

226

**ENVIRONMENTAL DATA CALL:
DATA CALL TO BE SUBMITTED TO
ALL NAVY/MARINE CORPS HOST ACTIVITIES**

20 APRIL 1994

Map 4612 In Journal

**BRAC 1995 ENVIRONMENTAL DATA CALL:
All Navy/Marine Corps Host Activities**

INDEX

<u>Section</u>	<u>Page</u>
GENERAL INSTRUCTIONS	2
ENDANGERED/THREATENED SPECIES AND BIOLOGICAL HABITAT	3
WETLANDS	5
CULTURAL RESOURCES	5
ENVIRONMENTAL FACILITIES	6
AIR POLLUTION	10
ENVIRONMENTAL COMPLIANCE	13
INSTALLATION RESTORATION	15
LAND/AIR/WATER USE	17
WRAP-UP	26

ENVIRONMENTAL DATA CALL

Responses to the following questions provide data that will allow an assessment of the potential environmental impact associated with the closure or realignment of a Navy shore activity. This criterion consists of:

- Endangered/Threatened Species and Biological Habitat
- Wetlands
- Cultural Resources
- Environmental Facilities
- Air Pollution
- Environmental Compliance
- Installation Restoration
- Land/Air/Water Use

As part of the answers to these questions, a *source citation* (e.g., 1993 base loading, 1993 base-wide Endangered Species Survey, 1993 letter from USFWS, 1993 Base Master Plan, 1993 Permit Application, 1993 PA/SI, etc.) must be included. It is probable that, at some point in the future, you will be asked to provide additional information detailing specifics of individual characteristics. In anticipation of this request, supporting documentation (e.g., maps, reports, letters, etc.) regarding answers to these questions should be retained. Information needed to answer these questions is available from the cognizant EFD Planning and Real Estate Divisions, and Environment, Safety, and Health Divisions; and from the activity Public Works Department, and activity Health Monitoring and Safety Offices.

For purposes of the questions associated with land use at your base is *defined as land* (acreage owned, withdrawn, leased, and controlled through easements); *air* (space controlled through agreements with the FAA, e.g., MOAs); *and water* (navigation channels and waters along a base shoreline) *under the control of the Navy.*

Provide a list of the tenant activities with UICs that are covered in this response. (see page

2 a)

140000
 010000 11-44-33
 1000 7000-94

N60241

TENANT COMMAND LIST

NAVAIR FLSET	00019
TRARON 21	0400A
TRARON 22	0401A
TRARON 23	0402A
MATSG	06080
TRAWING TWO	09239
STU NAS KINGSVILLE	30777
NAVHOSPBRCL	32647
NAVBRDENCL	41791
NAVCRIMINSERV	42936
PERSUPDET	43096
ROICC	45974
TRAWING TWO ITU	47734
DECA	49033
NATMSACT	49149
MOMAG	55642
NAWCTSD	61339
NAVY EXCHANGE	63348
HRO NETPMSA	68322
MARSECFORCEBN	MCC272

ENVIRONMENTAL DATA CALL

Responses to the following questions provide data that will allow an assessment of the potential environmental impact associated with the closure or realignment of a Navy shore activity. This criterion consists of:

- Endangered/Threatened Species and Biological Habitat
- Wetlands
- Cultural Resources
- Environmental Facilities
- Air Pollution
- Environmental Compliance
- Installation Restoration
- Land/Air/Water Use

As part of the answers to these questions, a *source citation* (e.g., 1993 base loading, 1993 base-wide Endangered Species Survey, 1993 letter from USFWS, 1993 Base Master Plan, 1993 Permit Application, 1993 PA/SI, etc.) must be included. It is probable that, at some point in the future, you will be asked to provide additional information detailing specifics of individual characteristics. In anticipation of this request, supporting documentation (e.g., maps, reports, letters, etc.) regarding answers to these questions should be retained. Information needed to answer these questions is available from the cognizant EFD Planning and Real Estate Divisions, and Environment, Safety, and Health Divisions; and from the activity Public Works Department, and activity Health Monitoring and Safety Offices.

For purposes of the questions associated with land use at your base is *defined* as *land* (acreage owned, withdrawn, leased, and controlled through easements); *air* (space controlled through agreements with the FAA, e.g., MOAs); and *water* (navigation channels and waters along a base shoreline) *under the control of the Navy*.

Replaced w/ Standard
N Standard
CW 6/8

1. ENDANGERED/THREATENED SPECIES AND BIOLOGICAL HABITAT

1a. For federal or state listed endangered, threatened, or category 1 plant and/or animal species on your base, complete the following table. Critical/sensitive habitats for these species are designated by the U. S. Fish and Wildlife Service (USFWS). A species is present on your base if some part of its life-cycle occurs on Navy controlled property (e.g., nesting, feeding, loafing). Important Habitat refers to that number of acres of habitat that is important to some life cycle stage of the threatened/endangered species that is not formally designated.

SPECIES (plant or animal)	Designation (Threatened/ Endangered)	Federal/ State	Critical / Designated Habitat (Acres)	Important Habitat (acres)
<i>example: Haliaeetus leucocephalus - bald eagle</i>	<i>threatened</i>	<i>Federal</i>	25	0
AMBROSIA CHERANTHROFOLIA (TEXAS RAGWEED)	POTENTIAL ENDANGER *	FEDERA L	10	0

Source Citation: 1994 U. S. FISH AND WILDLIFE STUDY
***EXPECTED TO BE LISTED AS ENDANGERED SPECIES IN 1994.**
PLANT IS CURRENTLY BEING STUDIED UNDER A USFWS GRANT
BY THE CORPUS CHRISTI BOTANICAL SOCIETY.

1b.

Have your base operations or development plans been constrained due to: - USFWS or National Marine Fisheries Service (NMFS)? - State required modifications or constraints? If so, identify below the impact of the constraints including any restrictions on land use.	NO
--	----

Are there any requirements resulting from species not residing on base, but which migrate or are present nearby? If so, summarize the impact of such constraints.	NO
---	----

1c. If the area of the habitat and the associated species have not been identified on base maps provided in Data Call 1, submit this information on an updated version of Data Call 1 map. MAP PROVIDED AS ATTACHMENT (1).

1d.

Have any efforts been made to relocate any species and/or conduct any mitigation with regards to critical habitats or endangered/threatened species? Explain what has been done and why.	YES*
--	------

***CURRENTLY, THE USFWS HAS PROVIDED A GRANT TO THE CORPUS CHRISTI BOTANICAL SOCIETY TO STUDY THE SPECIES AT NAS KINGSVILLE. FROM THIS STUDY, A RELOCATION AND MITIGATION PLAN WILL BE DEVELOPED.**

1e.

Will any state or local laws and/or regulations applying to endangered/threatened species which have been enacted or promulgated but not yet effected, constrain base operations or development plans beyond those already identified? Explain.	NO
---	----

2. WETLANDS

Note: Jurisdictional wetlands are those areas that meet the wetland definitional criteria detailed in the Corps of Engineers (COE) Wetland Delineation Manual, 1987, Technical Report Y-87-1, U.S. Army Engineer Waterway Experiment Station, Vicksburg, MS or officially adapted state definitions.

2a.

Does your base possess federal jurisdictional wetlands?	YES
Has a wetlands survey in accordance with established standards been conducted for your base?	YES
When was the survey conducted or when will it be conducted? 10/01/90	10/01/90
What percent of the base has been surveyed?	100%
What is the total acreage of jurisdictional wetlands present on your base?	101 ACRES

Source Citation: NAS KINGSVILLE WETLANDS MANAGEMENT PLAN

2b. If the area of the wetlands has not been identified on base maps provided in Data Call 1, submit this on an updated version of Data Call 1 map.
MAP ATTACHED AS ATTACHMENT (2).

2c. Has the EPA, COE or a state wetland regulatory agency required you to modify or constrain base operations or development plans in any way in order to accommodate a jurisdictional wetland?
NO.

