

08.01-03/04/92-00043



DEPARTMENT OF THE NAVY
ATLANTIC DIVISION
NAVAL FACILITIES ENGINEERING COMMAND
NORFOLK, VIRGINIA 23511-6287

TELEPHONE NO.
(804) 445-1814
IN REPLY REFER TO:
5090
1822:LAB:srw

04 MAR 1992

REGISTERED MAIL - RETURN RECEIPT REQUESTED

State of North Carolina
Department of Environment,
Health, and Natural Resources
Attn: Mr. Jack Butler
Division of Solid Waste Management
P.O. Box 27687
Raleigh, North Carolina 27611-7687

Re: MCB Camp Lejeune Installation Restoration Program;
Notification of New Site (Building 45)

Dear Mr. Butler:

In accordance with Section IXV. REPORTING of the Federal Facilities Agreement (FFA), we declare the Building 45 Area on MCB Camp Lejeune to be a "Significant New Site Condition" as defined in Section III. DEFINITIONS of the FFA. Conditions at the Building 45 Area that warrant this declaration are identified as follows:

- a. Prior to 1942, this area was owned and operated by Tidewater Electric Company. We presently have no records concerning their operations or use of the area.
- b. In the wooded area behind the building, there is evidence (concrete rubble, old power pole guy wires, rebar, and a recently removed capacitor) of a construction debris type former landfill.
- c. This area is located adjacent to Highway 24 and the New River.

We intend to conduct a Site Inspection of this area during the time at which we conduct Site Inspections at other sites, as identified in the Site Management Plan.

If you have any questions or comments, please contact Ms. Laurie Boucher, MCB Camp Lejeune Remedial Program Manager, at (804) 445-1814.

Sincerely,

P. A. RAKOWSKI, P.E.
Head
Environmental Programs Branch
Environmental Quality Division
By direction of the Commander

Copy to:
EPA Region IV (Ms. Michelle Glenn)
MCB Camp Lejeune (AC/S, Environmental Management)

Blind copy to:
1822 (LAB) (Certified #P 796 524 374)
1822 Admin. Record File
18S
LANTDIV Reading File
LABDOC:DHRISIT83.LAB

P 796 524 374
RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to	State of N. Carolina
Dept of	Environment, Health
Street and No.	and Natural Resources
P.O. Box	27687
P.O. State and ZIP Code	Raleigh, NC 27611-7687
Postage	S
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date	

PS Form 3800, June 1985

Fold at line over top of envelope to the right of the return address

CERTIFIED

P 796 524 374

MAIL

● **SENDER:** Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. Restricted Delivery
 ↑(Extra charge)↑ ↑(Extra charge)↑

3. Article Addressed to: **State of N. Carolina**
Mr. Jack Butler
Dept. of Environment, Health and Natural Resources
P.O. Box 27687
Raleigh, NC 27611-7687

4. Article Number
P 796 524 374

Type of Service:
 Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
X

6. Signature - Agent
X

7. Date of Delivery

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Mar. 1987 ★ U.S.G.P.O. 1987-178-268 **DOMESTIC RETURN RECEIPT**

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery
↑(Extra charge)↑ ↑(Extra charge)↑

3. Article Addressed to: <u>State of N. Carolina</u> <u>Mr. Jack Butler</u> <u>Dept. of Environment, Health</u> <u>and Natural Resources</u> <u>P.O. Box 27687</u> <u>Raleigh, NC 27611-7687</u>	4. Article Number <u>P 796 524 374</u>
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee X	8. Addressee's Address (<i>ONLY if requested and fee paid</i>)
6. Signature - Agent X <i>[Signature]</i>	
7. Date of Delivery <u>3-13-82</u>	

PS Form 3811, Mar. 1987 ★ U.S.G.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT