

**AMENDMENT OF SOLICITATION MODIFICATION OF CONTRACT**

CONTRACT ID CODE **J** PAGE OF PAGES **1 1**

|   |                                       |   |                                |
|---|---------------------------------------|---|--------------------------------|
| 2. AMENDMENT/MODIFICATION NO.<br><b>P00003</b>  | 3. EFFECTIVE DATE<br><b>84 JUN 01</b> | 4. REQUISITION/PURCHASE REQ. NO.<br><b>SEE SCHEDULE</b> | 5. PROJECT NO. (If applicable) |
| 6. ISSUED BY<br><b>CONTRACTING DIVISION<br/>P.O. BOX 8368, MCB<br/>CAMP LEJEUNE, NC 28542</b> |                                       | 7. ADMINISTERED BY (If other than Item 6)<br><b>GLW</b> |                                |

**0000005402**

|  |              |  |
|--|--------------|--|
| 8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)<br><br><b>GRAINGER LABORATORIES<br/>5500 COMMERCIAL AVE.<br/>RALEIGH, NC 27612</b> | (W)          | 9A. AMENDMENT OF SOLICITATION NO.                                  |
|  |              | 9B. DATED (SEE ITEM 11)  |
|  | <b>5E/3L</b> | 10A. MODIFICATION OF CONTRACT/ORDER NO.<br><b>M67001-83-M-5089</b> |
|  |              | 10B. DATED (SEE ITEM 13)<br><b>83 MAY 18</b>                       |

**11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS**

The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers  is extended,  is not extended.

Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:  
 (a) By completing Items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

|   |              |     |       |   |        |    |        |              |                     |
|---|--------------|-----|-------|---|--------|----|--------|--------------|---------------------|
| 12. ACCOUNTING AND APPROPRIATION DATA (If required) |              |     |       |   |        |    |        |              |                     |
| ITEM 0002   | 1741106.2720 | 000 | 67001 | 0 | 067001 | 2D | 000000 | 423K8402392T | INCREASE<br>1540.00 |

**13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.**

|     |   |
|-----|---|
| (W) | A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.  |
|     | B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b). |
| X   | C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:<br><b>10 USC 2304 (A) (3)</b>  |
|     | D. OTHER (Specify type of modification and authority)   |

**E. IMPORTANT:** Contractor  is not,  is required to sign this document and return 2 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)  
**ITEM II CHANGE PERIOD OF SERVICES FROM 01 JUNE 1983 THROUGH 31 MAY 1984 TO 01 JUNE 1983 TO 30 SEP 1984**  
**ADD ITEM 0002**  
**M93170-4128-1500**  
**ANALYZE WATER SAMPLES FOR THM - TEST OF RAW WATER FOR CHLORINE CONTENT**  
**28 EA 55.00 1540.00**  
**CHANGE TOTAL FROM \$2724.00 TO \$4264.00 WITH AN INCREASE OF \$1540.00**

|  |                  |  |                  |
|--|------------------|--|------------------|
| 15A. NAME AND TITLE OF SIGNER (Type or print)                                  |                  | 16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)<br><b>H. W. HUELSEN</b> |                  |
| 15B. CONTRACTOR/OFFEROR<br><br><i>(Signature of person authorized to sign)</i> | 15C. DATE SIGNED | 16B. UNITED STATES OF AMERICA<br>BY <i>(Signature of Contracting Officer)</i>      | 16C. DATE SIGNED |

# AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

|  |  |  |   |                                |
|--|--|--|---|--------------------------------|
| 1. AMENDMENT/MODIFICATION NO.<br>P00002  |  | 2. EFFECTIVE DATE<br>83 OCT 01             | 3. REQUISITION/PURCHASE REQUEST NO.<br>M93170-3313-0271 | 4. PROJECT NO. (If applicable) |
| 5. ISSUED BY<br>CONTRACTING DIVISION<br>P.O. BOX 8368, MCB<br>CAMP LEJEUNE, NC 28542 |  | 6. ADMINISTERED BY (If other than block 5) | CODE  |                                |

|  |               |  |
|--|---------------|--|
| 7. CONTRACTOR NAME AND ADDRESS<br>CODE   | FACILITY CODE | 8. AMENDMENT OF SOLICITATION NO.   |
| GRAINGER LABORATORIES<br>5500 COMMERCIAL AVE<br>RALEIGH, NC 27612<br>(Street, city, county, state, and ZIP Code) | 5A/3S         | <input type="checkbox"/> AMENDMENT OF SOLICITATION NO. _____<br>DATED _____ (See block 9)<br><input checked="" type="checkbox"/> MODIFICATION OF CONTRACT/ORDER NO. M67001-83-M-5089<br>DATED 83 MAY 18 (See block 11) |