If YES, summarize the results of such modifications or constraints.

3. CULTURAL RESOURCES

3a.

Has a survey been conducted to determine historic sites, structures, districts or archaeological resources which are listed, or determined eligible for listing, on the National Register of Historic Places? If so, list the sites below.	NO*
--	-----

*A SURVEY IS SCHEDULED FOR THIRD QUARTER, FY94. THERE ARE BUILDINGS ON BASE WHICH ARE CANDIDATES, I.E. WERE CONSTRUCTED DURING WWII OR EARLIER AND COULD POSSIBLY BE LISTED AS HISTORIC SITES. THE SURVEY WILL DETERMINE THOSE SITES.

3b.

<p>Has the President's Advisory Council on Historic Preservation or the cognizant State Historic Preservation Officer required you to mitigate or constrain base operations or development plans in any way in order to accommodate a National Register cultural resource? If YES, list the results of such modifications or constraints below.</p>	<p>NO</p>
---	-----------

3c.

<p>Are there any on base areas identified as sacred areas or burial sites by Native Americans or others? List below.</p>	<p>NO</p>
--	-----------

4. ENVIRONMENTAL FACILITIES

Notes: If your facility is permitted for less than maximum capacity, state the maximum capacity and explain below the associated table why it is not permitted for maximum capacity. Under "Permit Status" state when the permit expires, and whether the facility is operating under a waiver. For permit violations, limit the list to the last 5 years.

4a.

Does your base have an operating landfill?					NO
ID/Location of Landfill	Permitted Capacity (CYD)		Maximum Capacity (CYD)	Contents ¹	Permit Status
	TOTAL	Remaining			

¹ Contents (e.g. building demolition, asbestos, sanitary debris, etc)

Are there any current or programmed projects to correct deficiencies or improve the facility.
N/A.

4b. If there are any non-Navy users of the landfill, describe the user and conditions/agreements.
N/A.

4c.

Does your base have any disposal, recycling, or incineration facilities for solid waste?					YES
Facility/Type of Operation	Permitted Capacity	Ave Daily Throughput	Maximum Capacity	Permit Status	Comments
RECYCLING*	N/A	2100 LBS PER DAY	3500 LBS PER DAY	N/A	

*CANS, PLASTICS, GLASS, PAPER AND CARDBOARD ARE RECYCLED ON THE STATION.

List any permit violations and projects to correct deficiencies or improve the facility.
N/A

4d.

Does your base own/operate a Domestic Wastewater Treatment Plant (WWTP) ?					YES
ID/Location of WWTP	Permitted Capacity	Ave Daily Discharge Rate	Maximum Capacity	Permit Status	Level of Treatment/Year Built
12035-01/NAS KINGSVILLE, TX	0.4 MGD ⁽¹⁾	0.11 MGD	0.6 MGD	CURRENT EXP: JUN 94	SECONDARY TREATMENT/1956
NOTE: (1) PERMITTED CAPACITY ESTABLISHED BY THE STATE.					

CNATRA N61
5/23/94

JCC
CNATRA N61
5/23/94

List permit violations and discuss any projects to correct deficiencies.
NONE.

4e. If you do not have a domestic WWTP, describe the average discharge rate of your base to the local sanitary sewer authority, discharge limits set by the sanitary sewer authority (flow and pollutants) and whether the base is in compliance with their permit. Discuss recurring discharge violations.
N/A.

4f.

Does your base operate an Industrial Waste Treatment Plant (IWTP)?					NO
ID/Location of IWTP	Type of Treatment	Permitted Capacity	Ave Daily Discharge Rate	Maximum Capacity	Permit Status

List any permit violations and projects to correct deficiencies or improve the facility.

N/A

4g. Are there other waste treatment flows not accounted for in the previous tables? Estimate capacity and describe the system.

NO.

4h.

Does your base operate drinking Water Treatment Plants (WTP)?				YES	
ID/Location of WTP	Operating (GPD)		Method of Treatment	Maximum Capacity GPD	Permit Status
	Permitted Capacity	Daily Rate			
3 GROUND WATER WELLS/NAS KINGSVILLE*	720,000 (EA WELL)	360,000 (EA WELL)	SAND FILTRATION & CHLORINATION	2,160,000	NOT REQUIRED

List permit violations and projects/actions to correct deficiencies or improve the facility.

NONE.

*NOT CONSIDERED A WTP, ONLY TREATMENT REQUIRED IS TO MAINTAIN CHLORINE RESIDUALS OF WELL WATER MIXED WITH CITY SUPPLIED WATER. WELL WATER IS FILTERED THROUGH A SAND FILTER.

4i. If you do not operate a WTP, what is the source of the base potable water supply. State terms and limits on capacity in the agreement/contract, if applicable.

THE CITY OF KINGSVILLE PROVIDES THE PRIMARY SOURCE OF POTABLE WATER THROUGH PIPELINE TO NAS KINGSVILLE.

4j.

Does the presence of contaminants or lack of supply of water constrain base operations. Explain.	NO
--	----

4k.

Other than those described above does your base hold any NPDES or stormwater permits? If YES, describe permit conditions.	NO
If NO, why not and provide explanation of plan to achieve permitted status.	

STORMWATER PERMIT IS BEING OBTAINED THROUGH SOUTHERN DIVISION, NAVFACENCOM.

4l.

YES/NO

Does your base have bilge water discharge problem?	NO
Do you have a bilge water treatment facility?	NO

Explain: N/A.

4m.

Will any state or local laws and/or regulations applying to Environmental Facilities, which have been enacted or promulgated but not yet effected, constrain base operations or development plans beyond those already identified? Explain.	NO
---	----

4n. What expansion capacity is possible with these Environmental Facilities? Will any expansions/upgrades as a result of BRACON or projects programmed through the Presidents budget through FY1997 result in additional capacity? Explain.

THE WASTEWATER TREATMENT PLANT CAN BE ENLARGED TO MEET ADDITIONAL POPULATION DEMANDS. WATER STORAGE CAPACITY CAN ALSO BE INCREASED TO MEET ADDITIONAL DEMANDS/REQUIREMENTS.

4o. Do capacity limitations on any of the facilities discussed in question 4 pose a present or future limitation on base operations? Explain.

NO, WE HAVE EXCESS CAPACITY IN OUR WASTEWATER TREATMENT PLANT, WATER WELLS AND WATER STORAGE FACILITIES.

5. AIR POLLUTION

5a.

<p>What is the name of the Air Quality Control Areas (AQCA) in which the base is located? REGION 14, CORPUS CHRISTI, TX</p>
<p>Is the installation or any of its OLFs or non-contiguous base properties located in different AQCA's? NO. List site, location and name of AQCA.</p>

5b. For each parcel in a separate AQCA fill in the following table. Identify with and "X" whether the status of each regulated pollutant is: attainment/nonattainment/maintenance. For those areas which are in non-attainment, state whether they are: Marginal, Moderate, Serious, Severe, or Extreme. State target attainment year.

Site: NAS KINGSVILLE AQCA: REGION 14

Pollutant	Attainment	Non-Attainment	Maintenance	Target Attainment Year ¹	Comments ²
CO	X				
Ozone	X				
PM-10	X				
SO ₂	X				
NO ₂	X				
Pb	X				

¹ Based on national standard for Non-Attainment areas or SIP for Maintenance areas.

² Indicate if attainment is dependent upon BRACON, MILCON or Special Projects. Also indicate if the project is currently programmed within the Presidents FY1997 budget.

5c. For your base, identify the baseline level of emissions, established in accordance with the Clean Air Act. Baseline information is assumed to be 1990 data or other year as specified. Determine the total level of emissions (tons/yr) for CO, NOx, VOC, PM10 for the general sources listed. For all data provide a list of the sources and show your calculations. Use known emissions data, or emissions derived from use of state methodologies, or identify other sources used. "Other Mobile" sources include such items as ground support equipment.
 NAS KINGSVILLE IS IN AN ATTAINMENT AREA, THEREFORE THOSE SOURCES LISTED AS UNKNOWN HAVE NOT BEEN TESTED.

