

**Nov 10 3 54 PM '81**

Requestor see Instructions on Reverse Side

**PART I—REQUEST (Filled out by Requestor)**

1. FROM  CODE 457	2. REQUEST NO. <b>P2-154-0225</b>
3. TO  CODE 420	4. DATE OF REQUEST 11-9-81
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START ASAP
6. FOR FURTHER INFORMATION CALL  Flork Ext. 3417	7. SKETCH/PLAN ATTACHED  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

**8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)**

225 wet scrubbers.

Request inspection of tank at Bldg. 225 wet scrubbers. Tank is dirty and contains chroma chips which will clog screen and could damage pump impeller and discharge piping. Also pressure switch on discharge line seems to be of the wrong range or type.

CONTROL	DATE	LMD	PRIORITY	INITIALS
P2-154	1320	B	7	IT

**9. FUNDS CHARGEABLE**

**10. SIGNATURE (Requesting Official)**

*R. Jensen*

**PART II—COST ESTIMATE**

(Filled out by Maintenance Control Division if estimate requested)

11. TO:	12. ESTIMATE NO.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">13. COST ESTIMATE</th> </tr> </thead> <tbody> <tr> <td style="width:70%;">a. Labor</td> <td style="width:30%;">\$</td> </tr> <tr> <td>b. Material</td> <td>\$</td> </tr> <tr> <td>c. Overhead and/or Surcharge</td> <td>\$</td> </tr> <tr> <td>d. Equipment Rental/Usage</td> <td>\$</td> </tr> <tr> <td>e. Contingency</td> <td>\$</td> </tr> <tr> <td>f. TOTAL</td> <td>\$</td> </tr> </tbody> </table>	13. COST ESTIMATE		a. Labor	\$	b. Material	\$	c. Overhead and/or Surcharge	\$	d. Equipment Rental/Usage	\$	e. Contingency	\$	f. TOTAL	\$	14. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
13. COST ESTIMATE															
a. Labor	\$														
b. Material	\$														
c. Overhead and/or Surcharge	\$														
d. Equipment Rental/Usage	\$														
e. Contingency	\$														
f. TOTAL	\$														
15.  <input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____  <input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN _____, IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE.  <input type="checkbox"/> DISAPPROVED. (See Reverse Side)															
16. SIGNATURE															
17. DATE															

**PART III—ACTION (Filled out by Requestor)**

18. TO:	19. AUTHORIZATION TO PROCEED IS ATTACHED (Check one if other than PW funds are involved)  <input type="checkbox"/> NAVCOMP 140 <input type="checkbox"/> OTHER
20. WORK REQUESTED  <input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> HAS BEEN DEFERRED <input type="checkbox"/> WILL BE PERFORMED BY OTHER	21. SIGNATURE
22. DATE	

(See Part IV on Reverse Side)

ARE ISLAND NAVAL SHIPYARD  
YARD ROUTE SLIP

TO CODE	NAME	EXTENSION	DATE	INITIALED		REMARKS
				BY	DATE	
421.1	HONSVICK	2381	12-9-81			
421						THERE IS A CONTRACT BEING LET OUT TO CLEAN WET SCRUBBERS, TANK AND PIPING SYSTEMS OF CHROME AND SLUDGE.
420.1						
457.						
						NOTE: BID OPENING WAS SCHEDULED FOR 7 DEC 1981

PART II - ACTION

FROM <b>442</b>	DATE <b>6-14-83</b>
TO <b>420</b>	VIA <b>440 TNS</b>
DESIGN ORDER <b>P2-344-0225</b>	
SUBJECT	

**SAME AS BELOW**

ENCLOSURE <b>ENCL (1)</b>	SIGNED <i>[Signature]</i>	FOR ADDITIONAL INFORMATION CONTACT NAME <b>KESTERSON</b> EXT <b>2421</b>
------------------------------	------------------------------	---

TYPE OF ACTION	COMMENTS
<input type="checkbox"/> INFORMATION <input type="checkbox"/> ESTIMATE <input type="checkbox"/> INSPECTION <input checked="" type="checkbox"/> OTHER: <b>CLOSE OUT</b>	<b>1. WRITTEN INSTRUCTIONS FOR CORRECTIVE ACTION PROVIDED BY ENCL (1)</b> <b>2. THIS COMPLETES CODE 440 ACTION ON SUBJECT D.O.</b>

RECORD OF ACTION					
CODE	INIT	DATE	EST DATE		EST MH
			START	COMPL	
<b>442</b>	<b>JL</b>	<b>1/2</b>	<b>#39</b>	<b>30</b>	<b>SK weak Gm check</b>
<b>440</b>	<b>MS</b>	<b>1/25</b>		<b>30</b>	

Copy to: **440.01**  
**442**

CONTROL	DATE	LMD	PRIORITY	INITIALS
<b>P2-344</b>	<b>2013</b>	<b>B</b>		

PART I - ORIGINATOR COMPLETE

FROM <b>CODE 420</b>	DATE <b>1-12-82</b>
TO <b>CODE 440</b>	WORK REQUEST NO. <b>P2-344-0225</b>
SUBJECT <b>Repair or replacement of holding tank for wet scrubbers at Bldg. 225</b>	REF. NO.
ENCLOSURE	DESIRED COMPL. DATE <b>12 Feb 1982</b>

COMMENTS  
 Provide written instructions for repair of tank lining for holding tank for wet scrubbers. Holding tank receives return water from chromate scrubbers. Alternate: Provide plans and spec's. for installation of new fibre glass tank.

For further info. contact Thor Honsvick Ext. 2381

SIGNED <i>[Signature]</i> <b>P. M. DEPRETER, LE, etc, USN</b>	PRIORITY <input type="checkbox"/> URGENT <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> OTHER
---	--

**WORK REQUEST (MAINTENANCE MANAGEMENT)**

NAVFAC 9-11014/20 REV. 2-68) S/N 0105-LF-002-7510  
Supersedes NAVDOCKS 2351

(PW Department see Instructions in NAVFAC MO-321)

Requestor see Instructions on Reverse Side

**PART I—REQUEST (Filled out by Requestor)**

1. FROM CODE 457		2. REQUEST NO. P3-433-0225
3. TO CODE 420		4. DATE OF REQUEST 03/10/83
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK		5a. REQUEST WORK START
6. FOR FURTHER INFORMATION CALL MASEDA      Ext. 3417/4259		7. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)		

B 225 - PLATING SHOP CHROME RM - FIX VENT

B 225-PLATING SHOP-CHROME RM-METAL VENT HAS A HOLE IN IT & IS LEAKING. JOB BEYOND SCOPE OF TROUBLE TICKET. SAFETY HAZARD.

TT # 3417

URGENT

CONTROL	DATE	LMD	PRIORITY	INITIALS
P3-433	3084	B	3	RJ

R. JENSEN

9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) <i>R. Jensen</i>
---------------------	---

**PART II—COST ESTIMATE**  
(Filled out by Maintenance Control Division if estimate requested)

11. TO:		12. ESTIMATE NO.
13. COST ESTIMATE		14. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
a. Labor	\$	15. <input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____ <input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN _____, IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE. <input type="checkbox"/> DISAPPROVED. (See Reverse Side)
b. Material	\$	
c. Overhead and/or Surcharge	\$	
d. Equipment Rental/Usage	\$	
e. Contingency	\$	
f. TOTAL	\$	16. SIGNATURE
		17. DATE

**PART III—ACTION (Filled out by Requestor)**

18. TO:		20. WORK REQUESTED <input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> HAS BEEN DEFERRED <input type="checkbox"/> WILL BE PERFORMED BY OTHERS
19. AUTHORIZATION TO PROCEED IS ATTACHED (Check one if other than PW funds are involved) <input type="checkbox"/> NAVCOMP 140 <input type="checkbox"/> OTHER		22. DATE
21. SIGNATURE		

(See Part IV on Reverse Side)

Requestor see Instructions on Reverse Side

**PART I—REQUEST (Filled out by Requestor) W.R.#445-073-83**

1. FROM Code 445	Via: Code 440 <i>ZRL</i>	2. REQUEST NO. <i>PA-0086-0225</i>
3. TO Code 420		4. DATE OF REQUEST 11/4/83
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK		5a. REQUEST WORK START ASAP
6. FOR FURTHER INFORMATION CALL Ralph Lee, Environmental Engineer, Code 445, ext. 2423 / Mr. Brooks, Code 951, ext. 2108		7. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)  
 Inspect and repair underground chrome wastewater tank at west side of Bldg. 225 and the level indicator and alarm systems for the tank. Shop 51 personnel have reported that the tank has a failing lining and that conduit has failed between the tank and the indicator/alarm unit.

