

Concrete Slab Demolition
Contract No: N40085-07-R-0096

Scope of Work:

Remove various concrete slabs located within known contaminated areas. Work involves the removal and disposal of potentially hazardous materials.

- Locate Individual Slabs
 - o Demolish and remove slabs to grade.
- Sample and Analysis Concrete
 - o Non-contaminated concrete may be taken to the Base Treatment and Processing Facility
 - o Contaminated concrete must be disposed of as hazardous waste.
- Transportation and Disposal
 - o Hazardous waste shall be properly manifested and transported off site
- Grading and Seeding
 - o Re-grade and seed affected areas
- Documentation – Provide the following:
 - o Work Plan
 - o Sampling and Analysis Plan (SAP)
 - o Health and Safety Plan (HASP)
 - o Final Report – Describing waste contaminants disposed at each site.
 - o ARC/GIS coverage of all slab locations

The following Reference Drawings are included:

4542715, 4542717, 4542718, 452727, 4542757, 4542773, 4542789, 4542790, and 4542791

SECTION 01315

TRANSFER AND ACCEPTANCE OF MILITARY REAL PROPERTY

01/06

PART 1 GENERAL

1.1 SUBMITTALS

The following shall be submitted in accordance with Section 01330 SUBMITTAL PROCEDURES:

SD-11 Closeout Submittals

Interim DD-1354, Transfer & Acceptance of Military Real Property

1.2 Interim DD-1354, Transfer & Acceptance of Military Real Property

Submit Interim DD-1354 thirty (30) days prior to beneficial occupancy date (draft copy attached).

PART 2 PRODUCTS

Not Used.

PART 3 EXECUTION

Not Used.

-- End of Section --

TITLE:

TRANSFER AND ACCEPTANCE OF MILITARY REAL PROPERTY

Form Approved
OMB No. 0704-0188

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The public reporting burden for the collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION

1. FROM (Installation/Activity/District and ZIP Code) ROICC/OICC JACKSONVILLE, NORTH CAROLINA AREA 1005 MICHAEL ROAD CAMP LEJEUNE, NC 28542-2521	2. DATE PREPARED (YYYYMMDD) 2007 09 12	3. PROJECT/JOB NUMBER 07-0096	4. SERIAL NUMBER 07-157	9. TRANSACTION DETAILS a. <input type="checkbox"/> NEW CONST. <input type="checkbox"/> EXISTING FAC. <input checked="" type="checkbox"/> CAPITAL IMP. <input type="checkbox"/> OTHER (Specify) b. <input type="checkbox"/> PHYS. COM. AVAIL. <input type="checkbox"/> BENF/O <input type="checkbox"/> PARTIAL BOD <input type="checkbox"/> FINANCIAL COM. <input checked="" type="checkbox"/> OTHER (Specify) Draft c. <input checked="" type="checkbox"/> DRAFT <input type="checkbox"/> FINAL <input type="checkbox"/> INTERIM d. EFFECTIVE DATE (YYYYMMDD)	
5. TO (Installation/Activity/Service, ZIP Code & INSNO) COMMANDING GENERAL ATTN: PUBLIC WORKS DIVISION MARINE CORPS BASE PSC BOX 20004 CAMP LEJEUNE, NC 28542-0004	6. SITE/INSNO/NAME M67001	7. CONTRACT NUMBER(S) 07-0096	8. DRAWING NUMBER(S) See Continuation		

10. ITEM NO.	11. FACILITY NO.	12. CATEGORY CODE	13. CATCODE DESCRIPTION	14. TYPE	AREA		OTHER		19. COST	20. FUND SOURCE	21. FUND ORG	22. INTEREST CODE	23. ITEM REMARKS
					15. UNIT OF MEAS 1	16. TOTAL QUANTITY UM 1	17. UNIT OF MEAS 2	18. TOTAL QUANTITY UM2					
1	1700	82109	CENTRAL HEATING PLANT		SF	42038				3	8		
2	PT6	61010	HAZ FLAM STHSE		SF	400				3	8		
3	1101	44110	GEN WHSE EXCHG STOR		SF	71960				3	8		
4	1707	17110	DIV MT OPS/TRNG FACILITY		SF	5048				3	8		
5	D25	14378	HAZMAT STOR DEVIL DOG		SF	140				3	8		
6	TC846	61071	ADMIN OFFICE		SF	9393				3	8		
7	STC509	84140	WATER STRGE TANK POT							3	8		

a. TRANSFERRED BY (Typed Name and Signature)	d. DATE SIGNED (YYYYMMDD)	25.a. ACCEPTED BY (Typed Name and Signature)	b. DATE SIGNED (YYYYMMDD)
c. TITLE (Area Engr./Base Engr./DPW)		c. TITLE (DPW/RPAO)	26. PROPERTY VOUCHER NUMBER

27. CONSTRUCTION DEFICIENCIES (attach blank sheet for continuations)

28. PROJECT REMARKS (attach blank sheet for continuation)

Demo varios concrete slabs within contaminated areas

Height: N/A Width: N/A Length: N/A Regular: N/A

S & A Cost: N/A

Construction Cost:

Subtotal:

Equipment Cost: N/A

Total cost:

DD 1354 Prepared by David DeLeonard, 910-451-5507 ext 262

INSTRUCTIONS

GENERAL. This form has been designed and issued for use in connection with the transfer of military real property between the military departments and to or from other government agencies. It supersedes ENG Forms 290 and 290B (formerly used by the Army and Air Force) and NAVDOCKS Form 2317 (formerly used by the Navy).

Existing instructions issued by the military departments relative the the preparation of DD Form 1354 are applicable to this revised form to the extent that the various items and columns on the superseded forms have been retained. The military departments may promulgate additional instructions, as appropriate.

For detailed instructions on how to fill out this form, please refer to Unified Facilities Criteria (UFC) 1-300-08, dated 17 December 2003.

SPECIFIC DATA ITEMS.

1. **From.** Name and address of the transferring agency.
2. **Date Prepared.** Date of actual preparation. Enter all dates in YYYYMMDD format (Example: March 31, 2004 = 20040331).
3. **Project/Job Number.** Project number on a DD Form 1354 or Individual Job Order Number.
4. **Serial Number.** Sequential serial number assigned by the preparing organization. (e.g., 2004-0001).
5. **To.** Name and address of the receiving installation, activity, and service of the Real Property Accountable Officer (RPAO).
6. **Site/INSNO and Name.** Site or installation number and site name where the constructed facility is located.
7. **Construct Number(s).** Contract number(s) for this project.
8. **Drawing Number(s).** Drawing number(s) or CAD identifier(s) for project components.
9. **Transaction Details.**
 - a. Type of Transaction. Mark (X) only one box.
 - b. When/Event. When or event causing preparation of DD Form 1354. X only one box.
 - c. Version, Draft, Interim, or Final DD Form 1354. X only one box.
 - d. Effective Date. Effective date for transaction; start date of depreciation.
10. **Item Number.** Use a separate item number for each facility, no item number for additional usages.

11. **Facility Number.** Unique facility number identified in Real Property Inventory.
12. **Category Code.** The category code describes the facility usage.
13. **Catcode Description.** The category code name which describes the facility usage.
14. **Type.** Type of construction. P for Permanent; S for Semipermanent; T for Temporary
15. **Area: Unit of Meas 1.** Area unit of measure; use SF, SY, AC only
16. **Total Quantity UM 1.** The total area for the measure identified in Item 15. Use negative numbers for demolition.
17. **Other: Unit of Meas 2.** Unit of Measure 2 is the capacity or other measurement unit (e.g., LF, MB, EA, etc.).
18. **Total Quantity UM 2.** The total capacity/other for the measure identified in Item 17.
19. **Cost.** Cost for each facility; for capital improvements to existing facilities, show amount of increase only.
20. **Fund Source.** Enter the Fund Source Code for this item, i.e., 01-MILCON, 02-BRAC, 03-O&M, etc.
21. **Funding Organization.** Enter the code for the organization responsible for replacing this facility at the end of its useful life, i.e., 00-Army Active, 01-Army Reserve, 02-Army National Guard, etc.
22. **Interest Code.** Enter the code that reflects government interest or ownership in the facility, i.e., 01-Owned by DoD, 02-Owned by Federal Government (non-DoD), etc.
23. **Item Remarks.** Remarks pertaining only to the item number identified in Item 10; show cost sharing.
24. **Statement of Completion.** Typed name, signature, title, and date of signature by the responsible transferring individual or agent.
25. **Accepted By.** Typed name, signature, title, and date of signature by the RPAO or accepting official.
26. **Property Voucher Number.** Next sequential number assigned by the RPAO in voucher register.
27. **Construction Deficiencies.** List construction deficiencies in project during contractor turnover inspection.
28. **Project Remarks.** Project level remarks, continuation of blocks, and used to explain "other" entries in Item 9.

CURR PROJ NO _____ (Capital Improvement)
ORIG PROJ NO _____ (New Construction)
CONSTRUCTION TYPE _____ Capital Improvement
HERITAGE ASSET DATA – Transfers only

MAINTENANCE

PRI USE CAT CODE__ 44110
MAINT FUND CODE _____ (Supplied by gaining installation)
MAINT RESP _____ (Supplied by gaining installation)
COST REF DOCUMENT NUMBERS: DD Form 1354, Item 7

EXCESS / DISPOSAL (DISPOSAL DD FORM 1354 ONLY)

EXCESS ACTION CODE _____
EXCESS ACTION DATE _____
DISPOSAL METHOD _____
DISPOSAL DATE _____
EFD DISPOSAL CONTRACT _____
GSA DISPOSAL CONTRACT _____
DISP CONSOL PR _____

STATUS / UTILIZATION

USER UIC/OG ID__ M67001 _____ (Supplied by gaining installation)
CATEGORY CODE _____ 44110
USE _____ (Optional)
AREA/UM _____ DD Form 1354, Items 15 and 16
OTHER/UM _____ DD Form 1354, Items 17 and 18
ALT/UM _____ Must be put in Remarks section of DD Form 1354, where applicable.