



DEPARTMENT OF THE NAVY
ATLANTIC DIVISION
NAVAL FACILITIES ENGINEERING COMMAND
1510 GILBERT ST
NORFOLK VA 23511-2699

03.01-11/1/95-01592

TELEPHONE NO:

(804) 322-4818
IN REPLY REFER TO:

5090
18236:KHL:srw

01 NOV 1995

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

North Carolina Department of Environment,
Health, and Natural Resources
Attn: Mr. Patrick Watters
P.O. Box 27687
401 Oberlin Road
Raleigh, North Carolina 27611

Re: MCB Camp Lejeune
Response to Comments
Draft RI Report
Operable Unit 8 (Site 16)

Dear Mr. Watters:

Enclosed are Navy/Marine Corps responses to NCDEHNR comments on the above-referenced document. As previously discussed, these responses to comments are being submitted in lieu of a Draft Final RI report for Site 16. Changes reflecting these comments will be included in the Final RI report.

In order to meet the submittal date of December 27, 1995 for the Final RI report, please provide any comments on the enclosed responses by November 27, 1995. Please direct your comments and any questions to Ms. Katherine Landman at (804) 322-4818.

Sincerely,

L. G. SAKSVIG, P.E.

Head

Installation Restoration Section
(South)

Environmental Programs Branch
Environmental Quality Division
By direction of the Commander

Enclosure

Copy to:

EPA Region IV (Ms. Gena Townsend)
MCB Camp Lejeune (Mr. Neal Paul)
Baker Environmental, Inc. (Mr. Matt Bartman)
Activity Admin Record File

**Response Comments Submitted by
State of North Carolina Department of Environment, Health and Natural Resources
on the Draft RI for CTO-0274, Operable Unit No. 8 (Site 16)
MCB, Camp Lejeune, North Carolina**

Comment Letter by Mr. Patrick Watters dated October 11, 1995

Responses to Specific Comments

1. (Table 6-7) Table 6-7 will be revised to include the NC Surface Water Quality Standards for the following contaminants:

Arsenic	50	ug/L
Barium	1000	ug/L
Chromium	50	ug/L
Iron	1000	ug/L
Lead	25	ug/L
Manganese	200	ug/L
Silver	0.06	ug/L

Is your RETURN ADDRESS completed on the reverse side?

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 will show to whom the article was delivered and the date delivered.

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:
 NC DEPT OF ENVIRONMENT, HEALTH &
 NAT'L RESOURCES
 ATTN MR PATRICK WATTERS
 PO BOX 27687
 401 OBERLIN RD
 RALEIGH NC 27611

4a. Article Number
 P 075 318 574

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

7. Date of Delivery

5. Signature (Addressee)

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

6. Signature (Agent)

PS Form 3811, December 1991 U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

PS Form 3800, June 1991

MAIL

CERTIFIED

P 075 318 574

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

Receipt for Certified Mail

No Insurance Coverage Provided (See Reverse)

1823 (MMG)
 P 075 318 574

NC DEPT OF ENVIRONMENT, HEALTH & NAT'L RESOURCES
 ATTN MR PATRICK WATTERS
 PO BOX 27687
 401 OBERLIN RD
 RALEIGH NC 27611

Special Delivery Fee
 Restricted Delivery Fee
 Return Receipt Showing to Whom & Date Forwarded
 Return for old Showing to Whom, Name, and Addressee's Address
 TOTAL Postage & Fees
 Postmark or Date