Emission Sources (Tons/Year)					
Pollutant	Permitted Stationary	Personal Automobiles	Aircraft Emissions	Other Mobile	Total
CO	.557	Unknown	Unknown	Unknown	.557
NOx	2.547	Unknown	Unknown	Unknown	2.547
VOC	.178	Unknown	Unknown	Unknown	.178
PM10	.157	Unknown	Unknown	Unknown	.157

Source Document: Emission Inventory and Compliance Analysis, Jan 94

5d. For your base, determine the total FY1993 level of emissions (tons/yr) for CO, NOx, VOC, PM10 for the general sources listed. For all data provide a list of the sources and show your calculations. Use known emissions data, or emissions derived from use of state methodologies, or identify other sources used. "Other Mobile" sources include such items as ground support equipment.
 NAS KINGSVILLE IS IN AN ATTAINMENT AREA, THEREFORE THOSE SOURCES LISTED AS UNKNOWN HAVE NOT BEEN TESTED.

Emissions Sources (Tons/Year)					
Pollutant	Permitted Stationary	Personal Automobiles	Aircraft Emissions	Other Mobile	Total
CO	.557	Unknown	Unknown	Unknown	.557
NOx	2.547	Unknown	Unknown	Unknown	2.547
VOC	.178	Unknown	Unknown	Unknown	.178
PM10	.157	Unknown	Unknown	Unknown	.157

Source Document: Emission Inventory and Compliance Analysis, Jan 94

5c. For your base, identify the baseline level of emissions, established in accordance with the Clean Air Act. Baseline information is assumed to be 1990 data or other year as specified. Determine the total level of emissions (tons/yr) for CO, NOx, VOC, PM10 for the general sources listed. For all data provide a list of the sources and show your calculations. Use known emissions data, or emissions derived from use of state methodologies, or identify other sources used. "Other Mobile" sources include such items as ground support equipment.
 NAS KINGSVILLE IS IN AN ATTAINMENT AREA, THEREFORE QUESTIONS ARE N/A.

Emission Sources (Tons/Year)					
Pollutant	Permitted Stationary <input checked="" type="checkbox"/>	Personal Automobiles	Aircraft Emissions	Other Mobile	Total
CO	N/A .557	N/A	N/A	N/A	
NOx	N/A 2.547	N/A	N/A	N/A	
VOC	N/A .178	N/A	N/A	N/A	
PM10	N/A .157	N/A	N/A	N/A	

Source Document: Emission Inventory and Compliance Analysis, Jan. 1994
 N/A = "Not available"

5d. For your base, determine the total FY1993 level of emissions (tons/yr) for CO, NOx, VOC, PM10 for the general sources listed. For all data provide a list of the sources and show your calculations. Use known emissions data, or emissions derived from use of state methodologies, or identify other sources used. "Other Mobile" sources include such items as ground support equipment.
 NAS KINGSVILLE IS IN AN ATTAINMENT AREA, THEREFORE QUESTIONS ARE N/A.

Emissions Sources (Tons/Year)					
Pollutant	Permitted Stationary <input checked="" type="checkbox"/>	Personal Automobiles	Aircraft Emissions	Other Mobile	Total
CO	N/A .557	N/A	N/A	N/A	
NOx	N/A 2.547	N/A	N/A	N/A	
VOC	N/A .178	N/A	N/A	N/A	
PM10	N/A .157	N/A	N/A	N/A	

Source Document: Emission Inventory and Compliance Analysis, Jan. 1994
 N/A = Not available.

Corrections provided via fax sheet from NAS Kingsville of 02 June '94. See page 1(a), attached.
 CNET N-4412, R. Thompson, 6-6-94

5c. For your base, identify the baseline level of emissions, established in accordance with the Clean Air Act. Baseline information is assumed to be 1990 data or other year as specified. Determine the total level of emissions (tons/yr) for CO, NOx, VOC, PM10 for the general sources listed. For all data provide a list of the sources and show your calculations. Use known emissions data, or emissions derived from use of state methodologies, or identify other sources used. "Other Mobile" sources include such items as ground support equipment. **NAS KINGSVILLE IS IN AN ATTAINMENT AREA, THEREFORE QUESTIONS ARE N/A.**

Emission Sources (Tons/Year)					
Pollutant	Permitted Stationary	Personal Automobiles	Aircraft Emissions	Other Mobile	Total
CO	N/A .557	N/A	N/A	N/A	.557
NOx	N/A 2.547	N/A	N/A	N/A	2.547
VOC	N/A .178	N/A	N/A	N/A	.178
PM10	N/A .157	N/A	N/A	N/A	.157

Source Document: Emission Inventory and Compliance Analysis, Jan. 1994

5d. For your base, determine the total FY1993 level of emissions (tons/yr) for CO, NOx, VOC, PM10 for the general sources listed. For all data provide a list of the sources and show your calculations. Use known emissions data, or emissions derived from use of state methodologies, or identify other sources used. "Other Mobile" sources include such items as ground support equipment. **NAS KINGSVILLE IS IN AN ATTAINMENT AREA, THEREFORE QUESTIONS ARE N/A.**

Emissions Sources (Tons/Year)					
Pollutant	Permitted Stationary	Personal Automobiles	Aircraft Emissions	Other Mobile	Total
CO	N/A .557	N/A	N/A	N/A	.557
NOx	N/A 2.547	N/A	N/A	N/A	2.547
VOC	N/A .178	N/A	N/A	N/A	.178
PM10	N/A .157	N/A	N/A	N/A	.157

Source Document: Emission Inventory and Compliance Analysis, Jan 1994

60241

5e. Provide estimated increases/decreases in air emissions (Tons/Year of CO, NOx, VOC, PM10) expected within the next six years (1995-2001). Either from previous BRAC realignments and/or previously planned downsizing shown in the Presidents FY1997 budget. Explain.
NONE.

5f. Are there any critical air quality regions (i.e. non-attainment areas, national parks, etc.) within 100 miles of the base?
NONE DESIGNATED BY CLEAN AIR ACT.

(R)

5g. Have any base operations/mission/functions (i.e.: training, R&D, ship movement, aircraft movement, military operations, support functions, vehicle trips per day, etc.) been restricted or delayed due to air quality considerations. Explain the reason for the restriction and the "fix" implemented or planned to correct.
NO.

5h. Does your base have Emission Reduction Credits (ERCs) or is it subject to any emission offset requirements? If yes, provide details of the sources affected and conditions of the ERCs and offsets. Is there any potential for getting ERCs?
NO.

5e. Provide estimated increases/decreases in air emissions (Tons/Year of CO, NOx, VOC, PM10) expected within the next six years (1995-2001). Either from previous BRAC realignments and/or previously planned downsizing shown in the Presidents FY1997 budget. Explain.
NONE.

5f. Are there any critical air quality regions (i.e. non-attainment areas, national parks, etc.) within 100 miles of the base?
PADRE ISLAND NATIONAL SEASHORE.

5g. Have any base operations/mission/functions (i.e.: training, R&D, ship movement, aircraft movement, military operations, support functions, vehicle trips per day, etc.) been restricted or delayed due to air quality considerations. Explain the reason for the restriction and the "fix" implemented or planned to correct.
NO.

5h. Does your base have Emission Reduction Credits (ERCs) or is it subject to any emission offset requirements? If yes, provide details of the sources affected and conditions of the ERCs and offsets. Is there any potential for getting ERCs?
NO.

6. ENVIRONMENTAL COMPLIANCE

R

- 6a. Identify compliance costs, currently known or estimated that are required for permits or other actions required to bring existing practices into compliance with appropriate regulations. Do not include Installation Restoration costs that are covered in Section 7. For the last two columns provide the combined total for those two FY's.

