  
Subj: Naval Regional Medical Center, Camp Lejeune, NC  
Ref: (a) FONECON of Mar 1978 between NAVFACENGCOM (Mr. R. L. Johnson, Code 046B) and BUMED (Mr. D. C. Krepinevich, Code 4131)

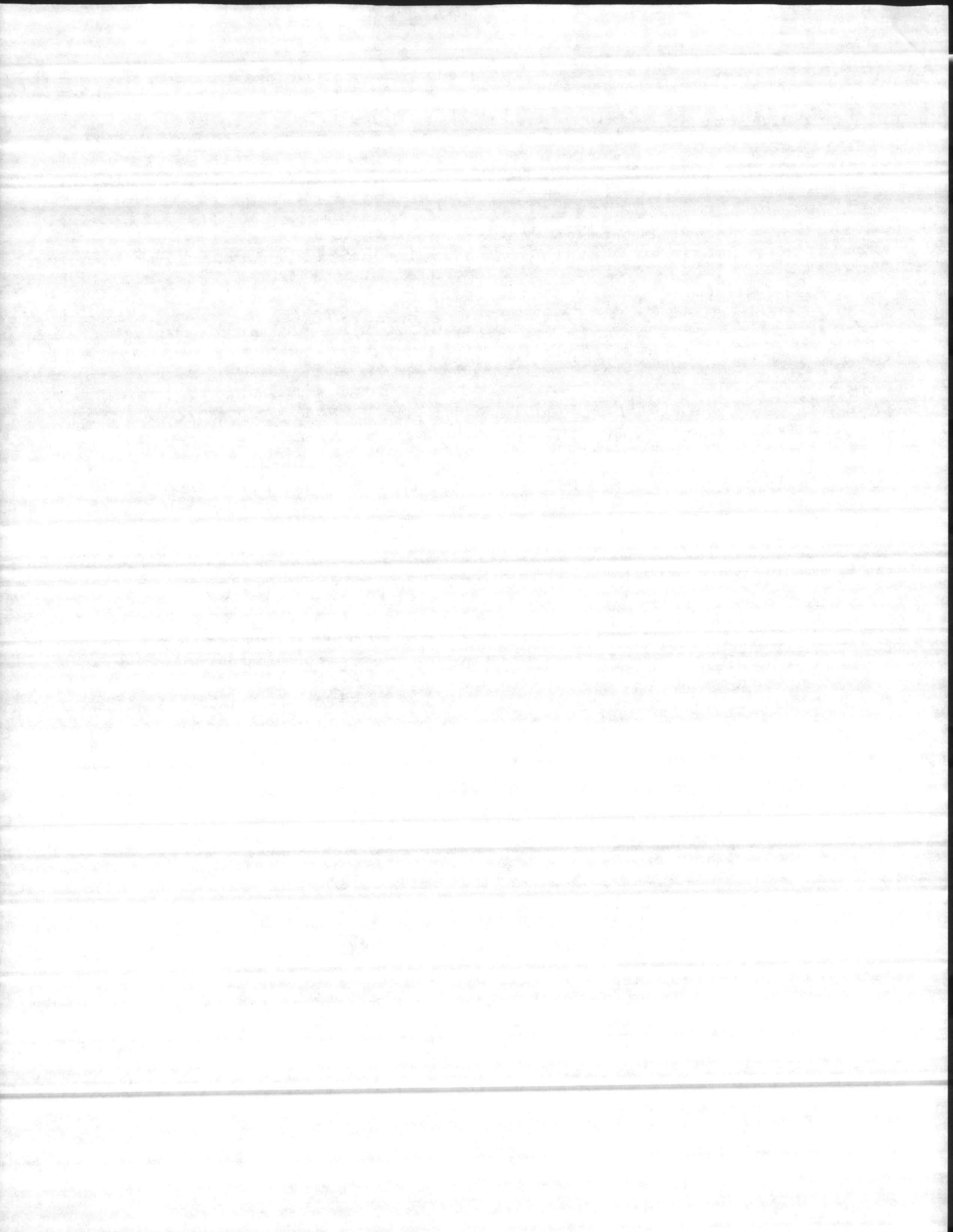
1. During reference (a), prior to the House Appropriations Committee, Subcommittee on Military Construction hearing, a verbal agreement was made concerning the correct figures for the parking spaces required for the subject project. The following is the tabulation of those parking requirements.

Outpatient visits/ year	=	278,860	
Staff	=	815	
$\frac{278,860}{254}$ work days/ year	=	1,098	average daily outpatient load (ADOL)

Parking Formula

.21 x (ADOL)	=	.21 x (1,098)	=	231
.62 x (Staff)	=	.62 x (815)	=	505
Visitors			=	41
Dental Operatory x (3)	=	3(8)	=	24
Volunteer Workers			=	<u>64</u>
Total spaces				865

2. It is this Bureau's understanding as of the 90 percent working drawing conference that the total number of parking spaces indicated above are reflected in the plans and specifications.

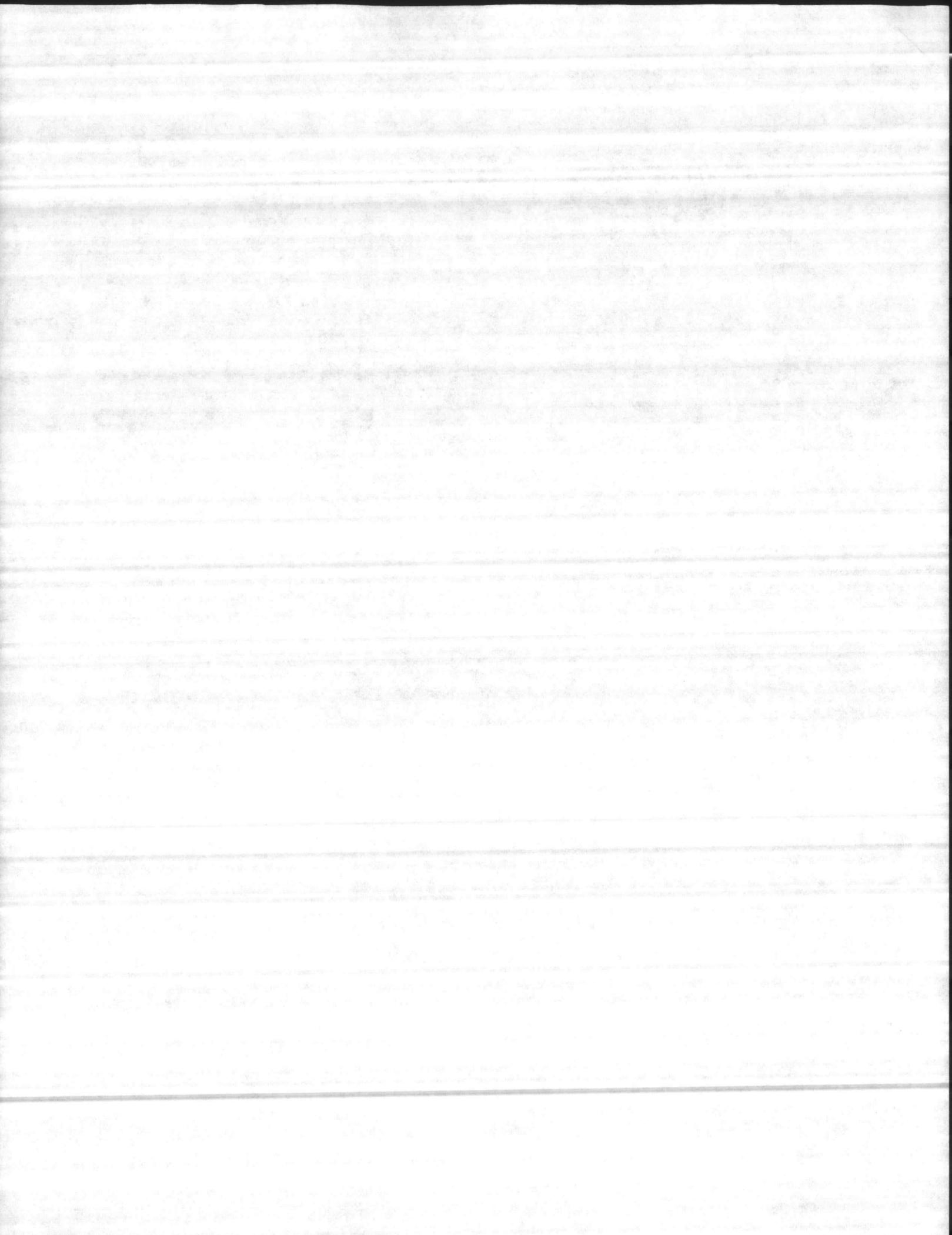


BUMED-4131-dd  
27 Sep 1978

3. In addition to the parking spaces tabulated above, the Naval Regional Medical Center has 40 vehicles that need to be located at the hospital site. It is therefore requested that these additional spaces be provided for in the construction project.

*Almon C. Wilson*  
ALMON C. WILSON  
Assistant Chief for  
Materiel Resources

Copy to:  
LANTNAVFACENCOM  
✓ NAVREGMEDCEN CAMLEJ





DEPARTMENT OF THE NAVY  
NAVAL FACILITIES ENGINEERING COMMAND  
200 STOVALL STREET  
ALEXANDRIA, VA 22332

IN REPLY REFER TO

052PJ/RSG

12 SEP 1978

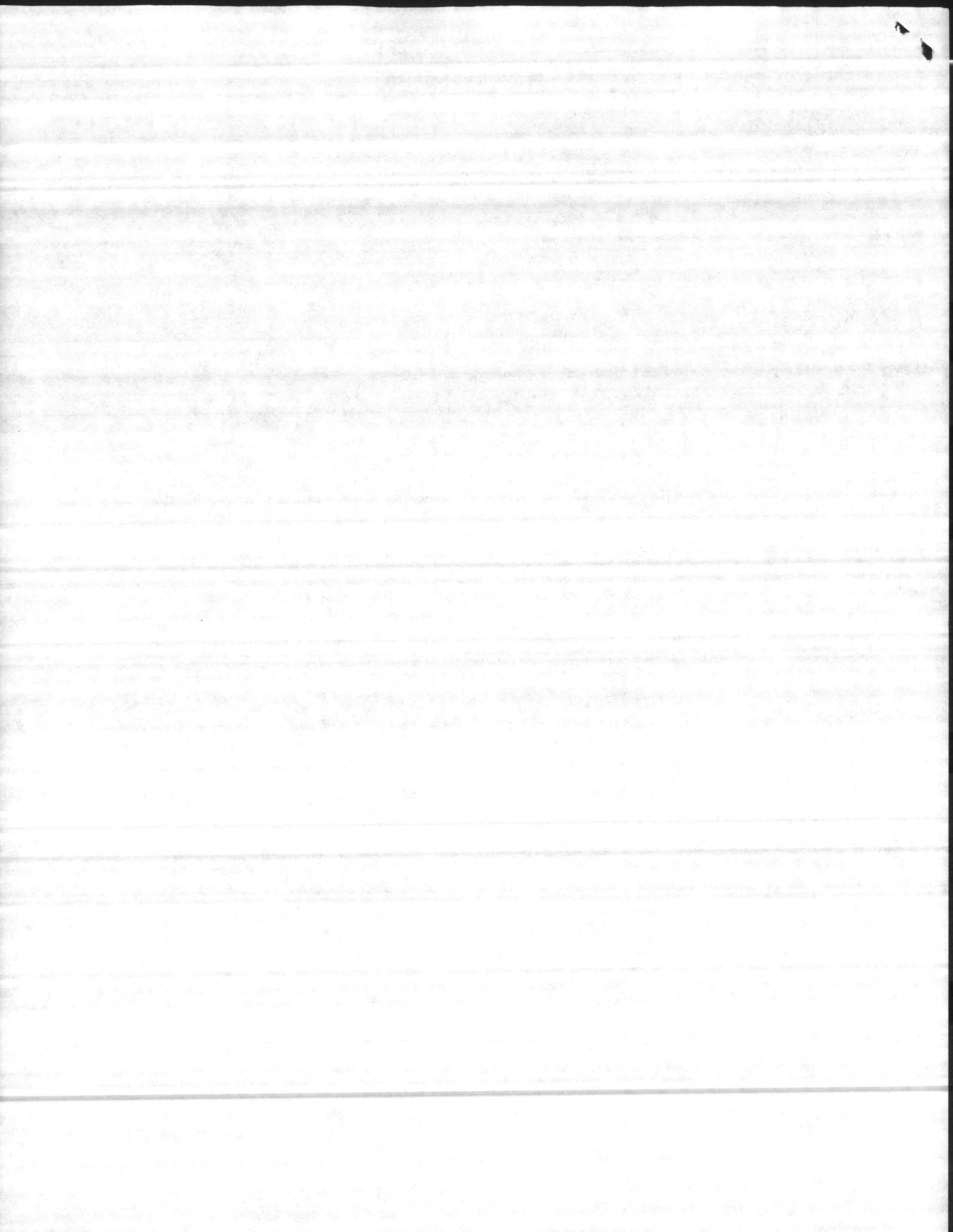
PWO  
File

From: Commander, Naval Facilities Engineering Command  
To: Commander, Atlantic Division, Naval Facilities Engineering  
Command

Subj: FY 1979 MCON Project P-600 Hospital, NRMC Camp Lejeune, NC

Ref: (a) NAVFACENGCOM msg 012114Z Sep 78  
(b) A-E Memorandum No. 30 of 22 Aug 1978 (Minutes of 90%  
Design Review Conference of 15-18 Aug 1978)  
(c) NAVFACENGCOM ltr 046B/RLJ 11110 of 24 Aug 1978

1. Reference (a) advised of the new Congressional limitations on MILCON execution cost flexibility. The effect of the new regulation on the subject project is to place an obligation ceiling of \$50,000,000 (\$49,000,000 funding plus the lesser of 25% or \$1,000,000) that cannot be exceeded without recourse to a reprogramming action specifically approved by the Appropriations Committees. This new restriction requires re-evaluation of all cost aspects of the subject project and dictates that every effort be made to reduce construction costs wherever feasible, while at the same time holding to the principle of providing full authorized project scope and fully cost-effective design, insuring lowest feasible life cycle project cost with minimum operating and maintenance costs.
2. Reference (b) has been reviewed and the following comments are offered:
  - a. General para. 2 on page 2 should be revised to read "NAVFACENGCOM stated that it is firmly committed to a movable modular casework/materials handling system for which performance specifications will be written".
  - b. Civil para. 3 on page 2. The parking area should be reduced to 860 parking spaces justified by the space program.
  - c. Para. 15 on page 6 has already been commented upon by reference (c).
  - d. Electrical para. 1 on page 7. The roadway lighting standards should be redesigned to save approximately \$25,000.
  - e. Para. 25 on page 11. The words "drunk tank" should be deleted.
  - f. 6th (un-numbered) para. on page 14. Overhead electrical service should be provided, resulting in a saving of approximately \$400,000.



12 SEP 1978

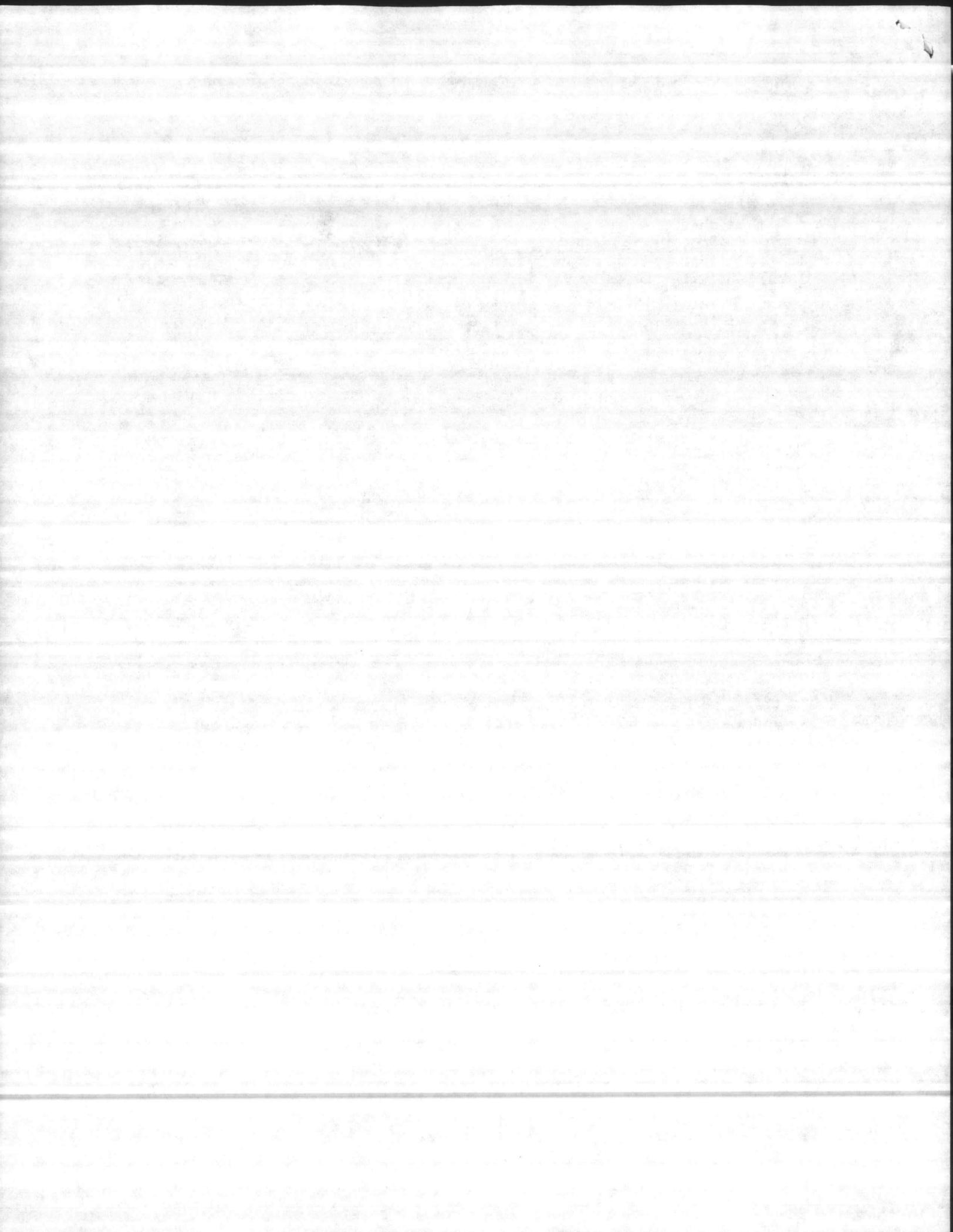
Subj: FY 1979 MCON Project P-600 Hospital, NRMC Camp Lejeune, NC

g. "Cost Estimating" section, pages 11 and 12 and "Cost Estimate" summary attachment. All elements of possible cost reduction should be re-evaluated on the basis of discussion in para. 1 above. The cost estimate showed an escalation factor of 11.3%, applied from the estimate date of 4 August 1978 to (apparently estimated construction mid-point) 15 March 1980. With the expected bid opening now projected to February 1979, and 1110 calendar days (37 mos.) construction time stated in the specifications, the mid-point of construction would be approximately October 1980 rather than March 1980. It would appear that the estimated cost must therefore actually be projected for an additional seven months, with resulting additional approximate 3.8% cost estimate increase. The cost problem therefore appears greater than stated in reference (c). A revised cost estimate should be prepared, accordingly.

3. In finalizing design for bidding, every effort should of course be made to hold the scheduled bid opening as early as feasible, to avoid continuing escalation cost.

Copy to:  
BUMED (Code 41)  
NRMC Camp Lejeune  
CMC (Code LFF)  
MCB Camp Lejeune

W. M. GARBE  
By direction





DEPARTMENT OF THE NAVY  
NAVAL FACILITIES ENGINEERING COMMAND  
200 STOVALL STREET  
ALEXANDRIA, VA 22332

IN REPLY REFER TO

046B/RLJ  
11110

24 AUG 1978

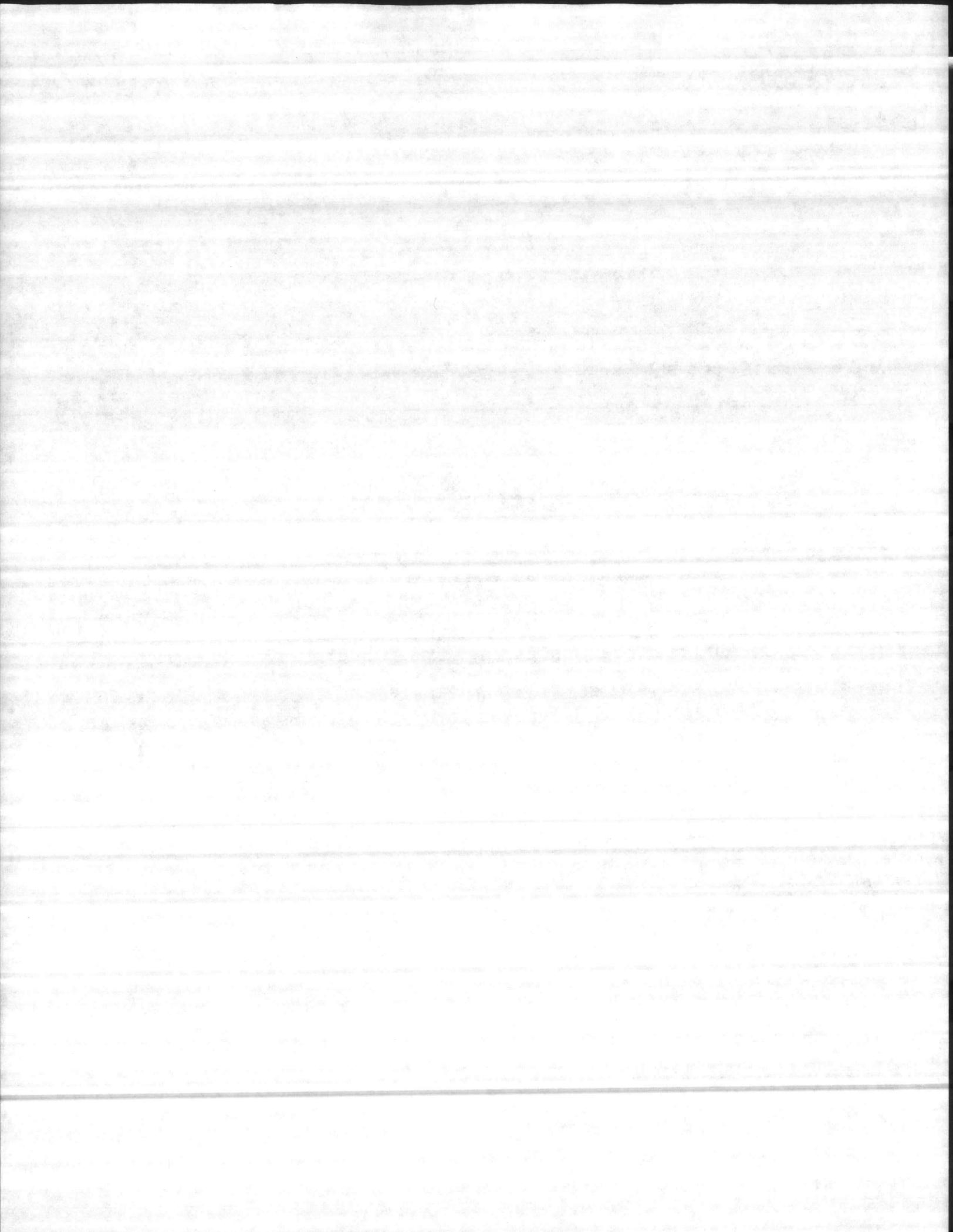
*PWJ mark*  
*Mr E Wood*  
*They are really*  
*doing it to*

From: Commander, Naval Facilities Engineering Command  
To: Commander, Atlantic Division, Naval Facilities Engineering Command  
Subj: FY 1979 MCON Program, Hospital Replacement, N.R.M.C., Camp Lejeune, NC  
Ref: (a) 90% Working Drawing Review Conference, 14-18 August 1978

1. During reference (a), the cost of the proposed energy monitoring and control system (EMCS) for the subject project was discussed. The cost estimate varies from \$2.6 million (A/E estimate) to \$750,000 (LANTNAVFACENGCOM) estimate.
2. Due to the large variation in the cost estimate and due to the questionable cost effectiveness of the EMCS at the higher end of the cost estimate range, the following is recommended:
  - a. That a cost-benefit analysis of the EMCS be performed to find the point where the cost of the EMCS will justify its inclusion in the subject project design.
  - b. That the EMCS be bid as a separate contract. (This offers the following advantages: (1) further advancement in the state of the art of EMCS design, (2) further refinement of the EMCS type specifications, and (3) greater ability to determine an accurate cost of the EMCS and therefore the cost effectiveness of the EMCS.
3. Also during reference (a) various suggestions were offered to reduce the cost of the subject project design and a list of additive bid items was prepared. It is requested that a final list of recommended deletions and recommended additive bid items be forwarded for concurrence.

Copy to:  
BUMED  
NRMC, Camp Lejeune 

ROBERT C. NORDBY  
By direction 





DEPARTMENT OF THE NAVY  
NAVAL FACILITIES ENGINEERING COMMAND  
200 STOVALL STREET  
ALEXANDRIA, VA 22332

*Puro*  
*File*

IN REPLY REFER TO  
052PJ/RSG  
17 AUG 1978

From: Commander, Naval Facilities Engineering Command  
To: Commander, Atlantic Division, Naval Facilities Engineering  
Command

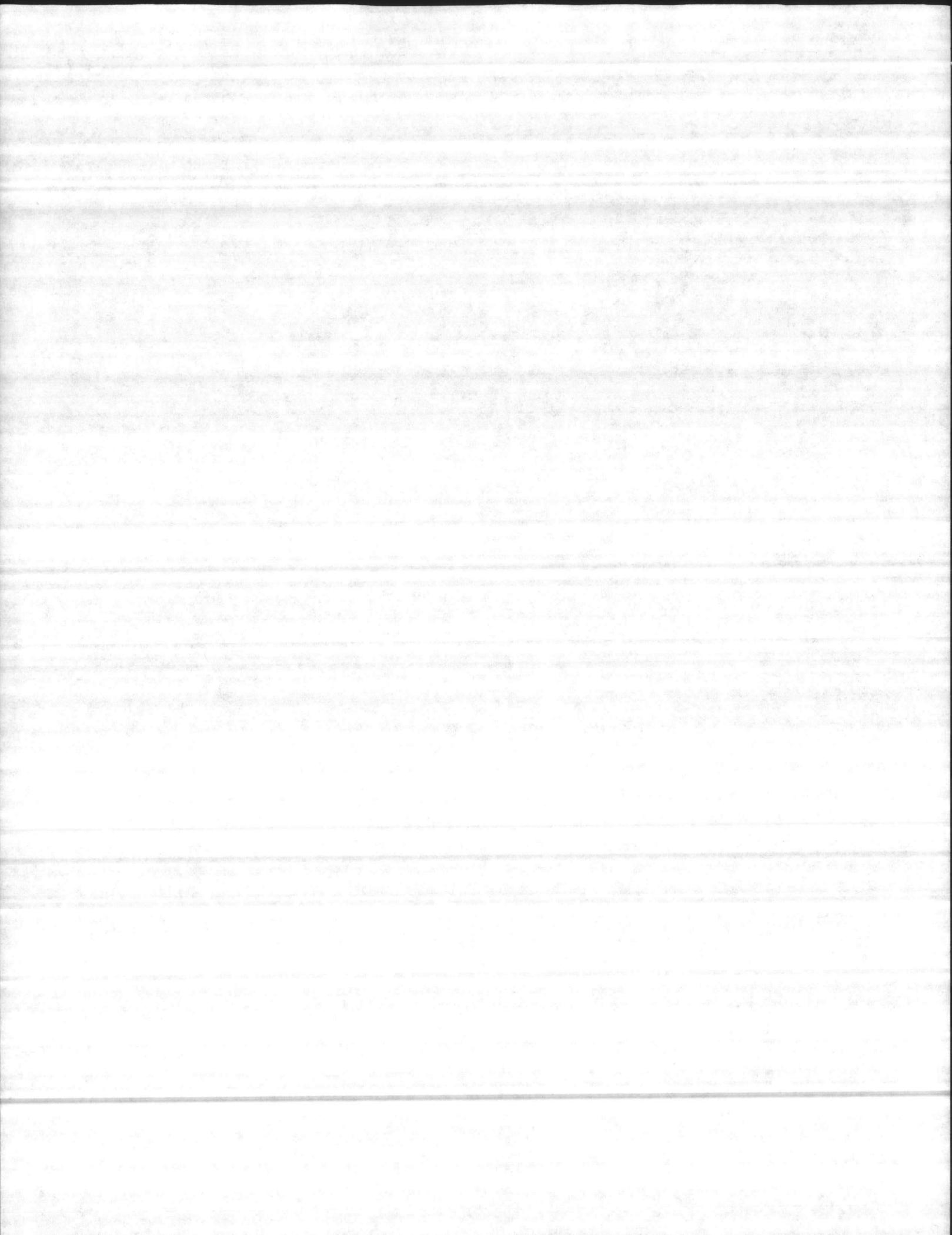
Subj: FY 1979 MCON Project P-600 Hospital, NRMC, Camp Lejeune, NC

Ref: (a) NAVFAC ltr 052PJ/RSG of 17 Apr 1978

1. The Conferees of the Appropriations Committees on 11 August 1978 approved the subject project funding in the amount of \$49,000,000. The Navy had previously indicated that the elimination of the top floor of the nursing tower, providing for 75 light care beds, would provide savings of \$2,500,000.
2. Design authorized by reference (a) shall be modified accordingly. This design revision shall be accomplished with minimum practicable changes in order to minimize slippage of the construction bidding and resultant construction cost escalation.
3. Advice is requested as to revised design completion and advertising schedule, based upon the above design change as well as results of the 90% design review conference held 14-18 August.

Copy to:  
BUMED (Code 41)  
NRMC Camp Lejeune  
CMC (Code LFF)  
MCB Camp Lejeune

*R. S. Goodwin*  
R. S. GOODWIN  
By direction





DEPARTMENT OF THE NAVY  
NAVAL FACILITIES ENGINEERING COMMAND  
200 STOVALL STREET  
ALEXANDRIA, VA 22332

*Pudo  
File*

IN REPLY REFER TO  
052PJ/RSG  
17 AUG 1978

From: Commander, Naval Facilities Engineering Command  
To: Commander, Atlantic Division, Naval Facilities Engineering  
Command

Subj: FY 1979 MCON Project P-600 Hospital, NRM, Camp Lejeune, NC

Ref: (a) NAVFAC ltr 052PJ/RSG of 17 Apr 1978

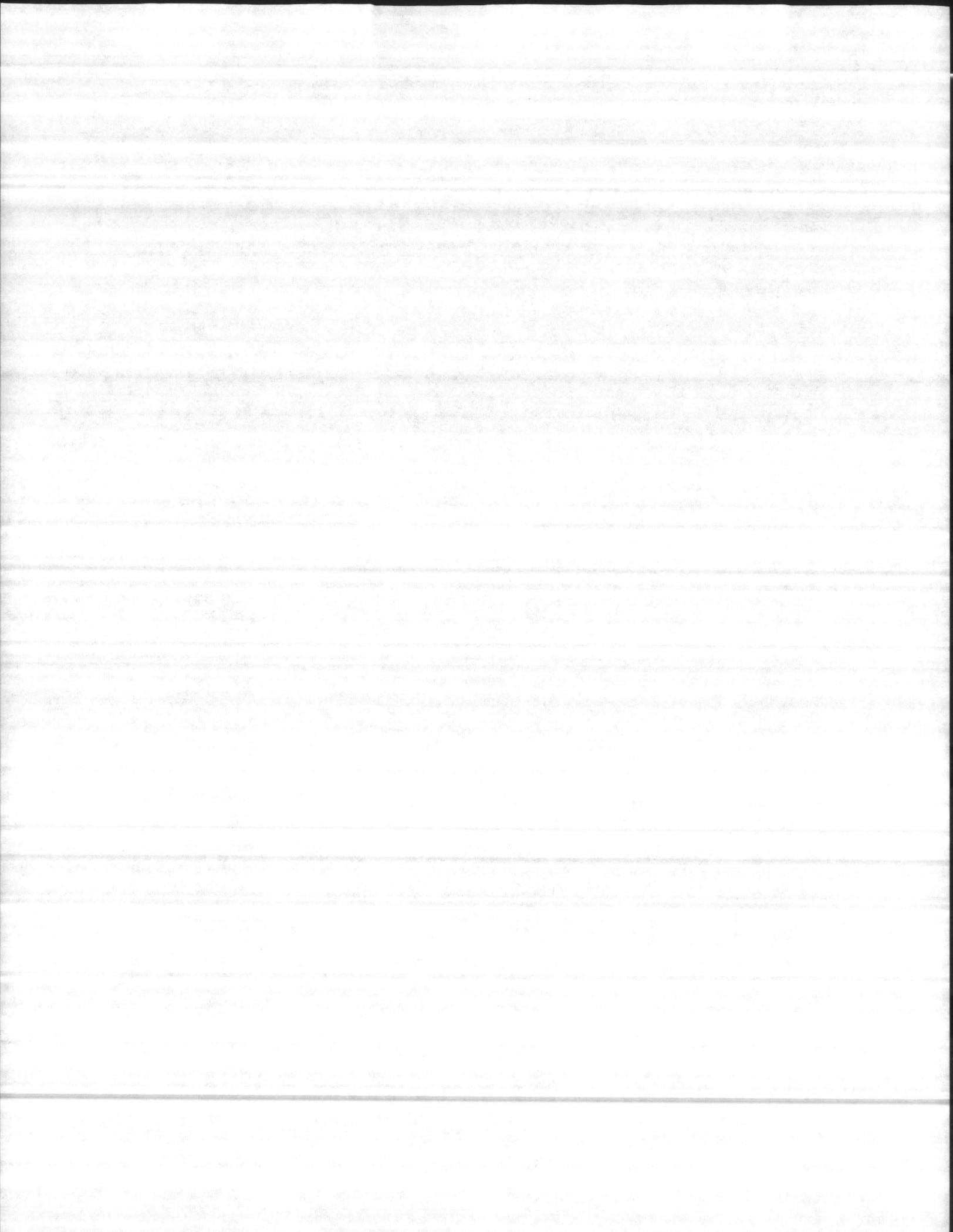
1. The Conferees of the Appropriations Committees on 11 August 1978 approved the subject project funding in the amount of \$49,000,000. The Navy had previously indicated that the elimination of the top floor of the nursing tower, providing for 75 light care beds, would provide savings of \$2,500,000.

2. Design authorized by reference (a) shall be modified accordingly. This design revision shall be accomplished with minimum practicable changes in order to minimize slippage of the construction bidding and resultant construction cost escalation.

3. Advice is requested as to revised design completion and advertising schedule, based upon the above design change as well as results of the 90% design review conference held 14-18 August.

R. S. GOODWIN  
By direction

Copy to:  
BUMED (Code 41)  
NRMC Camp Lejeune  
CMC (Code LFF)  
MCB Camp Lejeune

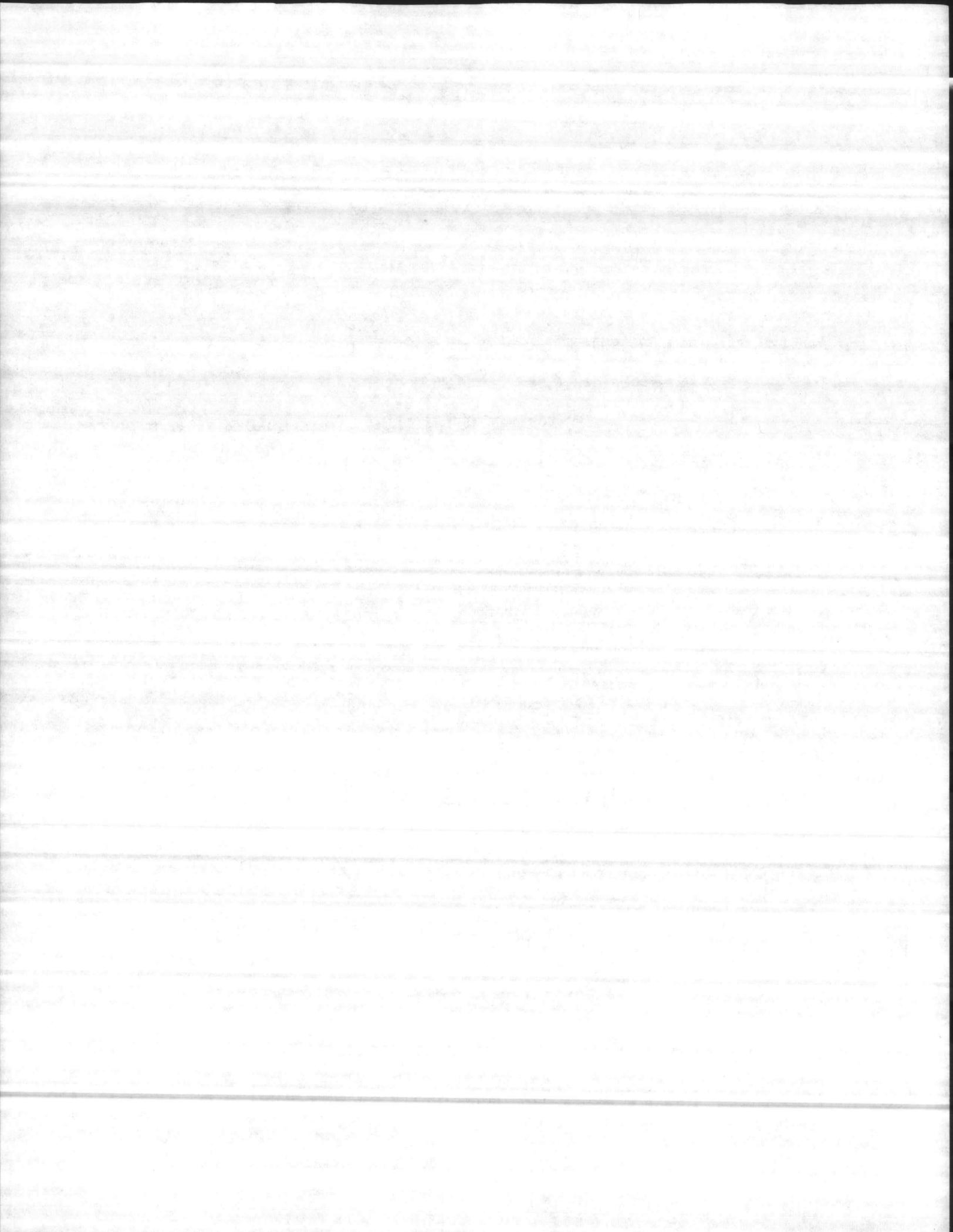


15 August 1978

HOSPITAL REPLACEMENT  
NAVAL REGIONAL MEDICAL CENTER  
CAMP LEJEUNE, N.C.

A&E: LOCKWOOD GREENE/SIX ASSOCIATES

1. FY-1979 MCON
2. Budget: \$49,000,000 (recent cut from \$51,500,000)
3. Size: 205 bed ( " " " 280 beds)  
(Cut was 75-bed light care/Alcoholic Rehab Unit)
4. Current status:
  - a. 90% design in review.
  - b. Reduced scope impact.
    - (1) Approximately 4 - 6 months slip.
    - (2) Approximate contract award date: March 1979.
    - (3) Construction period: 36 - 40 months.
    - (4) Original schedule for award: January 1979.
5. This project replaces all medical functions at Hospital Point except the Alcoholic Rehabilitation Unit (ARU). Its possible that this ARU will be located in the "Old Family Hospital", Building H-15.
6. ROICC at Hospital. LCDR R. E. Carlson
7. Factors contributing to additional staffing:
  - a. Engineering Control Systems (central control).
  - b. Telephone/Communications
  - c. Energy Management and Control System
  - d. Preventive Maintenance System to be included on computer.



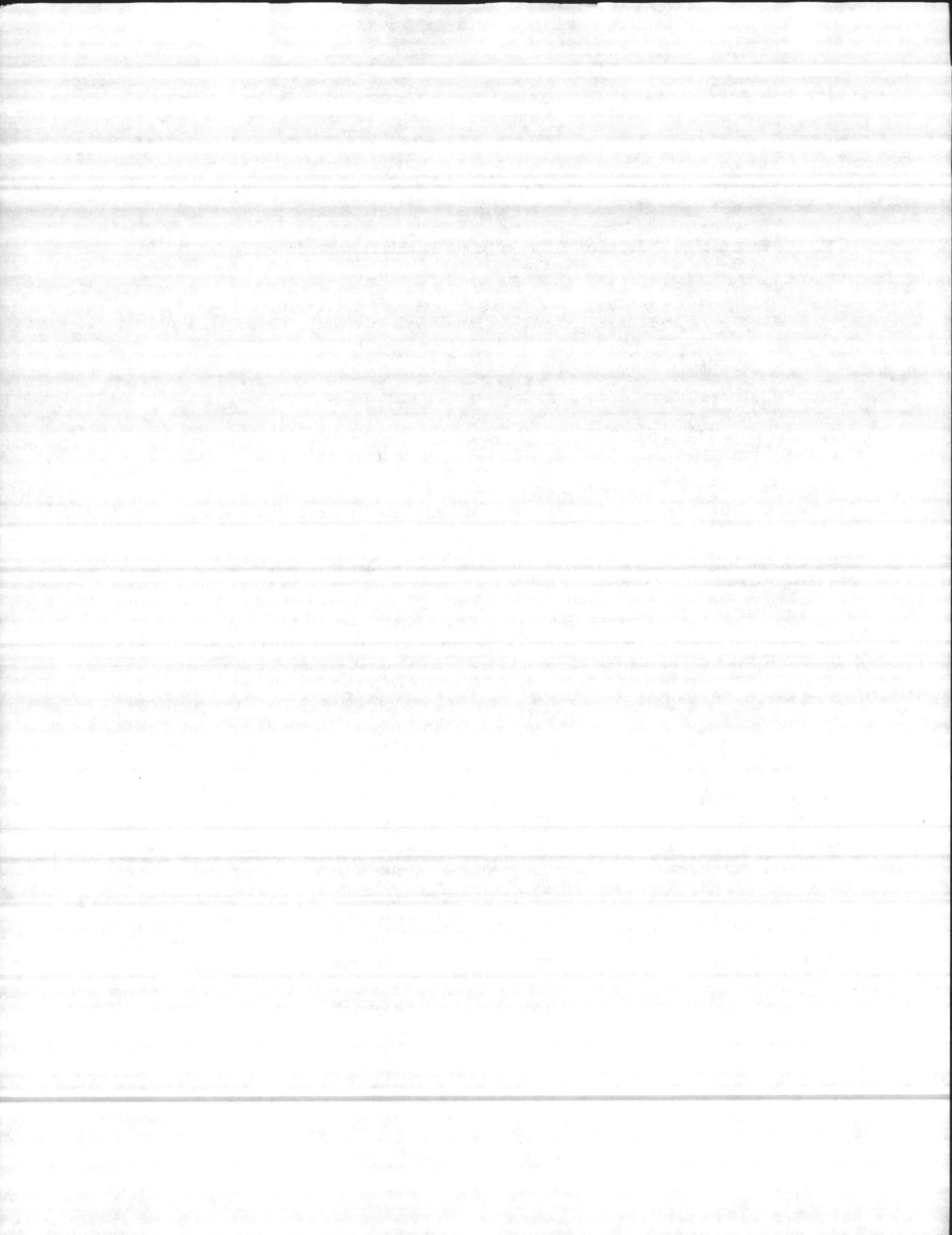
NAVAL REGIONAL MEDICAL CENTER  
CAMP LEJEUNE, N. C. 28542

*M. Ranalli*  
*For your review*  
*EM*  
*File*

IN REPLY REFER TO:  
35:HEP:jem  
11 August 1978

From: Commanding Officer, Naval Regional Medical Center,  
Camp Lejeune, North Carolina 28542  
To: Commander, Atlantic Division Naval Facilities Engineering  
Command, Norfolk, Virginia 23511  
Subj: Ninty Percent Design Review FY 79 MCON Project P-600,  
Replacement Hospital Naval Regional Medical Center Camp Lejeune  
Ref: (a) COMNAVFACENGCOM MSG 28 1656 Z JUL 78  
Encl: (1) NRMC Camp Lejeune 90% Design Review Comments

1. The Naval Regional Medical Center's Ninty Percent Review comments and questions are forwarded as enclosure (1) to this letter.
2. Reference (a) solicited comment from review participants with regard to the possible reduction in the scope of the subject project. As the user activity, this Command strongly opposes any reduction in scope. The loss of the Fifth Floor will result in horizontal cuts in our ability to provide the necessary health services to the eligible beneficiary population.
3. The most serious result of the proposed reduction would be the loss of the Alcohol Rehabilitation Unit (ARU). This Unit provides the corner stone of the Navy and Marine Corps' efforts in the Camp Lejeune, Cherry Point area to assist personnel with alcohol dependency programs to once more become productive members of the Armed Forces. This Unit requires a specific therapeutic milieu that combines treatment, counseling, recreation, and housing facilities in a controlled and segregated environment. This enables the patient to make the necessary mental and physical adjustment supported by his peers and the staff.
4. Sufficient space does not exist in the remainder of the facility to absorb the ARU, in the proper environment, except at the expense of the hospitals remaining medical-surgical capabilities. These capabilities would already be significantly reduced due to the loss in flexibility provided by the Light Care Unit which is also located on the fifth floor.
5. It is unfortunate that the proposed reduction is based on such a narrow application of the GAO Hospital Planning Model. The year chosen (FY1977) was one in which this Command experienced a 17% shortage in Medical Officers. The effect of such shortages are directly reflected in a decline in inpatient statistics. That demand is still present and supported by a 59% increase in the use of CHAMPUS during the same period due to the non-availability of care.

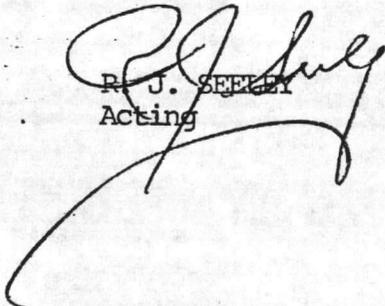


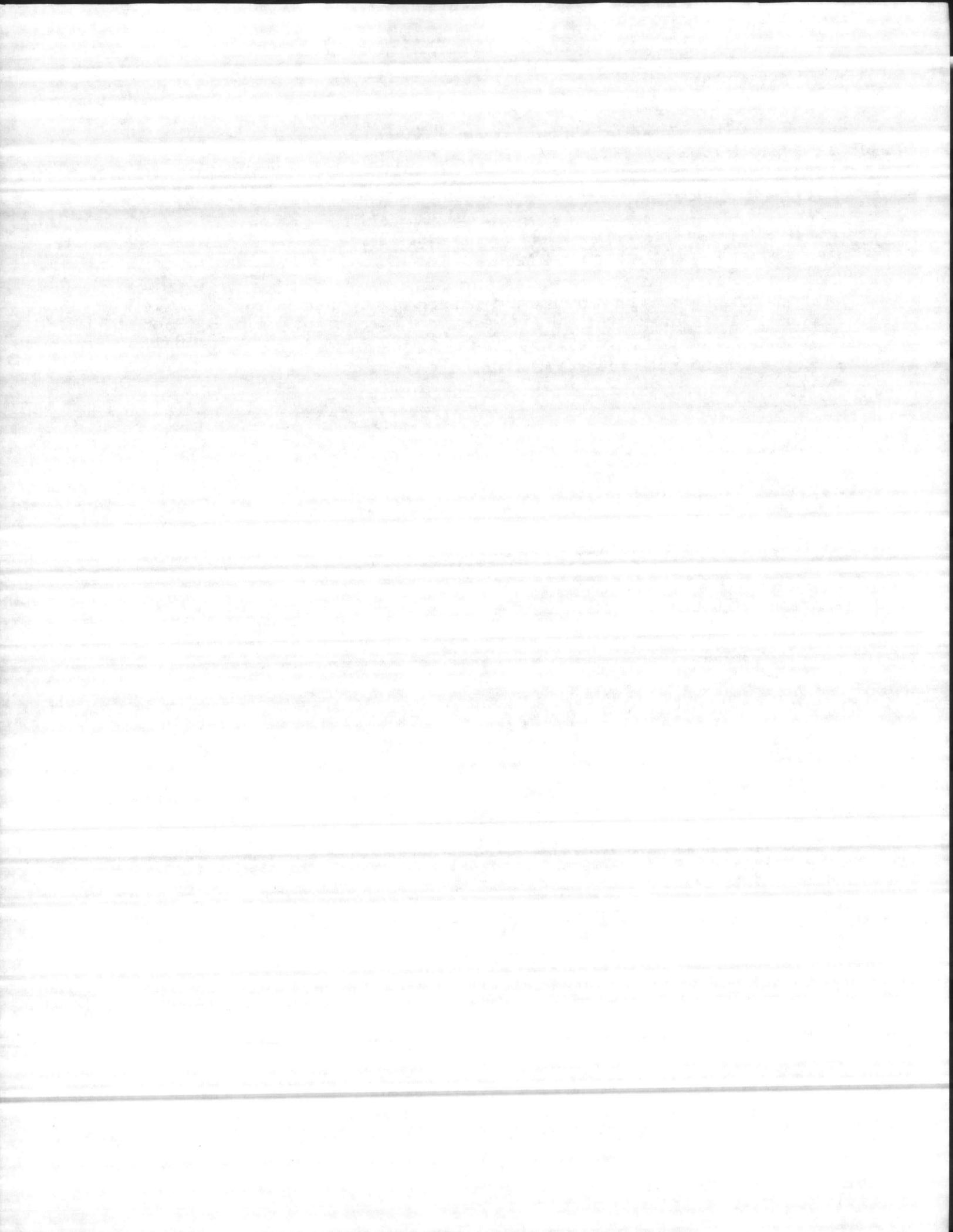
35:HEP:jem  
11 August 1978

Subj: Ninety Percent Design Review FY79 MCON Project P-600,  
Replacement Hospital Naval Regional Medical Center Camp Lejeune

---

6. The fallacy of such a narrow application of any planning mechanism is obvious. It is hoped that this is understood by the appropriate decision makers, and when balanced against a questionable savings in dollars will result in the authorization, and funding of the entire project.

  
R. J. SEELEY  
Acting



COMMENTS ON CIVIL DRAWINGS VOL. 1

1. SHEET CV1-1:

The last accounting of parking spaces was provided in May 1976 Final Concepts Submittal. At that time 400 spaces were provided in the Outpatient and Visitors Parking Lot. This number has shrunk to 340 spaces in the 90% submittal. This is not sufficient parking in this lot to adequately serve the population. In the same respect the 512 spots in the staff lot provides too many parking spaces on that side of the hospital. The exterior directional sign system, which attempts to have patients park as close as possible to the clinic that they will be visiting, will not allow us to utilize the staff parking lot for overflow. It is strongly recommended that the parking lots be redesigned to provide a minimum 400 spaces in the Outpatient Parking Lot. The additional 60 spaces can be deducted from the Staff Parking Lot with no detriment to staff parking patterns.

2. SHEET CV1-18 DETAIL MEDICAL GAS PAD FENCE:

Provisions should be made on this pad to provide a protective covering for the emergency oxygen bank to protect the emergency oxygen manifold from the effects of weather. It is recommended that the liquid oxygen tank be drawn on to the Medical Gas Pad to ensure that there is room on the pad for the emergency bank as well as the liquid oxygen tank and ensure necessary access to both.

3. SHEET CV1-19 FLAG POLES:

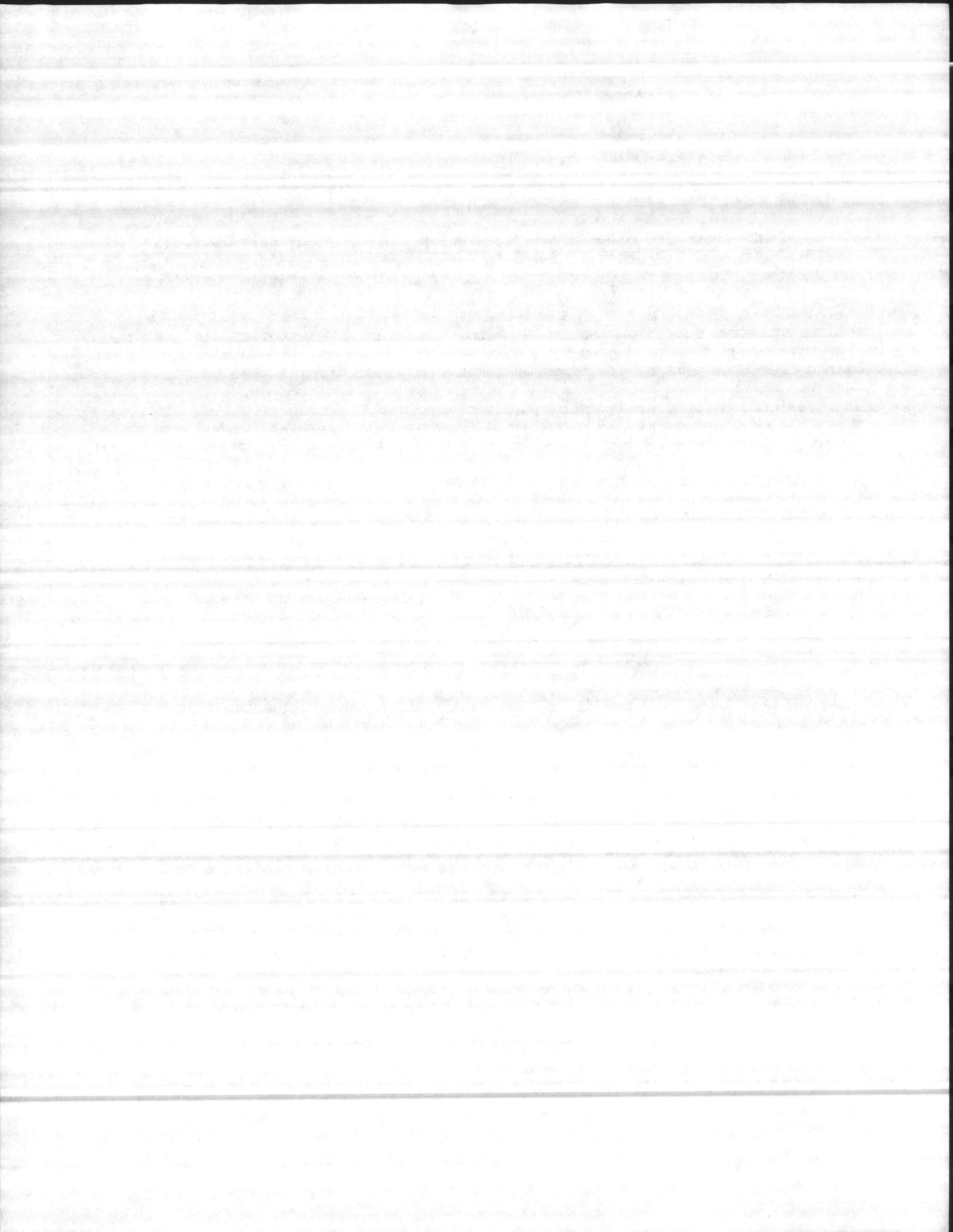
The access to and the location of the flag pole island still does not appear balanced to the front of the hospital. It is again requested that the A&E review this center grass area for a possible better design.

4. SHEET CV3-13 EXTERIOR SIGNAGE AND DETAILS:

I have numerous comments with regard to the signage system. It is felt that a detailed review of the signage would be the appropriate time and place to cover the interior as well as exterior signs. This review has been previously recommended to all concerned parties.

5. DRAWINGS L1 THROUGH L4 LANDSCAPING:

As discussed at numerous review conferences the purpose of the closed circuit exterior T.V. System is security monitoring of the parking areas. A review of the landscape drawings and the use of the large willow oak trees on the parking islands raises serious questions about the surveillance capability from the hospital mounted T.V. cameras of these parking areas. The A&E is requested to provide an idea of the visibility in the parking area. In addition, the A&E is requested to comment upon the maintenance required on the parking lot



island where the willow oaks are planted. Unless a non-mowable ground cover is used in these areas, it presents significant difficulty in trying to maintain these lots especially since they are occupied by automobiles around the clock.

6. SHEET A0-5 TELEPHONE EQUIPMENT ROOM:

It is recommended that the West wall of Room E001 also be lined with plywood to allow maximum flexibility for the installation of the telephone switch.

7. SHEET A0-5 ROOM E005 BOILER ROOM:

The water testing area previously requested is not shown on the drawings. It is requested that a sink, counter top and cabinet area be provided for this purpose.

COMMENTS ARCHITECTURAL AND STRUCTURAL DRAWINGS, VOL. 2

1. SHEET A1-2 ROOMS W102, and W103 are not properly identified. Room W101 is an administrative office for the Outpatient Service and Room W103 is the OB-GYN Service Conference Room.

2. SHEET A1-3:

The A&E is requested to indicate the location of the detail for the Information Collection Desk in passageway S157A adjacent to the Blood Drawing area.

3. SHEET A1-4:

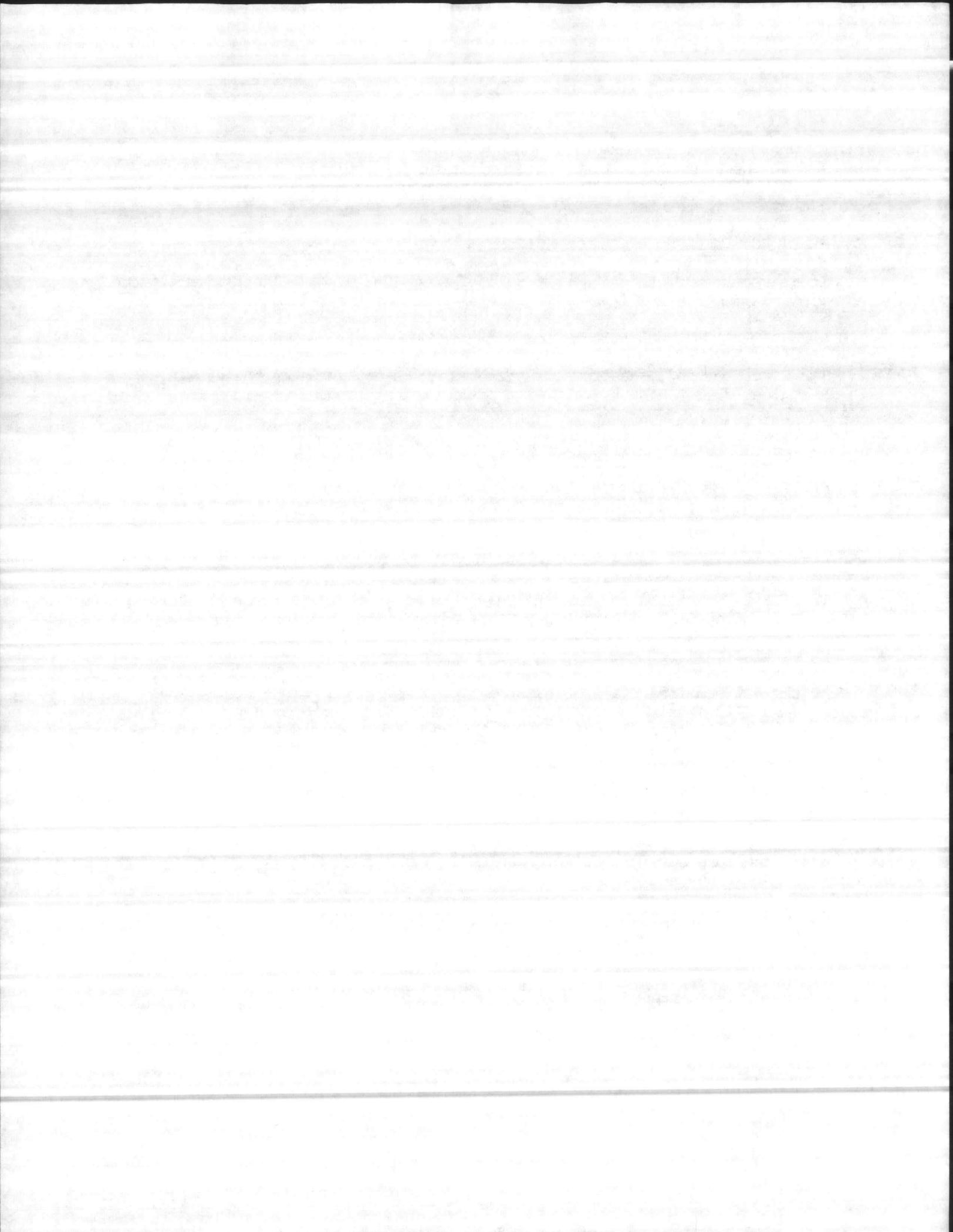
At the 30% submission a door existed between C122, the Drug Information Center, and C123, the Pharmacy Clerical Office. This door does not exist on the 90% drawings. It is requested that this door be returned as it will allow for the staffing of the Drug Information Center from the Pharmacy Clerical Office. This will eliminate the need to provide a full time individual for the Drug Information Center.

4. SHEET A2-3:

Additional pressure plates are required in Corridor S223A at automatic doors S205A, S215B, and S226A to allow for the opening of these doors by traffic moving both north and south of this corridor. As presently set up the doors open only for traffic moving from south to north.

5. SHEET A2-4:

The push plate for the opening of automatic door C226 at the recovery room should be located on the East wall of the room vice on the West wall separating the isolation recovery room from the remainder of the recovery room.



6. SHEET A5-1:

Changes to the Alcohol Rehab Unit previously requested have not been included. It was requested that Counselor Rooms N504 and N503 be deleted and that this additional space be added to the Conference Room N505. The initial drawings for this Conference Room also included a folding partition wall to allow the separation of the Conference Room into two areas. This wall and the additional space in this conference area is required to support the therapeutic activities in the Alcohol Rehab Unit. Due to the nature of the therapy provided, sufficient recreation and group counselling areas are an absolute necessity. Without this change, this space is not available within this unit.

7. SHEET A2-4 OB RECOVERY ROOM:

It is requested that the A&E identify the window between the OB Recovery Room, C263, and the OB Nurses Station, C264. It would appear that the type 4 insulated window as shown on Sheet A7-7 would be the most desirable type in this location.