Coordinate work with Shop 07 personnel, who reportedly inspected and repaired the system during early 1983.

The tank is considered part of the Industrial Wastewater System.

If the tank, level indicator, or alarm fail, an illegal chemical spill is likely to occur. System deficiencies have been reported in a formal OSH Deficiency Report.

CONTROL	NO	L.A.	L.A.	L.A.	L.A.
<i>PA-0086</i>	<i>3312</i>	<i>B</i>	<i>3</i>	<i>[Signature]</i>	

Copy to: Codes 440.01, 445

9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) <i>[Signature]</i> F. N. JOHNSON
---------------------	--

**PART II—COST ESTIMATE**  
 (Filled out by Maintenance Control Division if estimate requested)

11. TO:	12. ESTIMATE NO.																		
13. COST ESTIMATE	14. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:20%;">a. Labor</td><td style="width:5%;">\$</td><td style="width:75%;"></td></tr> <tr><td>b. Material</td><td>\$</td><td></td></tr> <tr><td>c. Overhead and/or Surcharge</td><td>\$</td><td></td></tr> <tr><td>d. Equipment Rental/Usage</td><td>\$</td><td></td></tr> <tr><td>e. Contingency</td><td>\$</td><td></td></tr> <tr><td>f. TOTAL</td><td>\$</td><td></td></tr> </table>	a. Labor	\$		b. Material	\$		c. Overhead and/or Surcharge	\$		d. Equipment Rental/Usage	\$		e. Contingency	\$		f. TOTAL	\$		15. <input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____ <input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN _____, IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE. <input type="checkbox"/> DISAPPROVED. (See Reverse Side)
a. Labor	\$																		
b. Material	\$																		
c. Overhead and/or Surcharge	\$																		
d. Equipment Rental/Usage	\$																		
e. Contingency	\$																		
f. TOTAL	\$																		
	16. SIGNATURE																		
	17. DATE																		

**PART III—ACTION (Filled out by Requestor)**

18. TO:	20. WORK REQUESTED <input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> HAS BEEN DEFERRED <input type="checkbox"/> WILL BE PERFORMED BY OTHERS
19. AUTHORIZATION TO PROCEED IS ATTACHED (Check one if other than PW funds are involved) <input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER	22. DATE
21. SIGNATURE	

(See Part IV on Reverse Side)

**WORK REQUEST (MAINTENANCE MANAGEMENT)**

NAVFAC 9-11014/20 REV. 12-68) S/N 0105 1-702-200  
Supersedes NAVFAC 2351

(PW Department see Instructions in NAVFAC MO-321)

Requestor see Instructions on Reverse Side

**PART I—REQUEST (Filled out by Requestor)**

1. FROM CODE 457	2. REQUEST NO. P5-0193-0225
3. TO CODE 420	4. DATE OF REQUEST 12/12/84
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START
6. FOR FURTHER INFORMATION CALL MASEDA      Ext. 4259/3417	7. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)	

BLDG. 225 - VENTILATION

REQUEST J.O. & INSPECTION TO ELIMINATE PLUGGING OF WATER PUMP FOR VENTILATION SYSTEM ON ROOF OF BLDG. 225.

URGENT

CONTROL	DATE	LMD	PRIORITY	INITIALS
P5-0193	4349	B	7	<i>[Signature]</i>

R. JENSEN

9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) <i>[Signature]</i>
---------------------	---

**PART II—COST ESTIMATE (Filled out by Maintenance Control Division if estimate requested)**

11. TO:	12. ESTIMATE NO.
13. COST ESTIMATE	14. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
a. Labor \$	15. <input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____ <input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN _____, IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE. <input type="checkbox"/> DISAPPROVED. (See Reverse Side)
b. Material \$	
c. Overhead and/or Surcharge \$	
d. Equipment Rental/Usage \$	
e. Contingency \$	
f. TOTAL \$	16. SIGNATURE
	17. DATE

**PART III—ACTION (Filled out by Requestor)**

18. TO:	19. AUTHORIZATION TO PROCEED IS ATTACHED (Check one if other than PW funds are involved) <input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER	20. WORK REQUESTED <input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> HAS BEEN DEFERRED <input type="checkbox"/> WILL BE PERFORMED BY OTHERS
21. SIGNATURE	22. DATE	

(See Part IV on Reverse Side)

**WORK-REQUEST (MAINTENANCE MANAGEMENT)**  
 NAVFAC 9-11014/20 REV. 2-68) S/N 0105-LF-002-7510  
 Supersedes NAVDOCKS 2351

2184  
1000

INITIALS  
 (PW Department see Instructions  
 NAVFAC MO-321)

Requestor see Instructions on Reverse Side

COMPANY REQUEST (Filled out by Requestor)

64-509-0225

1. FROM Shop 951	2. REQUEST NO.
3. TO Code 420.1	4. DATE OF REQUEST 1/24/84
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START IMMED
6. FOR FURTHER INFORMATION CALL P. Norris, 3648/4461 or B. Brooks 2108	7. SKETCH/PLAN ATTACHED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)

Shop 951, Bldg. 225  
 Encl: (1) Occupational, Safety and Health Deficiency Notice #23036 and #23594  
 Subj: Ventilation

Shop 951 requests that P. W. correct the ventilation deficiencies enumerated in encl (1).

Justification: The existing ventilation system was installed in 1983 with P. W. certification, however, Code 106.1 has determined that it does not conform to ACGIH standards. Shop 951 requests that the existing deficiencies be corrected as soon as possible.

9. FUNDS CHARGEABLE P. W.	10. SIGNATURE (Requesting Official) D. OLSON <i>D. Olson</i>
------------------------------	---

**PART II—COST ESTIMATE**  
 (Filled out by Maintenance Control Division if estimate requested)

11. TO:	12. ESTIMATE NO.
13. COST ESTIMATE	14. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
a. Labor \$	15. <input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____ <input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN _____, IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE. <input type="checkbox"/> DISAPPROVED. (See Reverse Side)
b. Material \$	
c. Overhead and/or Surcharge \$	
d. Equipment Rental/Usage \$	
e. Contingency \$	
f. TOTAL \$	16. SIGNATURE
	17. DATE

**PART III—ACTION (Filled out by Requestor)**

18. TO:	19. AUTHORIZATION TO PROCEED IS ATTACHED (Check one if other than PW funds are involved) <input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER	20. WORK REQUESTED <input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> HAS BEEN DEFERRED <input type="checkbox"/> WILL BE PERFORMED BY OTHERS
21. SIGNATURE	22. DATE	

(See Part IV on Reverse Side)

**WORK REQUEST (MAINTENANCE MANAGEMENL**

NAVFAC 9-11(14/20 REV. 2-68) S/N 0105-LF-002-7510  
Supersedes NAVDOCKS 2351

(PW Department Use Instructions  
in NAVFAC MO-321)

MAY 21 1 53 PM '85

Requestor see Instructions on Reverse Side

**PART I—REQUEST (Filled out by Requestor)**

1. FROM CODE 457		2. REQUEST NO. P50482 - 0225
3. TO CODE 420		4. DATE OF REQUEST 04/16/85
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK		5a. REQUEST WORK START
6. FOR FURTHER INFORMATION CALL MASEDA      Ext. 3417/4259		7. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)		

BLDG. 225 ROTO CHROMES

REQUEST JOB ORDER TO REPLACE FILTER ELEMENTS IN FOUR EACH UNITS ON ROOF - EXISTING FILTERS ARE PLUGGED AND UNITS OUT OF OPERATION.

CONTROL	DATE	LMD	PRIORITY	INITIALS
P5-482	5/14/85	B	7	[Signature]

URGENT

R. JENSEN

9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) [Signature] (ACTING)
---------------------	---

**PART II—COST ESTIMATE (Filled out by Maintenance Control Division if estimate requested)**

11. TO:		12. ESTIMATE NO.
13. COST ESTIMATE		14. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
a. Labor	\$	15. <input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____ <input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN _____, IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE. <input type="checkbox"/> DISAPPROVED. (See Reverse Side)
b. Material	\$	
c. Overhead and/or Surcharge	\$	
d. Equipment Rental/Usage	\$	
e. Contingency	\$	
f. TOTAL	\$	16. SIGNATURE
		17. DATE

**PART III—ACTION (Filled out by Requestor)**

18. TO:	19. AUTHORIZATION TO PROCEED IS ATTACHED (Check one if other than PW funds are involved) <input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER	20. WORK REQUESTED <input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> HAS BEEN DEFERRED <input type="checkbox"/> WILL BE PERFORMED BY OTHERS
21. SIGNATURE	22. DATE	

(See Part IV on Reverse Side)



OCT 27 4 32 PM '86

Requestor see Instructions on Reverse Side

**PART I—REQUEST (Filled out by Requestor)**

1. FROM SHOP 951		2. REQUEST NO. G7-0028-0225	
3. TO C/420.1		4. DATE OF REQUEST 22 Oct 86	
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK		5a. REQUEST WORK START 25 Nov 86	
6. FOR FURTHER INFORMATION CALL  P. NORRIS 3648/4461 or M. HENDERSON 2108		7. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

**8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)**

SHOP 951 Bldg 225  
 SUBJ: Preventative Maintenance (PM)

Shop 951 requests P.W to establish a Preventative Maintenance (PM) Program to clean drains and clean/replace the filters in the scrubber system.

JUSTIFICATION: In the past year Shop 951 plating shop has had 5 tanks of chemical solutions contaminated due to clogged scrubber drains. The drains are being blocked by foreign material being sucked up through the ventilation ducts. When this happens the contaminated water runs down the ventilation ducts into the tanks. It costs approximately \$850.00 per tank everytime this happens.

CONTROL	DATE	LMD	PRIORITY	INITIALS
G7-0028	1300	B	3	2ac

**9. FUNDS CHARGEABLE**

10. SIGNATURE (Requesting Officer)  
 P. NORRIS *[Signature]*

**PART II—COST ESTIMATE**

(Filled out by Maintenance Control Division if estimate requested)

11. TO:		12. ESTIMATE NO. 40-0007-0225	
13. COST ESTIMATE		14. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO	
a. Labor	\$	15. <input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____ <input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN _____, IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE. <input type="checkbox"/> DISAPPROVED. (See Reverse Side)	
b. Material	\$		
c. Overhead and/or Surcharge	\$		
d. Equipment Rental/Usage	\$		
e. Contingency	\$		
f. TOTAL	\$	16. SIGNATURE	17. DATE

**PART III—ACTION (Filled out by Requestor)**

18. TO:		20. WORK REQUESTED <input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> HAS BEEN DEFERRED <input type="checkbox"/> WILL BE PERFORMED BY OTHERS	
19. AUTHORIZATION TO PROCEED IS ATTACHED (Check one if other than PW funds are involved) <input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER		21. SIGNATURE	
21. SIGNATURE		22. DATE	

(See Part IV on Reverse Side)

CONTROL	DATE	LMD	PRIORITY	INITIALS
G7 0065	10/30/86	B	7	(PW Department see Instructions in NAVFAC MO-321) [Signature]

*Requestor see Instructions on Reverse Side*

**PART I—REQUEST (Filled out by Requestor)**

1. FROM C/950.3	2. REQUEST NO. G7-0065-0225
3. TO C/420.1	4. DATE OF REQUEST 19 Nov 86
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START 15 Jan 87
6. FOR FURTHER INFORMATION CALL P. NORRIS 3648/4461 or M. HENDERSON 2108	7. SKETCH/PLAN ATTACHED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

**8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)**

Shop 951 w/c 60 Bldg 225  
 Subj: Ventilation Ducting  
 Encl: (1) Sketch of Area

Shop 951 requests P.W. replace the metal ducting from the chrome plating pit tank to the scrubber system with P.V.C. ducting.

**JUSTIFICATION:** The existing metal ducting runs along the floor under the grating to the scrubber system. This ducting has been replaced several times in the last couple of years and is in a deteriorated condition again. Due to the location of the ducting it is subject to constant moisture and chemical corrosion.

9. FUNDS CHARGEABLE P.W.	10. SIGNATURE (Requesting Official) [Signature] PATRICK W. NORRIS
-----------------------------	---

**PART II—COST ESTIMATE**

(Filled out by Maintenance Control Division if estimate requested)

11. TO:	12. ESTIMATE NO.
13. COST ESTIMATE	14. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
a. Labor \$	15. <input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____ <input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN _____, IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE. <input type="checkbox"/> DISAPPROVED. (See Reverse Side)
b. Material \$	
c. Overhead and/or Surcharge \$	
d. Equipment Rental/Usage \$	
e. Contingency \$	
f. TOTAL \$	16. SIGNATURE
	17. DATE

**PART III—ACTION (Filled out by Requestor)**

18. TO:	20. WORK REQUESTED <input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> HAS BEEN DEFERRED <input type="checkbox"/> WILL BE PERFORMED BY OTHERS
19. AUTHORIZATION TO PROCEED IS ATTACHED (Check one if other than PW funds are involved) <input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER	22. DATE
21. SIGNATURE	

(See Part IV on Reverse Side)

**WORK REQUEST (MAINTENANCE MAINT)**  
 NAVFAC 9-11017/20 REV. 3-68  
 Supersedes NAVDOCKS 2331

ADD. V. 3 TO AH '86

CONTROL	DATE	LMD	PRIORITY	INITIALS
P6-0641	6-23-86	B	4	(PW Department see Instructions in NAVFAC MO-321)

Requestor see Instructions on Reverse Side

**PART I—REQUEST (Filled out by Requestor)**

1. FROM Code 457	2. REQUEST NO. P6-0641-0225
3. TO Code 420	4. DATE OF REQUEST 8-21-86
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START
6. FOR FURTHER INFORMATION CALL  Scotty Story 3417/3721	7. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

**8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)**

Bldg. 225 Replace Booster Pump

This pump is on South side in Alley Way Bldg. 225. The pump is beyond scope of trouble ticket. It is important that this pump be fixed as soon as possible.

**9. FUNDS CHARGEABLE**

M&R

**10. SIGNATURE (Requesting Official)**

Richard P. Jensen

**PART II—COST ESTIMATE**

(Filled out by Maintenance Control Division if estimate requested)

11. TO:	12. ESTIMATE NO.
13. COST ESTIMATE	14. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
a. Labor \$	15. <input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____ <input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN _____, IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE. <input type="checkbox"/> DISAPPROVED. (See Reverse Side)
b. Material \$	
c. Overhead and/or Surcharge \$	
d. Equipment Rental/Usage \$	
e. Contingency \$	
f. TOTAL \$	16. SIGNATURE
	17. DATE

**PART III—ACTION (Filled out by Requestor)**

18. TO:	20. WORK REQUESTED <input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> HAS BEEN DEFERRED <input type="checkbox"/> WILL BE PERFORMED BY OTHERS
19. AUTHORIZATION TO PROCEED IS ATTACHED (Check one if other than PW funds are involved) <input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER	22. DATE
21. SIGNATURE	

(See Part IV on Reverse Side)

**WORK REQUEST (MAINTENANCE MANAGEMENT)**  
 NAVFAC 9-11014/20 REV. 2-68) S/N 0105-LF-002-7510  
 Supersedes NAVDOCKS 2351

CONTROL	DATE	MD	PRIORITY	INITIALS
P7-0507	2/11/87	B	4	(PW Department see Instructions in NAVFAC (MO-31)) [Signature]

*Requester see Instructions on Reverse Side*

**PART I—REQUEST (Filled out by Requestor)**

1. FROM <b>421</b>	2. REQUEST NO. <b>P7-0507-0225</b>
3. TO <b>420</b>	4. DATE OF REQUEST <b>4/27/87</b>
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START <b>A.S.A.P.</b>
6. FOR FURTHER INFORMATION CALL <b>DAVE KIMES, 2421 C/442</b>	7. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO

8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)

**REQUEST JOB ORDER TO INSTALL DRAIN VENTS IN THE FUME SCRUBBERS AT BLDG. 225. (SEE ATTACHED C/442 SKETCH).**

9. FUNDS CHARGEABLE

10. SIGNATURE (Requesting Official)

*[Signature]*

**PART II—COST ESTIMATE**

(Filled out by Maintenance Control Division if estimate requested)

11. TO:	12. ESTIMATE NO.
13. COST ESTIMATE	14. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
a. Labor \$	15. <input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____ <input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN _____, IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE. <input type="checkbox"/> DISAPPROVED. (See Reverse Side)
b. Material \$	
c. Overhead and/or Surcharge \$	
d. Equipment Rental/Usage \$	
e. Contingency \$	
f. TOTAL \$	16. SIGNATURE
	17. DATE

**PART III—ACTION (Filled out by Requestor)**

18. TO:	20. WORK REQUESTED <input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> HAS BEEN DEFERRED <input type="checkbox"/> WILL BE PERFORMED BY OTHERS
19. AUTHORIZATION TO PROCEED IS ATTACHED (Check one if other than PW funds are involved) <input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER	22. DATE
21. SIGNATURE	

(See Part IV on Reverse Side)

MAR 11 1 20 PM '87

Requestor see Instructions on Reverse Side

**PART I—REQUEST (Filled out by Requestor)**

1. FROM Shop 951	2. REQUEST NO. G7-0154-0225
3. TO C420/440	4. DATE OF REQUEST 3/10/87
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START IMMEDIATELY
6. FOR FURTHER INFORMATION CALL P. NORRIS 3648/4461 or M. HENDERSON	7. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO

**8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)**

Shop 951 W/C 60 Bldg 225  
 Subj: BLDG VENTILATION/SCRUBBER SYS

Shop 951 Plating Shop requests C440 Engineering, evaluate the scrubber system to determine why the drain system develops air blockages that cause the system to overflow.

JUSTIFICATION: On the week end of the 3/6 thru 3/9/87. The Plating Shop lost three tanks of chemicals, due to the scrubber system drain backing up and overflowing through the ventilation system and contaminating the solutions. This has been an ongoing problem and requires immediate attention. This problem causes numerous hours of Rework and waste of expensive chemicals.

CONTROL	DATE	LMD	PRIORITY	INITIALS
G7-0154	1070	B	4	OFF <sup>FIB</sup>

9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) PATRICK W. NORRIS
---------------------	--

**PART II—COST ESTIMATE (Filled out by Maintenance Control Division if estimate requested)**

11. TO:	12. ESTIMATE NO.
13. COST ESTIMATE	14. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
a. Labor \$	15. <input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____ <input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN _____ IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE. <input type="checkbox"/> DISAPPROVED. (See Reverse Side)
b. Material \$	
c. Overhead and/or Surcharge \$	
d. Equipment Rental/Usage \$	
e. Contingency \$	
f. TOTAL \$	16. SIGNATURE
	17. DATE

*Cancelled 6-17-87 to be covered on P7-0507-0225*

**PART III—ACTION (Filled out by Requestor)**

18. TO:	20. WORK REQUESTED <input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> HAS BEEN DEFERRED <input type="checkbox"/> WILL BE PERFORMED BY OTHERS
19. AUTHORIZATION TO PROCEED IS ATTACHED (Check one if other than PW funds are involved) <input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER	22. DATE
21. SIGNATURE	

(See Part IV on Reverse Side)

PART II - ACTION

FROM Code 440.01	DATE 6/18/87
TO Code 420	VIA
DESIGN ORDER G7-0154-0225	

SUBJECT  
Same as below

ENCLOSURE  
Same as below

SIGNED L. EDWARDS <i>L. Edwards</i>	FOR ADDITIONAL INFORMATION CONTACT NAME F. Chan EXT 2421
--	---

TYPE OF ACTION	COMMENTS
<input type="checkbox"/> INFORMATION <input type="checkbox"/> ESTIMATE <input type="checkbox"/> INSPECTION <input checked="" type="checkbox"/> OTHER: CANCELLED	This D.O. hereby cancelled per Code 420.3 (Doris). Work will be covered on another D.O.