Program	Survey Completed?	Costs in \$K to correct deficiencies					
		FY94	FY95	FY96	FY97	FY98-99	FY00-01
Air	1/94	0	25	30	35	76	80
Hazardous Waste	1/95	18	25	25	25	50	50
Safe Drinking Water Act	6/94	0	0	0	0	0	0
PCBs	6/90	0	0	0	0	0	0
Other (non-PCB) Toxic Substance Control Act	4/92	0	0	0	0	0	0
Lead Based Paint	NO-ON GOING	0	0	0	0	0	0
Radon	4/90	0	0	0	0	0	0
Clean Water Act	3/95*	0	500	500	0	0	0
Solid Waste	4/94	0	50	50	50	100	100
Oil Pollution Act	2/95	0	0	0	0	0	0
USTs	1/94	0	1800	0	0		
Other	N/A	0	0	0	0	0	0
Total							

(R)

Provide a separate list of compliance projects in progress or required, with associated cost and estimated start/completion date.

POLLUTION PREVENTION STUDY IS IN PROGRESS AT A COST OF \$180K AND WILL BE COMPLETED 1/95.

***STORM WATER DISCHARGE SURVEY IS IN PROGRESS AND CORRECTIVE ACTIONS ARE STILL BEING IDENTIFIED. COSTS HAVE NOT BEEN IDENTIFIED.**

6b.

Does your base have structures containing asbestos? YES. What % of your base has been surveyed for asbestos? 100%. Are additional surveys planned? NO. What is the estimated cost to remediate asbestos (\$K) 26,789. Are asbestos survey costs based on encapsulation, removal or a combination of both? COMBINATION OF BOTH.

6. ENVIRONMENTAL COMPLIANCE

- 6a. Identify compliance costs, currently known or estimated that are required for permits or other actions required to bring existing practices into compliance with appropriate regulations. Do not include Installation Restoration costs that are covered in Section 7 or recurring costs included in question 6c. For the last two columns provide the two year totals for those FY's.

Program	Survey Completed?	Costs in \$K to correct deficiencies					
		FY1994	FY1995	FY1996	FY1997	FY98-99	FY00-01
Air	1/94	0	25	30	35	76	160
Hazardous Waste	1/95	18	25	25	25	50	100
Safe Drinking Water Act	N/A	2	2	2	2	4	4
PCBs	N/A	3	5	5	7	14	14
Other (non-PCB) Toxic Substance Control Act	4/92	2	4	5	7	18	36
Lead Based Paint	N/A	0	6	7	7	18	36
Radon	4/90	0	0	0	0	0	0
Clean Water Act	3/95*	0	0	0	0	0	0
Solid Waste	4/94	0	50	50	50	100	200
Oil Pollution Act	N/A	0	0	0	0	0	0
USTs	N/A	0	800	0	0	0	0
Other	N/A	0	0	0	0	0	0
Total		25	917	124	133	280	550

Provide a separate list of compliance projects in progress or required, with associated cost and estimated start/completion date.

POLLUTION PREVENTION STUDY IS IN PROGRESS AT A COST OF \$180K AND WILL BE COMPLETED 1/95. * STORM WATER DISCHARGE SURVEY IS IN PROGRESS AND CORRECTIVE ACTIONS ARE STILL BEING IDENTIFIED. COSTS HAVE NOT BEEN IDENTIFIED.

6. ENVIRONMENTAL COMPLIANCE

- 6a. Identify compliance costs, currently known or estimated that are required for permits or other actions required to bring existing practices into compliance with appropriate regulations. Do not include Installation Restoration costs that are covered in Section 7. For the last two columns provide the combined total for those two FY's.

Program	Survey Completed?	Costs in \$K to correct deficiencies					
		FY94	FY95	FY96	FY97	FY98-99	FY00-01
Air	1/94	0	25	30	35	76	80
Hazardous Waste	1/95	18	25	25	25	50	50
Safe Drinking Water Act	N/A	0	0	0	0	0	0
PCBs	N/A	5	10	10	0	0	0
Other (non-PCB) Toxic Substance Control Act	4/92	0	0	0	0	0	0
Lead Based Paint	N/A	0	0	0	0	0	0
Radon	4/90	0	0	0	0	0	0
Clean Water Act	3/95*	0	500	500	0	0	0
Solid Waste	4/94	0	50	50	50	100	100
Oil Pollution Act	N/A	0	0	0	0	0	0
USTs	N/A	0	1800	0	0		
Other	N/A	0	0	0	0	0	0
Total							

Provide a separate list of compliance projects in progress or required, with associated cost and estimated start/completion date.

POLLUTION PREVENTION STUDY IS IN PROGRESS AT A COST OF \$180K AND WILL BE COMPLETED 1/95.

***STORM WATER DISCHARGE SURVEY IS IN PROGRESS AND CORRECTIVE ACTIONS ARE STILL BEING IDENTIFIED. COSTS HAVE NOT BEEN IDENTIFIED.**

6b.

Does your base have structures containing asbestos? YES. What % of your base has been surveyed for asbestos? 100%. Are additional surveys planned? NO. What is the estimated cost to remediate asbestos (\$K) 26,789. Are asbestos survey costs based on encapsulation, removal or a combination of both? COMBINATION OF BOTH.

*Replaced w/ Amal 2
7/95
CWET*

60241

6b.

Does your base have structures containing asbestos? YES. What % of your base has been surveyed for asbestos? 100%. Are additional surveys planned? NO. What is the estimated cost to remediate asbestos (\$K) 26,789. Are asbestos survey costs based on encapsulation, removal or a combination of both? **COMBINATION OF BOTH.**

6c. Provide detailed cost of operational (environmental) compliance costs, with funding source.

Funding Source	FY92	FY93	FY94	FY95	FY96	FY97	FY98-99	FY00-01
O&MN	361	1,346	425	1,162	3,180	500	1,000	1,000
HA	0	0	0	0	0	0	0	0
PA	302	127	946	1,200	850	0*	0*	0*
Other (specify)				0	0	0	0	0
TOTAL	663	1,473	1,371	2,362	4,030	500	1,000	1,000

*NO COMPLIANCE PROJECTS SCHEDULED IN THESE OUTYEARS.

6d. Are there any compliance issues/requirements that have impacted operations and/or development plans at your base. NO.

*Replaced by Amund 2
 2-2-97
 CW 97*

60241

6c. Provide detailed cost of recurring operational (environmental) compliance costs, with funding source.

Funding Source	FY1992	FY1993	FY1994	FY1995	FY1996	FY1997	FY98-99	FY00-01
O&MN								
HA	0	0	0	0	0	0	0	0
PA	0	0	0	0	0	0	0	0
Other O&MN (specify)	314*	594*	786*	800*	820*	830*	1,700*	1,710*
Other (specify)								
TOTAL:	214	594	786	800	820	830	1,700	1,710

*INCLUDES INSTALLATION RESTORATION RECURRING COSTS AND STATION RECURRING COSTS.

6d. Are there any compliance issues/requirements that have impacted operations and/or development plans at your base. NO.

7. INSTALLATION RESTORATION

7a.

Does your base have any sites that are contaminated with hazardous substances or petroleum products?	YES
Is your base an NPL site or proposed NPL site?	NO

7b. Provide the following information about your Installation Restoration (IR) program. Project list may be provided in separate table format. Note: List only projects eligible for funding under the Defense Environmental Restoration Account (DERA). Do not include UST compliance projects properly listed in section VI.

Site # or name	Type site ¹	Groundwater Contaminated?	Extends off base?	Drinking Water Source?	Cost to Complete (\$M)/Est. Compl. Date	Status ² /Comments

Corrected para 6(c) to be forwarded under separate cover. J. [Signature] CW/T

60241

6c. Provide detailed cost of recurring operational (environmental) compliance costs, with funding source.