8. SHEET A11-8 ELEVATOR PLANS:

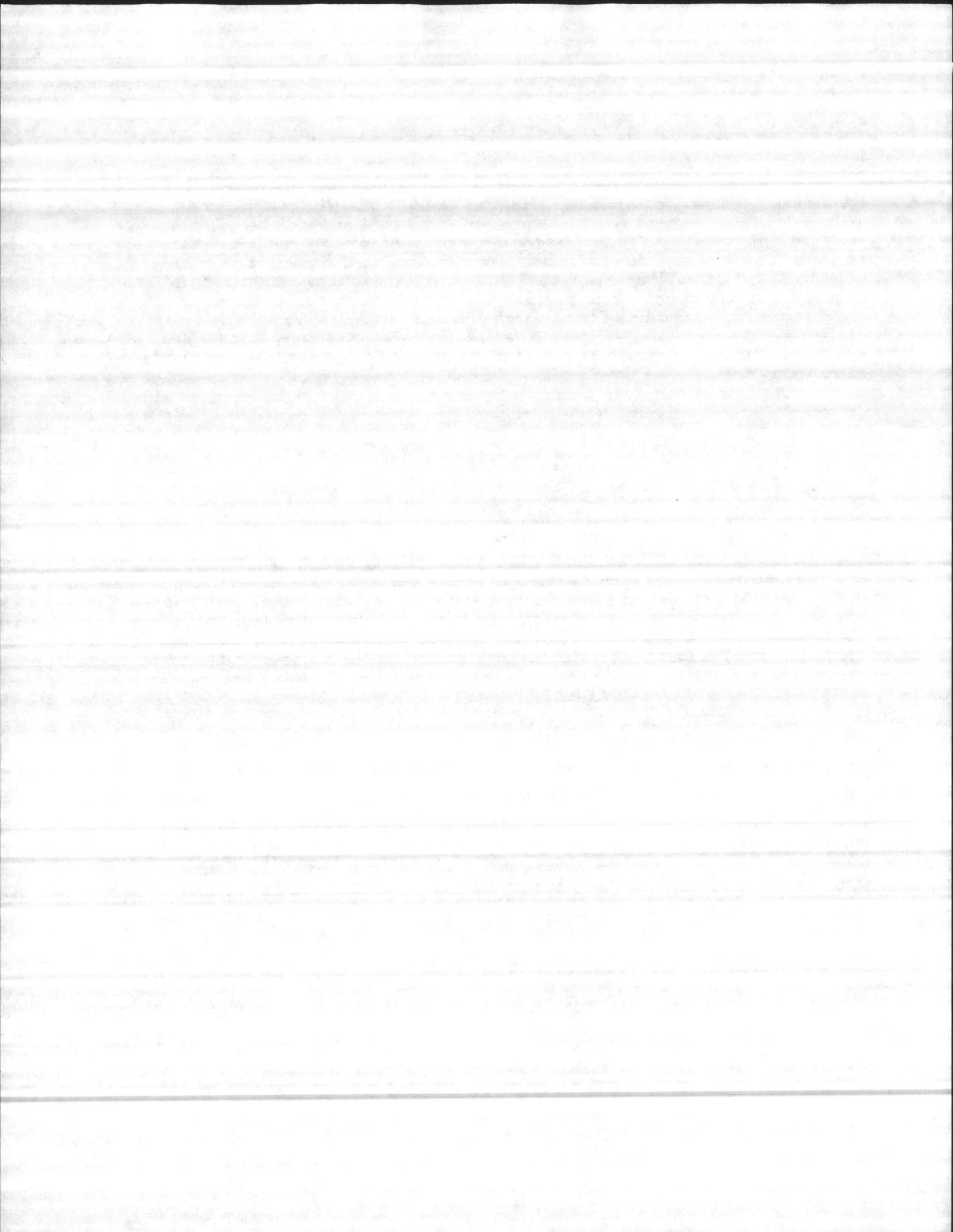
As noted in the comments on the specifications, elevators 15 and 16 providing service from CSR to the Operating Room and Delivery Floors are a size smaller than the standard hydraulic elevators. Particularly in elevator 16 which has two doors we will not be able to move more than two C lockers at one time from CSR to the sterile quarters. It is again strongly recommended that these elevators be increased in size to match that of other hydraulic elevators, that is that they be 5'5" wide and 7'8" deep, vice 4'1" wide by 6'10" deep. Without this change, the labor intensity of the cart delivery system to OR and OB will be significantly increased.

9. SHEET A12-2:

Access is not available to the East side of one of the washer sterilizers, equipment item ST-7, nor to the West side of the small gas sterilizer, medical equipment item ST-10. It has been historically shown that it is an absolute necessity to be able to access both sides of any piece of sterilization equipment for adequate maintenance. The location of the Ethylene oxide tanks service medical equipment ST-10 is also questioned. Above 100<sup>0</sup>f the Ethylene Oxide tends to change from a gaseous state into a jelly which causes significant damage to equipment. It is questionable whether proper temperature conditions can be maintained in the equipment area when the proximity of the tanks to the washer sterilizer is considered. The A&E is requested to verify adequate atmospheric conditions.

10. SHEET A12-2:

As previously commented on in the equipment section of the specifications, utilization of the 48" steam vacuume sterilizer and gas autoclave is questioned.



The cost difference between the 48" and the 60" unit is only one thousand (1,000) dollars per unit. This investment provides 6 additional cubic feet of sterilization capacity for approximately 16%. In view of the fact that these are the only terminal sterilization units in the hospital, it is strongly suggested that the 60" units be substituted for the 48". As a point of reference, the 60" castle steam vacuumatic sterilizers can be installed in existing wall space. The unit required only 51" whereas 60" is available from exterior wall to exterior wall.

11. SHEET A12-3:

As previously noted the Dental X-ray Processor, medical equipment item DE-7, will not fit on the countertop as shown on the detailed drawing. It will be necessary either to add an additional "L" shaped counter top running down the North side of the x-ray dark room or to relocate the sink to the South edge of the counter top and allow a larger clear area to be Dental X-ray Processors.

12. SHEET A2-6:

ICU Isolation Toilets, N249B and N242B, require doors for privacy.

13. SHEET A3-2:

CCU Isolation toilets, N348B and N341B, require doors for privacy.

14. SHEET A11-8:

The down sizing of elevators 15 and 16 is strongly questioned in view of the number of carts that must be moved each day in support of the OB and OR functions.

15. SHEET A12-1:

Delete the RF-4 Freezer from Bacteriology as unnecessary.

16. SHEET A12-4:

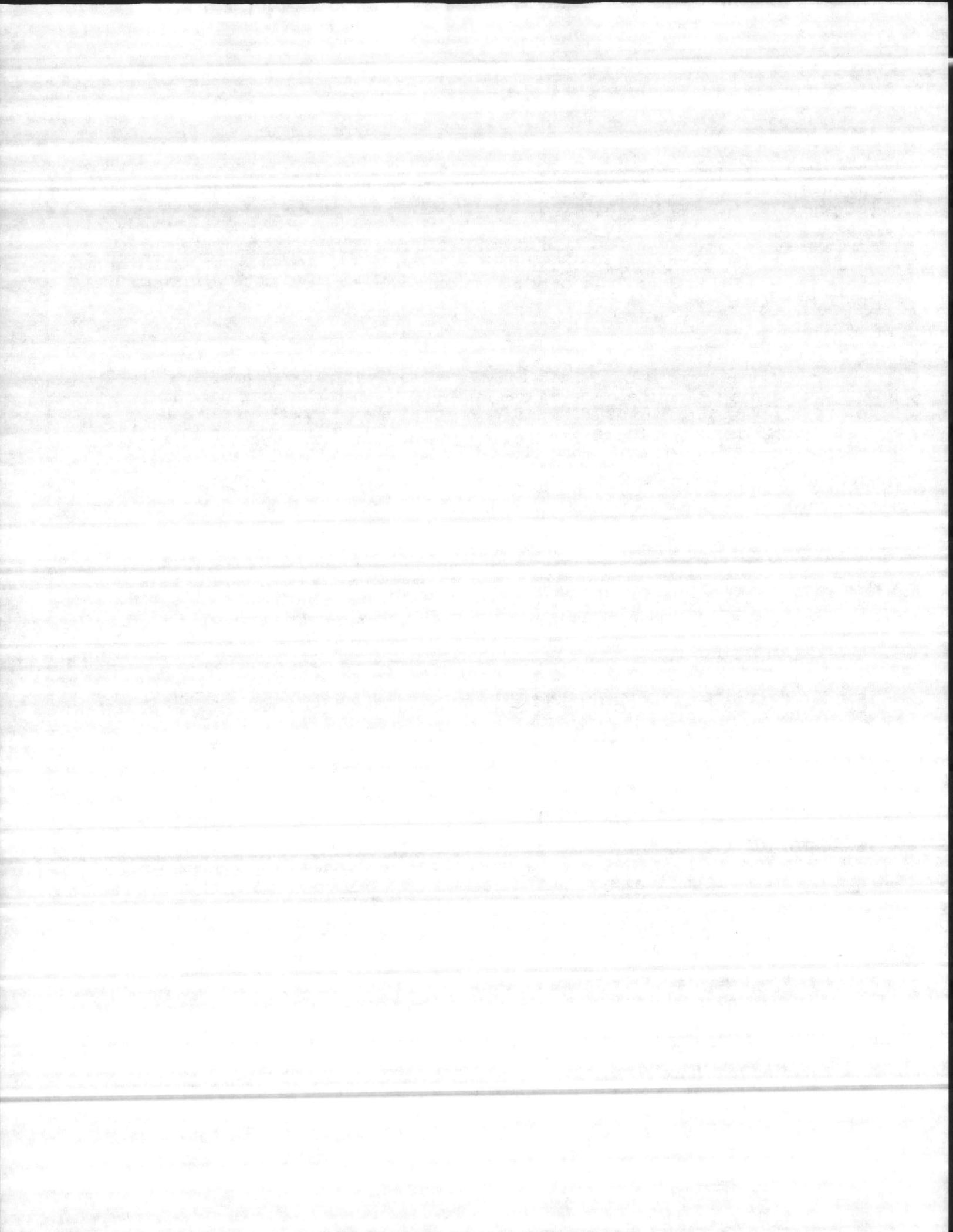
Two of the film dispensers in the second Fluoro Room must be relocated to the North side of column F to provide unincumbered access.

17. SHEET A12-8:

Necessary Medical Gases are not shown in the Cysto Rooms. They require O<sub>2</sub>, VAC, AIC, N<sub>2</sub>O, and Gas Evacuation. See my comments on letter of 14 June 1978.

18. SHEET A15-7:

A typing position is required at the North end of the Pharmacy make-up station. This position requires a 110V outlet. Also the make-up



Station should have gravity feed shelves above and below the counter.

19. SHEET A15-8:

Above and below counter storage is required in Elevator "C" for the Pharmacy. At least 80% of the above counter storage should be gravity feed.

20. SHEET A15-14:

The wall shown on Elevation "C" should be extended to the south wall of the room and the sanctuary installed in the wall with a small shelf in front. The Altar should be increased from 18" wide to 24" wide to allow sufficient surface space. There is a conflict between the altar heights shown on Elevations "9" (50") and "E" (38"). The correct height for the altar should be 40".

21. SHEET A17-3:

Elevation "C" more electrical outlets and less monitor outlets are required on the Nursery patient care walls. Elevation "B", the conversion of some of the blanks to electrical outlets would be very beneficial. Elevation "A", again I feel more electrical outlets would be beneficial as those adjacent to the medical gas outlets are not functional as they are obscured by O<sub>2</sub> and Vac control units. As noted in the Medical Equipment Specs, the wrong type of B.P. Monometer is called for.

22. SHEET A18-27:

Delete the major surgical light from the Nursery Procedures Room. A portable light is more than sufficient. Delete light for Surgical DOR. Light is provided on the Dental Unit.

23. SHEET A18-28:

Elevation "A"; the use of pedestal mounted lights in the Delivery Room is recommended to eliminate dust problems. Elevation "F"; the use of six reflectors in an OR is questioned.

24. SHEET A18-29:

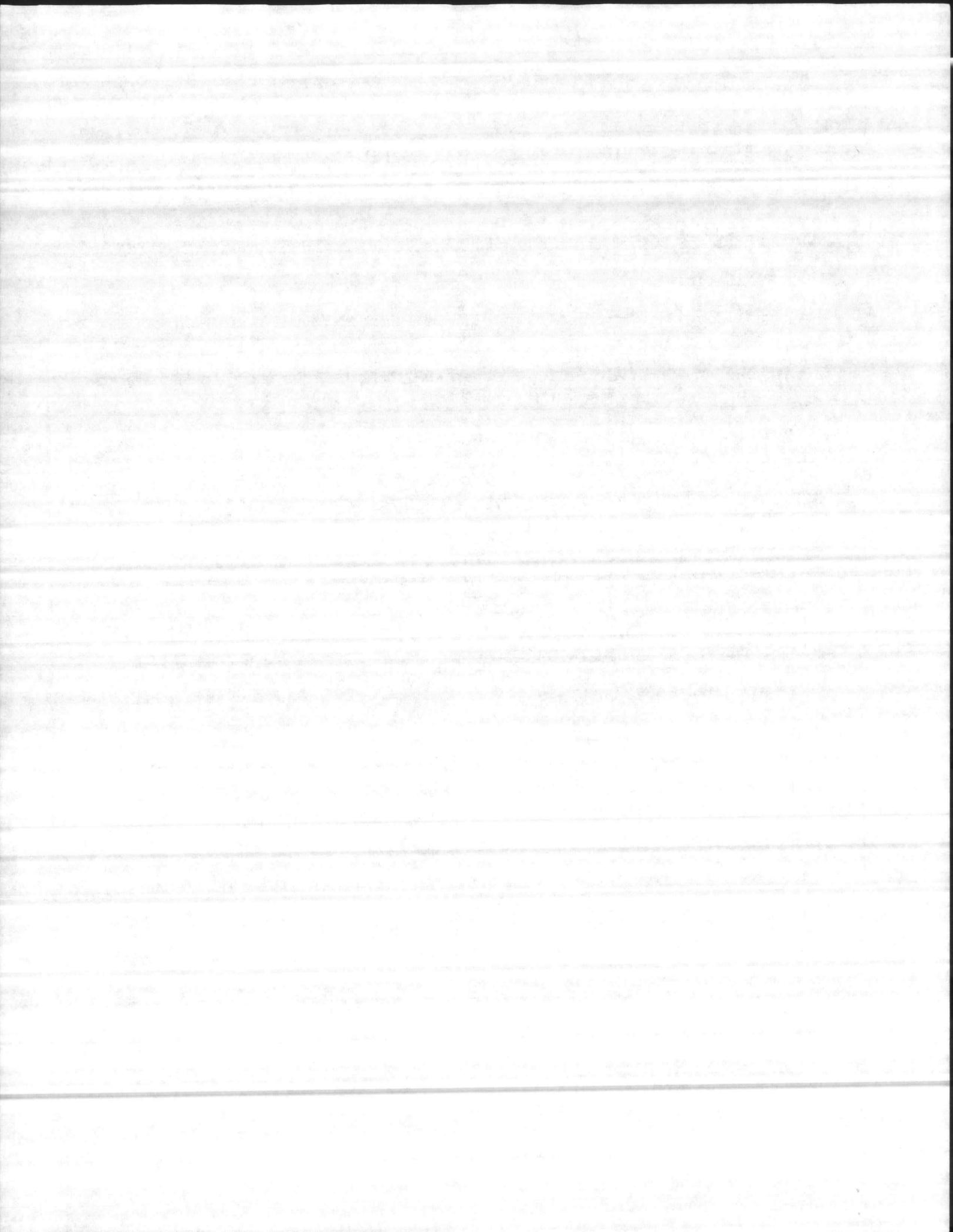
Elevation "E"; the cysto lights must be relocated to provide adequate light coverage. Again a pedestal mounted light is recommended.

25. SHEET A20-6:

All Robe Hooks (BA 3 & 4) should be mounted on the back of doors instead of the wall to eliminate conflict with the Herman Miller wall units.

26. SHEET A20-16:

Provide wall protection in Corridor C232A in the Surgical Suite. This is a heavy traffic area.



## FINISH SCHEDULE

1. RECORD NUMBERS 19, 21, 23, 24, 26, 27, 29, and 36:

It is recommended that floor finish PS-12 Epoxy and Polyurethane Floor Finish be utilized in the mechanical equipment spaces. This will greatly assist in dust suppression and housekeeping functions in these areas.

2. RECORD NUMBERS 75, ROOM N027, DRY STORAGE:

It is felt that the floor finish should be the PS-12 Epoxy Polyurethane Floor vice the PS-7 which is the Walnut Wood Stain and Polyurethane coating.

3. RECORD NUMBER 185, ROOM C151; RECORD NUMBER 197, ROOM C158; RECORD NUMBER 198, ROOM C159; AND RECORD NUMBER 199, ROOM C160:

It is recommended that all rooms within the Central Material Processing Center be given the seamless sheet vinyl flooring floor finish, RF-3. In view of the cleanliness requirements in these areas, the vinyl floor finish and the epoxy walls will greatly ease housekeeping tasks in this area. These comments also apply to Room C160A and C169.

4. RECORD NUMBER 272, ROOM E137, FEMALE EMPLOYEE LOUNGE:

It is recommended that the floor finish in this room be changed from RF-1 to CPT-1. Same comment applies to the MALE EMPLOYEE LOUNGE, ROOM E140 RECORD NUMBER 277.

5. RECORD NUMBER 372, ROOM N133, MASTER CPO OF THE COMMAND:

It is recommended that the floor finish in this room be changed from CPT-1 to CPT-3. The individual occupying this office is the Senior Enlisted Person in the Command.

6. RECORD NUMBERS 447 - 449, ROOMS S116, S116-A & B, THE BLOOD DRAWING AREA:

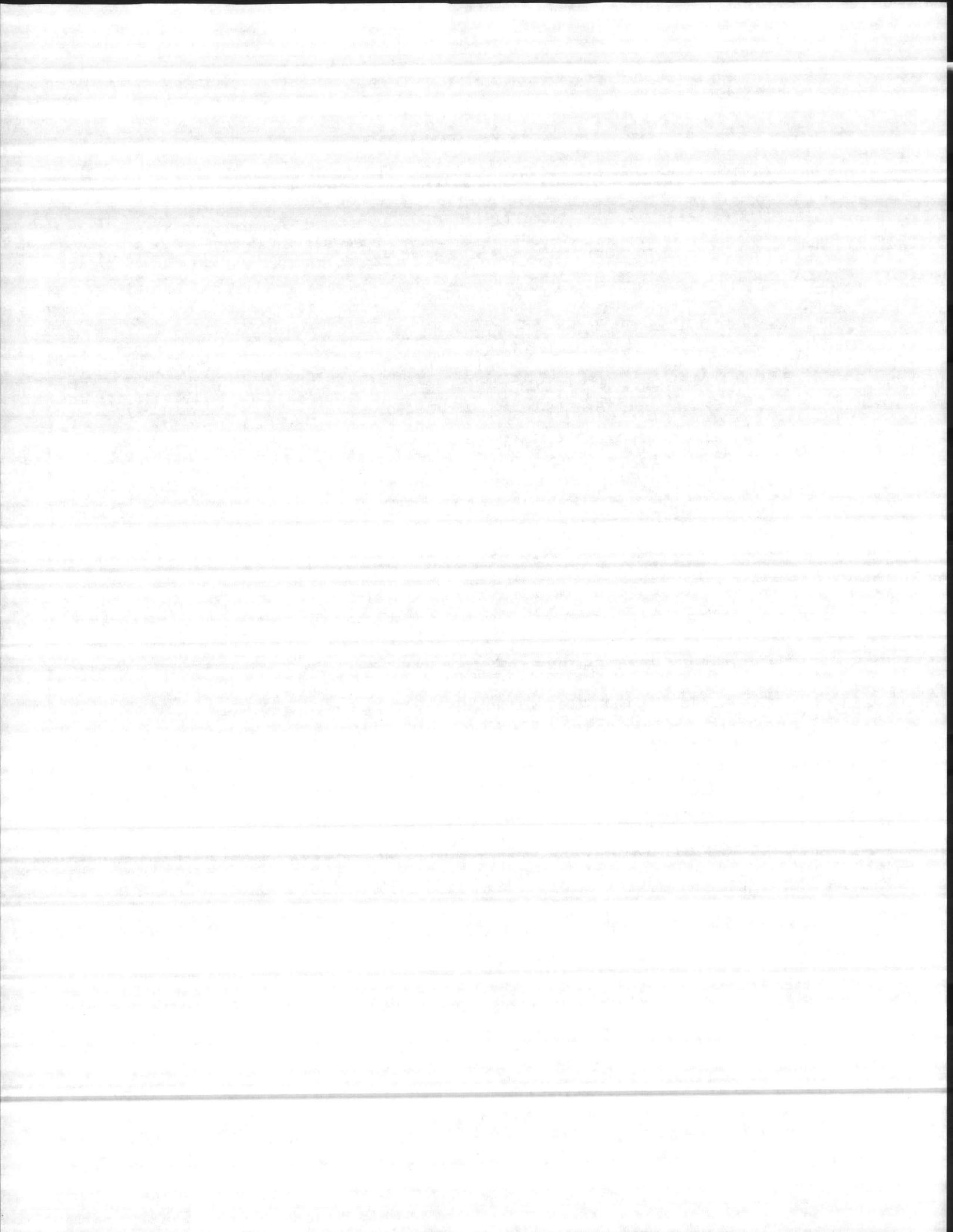
It is recommended that all areas in the Laboratory be provided with the seamless vinyl flooring. This will require a change from the RF-1 to the RF-3 in these areas. This will greatly ease maintenance in that we will not have two types of floor finishes with different maintenance systems in the same geographic area.

7. RECORD NUMBER 956, ROOM C286 FATHER'S CORRIDOR:

Floor finish in this area should be changed from carpet to resilient flooring RF-1.

8. RECORD NUMBER 1102, ROOM N224 MEDICAL OFFICER WATCH ROOM:

It is recommended that carpet be substituted for the sheet vinyl floor in this doctor's duty room.



9. RECORD NUMBER 1225, 1227, AND 1228, ROOM N250, N252, AND N252A:

It is recommended that these support rooms in the Intensive Care Unit have floor finish RF-3, the sheet vinyl, vice the specified vinyl asbestos tile. The use of vinyl asbestos tile in small areas within a larger area of sheet vinyl presents significant housekeeping problems as the two types of floor require different maintenance routines. Any savings in initial cost will be more than lost in extra housekeeping cost overtime.

10. RECORD NUMBER 1230, ROOM N254, DUTY ROOM:

It is again recommended that carpet be substituted for the sheet vinyl flooring in this area.

11. RECORD NUMBER 1430, ROOM S228, APPLIANCE FITTING ROOM:

Substitute sheet vinyl flooring RF-3 for the vinyl asbestos tile RF-1. This room will also be utilized for the applying of plaster casts and requires the same type of flooring as the cast room for housekeeping purposes.

12. RECORD NUMBER 1472, ROOM S249 EMERGENCY VESTIBULE:

Again the use of a small area of vinyl asbestos tile in an area that is predominantly sheet vinyl presents significant housekeeping problems due to the difference in maintenance routines. It is strongly recommended that the small areas of the vinyl asbestos tile be changed to sheet vinyl.

13. RECORD NUMBER 1473, ROOM S250, EMERGENCY WAITING AREA:

Substitute carpet CPT-1 for the vinyl asbestos tile in this area.

14. RECORD NUMBER 1592, ROOM W2428, STORAGE ROOM:

Substitute vinyl asbestos tile for carpet as a floor finish in this room.

15. RECORD NUMBER 1696, ROOM W287 TEST ROOM:

Substitute vinyl asbestos tile for carpet in this room. This room will be utilized as an exam room for the Psychiatry Clinic.

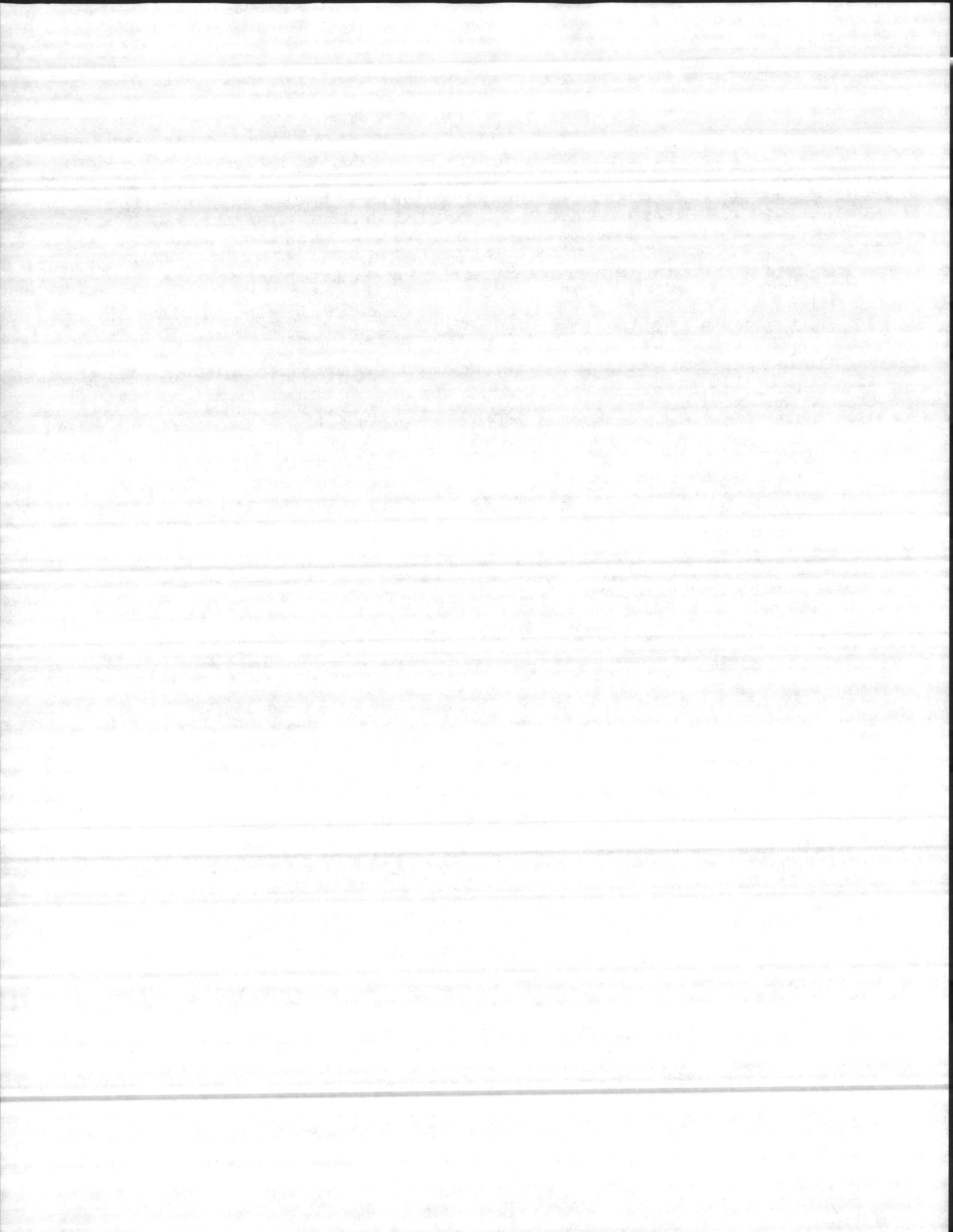
16. RECORD NUMBER 1853, ROOM N323 CORPSMAN DUTY ROOM:

Substitute carpet for the vinyl asbestos tile in the duty room.

17. Again there are small areas of vinyl asbestos tile surrounded by the sheet vinyl in the Cardiac Care Unit of the third floor. It is again strongly recommended that sheet vinyl be used in all areas due to the difference in maintenance routines for the different type flooring.

18. RECORD NUMBER 1979, ROOM N353, MEDICAL OFFICER WATCH ROOM:

Substitute carpet for the sheet vinyl flooring in this room.



19. RECORD NUMBER 2094, ROOM N401 WATCH ROOMS:

Substitute carpeting for the sheet vinyl flooring in this duty room.

20. RECORD NUMBERS 2595, and 2596, ROOMS N542A and N542B EXAM TREATMENT ROOMS:

These rooms on the Alcohol Rehab Unit are infact therapy rooms and not examination rooms. They will be set up for group discussion and as such should be provided with carpeting rather than the sheet vinyl floor.

21. GENERAL COMMENT ON FINISHES IN THE PUBLIC WORKS BUILDING:

It is strongly recommended that the epoxy topping be used on the floor in all shop areas in the Public Works Building. This will significantly reduce dust and ease housekeeping functions in these spaces. It is also recommended that carpet be utilized as the floor finish in the administrative areas of the Public Works Building. It is also requested that ceramic tile floors and walls be utilized in the toilet facilities both male and female in the Public Works Building. Again these finishes are suitable for use in the Main Hospital building should be utilized in the Publics Works Building facilities.

The following comments and questions pertain to the 90% submittal of the specifications for the replacement hospital, Naval Regional Medical Center, Camp Lejeune.

1. SECTION 02822 Para 3.5:

It is not felt that the specifications should exclude the requirement for the contractor to provide additional topsoil to support the growth of grasses and other plantings. He should be allowed to use topsoil stripped from other areas of the building site to the extent possible and then be required to provide additional topsoil if necessary to support growth.

2. SECTION 02822 Para 9:

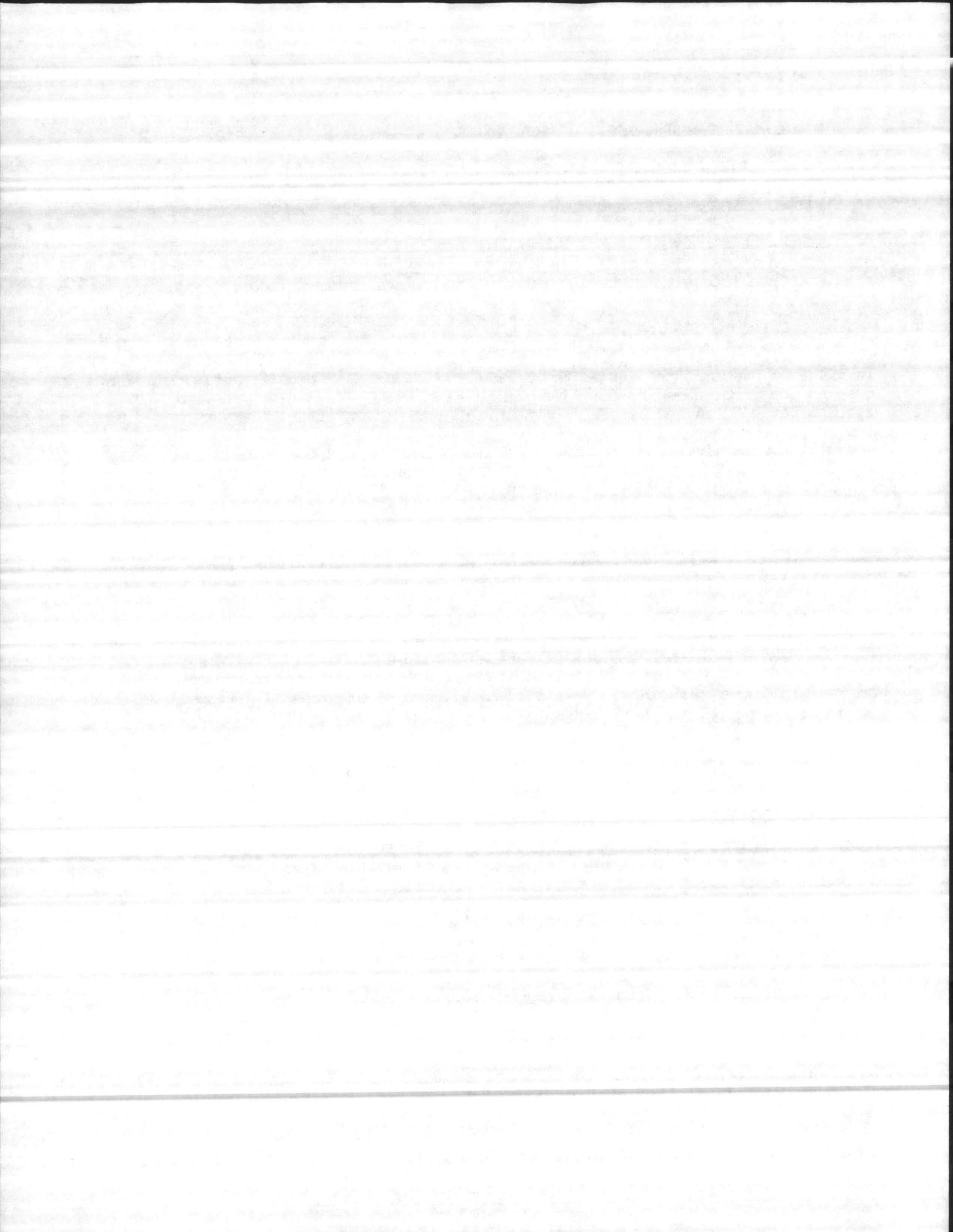
It is recommended that the contractor be allowed to sow winter wry during the early planting periods to prevent unnecessary soil erosion and to provide a reasonable stand of grass prior to the spring germination of the Bermuda grass.

3. SECTION 08130 Para 6:

Door number S-242 and S-242A are unacceptable for use at the Emergency Entrance of the hospital. This area requires an 8 foot clear opening for access by critically ill patients and necessary medical attendants. The current door provides only a 4 foot clear opening either in the automatic or manual mode. It is felt that it is an absolute necessity to change this door contiguration for adequate day-to-day operation of the Emergency Clinic.

4. SECTION 08130 Para 9.2:

It is recommended that the contractor be given the option of providing



electrohydraulic door operators vice the electroneumatic operators. Experience in previous hospitals at New Orleans and Corpus Christi have shown the electrohydraulic door operator to be less costly and more mechanically reliable than the neumatic doors. It appears that the existing automatic doors are connected to the building compressed air system. A loss of service on this system would inactivate all automatic doors in the building simultaneously. This situation would not exist using electrohydraulic door opening devices.

5. SECTION 08165 Para 5.2:

Automatic doors S-205A, S-215B, and S-226A should be provided with three push plate switches to allow for the opening of doors by the normal flow of traffic both north and south in the staff corridor. The north push plate for door S-205A should be relocated on the other side of the corridor fire doors on the east wall for ease of use.

6. SECTION 08330 Para 5.1.1:

If exterior steel rolling doors in excess of 80 square feet are to be chain operated with only the provisions for electrical operation in the future, it is felt that the A&E should specify the mechanical advantage in the chain and gear system to ensure easy manual operations.

7. SECTION 08710 Para 5.6.1:

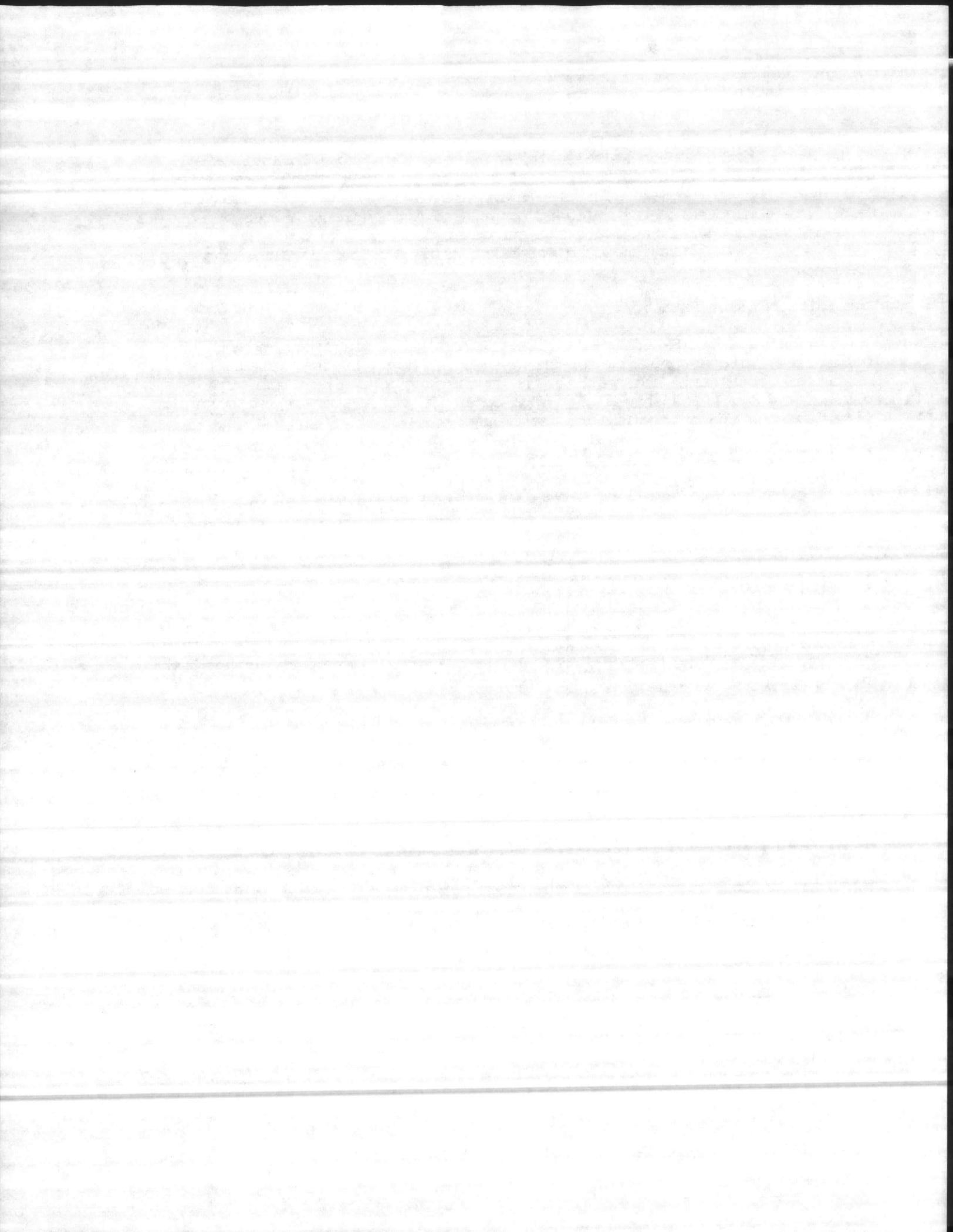
The contractor should be required to provide a key cabinet adequate to hold the keying system provided to the hospital and for mounting in the Security Office. The keying system should be turned over to the government intact and organized by the primary contractor.

8. SECTION 09650 Para 10:

The floor cleaning specified in this paragraph is unsatisfactory. The contractor should be required to seal the floor with a hospital grade non-skid, non-buff, grade acrylic finish such as Johnson Starbright. The current requirement for two coats of polich which are then buffed do not meet the current standard of floor care existing in hospitals. There is a high probability that the contractor will use a water emulsion wax to accomplish the required work in this section. It will then be necessary for the hospital to strip and reseal the floor prior to occupancy. It is strongly recommended that this paragraph be rewritten to provide a floor finish in line with those commonly used in hospitals.

9. SECTION 09910 Table I:

It is recommended that the medical utility system piping be given distinctive colors that are not used by other systems in the hospital. Currently, the medical vacuum, dental vacuum, medical air, dental air, oxygen and nitrogen pipes are all color coded green with a distinctive letter identifying the contents of the pipe. A more desirable situation for these critical systems



would be a distinctive color. The green, yellow, red utilization on the general mechanical piping systems is considered adequate. The manufacturers of the medical utility systems have standard colors which they recommend for coding the medical utility piping. It is suggested that these colors be utilized on this project.

10. SECTION 10801 Para 5.3:

It is recommended that the A&E consider the use of satin finishes on the larger metal toilet and bath accessories. This greatly eases the housekeeping problems in maintaining an acceptable appearance on items such as the multi-purpose unit with mirror, papertowel dispenser and shelf.

11. SECTION 11400 Para 13, Item 32:

The steamer with kettle should be specified as having one high pressure and one low pressure compartment in the steamer component.

12. SECTION 11400 Para 13:

The consistency in the categorization of the food service items is questioned. Items 40 and 41 a dolly unit and tray dispenser are listed as category A. Items 44 and 46 a plate dispenser and dish dispenser are carried as category C. To ensure consistency in the equipment procured, it is recommended that these items be placed wether in category C or in category A rather than splitting the procurement responsibility. This comment also applies to items 48, 49, and 50 of the tray assembly line.

13. SECTION 11400 Para 13:

Item 65, the detergent system is recorded on the equipment schedule as a category A item, contractor furnished contractor installed, and recorded in the specs as to be provided by the government. Clarification on this item and it's innerface with item 59, the dishwasher, is requested.

14. SECTION 11700 Para 8.2:

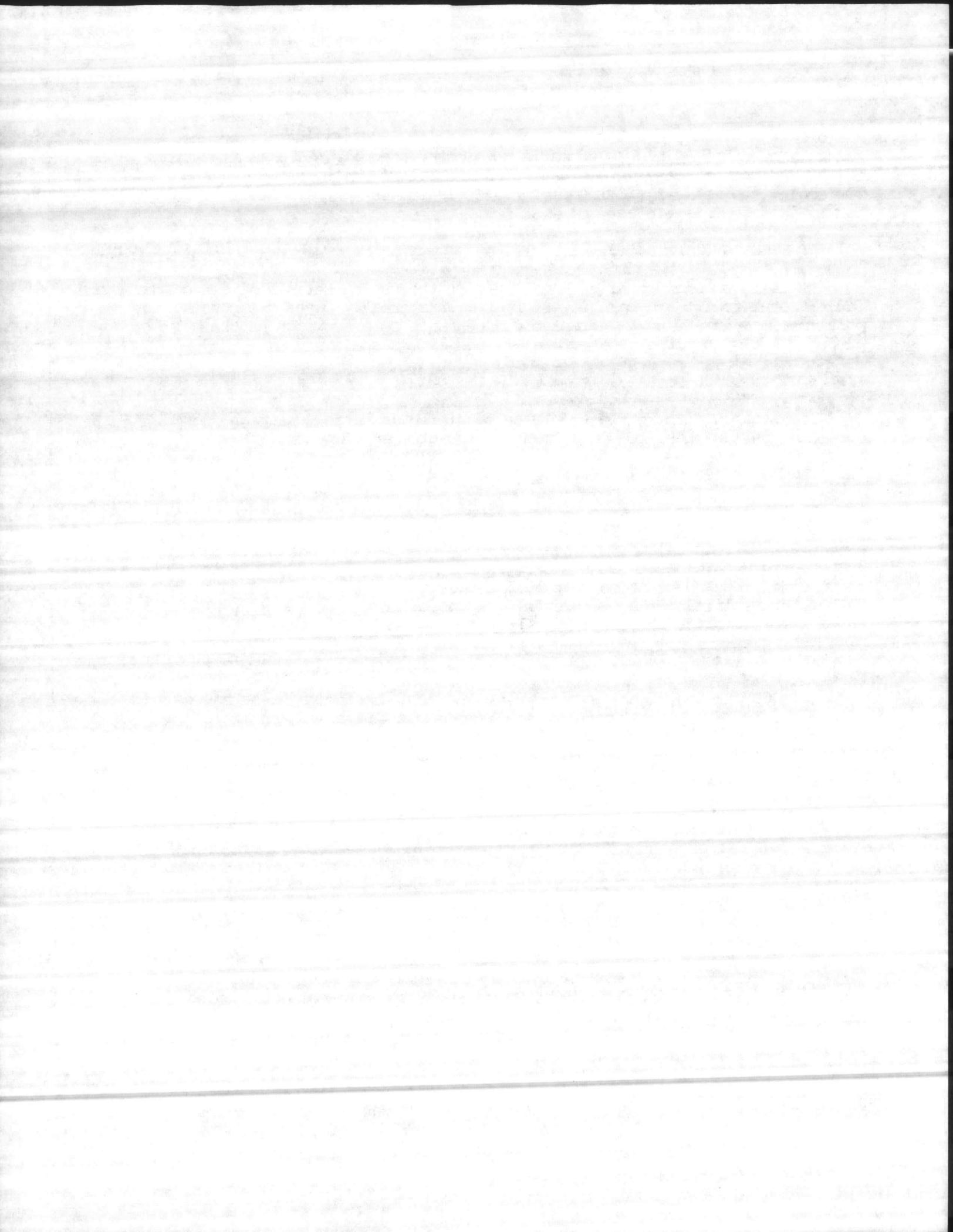
This hospital has no areas authorized to use explosive anesthetic agents. The NFPA requirements specified in paragraph 8.2, will merely increase the cost of construction unless absolutely required. It is suggested that this matter be discussed with Dr. Swope for a final determination.

15. SECTION 11701 Para 8.10.2E:

The use of the plaster trap JSN #D0830 is questioned for use in the barium sinks for collection of heavy metals. It is requested that the A&E verify this as the correct item for use in this area. The same comment is also appropriate for paragraph 8.11, Item C0067, the kitchen barium preparation.

16. SECTION 11702 Para 7.1.2E:

The government had previously requested the use of digital elapsed time clocks vice the dial face numeral clocks contained in this section



of the paragraph. This statement is also inconsistent with paragraph 7.1.1 which calls out a clock that has an electrical powered digital face. It is requested that the A&E clarify this point.

17. SECTION 11702 para 7.2:

Item M-3950, System, Examining, Ophthalmic: It is felt that supplemental information, such as a manufacturer's reference, should be provided to assist the contractor in bidding and furnishing this item. The specifications states furnish prefabricated model EX1081 cabinet unit and wall panel but fails to identify the source of this unit nor is an adequate elevation provided in the drawings.

18. SECTION 11702 Para 7.4:

Item M-5250, the Medicine Service Center: It is requested that a sloping dust top cover be added to the accessory items for this unit to ease housekeeping functions. This accessory is readily available from all major manufacturers of this item.

19. SECTION 11702 Para 7.5:

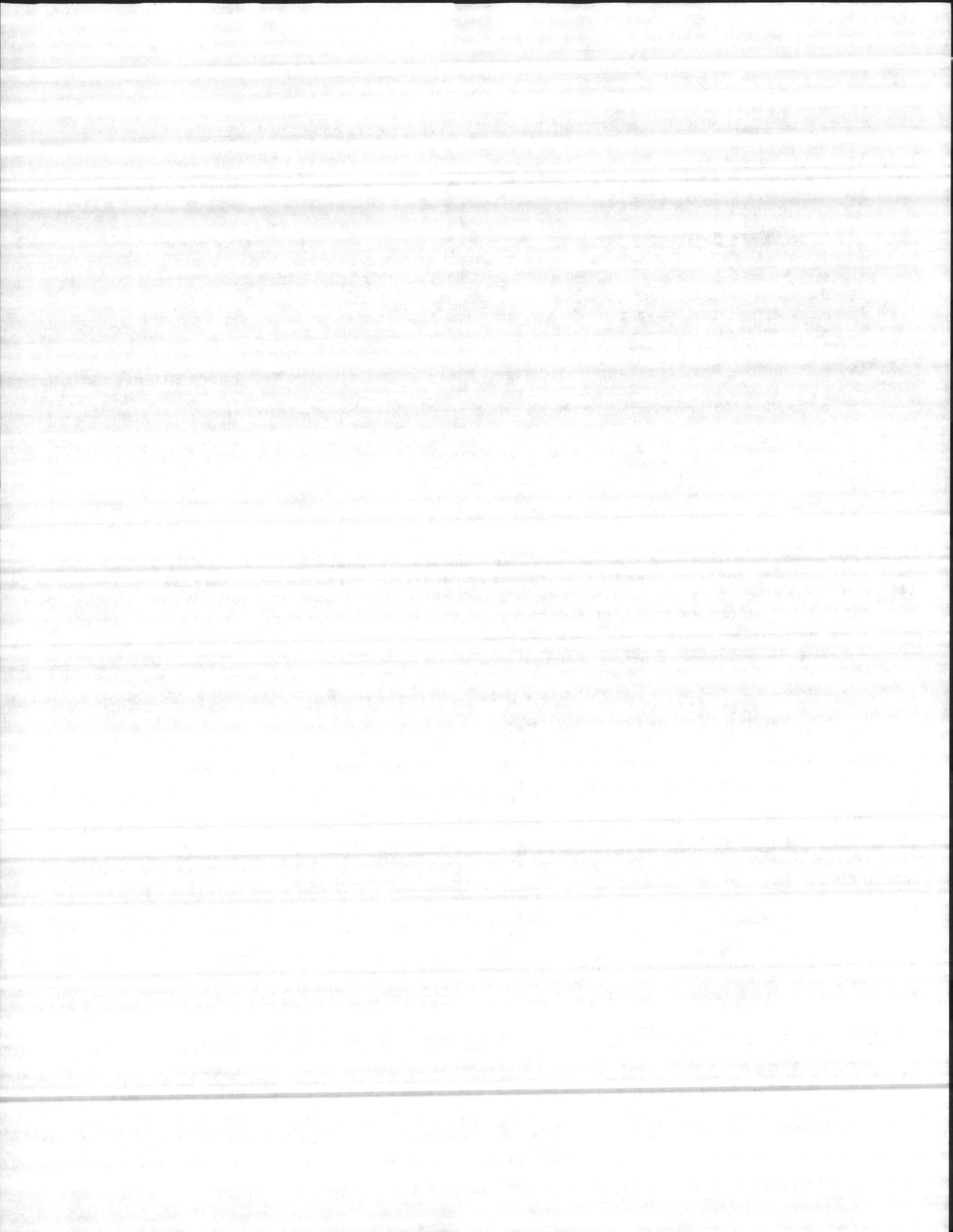
Item M-5552 Pantry Unit, Single over: It is requested that the microwave ovens specified in this section be certified as suitable for installation in medical institutions. That is, that it be fully shielded to prevent interference with cardiac pacemakers. It is also requested that the following options be added to the pantry unit. Liquid soap dispenser, paper towel dispenser, paper cup dispenser, tilt out removable waste receptacle, and sloping top dust cover.

20. SECTION 11702 Para 7.7:

Item M-2410 the IV Additives Station: This IV additive station provides laminar flow work area with a width of only 30 inches. This is insufficient space to produce the number of IV additive solutions required in the hospital today. There is no way that the work load of the future can be met by this single unit. It is requested that the A&E include a second IV Additive Station to allow the Pharmacy to properly support the IV additive program. This should be done even if it required the removal of other items from the room. It has been noted on previous drawings that a sink has been included in this room. This sink could be eliminated providing additional space for a second IV Additive Station as a sink is included in the IV additive unit.

21 SECTION 11702 Para 7.8:

Item M-5542 Patient Care Multiwall Unit: The patient bedside cabinet specified under paragraph 7.8.3 of this section is unnecessary. This function will be provided by Herman Miller Equipment. It is suggested that this item be specified like item M-5543. Again the elapsed time clock specified in this section calls for an analogue type clock. The government had previously requested that digital clocks be specified. The major manufacturers of these wall units provide digital clocks as an option. The sphygmomanometer



specified under this section calls for a mercury manometer. The use of this item and the possible problems associated with heavy metals should the vertical mercury column be broken led the Navy Medical Department to discontinue the use of this type of item. The A&E is requested to change this to read and aneroid manometer. The comments with regard to the sphygomanometer and the digital clock are also appropriate to equipment item M-5543 in paragraph 7.9 of this section. Digital clock comment is also appropriate for item M-5544 covered in paragraph 7.10 of this section.

22. SECTION 11702 Para 7.12:

Item M-5545 Booth Treatment Irradiation: It is requested that this item be deleted from the contract requirements. NRMCC Camp Lejeune has recently purchased a manufactured item that will provide therapeutic ultraviolet treatment. This item will be suitable for relocation to the new hospital and obviates the need for this item.

23. SECTION 11702 Para 7.14:

Item M-195, Triplex Pully: it is requested that an additional set of handles also be specified at floor level under subparagraph 7.25.2 of this section.

24. SECTION 11704 Para 7.2:

Item L-2336 Fumehood Microbiological: It is requested that the A&E verify the electrical requirements under paragraph 7.2.3 the service characteristics. This item has traditionally utilized 115 volt service.

25. SECTION 11704 Para 7.4:

Item L-2200 Fumehood Assembly: It is requested that the A&E provide information as to the manufacturer of this unit. The height of the unit, 106 3/4", is significantly taller than the standard unit utilized to meet this specification.

26. SECTION 11704 Para 7.5:

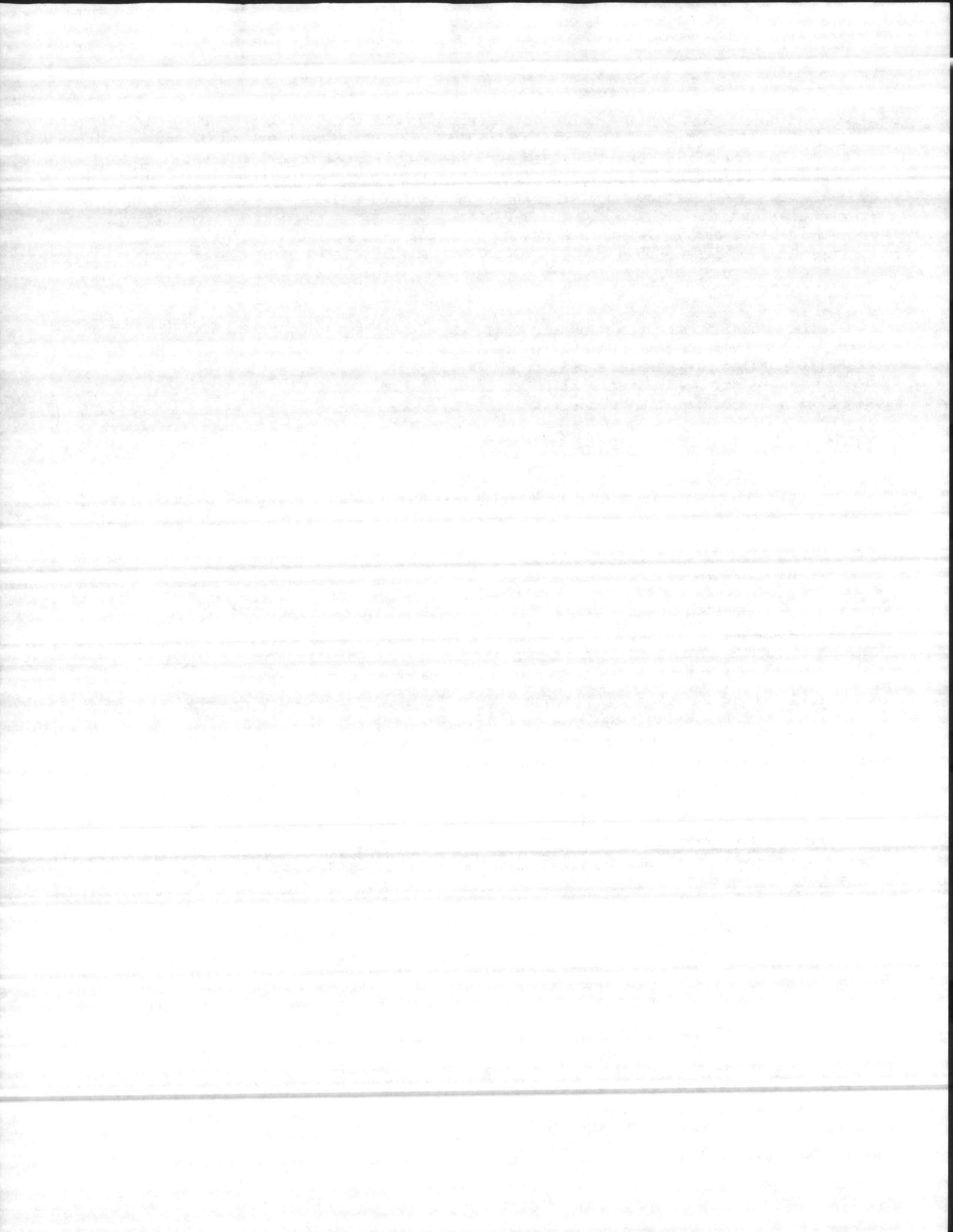
Item L-2325 Station Cross Pathology: It is requested that the A&E clarify the discrepancy between the horsepower required for the waste disposal in subparagraph 7.5.2E and 7.5.3. In the former it was specified as 3/4 horsepower and in the later 1/2 horsepower.

27. SECTION 11705 Para 7.1:

Item R-4650 Ice maker Flaked Dispenser: It is requested that the delivery suite be added to the locations specified for this item in paragraph 7.1.1.

28. SECTION 11705 Para 7.4:

Item R-5200 Freezer Counter High -70<sup>o</sup> Centigrade: It is requested that the A&E clarify the cubic foot capacity of this unit. The thirty six cubic feet specified does not seem possible when consideration is given



to the stated dimensions of 24 inches by 24 inches by 34½ inches. This computes to approximately 11.2 cubic feet. In addition, it is requested that a temperature recorded and remote alarm circuit to the hospital communication center be added to this equipment item. Consideration should also be given to the substitution of catalog item R-5100 for this item which would provide 24 cubic feet capacity.

29. SECTION 11705 Para 7.5:

Item R-6000 Refrigerator Blood Bank: It is requested that remote alarms circuits to the hospital communication center be provided for all blood bank refrigerators in the hospital. This comment is also applicable to item R-8101 contained in paragraph 7.7 of this section, the Mortuary Refrigerator.

30. SECTION 11713 Para 8.2:

Item M-4951 Surgical Light Fixtures, Dual Track: It is suggested that the use of pedestal mounted lights be considered for the delivery suite. The use of pedestal mounted lights eliminates a dust collector of the over head surgical light tracks. This situation greatly eases housekeeping and aseptic conditions in the delivery suite.

31. SECTION 11716 Para 8.1:

Item M-1280 Hydrotreatment Bath Reclining: It is requested that a wash out hose and hose bib be added to the accessory items for this piece of equipment. This greatly facilitates the necessary sanitation of this item between patients.

32. SECTION 11716 Para 8.2:

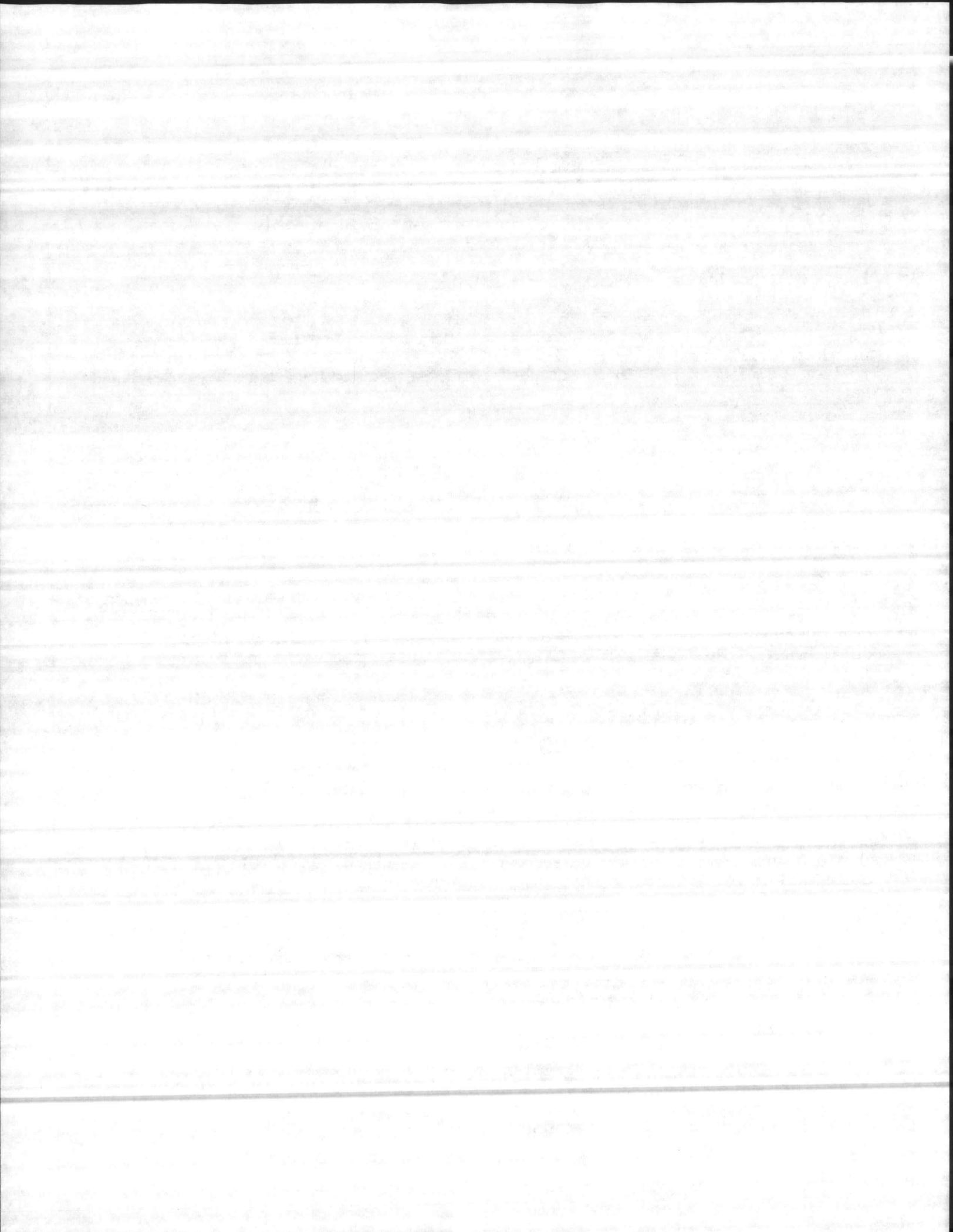
Item M-1250 Bath Whirlpool Leg Treatment: The mounting height for a leg whirlpool is 39 inches vice the 33 inch height shown. The 33 inch height is usually specified for arm treatment units. These arm treatment units are 36 inches by 15 inches by 18 inches vice the dimensions shown. If the A&E is specifying a leg treatment whirlpool it is recommended that it be mounted at the proper leg whirlpool height. It is also requested that the following accessory items be added to this paragraph, adjustable height chair, adjustable suspension seat, and rubber hand grips.

33. SECTION 11716 Para 8.3:

Item M-1275 Tank Hydrotherapy Low Boy: It is requested that the following accessory items be added to this paragraph, adjustable suspension seat and rubber hand grips.