9. THIS BLOCK APPLIES ONLY TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in block 12. The hour and date specified for receipt of Offers  is extended,  is not extended.

Offerors must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation, or as amended, by one of the following methods:

(a) By signing and returning \_\_\_\_\_ copies of this amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE ISSUING OFFICE PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If, by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided such telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

10. ACCOUNTING AND APPROPRIATION DATA (If required)

1741106.2720 000 67001 0 067001 2D 000000 423K8402392T NO INC/NO DEC

11. THIS BLOCK APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS

(a)  This Change Order is issued pursuant to \_\_\_\_\_  
The Changes set forth in block 12 are made to the above numbered contract/order.

(b)  The above numbered contract/order is modified to reflect the administrative changes (such as changes in paying office, appropriation data, etc.) set forth in block 12.

(c)  This Supplemental Agreement is entered into pursuant to authority of \_\_\_\_\_  
It modifies the above numbered contract as set forth in block 12.

12. DESCRIPTION OF AMENDMENT/MODIFICATION

CHANGE ADDRESS AS IT APPEARS IN BLOCK 7 ABOVE IN LIEU OF 709 WEST JOHNSON ST., RALEIGH, NC 27603

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME.

**CLW**  
0000005403

Except as provided herein, all terms and conditions of the document referenced in block 8, as heretofore changed, remain unchanged and in full force and effect.

|  |   |   |                           |
|--|---|---|---------------------------|
| 13. <input checked="" type="checkbox"/> CONTRACTOR/OFFEROR IS NOT REQUIRED TO SIGN THIS DOCUMENT <input type="checkbox"/> CONTRACTOR/OFFEROR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN _____ COPIES TO ISSUING OFFICE |   |   |                           |
| 14. NAME OF CONTRACTOR/OFFEROR<br>BY _____<br>(Signature of person authorized to sign)   | 17. UNITED STATES OF AMERICA<br>BY <i>Ione O. Holsonback</i><br>PURCHASING OFFICER (Signature of Contracting Officer) |   |                           |
| 15. NAME AND TITLE OF SIGNER (Type or print)   | 16. DATE SIGNED   | 18. NAME OF CONTRACTING OFFICER (Type or print)<br>IONE O. HOLSONBACK | 19. DATE SIGNED<br>2-3-84 |

# AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

|   |                                       |   |                                |
|---|---------------------------------------|---|--------------------------------|
| 1. AMENDMENT/MODIFICATION NO.<br><b>P00001</b>  | 2. EFFECTIVE DATE<br><b>83 OCT 01</b> | 3. REQUISITION/PURCHASE REQUEST NO.<br><b>SEE BELOW</b> | 4. PROJECT NO. (If applicable) |
| 5. ISSUED BY<br><b>CONTRACTING DIVISION<br/>P.O. BOX 8368, MCB<br/>CAMP LEJEUNE, NC 28542</b> |                                       | 6. ADMINISTERED BY (If other than block 5)              |                                |

|   |  |   |
|---|--|---|
| 7. CONTRACTOR NAME AND ADDRESS<br><b>GRAINER LABORATORIES<br/>709 WEST JOHNSON STREET<br/>RALEIGH, NC 27603</b> | 8. AMENDMENT OF SOLICITATION NO.<br><input type="checkbox"/> | 8. MODIFICATION OF CONTRACT/ORDER NO. <b>M67001-83-M-5089</b> |
| <i>(Street, city, county, state, and ZIP Code)</i>  | DATED _____ (See block 9)                                    | DATED <b>83 MAY 18</b> (See block 11)                         |

9. THIS BLOCK APPLIES ONLY TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in block 12. The hour and date specified for receipt of Offers  is extended,  is not extended.