Funding Source	FY1992	FY1993	FY1994	FY1995	FY1996	FY1997	FY98-99	FY00-01
O&MN								
HA	0	0	0	0	0	0	0	0
PA	0	0	0	0	0	0	0	0
Other O&MN (specify)	128*	378*	460*	341*	347*	365*	740*	770*
Other (specify)								
TOTAL:	128	378	460	341	347	365	740	770

*INCLUDES INSTALLATION RESTORATION RECURRING COSTS AND STATION RECURRING COSTS.

6d. Are there any compliance issues/requirements that have impacted operations and/or development plans at your base. NO.

7. INSTALLATION RESTORATION

7a.

Does your base have any sites that are contaminated with hazardous substances or petroleum products?	YES
Is your base an NPL site or proposed NPL site?	NO

7b. Provide the following information about your Installation Restoration (IR) program. Project list may be provided in separate table format. Note: List only projects eligible for funding under the Defense Environmental Restoration Account (DERA). Do not include UST compliance projects properly listed in section VI.

Site # or name	Type site ¹	Groundwater Contaminated?	Extends off base?	Drinking Water Source?	Cost to Complete (\$M)/Est. Compl. Date	Status ² /Comments

R

7b. Provide the following information about your Installation Restoration (IR) program. Project list may be provided in separate table format. Note: List only projects eligible for funding under the Defense Environmental Restoration Account (DERA). Do not include UST compliance projects properly listed in section VI.

Site # or name	Type site ¹	Groundwater Contaminated?	Extends off base?	Drinking Water Source?	Cost to Complete (\$M)/Est. Compl. Date	Status ² /Comments
1	RCRA	NO	NO	N/A	.2/10/96	SI/MAY REQUIRE CAPPING
3	RCRA	NO	NO	N/A	.015/10/95	SI/REQUIRES ADDITIONAL WELL AND SOIL SAMPLING
6	RCRA	NO	NO	N/A	.009/10/95	SI/REQUIRES SOIL SAMPLING
8	RCRA	NO	NO	N/A	.009/10/95	SI/REQUIRES ADDITIONAL SOIL SAMPLING
10	RCRA	NO	NO	N/A	.009/10/95	SI/REQUIRES ADDITIONAL SOIL SAMPLING
-	-	-	-	-	-	-

ALL PHASES OF ALL PROJECTS WILL BE COMPLETED IN 1996.

By END CO [Signature]

(R)

¹ Type site: CERCLA, RCRA corrective action (CA), UST or other (explain)

² Status = PA, SI, RI, RD, RA, long term monitoring, etc.

60241

1	RCRA	NO	NO	N/A	.2/10/96	SI/MAY REQUIRE CAPPING
3	RCRA	NO	NO	N/A	.015/10/95	SI/REQUIRES ADDITIONAL WELL AND SOIL SAMPLING
6	RCRA	NO	NO	N/A	.009/10/95	SI/REQUIRES SOIL SAMPLING
8	RCRA	NO	NO	N/A	.009/10/95	SI/REQUIRES ADDITIONAL SOIL SAMPLING
10	RCRA	NO	NO	N/A	.009/10/95	SI/REQUIRES ADDITIONAL SOIL SAMPLING

¹ Type site: CERCLA, RCRA corrective action (CA), UST or other (explain)

² Status = PA, SI, RI, RD, RA, long term monitoring, etc.

26 15 9

WETTED
CNET 04/4/93
FAR 7/26/94

7. INSTALLATION RESTORATION

7a.

Does your base have any sites that are contaminated with hazardous substances or petroleum products?	YES*
Is your base an NPL site or proposed NPL site?	NO

*THERE IS CONTAMINATION WITH USTS (PETROLEUM PRODUCTS). REMEDIAL ACTION PLANS ARE BEING PUT TOGETHER FOR THOSE SITES BY SOUTHERN DIVISION, NAVFACFACENCOM.

7b. Provide the following information about your Installation Restoration (IR) program. Project list may be provided in separate table format. Note: List only projects eligible for funding under the Defense Environmental Restoration Account (DERA). Do not include UST compliance projects properly listed in section VI.

Site # or name	Type site ¹	Groundwater Contaminated?	Extends off base?	Drinking Water Source?	Cost to Complete (\$M)/Est. Compl. Date	Status ² /Comments
N/A*						

*THERE ARE NO DERA SITES ON STATION EXCEPT FOR THOSE LISTED IN SECTION 6.

¹ Type site: CERCLA, RCRA corrective action (CA), UST or other (explain)

² Status = PA, SI, RI, RD, RA, long term monitoring, etc.

*Replaced w/ Armed 2
2 Standard CWA 1*

7c. Have any contamination sites been identified for which there is no recognized/accepted remediation process available? List. NO.

7d.

Is there a groundwater treatment system in place?	NO
Is there a groundwater treatment system planned?	NO

State scope and expected length of pump and treat operation.

N/A.

7e.

Has a RCRA Facilities Assessment been performed for your base?	NO
--	----

7f. Does your base operate any "Conforming Storage" facilities for handling hazardous materials? If YES, describe facility, capacity, restrictions, and permit conditions.

NO

7g. Does your base operate any "Conforming Storage" facilities for handling hazardous waste? If YES, describe facility, capacity, restrictions, and permit conditions.

NO

7h. Is your base responsible for any non-appropriated fund facilities (exchange, gas station) that require cleanup? If so, describe facility/location and cleanup required/status. YES. NAVY EXCHANGE SERVICE STATION, CLEANUP OF CONTAMINATED SOIL FROM UST'S. CURRENTLY AWAITING REMEDIAL ACTION PLAN FROM SOUTHERN DIVISION, NAVFACENCOM.

7i.

Do the results of any radiological surveys conducted indicate limitations on future land use? Explain below.	N/A
--	-----

60241

7j. Have any base operations or development plans been restricted due to Installation Restoration considerations?
NO.

7k. List any other hazardous waste treatment or disposal facilities not included in question 7b. above. Include capacity, restrictions and permit conditions.
NONE.

8. LAND / AIR / WATER USE

8a. List the acreage of each real estate component controlled or managed by your base (e.g., Main Base - 1,200 acres, Outlying Field - 200 acres, Remote Range - 1,000 acres, remote antenna site - 5 acres, Off-Base Housing Area - 25 acres).

Parcel Descriptor	Acres	Location
NAVAL AIR STATION	3955.86	KINGSVILLE, TX
NALF ORANGE GROVE	1596.09	ORANGE GROVE, TX
MCMULLEN TARGET RANGE	10638.98	MCMULLEN COUNTY, TX
TEXAS TERRACE HOUSING	30.01	KINGSVILLE, TX
ROTHR	300.00	TRANSMITTER- KINGSVILLE, TX/RECEIVER- MCMULLEN

8b. Provide the acreage of the land use categories listed in the table below:
 NAS KINGSVILLE

LAND USE CATEGORY		ACRES
Total Developed: (administration, operational, housing, recreational, training, etc.)		1691
Total Undeveloped (areas that are left in their natural state but are under specific environmental development constraints, i.e.: wetlands, endangered species, etc.)		Wetlands: 101
		All Others: 10
Total Undeveloped land considered to be without development constraints, but which may have operational/man caused constraints (i.e.: HERO, HERF, HERP, ESQD, AICUZ, etc.) TOTAL		1582
Total Undeveloped land considered to be without development constraints		464
Total Off-base lands held for easements/lease for specific purposes		113
Breakout of undeveloped, restricted areas. Some restricted areas may overlap:	ESQD	0
	HERF	0
	HERP	0
	HERO	0
	AICUZ (FOOTPRINT)	1582
	Airfield Safety Criteria	0
	Other	0

8c. How many acres on your base (includes off base sites) are dedicated for training purposes (e.g., vehicular, earth moving, mobilization)? This does not include buildings or interior small arms ranges used for training purposes. 601

8d. What is the date of your last AICUZ update? 10/92. Are any waivers of airfield safety criteria in effect on your base? YES. Summarize the conditions of the waivers below.