34. SECTION 117 Para 7.2:

Item L-3010 Washer Glasswear and Utensil: It is recommended that the accessory items under paragraph 7.2.2H be specifically spelled out by the A&E to prevent possible conflict with the contractor over the number of items to be provided to the government.



35. SECTION 11730 Para 7.3:

Item S-6700 Washer Bedpan and Urinal: It is requested that the A&E verify the steam pressure, 15 PSI, specified in paragraph 7.3.2B3. This would require a pressure reducing valve to break down the standard building service of 40-60 PSI. Bedpan washers are available on the market which will operate at the standard building pressure.

36. SECTION 11744 para 8.1:

Item D-4000 Compressor, Air Dental: It is requested that additional provisions be added to this section of the specifications to ensure that air provided by this compressor is refrigerated, oil free and dry. This is necessary to prevent the fowling of delicate internal parts on dental hand pieces.

37. SECTION 11744 Para 8.5:

Item D 9200 System Oral Evacuation Central: It is requested that this item be specified to empty directly into the sanitary sewer system vice the use of solids collectors in each DOR. The use of these solids collectors can cause significant odor and housekeeping problems. Most major dental oral evacuation systems allow a choice of connection for the removal of waste.

38. SECTION 11757 Para 7.20:

Item X-1500 Holder, X-ray Film Cassette: It is requested that this item be deleted as a category A item. This item should be provided as category E to allow for integration with the automatic columnation system on x-ray equipment. This ensures against accidental overexposure by the technician in procedures done on the wall bucky. This item has been included in the quotations for x-ray equipment provided under category E1.

39. SECTION 11797 Para 6.1:

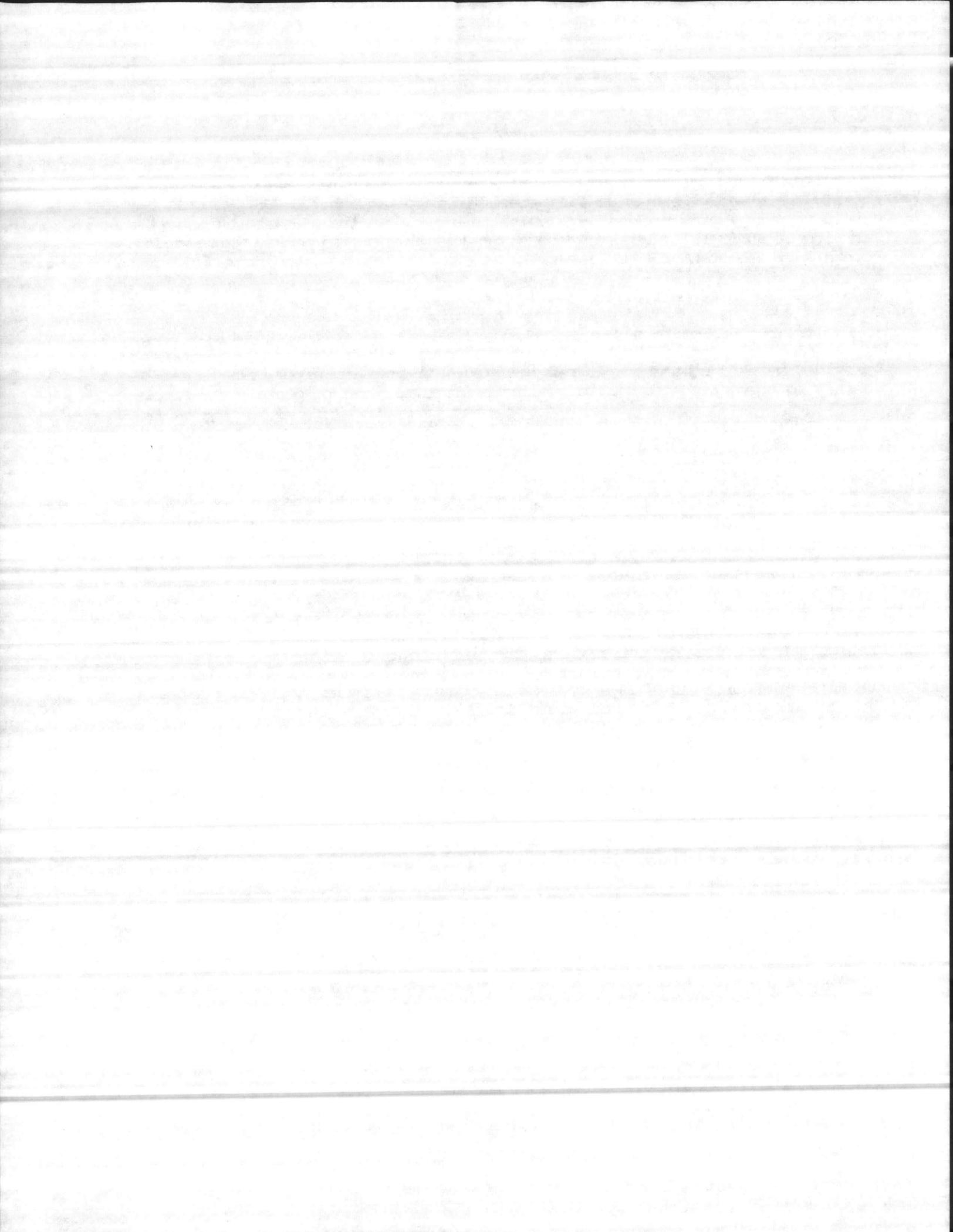
Item X-5350 Processor Film Dental: The desired dental x-ray processor, the SS White Auveloper, will not fit in the space provided in the dental x-ray processing room due to the length of the film discharge tray. It is suggested that the A&E include an additional countertop space forming an L running along the north side of this room.

40. SECTION 11797 Para 6.4:

Item X-7300 X-ray Radiographic Fluroscopic Byplane with TV: Catalog Item X-6171, a Heavy Duty Fluroscopic Unit with Single Plane Special Procedures capability, will be substituted for the byplane unit. The X-6171 unit is more in keeping with the needs and capabilities of NRM Camp Lejeune and results in a savings of in excess of \$200,000. This also provides a third fluroscopic room in line with the recommendations Dr. Cruz provided in reviewing the hospital x-ray department.

41. SECTION 11797 Para 6.5:

Item X-6200 X-ray Apparatus Radiographic: A schedule currently calls for the installation of four X-6200 rooms in the new hospital. One of these



42. SECTION 11797 Para 7.3:

Item S-2200 Sterilizer Prevacuum Steam: Currently 24 x 36 x 48 inch large sterilizers are specified. The difference in cost between this unit and the 60 inch deep sterilizer is only \$1,000. The investment of the addition \$2,000 on the two steam sterilizers would provide an additional 16% to our sterilizing capacity. In view of the fact that these are the only terminal sterilization units in the hospital, it is recommended that this change be made. A review of the drawings indicates that there is sufficient room in CSR to allow for the installation of this unit. The same justification is offered for an increase of the large gas autoclave to a 60" unit. We are already specifying the 60 inch deep gas aerator thus the move to the 60 inch sterilizer would require no change in this item or create problems for cart and carriage compatibility.

43. SECTION 13941 EMCS-Input/Output Summary:

The monitoring of high pressure and reserve in use statuses only by the EMCS is unacceptable on the medical utilities systems. Unless the nitrogen manifold, nitrous oxide manifold, oxygen system, medical vacuum system, medical air system, anesthetic gas evacuation, and dental air systems are otherwise monitored additional parameters must be included in the EMCS. These should include, as appropriate, high pressure, low pressure, and reserve in use.

44. SECTION 14200, para 15.3 - Elevator Passenger Cars:

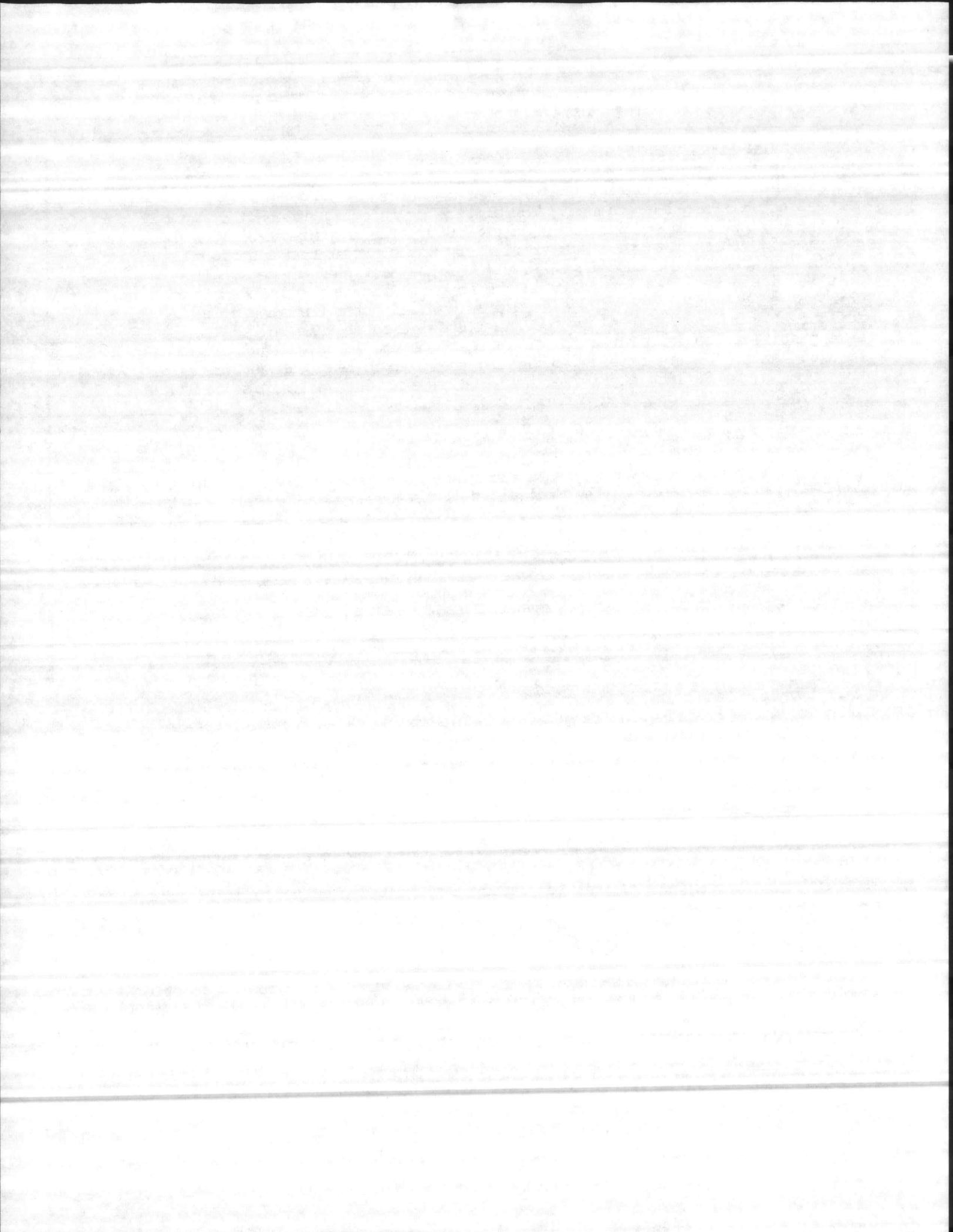
The use of the architectural tambour fire rated white oak wall panels in the elevator is again questioned with regard to durability. If the architect desires to utilize this wall covering, he should also provide protective handrails in elevators 1,2, and 3, as there may be occasions when carts or gurney traffic will utilize these elevators. As a personal opinion, it is felt that another surface to provide the same architectural effect and provide greater durability over time in these elevators is desirable. It is again requested that the architect investigate this possibility.

45. SECTION 14200, Para 15.3.6:

It is requested that pads and hooks be provided in elevators 5 and 6. There are numerous occasions when sufficient amounts of freight are moved to the upper floors of the hospital to justify the inclusion of the pads in the other two service elevators.

46. SECTION 14220, Para 4.1 - Elevator Description:

It is felt that elevators numbers 15 and 16 serving the OR and OB floors should be sized and rated the same as elevators 9 and 13. Elevators 15 and 16 will receive heavy use in supporting the OB and OR areas of the hospital. The increased size and lifting capability of the elevators will facilitate the movement of case carts and other supplies to these areas. The increased door size and platform size are seen as an absolute necessity, as in fact these elevators will receive heavier use than elevators 9 and 13.



47. SECTION 14220, Para 5.6 - Emergency Power Operations:

It is felt that emergency power should be provided to elevator number 16 to insure the flow of sterile equipment to the Surgical and OB floors in the event of a power outage or emergency.

48. SECTION 15402, Para 8 - Accessories:

It is felt that the A&E should specify the length of the heavy duty hose specified under this paragraph for the housekeeping vacuum system. This will eliminate any possible conflict at the time the submittals are reviewed.

49. SECTION 15405, Para 9 - Alarm Systems:

*CANCELLED* The master alarm panel located in the boiler room in paragraph 9.5 should be relocated to an area receiving 24 hour attendance such as the communications center. The boiler room is an unattended area and the location of the master alarm panel there is seen as a waste. *WHO MADE THIS COMMENT?*

50. SECTION 15405, Medical and Special Gases:

It is not felt that the specifications in this section are of sufficient detail to ensure that the government is provided with desired type of system. As an example, the specification does not specify the final operating pressure on the bulk oxygen, nitrogen, or nitrous oxide systems. Nor does it specify the means for interfacing the emergency oxygen tank into the bulk oxygen storage system to ensure that the reserve bank is not utilized prior to the expiration of available liquid oxygen supplies. It is felt that additional information is required to ensure a complete and workable system.

51. SECTION 15516, Para 5 - Sequence of Operation of Fire Pumps:

It is requested that A&E explain the reason for having the diesel as the primary fire pump vice the electric. It seems much more economical to utilize the electric as the primary fire pump with the diesel as the back-up.

52. SECTION 15405, Para 6 - Manifolds:

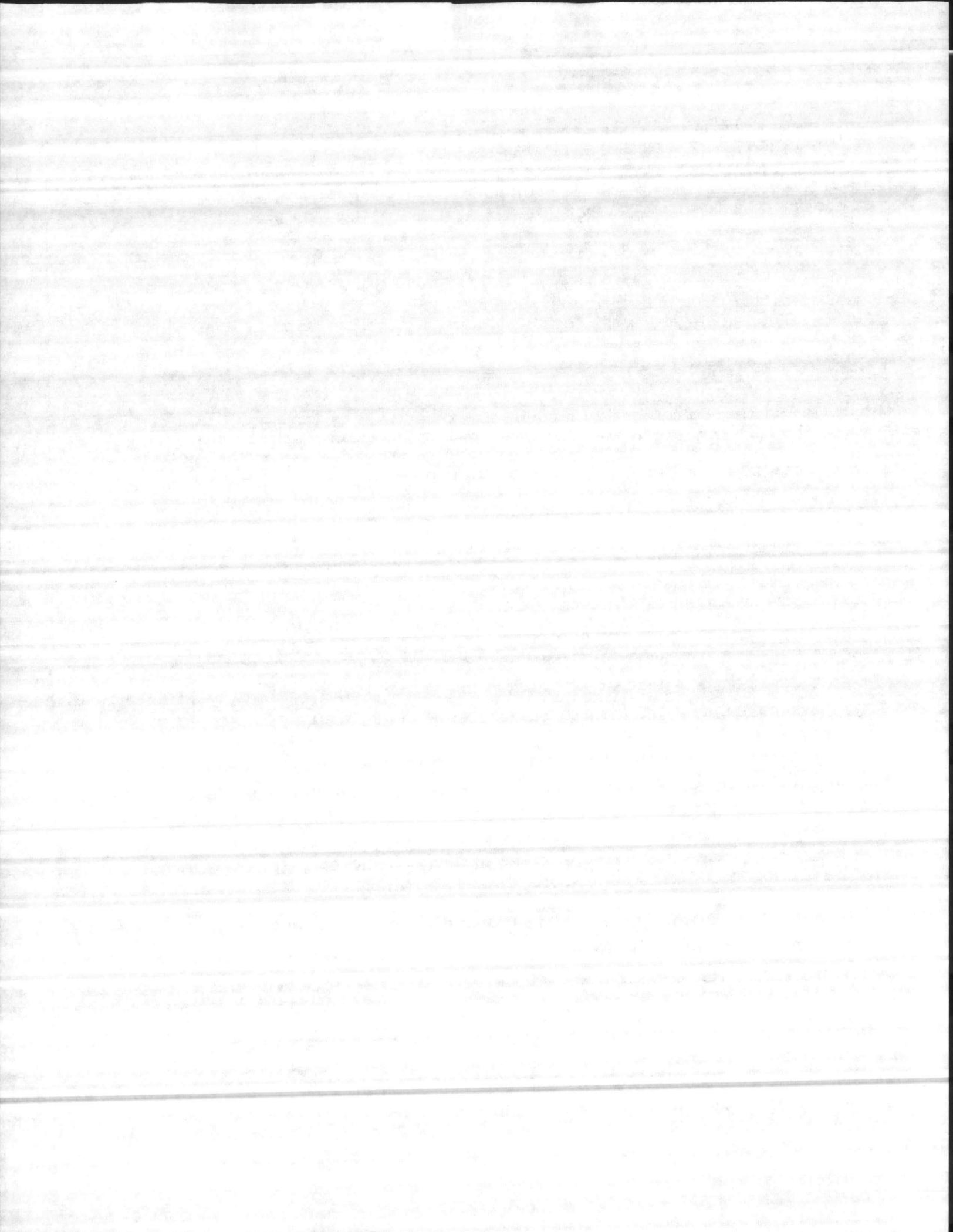
It is requested that the A&E specify the number and size of cylinders to be used in the nitrous oxide and nitrogen manifolds.

53. SECTION 16700 Para 3.5.2 - Patient Bedside Stations and Patient Care Wall Units:

The A&E is utilizing the New Orleans specs for the nurse call system and has failed to eliminate those details that apply to that job specifically. If he desires to use this spec, he must eliminate all references to the New Orleans Project, such as the room numbers that appear in paragraph 3.5.2.1.

54. PARAGRAPH 16700, Paragraph 3.6.4 - Elevator Intercom Systems:

Emergency intercom provisions should also be provided in elevators 8, 9,



14, 15, and 16. These elevator intercoms should also report to the hospital communication center for use in emergency situations.

55. SECTION 16730 - Sound System Radio Equipment:

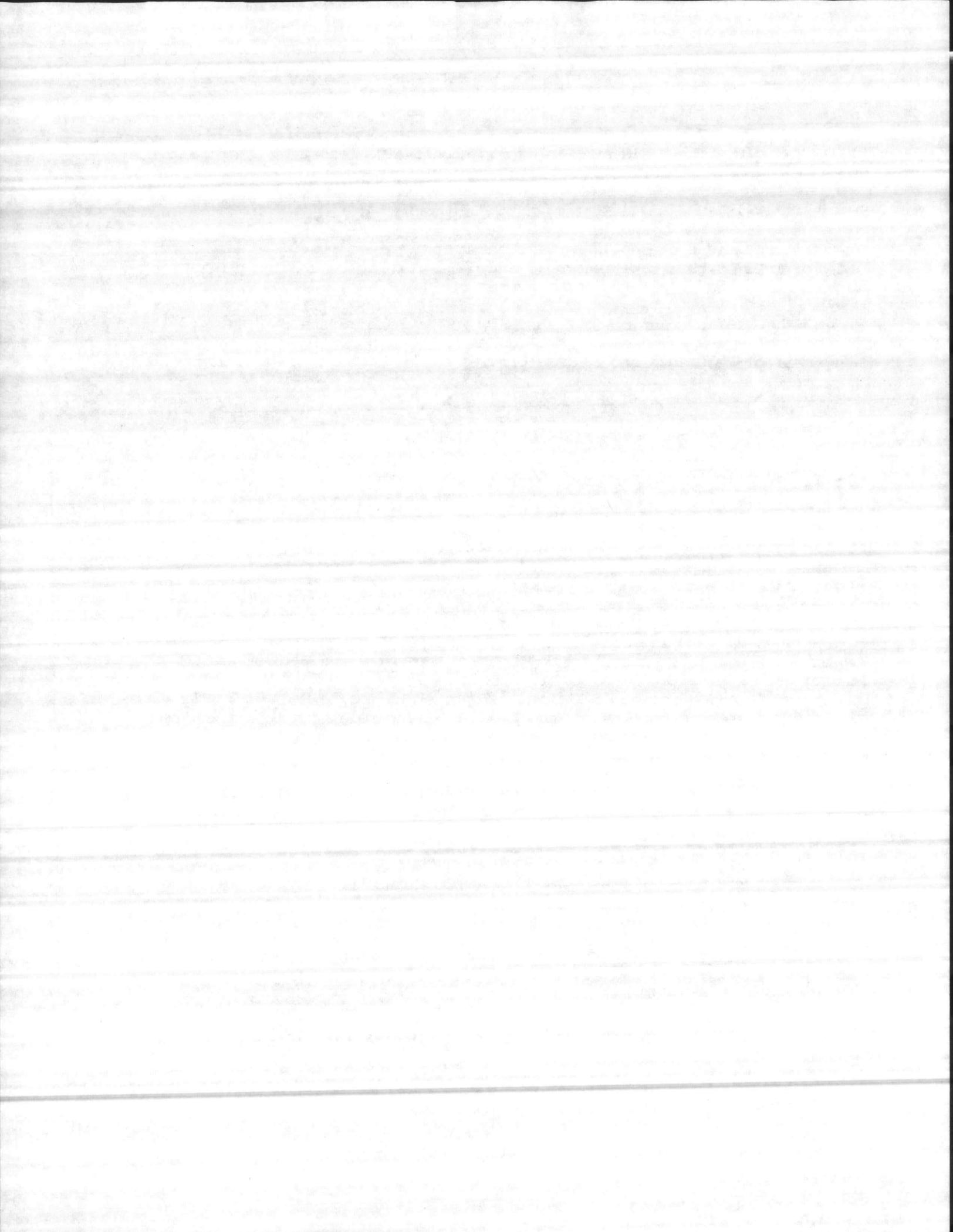
The specification should require the contractor to provide a tape deck, or reel to reel tape recorder, and phonograph to be used as programming sources in the radio entertainment system.

56. SECTION 16710 - Radio Paging and RF Two Way Radio System:

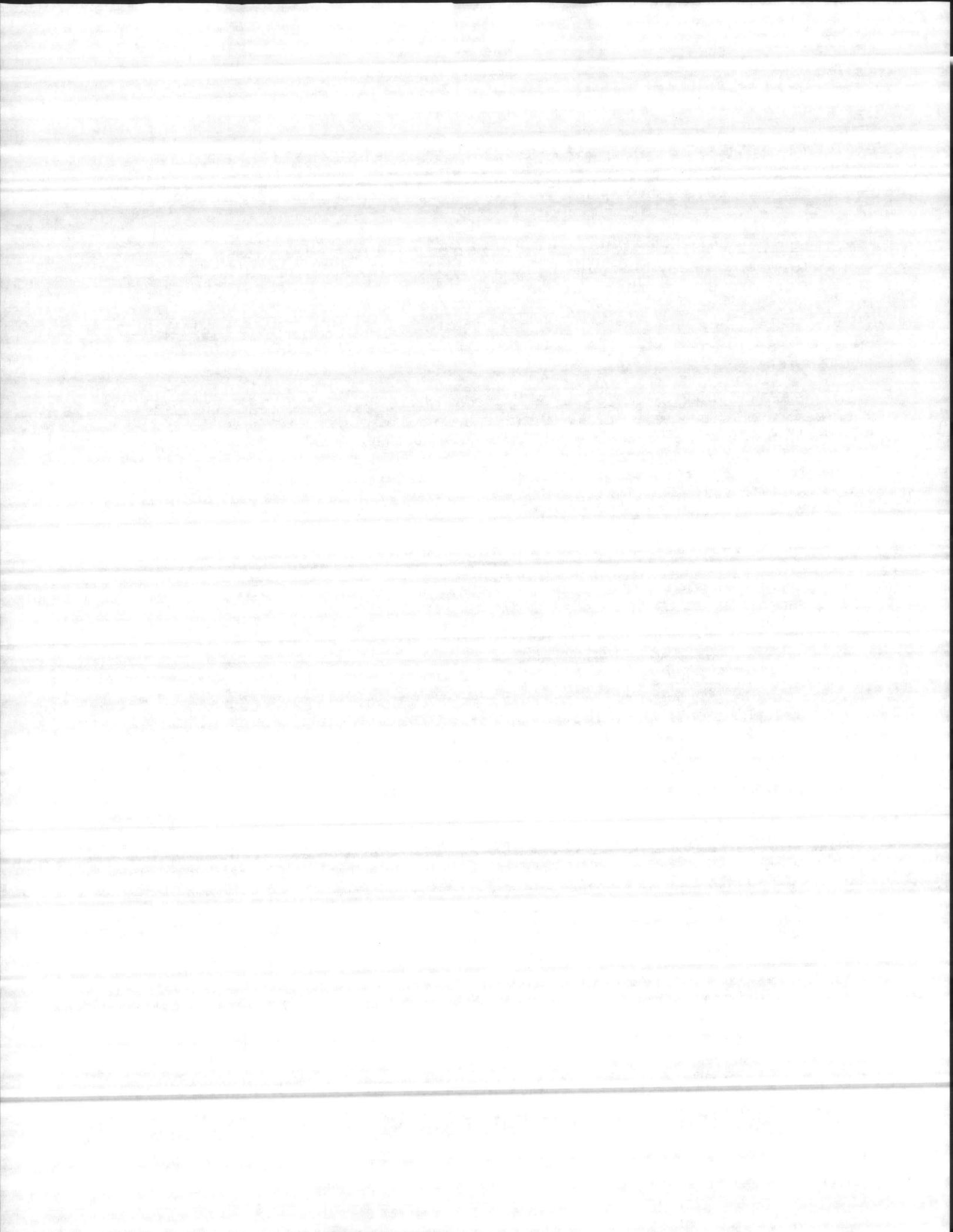
Contract documents should make provisions for conduit, power, transmitter and antenna sites for four separate radio frequencies.

#### COMMUNICATION SYSTEM DRAWINGS

1. SHEET IO-1: Change telephone outlet in Room C005 to wall mounted outlet.
2. SHEET IO-3: Provide telephone outlet in Room N007A (Officers Dining Room). Provide broadband coax outlet in Rooms N075, N015, and N017.
3. SHEET II-1: Provide an IC outlet in Room W157 on system IA3. Provide an IC outlet in Room W166 on system IA2. Which system is the IC in Room W151 on? Provide a broadband coax outlet in Room W181 and W167.
4. SHEET II-2: Provide broadband coax outlet in Room W127. Provide IC outlets in Room W127. Provide IC outlets in Room W119 and W118 of the OB Clinic. The IC station in Room W102 should be located in Room W103 (OB Conference Room). Provide additional telephone outlets in Room W102. Provide additional telephone outlets in Room C108. Provide telephone outlet in Room C106 (Nursery). No telephone outlets are shown on the information desk. Provide a broadband coax outlet in Rooms W102 and W103.
5. SHEET II-3: Provide a telephone outlet in Room S106. Provide one wall telephone outlet on each wall of Room S102 (Main Lab). Provide telephone outlet in Room S116 and S116A. General Practice and Lab Control do not have PA volume controls.
6. SHEET II-4: Provide a telephone outlet in Room C119. Provide telephone outlets in Room C128 and on columns M-23 and L-23 in the Pharmacy. Additional telephone outlets are required at the patient service counter in Room C109 and in Room C110. Provide 2 telephone outlets on the west wall of Room C121 (Pharmacy waiting). Telephone and broadband coax outlets are required in Room C141 (admissions). Broadband coax outlet required in Room C143 (Collection Agent), and Room C134 (Data Processing) and Room C112. Provide telephone outlet in Room C156 and C158 in Central Materials. Provide telephone outlets in Room C148 (Personnel) for 7 people and in Room C149 for one. Provide broadband coax outlet in Rooms C109 and C110.



7. SHEET I1-5: Provide telephone outlet in Rooms E134, E137, E140, E146. Provide broadband coax outlets in Rooms E128, E130, E132, E134, E137, E140. Delete door switch on Room E105. Provide broadband coax outlet in Room E148 and four outlets in Room E116A.
8. SHEET I1-7: Provide broadband coax outlet in Room N122, N118, and N116. Provide telephone outlets in Room N110, N111, N113, N127, and N115 (at least 6). Provide a telephone outlet in Room C160.
9. SHEET I1-8: Necessary telephone outlets are not shown in Room N150, N137, and N138. Provide broadband coax outlets in Rooms N152, N145, N146, N139, and N142.
10. SHEET I2-1 & 2: Provide broadband coax outlets in Rooms W292A and W292. A separate IC system is required for the Eye Clinic, the exam room IC are not identified. Provide IC station in Room W222 and W230 of P.T. on system 2B1. Provide broadband coax outlets in Room W205B and W210 (Surgical Clinic) and Room W245, Rooms C207, C206, and C205 (Duty Rooms). Provide telephone outlets in Rooms W232, W231, and W230. Surgical Control does not have a PA volume control.
11. SHEET I2-3: It is felt that an IC system is more appropriate for the Emergency Clinic than a Nurse Call System as currently shown and much less expensive. Provide a broadband coax outlet in Room S254 and S260. It is requested that IC Systems 2C1 and 2C2'D operation be explained. It is desired that the stations be able to talk to both masters in Radiology. Radiology control does not have P.A. speaker volume control.
12. SHEET I2-4: Additional telephone outlets are required in Room C230 for 6 people. Provide a public telephone outlet in Room C225. Provide wall telephone outlets in Room C265, C253, Corridor C251, Corridor C246. Corridor C232A, Room C243. It is felt that the Nurse Call Staff Stations in Rooms C236, C239, C238, and C241 should be on System 2D3 vice 2D2, for service to the Delivery Suits. Provide IC stations in Urology Clinic Rooms C220 and C219.
13. SHEET I2-5: Provide a telephone and IC outlet on the North wall of Room C289 for a moveable nurses station. Provide a telephone outlet in the charting area Room N271A and N279A. Provide Nurse call staff stations in Rooms N270, N 272, N267, and N266 on System 2G. Provide telephone and broadband coax outlet in Room N269. Rooms N274 and N275 need IC hook-ups to all nursing stations on the floor.
14. SHEET I2-6: Nurse call staff stations required in Rooms N240, N241, N249, N293, N292, and N250 of System 2H1. Nurse call staff stations required in Rooms N281, N278, N285 and N286 on System 2H. Provide telephone and broadband coax outlets in Rooms N286 and N253.
15. SHEET I3-1: Provide nurse call staff station in Rooms N371, N368, N367, and N374 on System 3G. Rooms N377 and N378 require IC connections to all nursing stations on this floor. Provide a broadband coax outlet in Room N370. Provide telephone outlets in Room N373A and N382A.



16. SHEET I3-2: Provide nurse call staff station in Rooms N381, N383, N387, and N388 on System 2H. Provide a broadband coax outlet in Room N385. Provide nurse call staff station in Rooms N394, N395, N348, N339 and N340 on System 3H1.

17. SHEET I4-1: Provide nurse call staff station in Rooms N448, N446, N450, and N453 System 4G. Provide telephone outlets in Rooms N449, and N463A. Rooms N457 and N458 require IC connections to all nursing stations on this floor. Provide a broadband coax outlet in Room N415.

18. SHEET I4-2: Provide nurse call staff station in Rooms N466, N467, and N429 on System 4H. Provide telephone outlets in Rooms N468A, N470, and N471. Room N481 also required a broadband coax outlet. Staff stations on System 4H are also required outside doors N400G and N400F.

19. SHEET I5-1: Broadband coax outlets are required in Rooms N542A, N542B, N542, N541B, N501, N502, and N505 (2 required).

20. General Comments:

1. I did not see the speakers on the drawing for the P.A. System.
2. All day and family waiting rooms should be provided with public telephone outlets.
3. All duty rooms in tower need a coax outlet.

21. SHEET I6-1: The antenna requirements on this drawing are not clear. How many are you talking about and what consideration (conduit, power, etc.) have been made?

22. SHEET I8-1: The medical air and gas scavenger system should also be monitored on the Critical System Annunciator. The same comment applies to elevators 9, 13, 15, and 16. Where will critical refrigeration system (blood bank, morgue, etc.) be monitored?

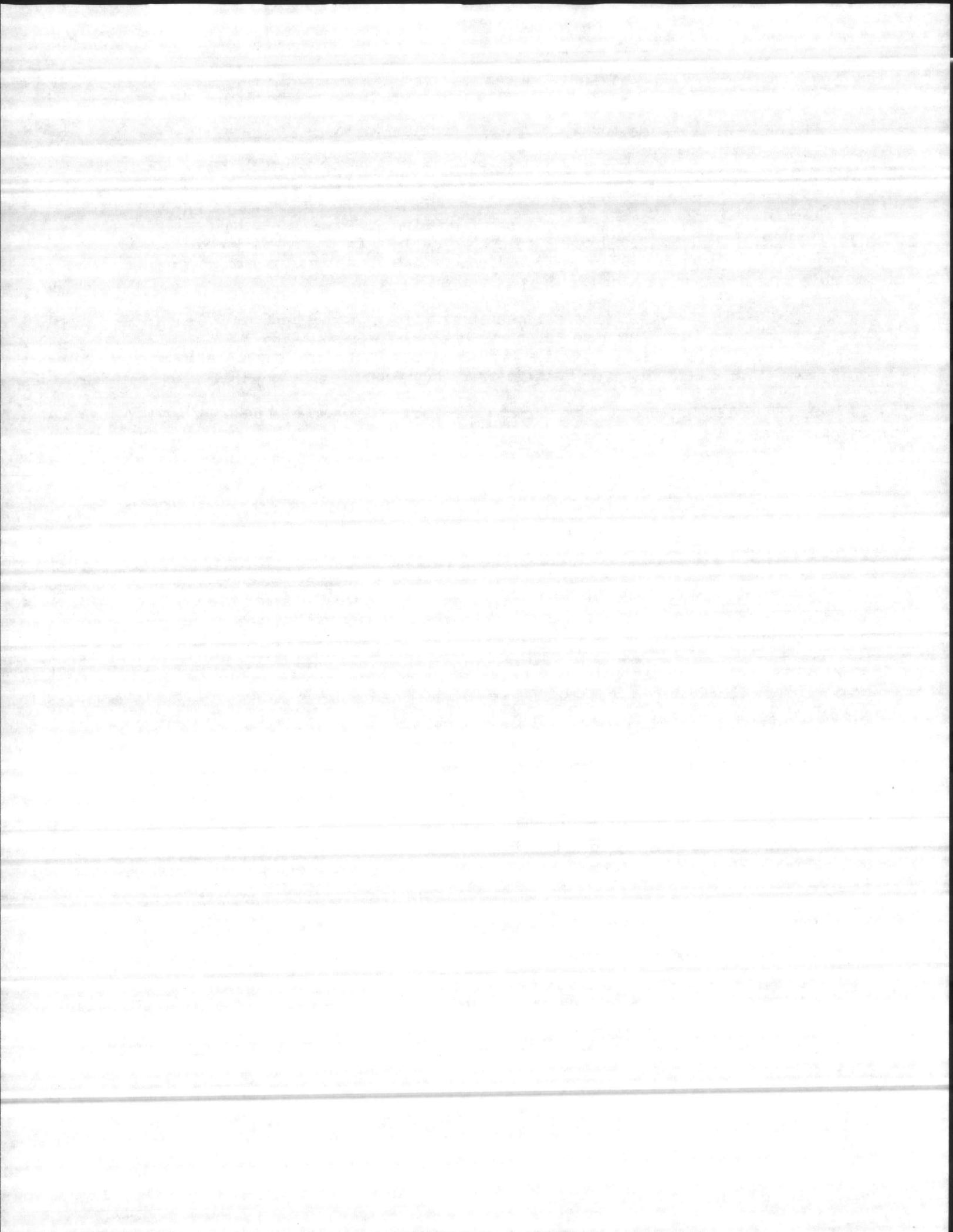
#### VOLUMN 3 HVAC, PROCESS PIPING AND PLUMBING

1. SHEET M7-1: If the boilers run on NO.6 fuel oil and only starts on NO.2, the split of storage of 40,000 No. 2 and 40,000 No. 6 is questioned to meet the DOD 30 day requirement were when consideration is given to generator requirements.

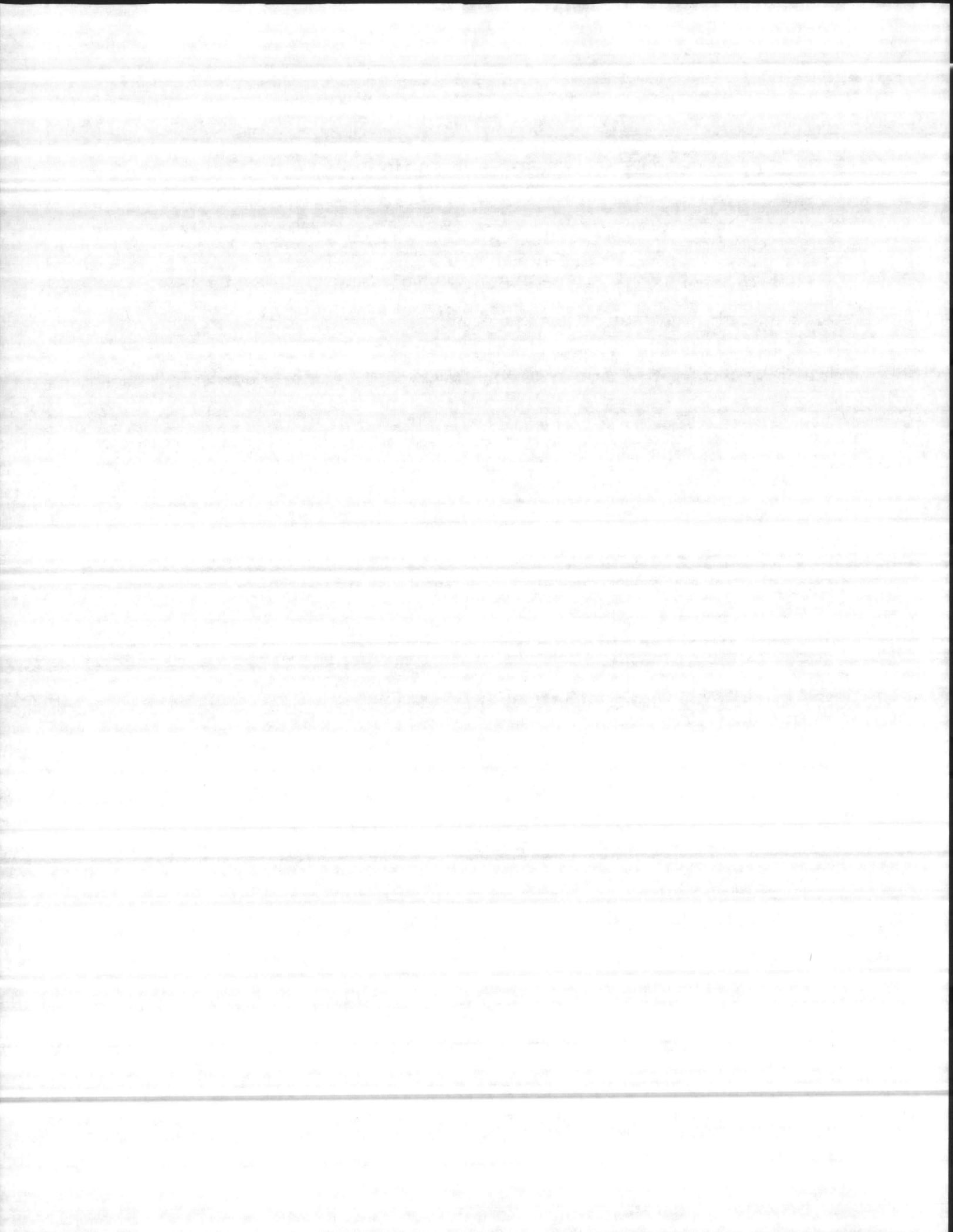
2. SHEET M7-2: Some form of protective cover is required for the emergency oxygen tank bank.

3. SHEET M7-10: The bulk oxygen tank, Public Works Building fuel oil tanks, and Public Works Building gas storage tank are not shown on the tank schedule.

4. SHEET P1-4: The requested deep sink for glass washing has not been provided in the pharmacy. A 7½" deep sink is not sufficient to wash tall flasks.



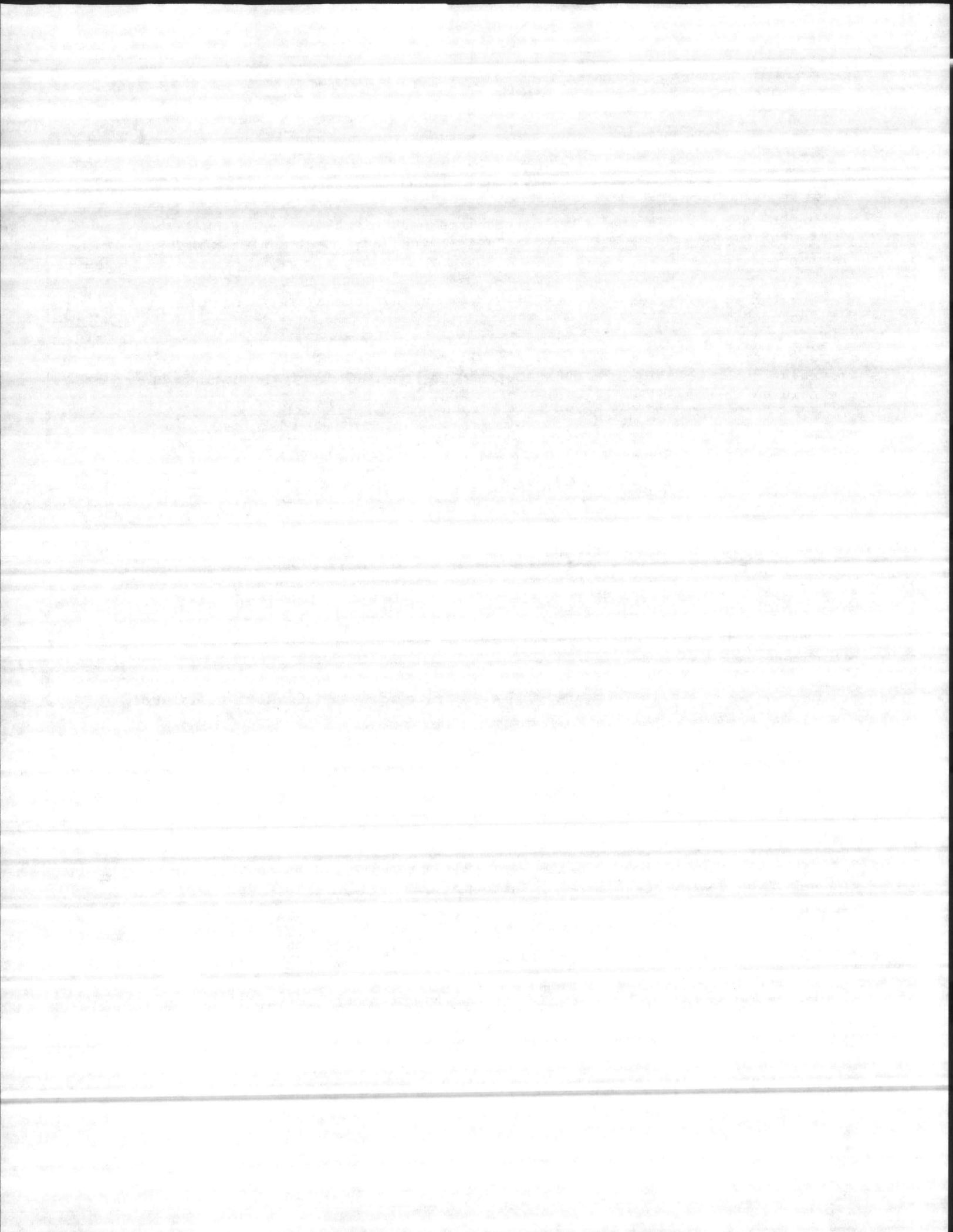
5. Plumbing Plan: The P-6 lavatories are still shown in each physician's office. These sinks are not to be installed.
6. SHEET P2-3: The sinks in the three fluoro Rooms and Barium Prep area do not reflect the required traps. Also the P-11's and P-6 shown in these rooms is questioned.
7. Plumbing Plan: It is felt that additional EWC could be provided in areas such as Central Materials, Nursery, OR, and Delivery Suite where staff members can get a drink without leaving the area in scrub greens.
8. Medical Gases: The A&E is requested to indicate how many of the comments in my letter of 14 June 1978 which reviewed the entire system.



37-dfm  
10 August 1978

ELECTRICAL DRAWING COMMENTS

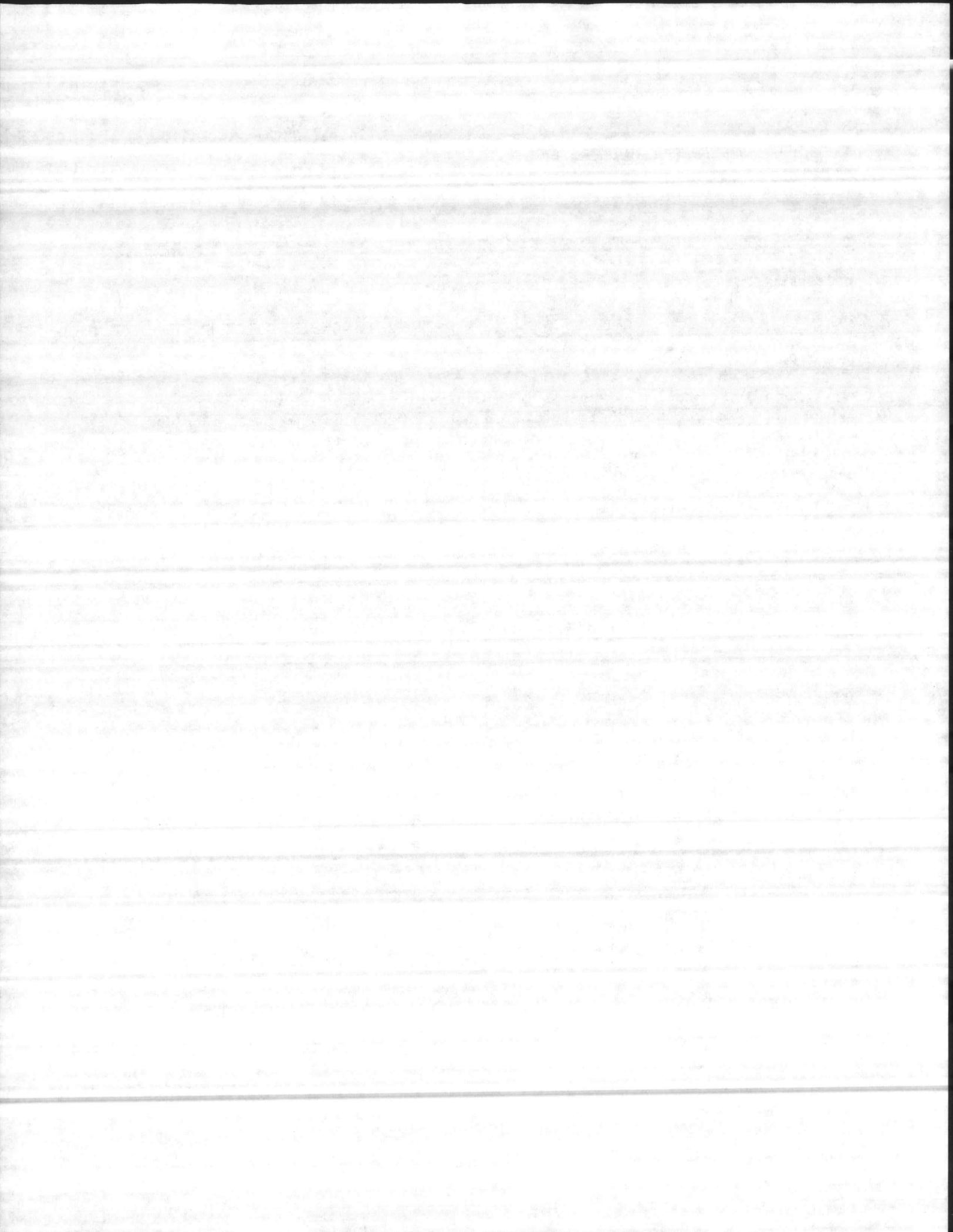
1. Sheet EO-6: Additional outlets required on the patient tray prep line for heated ~~LOWEATAY~~, grill, etc. Also provide additional outlets in food rough prep area.
2. Sheet E1-2: Provide 208V outlet and grounding receptacle in Room W118, Ultrasound Room.
3. Sheet E1-3: Provide 208V outlet in Room S144, Scan Room. Provide grounding receptacle in Room S154, Untrasound Room. Some of the outlets on the columns in Room S102, Lab, are to be 208V.
4. Sheet E1-4: Provide electrical outlets on the columns in Room C125, Pharmacy, for compounding equipment. No outlet shown for the belt in the Pharmacy. Also provide additional outlets along the walls of the Pharmacy. What power and telephone capabilities are provided in the underslab conduit in Data Processing (C134) and Personnel (C148)? Question applies to all other areas where the cond. sys. is used.
5. Sheet E1-6: Provide additional 208V outlet in Medical Repair (Room E148).
6. Sheet E1-7: Provide additional 115V outlets in Classroom N110 and N111.
7. Sheet E1-8: A minimum of 15 outlets are required in Room N148 for dictation system recorders.
8. Sheet E1-10: It is felt that the clinics require another look to insure adequate and consistent emergency lighting.
9. Sheet E2-5: Electrical service required for the two nursing stations in the Nursery. Provide additional outlets in Room C291 (Nursery).
10. Sheet E2-7: Light fixtures not shown in Rooms W295, W296, W294, W294A, W293, W293A, and W285.
11. Sheet E2-9: The lights in all X-ray Rooms require restat control for reduced lighting levels utilized in some procedures. This is a very important capability.
12. Sheet E2-10: Exam lights in the Delivery Suite should be installed so as to be useful in examining the peritoneum.
13. General Question: Which lights in the patient rooms are served by the emergency power system? Also, the patient room exam lights are not shown.
14. General Comment: How do we determine which electrical outlets are carried on the emergency power system?



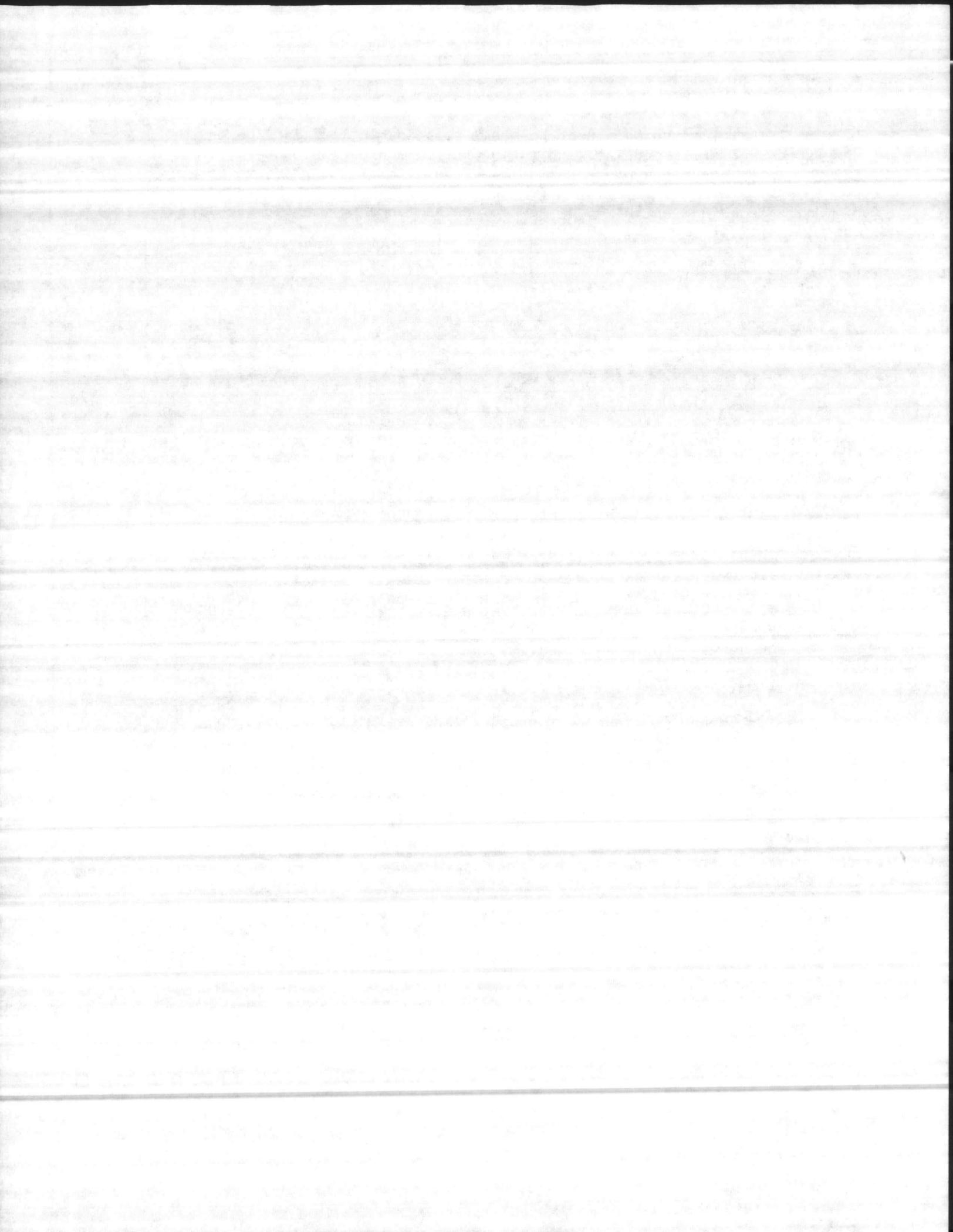
15. Sheet E2-11: More light circuits are required in the Nursery to allow the staff to control lighting levels.

#### DOOR SCHEDULE COMMENTS

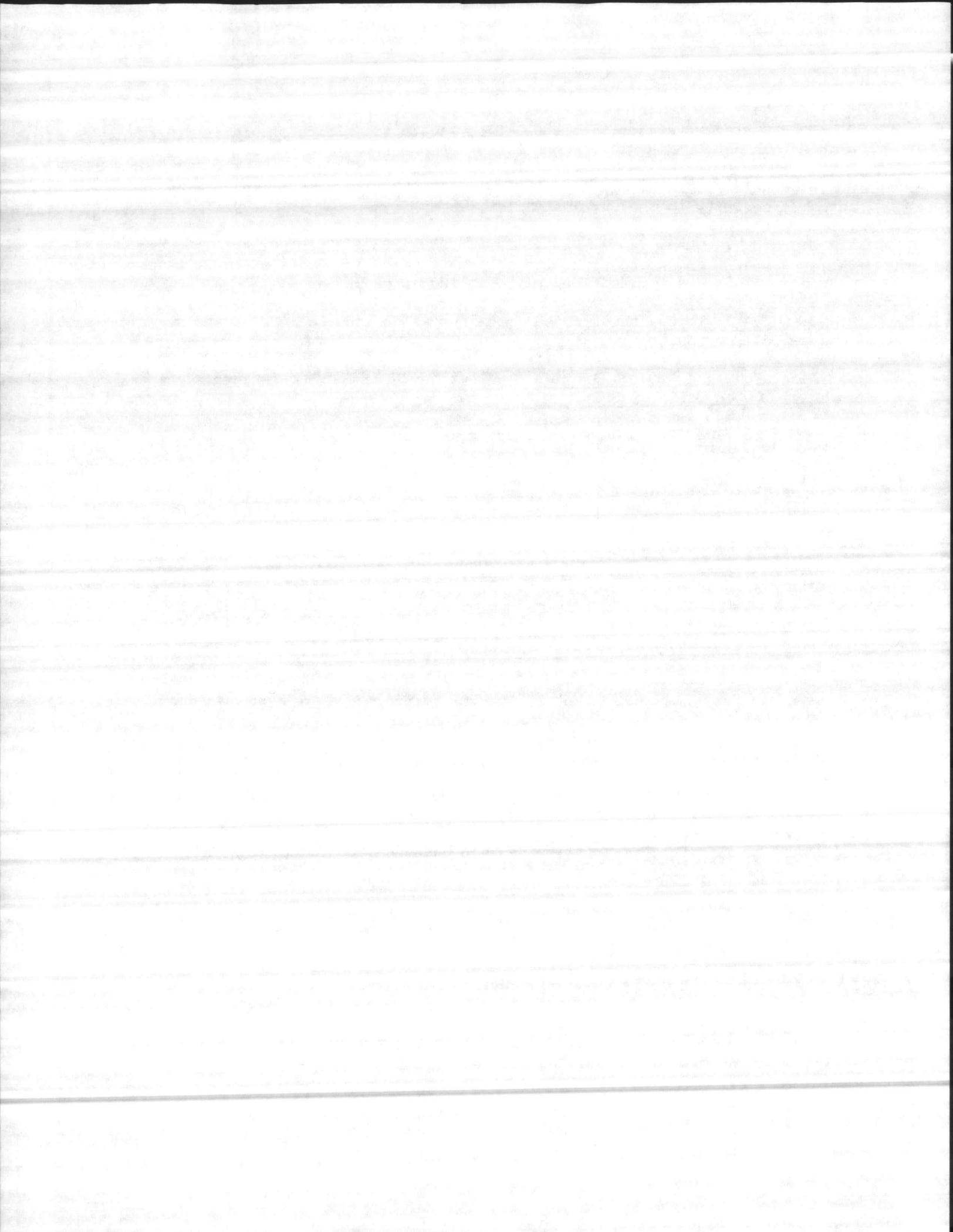
1. Door C002, C006, C008, and C009: Change these doors from wood to laminated plastic. This will provide consistency in the service corridor, and it is not necessary to provide wood doors in the morgue area.
2. Door N029: Change lock set to 101 to provide a lock on this door.
3. Door N030: Change to lock set 101 to provide a lock on this door.
4. Door C103: Should lock set 180 be utilized in place of the specified 129 on this door? The 180 is specified for door W135 on the staff corridor.
5. Door C115, C116, and C119: Provide intrusion devices on these doors to adequately protect the entire Marine Corps Exchange facility.
6. Door C119A: Delete the intrusion device on this door as unnecessary.
7. Door C125: Change this from a three foot to a four foot door to provide easy access for bulk supplies into the Pharmacy.
8. Door C125A: It is recommended that this door be changed to a six foot double leaf door to provide easy access for carts and large equipment into and out of the Pharmacy.
9. Door C132A: Change to lock set 104 to provide a lock on the Data Processing Officer's office.
10. Door C133A and C134A: Change these doors to a DF2 six foot double leaf door to allow for the easy access of data processing equipment in and out of the Machine Room.
11. Door C159: This automatic door must be provided with a lock to ensure security of the Central Material Processing Center.
12. Door C160A and C160B: Change these doors from three foot to four foot doors to ensure the easy access of cleaned equipment through Central Material Processing Center.
13. Door C162: Change from a three foot to a four foot door to allow easy access of housekeeping equipment. The same comment applies to door C162A.
14. Door E105: Delete the intrusion device from this door. It is not required for the Operating Management Services office.



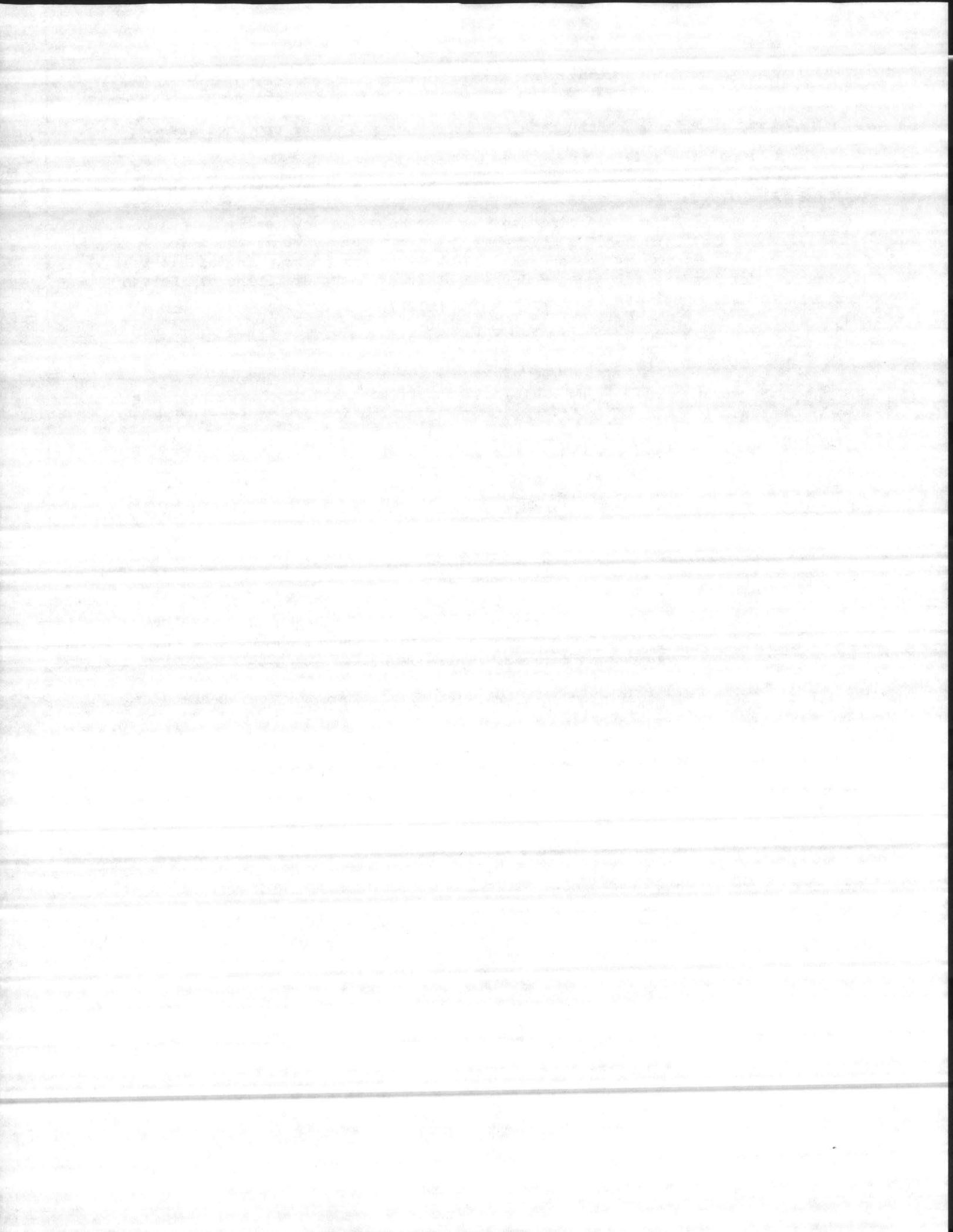
15. Door E113: Change this door to a six foot double leaf door to ensure easy access of equipment into and out of the Communication Center. The EMCS and its components are an example of the type of equipment referred to.
16. Door E123: Add an intrusion device on this door to provide adequate envelope security for the U.S. Post Office.
17. Door E124: This door should be a dutch door to allow for the distribution of packages from the hospital mail room.
18. Door N120, N120A, N120B, and N122: Change the lock sets on these doors in the library to lock set 134 to provide a locking capability on the doors.
19. Door N125 and N126A: Substitute lock sets 134 on these Red Cross doors to provide a locking capability.
20. Door N129: This is an electrical equipment room and, as such, should be on the M system doors to ensure continuity of the mechanical and electrical keying system.
21. Door N139 and N142: These are the doors to the DAS and DCS offices and face each other across a small alcove. The A&E is requested to explain the reasons for different hardware on these doors. In this area, it is felt that consistency should be maintained if at all possible.
22. Door S101: Change this door to a double leaf six foot door to ensure adequate access to the laboratory for the movement of large items of equipment such as the automated chemistry unit.
23. Door S104, S110, S111, S11 , S115, S116A, S117, and S117A: It is recommended that these doors be changed from three foot to four foot doors to allow for the easy movement of supplies and equipment in and through the laboratory.
24. Door S154: This door should be changed to a DF2 six foot door to allow for easy access of gurney patients into the Ultrasound Room.
25. Door S155: It is requested that the A&E explain why a leadline door is provided on the Hot Lab when the walls of this room are not leadline.
26. Door W158B: This should be changed to a six foot double leaf door, Type DF2, for access to the Procto Room.
27. Door C200: This door should be provided with a lock to provide necessary security to the west wing of the hospital. This comment applies to Door C200B.
28. Door C215B: This door should be changed from a three foot to a four foot door to provide adequate access into and out of the treatment corridor of the Urology Clinic.