RECORD OF ACTION					
CODE	INIT	DATE	EST DATE		EST MH
			START	COMPL	
442	<i>JL</i>	4/3	DIC		40
440.02	<i>NK</i>	4/28			40
EST COMPLETION DATE					

#38  
IN-Home

COPY TO: 442, 440.01

PART I - ORIGINATOR COMPLETE

FROM 421	DATE 3-30-87
TO 440	VIA
SUBJECT BLDG. 225 VENTILATION AND SCRUBBER SYSTEM DEFICIENCIES.	
WORK REQUEST NO. G7-0154-0225	
REF. NO.	
DESIRED COMPL. DATE APRIL 1987	

ENCLOSURE  
(1) COPY OF WORK REQUEST G7-0154-0225

COMMENTS  
REQUEST C/440 EVALUATE AND RECOMMEND CORRECTIVE ACTIONS ON THE SCRUBBER SYSTEM DEFICIENCIES PER ENCLOSURE #1.

SIGNED <i>Dan P. Lacey</i> <i>EDS</i>	PRIORITY <input checked="" type="checkbox"/> URGENT <input type="checkbox"/> ROUTINE <input type="checkbox"/> OTHER
--	--

Copy to: 420

**WORK REQUEST (MAINTENANCE MANAGEMENT)**

NAVFAC 9-11014/20 REV. 2-68) S/N 0105-LF-002-7510  
Supersedes NAVDOCKS 2351

(PW Department see Instructions in NAVFAC MO-321)

Requestor see Instructions on Reverse Side

**PART I—REQUEST (Filled out by Requestor)**

1. FROM <b>421 / 457</b>	2. REQUEST NO. <b>P8-0295-0225</b>
3. TO <b>420</b>	4. DATE OF REQUEST <b>FE 2-5-88</b>
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START <b>JIP</b>
6. FOR FURTHER INFORMATION CALL <b>Don Mammel / John Cerini 3417/2381</b>	7. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

6. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)

Request a job in progress to make repairs to the piping for the Chrome system located at Bldg 225. Job also includes trouble shooting of electric operated valves and pumps.

75 = 8  
66 = 12  
72 = 64  
68 = 15

Complete  
880415 gal

9. FUNDS CHARGEABLE <b>947261001C-096</b>	10. SIGNATURE (Requesting Official) <b>John Cerini</b>
--	---

**PART II—COST ESTIMATE (Filled out by Maintenance Control Division if estimate requested)**

11. TO:	12. ESTIMATE NO.												
13. COST ESTIMATE	14. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO												
<table border="1"> <tr><td>a. Labor</td><td>\$</td></tr> <tr><td>b. Material</td><td>\$</td></tr> <tr><td>c. Overhead and/or Surcharge</td><td>\$</td></tr> <tr><td>d. Equipment Rental/Usage</td><td>\$</td></tr> <tr><td>e. Contingency</td><td>\$</td></tr> <tr><td>f. TOTAL</td><td>\$</td></tr> </table>	a. Labor	\$	b. Material	\$	c. Overhead and/or Surcharge	\$	d. Equipment Rental/Usage	\$	e. Contingency	\$	f. TOTAL	\$	15. <input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____ <input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN _____ IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE. <input type="checkbox"/> DISAPPROVED. (See Reverse Side)
a. Labor	\$												
b. Material	\$												
c. Overhead and/or Surcharge	\$												
d. Equipment Rental/Usage	\$												
e. Contingency	\$												
f. TOTAL	\$												
16. SIGNATURE	17. DATE												

**PART III—ACTION (Filled out by Requestor)**

18. TO:	20. WORK REQUESTED <input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> HAS BEEN DEFERRED <input type="checkbox"/> WILL BE PERFORMED BY OTHERS
19. AUTHORIZATION TO PROCEED IS ATTACHED (Check one if other than PW funds are involved) <input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER	22. DATE
21. SIGNATURE	

(See Part IV on Reverse Side)