Offerors must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation, or as amended, by one of the following methods:

(a) By signing and returning \_\_\_\_\_ copies of this amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE ISSUING OFFICE PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If, by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided such telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

10. ACCOUNTING AND APPROPRIATION DATA (If required)

**SEE BELOW**

11. THIS BLOCK APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS

(a)  This Change Order is issued pursuant to \_\_\_\_\_

The Changes set forth in block 12 are made to the above numbered contract/order.

(b)  The above numbered contract/order is modified to reflect the administrative changes (such as changes in paying office, appropriation data, etc.) set forth in block 12.

(c)  This Supplemental Agreement is entered into pursuant to authority of \_\_\_\_\_

It modifies the above numbered contract as set forth in block 12.

12. DESCRIPTION OF AMENDMENT/MODIFICATION

1) CORRECT ORDER TO READ AS FOLLOWS;  
~~M93170-3136-1481~~  
 1731106.2720 000 67001 0 067001 2D 000000 323K8402392T \$908.00  
 FOR THE PERIOD: 01 JUNE 1983 THROUGH 30 SEPTEMBER 1983.

2) ADD ACCOUNTING AND APPROPRIATION DATA AS FOLLOWS FOR THE PERIOD:  
 01 OCTOBER 1983 - 31 MAY 1984:  
~~M93170-3313-0271~~  
 1741106.2720 000 067001 0 067001 2D 000000 423K8402392T \$1816.00

TOTAL AMOUNT OF ORDER REMAINS: 2724.00 NO INC/DEC

**CLW**  
**0000005404**

Except as provided herein, all terms and conditions of the document referenced in block 8, as heretofore changed, remain unchanged and in full force and effect.

|  |                 |   |                 |
|--|-----------------|---|-----------------|
| 13. <input checked="" type="checkbox"/> CONTRACTOR/OFFEROR IS NOT REQUIRED TO SIGN THIS DOCUMENT |                 | <input type="checkbox"/> CONTRACTOR/OFFEROR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN _____ COPIES TO ISSUING OFFICE |                 |
| 14. NAME OF CONTRACTOR/OFFEROR   |                 | 17. UNITED STATES OF AMERICA  |                 |
| BY _____<br>(Signature of person authorized to sign)   |                 | BY <u>Ione O. Holsonback</u><br>(Signature of Contracting Officer)  |                 |
| 15. NAME AND TITLE OF SIGNER (Type or print)   | 16. DATE SIGNED | 18. NAME OF CONTRACTING OFFICER (Type or print)   | 19. DATE SIGNED |
|  |                 | IONE O. HOLSONBACK  | 11-21-83        |

|  |  |   |             |
|--|--|---|-------------|
| <input checked="" type="checkbox"/> CHECKED, BOX APPLIES | <input checked="" type="checkbox"/> ORDER FOR SUPPLIES OR SERVICES | <input type="checkbox"/> REQUEST FOR QUOTATIONS NO. | PAGE 1 OF 3 |
|  |  | RETURN COPY(IES) OF THIS QUOTE L.                   | 3           |
|  |  | (THIS IS NOT AN ORDER. See DD Form 1155r)           |             |

|   |                       |                               |  |  |
|---|-----------------------|-------------------------------|--|--|
| 1. CONTRACT/PURCH ORDER NO.<br>M67001-83-M-5089 | 2. DELIVERY ORDER NO. | 3. DATE OF ORDER<br>83 MAY 18 | 4. REQUISITION/PURCH REQUEST NO.<br>M93170-3136-1481 | 5. CERTIFIED FOR NATIONAL DEFENSE UNDER DMS REG 1 DO |
|---|-----------------------|-------------------------------|--|--|

|   |             |                                       |  |
|---|-------------|---------------------------------------|--|
| 6. ISSUED BY:<br>CONTRACTING DIVISION<br>P. O. Box 8368, Marine Corps Base<br>Camp Lejeune, North Carolina 28542<br>83-M-5089 | CODE M67001 | 7. ADMINISTERED BY: (If other than 6) | 8. DELIVERY FOB<br><input checked="" type="checkbox"/> DEST<br><input type="checkbox"/> OTHER<br>(See Schedule if other) |
|---|-------------|---------------------------------------|--|

|   |      |               |  |  |
|---|------|---------------|--|--|
| 9. CONTRACTOR/QUOTER<br>NAME AND ADDRESS<br>GRAINGER LABORATORIES<br>709 WEST JOHNSON STREET<br>RALEIGH, NC 27603 | CODE | FACILITY CODE | 10. DELIVER TO FOB POINT BY:<br>SEE SCHEDULE               | 11. CHECK IF<br><input checked="" type="checkbox"/> SMALL BUSINESS<br><input type="checkbox"/> MINORITY BUSINESS |
|   |      |               | 12. DISCOUNT TERMS<br>NET 30                               |  |
|   |      |               | 13. MAIL INVOICES (with Quadruplicate)<br>SEE PARAGRAPH IV |  |

|                          |      |  |             |  |
|--------------------------|------|--|-------------|--|
| 14. SHIP TO:<br>SERVICES | CODE | 15. PAYMENT WILL BE MADE BY:<br>Base Disbursing Officer<br>MCB, Camp Lejeune, North Carolina 28542 | CODE M67001 | MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER |
|--------------------------|------|--|-------------|--|

|  |   |    |
|--|---|----|
| 16. DELIVERY                                 | This delivery order is subject to instructions contained on this side of form only and is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.   | NC |
| PURCHASE <input checked="" type="checkbox"/> | Reference your TELEQUOTE 83 MAY 18, furnish the following on terms specified herein, including, for U.S. purchases, General Provision of Purchase Order on DD Form 1155r (EXCEPT CLAUSE NO. 13 APPLIES ONLY IF THIS BOX <input type="checkbox"/> IS CHECKED, AND NO. 15 IF THIS BOX <input type="checkbox"/> IS CHECKED); special provisions; and delivery as indicated. This purchase is negotiated under authority of |    |
|  | 10 USC 2304 (a)(3) or as specified in the schedule if within the U. S., its possessions or Puerto Rico; if otherwise, under 2304(a) (6).<br><input type="checkbox"/> If checked, Additional General Provisions apply; Supplier shall sign "Acceptance" on DD Form 1155r and return copies.  |    |

17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE

1. 1731106.2720 000 67001 0 067001 2D 000000 323K8402392T \$2724.00

| 18. ITEM NO. | 19. PRIORITY: 07 SCHEDULE OF SUPPLIES/SERVICES  | 20. QUANTITY ORDERED/* ACCEPTED | 21. UNIT | 22. UNIT PRICE | 23. AMOUNT |
|--------------|---|---------------------------------|----------|----------------|------------|
| I.           | THIS IS A CONFIRMING ORDER.....Confirms telephonic order of same number and date given to your MR. HARGETT by our SGT. BRYSON . DO NOT DUPLICATE SHIPMENT.<br>SERVICES TO ANALYZE WATER SAMPLES TRIALOMETHANES, SERVICES TO BE PERFORMED IN ACCORDANCE WITH CONTRACTOR'S COMMERCIAL PRACTICE IN THE PERFORMANCE AND PRICES OFFERED HIS MOST FAVORED CUSTOMERS, FOR THE PERIOD INDICATED IN PARAGRAPH II<br>INQUIRIES REGARDING THIS ORDER SHOULD BE MADE TO: SGT BRYSON /919-451-5095<br>SEE PAGE #2 (PLUS ANY ADDITIONAL PAGES), for listing of items. |                                 |          |                |            |

|   |  |                     |
|---|--|---------------------|
| * If quantity accepted by the Government is same as quantity ordered, indicate by <input checked="" type="checkbox"/> mark. If different, enter actual quantity accepted below quantity ordered and encircle. | 24. UNITED STATES OF AMERICA<br><i>Ione O. Holsonback</i><br>IONE O. HOLSONBACK PURCHASING OFFICER<br>CONTRACTING/ORDERING OFFICER | 25. TOTAL \$2724.00 |
|---|--|---------------------|