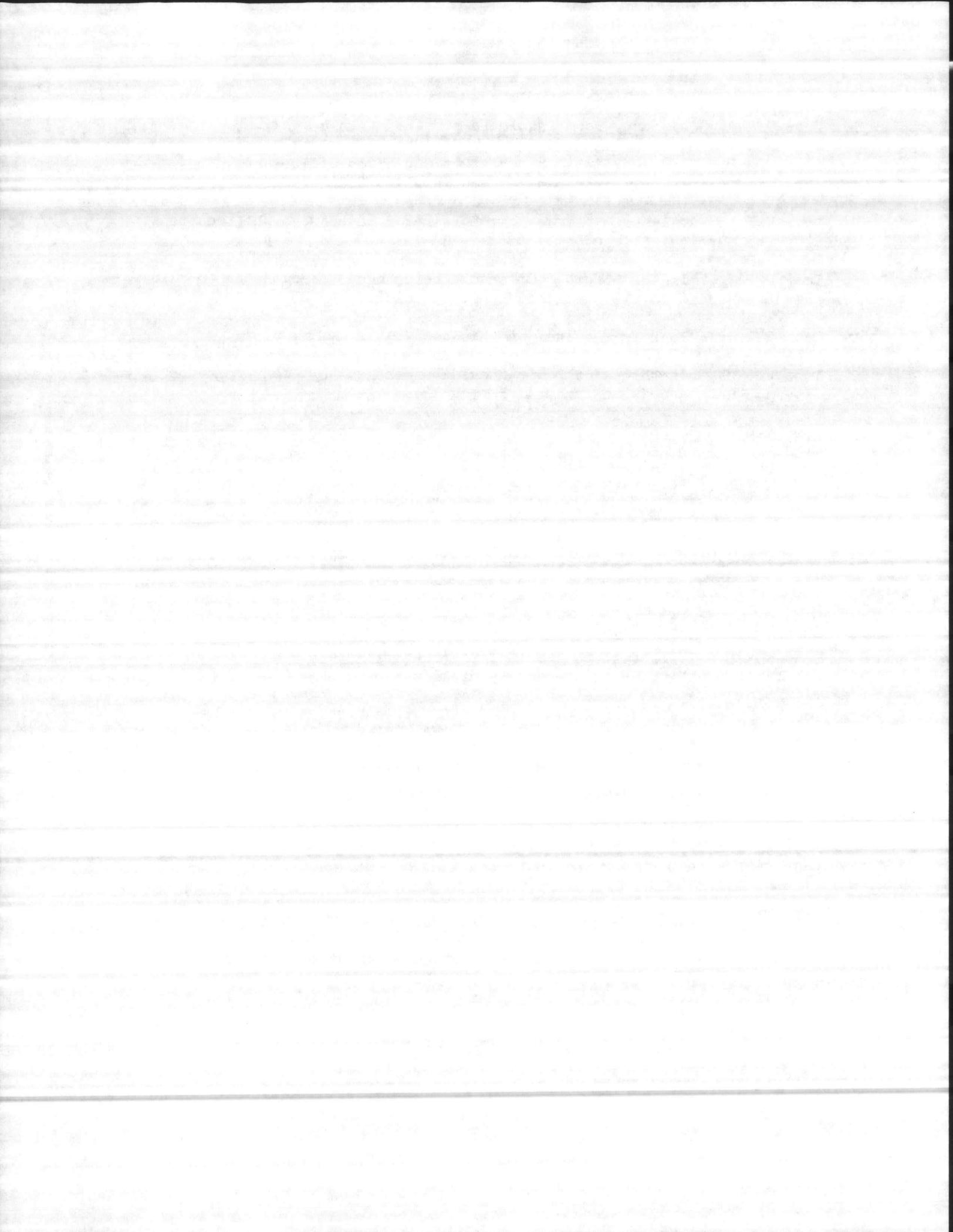
29. Door C231A: The door to the Chief of Anesthesia office should be provided with a lock set. This will necessitate a change from lock set 106.
30. Door C232: This automatic door requires a locking capability to provide adequate security to the Surgical Suite.
31. Doors C247, C248, C248A, C249, C249A, C250, C252, C252B, C254, C255, and C257: All of these doors provide access into Operating Rooms and must be provided with locks for both security and isolation purposes.
32. Door C264: This automatic door requires a lock to ensure adequate security for the Delivery Suite.
33. Door C264C and C264D: Provide lock set on these doors to ensure adequate security of the Delivery Suite.
34. Door C266 and C267: These doors provide access to Delivery Rooms and must be provided with locks. Same comment applies to door C268.
35. Door C273, C274, and C274A: These doors should be changed from three feet to four feet to provide adequate access of emergency equipment into the Nursery area. An example of this type of equipment is the Ohio Medical Neonatal Intensive Care Center.
36. Door C275, C276, C277, C278, and C279: The vision panel should be removed from these doors to provide privacy for patients in the Labor Rooms. If the vision panel is not removed it will be necessary to provide a privacy curtain in the room to allow for the physician to examine the patient in the labor bed.
37. Door C288B: Change lock set 106 to 107 to provide a lock on this door.
38. Door C289 and C291: It is recommended that a dead lock be used on these doors controlling access into the Nursery. This same comment applies to door C293.
39. Door N201: The use of a lock set of this isolation room door is questioned with regards to compliance with the NFPA Code for patient rooms. The A&E is requested to clarify this point. The same question applied to all other isolation rooms throughout the Nursing Tower.
40. Door N224 and N225: As duty rooms, these doors should be provided with lock sets.
41. Door N239B: It is felt that a lock set is more suitable than a latch to control access between the Family Waiting and Consultation Rooms.
42. A door is required on the ICU isolation room toilet. This would be door N242B, but does not appear on the schedule. The same comment would apply to the second ICU isolation room toilet, Door N249B.



43. Door N254: This is a duty room and this door should be provided with a lock set.
44. Door N261 and N262: These stairway entrance doors are provided with intrusion devices on this floor and all other floors within the Nursing Tower. Intrusion devices are not provided on stairway doors at any level in the Nursing Tower in the other two stairways. It is requested that the A&E provide an explanation of the hardware on the stairway doors. It is felt that intrusion devices are only required where stairway doors exit directly to the exterior of the hospital.
45. Door S204A and S204B: These doors can be deleted as automatic film viewers will not be utilized in the Radiology offices.
46. Door S204C and S204D: The radiologist's offices should be provided with locks instead of the latch sets. Recommend substitution of hardware set 104.
47. Door S205A: This automatic door needs a locking capability to ensure necessary security in the Radiology Department.
48. Door S208 and S213A: These doors should be provided with locks to ensure adequate security of the film processing area.
49. Door S215B: This automatic door should be provided with a locking capability to provide adequate security.
50. Door S216, S219, and S220: These doors should be changed to a DF2LL to provide a six foot opening for movement of patients and equipment into and out of the general radiographic rooms. This comment was made at the 30% review.
51. Door S218: This door should be provided with a lock to provide adequate security for the film processing area.
52. Door S222: This door should be changed to a six foot BF2LL to provide adequate access for patients and equipment into and out of the general radiographic room.
53. Door S226A: This automatic door should be provided with locking capability.
54. Door S226B: This three foot door should be changed to four feet to allow adequate entry of handicapped patients into the Orthopedic Clinic.
55. Door S242, S242A, S242B, S249, and S249A: These automatic doors should be provided with a locking capability to ensure adequate security for the hospital.
56. Door S253: This three foot door should be changed to a four feet one to allow adequate access for handicapped patients into the Emergency Clinic.



57. Door S254A: This duty room should be provided with a lock set.
58. Door W205D: This door into the Chief of Surgery's office should be provided with a lock set. The same comment applies to door W205E.
59. Door W211A: At least a privacy latch is required between the treatment rooms of the Surgical Clinic.
60. Door W222: This three foot door should be changed to four foot to allow for adequate access to the Physical Therapy Clinic treatment room.
61. Door 242C: A lock is required on this door.
62. Door W252: This three foot door should be changed to a four foot door to allow adequate access to the Oral Surgery Room.
63. Door W267A and W267B: Lock sets are required on these doors.
64. Door W272: This door should be changed to a DF2 six foot door to provide adequate access to the Treatment Room.
65. Door W277G: This door should be provided with a lock set.
66. Doors W295A, W295B, W295C, and Doors N300 through N304 are not shown on the door schedule.
67. Door N323: This is a duty room and, as such, requires a lock set.
68. Door N337D: It is felt that a lock is more suitable for use on the door between the consultation and the family waiting room of the CCU.
69. Door 341B to the CCU isolation room toilet is not shown on the door schedule. The same comment applies to door N348B for the other isolation room of the unit.
70. Door N252 and N253: Lock sets are required on these duty room doors.
71. Door N401: A lock set is required on this duty room door.
72. Door N541B: A lock set should be provided on this door.
73. Door M300A through door M309A on the schedule cannot be located on the drawings. It is requested that the A&E identify their location.
74. Doors M600 through M614B on the door schedule cannot be located on the drawings. The A&E is requested to identify their location.
75. Door P122D: Delete intrusion device.
76. Door P122F: Provide an intrusion device on this door for adequate envelope security of the Public Works building.

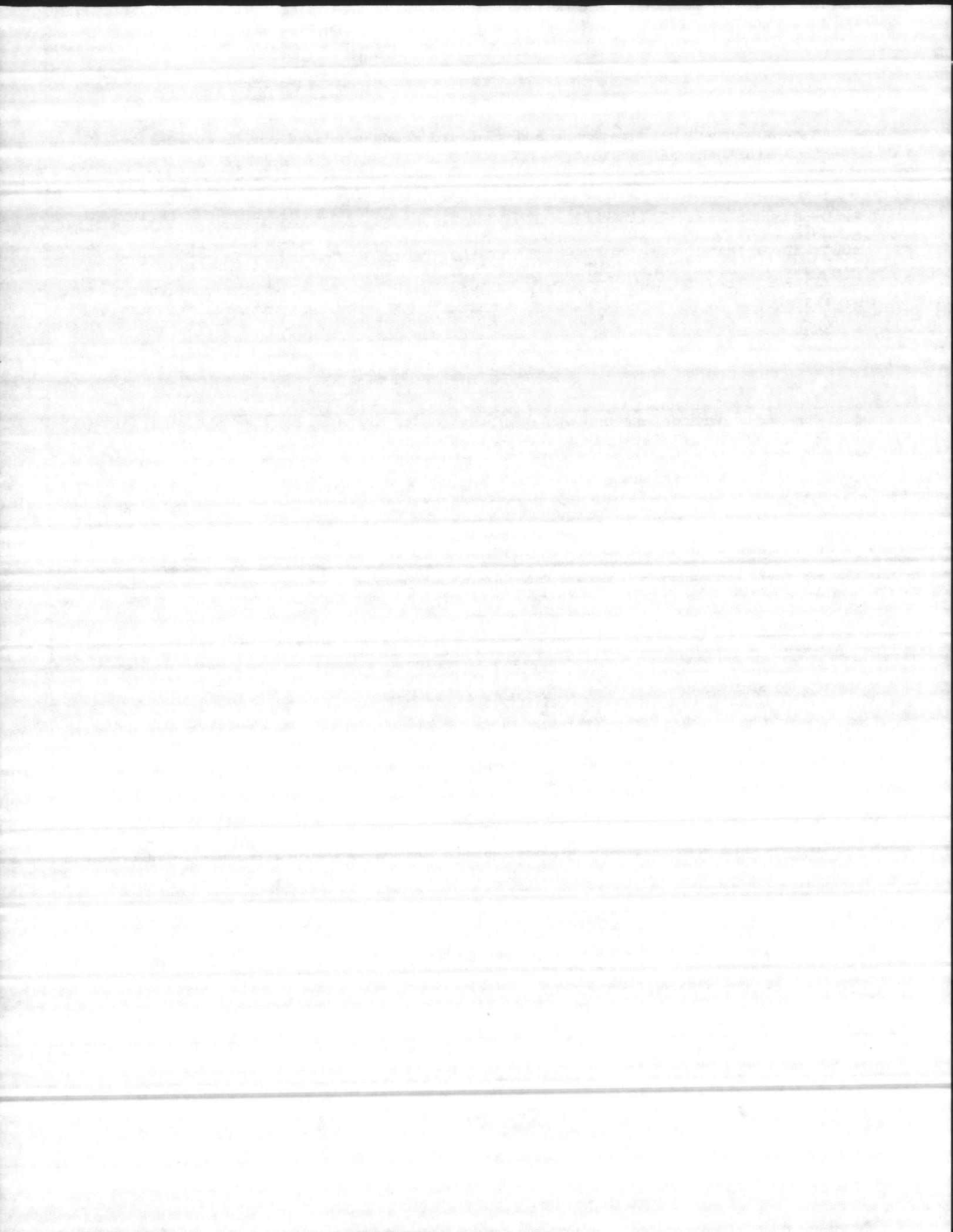


77. Door P128B and P128C: These doors should also be provided with automatic operators for easy access to the automotive shop.

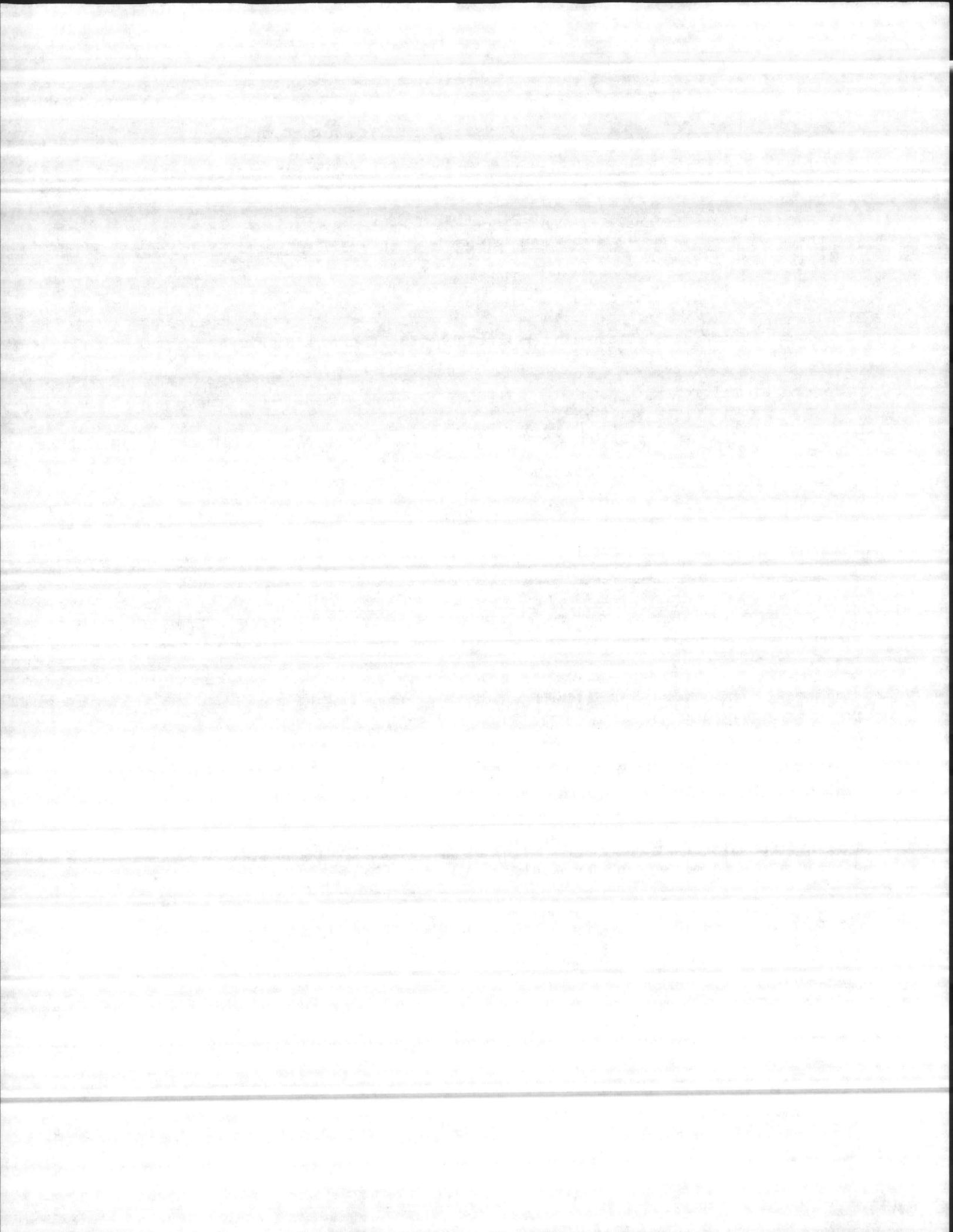
GENERAL COMMENT ON THE DOOR SCHEDULE: It cannot be determined from the information available whether the doors are provided with hold open capability. If this is not a standard feature of the closing devices, as specified in this contract, a change will be necessary in the hardware specification. There are numerous doors throughout the facility, especially those through which carts and patients move, that require a hold open capability to eliminate unnecessary damage to the doors. It is requested that the A&E provide additional information on this subject.

#### EQUIPMENT SCHEDULE COMMENTS

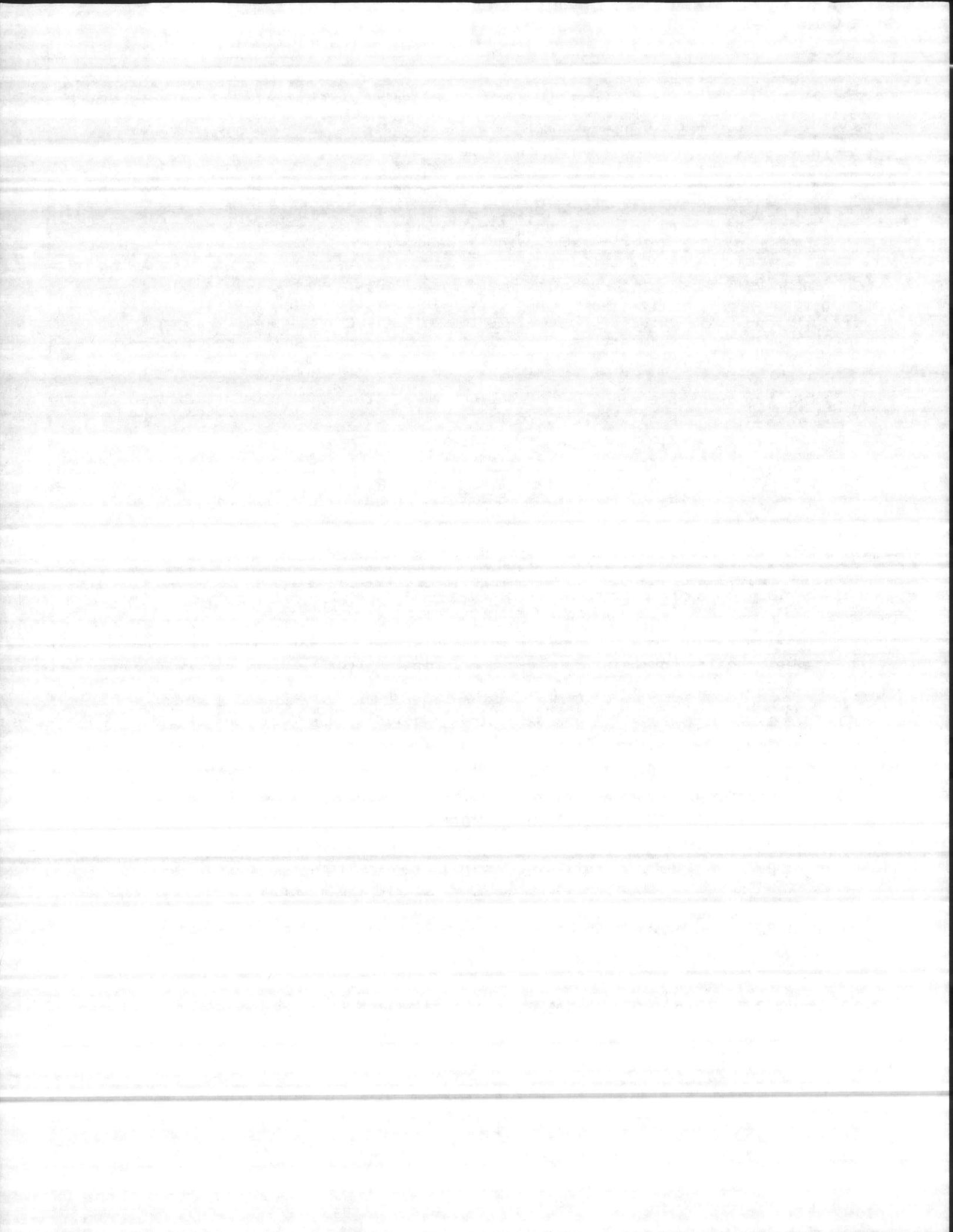
1. The sphygmomanometers and oto-ophthalmoscopes are missing from the equipment schedule. These are Category A items and, as such, must be specified and included in this schedule. The A&E is reminded that the sphygmomanometer must be an aneroid type versus a mercury type.
2. Room C004: The A&E is requested to explain why he has included a BA06 paper towel dispenser, BA20 vacuum hose holder, and BA27 liquid soap dispenser in this janitor's closet. This situation exists throughout the hospital and is not necessary. Unless adequate justification can be provided, these items should be deleted from all janitors' closets. The only area with vacuum hose holders required are in the Operating Room, Cysto Room, and Delivery Room area where the central vacuum system exists.
3. Room C005: Only one SL02, surgical light fixture, can be utilized in this room. By specifying two SL02's we have four light tracks and four reflectors.
4. Room N009: A BA06 and BA27 should be provided for the hand washing sink in the serving area.
5. Room N023: Delete the BA06 and BA27 from the detergent storage room.
6. Room N026: Add BA06 and BA27 at the hand washing sink in this area.
7. Room C104: It is requested that the A&E explain why two different types of paper towel dispensers are utilized in this toilet and those throughout the building.
8. Room C128: The paper towel and liquid soap dispensers can be deleted from this room. These are included as accessory items on equipment Item ME07, the additive station. It is an absolute necessity that a second ME07 be provided in the IV prep room. The 30 inch work surface provided in the single unit is not sufficient to allow the Pharmacy to meet the demands of the IV additive program. It is felt that the elimination of the hand washing sink in this area should provide the additional space necessary for the installation of the second ME07.



9. Room C156A: Add a BA06 paper towel dispenser to this room.
10. Room C169: Only one WE07 Cleaner, Pressure Sensitive Materials should be shown.
11. Room C169A: The small gas autoclave shown on the drawings is not covered in the equipment schedule. The A&E is required to provide justification why this item was added.
12. Room E128: Add a BA16 urn to this room.
13. Room E167: The ST10 sterilizer should be an ST11. This is the sterilizer which will be relocated from the old hospital.
14. Room N107: A full length mirror should be added to the vestments area.
15. Room S108: Substitute the XX07 double x-ray viewer for the XX10 specified.
16. Room S113: It is requested that the A&E explain why robe hooks were specified in this room.
17. Room S114: Item RF04, the counter high freezer, should be deleted from this room, as it is not required.
18. Room S121: Equipment items BA09 and BA28, specified in this and all other doctors' offices, should be deleted as the laboratories these items will support will not be installed. This comment applies to all doctors' offices throughout the facility.
19. Room W119: It is recommended that an SL03 surgical light fixture be utilized in this room in consideration of the types of minor surgical procedures performed.
20. Room W131: Medical equipment item ME16 should be deleted from the equipment schedule. The Naval Hospital has recently purchased one of these booths which will be suitable for relocation to the new hospital.
21. Room W132: It is recommended that a surgical light fixture SL03 be utilized in this treatment room in view of the type of minor surgical procedures performed in the Dermatology Clinic.
22. Room W158B: The two IV tracks, medical equipment item ME13, specified for this room are unnecessary and can be deleted. The same comment applies to all other treatment rooms throughout the hospital except the Emergency Clinic. Any IV support required in these areas will be provided by IV poles mounted to the gurneys or treatment table utilized by the patient.
23. Room C223: The two XX18 replenisher tanks should be deleted from the Urology Control Room. Only the two XX19 tanks are necessary to support the one processor in this area.

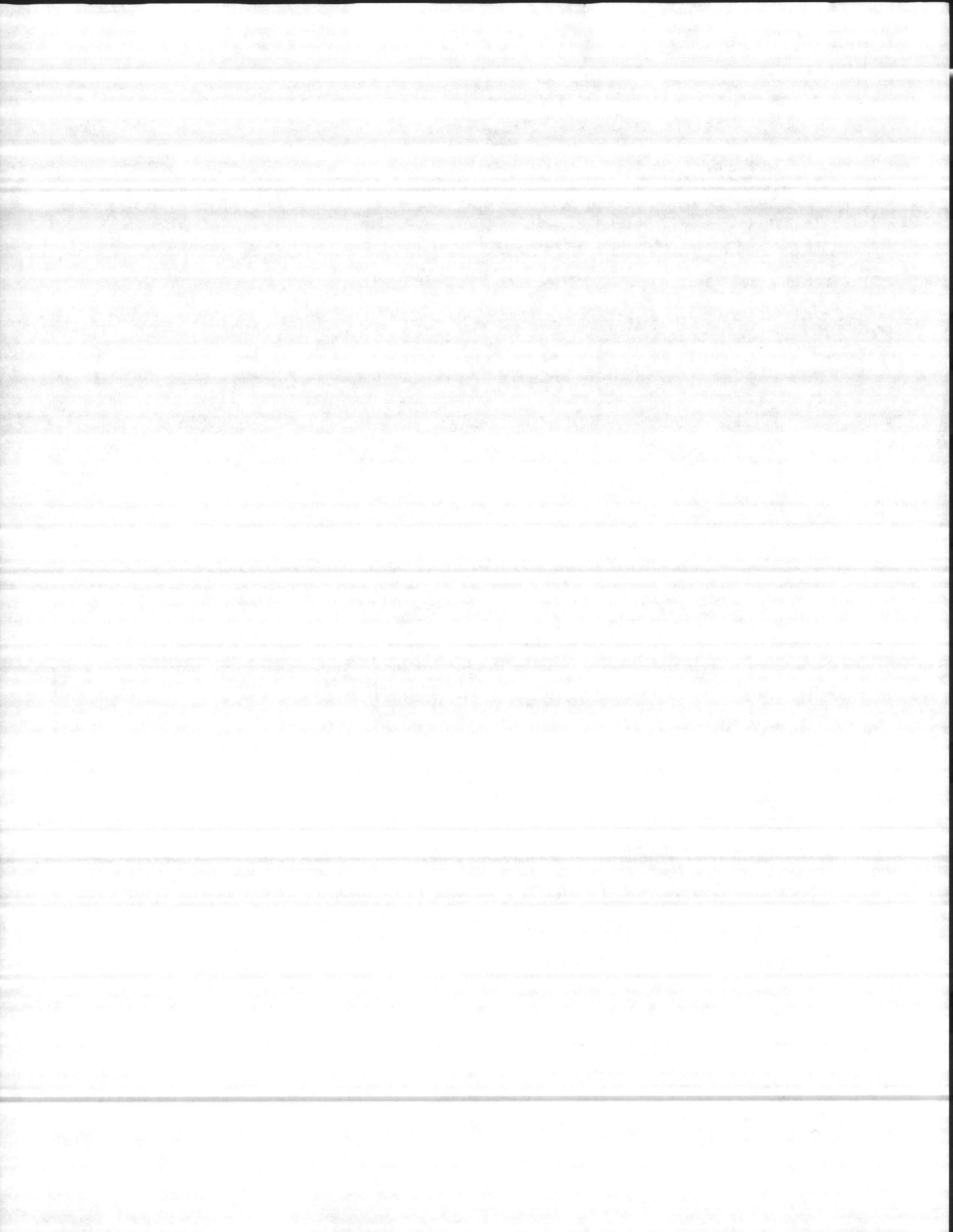


24. Room C243: Two of the paper towel dispensers and two of the liquid soap dispensers can be deleted from the anesthesia work area.
25. Room C248: The surgical scrub brush dispensers are not covered in the medical equipment specifications or in this equipment schedule. These are Category A items and are required in scrub areas in the Operating Room, Cysto Room, Delivery Suite, and Oral Surgery areas.
26. Room C267, C268, and C266: The schedule calls for two SL02 lights in each room. As specified, this would result in four tracks and four lighthoods in each room, which would be impossible to install. One of the SL02's can be deleted in each Delivery Room. It is further recommended that pedestal mounted lights be considered.
27. Room C269: An ice machine, medical equipment item RE01, should be added to this room to support the labor rooms.
28. Room C273: A BA06 paper towel dispenser should be added in this room. The SL01 surgical light fixture should be deleted from this room as it is not necessary in the Nursery Procedures Room to have a major operating room light.
29. Room C290: Add a BA06 paper towel dispenser to this room.
30. Room N224: This watch room is set up identical to a patient room. It is questioned whether this type of construction meets the intent of the congressional guidelines on the number of patient rooms available in the new construction. If it does not meet the criteria, the patient counsel bed locator and cubical curtain track can be eliminated from this and all other watch rooms in the Nursing Tower.
31. Room N242B and N249B: Add a BA08 paper towel dispenser and BA28 liquid soap dispenser for the lavatory in these two toilets.
32. Room N279B: In this and the other medicine prep rooms a paper towel dispenser and liquid soap dispenser is specified. This is only necessary if a lavatory is provided in this room. This lavatory is not shown on the drawings.
33. Room S204A and S204B: Delete the XX10 x-ray film illuminators in these offices. Substitute the XX08 eight panel x-ray viewing desk.
34. Room S239: Substitute the surgical soap dispensers medical equipment item ME03 for the BA28 liquid soap dispensers. Delete the XR06 automatic collimator shown in this room.
35. Room S243: Delete one of the SL02 surgical light fixtures. Only one is required. The utilization of two SL02's provides four tracks and four reflectors.



36. Room W252: The SL03 surgical light fixture can be deleted from this room. The light will be mounted on the dental operating unit.

37. Room N341B and N348B: Equipment items BA08 and BA28 should be added to these rooms to support the lavatory unit.



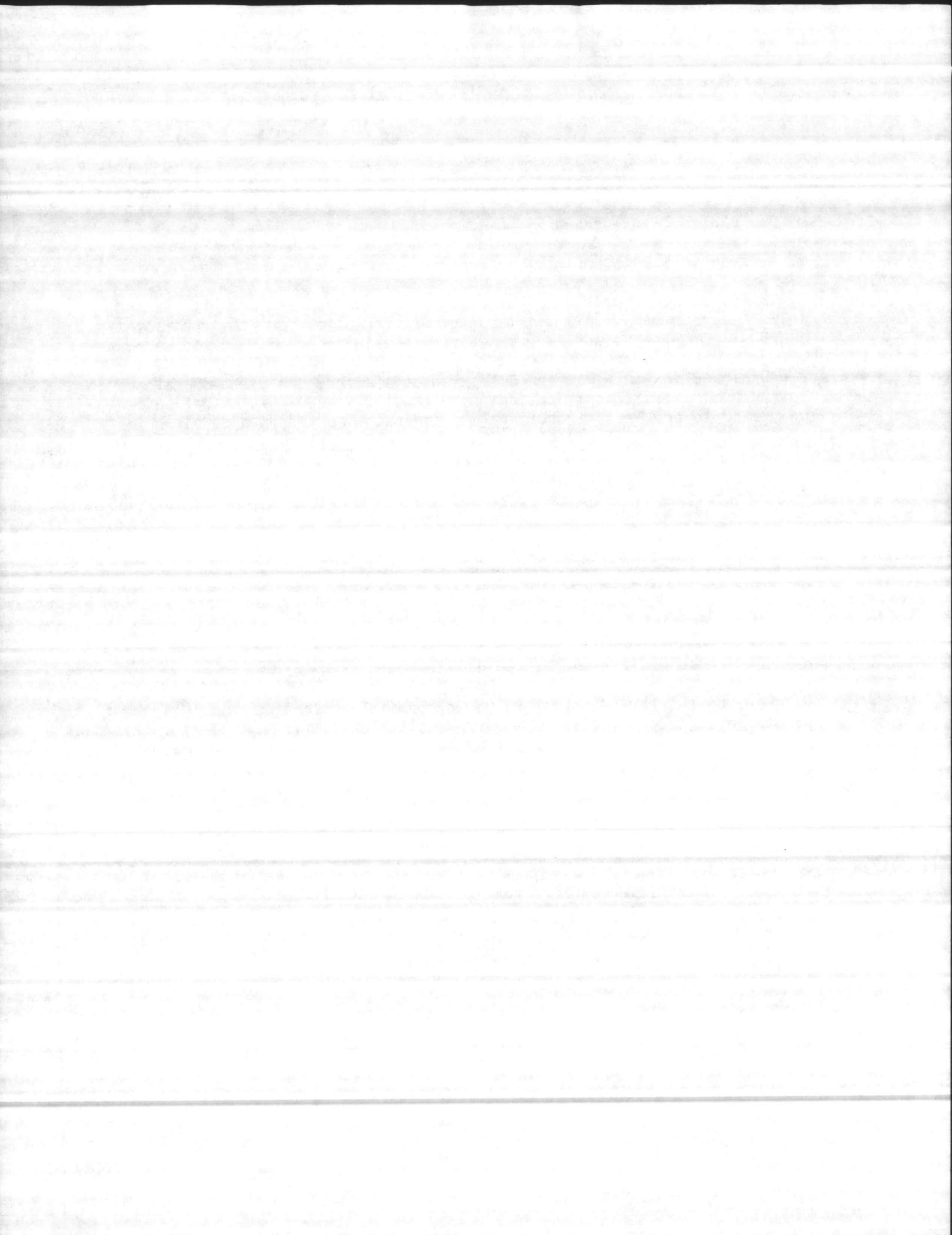
# NAVAL REGIONAL MEDICAL CENTER

CAMP LEJEUNE, N. C. 28542

IN REPLY REFER TO  
39-nmh  
10 August 1978

NRMC, CLNC, Public Works Officer comments:

1. Boring logs not complete.
2. Plans do not adequately show which curbs and gutters are pitched and in what direction. This will lead to much confusion once the contract is awarded. Problem is where normal gutters begin to be pitched and vice versa.
3. Drainage in Staff Parking Lot is unsatisfactory CV2-8 shows drainage toward building with only one drain to handle water. This situation can only lead to problems. Additionally, drain is located on sidewalk which means the street will flood before the water is drained.
4. Fence around medical gas pad is too heavy. Nine gauge is adequate for our purposes unless there is some other criteria governing the weight of the fence.
5. Conflicting drawings on Street "X": CV2-4 shows pavement CV2-3 does not.
6. Sheet CV3-9 shows 3 sanitary lines with no manholes where they connect to main sewer line.
7. Sheet CV3-9 does not show sizes of sanitary sewer lines. Lift station detail does show sizes but is confusing.
8. More consideration should be given to maintenance of grounds. Too many plants subject to disease and scale. These plants will require a professional gardener to care for them. Sweetgum balls when mowed become missile hazards.
9. Sheet A0-5 only entrance to telephone room is through emergency generator room. Recommend move door to corridor.
10. Question the need to insulate slabs on grade A10-3 conflicting details.
11. Sheet M7-7 question the need for 2-20,000 gallon #2 fuel oil tanks to run emergency generators and start up boilers. Would estimate only one 20,000 gallon to be sufficient for this purpose with three being required for #6 fuel oil for boilers. I do not believe that 40,000 gallons is a 30 day supply during winter weather. By the same token, 60,000 may not be a 30 day supply either. A & E should look at the storage tank situation.





DEPARTMENT OF THE NAVY  
ATLANTIC DIVISION  
NAVAL FACILITIES ENGINEERING COMMAND  
NORFOLK, VIRGINIA 23511

TELEPHONE NO. *PWD*  
444-7521 *Elwood*

IN REPLY REFER TO:

09A21A:LFB  
N62470-75-C-1383

8 AUG 1978

Lockwood Greene/Six Associates  
P. O. Box 491  
Spartanburg, South Carolina 29304

Re: A&E Contract N62470-75-C-1383, FY 79 MCON Project P-600,  
Hospital Replacement, Naval Regional Medical Center, Camp  
Lejeune, North Carolina

Gentlemen:

Enclosure (1) is the agenda for the 90% review conference for the referenced project to be held at this Command on 14 - 18 August 1978. You are requested to have the necessary representatives present to participate in this review as indicated by enclosure (1).

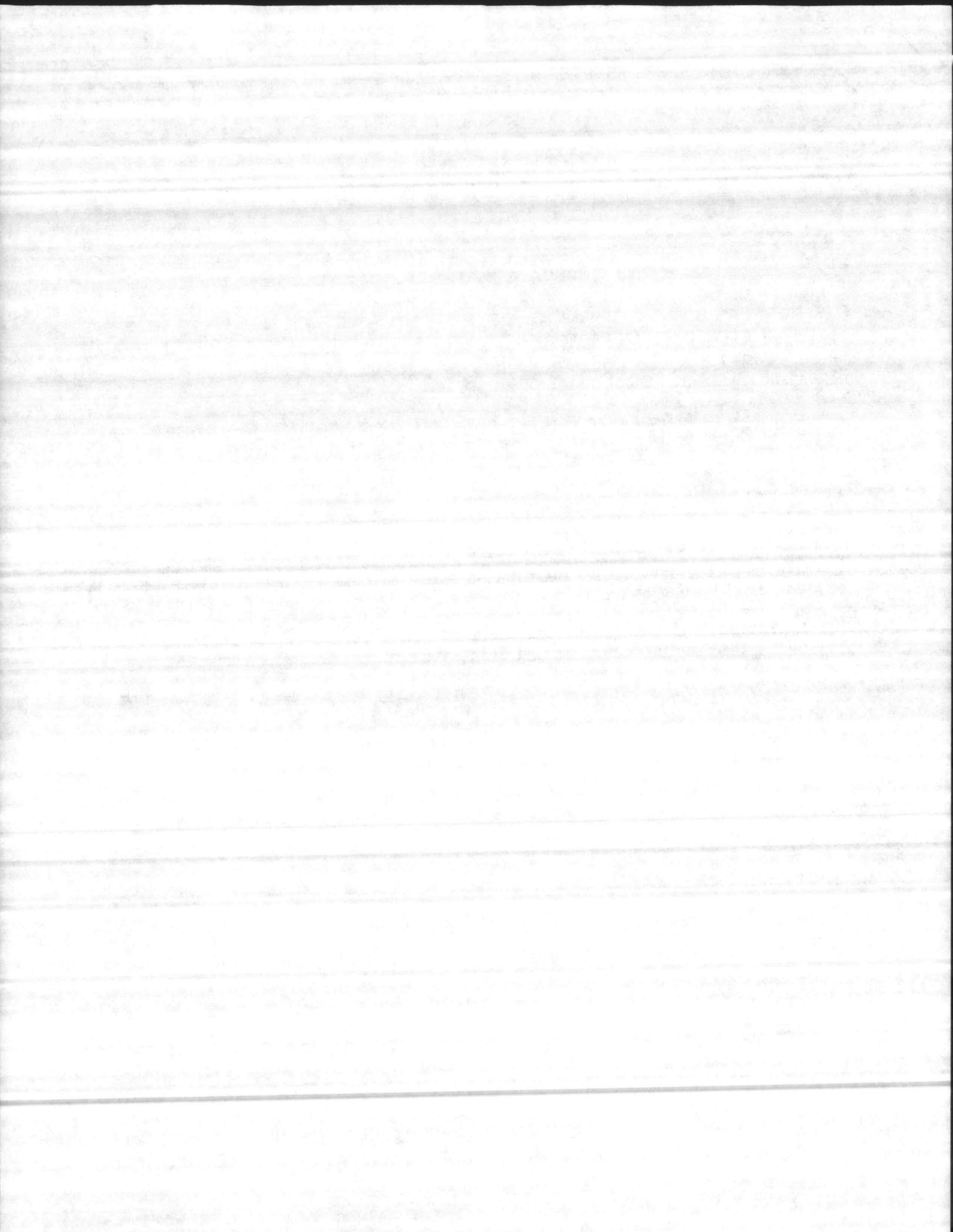
Please advise this Command of the names of the individuals who will be attending this conference from the Joint Venture.

Sincerely yours,

A. G. BRYANT, JR., P.E.,  
Head, CONUS Branch  
Acquisition Project Management Office  
By direction of the Commander

Encl:  
(1) Agenda

Blind copy to: (w/o encl)  
NAVFACENGCOM  
BUMED  
NAVREGMEDCEN CAMLEJ  
MARCORB CAMLEJ





DEPARTMENT OF THE NAVY  
ATLANTIC DIVISION  
NAVAL FACILITIES ENGINEERING COMMAND  
NORFOLK, VIRGINIA 23511

TELEPHONE NO.  
444-7521

IN REPLY REFER TO:

09A21A:LFB  
11010/NAVREGMEDCEN CAMLEJ

8 AUG 1978

From: Commander, Atlantic Division, Naval Facilities Engineering Command  
To: Commander, Naval Facilities Engineering Command

Subj: FY 79 MCON Project P-600, Hospital Replacement, Naval Regional Medical Center, Camp Lejeune, North Carolina

Encl: (1) Agenda

1. Enclosure (1) is the agenda for the 90% review conference for the subject project to be held at this Command on 14-18 August 1978. It is requested that you provide the names of those individuals who will represent NAVFACENGCOM at this review conference.
2. By copy of this letter, the Chief, Bureau of Medicine and Surgery; the Commandant of the Marine Corps; the Commanding Officer, Naval Regional Medical Center, Camp Lejeune, North Carolina; the Commanding General, Marine Corps Base, Camp Lejeune, North Carolina; and the Resident Officer in Charge of Construction, Marine Corps Base, Camp Lejeune, North Carolina are also requested to provide names of representatives planning to attend the review conference.
3. All comments must be received by this Command no later than 14 August 1978.

A. G. BRYANT, JR.  
BY DIRECTION

Copy to:

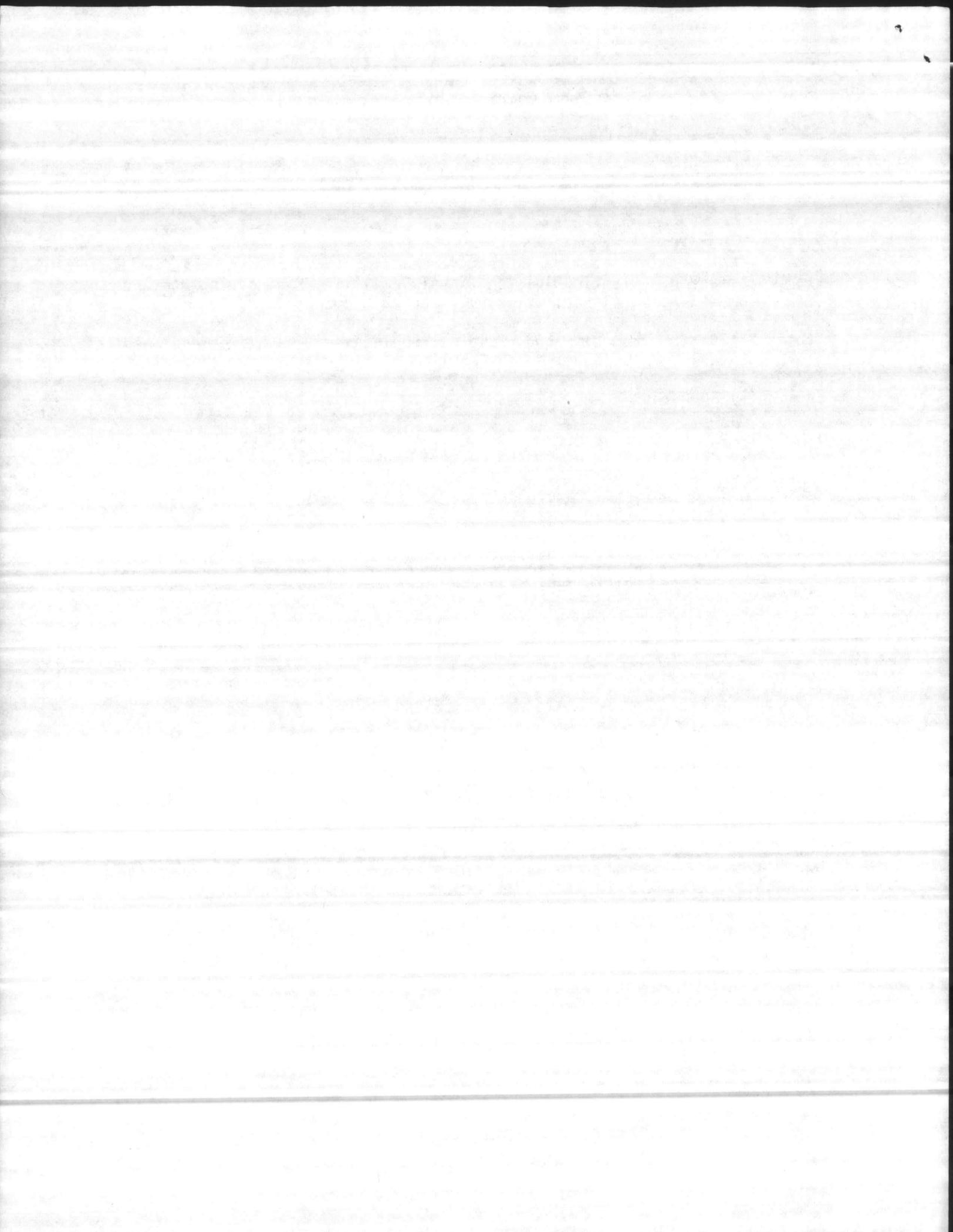
BUMED

CMC

→ NAVREGMEDCEN CAMLEJ

MARCORB CAMLEJ

ROICC CAMLEJ



A G E N D A

Review Conference  
FY 79 MCON Project P-600, Hospital Replacement  
Naval Regional Medical Center  
Camp Lejeune, North Carolina

DATES: 14 August 1978 through 18 August 1978

LOCATION: Atlantic Division, Naval Facilities Engineering Command,  
Norfolk, Virginia, Building S-29 - 1st Floor, East Wing

14 AUGUST 1978 0800 - 1615

Purpose: Comment, review and consolidation

Participants: LANTDIV, NAVFAC, BUMED and NRMC Camp Lejeune

15 AUGUST 1978 0800 - 1615 (Lunch 1200 - 1300)

Sessions:

Architects

Elevations - LANTDIV (401, 09A21A), NAVFAC, BUMED, LG/SA

Mechanical Notes (1), (3)

Medical Gas, Plumbing, Piping - LANTDIV (403), BUMED (MCLO), LG

Electrical Notes (2), (3)

Exterior Distribution, Lighting - LANTDIV (404), LG

Communications Notes (2), (3)

Exterior-Security, Telephone, FA - LANTDIV (404, 408), BUMED (MCLO), LG

Civil Notes (2), (3)

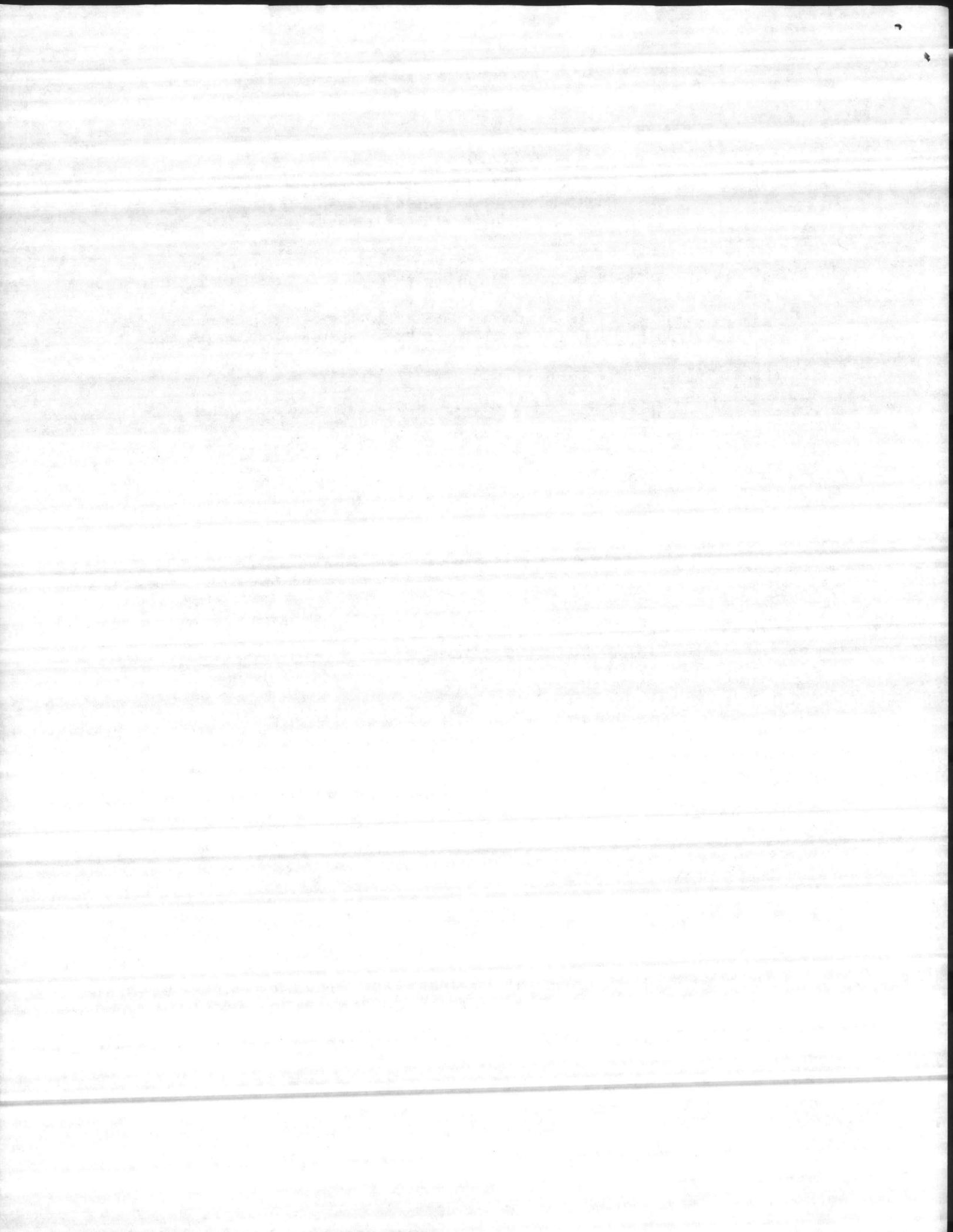
Site Layout, Roads (Holcomb Blvd. & Brewster), Sidewalks, Building,  
Grading and Landscape - LANTDIV (405, 401/Landscape, 404/Communication),  
LG/SA

Landscaping Notes (2), (3)

Note (1): Medical gas system discussion approximately 2 hours.

Note (2): Joint meeting to coordinate landscape, grading, building  
layout, exterior electric lighting, security, etc.

Note (3): Specification will be discussed the last 2 hours of the day.



16 AUGUST 1978 0800 - 1615 (Lunch 1200 - 1300)

Sessions:

Architect Notes (4), (5), (6), (9)

Plans

Reflected Ceiling, Door Schedules, Finish Schedules, Arch Woodwork,  
Handicap, Fire Protection - LANTDIV (401, 408, 09A21A), NAVFAC, BUMED  
NRMC, LG/SA

Mechanical Notes (4), (9)

HVAC/Piping - LANTDIV (403), LG

Electrical Notes (4), (9)

Interior - LANTDIV (404), LG

Inst. Communication Notes (7), (9)

Internal Systems - LANTDIV (404), BUMED (MCLO), LG

Civil Notes (8), (9)

Site Utilities - LANTDIV, LG/SA

Structural Notes (8), (9)

Exterior Site, Utilities, Support Building - LANTDIV, LG

Cost

General Review - LANTDIV (407, 09A21A), NAVFAC, LG

Note (4): Coordination - Reflect Ceiling, Mech., Elec. approximately  
2 hours.

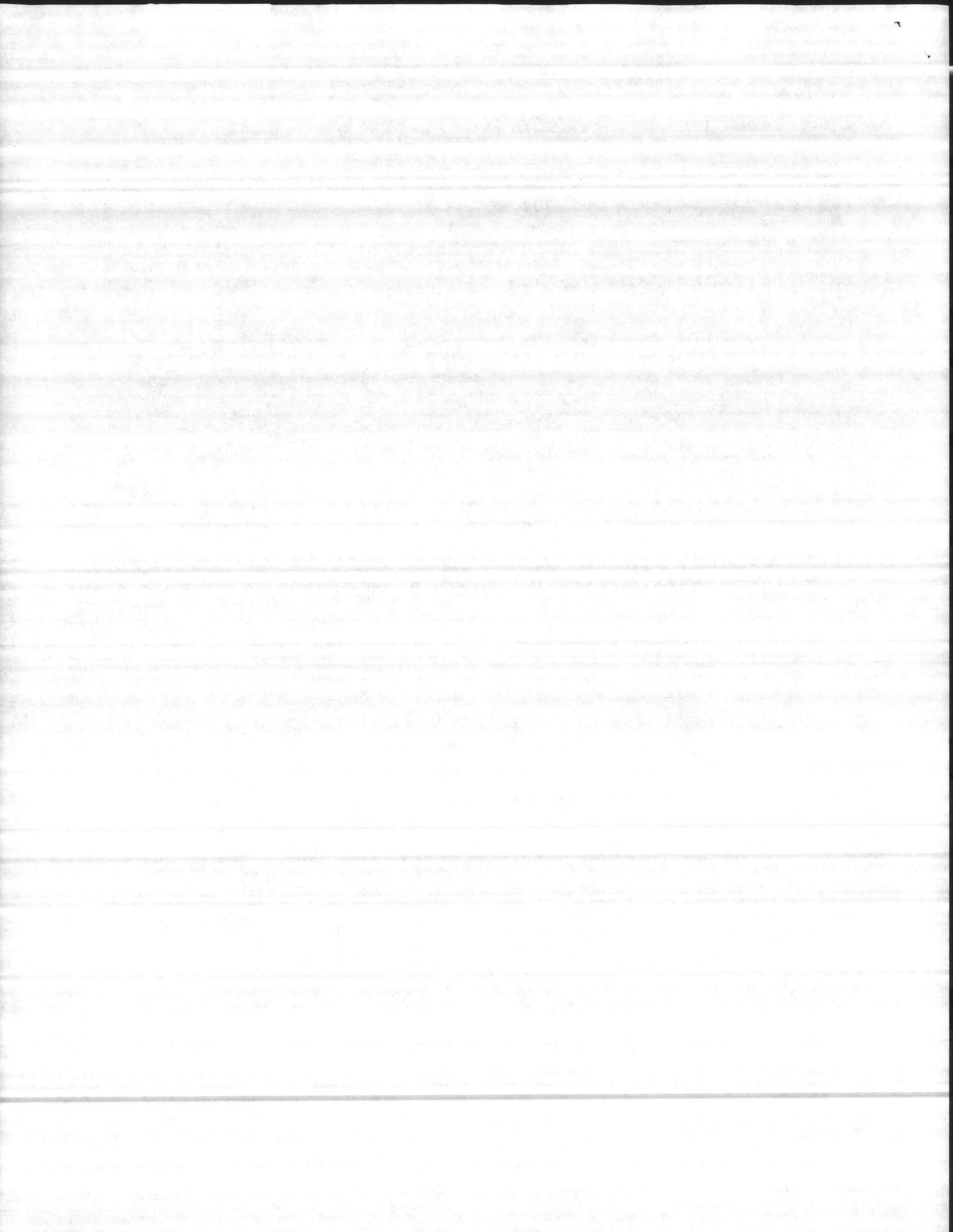
Note (5): Door Schedule, Finish Schedule (Interiors), Arch. Woodwork  
approximately 2 hours.

Note (6): Handicap, Fire Protection approximately 2 hours.

Note (7): Coordination of Communication Systems.

Note (8): Coordinate - Civil, Structural and Architectural.

Note (9): Specification will be discussed the last 2 hours of the day.



17 AUGUST 1978 0800 - 1615 (Lunch 1200 - 1300)

Sessions:

Architect Note (10)

Floor Plans Area Tabulations and Equipment - LANTDIV (401,09A21A,  
402,408), NAVFAC, BUMED,  
NRMC

Structural Note (10)

Building/Foundations - LANTDIV (402) LG

Mechanical Note (10)

Solar/Piping - LANTDIV (403) LG

Specifications

General - Organization - LANTDIV (406) LG

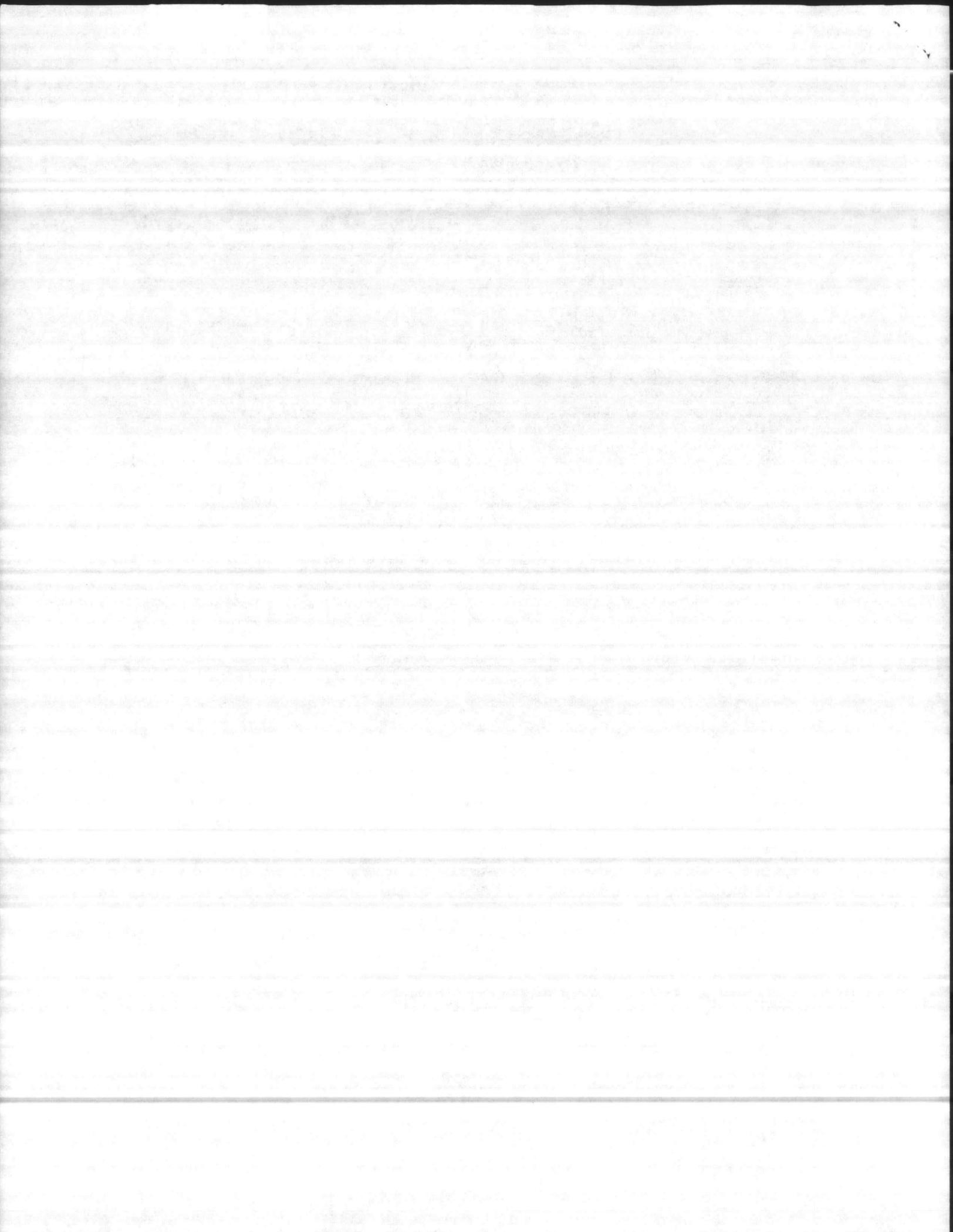
Cost

General Review - Cost Status, Bid Items - LANTDIV (407, 09A21A),  
NAVFAC, BUMED, LG/SA

18 AUGUST 1978 0800 - 1600 (Lunch 1200 - 1300)

Carry over Discussions - Summary of Review - LANTDIV, NAVFAC, BUMED, NRMC,  
LG/SA

Note (10): Coordinate - Architectural, Structural and Mechanical.



