

01,01-07/19/91-00154

(804) 445-1814

5090
1822:LAB:srw

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

19 JUL 1991

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: Field Schedule for Site Inspections at MCB Camp Lejeune

Dear Mr. Butler:

As stated in the Draft Final Work Plan (May, 1991) for these site inspections, the schedule for field work at Sites 1, 43, 63, and 65 at MCB Camp Lejeune would be forwarded to your office as soon as it became finalized. This schedule is provided as enclosure (1). It should be noted that this schedule is subject to minor changes in the field. The consultant conducting this field effort is Michael Baker Corporation located in Pittsburgh, Pennsylvania.

Our point of contact for questions concerning this matter is Ms. Laurie 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

Copy to:
N.C. DEHNR
MCB Camp Lejeune (AC/S, Environmental Management)

Blind copy to:
1822 (LAB) (Certified Mail No. P 982 093 096)
1822 Admin. Record File
09A21/18S/LANTDIV Reading File/LABDOC:DHRSCHED

**TENTATIVE SCHEDULE
SITES 1, 43, 63, AND 65 SITE INSPECTIONS
MCB CAMP LEJEUNE**

<u>Date</u>	<u>Action</u>
July 27	Soil borings (Site 44)
July 28	Soil borings/wells (Site 44)
July 29	Wells (Site 44)
July 30	Wells (Site 44)
July 31	Soil borings (Site 43)
August 5	Soil borings/wells (Site 43)
August 6	Wells (Site 43)
August 7	Wells (Site 43)
August 8	Soil borings (Site 43)
August 9	Soil borings/wells (Site 63)
August 10	Wells (Site 63)
August 11	Soil borings/wells (Site 65)
August 12	Soil borings/wells (Site 65)
August 13	Wells (Site 65)
August 14	Wells (Site 65)
August 19	Well development
August 20	Well development
August 21	Well development
August 22	Coordinate surveying
August 23	Well sampling
August 24	Well sampling
August 25	Well sampling
August 26	Well sampling

Enclosure (1)

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
 Mr. Ray Humphries
 514 Bryn Marr Rd.
 Jacksonville, NC 28540

4a. Article Number
 R 195 341 096

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
 8-23-91 RK

5. Signature (Addressee)

Ray Humphries

6. Signature (Agent)

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

PS Form 3811, November 1990 * U.S. GPO: 1991-287-066

DOMESTIC RETURN RECEIPT

P 932 043 096

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, June 1985 Code 1822, Laurie Boucher

State of North Carolina	
Dept. of Environment, Health and Nat. Resources	
Division of Solid Waste Management, P.O. Box 27687	
Raleigh, NC 27611-7687	
ATTN: Mr. Jack Butler	
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	