|   |  |   |                         |
|---|--|---|-------------------------|
| 26. QUANTITY IN COLUMN 20 HAS BEEN:<br><input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED | 27. SHIP NO.   | 28. D.O. VOUCHER NO.                            | 29. DIFFERENCES         |
| DATE SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE  | <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL  | 32. PAID BY<br>67001-<br>SYM #.5190<br>MCB CLNC | 30. INITIALS            |
| 36. I certify this account is correct and proper for payment.<br>T. R. DEDMOND Fiscal Acctg. Supv.  | 31. PAYMENT<br><input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL | 33. AMOUNT VERIFIED CORRECT FOR                 | 34. CHECK NUMBER<br>CLW |
| DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER  | 37. RECEIVED AT  | 38. RECEIVED BY                                 | 39. DATE RECEIVED       |
|   | 40. TOTAL CONTAINERS   | 41. S/R ACCOUNT NUMBER                          | 0000005405              |



CONTINUATION SHEET

REF. NO.

DOC. BEING CONT'D.

PAGE

OF

3U

M67001-83-M-5089

3

3

NAME OF OFFEROR OR CONTRACTOR

GRAINGER LABORATORIES

| ITEM NO. | SUPPLIES/SERVICES  | QUANTITY | UNIT | UNIT PRICE                                    | AMOUNT                                       |
|----------|--|----------|------|---|--|
| III.     | <p><u>HOURS OF WORK:</u> All service performed on Government Property under the terms of this Agreement shall be accomplished during regular work hours (8:00 AM to 4:30 PM, Monday through Friday) except Federal Holidays observed by this installation, and except as otherwise provided in the above referenced Agreement.</p>   |          |      |   |  |
| IV.      | <p><u>BILLING INSTRUCTIONS:</u></p> <p>A. INVOICE (S), in quadruplicate, (4 copies), shall be rendered within thirty (30) days of the end of <u>EACH INSPECTION PERIOD</u>, whether it be bi-monthly, quarterly, semi-annually, or annually, to:</p> <p style="padding-left: 40px;">NREAB<br/>                     BLDG #1103<br/>                     CAMP LEJEUNE, NC 28542<br/>                     83-M-5089</p> <p>B. INVOICE (S), shall cite the applicable order number (See Block # 1, on Page #1), the period billed, and the prorated amount for the period.</p>   |          |      |   |  |
| V.       | <p><u>TECHNICAL REPRESENTATIVE OF THE CONTRACTING OFFICER:</u></p> <p>The <u>NREAB OFFICER OF BASE MAINTENANCE OFFICE</u>, , or his designated Representative, is hereby appointed the Technical Representative of the Contracting Officer for the purpose of ordering all <u>EMERGENCY/INTERVENING SERVICES</u> required under this Agreement; for the surveillance and verification of required routine inspections, and for the certification of all invoices submitted hereunder.</p>  |          |      |   |  |
| VI.      | <p><u>FOR DOD ADMINISTRATIVE USE ONLY:</u> The <u>NREAB OFFICER</u> shall advise the Contracting Officer of any problems encountered in the administration of this Agreement and shall furnish a "FINAL RECEIVING REPORT, at the end of the Contract Term. <u>SEND TO:</u> CONTRACTING DIVISION, P.O. BOX 8368, Camp Lejeune, N.C. 28542.</p>  |          |      |   |  |
| VII.     | <p><u>AVAILABILITY OF FUNDS FOR NEXT FISCAL YEAR.</u> (1975 JUN)</p> <p>Funds are not presently available for performance under this contract beyond <u>30 SEPTEMBER 83</u>. The Government's obligation for performance of this contract beyond this date is contingent upon the availability of appropriated funds from which payment for the contract purposes can be made. No legal liability on the part of the Government for payment of any money for performance under this contract beyond <u>30-SEPTEMBER 83</u> shall arise unless and until funds are made available to the Contracting Officer for such performance and notice of such availability, to be confirmed in writing by the Contracting Officer, is given to the Contractor.</p> |          |      | <p style="text-align: center;"><b>CLW</b></p> | <p style="text-align: center;">000005407</p> |