DATE 4 August 1978

FROM Resident Officer in Charge of Construction  
 Jacksonville, North Carolina Area

FILE NUMBER  
 43-510:MLE:mec  
 N62470-77-B-7526

SUBJECT Contract N62470-77-B-7526, 280-Bed Hospital, Naval Regional Medical Center,  
 Camp Lejeune, North Carolina

REFERENCE

TO: Commander, Atlantic Division  
 Naval Facilities Engineering Command  
 ATTN: CODE ~~XXX~~ 05, JOHN GRUBBS

ENCLOSURE (1)  
 NANTDIV Drawing & Spec.  
 Review Comment Sheet,  
 subject contract.

This form may be used in a window envelope.

VIA \_\_\_\_\_ Endorsement on \_\_\_\_\_

FORWARDED  RETURNED  FOLLOW-UP  REQUEST  ADVISE  SUBMIT

X	MESSAGE	X	MESSAGE	X	MESSAGE
<input checked="" type="checkbox"/>	FOR APPROPRIATE ACTION		SUBJECT DOCUMENT(S) WAS/WERE FORWARDED TO YOUR OFFICE AS A MATTER UNDER YOUR JURISDICTION.		CERTIFY ENCLOSURE AS TO RECEIPT AND ACCEPTANCE OF MATERIAL AND FORWARD TO _____
	FOR INFORMATION OR CERTIFICATION AND/OR FILE.		SUBJECT DOCUMENTS WAS/WERE APPROVED _____ AND FORWARDED TO YOU.		_____ COPIES OF SUBJECT CHANGE ORDER AMENDMENT OR MODIFICATION
	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		_____ COPY(IES) OF THIS CORRESPONDENCE WITH YOUR REPLY.		CHANGE NOTICE TO THE SUPPLIER
	APPROVAL <input type="checkbox"/> IS <input type="checkbox"/> IS NOT RECOMMENDED		ENCLOSURE(S) _____ IS/ARE FORWARDED AS REQUESTED BY REFERENCE _____		_____ COPIES OF APPLICABLE PLANS AND/OR SPECIFICATIONS
	CONCURRING IN RECOMMENDATIONS MADE IN THE BASIC CORRESPONDENCE.		ENCLOSURE(S) IS/ARE RETURNED FOR CORRECTION AS INDICATED.		FOR PLAN ACTION AS INDICATED
	COMMENTS AND/OR RECOMMENDATIONS		CORRECTED ENCLOSURE(S) AS REQUESTED		CLASSIFICATIONS OF DEFECTS FOR SUBJECT ITEMS
	MAILING LIST ACTION		SUBJECT PERSON(S) ATTENTION SHOULD BE INVITED TO THIS MATTER		CONFIRMATION THAT INSPECTION OR SOURCE INSPECTION IS NOT REQUIRED
	FOR ASSIGNMENT OF BUREAU FILE NUMBER(S)		SUBJECT PERSON(S) REPORTED TO THIS COMMAND _____		INSPECTION UNDER THE SUBJECT SUBCONTRACT IS NOT REQUIRED
	ON A LOAN BASIS RETURN BY _____		SUBJECT PERSON(S) COMPLETED HIS/THEIR DUTY AND WAS/WERE DETACHED FROM THIS COMMAND _____		_____ COPIES OF SUBJECT PURCHASE DOCUMENT, IF SOURCE INSPECTION OR PROGRESSING IS REQUIRED
	SIGN ORIGINAL RECEIPT AND RETURN TO THIS OFFICE.		NAME AND LOCATION OF SUPPLIER OF SUBJECT ITEMS.		STATUS OF MATERIAL ON SUBJECT PURCHASE DOCUMENT
	SUBJECT FILES, WHICH ARE LOCATED IN BOX NO. _____ SHIPMENT NO. _____		SUBCONTRACT NUMBER FOR SUBJECT ITEM		CLEARANCE AS INDICATED IN BASIC CORRESPONDENCE VERIFIED. NO REPLY UNLESS NEGATIVE.
	REPLY TO THE ABOVE REFERENCE(S) BY _____		SUBJECT PURCHASE DOCUMENT HAS BEEN REQUESTED AND WILL BE FORWARDED WHEN RECEIVED.		VERIFICATION OF NEED-TO-KNOW FOR VISIT PERSONNEL CLEARANCES VERIFIED.
	_____ COPY(IES) OF REFERENCE DESCRIBED ABOVE WAS/WERE NOT RECEIVED.		ENDORSEMENT _____ OF SUBJECT SUBCONTRACT IS BEING DELAYED PENDING RECEIPT OF BASIC PURCHASE DOCUMENT.		
	SUBJECT DOCUMENT(S) WAS/WERE FORWARDED TO _____		APPROPRIATION SYMBOL SUBHEAD AND CHARGEABLE ACTIVITY		
	SUBJECT DOCUMENT(S) IS/ARE WAS/WERE RETURNED FOR _____		WHETHER SUBJECT ITEMS ARE TO BE COMMERCIALY SHIPPED OR AT GOVERNMENT EXPENSE		
			A CERTIFICATE IN LIEU OF SUBJECT BILL OF LADING WHICH HAS BEEN LOST.		

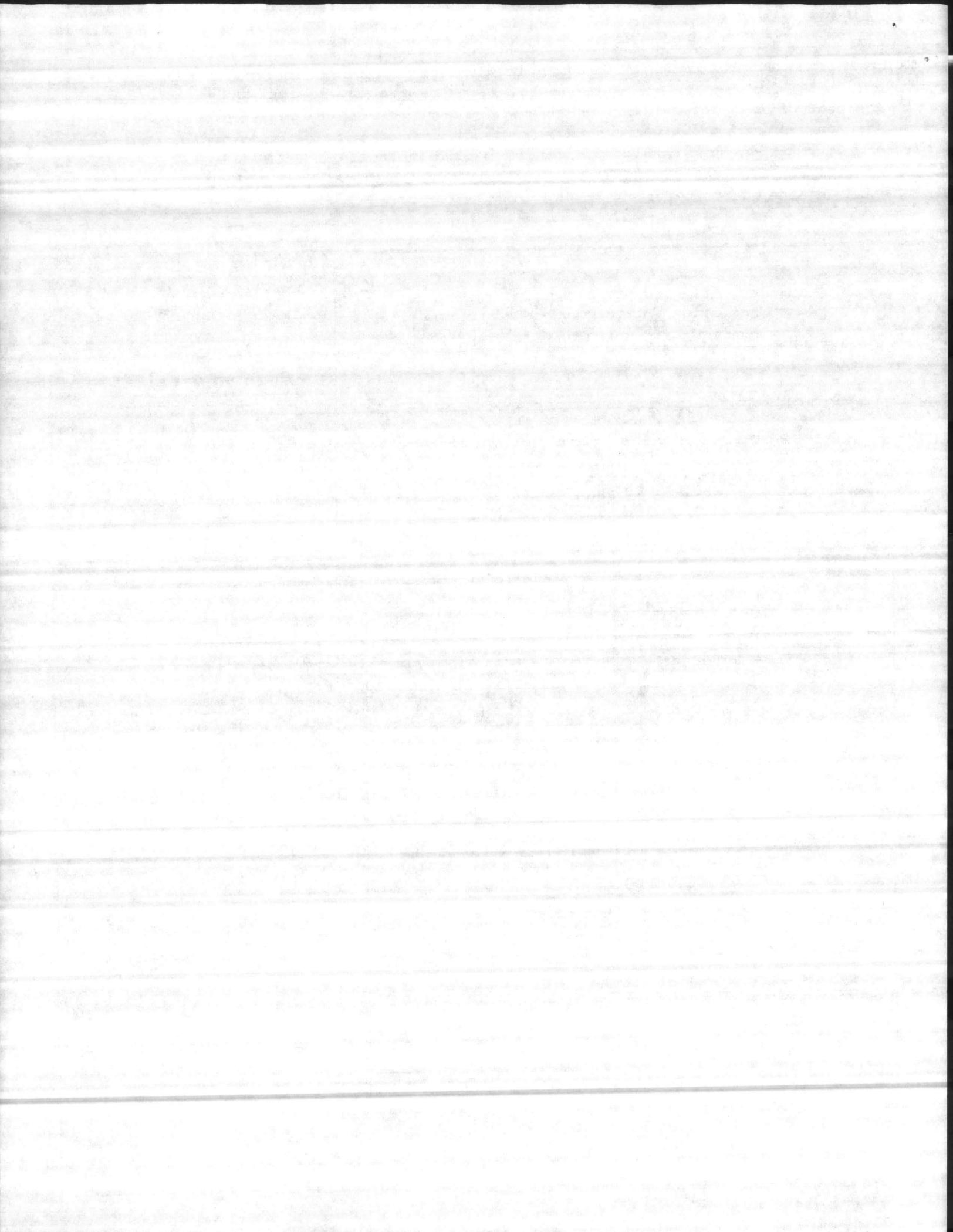
SEE REMARKS ON THE REVERSE SIDE.

COPY TO

SIGNATURE

A. E. YOUNG  
 By direction

7 AUG REC'D



LANTDIV DRAWING AND SPECIFICATION REVIEW COMMENT

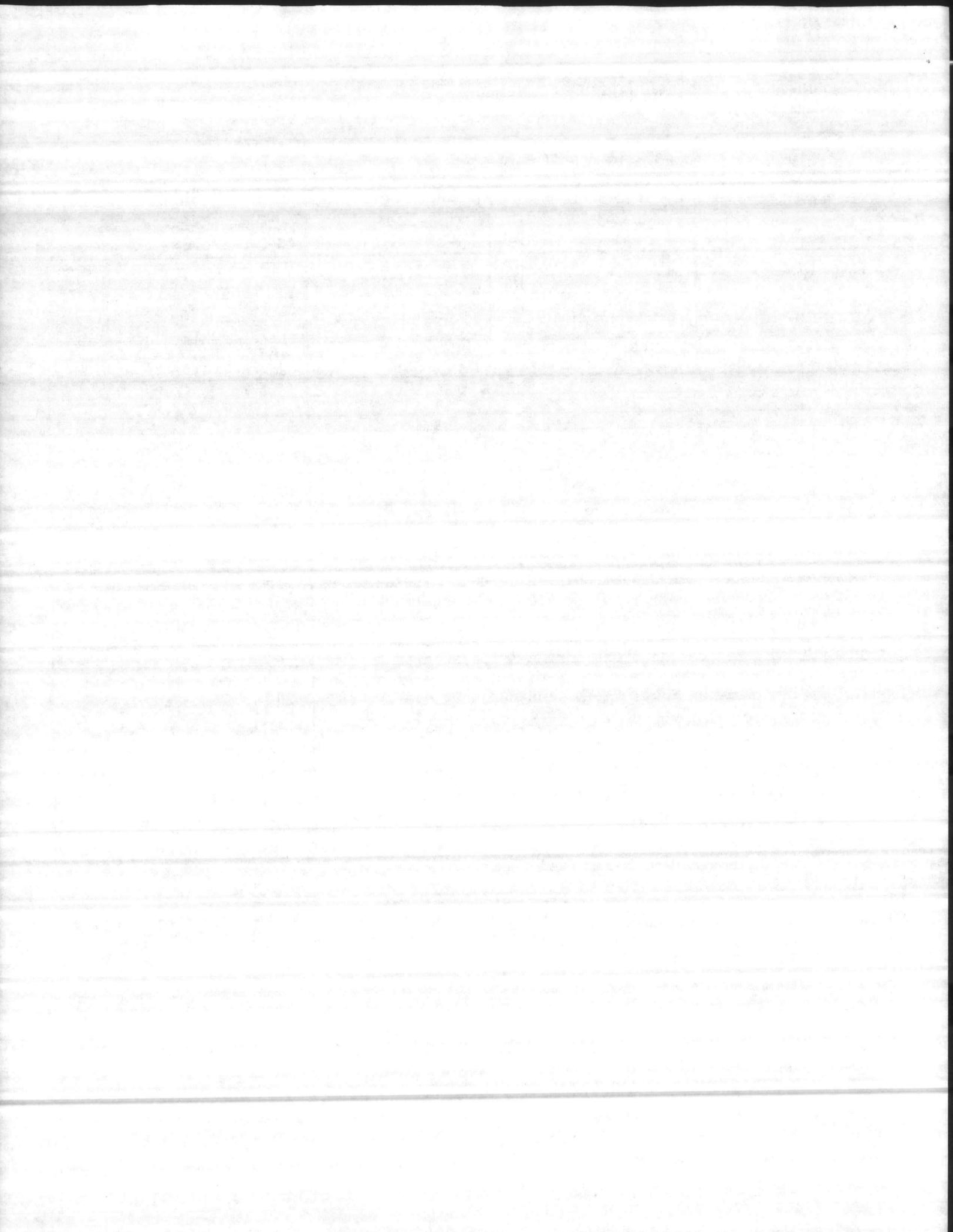
LANTDIV 4-4121/4 (12/69)

SHEET OF

SUBJECT FY79 MCON Project P-600 N62470-77-B-7526, 280-Bed Hospital				DATE DUE LANTDIV
LOCATION Naval Regional Medical Center, Camp Lejeune, N. C.				DATE RETURNED LANTDIV
ARCHITECTURAL		MECHANICAL		REVIEWER 43-90:AEYoung
STRUCTURAL		ELECTRICAL	X	CERTIFICATION OF CO OR OICC/ROICC
CIVIL		SPECS & ESTIMATES		DATE LANTDIV RETURN
			PRELIM.	
			90% SUBMITTAL	
			100% SUBMITTAL	

DWG. NO./ PAR. NO.	ITEM NO.	OICC/ROICC OR STATION COMMENTS (MAKE GENERAL COMMENTS ON LAST SHEET)	LANTDIV REVIEW ACTION - KEY INC. IN LANTDIV TRANS. LTR)
Section 16300			
Para 6.6.3(c)		Parentheses or words should be struck out.	
Para 6.11		Guy wire shields are recommended.	
Para. 7.2.2		Parentheses or words should be struck out.	
Para 7.2.3.4		" " " " " " "	
Para 7.2.8		Contractor should be required to provide <del>10</del> to 20 day notice to the OICC for each track closure.	
Para. 7.3.4		Provide locations for guy wire shields.	
Para 7.6.1		Drawing No. <u>EP-4</u> indicates welded or brazed connections of ground rod and ground wire. Welded or brazed connections of ground wire to ground rod is recommended.	
Section 6402			
Para. 5.2.3		Sentence should read: "Conduits installed in direct . . ." vice ". . . indirect . . ."	
Para. 5.5.1		Are side and back-wired receptacles desirable?	
Para. 7.1.2		". . . to top of panelboard box" add "from finished floor."	

SPECIAL REMARKS (FOR LANTDIV USE ONLY)



LANTDIV DRAWING AND SPECIFICATION REVIEW COMMENT

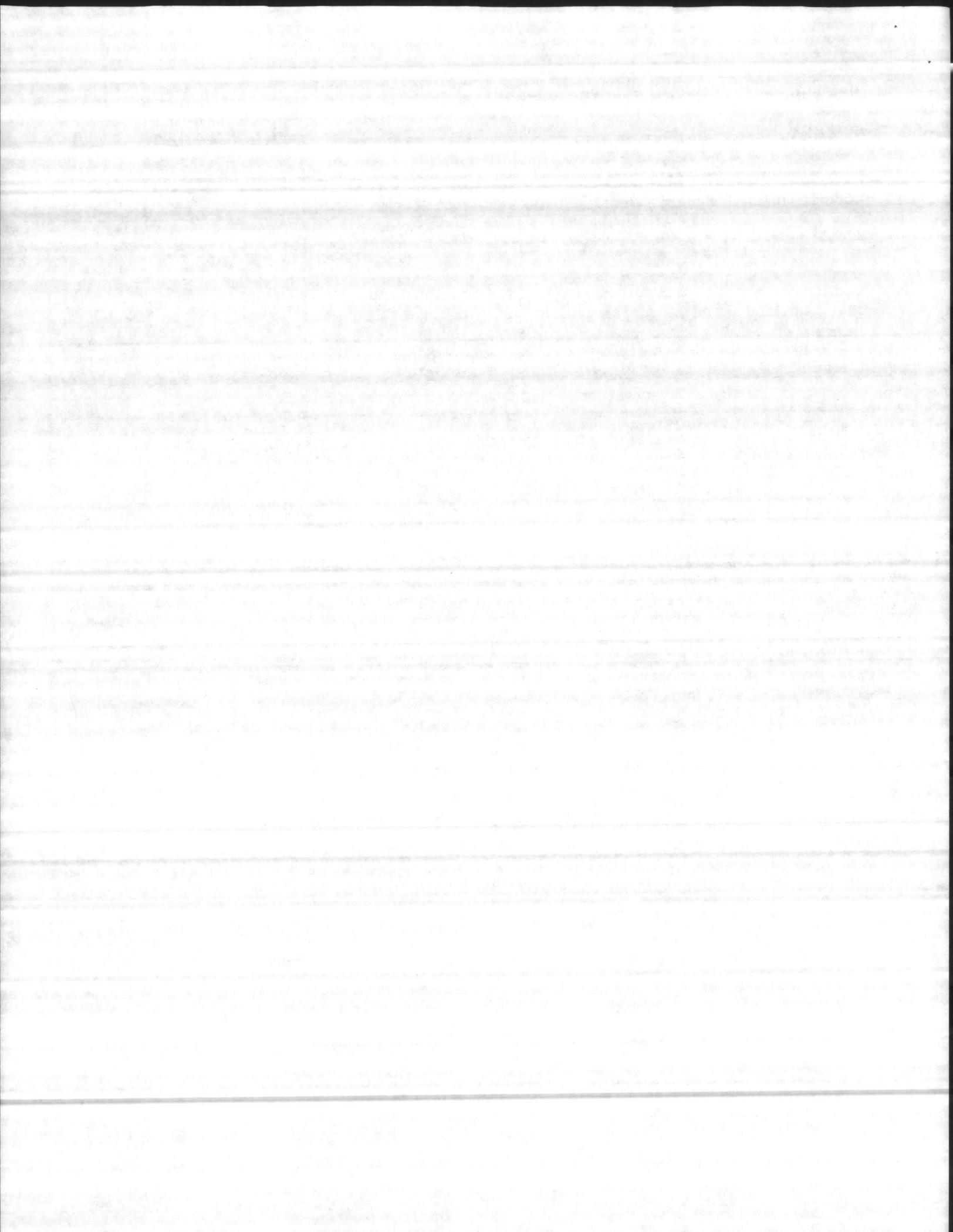
LANTDIV 4-4121/4 (12/69)

SHEET OF

OBJECT FY79 MCON Project P-600 N62470-77-B-7526, 280-Bed Hospital				DATE DUE LANTDIV
LOCATION Naval Regional Medical Center, Camp Lejeune, N. C.				DATE RETURNED LANTDIV
ARCHITECTURAL		MECHANICAL		REVIEWER 43-90:AEYoung
STRUCTURAL		ELECTRICAL	X	CERTIFICATION OF CO OR OICC/ROICC
CIVIL		SPECS & ESTIMATES		DATE LANTDIV RETURN
			PRELIM.	
			90% SUBMITTAL	
			100% SUBMITTAL	

DWG. NO./ PAR. NO.	ITEM NO.	OICC/ROICC OR STATION COMMENTS (MAKE GENERAL COMMENTS ON LAST SHEET)	LANTDIV REVIEW ACTION - KEY INC. IN LANTDIV TRANS. LTR)
Section 16402 (continued) Para. 8.3.3(c)		Indicated height of switch handle.	
Para. 11.3.1.3		Delete paragraph entirely. Provide for current limiting fuse and circuit breaker.	
Section 16450 Para. 4.4.1		Equipment bonding jumper should be within raceway.	
Para. 6.5		Conflicts with Section 16300. Para. 7.6.1	
Section 16465 Para. 4.1.4		Referenced year of National Electrical Code is incorrect.	
Para. 4.4.5		Bay 8 should be specified. Bay 7 is scheduled for heliport and provide Bay 8 for future extension.	
17-45		Drain valves in all dirt legs. Compound gauges on all pumps. More detail on steam relief valve drip pan elbow. Flexible connection on pumps. Unions on equipment at piping tie in's.	

SPECIAL REMARKS (FOR LANTDIV USE ONLY)



LANTDIV DRAWING AND SPECIFICATION REVIEW COMMENT

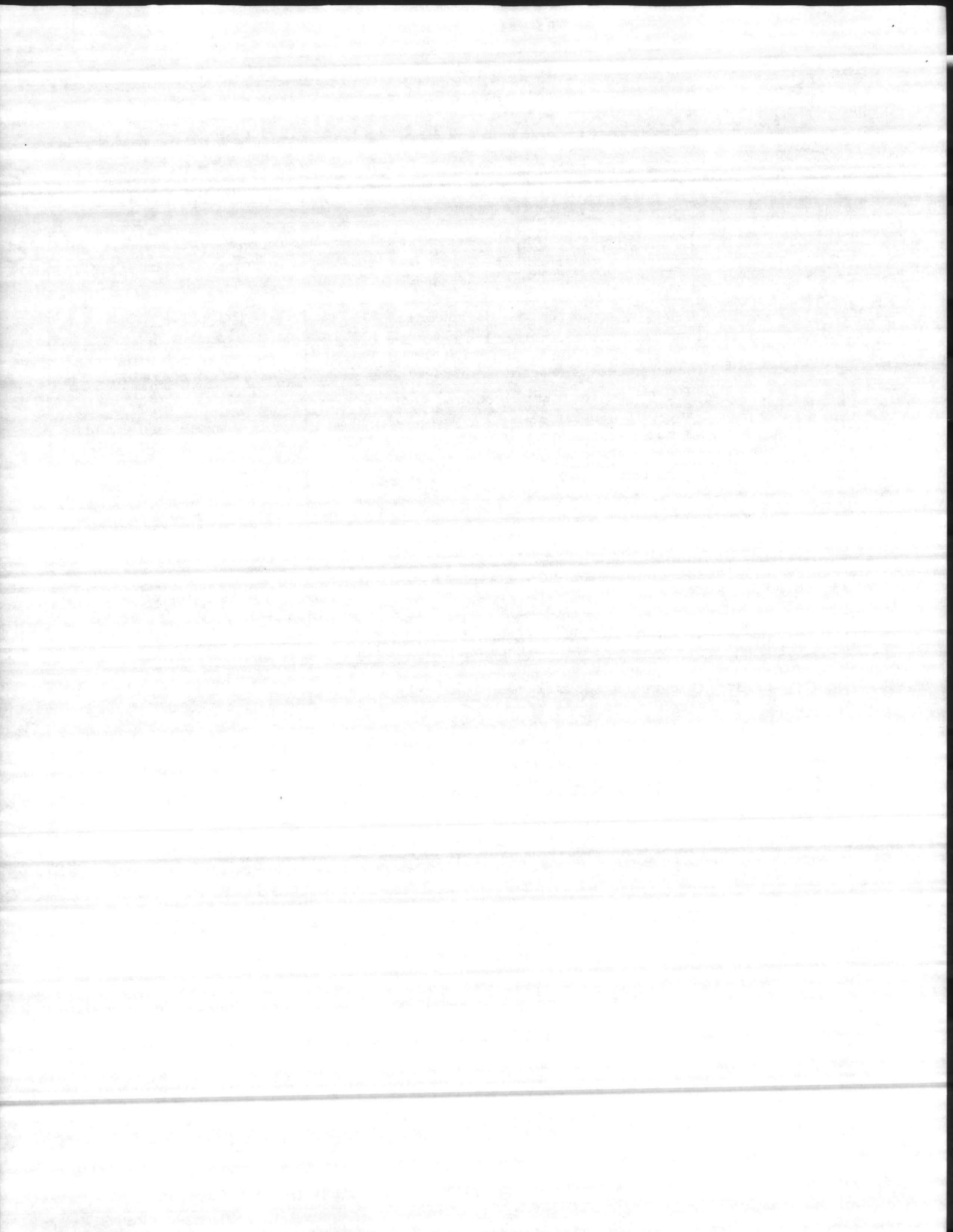
LANTDIV 4-4121/4 (12/69)

SHEET OF

PROJECT FY79 MCON Project P-600 N62470-77-B-7526, 280-Bed Hospital				DATE DUE LANTDIV
LOCATION Naval Regional Medical Center, Camp Lejeune, N. C.				DATE RETURNED LANTDIV
ARCHITECTURAL		MECHANICAL		PRELIM.
STRUCTURAL		ELECTRICAL	X	90% SUBMITTAL
CIVIL		SPECS & ESTIMATES		100% SUBMITTAL
				REVIEWER 43-90:AEYoung / C. PARKS
				CERTIFICATION OF CO OR OICC/ROICC
				DATE LANTDIV RETURN

DWG. NO./ PAR. NO.	ITEM NO.	OICC/ROICC OR STATION COMMENTS (MAKE GENERAL COMMENTS ON LAST SHEET)	LANTDIV REVIEW ACTION - KEY INC. IN LANTDIV TRANS. LTR)
M7-47		<p>Detail <u>95</u> *   M7-47 : The supply should enter at bottom, not the top as shown.</p> <p>Detail <u>93</u> *   M7-47 : Compound gauge.</p> <p>Strainer on steam trap: <u>94</u> *   M7-47</p>	
47-48		Backflow preventors on domestic water make-up to equipment. <i>NOT Required</i>	
IV 1-1		Expand legend to include: Existing timber road: Clearing limits. (Encl 1)	
IV 1-4		Indicated wheel stops layout conflicts with CV1-1 requirements	
IV 1-8		Indicate width of parking area at wash pan.	
V 1-10		Provide temporary buffer zone about helipad to allow establishment of ground vegetation.	
V 1-16		Detail - Helipad Marking - Provide location of parking apron. Specify material for pad markings.	
V 1-19		Enclosure (2): Sheet CV 1-19	

SPECIAL REMARKS (FOR LANTDIV USE ONLY)



LANTDIV DRAWING AND SPECIFICATION REVIEW COMMENT

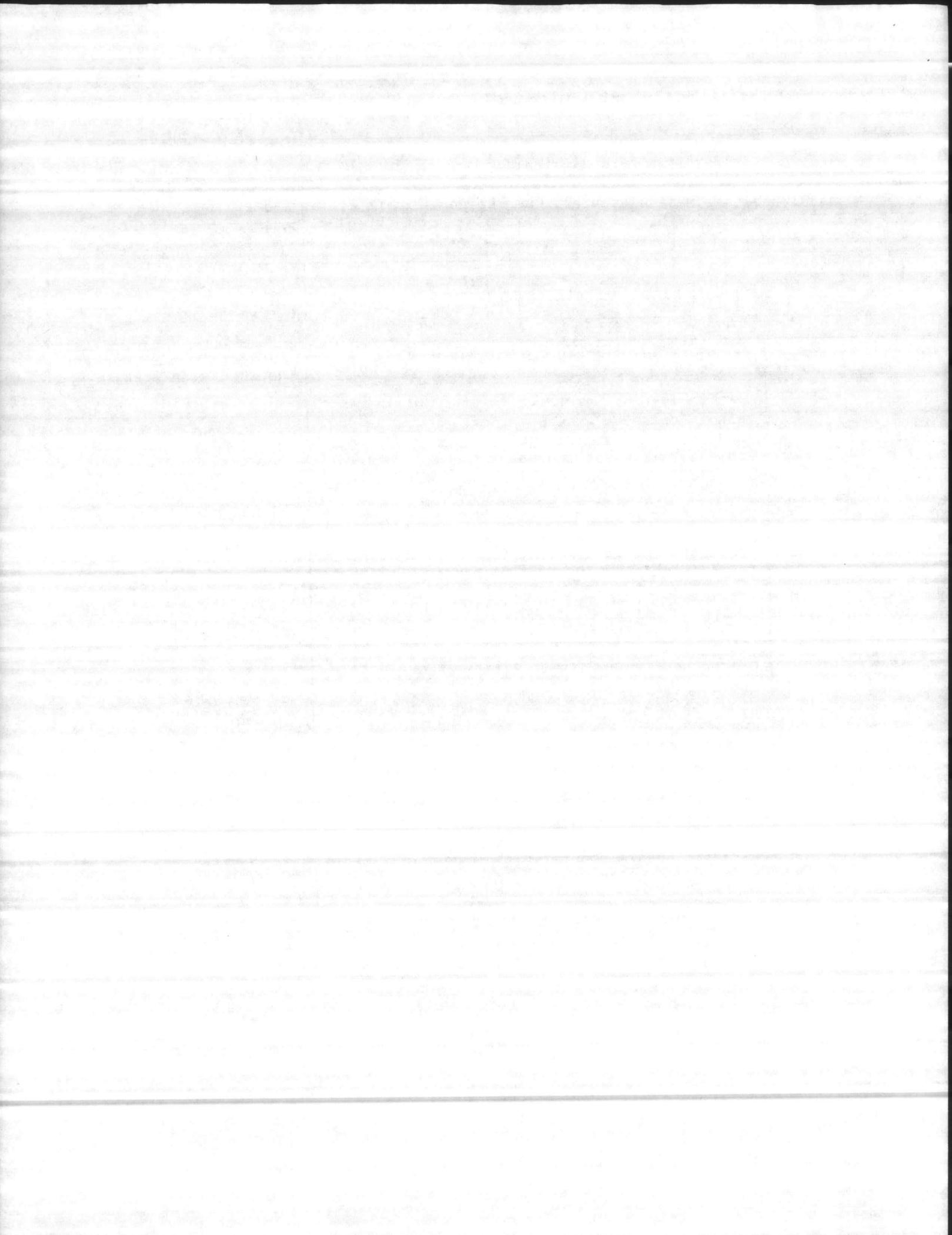
LANTDIV 4-4121/4 (12/69)

SHEET OF

PROJECT FY79 MCON Project P-600 N62470-77-B-7526, 280-Bed Hospital			DATE DUE LANTDIV
LOCATION Naval Regional Medical Center, Camp Lejeune, N. C.			DATE RETURNED LANTDIV
ARCHITECTURAL	MECHANICAL	PRELIM.	REVIEWER 43-90:AEYoung
STRUCTURAL	ELECTRICAL	X 90% SUBMITTAL	CERTIFICATION OF CO OR OICC/ROICC
CIVIL	SPECS & ESTIMATES	100% SUBMITTAL	DATE LANTDIV RETURN

DWG. NO./ PAR. NO.	ITEM NO.	OICC/ROICC OR STATION COMMENTS (MAKE GENERAL COMMENTS ON LAST SHEET)	LANTDIV REVIEW ACTION - KEY INC. IN LANTDIV TRANS. LTR)
IV 2-1		Clarify legend in regards to storm drain manhole/clean-out.	
IV 2-8		Indicate oil/water separator and its detail location.	
IV 2-11		Oil/water separator - Is outflow pipe 4" or 6" VCP? Check elevations for crossover conflicts between 6" S.D. from Public Works Building and 4" S.D. from wash pan. Define item 17.	
V 2-12		Define items 47A and 48A.	
V 3-1		<u>Composite Plan - Site Utilities.</u> Does not indicate fire alarm circuit. <u>Location Map</u> for off-site telephone cable requires scale or provide required length of telephone cable. Provide underground obstruction locations for trenching off-site telephone cable. <u>Schematic Map</u> for off-site telephone cable does not indicate height or class of poles. Legend does not indicate underground fire alarm circuit, future security T.V. camera, electric manhole, security panic switch.	
V 3-5		Alcohol dry well does not coincide with plan.	

SPECIAL REMARKS (FOR LANTDIV USE ONLY)



LANLTDIV DRAWING AND SPECIFICATION REVIEW COMMENT

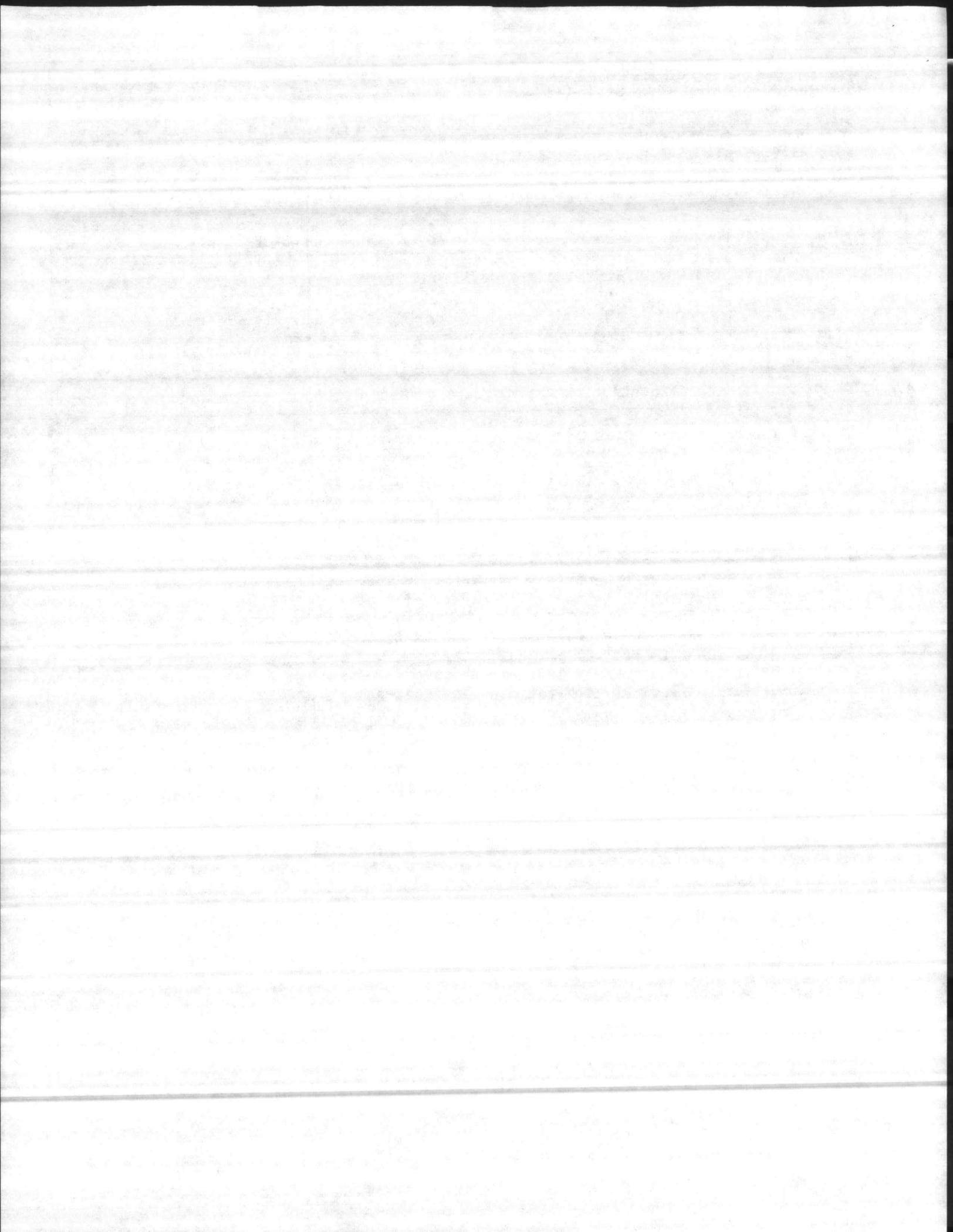
LANLTDIV 4-4121/4 (12/69)

SHEET OF

PROJECT FY79 MCON Project P-600 N62470-77-B-7526, 280-Bed Hospital				DATE DUE LANLTDIV
LOCATION Naval Regional Medical Center, Camp Lejeune, N. C.				DATE RETURNED LANLTDIV
ARCHITECTURAL		MECHANICAL		REVIEWER 43-90:AEYoung
STRUCTURAL		ELECTRICAL	X	CERTIFICATION OF CO OR OICC/ROICC
CIVIL		SPECS & ESTIMATES		DATE LANLTDIV RETURN
			PRELIM.	
			90% SUBMITTAL	
			100% SUBMITTAL	

DWG. NO./ PAR. NO.	ITEM NO.	OICC/ROICC OR STATION COMMENTS (MAKE GENERAL COMMENTS ON LAST SHEET)	LANLTDIV REVIEW ACTION - KEY INC. IN LANLTDIV TRANS. LTR)
IV 3-6		Indicate location of existing underground fire alarm circuit.	
IV 3-9		Complete section flag for valve P.T.	
IV 3-10		Identify staff parking lot plan and scale. Indicate electric manholes.	
IV 3-11		<u>Equipment Chamber.</u> Provide illumination and power ventilation. Provide sump and sump pump. Provide back flow preventer in sump pump piping to wet well. Indicate size of sewage pumps. <u>Lift Station.</u> Provide screen and deflector on input to wet well. Indicate elevation of finished grade. Indicate depth of stone base. Provide lift station with frost-proof water hydrant and water to clean out system.	
IV 4-1		<u>Holcomb Blvd Plan.</u> Provide for removal and installation of railroad signals. Require location of type "A" headwall at station 358,050.	
IV 4-2		Enclosure (3).	
IV 4-6		Enclosure (4)	
IV 4-7		Enclosure (5)	

SPECIAL REMARKS (FOR LANLTDIV USE ONLY)



LANTDIV DRAWING AND SPECIFICATION REVIEW COMMENT

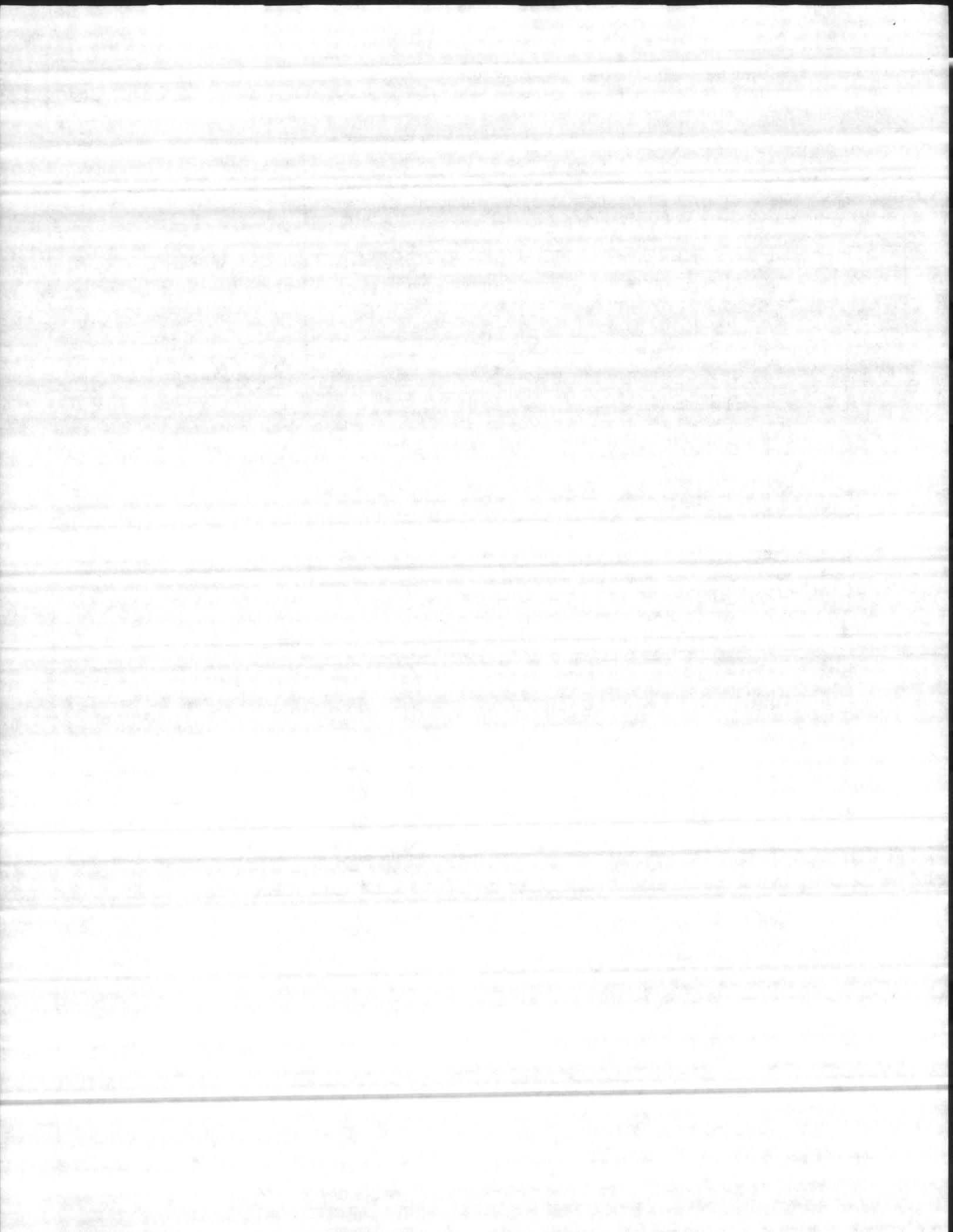
LANTDIV 4-4121/4 (12/69)

SHEET OF

SUBJECT <b>FY79 MCON Project P-600</b> <b>N62470-77-B-7526, 280-Bed Hospital</b>				DATE DUE LANTDIV
LOCATION <b>Naval Regional Medical Center, Camp Lejeune, N. C.</b>				DATE RETURNED LANTDIV
ARCHITECTURAL		MECHANICAL		REVIEWER
STRUCTURAL		ELECTRICAL	X	<b>43-90:AEYoung</b>
CIVIL		SPECS & ESTIMATES		CERTIFICATION OF CO OR OICC/ROICC
				DATE LANTDIV RETURN
				90% SUBMITTAL
				100% SUBMITTAL

CHG. NO./ PAR. NO.	ITEM NO.	OICC/ROICC OR STATION COMMENTS (MAKE GENERAL COMMENTS ON LAST SHEET)	LANTDIV REVIEW ACTION - KEY INC. IN LANTDIV TRANS. LTR)
L-2		Will matured trees interfere with TV spy cameras? Provide details for graded roadbed.	

SPECIAL REMARKS (FOR LANTDIV USE ONLY)



LANTDIV DRAWING AND SPECIFICATION REVIEW COMMENT

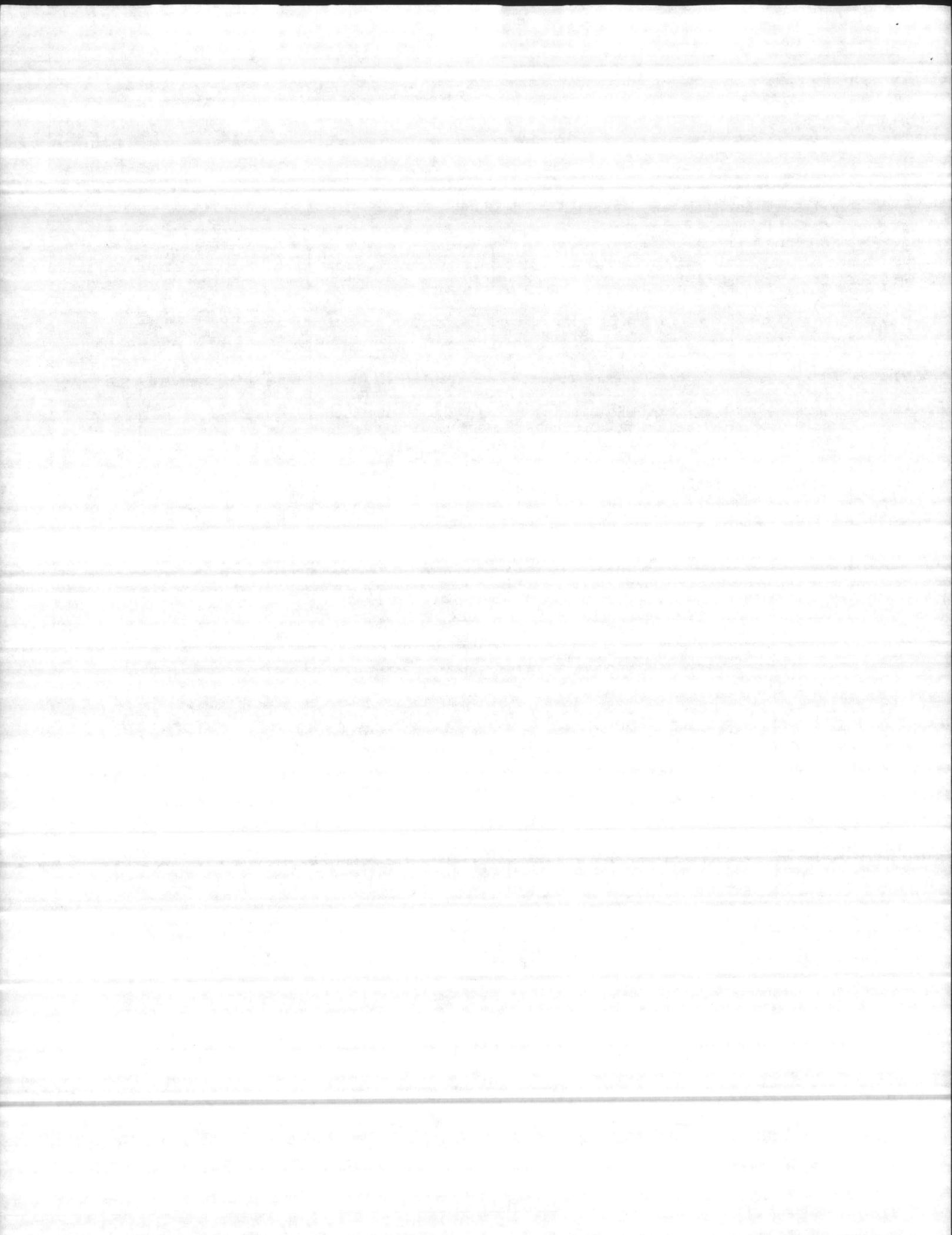
LANTDIV 4-4121/4 (12/69)

SHEET OF

SUBJECT FY 79 MCON Project P-600 N62470-77-B-7526, 280-Bed Hospital				DATE DUE LANTDIV
LOCATION Naval Regional Medical Center, Camp Lejeune, N. C.				DATE RETURNED LANTDIV
ARCHITECTURAL		MECHANICAL		REVIEWER 43-90:AEYoung
STRUCTURAL		ELECTRICAL	X 90% SUBMITTAL	CERTIFICATION OF CO OR OICC/ROICC
CIVIL		SPECS & ESTIMATES	100% SUBMITTAL	DATE LANTDIV RETURN

DWG. NO./ PAR. NO.	ITEM NO.	OICC/ROICC OR STATION COMMENTS (MAKE GENERAL COMMENTS ON LAST SHEET)	LANTDIV REVIEW ACTION - KEY INC. IN LANTDIV TRANS. LTR)
I - 1		<u>Security System Notes:</u> Note 4. Location of future security CCTV cameras not indicated.	
I0-1		Provide size and type of junction box concerning Note 2.	
I1-4		Specify pushbutton switch and buzzer required by Note 2.	
I1-8		Concerning Note 2, Specify size and type of junction box. Concerning Note 2 and Note 5, <del>who will supply dictation system?</del>	
I6-1		<u>General Notes:</u> Conduit systems - Provide for location of fire alarm panel and fire alarm circuit to fire station.	
I7-3		Provide Notes 3 and 4, that are referenced.	
I7-4		Clarify magnetic door holder. Is this note typical or only for fire alarm zones 2G1 and 2G2?	
I9-1		<u>Legend:</u> Who will relocate base station and microphones from existing hospital?	

SPECIAL REMARKS (FOR LANTDIV USE ONLY)



LANTDIV DRAWING AND SPECIFICATION REVIEW COMMENT

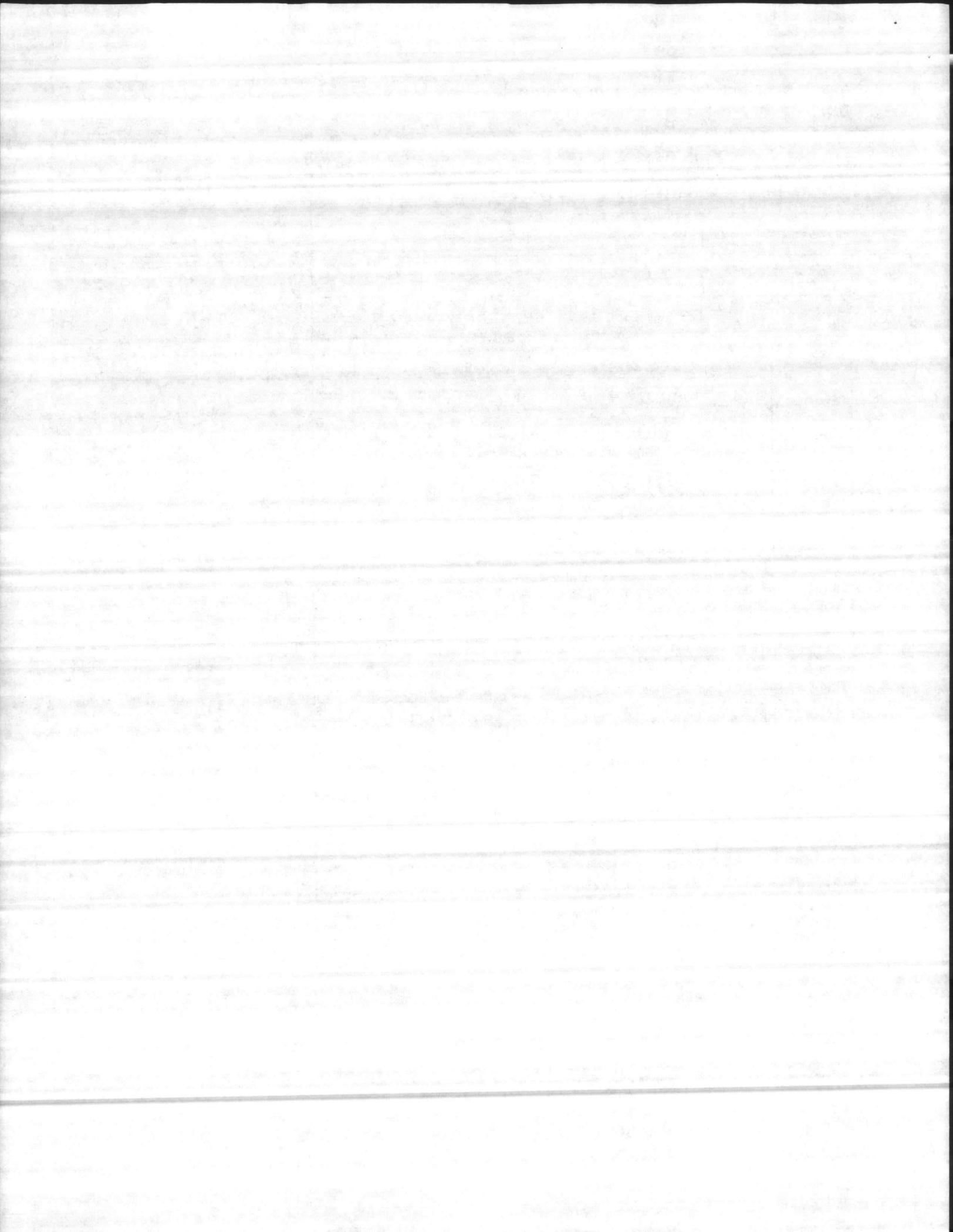
LANTDIV 4-4121/4 (12/69)

SHEET OF

PROJECT FY 79 MCON Project P-600 N62470-77-B-7526, 280-Bed Hospital				DATE DUE LANTDIV
LOCATION Naval Regional Medical Center, Camp Lejeune, N. C.				DATE RETURNED LANTDIV
ARCHITECTURAL		MECHANICAL		REVIEWER 43-90:AEYoung
STRUCTURAL		ELECTRICAL	X	CERTIFICATION OF CO OR OICC/ROICC
CIVIL		SPECS & ESTIMATES		DATE LANTDIV RETURN
			PRELIM.	
			90% SUBMITTAL	
			100% SUBMITTAL	

DWG. NO./ PAR. NO.	ITEM NO.	OICC/ROICC OR STATION COMMENTS (MAKE GENERAL COMMENTS ON LAST SHEET)	LANTDIV REVIEW ACTION - KEY (INC. IN LANTDIV TRANS. LTR)
EP-1		Indicate single line legend sheet number.	
EP-2		Provide legend. Indicate sheet number for lift station. Show locations of well houses, raw and fresh water lines and underground telephone and fire alarm lines. Show location of force main, road culvert and ravine adjacent to manhole No. 4, Feeder E-1.	
EP-4		<u>Detail - Helipad Substation</u> : Clarify symbols; i.e., exothermic welds, ground rods and unused primary conductor.  <u>Note 6</u> : Is this sole-source manufacturer or approved equal?	
EP-5		<u>Section View 'A'</u> : Provide connection between bypass bus and air break switch. Clarify ground wire connection to ground rod. Section 16300 requires bolted connection of ground wire and ground rod.	
EP-6		<u>Electric Manhole</u> : Provide location and size of rebar. Provide ladder rungs.	
EP-7		<u>Guy Anchoring</u> : Provide guy wire shield.  <u>Three Phase Riser Pole</u> : Provide cable grips to support riser cable.	

SPECIAL REMARKS (FOR LANTDIV USE ONLY)



**LANTDIV DRAWING AND SPECIFICATION REVIEW COMMENT**

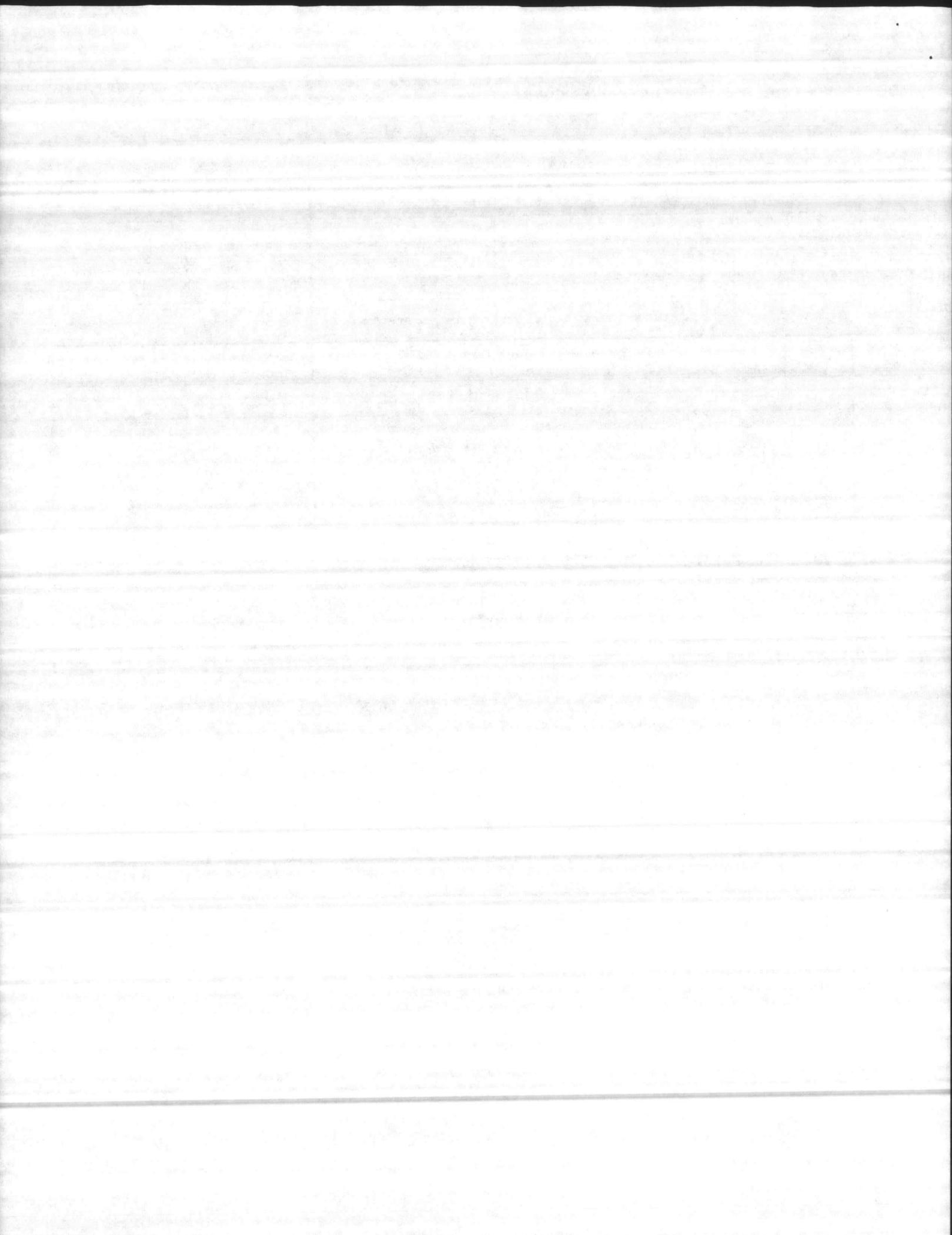
LANTDIV 4-4121/4 (12/69)

SHEET OF

<b>OBJECT</b> FY 79 MCON Project P-600 N62470-77-B-7526, 280-Bed Hospital				DATE DUE LANTDIV
<b>LOCATION</b> Naval Regional Medical Center, Camp Lejeune, N. C.				DATE RETURNED LANTDIV
ARCHITECTURAL		MECHANICAL		REVIEWER 43-90:AEYoung
STRUCTURAL		ELECTRICAL	X 90% SUBMITTAL	CERTIFICATION OF CO OR OICC/ROICC
CIVIL		SPECS & ESTIMATES	100% SUBMITTAL	DATE LANTDIV RETURN

DWG. NO./ PAR. NO.	ITEM NO.	OICC/ROICC OR STATION COMMENTS (MAKE GENERAL COMMENTS ON LAST SHEET)	LANTDIV REVIEW ACTION - KEY INC. IN LANTDIV TRANS. LTR)
EP-8		<p><u>Three Phase Riser Pole:</u> Provide cable grips to support down cable.</p> <p><u>Typical Pole Grounding:</u> Para. 7.6.4 of Section 10300 requires ground rod.</p> <p><u>Crossarm Construction - Three Phase Tap - Detail "3":</u> Clarify new and existing equipment. Existing conditions are: Feeder is top circuit on double crossarms, branch is bottom circuit on single crossarms.</p>	
EP-9		<p>Indicate Item No. for cable grips.</p>	

SPECIAL REMARKS (FOR LANTDIV USE ONLY)



**LANTDIV DRAWING AND SPECIFICATION REVIEW COMMENT**

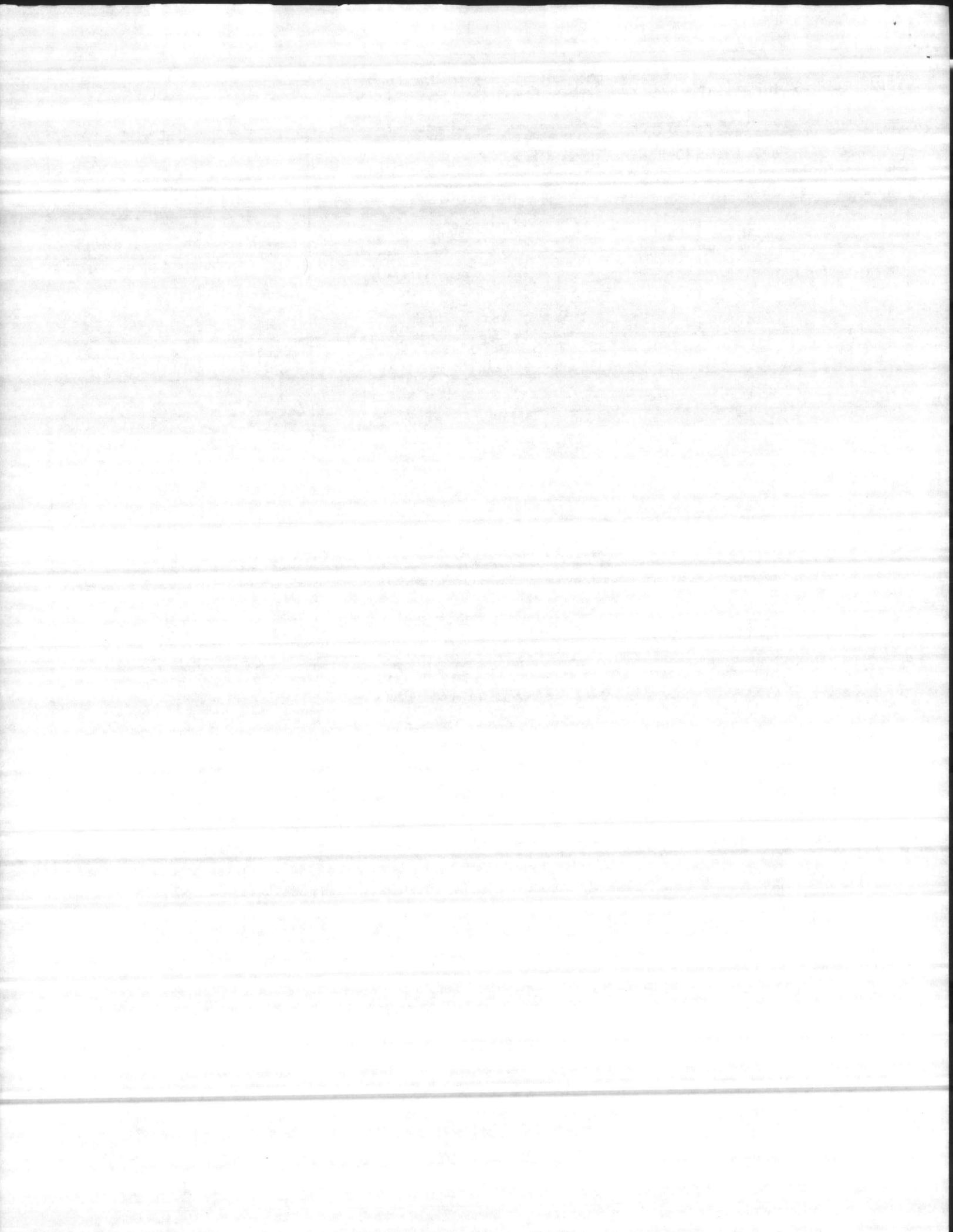
LANTDIV 4-4121/4 (12/69)

SHEET OF

PROJECT FY 79 MCON Project P-600 N62470-77-B-7526, 280-Bed Hospital				DATE DUE LANTDIV
LOCATION Naval Regional Medical Center, Camp Lejeune, N. C.				DATE RETURNED LANTDIV
ARCHITECTURAL		MECHANICAL		PRELIM. REVIEWER 43-90:AEYoung
STRUCTURAL		ELECTRICAL	X	90% SUBMITTAL CERTIFICATION OF CO OR OICC/ROICC
CIVIL		SPECS & ESTIMATES		100% SUBMITTAL DATE LANTDIV RETURN

DWG. NO./ PAR. NO.	ITEM NO.	OICC/ROICC OR STATION COMMENTS (MAKE GENERAL COMMENTS ON LAST SHEET)	LANTDIV REVIEW ACTION - KEY INC. IN LANTDIV TRANS. LTR)
ET-1		<u>Electric Legend and General Notes:</u> Indicate what note for X-ray module.	
ED-1		<u>Medium Voltage Switchgear:</u> Bay #8 is not specified. Indicated voltmeter range in Bay #4.	
		<u>Single Line Diagram Legend:</u> Per Section 16465, Para. 4.1.10 current limiting fuses are not acceptable except for potential transformers.	
ED-3		Indicate ammeter range for substation C & D.	
ED-4		Indicate spare fuses on single line diagram of circuits: T2 and T3	
ED-6		Indicate spare fuses on single line diagrams of circuits: C1, D1, C2, C3, D2, D3 and DP5.	
EO-1		Indicate crawl space.	

SPECIAL REMARKS (FOR LANTDIV USE ONLY)





DEPARTMENT OF THE NAVY  
NAVAL FACILITIES ENGINEERING COMMAND  
200 STOVALL STREET  
ALEXANDRIA, VA 22332

IN REPLY REFER TO

052/WMG

1 AUG 1978

*RWD*  
*in Electron*  
*File*

From: Commander, Naval Facilities Engineering Command  
To: Chief, Bureau of Medicine and Surgery

Subj: FY 1979 MCON Project, P-600, Hospital Replacement, Naval  
Regional Medical Center, Camp Lejeune, NC; modular movable  
casework systems for

Ref: (a) CHBUMED ltr Code BUMED-4131-pmm dtd 23 Nov 1977

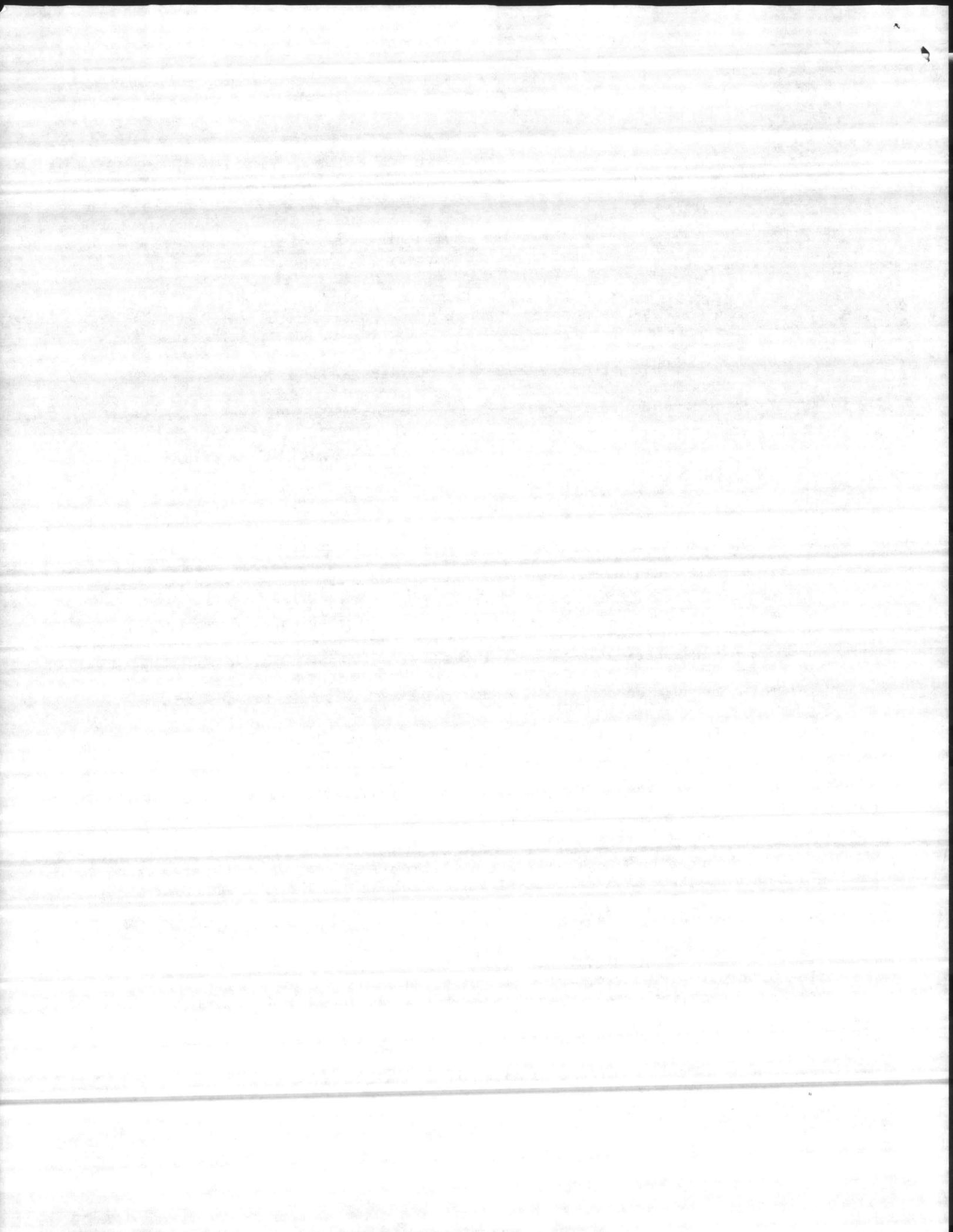
1. Current Navy medical facility design concepts reflect the continuing efforts of the Bureau of Medicine and Surgery (BUMED) and this Command to minimize the lifecycle costs of these facilities by incorporating flexible systems that will meet the continuing demands for physical change made necessary by advances in the state-of-the-art of health care delivery.

2. Reference (a) requested that this design concept be extended for the subject project to include a modular, movable casework system supported by other compatible collateral equipment components. The product requested for use by BUMED, Coherent Structures (Co/Struc) as manufactured by Herman Miller, Inc., incorporates storage, transportation, laboratory and work station components organized to provide an integrated system to support diverse professional activities. BUMED also indicated that one of the advantages of movable, modular casework should be decreased initial construction costs due to the reduction of built-in casework.

3. Modular, movable casework and collateral equipment are Category "C" equipment, and must be procured in accordance with Defense Acquisition Regulations. An initial discussion with a procurement analyst from Naval Supply Systems Command (NAVSUPSYSCOM) reviewed a variety of procurement alternatives. Those alternatives which now appear to be most practical are:

(a) Changes to the Federal Supply Schedule - The Co/Struc system is presently available from a Federal Supply Schedule. The maximum order limitation (MOL) of the schedule is \$750,000. This limit would have to be increased substantially to accommodate the total system requirements for the subject project. NAVSUPSYSCOM will initiate discussion with the General Services Administration (GSA) to determine the feasibility of this alternative, and to explore other possibilities that may be available to GSA in handling orders which exceed the MOL.

(b) Justify a sole source procurement - This procedure requires that BUMED submit a sole source justification in support of its request for approval by the Contracting Officer at the time requisitions are submitted to the Navy Regional Procurement Office. The justification

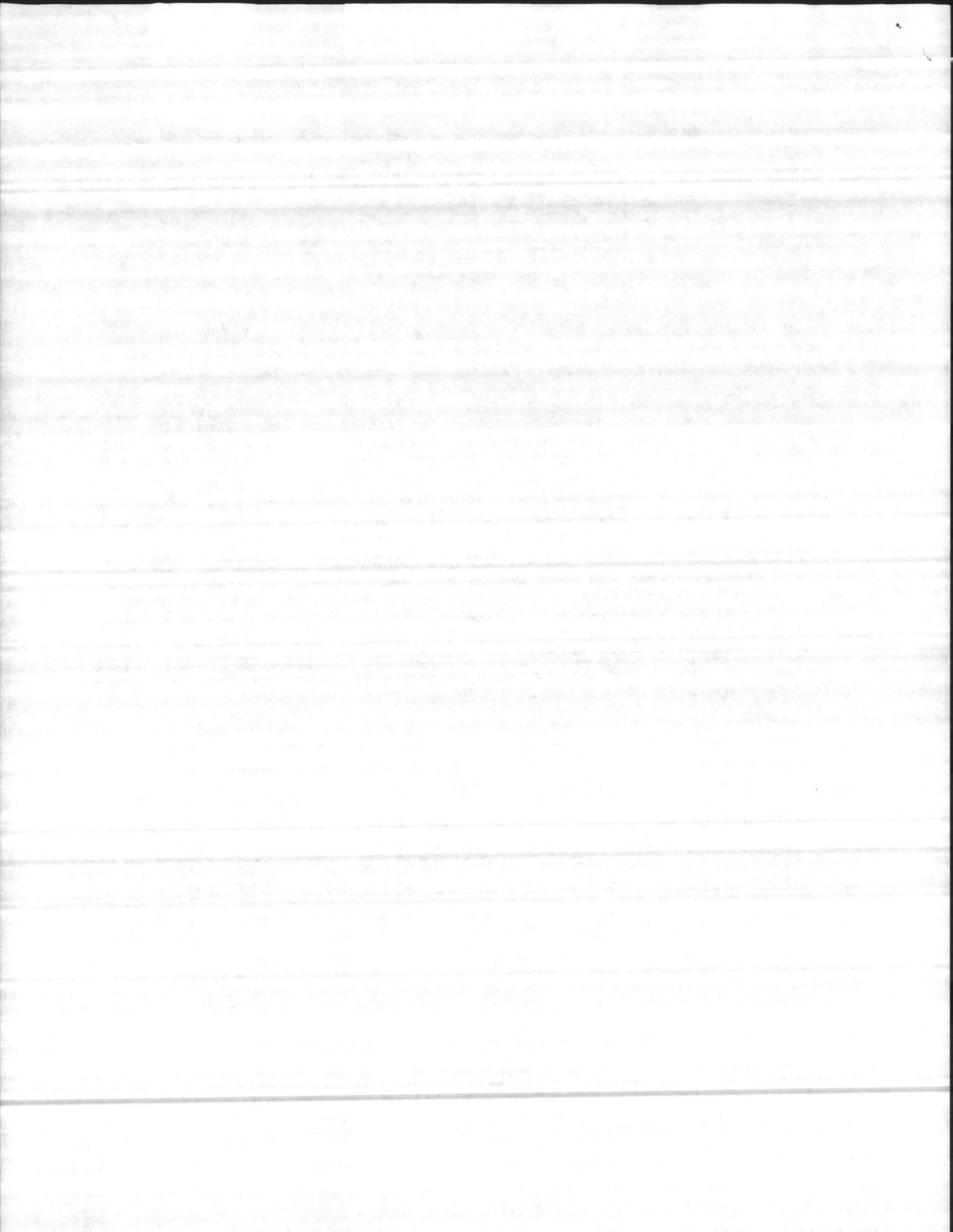


cannot be approved prior to procurement, nor can it be approved by other than the Contracting Officer responsible for the purchase. Changing market conditions, including the probability of new products being introduced in the two to three years before procurement, make pre-approval impractical. The same factors mitigate against guarantees, now, that the Co/Struc system will be the only acceptable product available at the time of procurement.

This alternative should, however, be pursued in order to keep as many options as possible open. It is requested that BUMED proceed with development of a sole source justification, based on current conditions, which defines in detail the need for the system and the reasons why Co/Struc is the only product that will meet the functional and professional requirements of the project. The justification must be sufficiently detailed in rationale to counter arguments or litigation by other manufacturers that their products or systems are equally good, meet performance requirements, and are therefore competitive with the product requested.

(c) Write a performance specification - This alternative provides for competitive procurement based on a specification which describes in detail the performance criteria the equipment must meet. Award is generally based on the lowest price of all conforming proposals, although a more sophisticated bid evaluation criteria is possible to take other factors into account. In addition, a two-step procedure may be used to insure that all manufacturers invited to submit cost proposals have a product which meets all criteria requirements. The primary difficulty of this alternative is completion of a specification for a relatively new system which covers all performance requirements, includes tests to assure compliance, and is not proprietary. NAVFACENGCOM will explore the feasibility of this alternative.

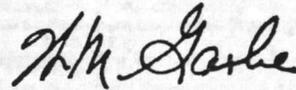
4. The advantage for initial construction cost as stated in reference (a) should also be clarified. The deletion of built-in casework/millwork is recognized as a reduction to the requirement for MCON project funds. However, Category "C" collateral equipment must be purchased by O&MN or OPN funds programmed and budgeted by this Command. Historically, these funds have been subjected to severe review with ensuing shortfalls and budget cuts and therefore many projects could not be fully funded by completion date of the project. In addition, these funds do not have the flexibility of project escalation enjoyed by MCON funds when unanticipated and unusual cost growths are encountered. An objective cost/benefit analysis based on accepted economic principles is highly recommended to be developed as a part of the justification documentation for the movable, modular casework system versus permanent casework and associated collateral equipment. This analysis should be made available for NAVFACENGCOM review and record to support the decision to use this system.



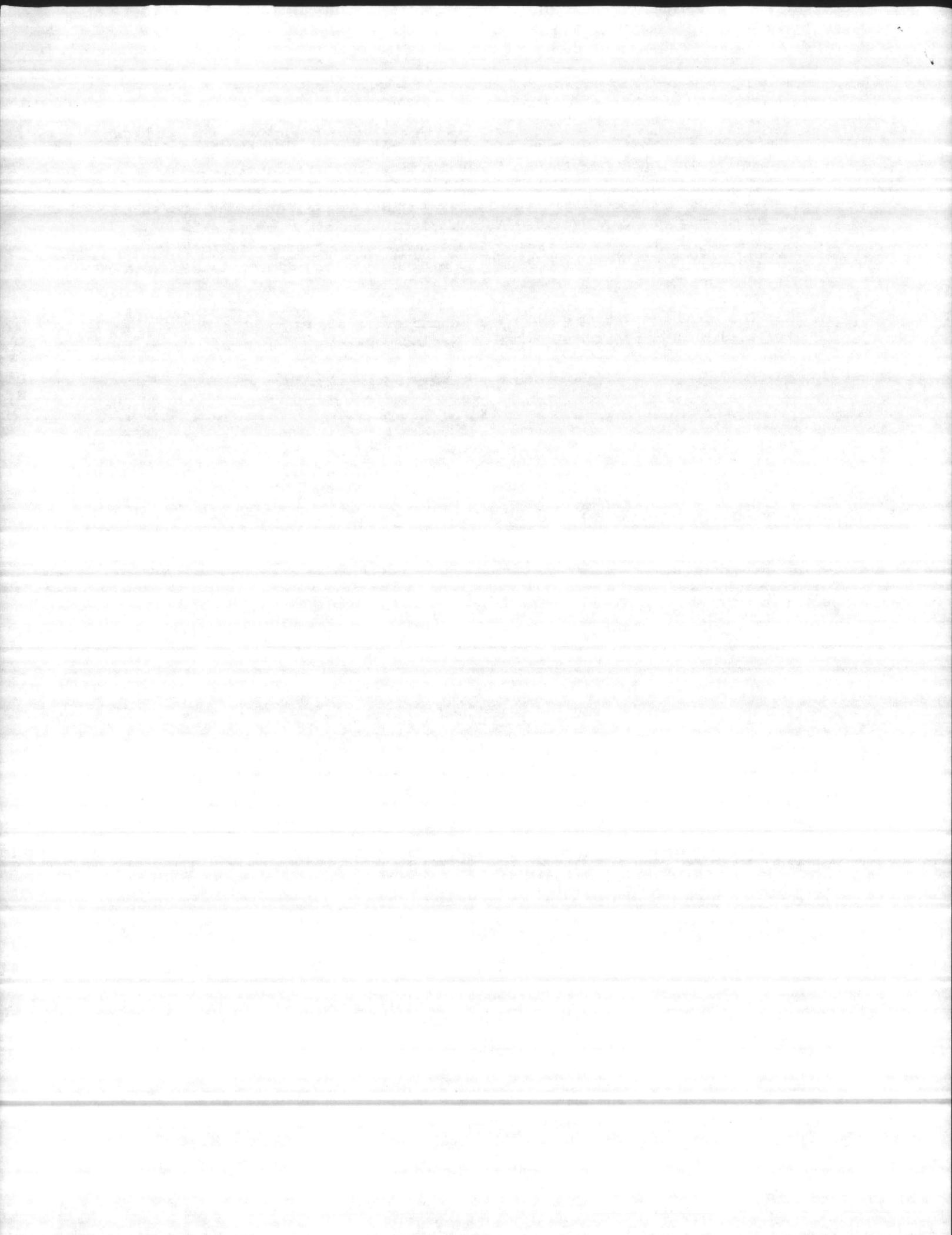
5. With BUMED assistance, this Command will continue to pursue each of the above alternatives in an effort to determine the best method of accomplishing the objectives of flexibility and expandability as stated in reference (a). However, it must be recognized that under current circumstances the acquisition of only the Herman Miller, Inc., Co/Struc system cannot be guaranteed. As significant information is developed this Command welcomes the participation of BUMED representatives in analyzing the alternatives and determining the most appropriate course of action.

6. The above conditions and circumstances are also applicable to the proposed MCON project P-600 Center Replacement, Naval Regional Medical Center, San Diego.

Copy to: (w/cy ref (a))  
NAVSUPSYSCOM  
NRMC Camp Lejeune  
NRMC San Diego  
LANTNAVFACENGCOM  
WESTNAVFACENGCOM



W. M. GARBE  
By direction





DEPARTMENT OF THE NAVY  
BUREAU OF MEDICINE AND SURGERY  
WASHINGTON, D.C. 20372

*RS/4/78*

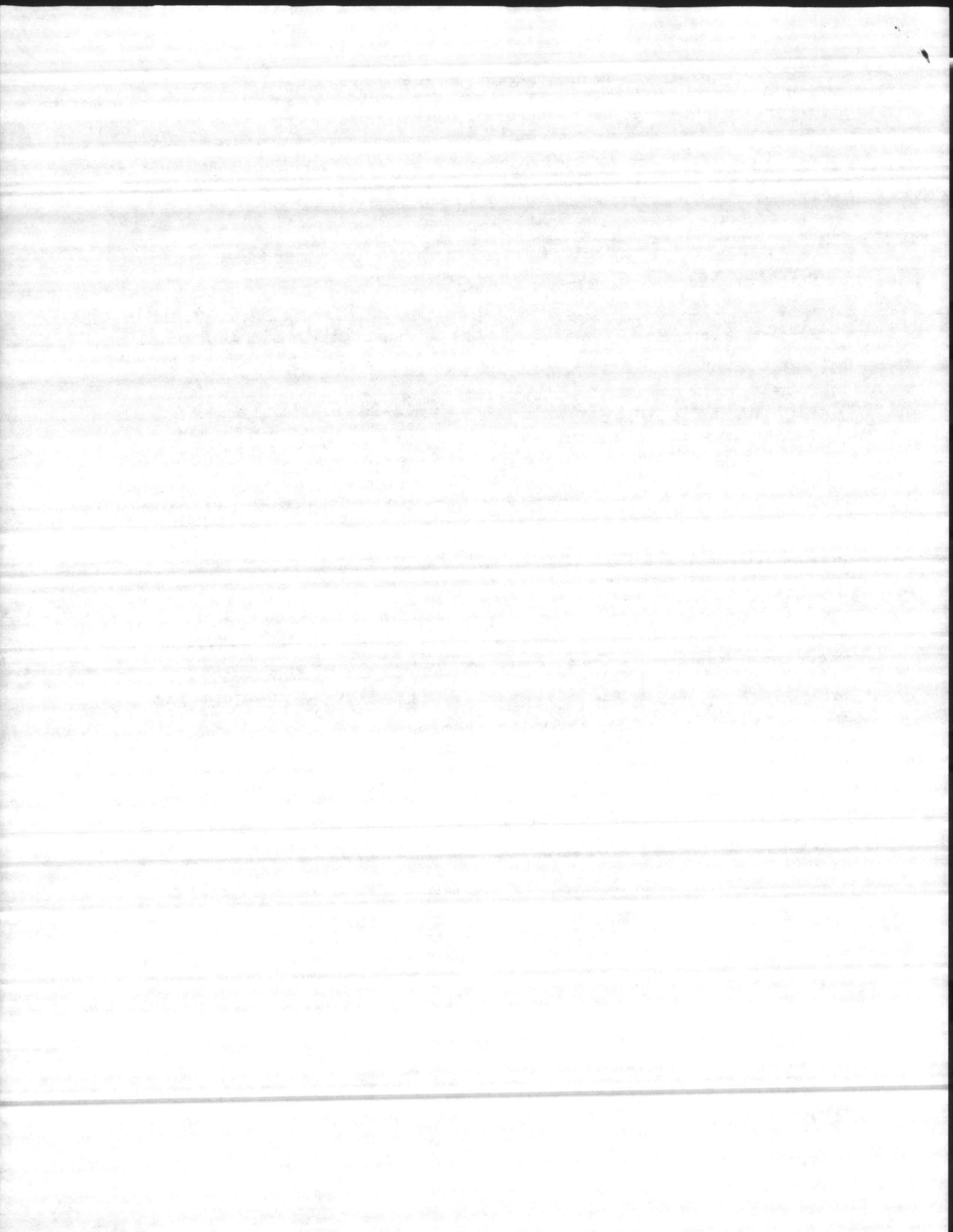
IN REPLY REFER TO  
BUMED-4131-pmm  
23 Nov 1977

From: Chief, Bureau of Medicine and Surgery  
To: Commander, Naval Facilities Engineering Command

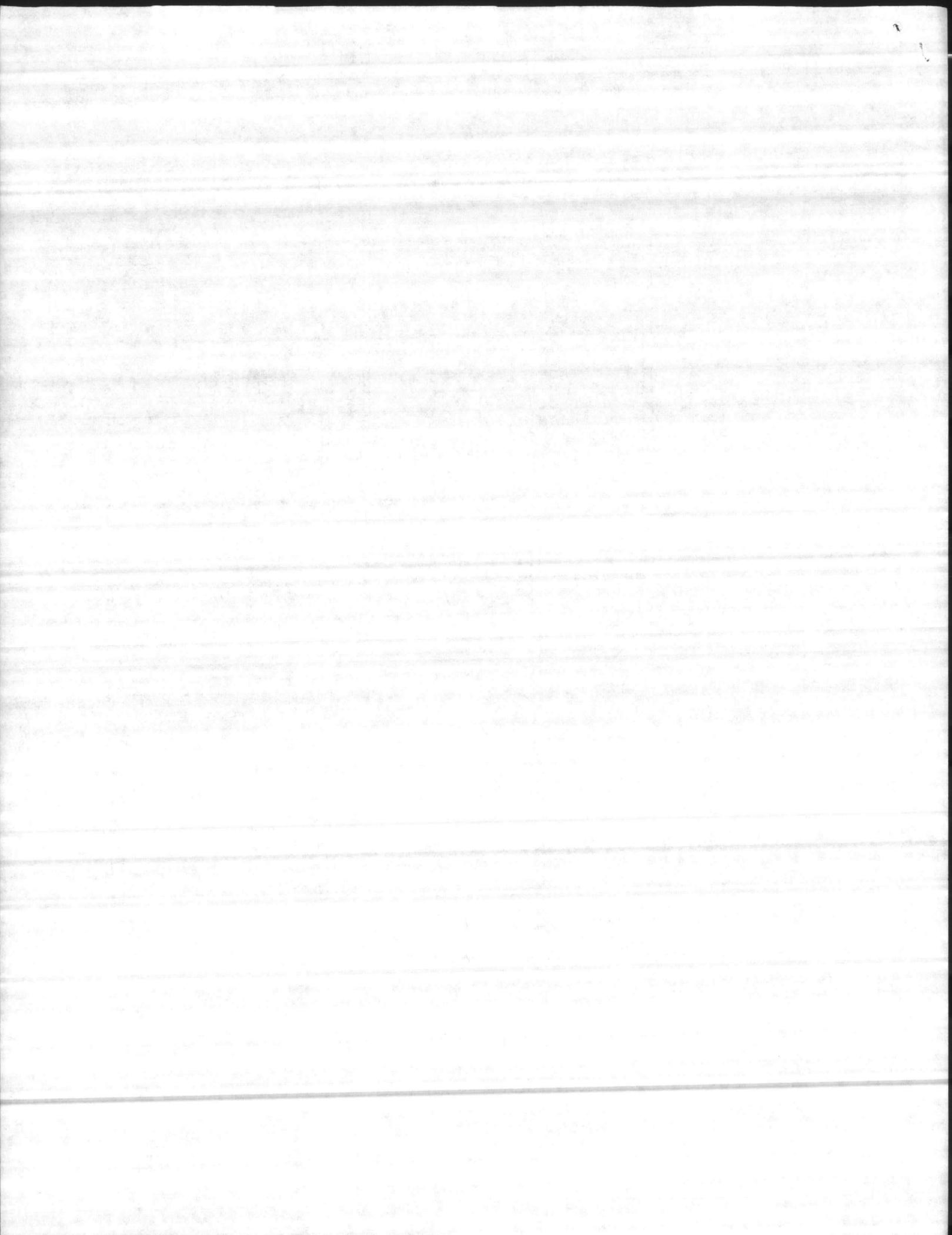
Subj: FY 1980 MILCON Project, Proposed Hospital Replacement,  
Naval Regional Medical Center, San Diego, CA, and  
FY 1979 MILCON Project, Proposed Hospital Replacement,  
Naval Regional Medical Center, Camp Lejeune, NC; modular  
casework systems for

1. The philosophy of flexibility and expandability in the design of medical facilities, as adopted by this Bureau and the Naval Facilities Engineering Command in recent years, is considered to be a sound and far-reaching approach to anticipate the future and everchanging requirements of the Navy's health care delivery system. Programming consistent with a 2-foot planning grid, designing modular structural systems, planning continuous ceilings within the limits of smoke and fire zones, and other design considerations all accommodate dynamic building conditions.
2. It is felt appropriate at this time to recommend additional measures to supplement these already proven flexibility concepts. In this regard, it is requested that the Coherent Structure (Co/Struc) system, manufactured by Herman Miller, or an exact equal product, be used throughout the subject projects. The projects should be designed and specified for this system to allow the maximum utilization of equipment incorporating the capability to use component parts in combination for many functions. This system will provide the Navy the flexibility to change with the state-of-the-art of medicine with the least disruption to the facility and staff, and with a minimum amount of cost. An additional advantage realized should be a decrease in initial construction costs due to the reduction of built-in casework required.

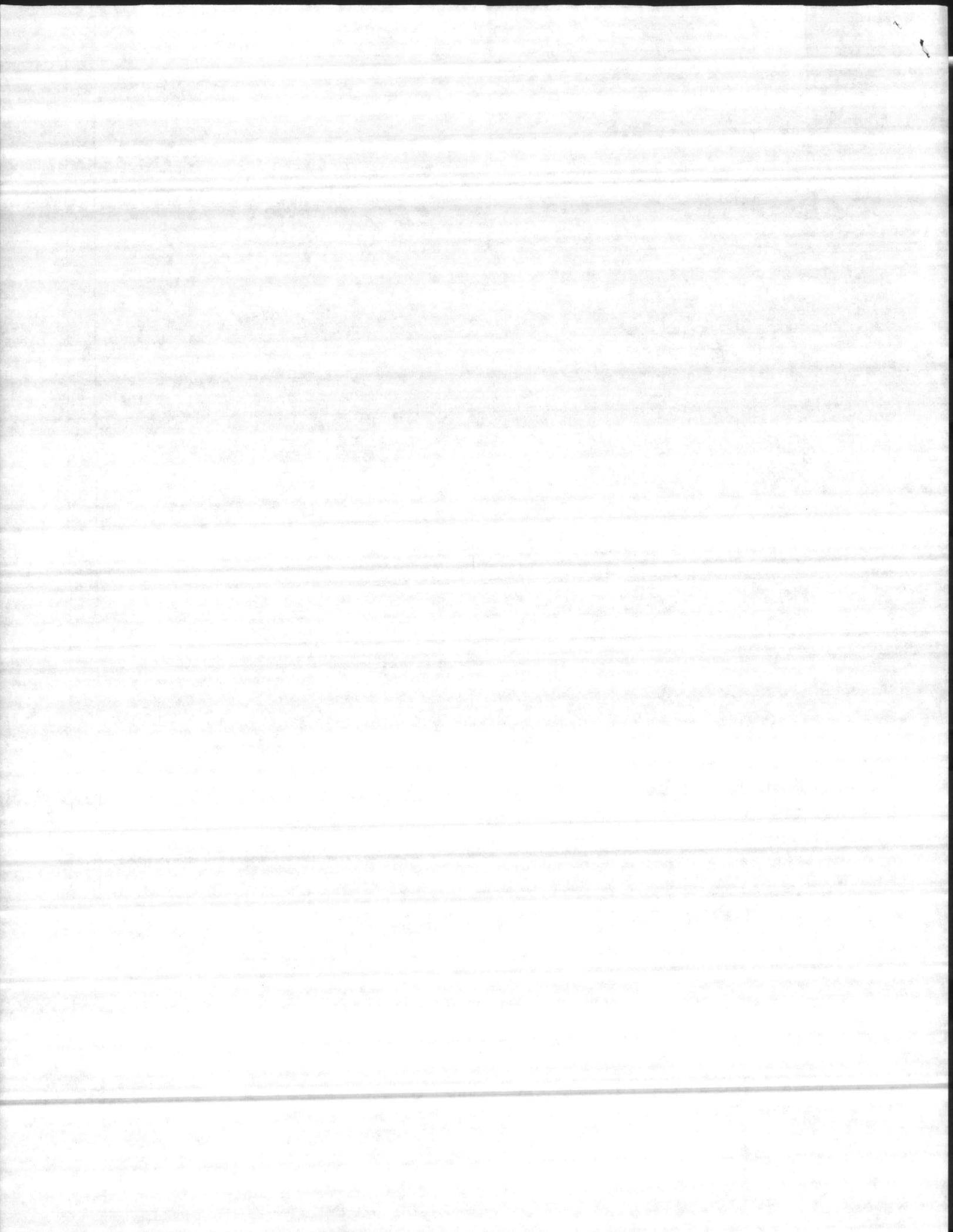
*W. P. Arentzen*  
W. P. ARENTZEN







- 1- Motor ...
- 2- Motor ... oven
- 3- Bench Grinder 1 H-P
- 4- Drill Press - 20"
- 5- 305 AMP AC-DC Welder
- 6- Metal Cutting Saw
- 7- Welding Box oven
- 8- Fume Collector
- 9- Radial Arm Saw (12")
- 10- Table Saw (12")
- 11- Table Saw (8")
- 12- Planer (24")
- 13- ... (24")
- 14- Jointer (18")
- 15- Engine ...
- 16- Wood Lathe
- 17- Bench Grinder (1 HP)
- 18- ...
- 19- Drill Press (20")
- 20- ... 12" disc 6"x24"
- 21- ...
- 22- ...
- 23- ...
- 24- Bench Grinder (1-HP)
- 25- Drill Press
- 26- 1" Lathe (Metal)
- 27- Paint ... 1.6L.
- 28- ...



RWO  
Elwood  
File

VZCZCRBA469

JUL 28 19 56Z 78

RTTUZYUW RUL SSGG6577 2091917-UUUU--RUCLBRA.

ZNR UUUUU

R 281656Z JUL 78

FM COMNAVFACENGCOM ALEXANDRIA VA

TO RULYSHH/LANTNAVFACENGCOM NORFOLK VA

INFO RUCLBRA/CG MCB CAMP LEJEUNE NC

RUCLBRA/VRMC CAMP LEJEUNE NC

RUEACMC/CMC WASHINGTON DC

RUEBJIA/BUWED WASHINGTON DC

BT

UNCLAS //N11013//

FY 1979 MCON PROJECT P-600 NAVAL REGIONAL MEDICAL CENTER CAMP  
LEJEUNE, NC

A. LANTDIV MSG 251822Z JUL 78

1. FURTHER INQUIRY SUBSEQUENT TO REF A OF REF A INDICATES NO CHANCE FOR CONGRESSIONAL RESOLUTION OF SCOPE QUESTION REGARDING SUBJ PROJ. BY 31 JUL 78 AND ONLY A SLIGHT CHANCE FOR APPROPRIATION COMMITTEES CONFERENCE BEFORE HOUSE RECESS 18 AUG 78. CONGRESS WILL RETURN AFTER LABOR DAY ON 6 SEP 78 AND PROBLEM MOST PROBABLY WILL BE RESOLVED SOMETIME AFTER THAT DATE.
2. IN INTERIM, PROCEED WITH SCHEDULED DESIGN REVIEW. DURING REVIEW, PARTICIPANTS SHOULD COMMENT ON AND MAKE PLANS REGARDING

PAGE 02 RUL SSGG6577 UNCLAS

POSSIBLE SCOPE MODIFICATIONS. NO CHANGE IN HOSPITAL SCOPE AS CURRENTLY UNDER DESIGN WILL BE MADE UNTIL ADVISED BY THIS COMMAND.

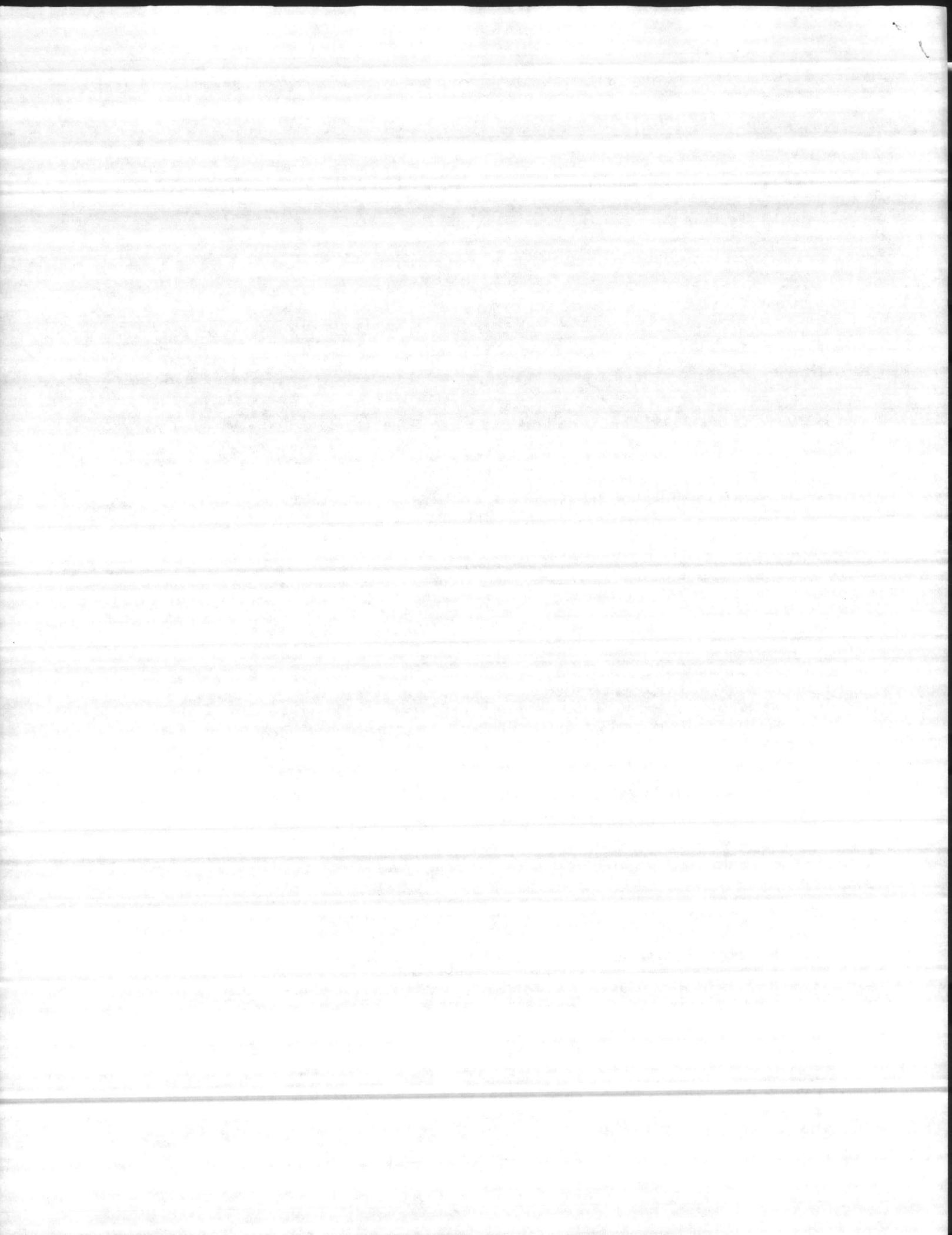
3. LANTDIV WILL BE KEPT ADVISED OF DEVELOPMENTS AS CONGRESS REVIEWS THIS PROJECT SO THAT ANY DIRECTED MODIFICATIONS CAN BE INCORPORATED INTO THE DESIGN WITH THE LEAST POSSIBLE DELAY.

BT

#6577

INFO:FAC

TOR:281956Z JUL 78



*E. Wood*  
*File*

JUL 25 22 15.78

VZCZCRBA933  
RTTUZYUW RULYSGG5868 2062214-UUUU--RUQLBRA.  
ZNR UUUUU  
R 251822Z JUL 78  
FM LANTNAVFACENGCOM NORFOLK VA  
TO RULSSAA/COMNAVFACENGCOM ALEXANDRIA VA  
INFO RUQLBRA/CS MCB CAMP LEJEUNE NC  
RUEACAC/CAC WASHINGTON DC  
RUQLBRA/NAVREGMEDCEN CAMP LEJEUNE NC  
RUEBJIA/BUMED WASHINGTON DC  
BT

UNCLAS //X11100//  
CONTR N62470-75-C-1383, A&E SERVICES FOR FY 79 MCON PROJ P-690,  
NAVREGMEDCEN CAMP LEJEUNE NC

A. FOMECOM LANTNAVFACENGCOM (A. G. BRYANT)/NAVFACENGCOM (C. A. O'CONNOR) OF 24 JUL 78

1. CONFIRMING DISCUSSION OF REF A, 90 P/S FOR SUBJ PROJ WILL BE DELIVERED AS FOLLOWS:

- A. MCM CAMM2 LEJEUNE/NAVREGMEDCEN CAMP LEJEUNE 26 JUL 77
- B. LANTNAVFACENGCOM 26 JUL 77
- C. NAVFACENGCOM/BUMED/CAC WASHINGTON 27 JUL 77

P/S BEING DELIVERED BY SPECIAL TRUCK FROM A&E'S OFFICE TO ACTIVITIES OUTLINED ABOVE.

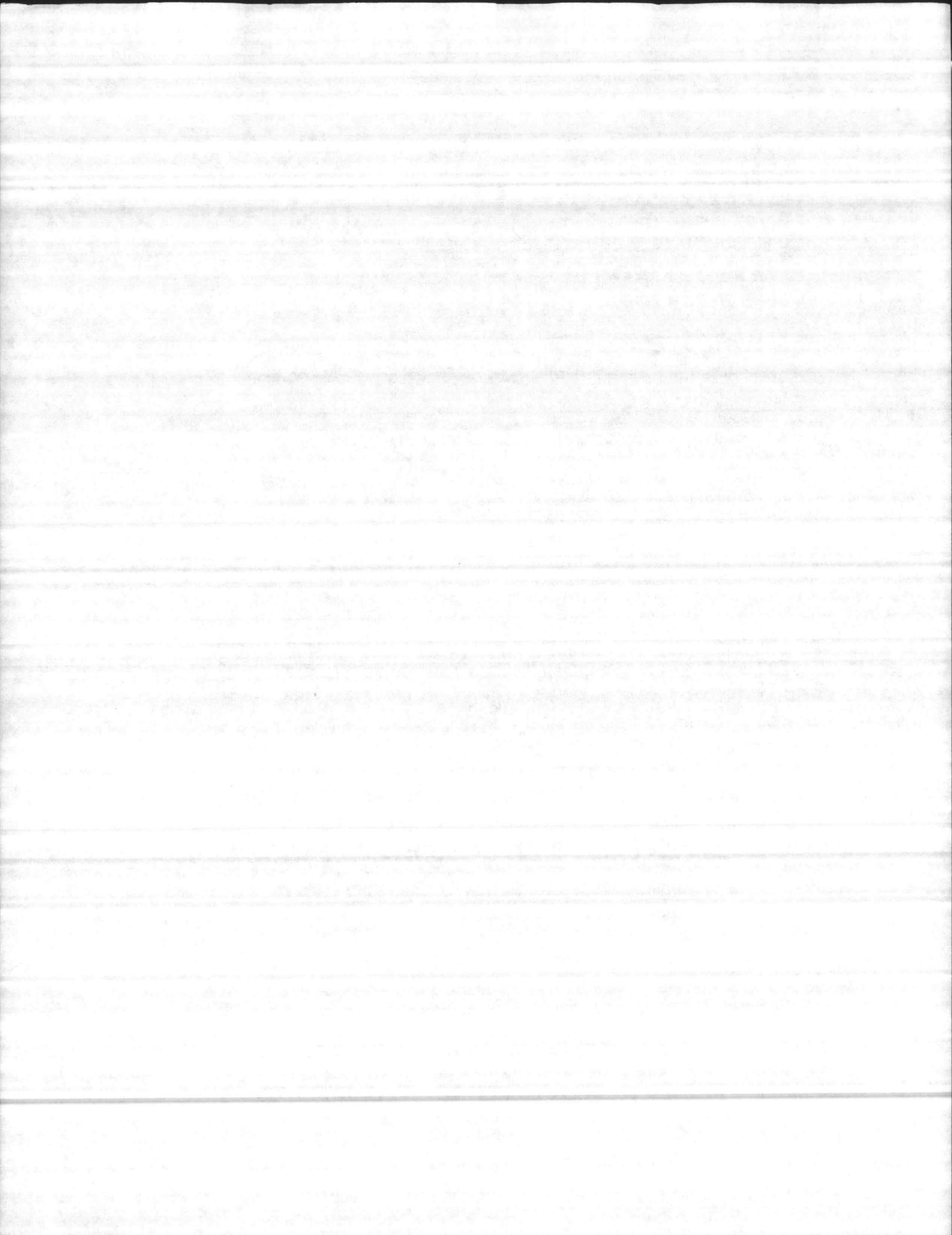
PAGE 02 RULYSGG5868 UNCLAS

2. DESIGN REVIEW WILL BE INITIATED AT THIS CMD ON 31 JUL 78 WITH AN ANTICIPATED COMPLETION OF REVIEW ON 18 AUG 78. IT IS ANTICIPATED THAT AN ON-BOARD REVIEW WILL BE CONDUCTED WITH A&E PARTICIPATION AND ADDRESSEES THIS CORRES 14-18 AUG 78. LATER CORRESPONDENCE WILL CONFIRM THAT REVIEW PERIOD. P/S WITH COMMENTS WILL BE RTNED TO A&E ON 18 AUG 78.

3. IN FURTHER CONFIRMATION OF REF A, RESOLUTION WITH REGARD TO PENDING CONGRESSIONAL ACTION ON SCOPE OF SUBJ WEEK OF 31 JUL 78 WOULD FACILITATE ANY MODIFICATIONS REQUIRED TO THE DESIGN. RESPONSE THAT TIME PERIOD WILL ALLOW REVIEWERS TO COMMENT ON AND MAKE DECISIONS WITH REGARD TO METHODS OF SCOPE MODIFICATION. REQUEST EARLIEST RESPONSE THIS REGARD.

BT  
#5868

TOR:252215Z JUL 78  
INFO:FAC



7-600

BASE MAINTENANCE DEPARTMENT  
Marine Corps Base  
Camp Lejeune, North Carolina 28542

MAIN/BRW/rn  
11330  
24 Jul 1978

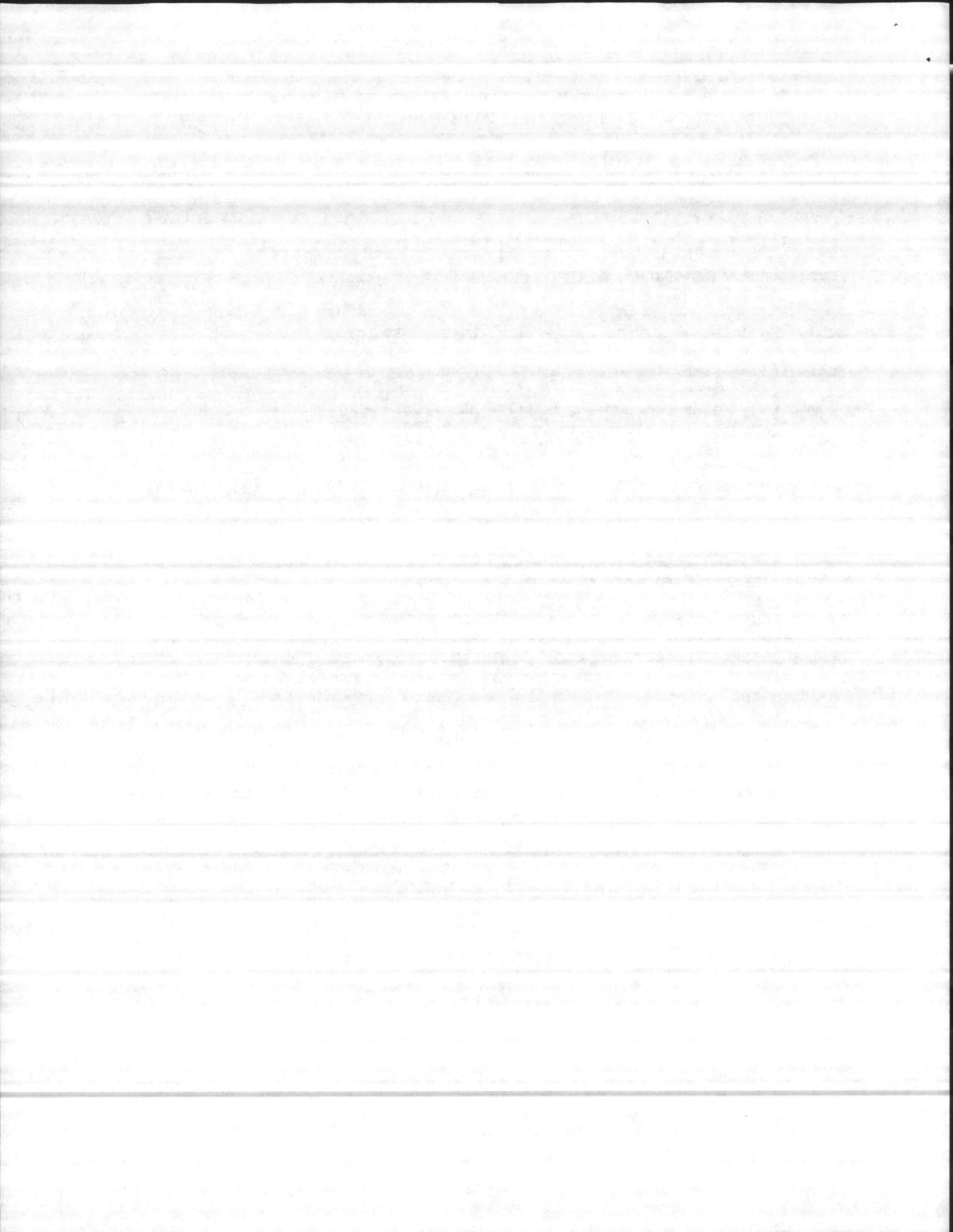
From: Base Maintenance Officer  
To: Assistant Chief of Staff, Facilities  
Subj: Potable Water Treatment - Buildings 20 and 670

Encl: (1) Water Flow - Bldg 20  
(2) Water Flow - Bldg 670  
(3) Water Consumption Graph - Bldg 20  
(4) Water Consumption Graph - Bldg 670

1. Consumption for subject water treatment plants occasionally approach or exceed designed capacity as shown in enclosures (1), (2), (3), and (4).
2. Building 670 has a designed capacity of 2.0 million gallons per day (mgd), and at times exceeds 2.2 mgd. Building 20 has a designed capacity of 5.0 mgd, and at times exceeds 4.2 mgd. Building 20 has had to supplement Building 670 several times in the past few months.
3. It has been proven that personnel living in the modern quarters use more water per capita than those in the old "H" type barracks. Additional construction planned for the Industrial and French Creek areas will utilize the slack between actual water consumption and the designed capacity for Building 20.
4. In view of the above, and considering potable water demands anticipated by future construction of the new Naval Regional Medical Center on Brewster Boulevard, it is mandatory that a project be initiated to provide potable water for this additional facility. It is also recommended that the designed capacity of Building 670 be increased by 1.0 mgd.

B. W. ELSTON  
Acting

Copy to:  
Pub#orks0



c. Full traffic flow must be maintained on Holcomb, Stone and Brewster during construction, especially during the rush hours. The minimum acceptable traffic flow for egress and entrance during rush hours is four lanes moving at thoroughfare speeds (35+ miles per hour). In this connection, it may be found practical to maintain a parallel existing dirt road (Piney Green Road) for one way traffic during construction on Holcomb.

3. The contract plans and specifications concerning environmental protection appear inadequate.

a. This site is bounded by a tidal estuary (Northeast Creek). All storm water runoff from the site should be collected in sedimentation basins the size, depth, number, and locations of which should be specified. The discharge from these basins and the quality of water in Northeast Creek will be monitored by the Base. The contract documents should specify that the effluent sampled from these basins and in the estuary at the outfall shall not have in excess of 50 ppm suspended solids 24 hours after a rain. It is strongly recommended that all appropriate temporary as well as permanent erosion control structures be included as a part of the design.

b. The plans should specify a maximum area which can be open (i.e. stripped of vegetation) at one time, and should set a limit on the time it can remain without cover (paving or vegetation). Further, maintenance of all drainage structures and planted areas (including mowing) must clearly remain with the contractor until the work is accepted by the customer.

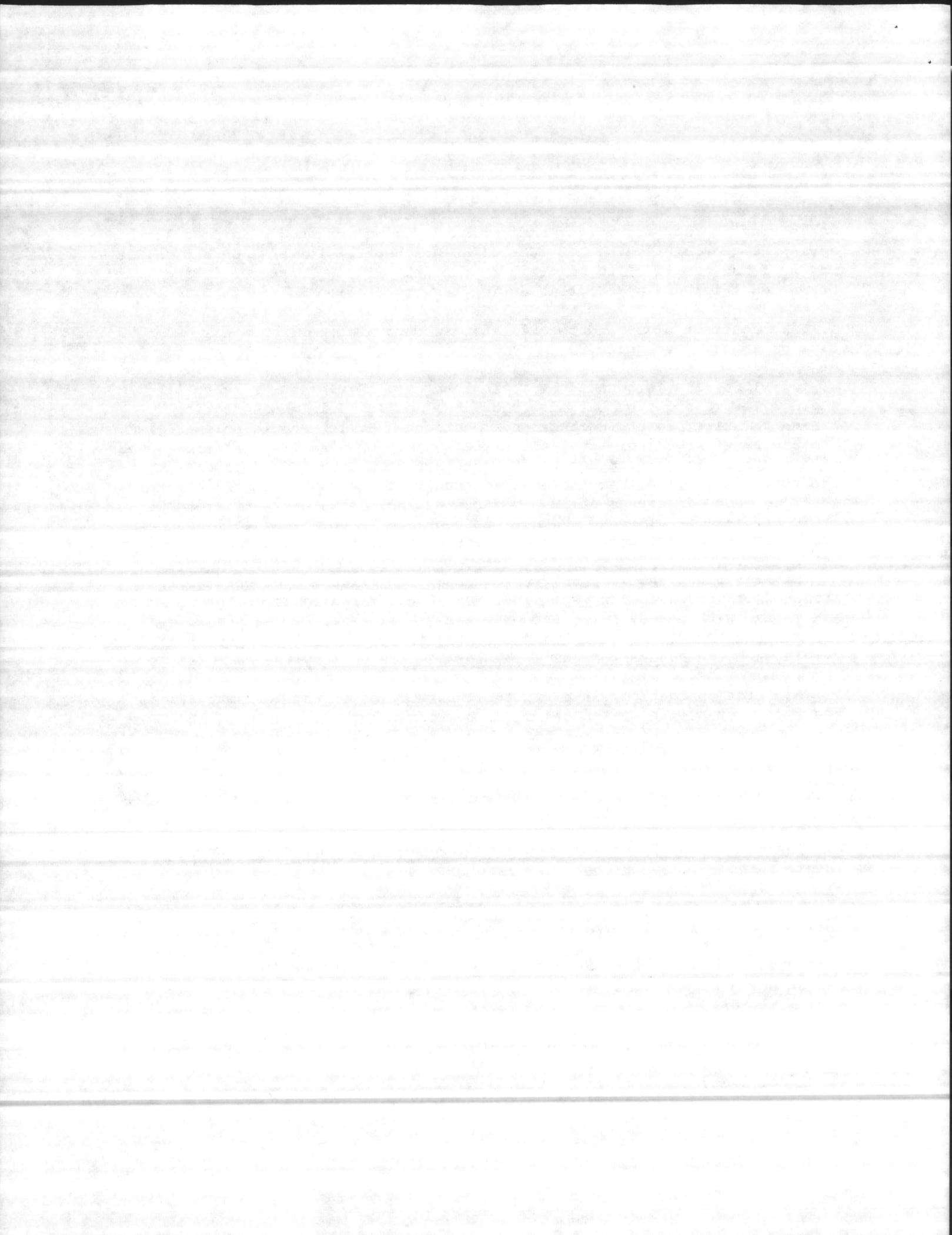
c. Erosion control vis-a-vis the construction of the heliport along the tidal estuary is envisioned to be particularly troublesome. The area without vegetation at any one time should be closely controlled and the runoff collection measures mentioned above should be specified.

d. The specification should state that solid wastes shall be disposed of in the Base sanitary land fill.

4. In the area of fire protection it is recommended that the following be incorporated into the plans:

a. Extend fire alarm cable from fire alarm box in the hospital Communication Center to the intersection of Holcomb and Brewster Boulevards. This cable will be tied into existing fire alarm circuit number 2. The actual connection to the Marine Corps Base fire alarm system will be made by Marine Corps Base personnel, but P-600 should include all necessary preparatory measures.

b. The coded wheel for the master fire alarm box should be cut for number 2227 with  $\frac{1}{2}$  second timing. This matter should be called out in the specifications.



c. The fire lane should extend completely around the building to provide access for fire trucks to all sides.

d. A fire hydrant should be provided in a manhole at ground level on the curb side of circle next to the helicopter landing pad.

5. It is requested that the clear-cut limits for this project be provided as soon as possible in order that a contract for harvesting the timber may be awarded locally and completed in such time as to permit the harvester to be off the site before the P-600 contractor mobilizes.

6. The Camp Lejeune water system is approaching its maximum capacity. It has been our experience that new facilities tend to use more water than those they replace. It is requested that the capacities of both the water and sewage plants and systems be re-evaluated as part of the preparation for this project. See enclosure (3) for additional information.

7. The scheduling of utilities outages which affect wide areas of the Marine Corps Base (e.g. tying in of the electrical feed, if such tie-in requires a base-wide outage) must be done on a holiday or at night, must last a maximum of 4 hours, and require 30 day advance written approval of Marine Corps Base. Other outages require a 10 day prior approval.

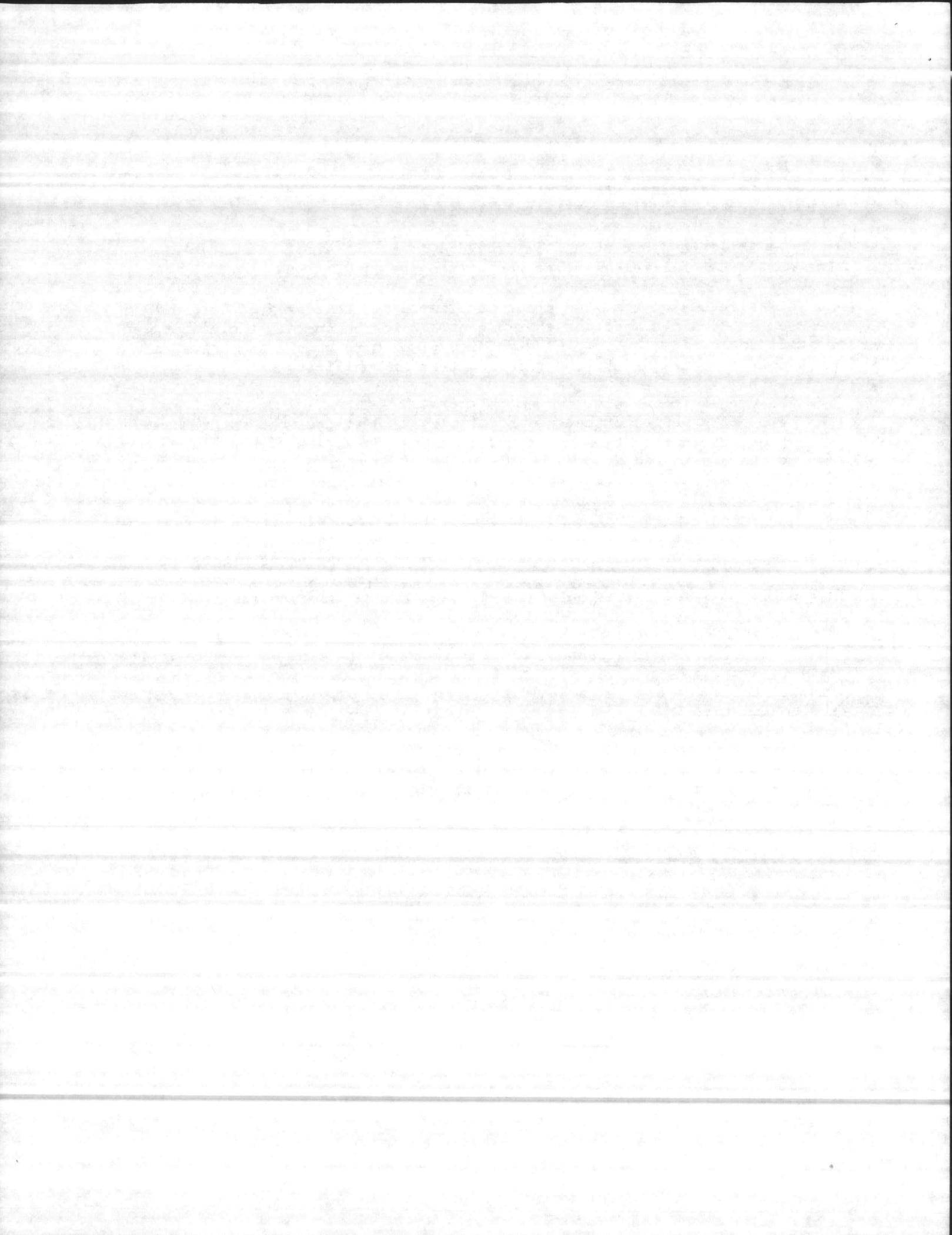
8. A specification for the hospital telephone system should be included in the contract and the connection of said hospital telephone system to the existing Marine Corps Base system, including all lines from the site to the central telephone office in Building 1, should be provided and installed by the contractor.

9. There are known to be underground utilities along Brewster Boulevard which are not shown on the noncontract plans. The A-E should be instructed to ascertain the locations of such utilities. As built drawings are available at this command.

10. CORPS OFFICERS PERMIT FOR STRUCTURES IN  
THOSE PLACES & BELOW.

T. R. BAISLEY  
By direction

Blind copy to: (less encls)  
AC/S Facilities



HEADQUARTERS MARINE CORPS BASE  
CAMP LEJEUNE, NORTH CAROLINA 28542

PWO:CAT:arc  
11000

10 AUG 1977

**From:** Commanding General  
**To:** Commander, Atlantic Division, Naval Facilities  
Engineering Command, Norfolk, Virginia 23511

**Subj:** 90% Design of MILCON Project P-600, Naval Hospital

**Encl:** (1) NAVFAC Dwg. No. 4036446, Resurface Holcomb Blvd  
Intersection at Holcomb and Brewster Blvd  
(2) PW Dwg. No. 13981, Traffic Signal Holcomb Blvd  
and Brewster Blvd  
(3) Internal CLMC memo (BMO to AC/S Fac) of 24 Jul 1978

1. We have reviewed the 90% design package for the Naval Hospital to be built at Camp Lejeune (MILCON Project P-600) with a view toward potential conflicts at Marine Corps Base interface points and have the following comments.

