

06.01-11/28/97-01915

(757) 322-4751

5090

1823:RGS:cag

NOV 28 1997

CERTIFIED MAIL RETURN RECEIPT REQUESTED

North Carolina Department of Environment,  
Health, and Natural Resources  
Attn: Mr. Dave Lown, L.G., P.E.  
P.O. Box 27687  
401 Oberlin Road  
Raleigh, North Carolina 27611

Re: Comments on the Draft Remedial Action Work Plan  
for PCB Soil Removal at OU6, Site 36, Camp Geiger  
Dump, Marine Corps Base, Camp Lejeune

Dear Mr. Lown:

Based on your review comments dated August 8 and 12, 1997,  
the subject document was modified to incorporate your  
comments. The Time Critical Removal Action was completed  
during the month of October, 1997, and the Close Out Report  
is currently being finalized.

Please direct any questions or comments to Ms. Kate Landman  
at (757) 322-4818.

Sincerely,

L. G. SAKSVIG, P.E.  
Head  
Installation Restoration Section  
(South)  
Environmental Programs Branch  
Environmental Division  
By direction of the Commander

Blind copy to:  
Activity Admin Record File  
18233  
18232  
1823 (MMG)  
18S  
dol22wpstate.bgs

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  
 AND NAT'L RESOURCES  
 ATTN MR DAVE LOWN  
 PO BOX 27687  
 401 OBERLIN RD  
 RALEIGH NC 27611

4a. Article Number  
 P 075 318 866

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

7. Date of Delivery

5. Signature (Addressee)  
 RALEIGH NC 27611

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

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

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

**CERTIFIED MAIL**

P 075 318 866

PS Form 3800, June 1991

NO. DEPT OF ENVIRONMENT HEALTH	
AND NAT'L RESOURCES	
Street and No.	
ATTN MR DAVE LOWN	
P.O. Street and No.	
PO BOX 27687	
401 OBERLIN RD	
RALEIGH NC 27611	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

**Receipt for Certified Mail**

No Insurance Coverage Provided  
 Do not use for International Mail  
 (See Reverse)

P 075 318 866

1823 RGS