

12/13/91

(804) 445-1814

5090
1822:LAB:srw

12 DEC 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: Expedited Site Schedule for MCB Camp Lejeune

Dear Mr. Butler:

The enclosed Draft Expedited Site Schedule is the product of efforts by LANTNAVFACENGCOM and MCB Camp Lejeune to expedite Remedial Investigation/Feasibility Study (RI/FS) activities at MCB Camp Lejeune to the maximum extent practicable. This expedited schedule was derived from, but does not replace, the work schedules in the Site Management Plan (SMP).

Although this Expedited Site Schedule was developed at the request of the Environmental Protection Agency Region IV, as the State is a party to the MCB Camp Lejeune Federal Facility Agreement we would like your input to this document. As agreed during our meetings in September and October with the Environmental Protection Agency Region IV, the Expedited Site Schedule is not enforceable and is not a part of the MCB Camp Lejeune FFA. However, it is our intent to give our best effort in support of the Expedited Site Schedule attached hereto.

The Expedited Site Schedule, although not part of the MCB Camp Lejeune Site Management Plan (SMP), will be reevaluated and updated annually along with the SMP. Additional sites will be added to the Expedited Site Schedule as RI/FS Work Plan development for sites are initiated.

Re: Expedited Site Schedule for MCB Camp Lejeune

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:

EPA Region IV (Attn: Mr. Carl Froede)
MCB Camp Lejeune (AC/S, Environmental Management)

Blind copy to:

1822 (LAB) (Registered Mail #P 796 524 376)

1822 Admin. Record File

09C (18C:JTT)

18S

LANTDIV Reading File

LABDOC:DHREXSCD.LAB

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 North Carolina Dept. of Environment, Health, and Natural Resources Div. of Solid Waste Mgmt. P.O. Box 27687 Raleigh, NC 27611-7687 (Attn: Mr. Jack Butler)	4. Article Number P 796 524 376
5. Signature - Addressee X	Type of Service: <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
6. Signature - Agent X <i>[Signature]</i>	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery <i>12-17-91</i>	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

P 796 524 376
RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Code 1822: Laurie Boucher
 PS Form 3800, June 1985

Sent to State of North Carolina Dept. of Environment, Health, and Nat. Resources Div. of Solid Waste Mgmt. P.O. Box 27687 Raleigh, NC 27611-7687 (Attn: Mr. 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	