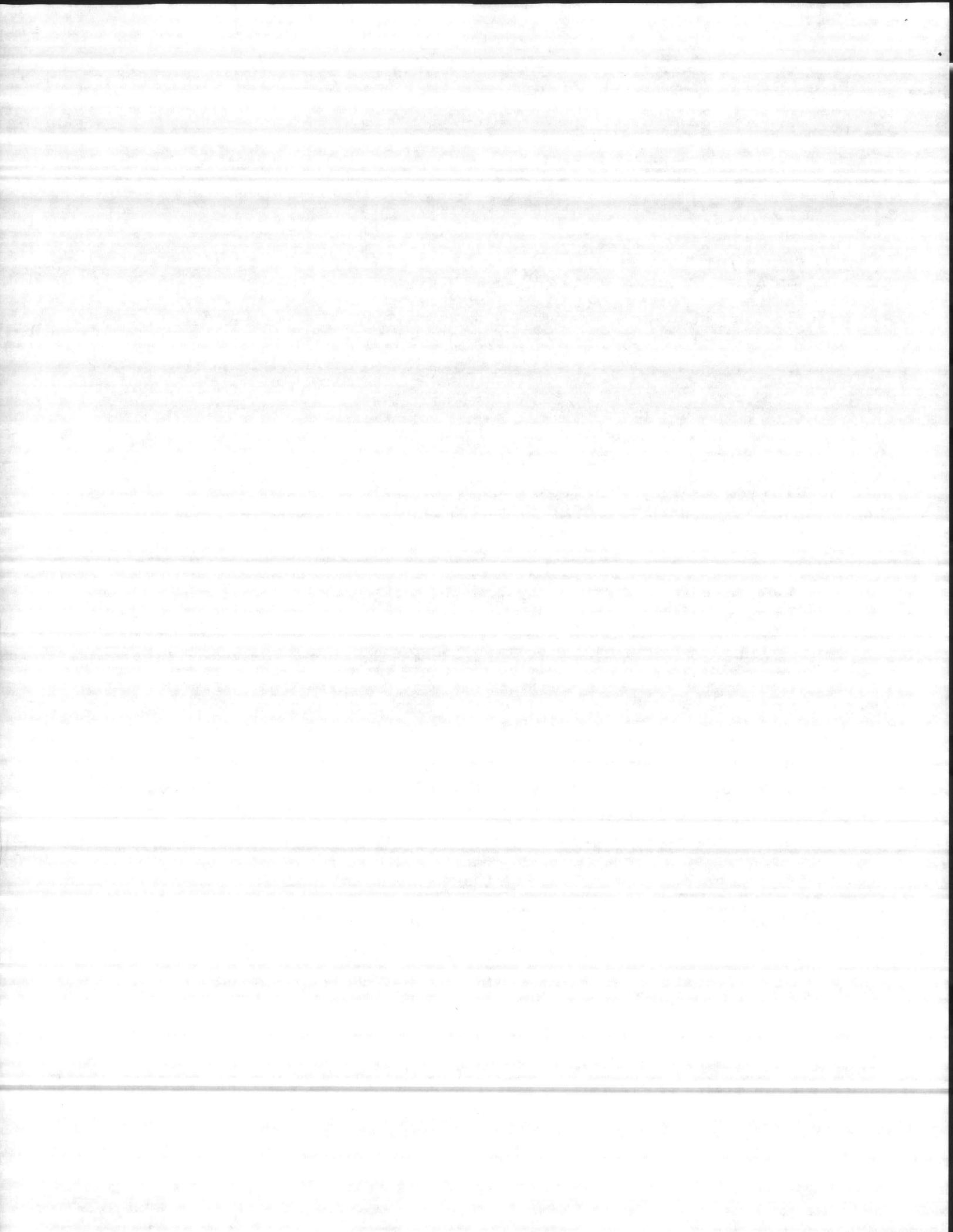
2. The flow of traffic is of primary concern, both during and after construction.

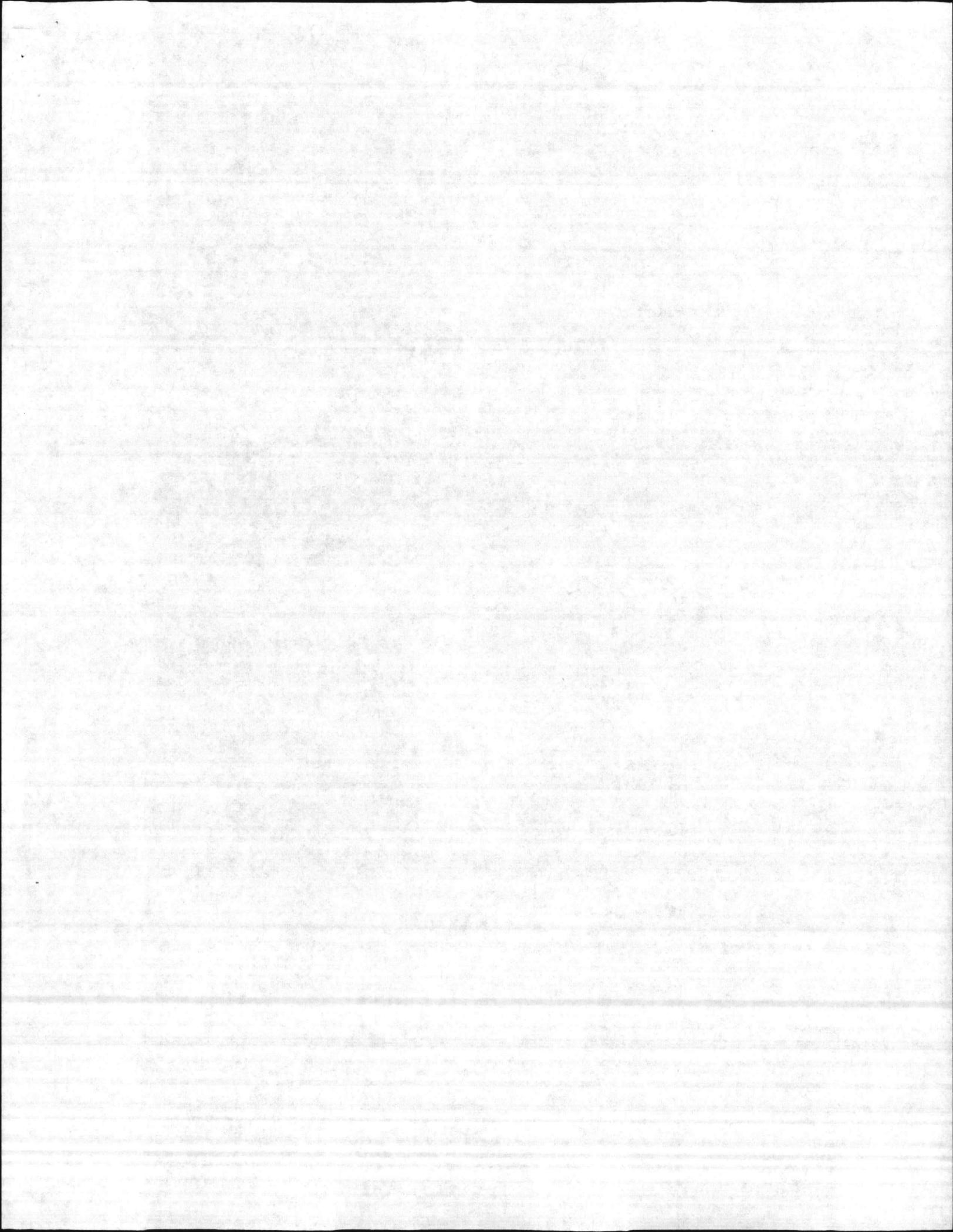
a. The intersection of Holcomb and Brewster Boulevards is of particular importance. Turning lanes and traffic lights are to be constructed at the intersection by this command prior to the start of work on P-600 (see enclosures (1) and (2) for details). None of this work should be considered as adequate or permanent. Traffic control devices and additional lanes required to properly serve the new hospital should be designed and constructed as a permanent installation and as a part of P-600. Any sections of pavement (including that about to be installed by this command) which are found to be inadequate for the heavier traffic generated by this project should be removed and replaced. This intersection should be built as the first stage of construction and is considered an essential, integral part of this project. As such, it is strongly recommended that it be made a part of the base bid rather than an additive bid item. In any case, these improvements must have a separate, early contract completion date.

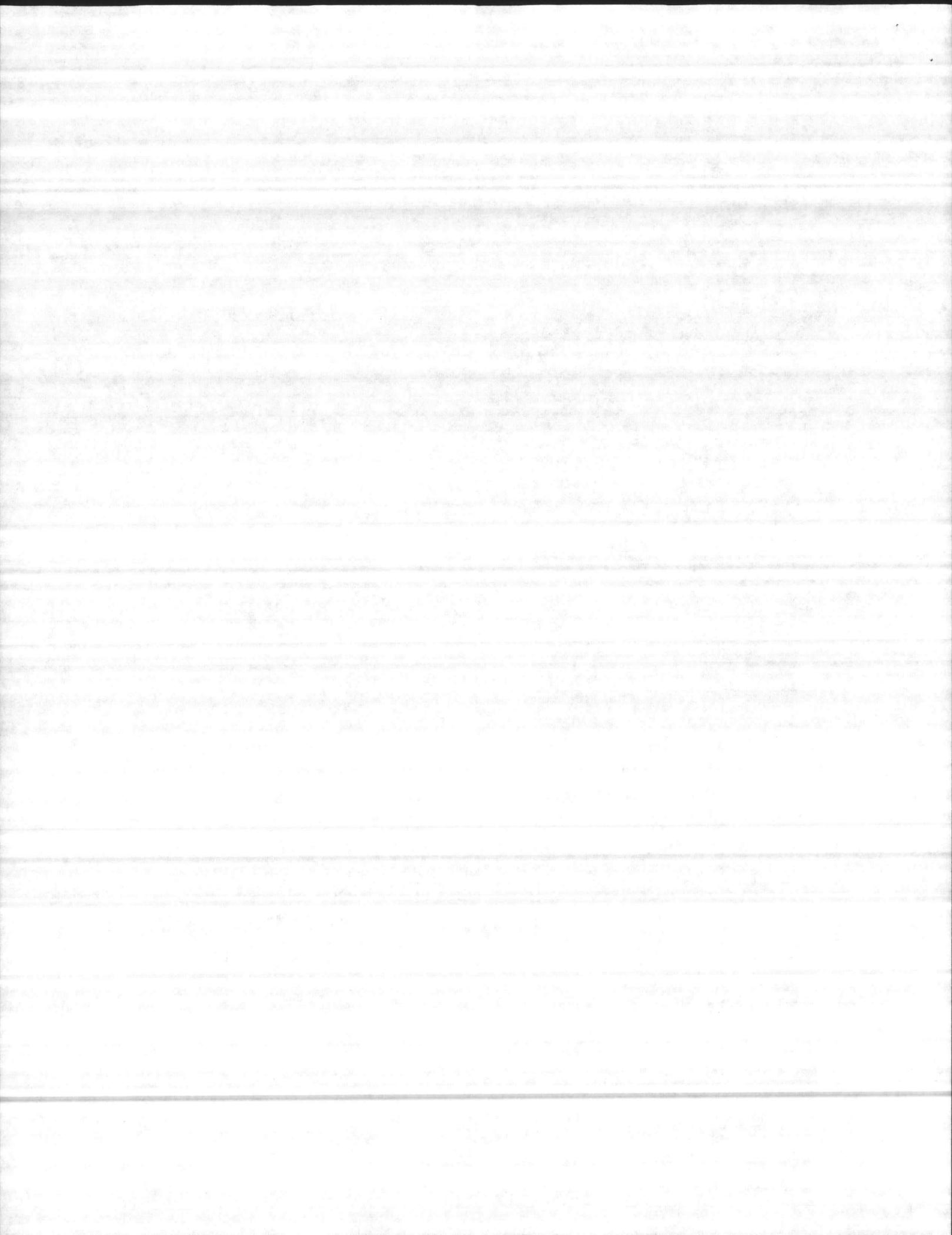
b. The absence of traffic control devices and the relationship of the entrance to the hospital site to Stone Street is also of concern. The streets in this area serve residential areas, including two large housing developments and three schools. The particular arrangement presently picked appears to add to, rather than reduce, congestion and traffic control problems in the area. It appears that making the hospital entrance a simple extension of Stone Street and providing proper traffic control at Stone and Brewster would serve to, both, reduce the length of road to be built and facilitate traffic flow and control.

*Reply mailed 2 PM 10 Aug 77*

*aca*







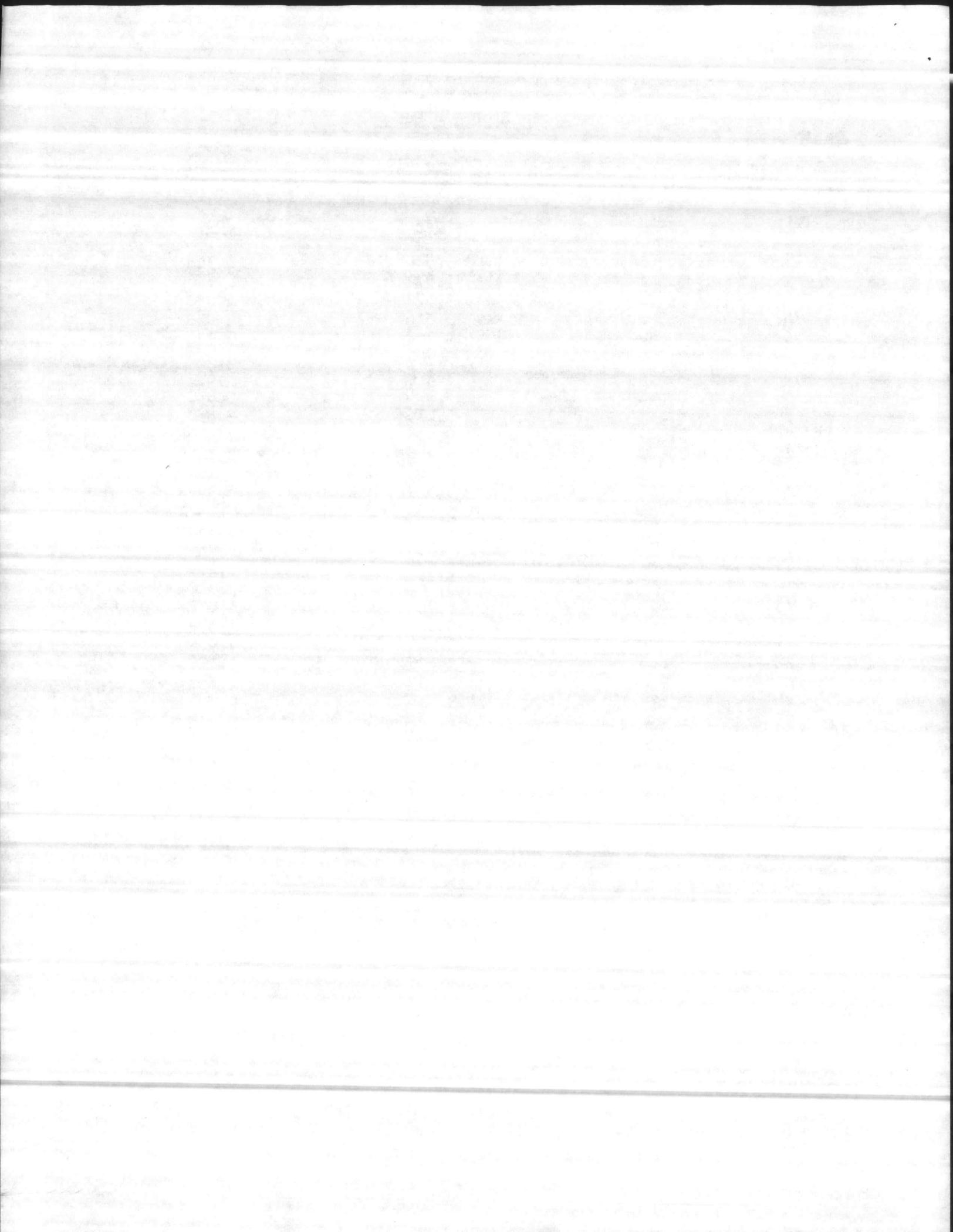
WATER FLOW - BLDG 20

1 April - 30 June (1978)

<u>Date</u>	<u>April</u>	<u>May</u>	<u>June</u>
1	3,564	3,528	4,346
2	3,546	3,672	4,356
3	3,600	3,672	4,050
4	3,708	3,816	3,816
5	3,832	4,104	3,924
6	3,780	3,780	3,996
7	3,834	3,438	3,690
8	3,600	3,816	3,888
9	3,492	3,816	3,852
10	3,744	4,068	3,366
11	3,780	4,248	3,384
12	3,906	4,284	4,104
13	3,788	3,510	4,356
14	3,744	3,456	3,852
15	3,474	3,708	3,852
16	3,078	3,888	3,780
17	3,744	3,672	3,402
18	3,816	3,744	3,312
19	3,672	3,744	4,032
20	3,852	3,546	4,608
21	3,708	3,312	3,924
22	3,488	3,636	4,176
23	3,222	3,690	4,158
24	3,672	3,816	3,708
25	4,230	3,924	3,438
26	4,464	3,996	3,996
27	4,356	3,798	4,176
28	4,446	3,096	3,852
29	3,168	3,150	3,750
30	2,934	3,960	4,000
		4,284	

Water in thousand gals

Enclosure (1)



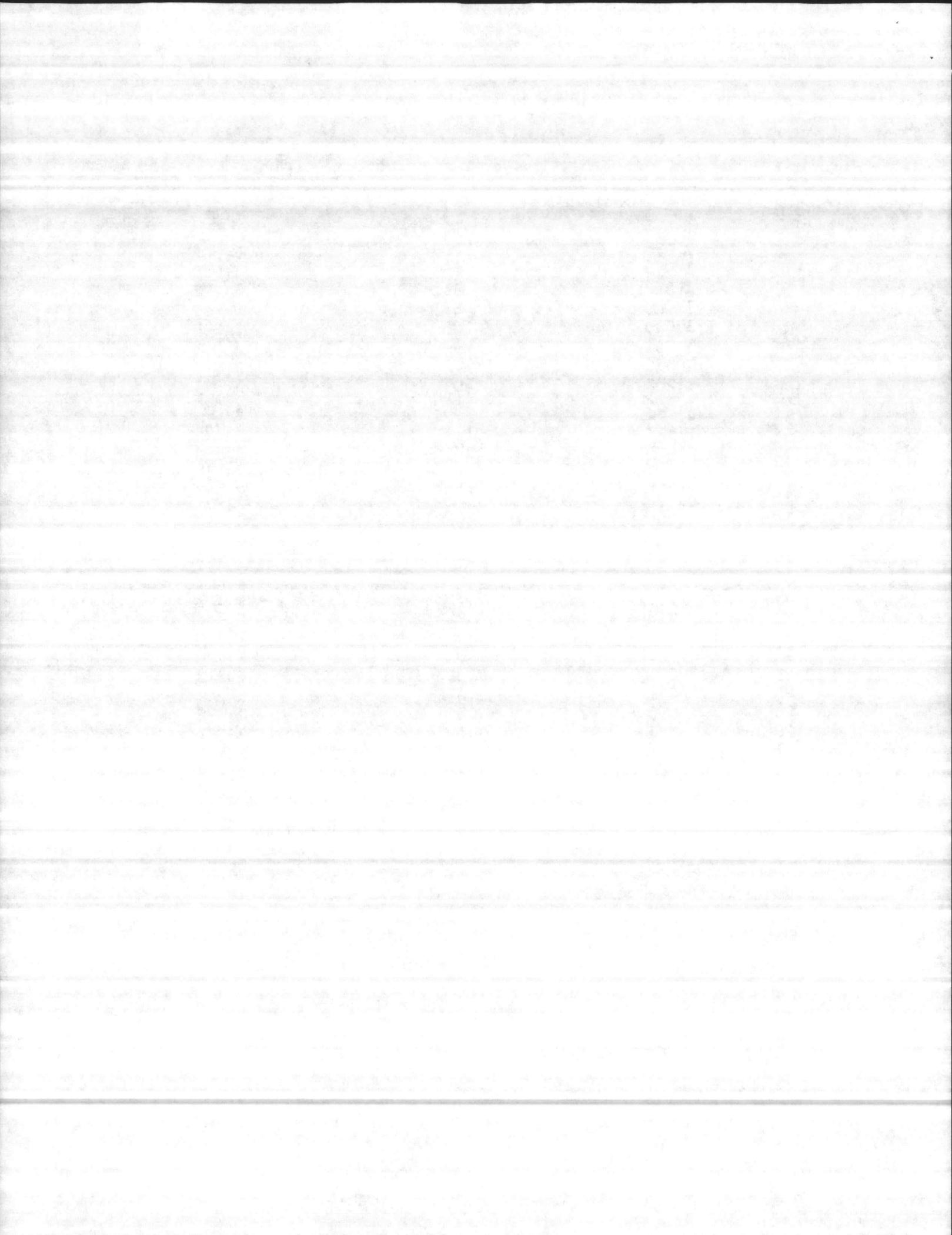
WATER FLOW - BLDG 670

1 April - 30 June (1978)

<u>Date</u>	<u>April</u>	<u>May</u>	<u>June</u>
1	1,076	989	1,545
2	1,096	883	1,053
3	1,218	911	1,278
4	1,043	873	969
5	1,040	852	1,234
6	1,051	996	1,943
7	1,046	949	1,795
8	1,200	1,031	1,875
9	1,355	1,820	1,639
10	1,342	1,960	1,742
11	1,070	1,875	1,771
12	960	1,877	2,098
13	800	2,074	2,154
14	1,028	2,002	1,972
15	1,069	1,940	1,943
16	1,048	1,835	2,181
17	995	965	2,129
18	903	1,054	2,207
19	977	1,101	2,187
20	910	1,136	2,153
21	962	1,293	2,020
22	936	1,813	2,168
23	1,018	1,327	2,112
24	991	1,472	1,282
25	999	1,581	1,478
26	880	1,632	1,781
27	806	1,589	1,300
28	986	1,213	1,292
29	861	1,646	1,226
30	923	1,548	1,360
		957	

Water in thousand gals

Enclosure (2)



Water Treatment Bldg

Plan  
design  
capacity

5,000,000

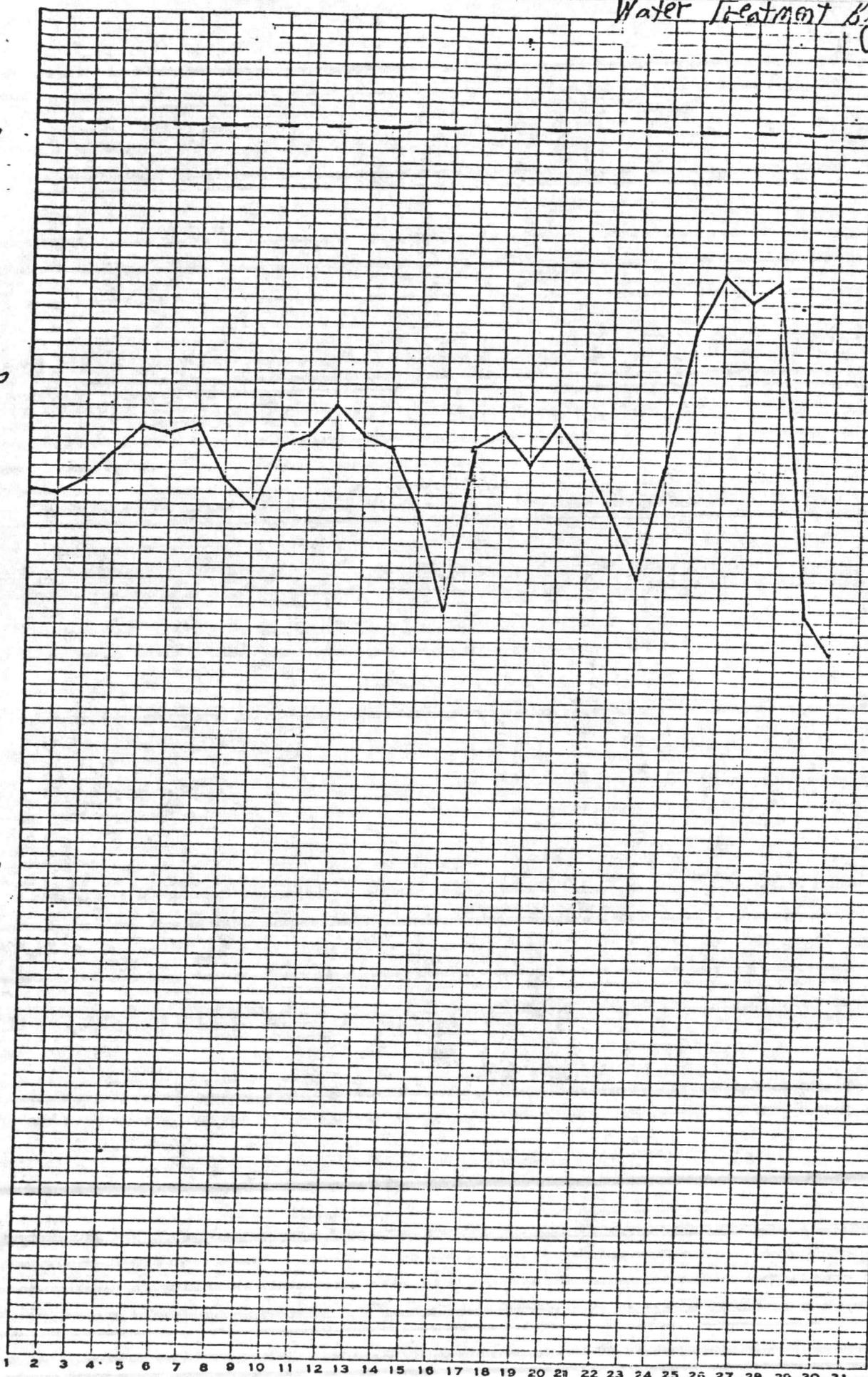
4,000,000

3,000,000

2,000,000

1,000,000

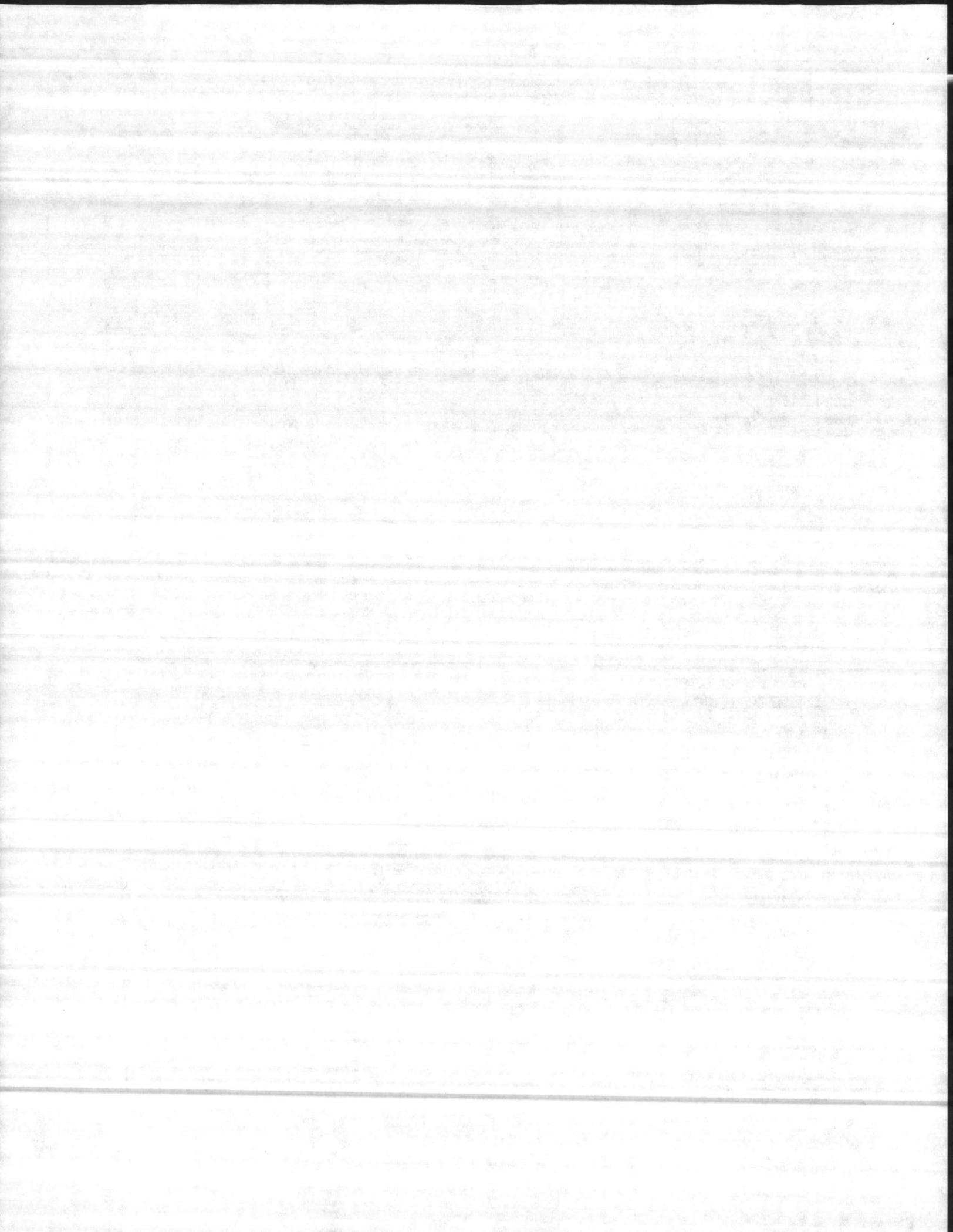
0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31



MONTH April

1978

Enclosure (3)



PLANT DESIGN CAPACITY

Plant design capacity

5,000,000

4,000,000

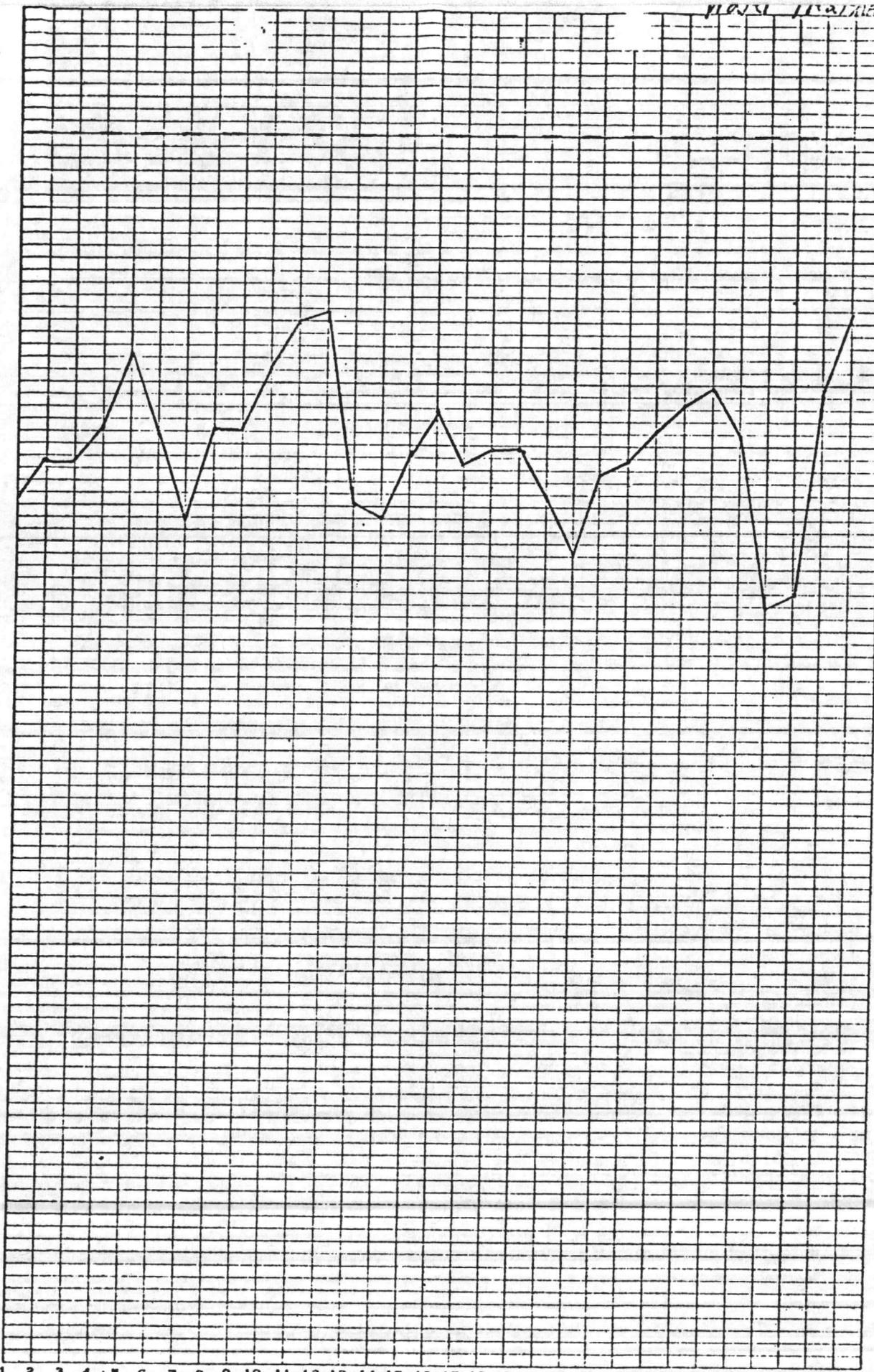
3,000,000

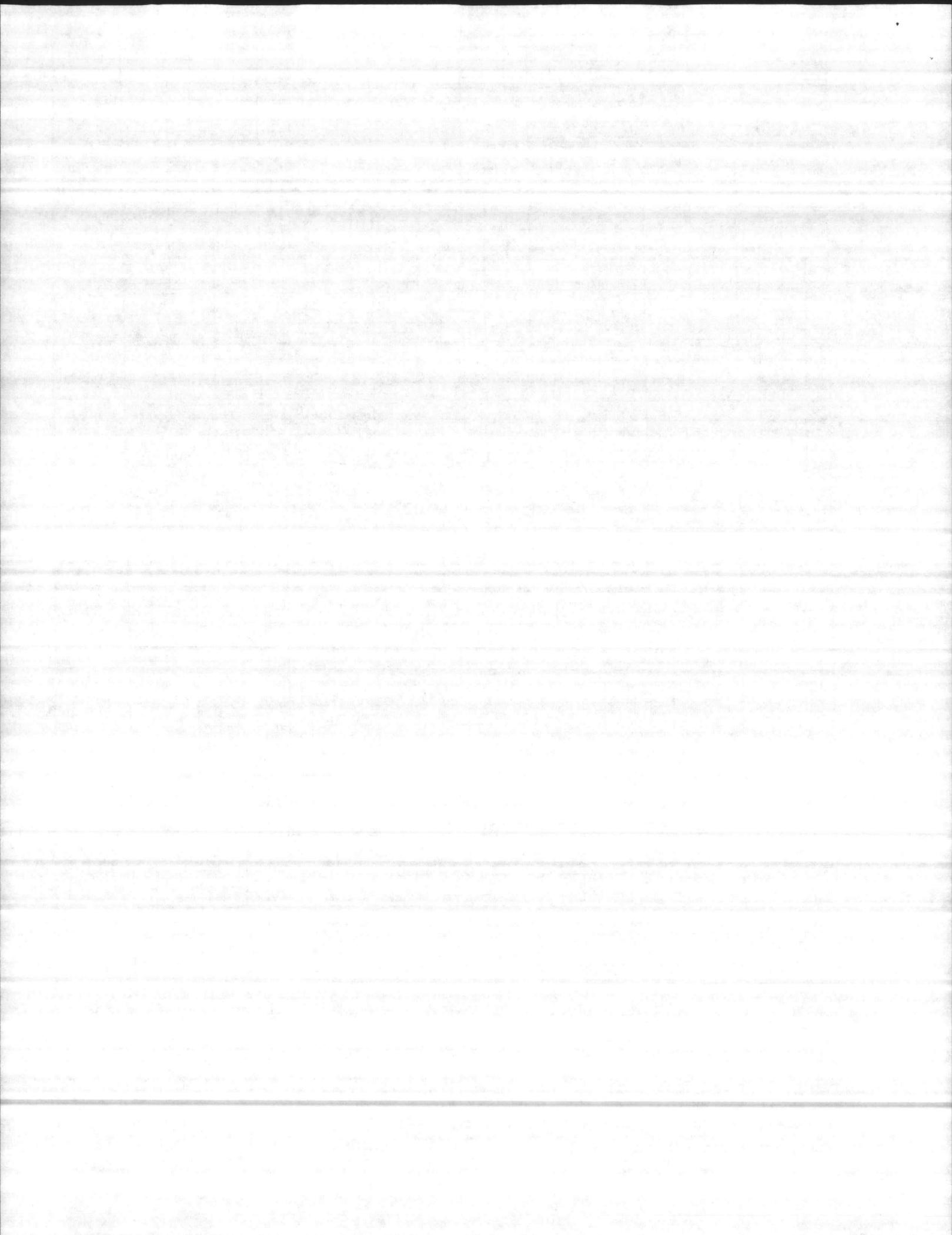
2,000,000

1,000,000

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

MONTH May 1928





Water Treatment Bldg 20

Main  
Design  
Copy

5,000,000

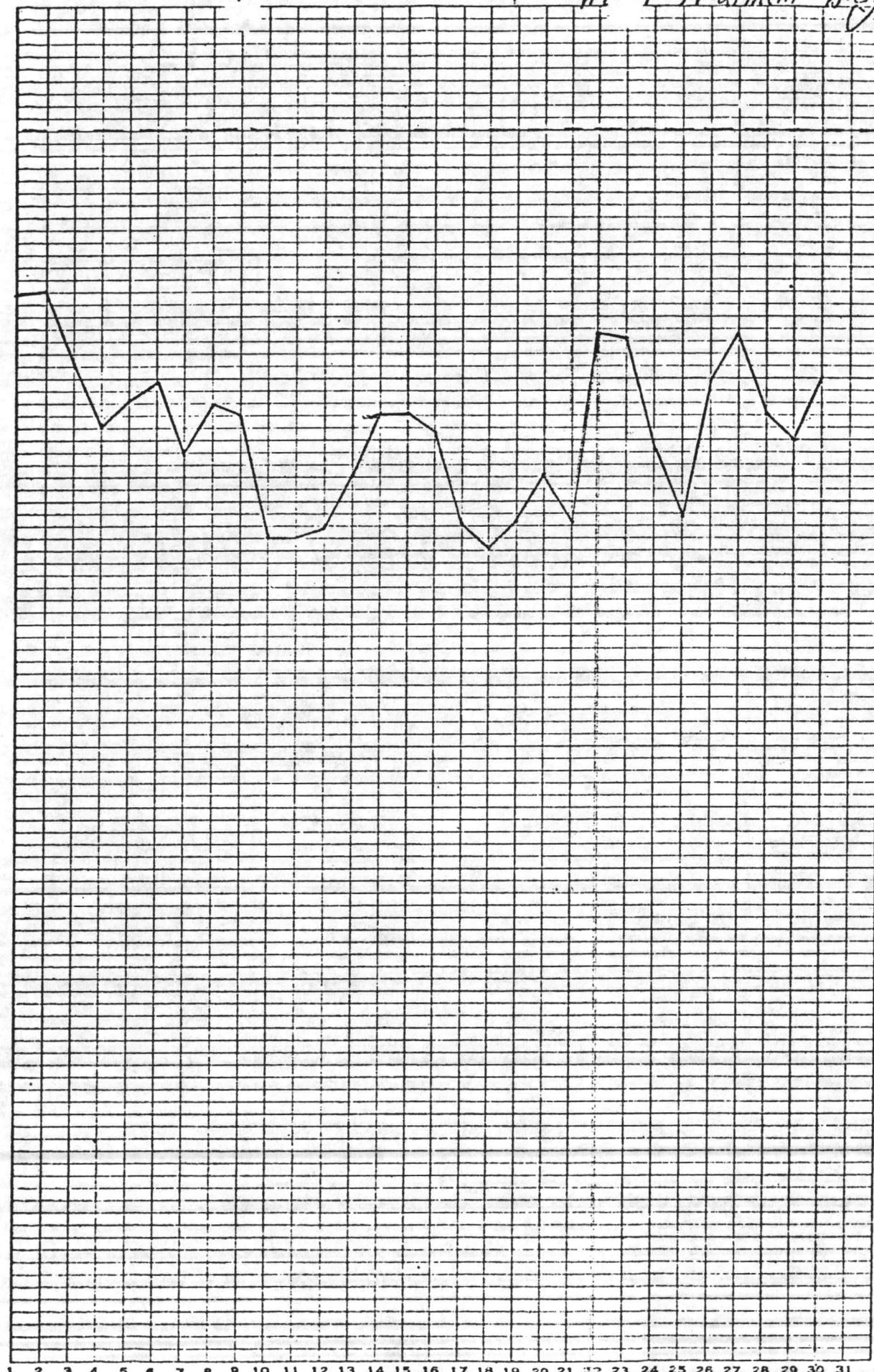
4,000,000

3,000,000

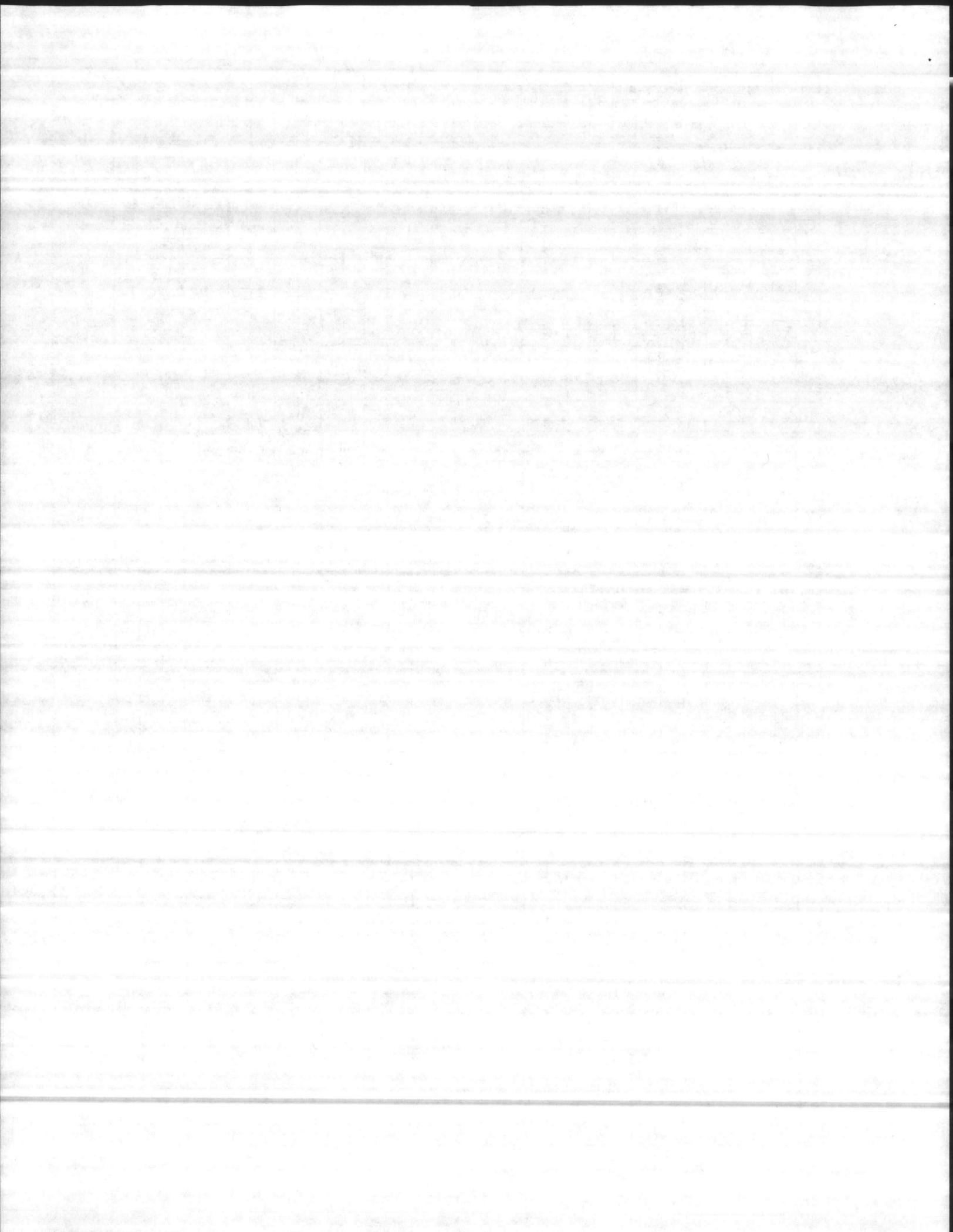
2,000,000

1,000,000

0



1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

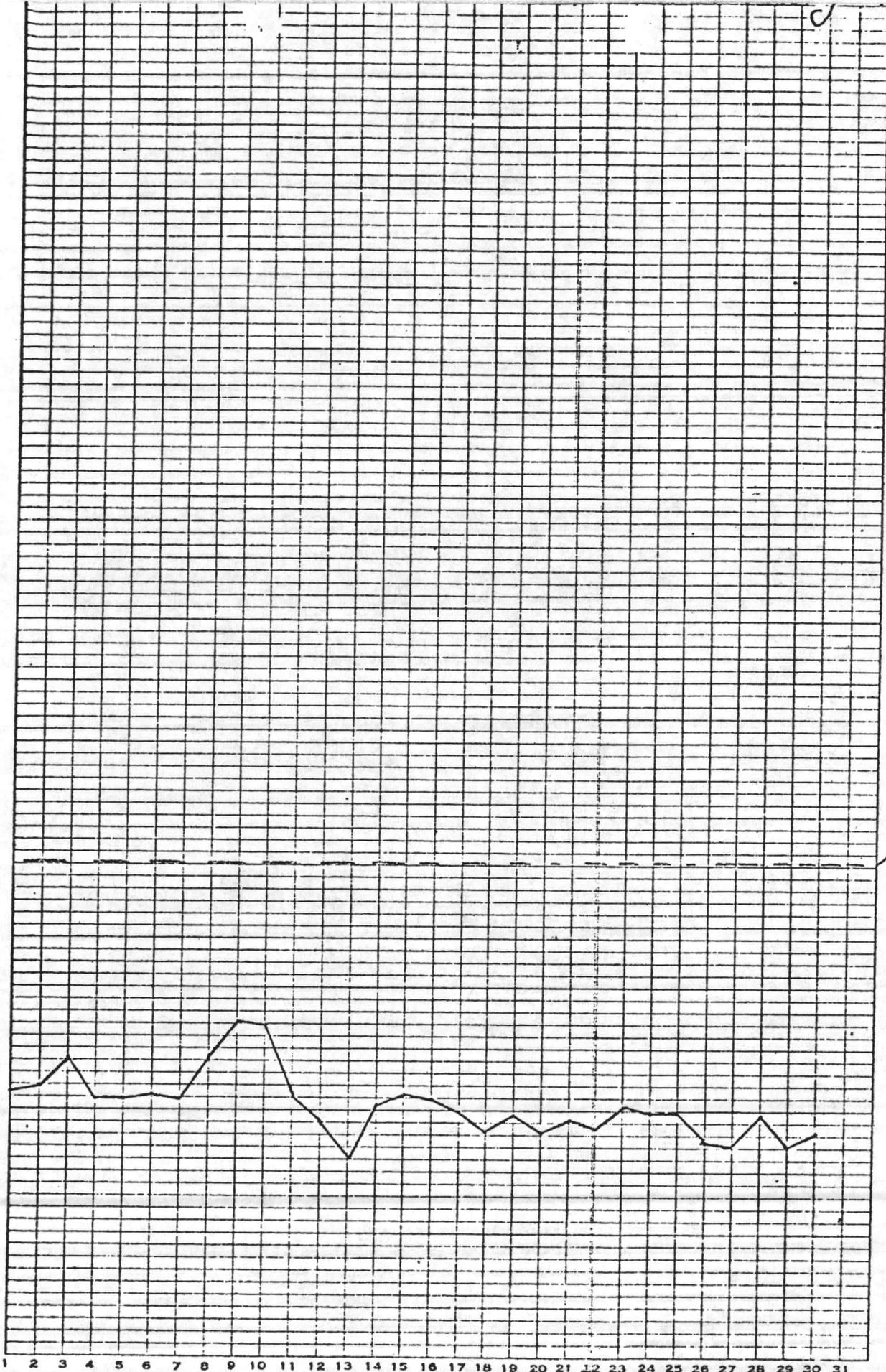


gals/day  
↓  
3,000,000

2,000,000

1,000,000

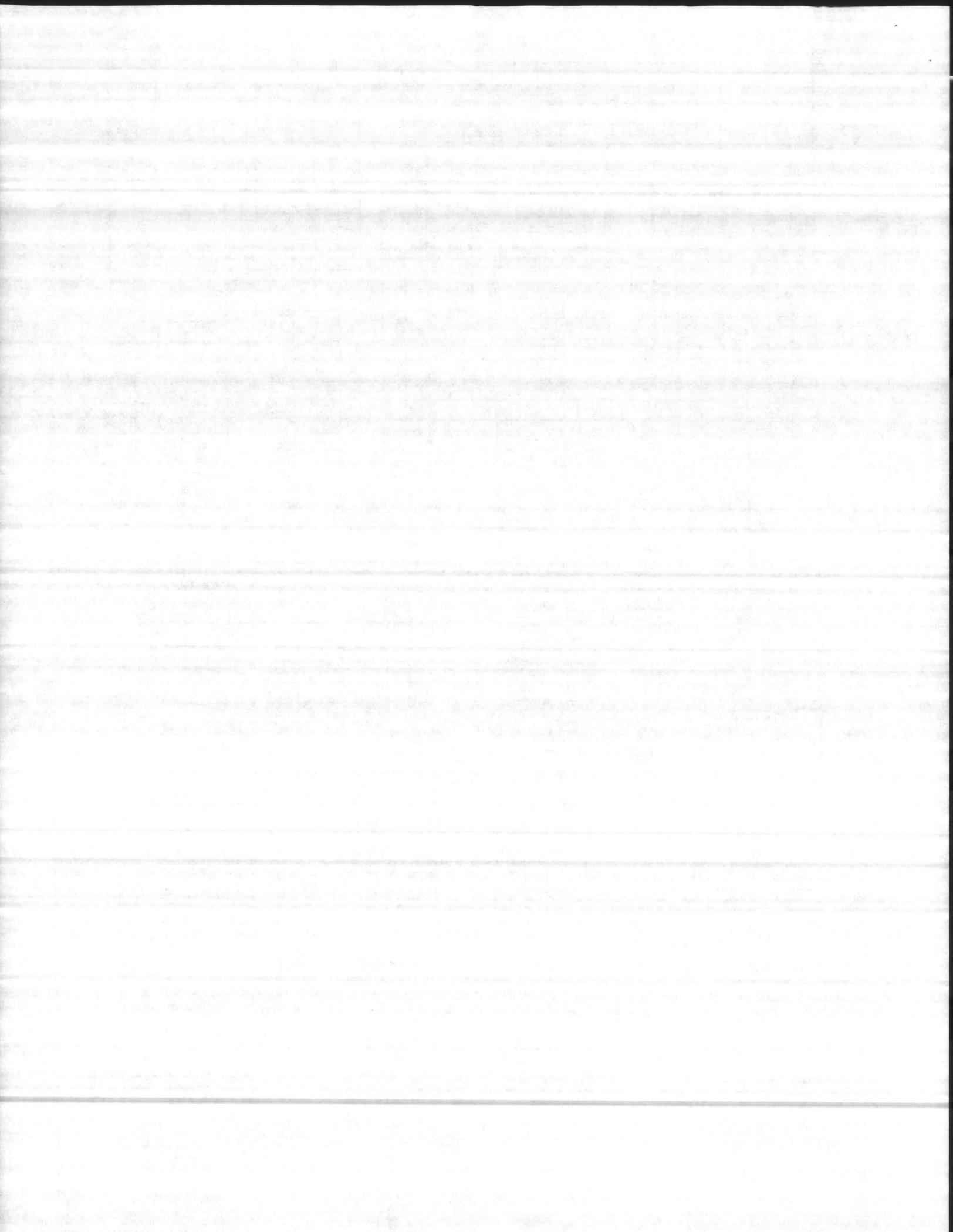
0



Plant  
design  
capacity

MONTH June April 1972

Enclosure (4)



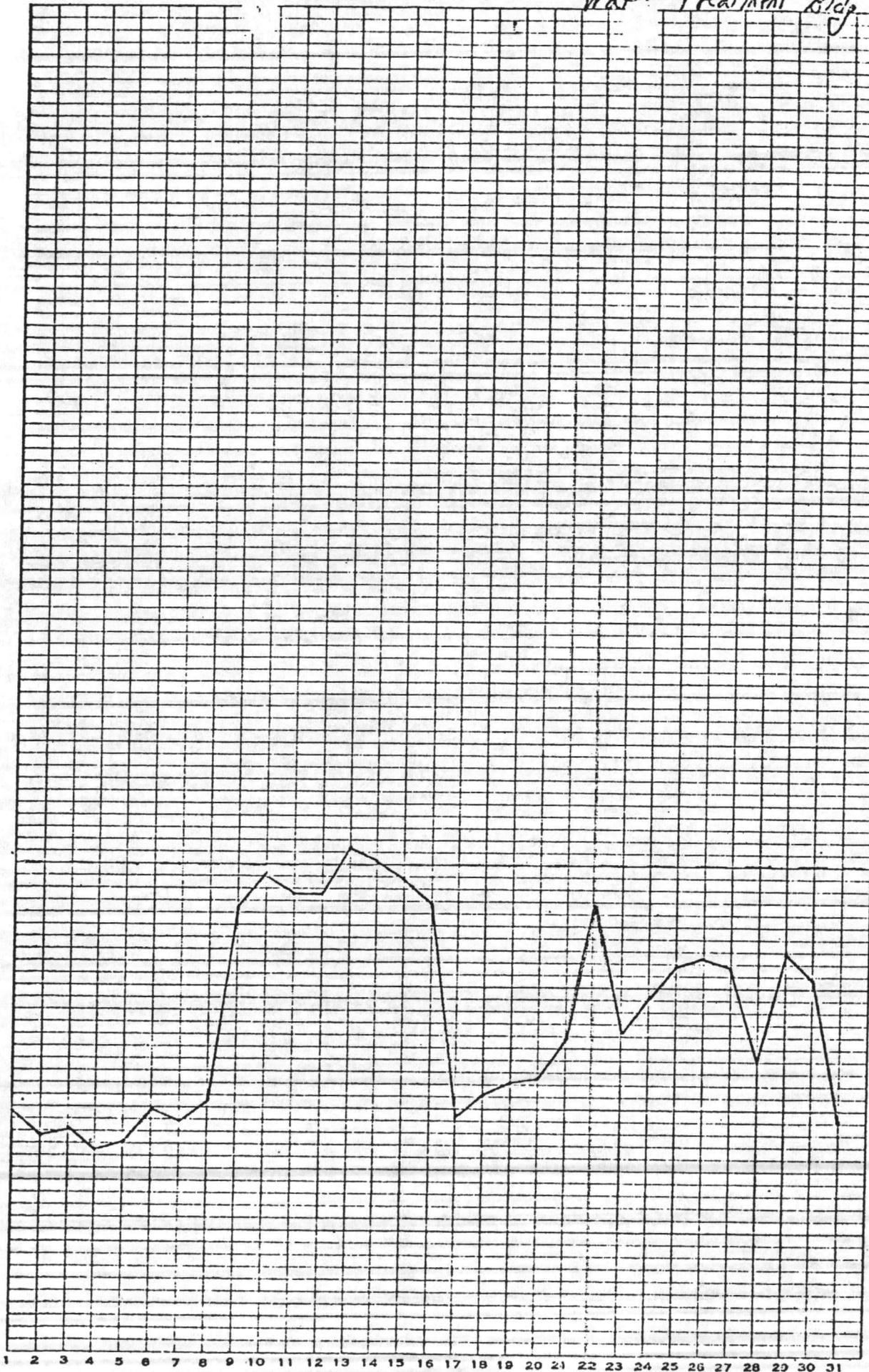
Water Treatment Bldg 670

3,000,000

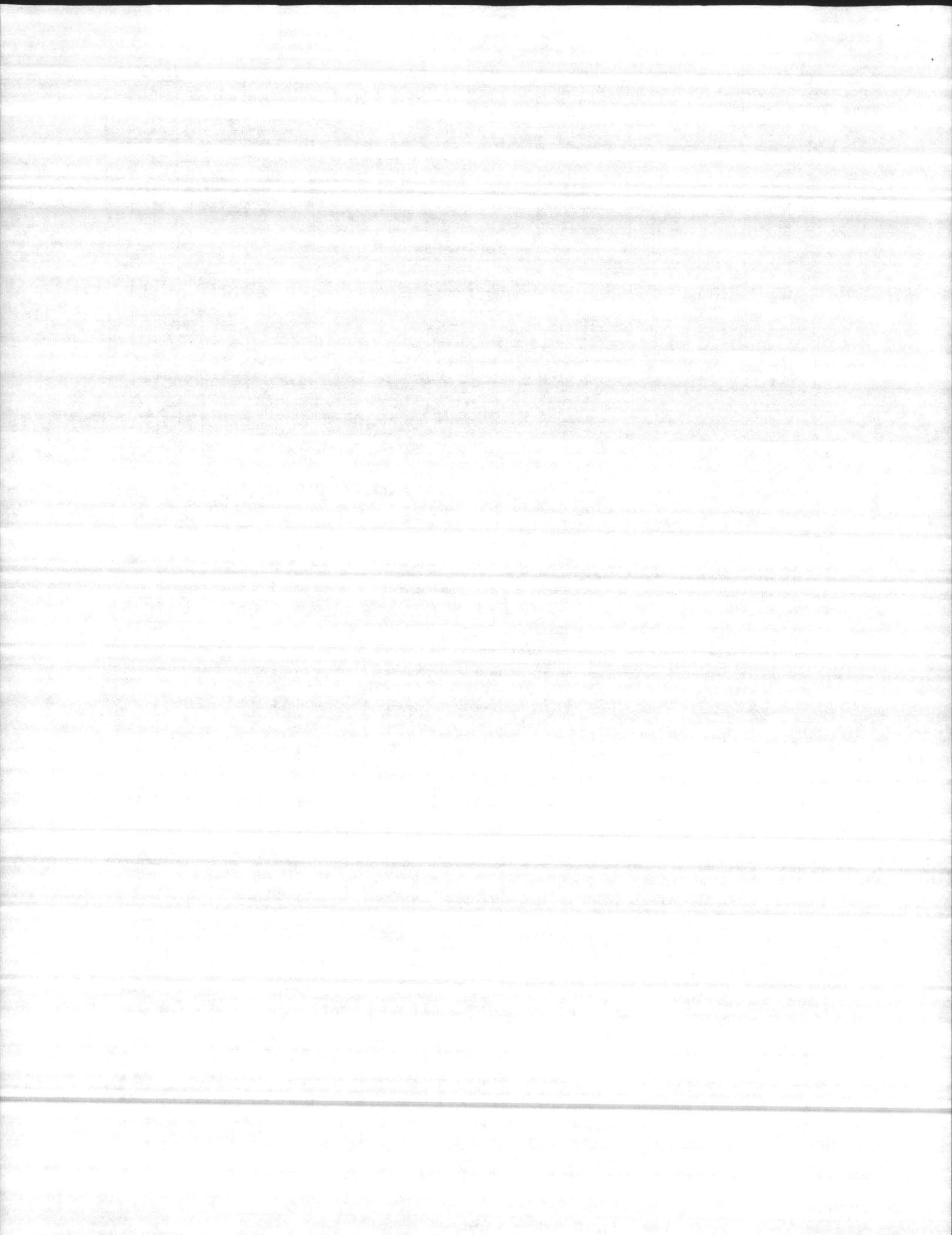
2,000,000

1,000,000

0



up/flat  
design  
✓  
Cape





3,000,000

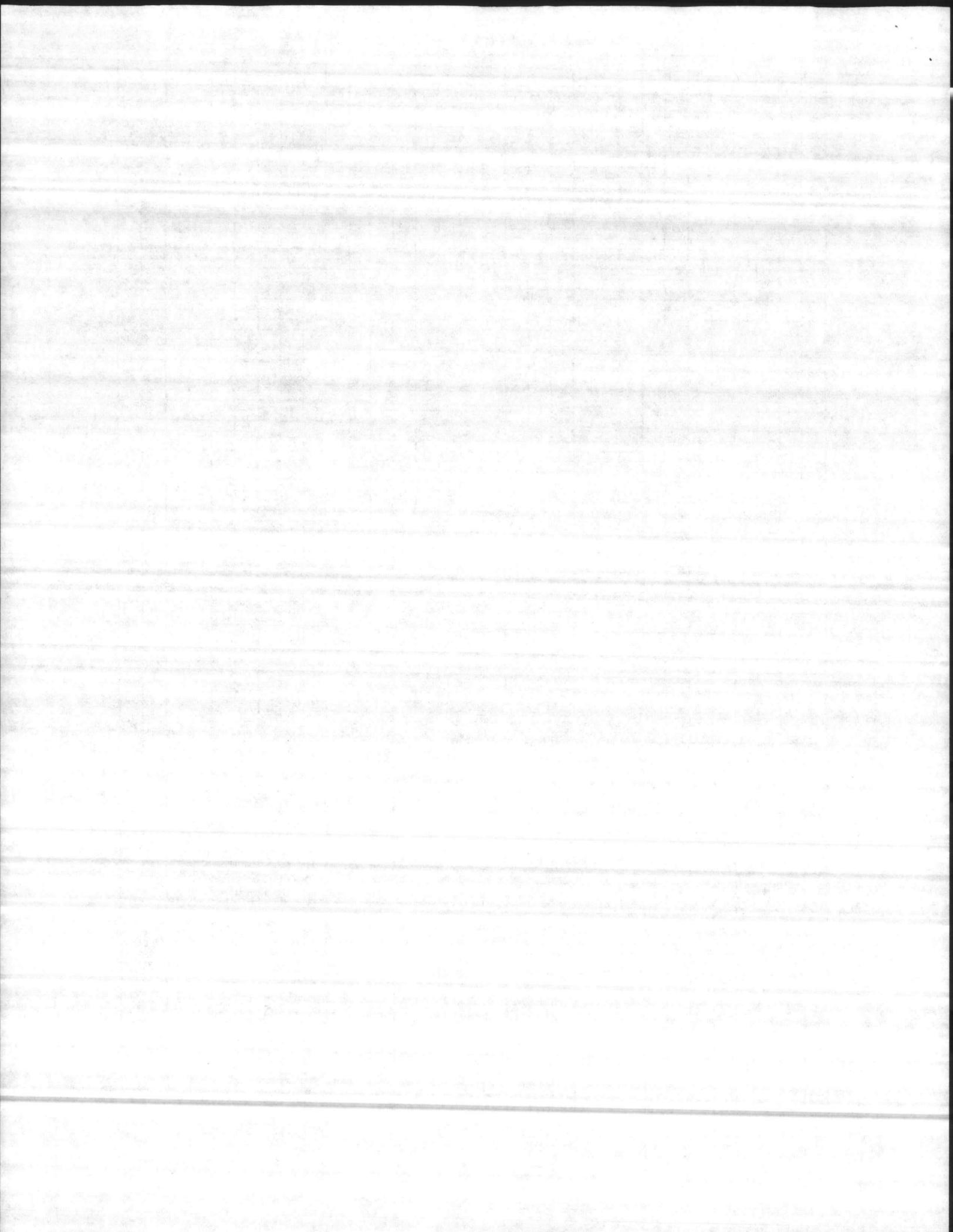
2,000,000

1,000,000

Plant design capital

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

MONTH June 1977





DEPARTMENT OF THE NAVY  
ATLANTIC DIVISION  
NAVAL FACILITIES ENGINEERING COMMAND  
NORFOLK, VIRGINIA 23511

2-J-1  
TELEPHONE NO.

