

08.01-11/13/91-00053



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

TELEPHONE NO.  
(804) 445-1814

5090 IN REPLY REFER TO:  
1822:LAB:srw

18 NOV 1991

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; Sampling Data for Site Inspections at  
Sites 3, 7, 43, 44, 54, 63, 65, 80, and 82

Dear Mr. Butler:

As required by the MCB Camp Lejeune Federal Facilities Agreement (FFA) Section XVII., SAMPLING AND DATA DOCUMENT AVAILABILITY, LANTNAVFACENGCOM provides, within 120 days after collection, the quality assured sampling results for this field effort. Sample collection was completed late July 1991 for Sites 3, 7, 54, 80, and 82 and late August 1991 for Sites 43, 44, 63, and 65.

If you have any questions concerning this information, contact Ms. Laurie A. Boucher, P.E., at (804) 445-1814.

Sincerely,

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

Enclosure: MCB Camp Lejeune; Sampling Data for Site Inspections  
at Sites 3, 7, 43, 44, 54, 63, 65, 80 and 82

Copy to:  
MCB Camp Lejeune (AC/S, Environmental Management) (w/o encl)  
Halliburton NUS (w/o encl)  
(Attn: Mr. Daryl Hutson)

**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)↑

<b>3. Article Addressed to:</b> State of North Carolina Dept. of Environment, Health, and Natural Resources Div. of Solid Waste Management P.O. Box 27687 Raleigh, NC 27611-7687 Attn: Mr. Jack Butler	<b>4. Article Number</b> P 681 351 951 <b>Type of Service:</b> <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <b>Always obtain signature of addressee or agent and DATE DELIVERED.</b>
<b>5. Signature - Addressee</b> X	<b>8. Addressee's Address (ONLY if required and fee paid)</b>   
<b>6. Signature - Agent</b> X <i>Mullins</i>	
<b>7. Date of Delivery</b> 11/28/84	

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

PS Form 3800, Feb. 1982      ★ U.S.G.P.O. 1983-403-517      Code 1822:LAP

P 681 351 951

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
 NOT FOR INTERNATIONAL MAIL

(See Reverse)

State of North Carolina	
Dept. of Environment, Health and Natural Resources	
Div. of Solid Waste Mgmt.	
P.O. Box 27687	
Raleigh, NC 27611-7687	
Attn: Jack Butler	
Postage	\$
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	\$
Postmark or Date	