WAIVER DESCRIPTION

- K-2 ALL BLAST PAVEMENT AND SURFACED OVERRUN AREAS WHICH WHICH ARE NOT DESIGNED TO MEET THE WHEEL LOADS AND TIRE PRESSURES OF ASSIGNED AIRCRAFT SHALL BE MARKED. APPLICABLE CRITERIA FOR MARKING THE RUNWAY SHOULDERS ARE WAIVERED.
- K-6 HANGAR 3757, 1038 FEET WEST OF RUNWAY 17-35 CENTERLINE WITH HIGHEST POINT OF TRUSS 63 FEET ABOVE THE GROUND WHICH PENETRATES THE 7:1 LATERAL TRANSITION SLOPE BY 17.5 FEET.
- K-8 TO PERMIT A CREEK AND EROSION IN CRASH STRIP FOR RUNWAY 13R-13L.
- K-9 TO PERMIT CONTROL TOWER AND ANTENNA MAST OF BUILDING 1770 TO PROTRUDE INTO THE 7:1 TRANSITION SURFACE TO RUNWAY 17R-35L. THE CONTROL TOWER PROJECTS 7 FEET PLUS AN 8-FOOT ANTENNA MAST FOR A TOTAL OF 15 FEET INTO THE LATERAL SAFETY CLEARANCE, 7:1 TRANSITION SURFACE OF RUNWAY 17R-35L.
- K-10 TO ALLOW FOR SITTING OF A CRASH CREW OBSERVATION TOWER ON THE EDGE OF THE PARKING APRON 750 FEET WEST OF THE CENTERLINE OF RUNWAY 17R-35L AND 750 FEET SOUTHWEST OF THE CENTERLINE OF RUNWAY 13R-31L.
- K-11 TO PERMIT AN AN/FPN-63 AND ASSOCIATED REFLECTORS TO BE LOCATED.
- K-12 TO PERMIT AN AN/GMQ-29 TO BE INSTALLED 103 FEET EAST OF THE TAXIWAY B EDGE AND 89 FEET SCALED NORTH OF THE TAXIWAY E CENTERLINE.
- K-13 TO PERMIT CREEK AND EROSION STRIP FOR RUNWAY 17 L&R - 13 L&R.
- K-14 TO PERMIT WIND CONES (4 TOTAL) BETWEEN RUNWAYS, 500 FEET FROM EACH END.
- K-15 TO ALLOW INERT STORAGE BUILDING (60 FEET X 20 FEET X 13 FEET TALL), 675 FEET EAST OF RUNWAY 17L-35R.
- K-16 TO ALLOW RUNWAY DUTY OFFICER (RDO) TRAILERS BETWEEN RUNWAYS APPROXIMATELY 750 FEET IN BOARD FROM END OF RUNWAY. TRAILER ON OPERATING RUNWAY ONLY.
- K-17 TO PERMIT WHEELS WATCH SHELTERS 990 FEET FROM END OF

RUNWAY.

K-21 TO PERMIT TACTICAL AIR NAVIGATION (TACAN) BUILDING 2716 ANTENNA TO PENETRATE TRANSITION SLOPE.

K-22 TO PERMIT ABOVEGROUND TRANSFORMERS AT RDO SITES.

K-23T TO PERMIT CORROSION CONTROL BUILDING 2729 TO BE MANNED WHEN RUNWAY 17-35 IS BEING USED FOR AIRCRAFT OPERATIONS. BUILDING 2729 WILL BE DEMOLISHED BY MCON P-236 WHICH IS ALREADY UNDERWAY. WAIVER WILL BE CANCELLED UPON DEMOLITION.

K-25 TO PERMIT THE INSTALLATION OF A MARK 1F INSTRUMENTS LANDING SYSTEM.

8b. Provide the acreage of the land use categories listed in the table below:
NALF ORANGE GROVE

LAND USE CATEGORY		ACRES
Total Developed: (administration, operational, housing, recreational, training, etc.)		1351
Total Undeveloped (areas that are left in their natural state but are under specific environmental development constraints, i.e.: wetlands, endangered species, etc.)		Wetlands: 0
		All Others: 0
Total Undeveloped land considered to be without development constraints, but which may have operational/man caused constraints (i.e.: HERO, HERF, HERP, ESQD, AICUZ, etc.) TOTAL		245.6
Total Undeveloped land considered to be without development constraints		0
Total Off-base lands held for easements/lease for specific purposes		0
Breakout of undeveloped, restricted areas. Some restricted areas may overlap:	ESQD	0
	HERF	0
	HERP	0
	HERO	0
	AICUZ (FOOTPRINT)	245.6
	Airfield Safety Criteria	0
	Other	0

8c. How many acres on your base (includes off base sites) are dedicated for training purposes (e.g., vehicular, earth moving, mobilization)? This does not include buildings or interior small arms ranges used for training purposes. 0

8d. What is the date of your last AICUZ update? 9/30/87. Are any waivers of airfield safety criteria in effect on your base? YES. Summarize the conditions of the waivers below.

WAIVER DESCRIPTION

OG-1 TO PERMIT TREES AND EROSION IN THE CRASH ZONE OF RUNWAY 1-19.

OG-2 TO PERMIT WIND CONES LOCATED 500 FEET FROM THE END OF EACH RUNWAY.

OG-3 TO PERMIT LANDING SAFETY OFFICER CARTS ADJACENT TO OPERATIONAL RUNWAY.

OG-3T OBSTRUCTION REMOVED/WAIVER CANCELLED.

OG-5 TO PERMIT LOCATING SKID MOUNTED WHEELS WATCH SHELTERS IN THE TYPE ONE CLEAR ZONES OF RUNWAYS 13, 31, 1 AND 19.

PENDING TO PERMIT CONSTRUCTION FOR SHELTERS AND ANTENNAS IN SUPPORT OF ILS.

PENDING TO PERMIT THE CONSTRUCTION AND INSTALLATION OF SHELTERS, ANTENNAS, AND REFLECTORS IN SUPPORT OF THE AN-FPN 63 RADAR INSTALLATION.

PENDING TO PERMIT A READY SERVICE LOCKER AT NALF, ORANGE GROVE.

PENDING TO PERMIT AN OBSERVATION TOWER AT EDGE OF PARKING APRON AT NALF, ORANGE GROVE.

8b. Provide the acreage of the land use categories listed in the table below:
MCMULLEN TARGET RANGE

LAND USE CATEGORY		ACRES
Total Developed: (administration, operational, housing, recreational, training, etc.)		4250.66
Total Undeveloped (areas that are left in their natural state but are under specific environmental development constraints, i.e.: wetlands, endangered species, etc.)		Wetlands: 0
		All Others: 0
Total Undeveloped land considered to be without development constraints, but which may have operational/man caused constraints (i.e.: HERO, HERF, HERP, ESQD, AICUZ, etc.) TOTAL		3900.00
Total Undeveloped land considered to be without development constraints		2493.32
Total Off-base lands held for easements/lease for specific purposes		0
Breakout of undeveloped, restricted areas. Some restricted areas may overlap:	ESQD	0
	HERF	0
	HERP	0
	HERO	0
	AICUZ (FOOTPRINT)	0
	Airfield Safety Criteria	0
	Other	3900.00*

*3,900 acres are for controlled use for the Relocatable Over-the-Horizon Radar (ROTHR) site. The controlled use area is for vehicular and power line restrictions. Of that 3900 acres, 1500 acres are further restricted as a Radio Frequency Interference (RFI) Free Zone.

8c. How many acres on your base (includes off base sites) are dedicated for training purposes (e.g., vehicular, earth moving, mobilization)? This does not include buildings or interior small arms ranges used for training purposes. 10,388.32

8d. What is the date of your last AICUZ update? N/A. Are any waivers of airfield safety criteria in effect on your base? N/A. Summarize the conditions of the waivers below.

8b. Provide the acreage of the land use categories listed in the table below:
MCMULLEN TARGET RANGE

LAND USE CATEGORY		ACRES
Total Developed: (administration, operational, housing, recreational, training, etc.)		4250.66
Total Undeveloped (areas that are left in their natural state but are under specific environmental development constraints, i.e.: wetlands, endangered species, etc.)		Wetlands: 0
		All Others: 0
Total Undeveloped land considered to be without development constraints, but which may have operational/man caused constraints (i.e.: HERO, HERF, HERP, ESQD, AICUZ, etc.) TOTAL		6388.32
Total Undeveloped land considered to be without development constraints		5.0
Total Off-base lands held for easements/lease for specific purposes		0
Breakout of undeveloped, restricted areas. Some restricted areas may overlap:	ESQD	0
	HERF	0
	HERP	0
	HERO	0
	AICUZ (FOOTPRINT)	0
	Airfield Safety Criteria	0
	Other	0

8c. How many acres on your base (includes off base sites) are dedicated for training purposes (e.g., vehicular, earth moving, mobilization)? This does not include buildings or interior small arms ranges used for training purposes. 10,388.32

8d. What is the date of your last AICUZ update? N/A. Are any waivers of airfield safety criteria in effect on your base? N/A. Summarize the conditions of the waivers below.

8b. Provide the acreage of the land use categories listed in the table below:

TEXAS TERRACE HOUSING

LAND USE CATEGORY		ACRES
Total Developed: (administration, operational, housing, recreational, training, etc.)		30.0
Total Undeveloped (areas that are left in their natural state but are under specific environmental development constraints, i.e.: wetlands, endangered species, etc.)		Wetlands: 0
		All Others: 0
Total Undeveloped land considered to be without development constraints, but which may have operational/man caused constraints (i.e.: HERO, HERF, HERP, ESQD, AICUZ, etc.) TOTAL		0
Total Undeveloped land considered to be without development constraints		0
Total Off-base lands held for easements/lease for specific purposes		0.1
Breakout of undeveloped, restricted areas. Some restricted areas may overlap:	ESQD	0
	HERF	0
	HERP	0
	HERO	0
	AICUZ (FOOTPRINT)	0
	Airfield Safety Criteria	0
	Other	0

8c. How many acres on your base (includes off base sites) are dedicated for training purposes (e.g., vehicular, earth moving, mobilization)? This does not include buildings or interior small arms ranges used for training purposes. 0

8d. What is the date of your last AICUZ update? N/A. Are any waivers of airfield safety criteria in effect on your base? N/A. Summarize the conditions of the waivers below.

8e. List the off-base land use *types* (e.g, residential, industrial, agricultural) and *acreage* within Noise Zones 2 & 3 generated by your flight operations and whether it is compatible/incompatible with AICUZ guidelines on land use.

Acreage/Location/ID	Zones 2 or 3	Land Use	Compatible/ Incompatible
7,464 ACRES/KINGSVILLE, TX	ZONE 2	AGRICULTURAL	COMPATIBLE
4,580 ACRES/ORANGE GROVE, TX	ZONE 2	AGRICULTURAL	COMPATIBLE

8f. List the navigational channels and berthing areas controlled by your base which require maintenance dredging? Include the frequency, volume, current project depth, and costs of the maintenance requirement.

N/A.

Navigational Channels/ Berthing Areas	Location / Description	Maintenance Dredging Requirement			
		Frequency	Volume (MCY)	Current Project Depth (FT)	Cost (\$M)
NONE					

8g. Summarize planned projects through FY 1997 requiring new channel or berthing area dredged depths, include location, volume and depth. R

N/A.

8h.

Are there available designated dredge disposal areas for maintenance dredging material? List location, remaining capacity, and future limitations.	N/A
Are there available designated dredge disposal areas for new dredge material? List location, remaining capacity, and future limitations.	N/A
Are the dredged materials considered contaminated? List known contaminants.	N/A

8.i. List any requirements or constraints resulting from consistency with State Coastal Zone Management Plans.

NONE.

8j. Describe any non-point source pollution problems affecting water quality ,e.g.: coastal erosion. (R

THE STORMWATER RUNOFF FROM AIRCRAFT PARKING AREAS POSES A POTENTIAL POLLUTION PROBLEM. CURRENTLY, A STORMWATER DISCHARGE STUDY IS BEING DONE BY SOUTHERN DIVISION, NAVFACENCOM, FOR NAS KINGSVILLE WHICH WILL DETERMINE THE EFFECT OF THE RUNOFF FROM THE AIRCRAFT PARKING AREAS. THE RUNOFF DRAINS INTO THE STORM DRAINAGE SYSTEM AND ULTIMATELY INTO THE SAN FERNANDO CREEK. TO DATE, THE STUDY IS ONGOING AND THE FINAL REPORT WILL BE ISSUED IN 1995.

8k.

If the base has a cooperative agreement with the US Fish and Wildlife Service and/or the State Fish and Game Department for conducting a hunting and fishing program, does the agreement or these resources constrain either current or future operations or activities? Explain the nature and extent of restrictions.	NO
---	----

8l. List any other areas on your base which are indicated as protected or preserved habitat other than threatened/endangered species that have been listed in Section 1. List the species, whether or not treated, and the acres protected/preserved. NONE.

8g. Summarize planned projects through FY 1997 requiring new channel or berthing area dredged depths, include location, volume and depth.

N/A.

8h.

Are there available designated dredge disposal areas for maintenance dredging material? List location, remaining capacity, and future limitations.	N/A
Are there available designated dredge disposal areas for new dredge material? List location, remaining capacity, and future limitations.	N/A
Are the dredged materials considered contaminated? List known contaminants.	N/A

8.i. List any requirements or constraints resulting from consistency with **State Coastal Zone Management Plans**.

NONE.

8j. Describe any **non-point source pollution problems** affecting water quality ,e.g.: coastal erosion.

STORMWATER RUNOFF FROM AIRCRAFT MAINTENANCE AREAS.

8k.

If the base has a cooperative agreement with the US Fish and Wildlife Service and/or the State Fish and Game Department for conducting a hunting and fishing program, does the agreement or these resources constrain either current or future operations or activities? Explain the nature and extent of restrictions.	NO
---	----

8l. List any other areas on your base which are indicated as protected or preserved habitat other than threatened/endangered species that have been listed in Section 1. List the species, whether or not treated, and the acres protected/preserved. NONE.

9. WRAPUP

9a. Are there existing or potential environmental showstoppers that have affected or will affect the accomplishment of the installation mission that have not been covered in the previous 8 questions?

NO.

9b. Are there any other environmental permits required for base operations, include any relating to industrial operations.

NO.

9c. Describe any other environmental or encroachment restrictions on base property not covered in the previous 8 sections.

NONE.

9d. List any future/proposed laws/regulations or any proposed laws/regulations which will constrain base operations or development plans in any way. Explain.

NONE.

Command: NAS Kingsville

Data Call Number Thirty Three/Amendments One and Two

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

T. L. McCLELLAND

NAME

T. L. McClelland

Signature

Acting

Title

6/7/94

Date

CNET

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

**DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)**

P. W. Drownon

NAME

P. W. Drownon

Signature

Acting

Title

6/24/94

Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

W. B. HAYDEN, RADM, USN
NAME (Please type or print)

Chief of Naval Air Training
Title

Naval Air Training Command
Activity

WB Hayden
Signature

2 June 94
Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

NAME (Please type or print)

Title

Activity

Signature

Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

NAME (Please type or print)

Title

Signature

Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

S. L. COUNTS, CAPT, USN

NAME (Please type or print)

S. L. Counts

Signature

COMMANDER

Title

31 May 94

Date

TRAINING AIR WING TWO, KINGSVILLE, TX

Activity

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

J. D. MAXEY, CAPT, USN
NAME (Please type or print)

J. D. Maxey
Signature

COMMANDING OFFICER
Title

27 May 1994
Date

NAVAL AIR STATION, KINGSVILLE, TX
Activity

BRAC-95 DATA CALL 33
NAS KINGSVILLE, UIC 60241

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

P. R. STATSKEY, CAPT, USN
~~W. B. HAYDEN, RADM, USN~~
NAME (Please type or print)

P.R. Statskey
Signature

Chief of Naval Air Training (ACTING)
Title

24 May 94
Date

Naval Air Training Command
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

NAME (Please type or print)