444-7521

IN REPLY REFER TO:

09A21A:LFB

N62470-75-C-1383

11 JUL 1978

Lockwood Greene/Six Associates  
P. O. Box 491  
Spartanburg, South Carolina 29304

Re: Contract N62470-75-C-1383, FY 79 MCON Project P-600,  
Hospital Replacement, Naval Regional Medical Center,  
Camp Lejeune, North Carolina

Gentlemen:

As discussed during a telephone conversation between our Mr. L. Butts and your Mr. C. Minch on 8 June 1978, you were requested to incorporate the comments provided by enclosure (1) in your 90% design submittal of the referenced project.

Sincerely yours,

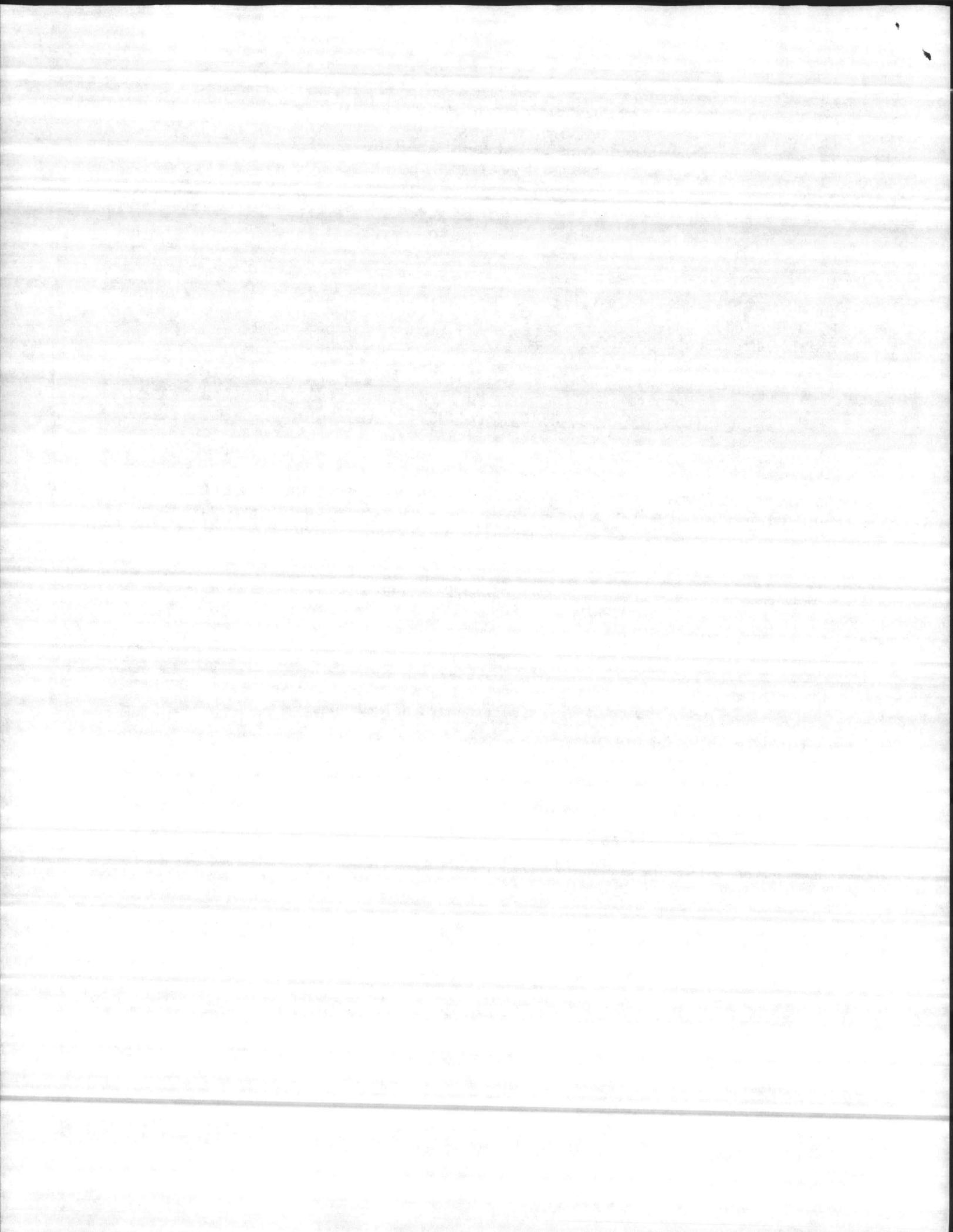
A. G. BRYANT, JR., P.E.  
Head, CONUS Branch  
Acquisition Project Management Office  
By direction of the Commander

Encl:

(1) NAVFACENGCOM ltr 046B/RLJ  
11110 dtd 5 Jun 1978 (w/encl)

Copy to:  
NAVFACENGCOM (w/o encl)  
BUMED

→ NAVREGMEDCEN Camp Lejeune





DEPARTMENT OF THE NAVY  
NAVAL FACILITIES ENGINEERING COMMAND  
200 STOVALL STREET  
ALEXANDRIA, VA 22332

IN REPLY REFER TO  
046B/RLJ  
11110

5 JUN 1978

From: Commander, Naval Facilities Engineering Command  
To: Commander, Atlantic Division, Naval Facilities Engineering  
Command

Subj: FY 1979 MCON Program, 280-Bed Hospital Replacement, Naval  
Regional Medical Center, Camp Lejeune, NC

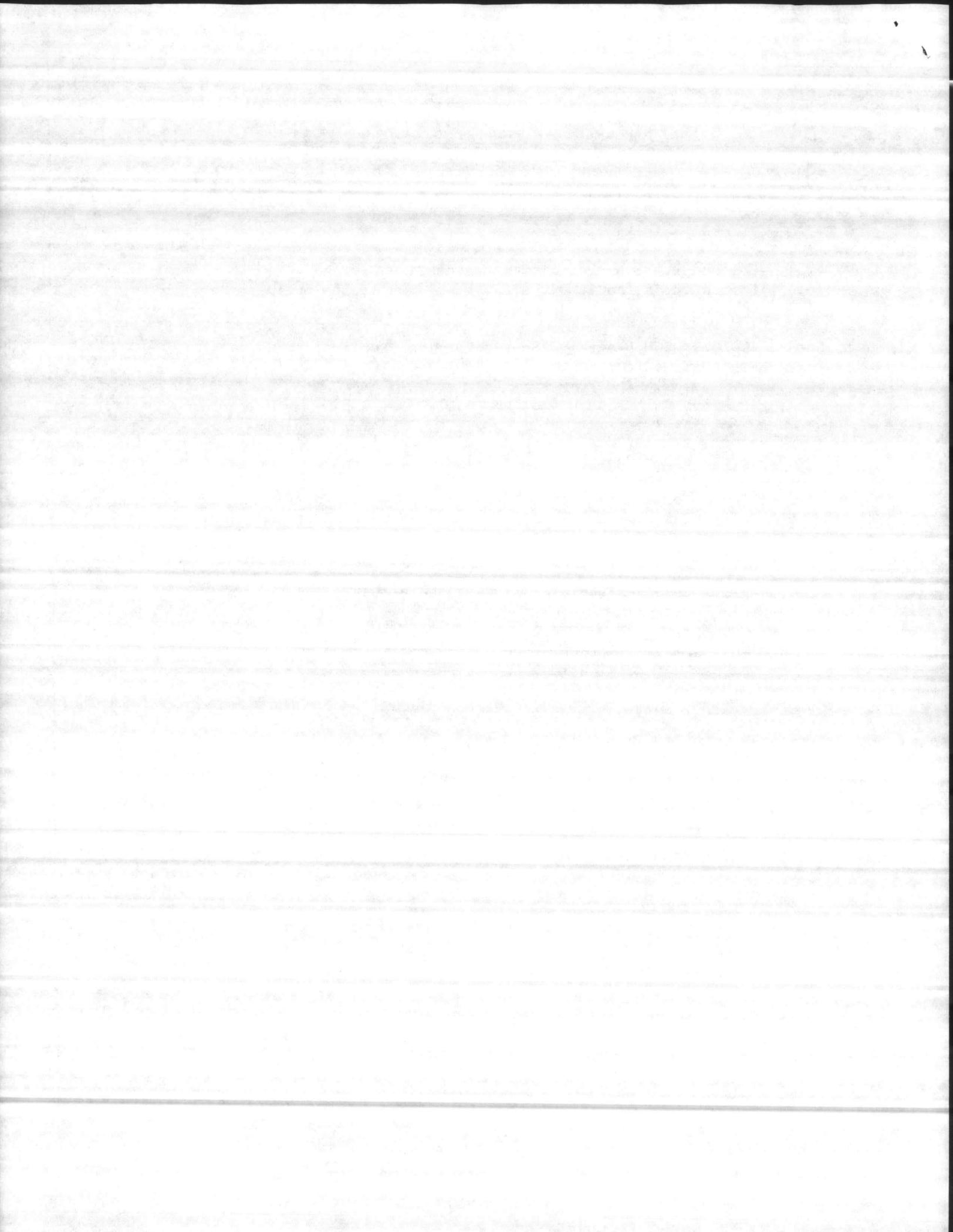
Encl: (1) BUMED ltr BUMED-4131-pmm of 15 May 1978

1. The comments provided in enclosure (1) should be incorporated into  
the subject project design, specifically:

- a. The alternating glass wall panels on the north side of the  
outpatient clinics should be replaced with all glass panels.
- b. The helipad should be included in the basic bid package.
- c. Radio frequency shielding should be provided for the EEG  
room and the EMG rooms.
- d. The Herman Miller Co/Struc units containing sinks should  
be part of total Herman Miller purchasing package.

A handwritten signature in cursive script, reading "W. F. Daniel", is positioned above the typed name.

W. F. DANIEL  
Assistant Commander for  
Engineering and Design



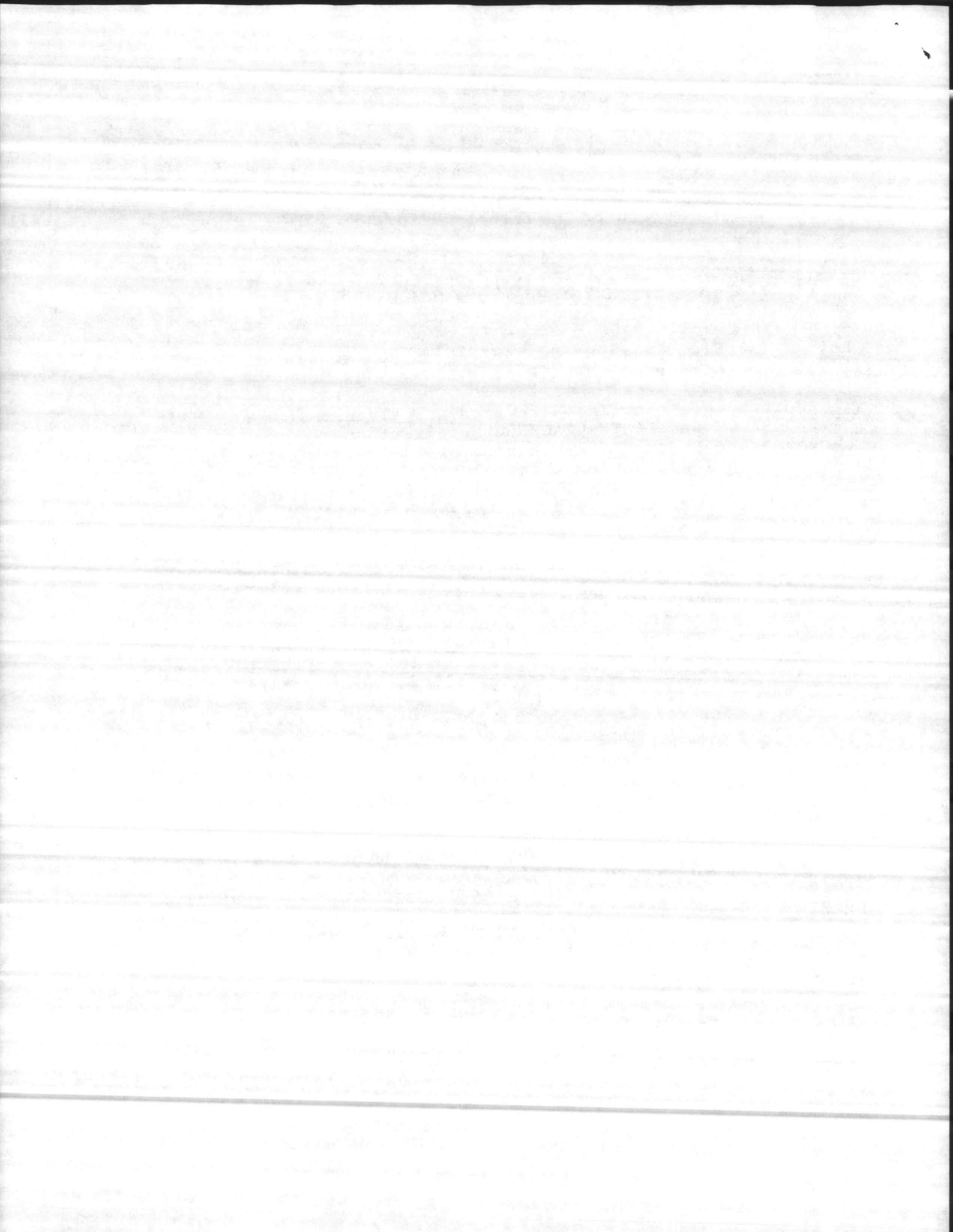
15 MAY 1978

From: Chief, Bureau of Medicine and Surgery  
To: Commander, Naval Facilities Engineering Command

Subj: FY 1979 MILCON Project, Proposed 280-Bed Hospital  
Replacement, Naval Regional Medical Center, Camp  
Lejeune, NC

Ref: (a) Sixty percent design review conference at the  
office of the A&E of 1-3 May 1978

1. During reference (a) direction was given to the A&E by NAVFACENGCOCM and LANTNAVFACENGCOCM to further reduce the amount of glass on the north side of the outpatient clinic floors. The purpose for this reduction was for energy conservation. The glass would remain visible from the exterior of the building, but would be covered by a partition on the inside.
2. No thought was given to the functional effect this change would have on the design. The concept of the design was developed with energy conservation as the foremost consideration. The clinics are arranged in the interior of the outpatient clinic space buffered from the exterior walls by corridors, waiting spaces, and staff and patient toilets. The introduction of natural light into the clinic spaces would only come from the glass areas in the perimeter corridors and waiting spaces. This is the only contact the clinical staff will have with the outside. This view of the natural landscape surrounding the hospital is an important functional aspect in the morale and effectiveness of the hospital staff, who spend their entire workday in an otherwise windowless environment.
3. The small amount of this reduction in window area would have on the total energy conservation already designed into the project (ie., solar collector system, circulation and utility space on the perimeter of the structure, computerized energy management system, reduced lighting levels, increased building insulation, and thermopane glass) is insignificant.
4. It was unfortunate that this Bureau's representative was not included in this decision making process made some weeks prior to the review conference. Being included in this process would have cast additional light into this decision and given the Navy representatives a unified position during reference (a).



15 MAY 1978

The reduction of windows for the subject project is unacceptable and is not in keeping with the concept of design given to this Bureau.

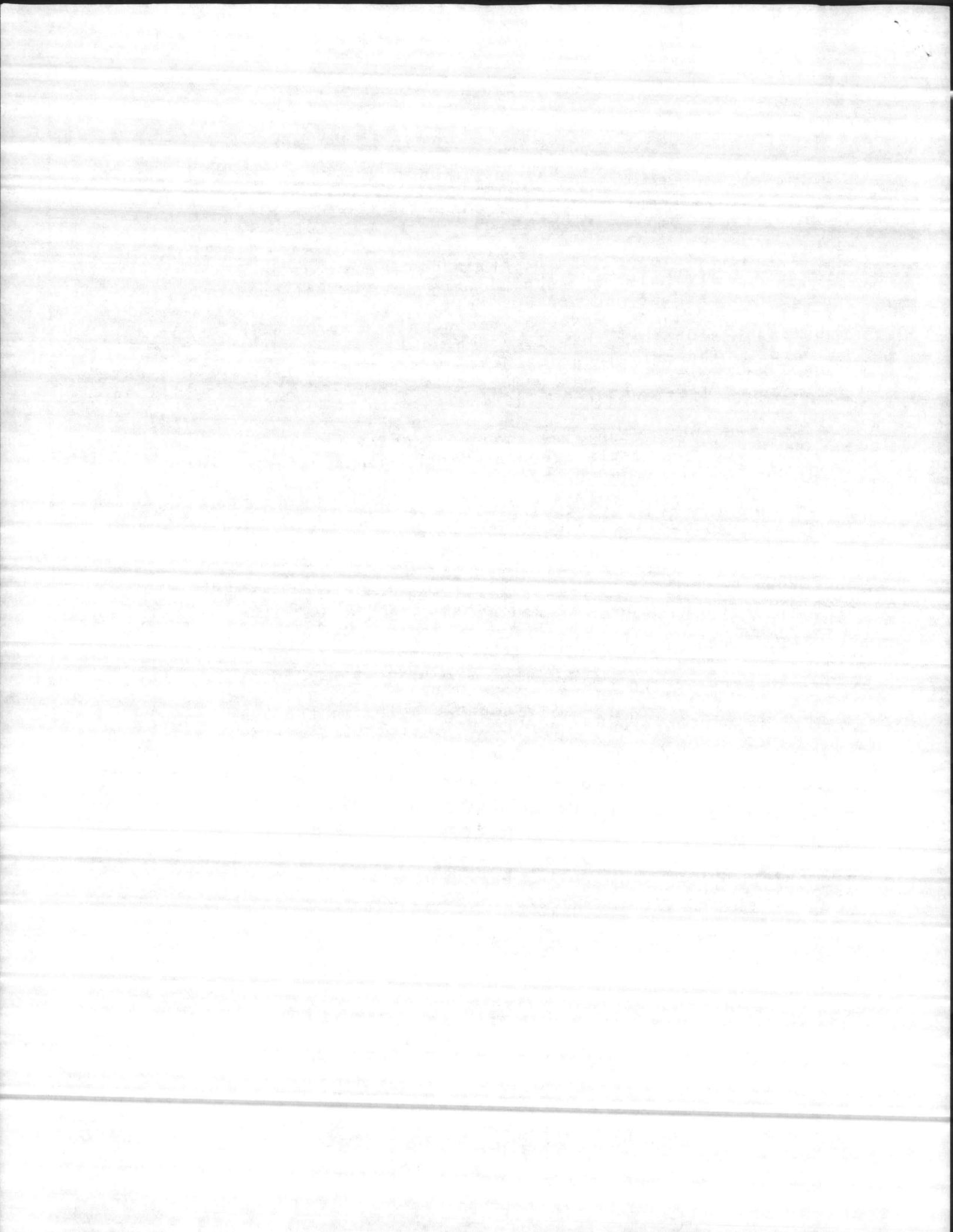
5. During reference (a) the helipad was made as an additive bid item. The reasoning behind this was for the protection of the base bid of the project from an overage. The alternate location for landing would be the hospital service yard. It is questionable whether this location would meet COMNAVAIRSYSCOM criteria. The only location meeting these criteria, to this date, is the one currently designed. It is requested that the helipad be included in the base bid as designed.

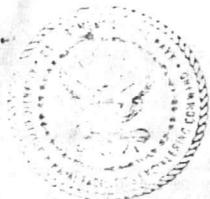
6. The two rooms requiring radio frequency shielding in the hospital are the testing room and work room for the consolidated function for electroencephalography (EEG) and electromyography (EMG). The close proximity of these rooms to high frequency generators in physical therapy, surgery, and the fluorescent lighting used throughout the outpatient clinics are potential interference. From previous poor success rate with radio frequency shielding at National Naval Medical Center, Bethesda, and Naval Regional Medical Center, Camp Pendleton, it is imperative that it be included at the subject project.

7. This Bureau requests that the recommendation made by the A&E to include the Herman Miller Co/Struc units containing sinks be part of the total Herman Miller purchasing package. This is the only way the government can insure the consistency of quality of the product and coordination of its installation.

ALMON C. WILSON  
Assistant Chief for  
Materiel Resources

Copy to:  
LANTNAVFACENGCOM





DEPARTMENT OF THE NAVY  
ATLANTIC DIVISION  
NAVAL FACILITIES ENGINEERING COMMAND  
NORFOLK, VIRGINIA 23511

TELEPHONE NO.  
444-7521

IN REPLY REFER TO:  
06A21A:LFB  
N62470-75-C-1383

*Handwritten:* PWO

*Handwritten:* File

18 JUN 1978

Lockwood Greene/Six Associates  
P. O. Box 491  
Spartanburg, South Carolina 29304

Re: A&E Contract N62470-75-C-1383, FY 79 MCON Project P-600,  
Hospital Replacement, Naval Regional Medical Center,  
Camp Lejeune, North Carolina

Gentlemen:

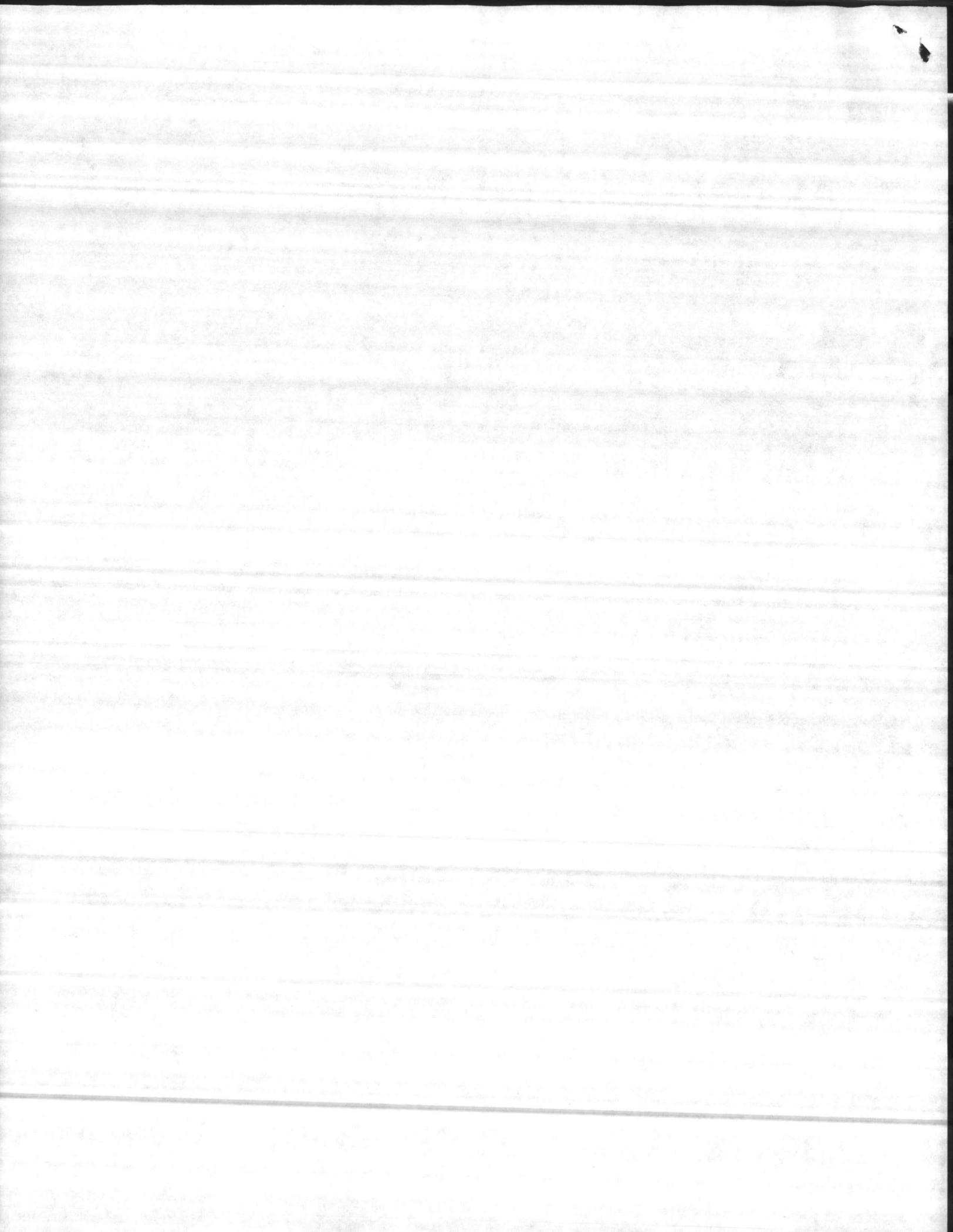
In response to your letter dated 18 May 1978, the kitchen layout has been reviewed and comments are provided by enclosure (1). These comments should be incorporated in your 90% submittal. Also, in response to your 29 May 1978 letter, your request to allow full length windows in the dining room protected by a 12" oak chair rail is approved.

Sincerely yours,

A. S. BROWN, JR., P.E.  
Head, COMUS Franch  
Acquisition Project Management Office  
By direction of the Commander

Encl:  
(1) NAVREGMEDCEN CAMLEJ memo  
37-dbh of 24 May 1978

Blind copy to:  
BUMED  
NAVFACENGCOM  
NAVREGMEDCEN CAMLEJ



NAVAL REGIONAL MEDICAL CENTER

CAMP LEJEUNE, N. C. 28542

IN REPLY REFER TO  
37-dbh  
24 May 1978

MEMO FOR MR. TONY BUTTS (LAND-IV 09A21A)

Subj: Food Service Lay-out for Hospital Replacement, NRMC, Camp Lejeune, N.C.

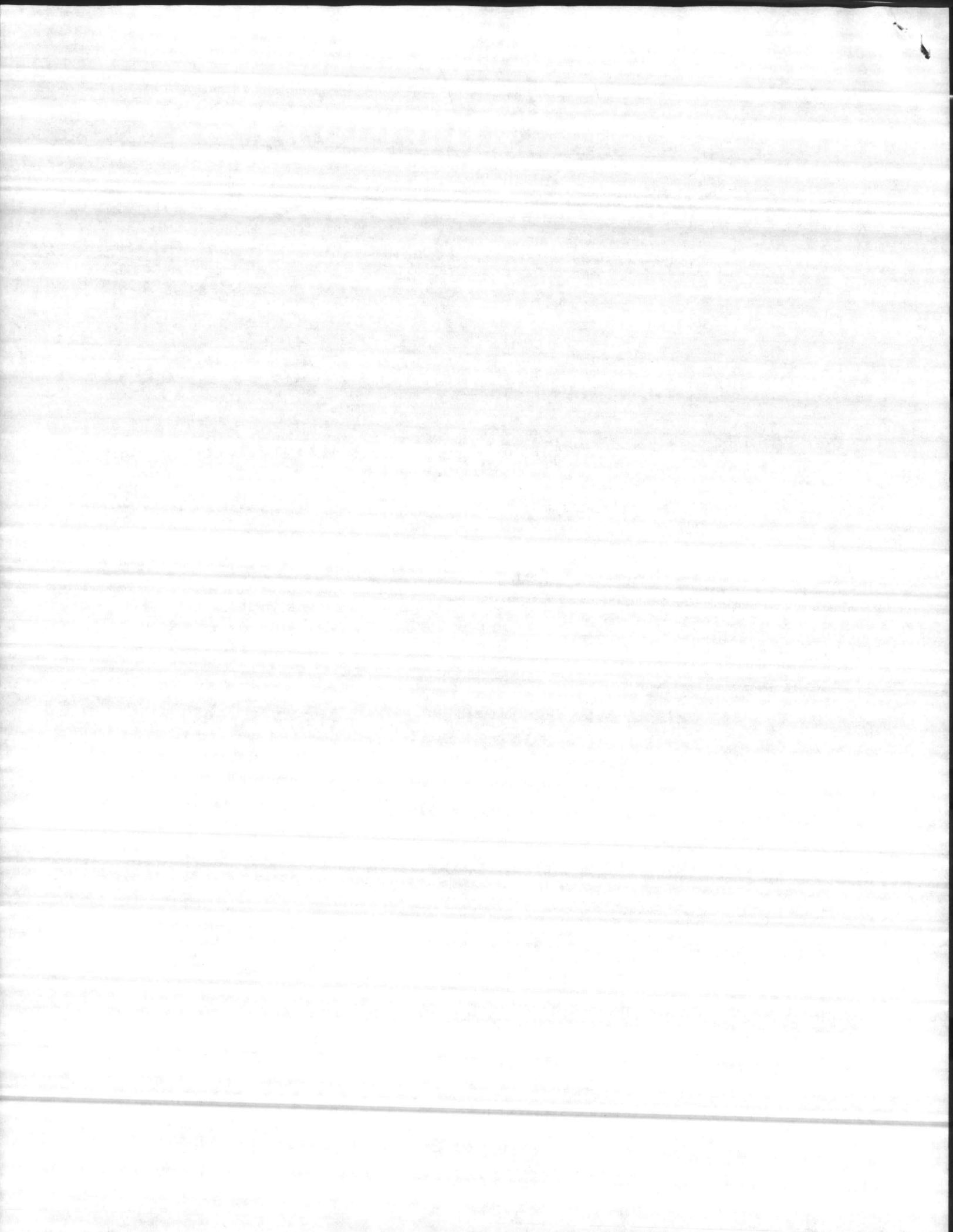
Ref: (a) Lockwood Green-Six Associates ltr of 18 May 1978 on Kitchen Lay-out

1. As requested, reference (a) has been reviewed and the following comments are provided:

- a. Item #16: Refrigerator, roll-in, 2 compartment: Two of these items are shown near the patient tray prep area. One of these should be a roll-in warmer (Item #82). This is in accordance with previous NRMC comments.
- b. Item #91: Urn, coffee, electric: This item should be deleted as unnecessary. This is in accordance with previous NRMC comments.
- c. No mobile grill was provided for the patient tray prep line. One is required in accordance with previous NRMC comments.
- d. No breakdown was provided on the cold storage. We will require 60% of the available square footage in low temperature storage with the remaining 40% at normal cold storage temperature. This requirement was provided to the A/E during the 1-3 May 1978 review in their offices.
- e. The A/E may want to consider the relocation of doors from the Sec/Waiting area into the Chief of Service's and Dietitian's offices. The secretary's office must house two clerical people.
- f. The wall separating the skullery from the remainder of the kitchen for noise and moisture control is not shown.
- g. It is requested that the square footage of the dining room be provided to us for information purposes.



H. E. PHILLIPS  
LT MSC USN  
MCLO



22 MAR 1978

*PWD*  
*File*

MEMORANDUM FOR THE DEPUTY ASSISTANT SECRETARY OF DEFENSE  
(INSTALLATIONS AND HOUSING)

Subj: Proposed Fiscal Year 1979 MCON Project P-600 Hospital,  
Navy Regional Medical Center, Camp Lejeune, NC

Ref: (a) ASD(HA) memo of 1 July 1977 for Director, Facils. Div.,  
BUMED

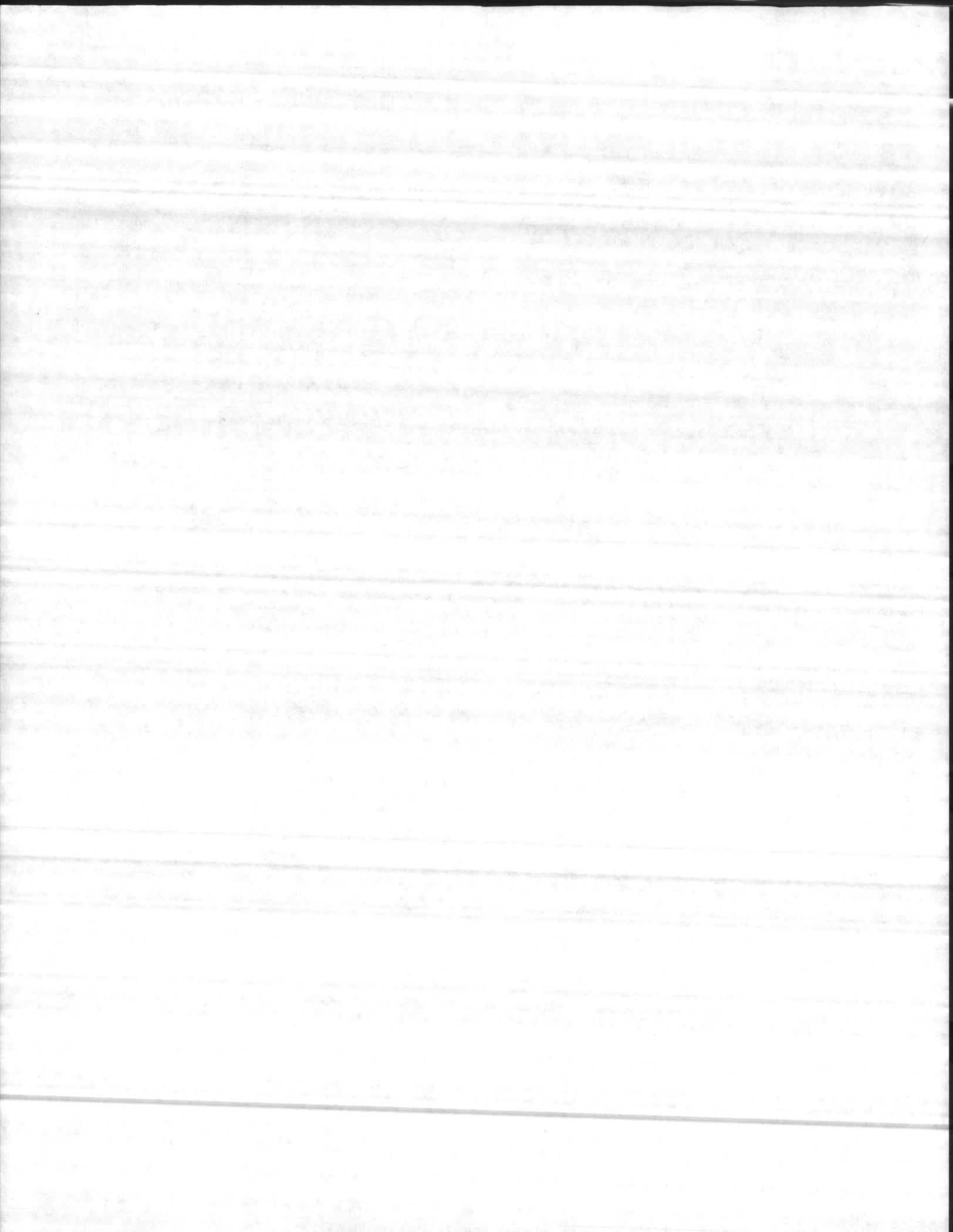
Encl: (1) Architectural drawings showing outpatient clinic floor plans

Revised plans based on space program change approved by reference  
(a) for the subject project have now been completed and are submitted as  
enclosure (1).

Authority is requested to proceed with the development of final  
plans and specifications accordingly.

K. D. BROOKS  
Assistant Commander  
for Construction

Copy to: w/o encl  
BUMED  
LANTNAVFACENGCOM  
NRMC, Camp Lejeune, NC





DEPARTMENT OF THE NAVY  
ATLANTIC DIVISION  
NAVAL FACILITIES ENGINEERING COMMAND  
NORFOLK, VIRGINIA 23511

TELEPHONE NO.  
444-7521

IN REPLY REFER TO:  
09A21A:LFB  
11010/NAVREGMEDCEN  
CAMLEJ

7 OCT 1977

Lockwood Greene Engineers, Inc./Six Associates  
P. O. Box 491  
Spartanburg, South Carolina 29301

Re: FY 79 MCON Project P-600, Hospital Replacement, Naval  
Regional Medical Center, Camp Lejeune, North Carolina

Gentlemen:

As previously discussed, a progress review of the referenced project will be conducted at your offices on 18 and 19 October 1977. The proposed agenda is provided as enclosure (1).

This review is to provide an opportunity for your design team and the Navy's design review team to exchange ideas and approaches to accomplish the referenced project design, thereby assuring the design proceed with minimal complications.

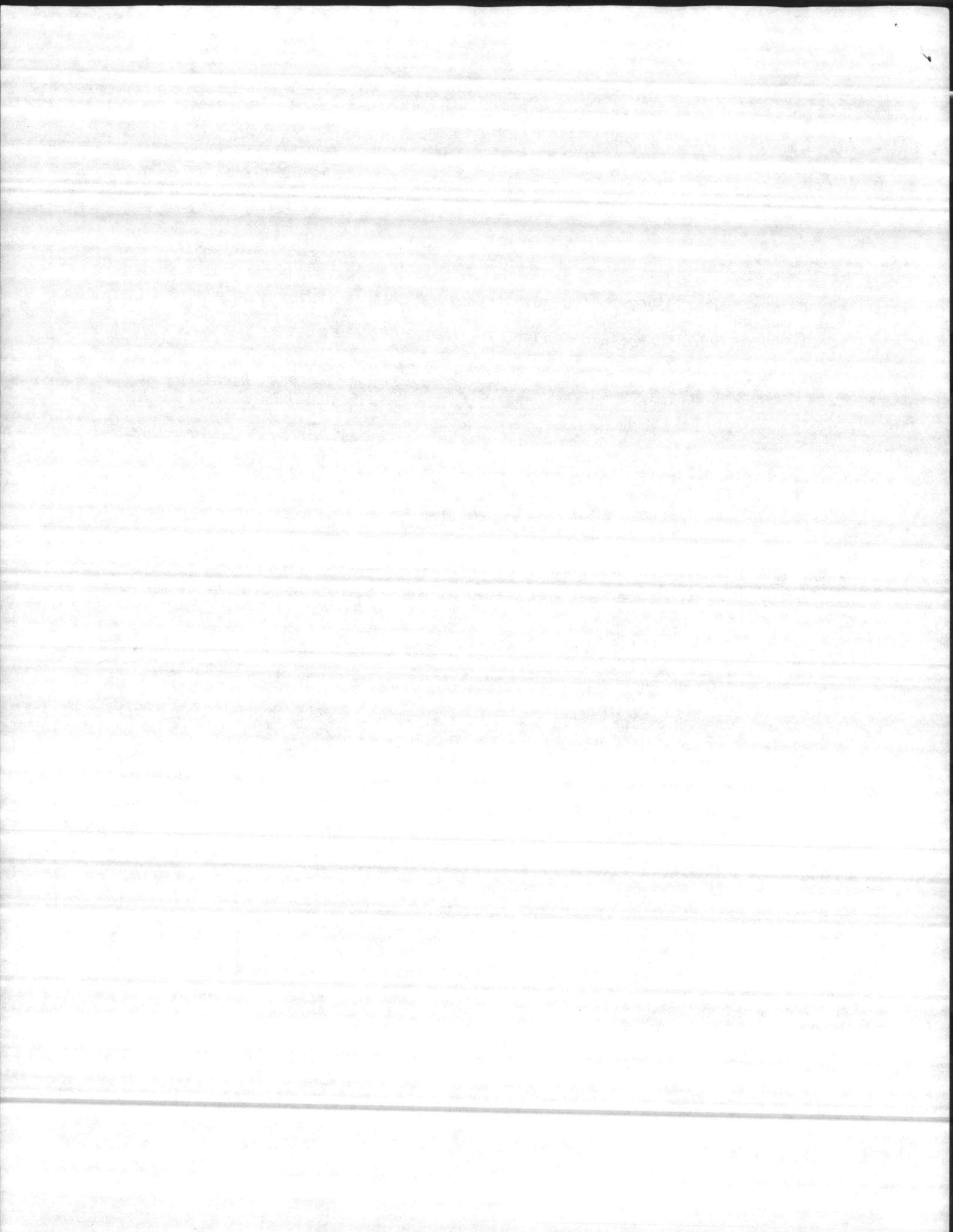
Enclosures (2) and (3) are layouts of the exchange and bank areas which are to be used for guidance in your development of these areas. Contacts for coordination of this are:

Marine Corps Exchange  
Exchange 5-1  
Marine Corps Base  
Camp Lejeune, North Carolina 28542

Attention Mr. E. M. Glass or  
Mr. J. D. Waugh  
Telephone: 919-451-2135 or  
919-353-2481

First Citizens Bank and  
Trust Company  
Camp Lejeune, North Carolina 28542  
Attention Mr. R. T. Walters  
Telephone 919-353-3113

All equipment listed for the Marine Corps Exchange will be category "C" except exhaust hoods and fans and will be installed by the Marine Corps Exchange after the Hospital has been turned over to the Naval Regional Medical Center, Camp Lejeune. Exhaust hoods and fans should be designed and included as a part of the total hospital exhaust and ventilation systems and funded out of MCON funds.



09A21A:LFB  
11010/NAVREGMEDCEN  
CAMLEJ

All equipment and furnishings for the bank will be furnished and installed by the bank after the hospital has been turned over to the Naval Regional Medical Center. Your design should provide stub outs for utilities.

Your interior design should include both the exchange and bank areas to assure a well coordinated design for the hospital.

Sincerely yours,

Encl:

- (1) Agenda
- (2) Marine Corps Exchange  
Layout Drawing
- (3) Bank Layout Drawings

Blind copy to:

NAVFACENGCEN

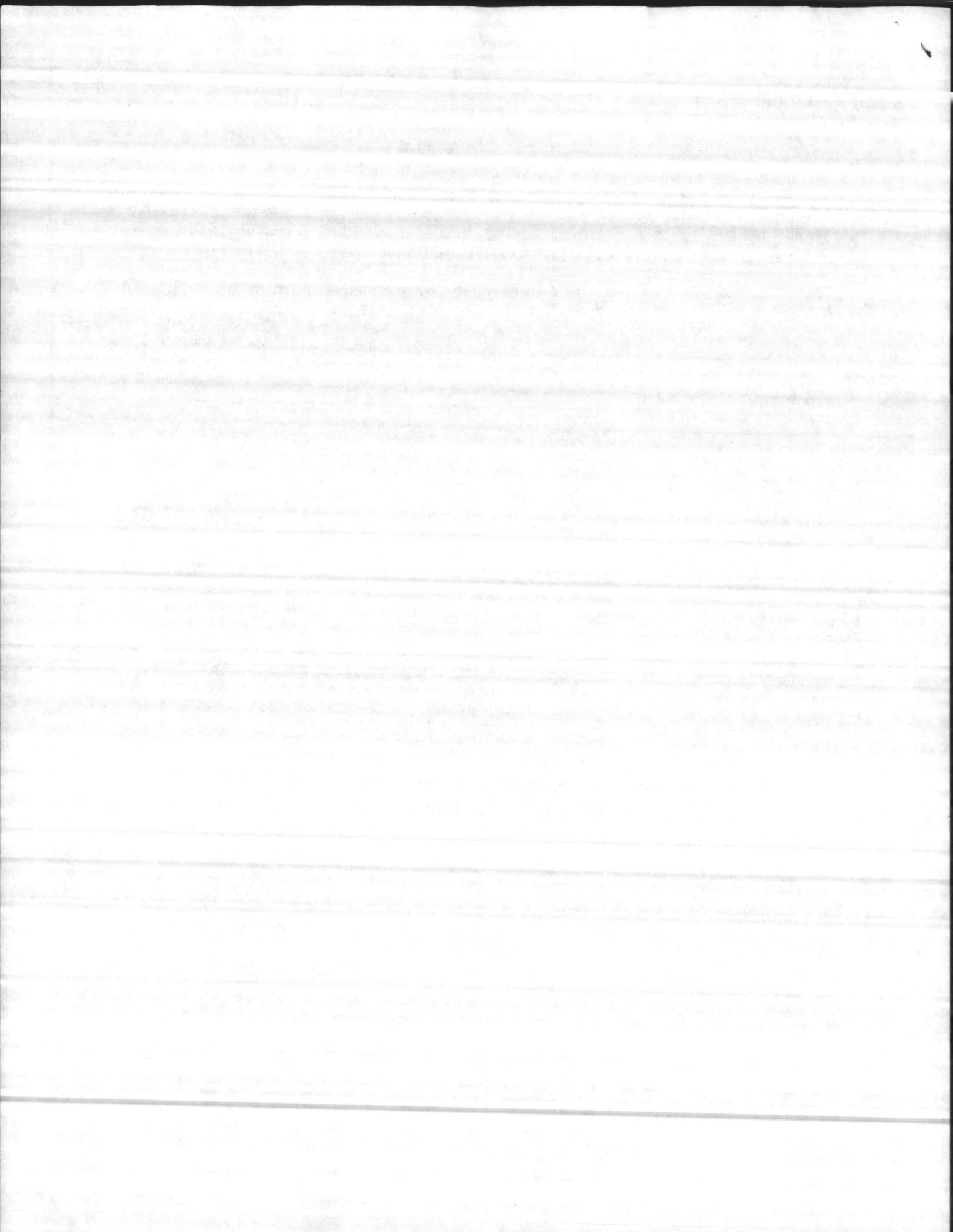
BUMED

→ NAVREGMEDCEN CAMLEJ

Marine Corps Exchange 5-1 MARCORB CAMLEJ

(w/o encls)

First Citizens Bank, Camp Lejeune (w/o encls)



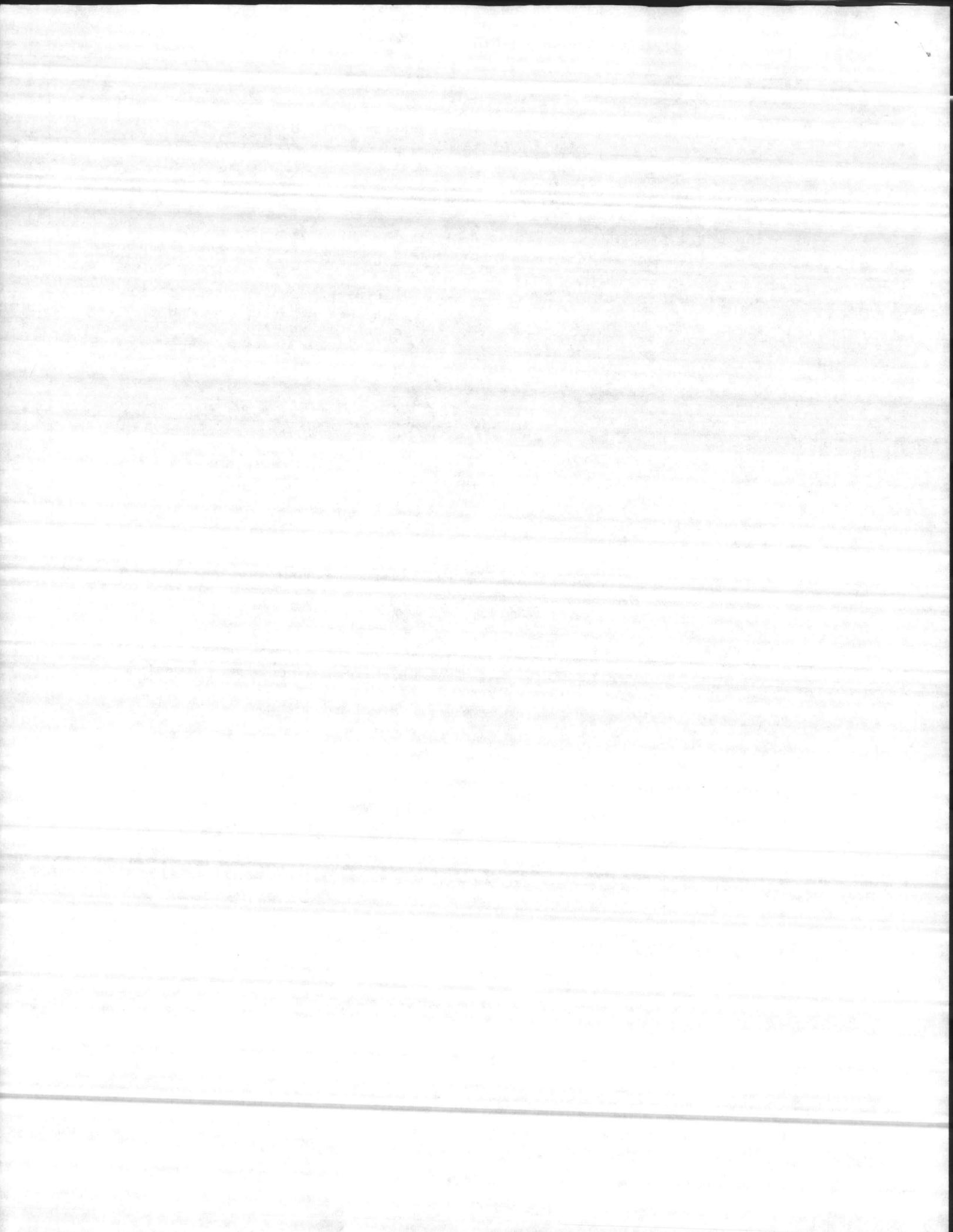
PROPOSED AGENDA

18 October 1977

0930-1200	Interior Pre-design Presentation by LANTNAVFACENCOM: Code 04C General Discussion
1200-1300	Lunch
1300-1630	Review of Project Status Architectural

19 October 1977

0900-1200	Review of Project Status Mechanical Electrical Instrumentation
1200-1300	Lunch
1300-1630	General Discussion with Lockwood Greene/Six Associates of Review Team Findings



LANTDIV DRAWING AND SPECIFICATION REVIEW COMMENT

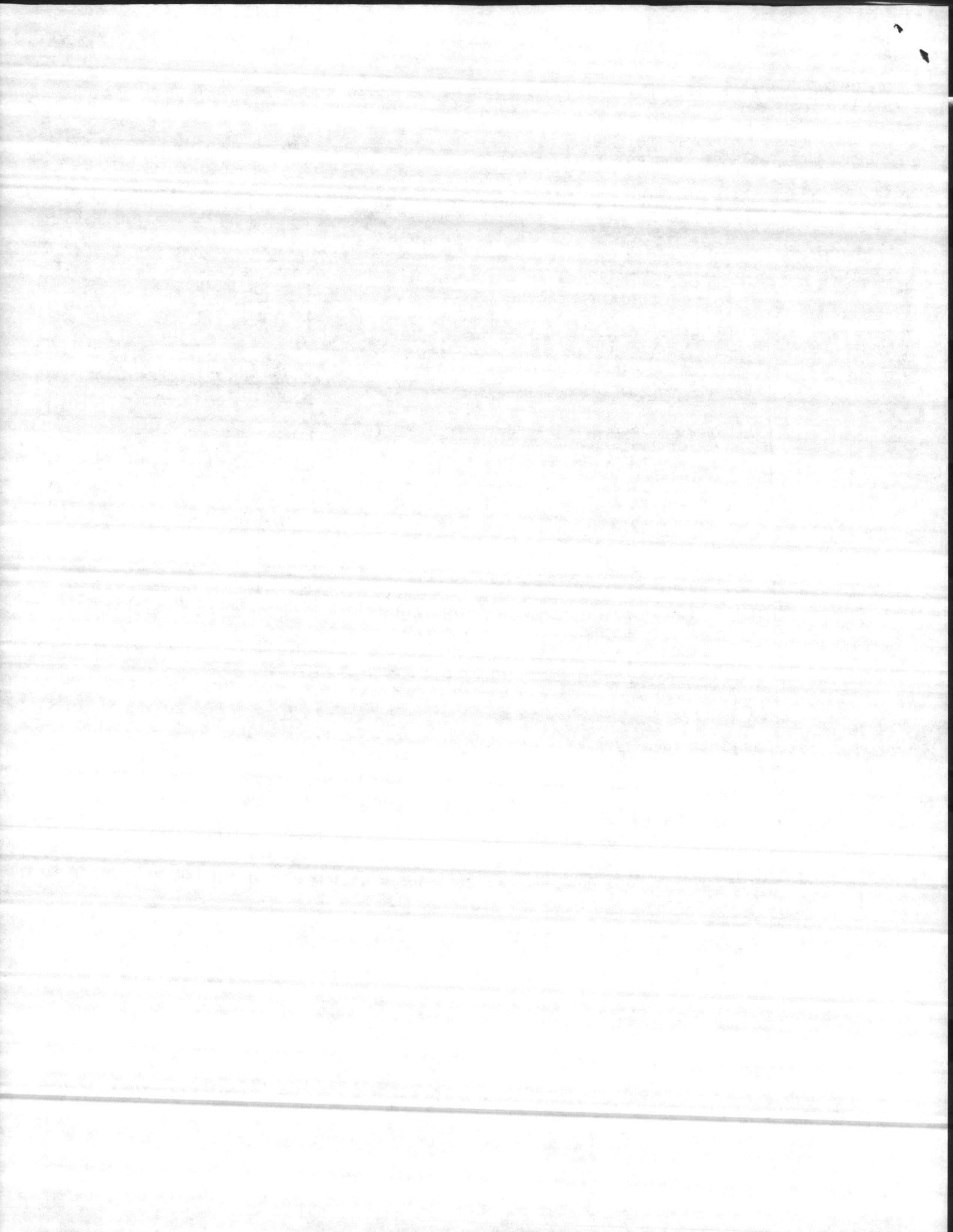
NO LANTDIV 4-4121/4 (12/69)

SHEET OF

PROJECT FY79 MCON Project P-600 N62470-77-B-7526, 280-Bed Hospital				DATE DUE LANTDIV
LOCATION Naval Regional Medical Center, Camp Lejeune, NC				DATE RETURNED LANTDIV
ARCHITECTURAL		MECHANICAL		REVIEWER 43-90:AEYoung
STRUCTURAL		ELECTRICAL	X	CERTIFICATION OF CO OR OICC/ROICC
CIVIL		SPECS & ESTIMATES		DATE LANTDIV RETURN
			PRELIM.	
			90% SUBMITTAL	
			100% SUBMITTAL	

DWG. NO./ PAR. NO.	ITEM NO.	OICC/ROICC OR STATION COMMENTS (MAKE GENERAL COMMENTS ON LAST SHEET)	LANTDIV REVIEW ACTION - KEY INC. IN LANTDIV TRANS. LTR)
A18-26		<u>Support System "J"</u> : Complete Note	
A19-1		<u>Schedule of Food Service Equipment</u> : Define symbols of logistic responsibility.	
B8-6		<u>Section 7, 9 and 17</u> : Indicate depth of finish grade cover at walls.	
B9-5		<u>Section "6"</u> : Clarify note <u>Section "1"</u> : Complete detail.	
C1-16		Indicate what drawing number for Room M113.	
C2-9		Complete note No. 1.	
C6-1		Clarify what year National Electric Code is referenced.	
Q-1		Complete identification of match line. Where is Note 1?	
Q-2		Complete identification of match line. Clarify feeder to heliport. Should conduit be installed if heliport is not built?	
Q-18		Furnish drawing number referring to X-Ray equipment schedule.	

SPECIAL REMARKS (FOR LANTDIV USE ONLY)



LANTDIV DRAWING AND SPECIFICATION REVIEW COMMENT

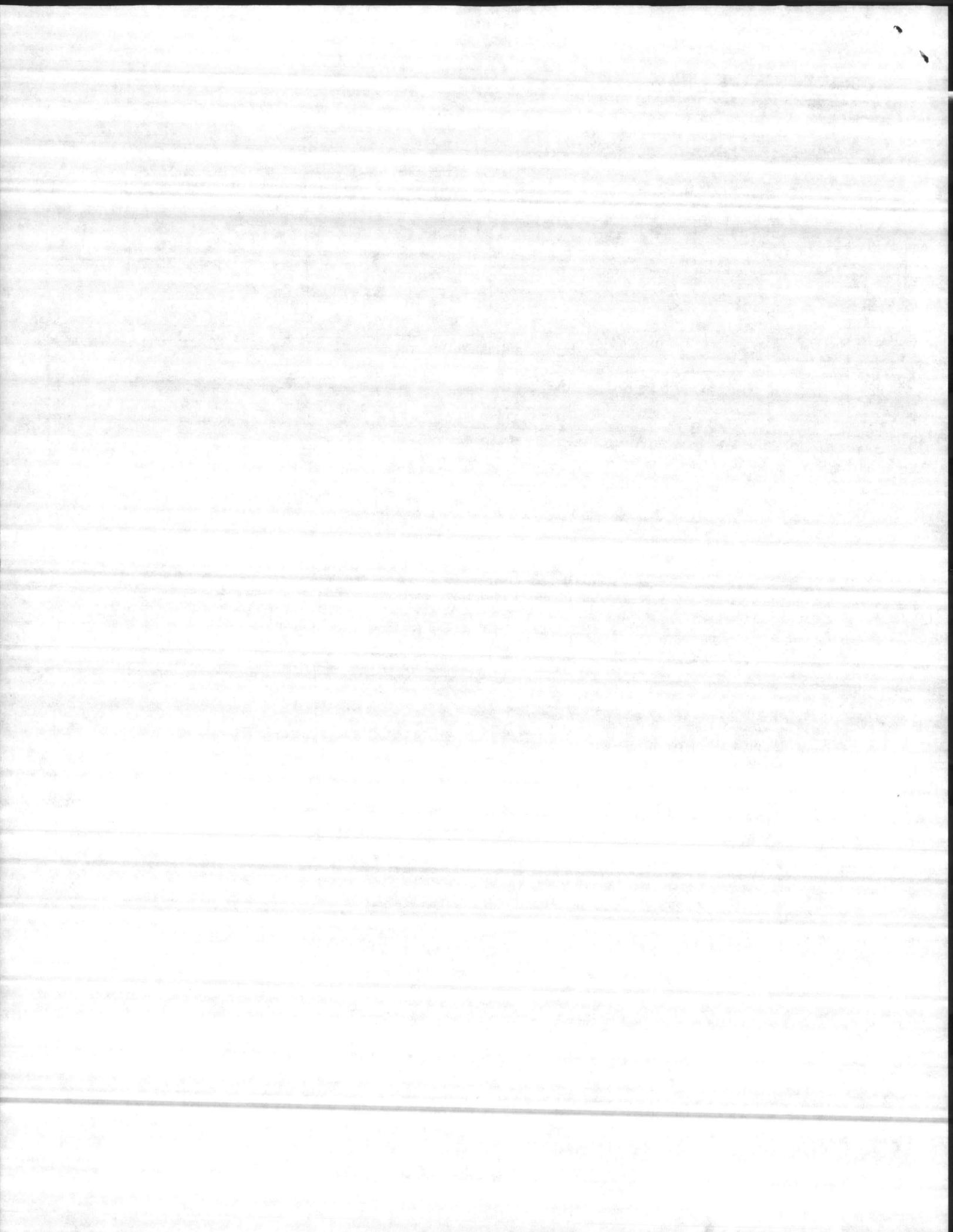
LANTDIV 4-4121/4 (12/69)

SHEET OF

PROJECT				FY79 MCON Project P-600 N62470-77-B-7526, 280-Bed Hospital		DATE DUE LANTDIV	
LOCATION				Naval Regional Medical Center, Camp Lejeune, NC		DATE RETURNED LANTDIV	
ARCHITECTURAL		MECHANICAL		PRELIM.		REVIEWER 43-90:AEYoung	
STRUCTURAL		ELECTRICAL		X 90% SUBMITTAL		CERTIFICATION OF CO OR OICC/ROICC	
CIVIL		SPECS & ESTIMATES		100% SUBMITTAL		DATE LANTDIV RETURN	

DWG. NO./ PAR. NO.	ITEM NO.	OICC/ROICC OR STATION COMMENTS (MAKE GENERAL COMMENTS ON LAST SHEET)	LANTDIV REVIEW ACTION - KEY INC. IN LANTDIV TRANS. LTR)
EW-2		Complete Note No. 1.	
Section 12501 Para 5.1		Concrete Pipe: Specify either non-reinforced or reinforced concrete pipe, not both.	
Section 2501 Para. 5.8.5		Should read: Headwalls: Headwalls shall be constructed of <u>reinforced</u> concrete.	
Section 2501 Para 4		Elaborate on storage and handling of pipe.	
Section 2501 Para 5.4.1		Water tight joints: Coupling band fastener rods should be coated with a bituminous material.	
Section 2501 Para 7.4.1		The 1/2 inch steel rod hoops should be zinc-coated.	

SPECIAL REMARKS (FOR LANTDIV USE ONLY)



LANTDIV DRAWING AND SPECIFICATION REVIEW COMMENT

ND LANTDIV 4-4121/4 (12/69)

SHEET OF

PROJECT				FY79 MCON Project P-600 N62470-77-B-7256, 280-Bid Hospital		DATE DUE LANTDIV	
LOCATION				Naval Regional Medical Center, Camp Lejeune, NC		DATE RETURNED LANTDIV	
ARCHITECTURAL		MECHANICAL		PRELIM.	REVIEWER 43-90:AEYoung		
STRUCTURAL		ELECTRICAL	X	90% SUBMITTAL	CERTIFICATION OF CO OR OICC/ROICC		
CIVIL		SPECS & ESTIMATES		100% SUBMITTAL	DATE LANTDIV RETURN		

DWG. NO./ PAR. NO.	ITEM NO.	OICC/ROICC OR STATION COMMENTS (MAKE GENERAL COMMENTS ON LAST SHEET)	LANTDIV REVIEW ACTION - KEY INC. IN LANTDIV TRANS. LTR)
Section 02613 Para 4.2		Aggregates: See Section 03300 para 3.2, Aggregates, add appropriate sentence to the end of para 4.2 Section 02613.	
Dwg CV1-16		Typical butt joint (BS): What kind of sealer to be used? If preformed neoprene joint seal, specify seal to be 1/8" ± 1/16" below the pavement surface.	
Dwg CV1-16		Fueling pad. What is the section circled? What is the length of the pad?	
Dwg CV2-9		Conflict between CV2-8 and CV2-9 on storm drain curb inlet. Check curb inlet type "B" 68B on CV 2-9. It conflicts with curb inlet 68A on CV 2-8.	

SPECIAL REMARKS (FOR LANTDIV USE ONLY)