Signature

Title

Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

NAME (Please type or print)

Signature

Title

Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

J. L. MARKSBURY, CDR, USN

NAME (Please type or print)
COMMANDER (Acting)

~~CHIEF STAFF OFFICER~~

Title

TRAINING AIR WING TWO, KINGSVILLE, TX

Activity

Signature 

Date

5/14/94

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

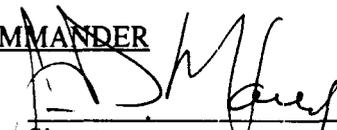
I. D. MAXEY, CAPT, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

Date

NAVAL AIR STATION, KINGSVILLE, TX
Activity





5/16/94

Command: NAS Kingsville

**Data Call Number Thirty Three/Amendments One and Two
(Pages 11 and 15)**

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

R. K. U. KIHUNE
NAME


Signature

15 JUN 1994

CNET
Title

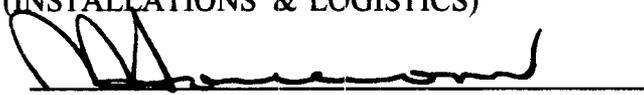
Date

CNET
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

**DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)**

R. R. SAREERAM
NAME


Signature

ACTING
Title

01 JUL 1994
Date

STATION REVISIONS OF 6/6/94, PAGES 11 & 15

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

P. R. STATSKEY, CAPT, USN
~~W. B. HAYDEN, RADM, USN~~
NAME (Please type or print)

P. R. Statskey
Signature

Chief of Naval Air Training (ACTING)
Title

10 JUN 94
Date

Naval Air Training Command
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

NAME (Please type or print)

Signature

Title

Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

NAME (Please type or print)

Signature

Title

Date

pg 11 of 15

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

S. L. COUNTS, CAPT, USN

NAME (Please type or print)

COMMANDER

Title

TRAINING AIR WING TWO, KINGSVILLE, TX

Activity

S. L. Counts
Signature

6 June 94
Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

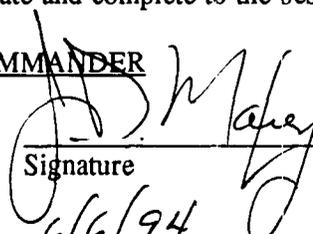
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

J. D. MAXEY, CAPT, USN
NAME (Please type or print)



Signature
6/6/94

Date

COMMANDING OFFICER
Title

NAVAL AIR STATION, KINGSVILLE, TX
Activity

256

Command: NAS Kingsville

**Data Call Number Thirty-Three/Amendments One and Two Revisions
(Pages 12, 13, and 15A)**

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

P. E. TOBIN
NAME

PE T
Signature

Acting
Title

10/28/94
Date

CNET
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

**DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)**

W. A. EARNER
NAME

W. A. Earner
Signature

Title

11/7/94
Date

BRAC 95 DATA CALL 33
NAS KINGSVILLE UIC 60241

STATION REVISIONS OF 10/17/94, PAGES 12, 13 & 15A

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

P. R. STATSKEY, CAPT, USN
NAME (Please type or print)

P.R. Statskey
Signature

CHIEF OF NAVAL AIR TRAINING (ACTING)
Title

25 OCT 94
Date

NAVAL AIR TRAINING COMMAND
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

NAME (Please type or print)

Signature

Title

Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

**DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)**

NAME (Please type or print)

Signature

Title

Date

NAS KINGSVILLE TX
REVISION 3, DC33 17 OCT 94

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

J. D. MAXEY, CAPT, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

Date

NAVAL AIR STATION, KINGSVILLE, TX
Activity

NAS KINGSVILLE TX
REVISION 3, DC33 17 OCT 94

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

S. L. COUNTS, CAPT, USN
NAME (Please type or print)

S. L. Counts
Signature

COMMANDER
TITLE

941018
Date

TRAINING AIR WING TWO, KINGSVILLE, TX
Activity

R

Command: NAS Kingsville

**Data Call Number Thirty-Three/Amendments One and Two Revisions
(Pages 22 and 25)**

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

T. W. WRIGHT
NAME

T. W. Wright
Signature

CNET
Title

1-13-95
Date

CNET
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

**DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)**

W. A. EARNEST
NAME

W. A. Earnest
Signature

Title

2/6/95
Date

R

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

W. B. HAYDEN, RADM, USN
NAME (Please type or print)
CHIEF OF NAVAL AIR TRAINING
Title
NAVAL AIR TRAINING COMMAND
Activity

WB Hayden
Signature
6 JAN 95
Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Title

Activity

Signature

Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

NAME (Please type or print)

Title

Activity

Signature

Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

**DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)**

NAME (Please type or print)

Title

Signature

Date

enc (6)

R

60241

BRAC-95 CERTIFICATION

NAS KINGSVILLE TX

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

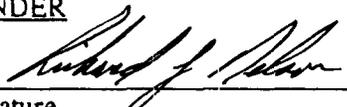
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

RICHARD L. NELSON, CDR, USN
NAME (Please type or print)


Signature

ACTING COMMANDING OFFICER
Title

21 Dec 94
Date

NAVAL AIR STATION, KINGSVILLE, TX
Activity

60241

BRAC-95 CERTIFICATION

NAS KINGSVILLE TX

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

S. J. BLASER, CDR, USN

NAME (Please type or print)

ACTING COMMANDER

TITLE



Signature

21 Dec 94

Date

TRAINING AIR WING TWO, KINGSVILLE, TX
Activity

60241

Document Separator

DATA CALL 1: GENERAL INSTALLATION INFORMATION

1. **ACTIVITY:** Follow example as provided in the table below (*delete the examples when providing your input*). If any of the questions have multiple responses, please provide all. If any of the information requested is subject to change between now and the end of Fiscal Year (FY) 1995 due to known redesignations, realignments/closures or other action, provide current and projected data and so annotate.

- Name

Official name	<i>Naval Air Station, Kingsville, TX</i>
Acronym(s) used in correspondence	<i>NAS Kingsville</i>
Commonly accepted short title(s)	<i>NAS Kingsville</i>

- Complete Mailing Address
Commanding Officer
Naval Air Station
802 Dealey Ave, Suite 209
Kingsville, TX 78363-5027

- PLAD NAS Kingsville TX

- PRIMARY UIC: 60241 (Plant Account UIC for Plant Account Holders)

Enter this number as the Activity identifier at the top of each Data Call response page.

- ALL OTHER UIC(s): 30776 PURPOSE: NALF Manpower
30780 McMullen Manpower
42095 Undergrad Pilot Trng Manpower
45765 Counseling & Asst Manpower
Manpower

2. PLANT ACCOUNT HOLDER:

- Yes X No _____ (check one)

3. ACTIVITY TYPE: Choose most appropriate type that describes your activity and completely answer all questions.

• **HOST COMMAND:** A host command is an activity that provides facilities for its own functions and the functions of other (tenant) activities. A host has accountability for Class 1 (land), and/or Class 2 (buildings, structures, and utilities) property, regardless of occupancy. It can also be a tenant at other host activities.

- Yes X No _____ (check one)

• **TENANT COMMAND:** A tenant command is an activity or unit that occupies facilities for which another activity (i.e., the host) has accountability. A tenant may have several hosts, although one is usually designated its primary host. If answer is "Yes," provide best known information for your primary host only.

- Yes _____ No X (check one)
- Primary Host (current) UIC: _____
- Primary Host (as of 01 Oct 1995) UIC: _____
- Primary Host (as of 01 Oct 2001) UIC: _____

• **INDEPENDENT ACTIVITY:** For the purposes of this Data Call, this is the "catch-all" designator, and is defined as any activity not previously identified as a host or a tenant. The activity may occupy owned or leased space. Government Owned/Contractor Operated facilities should be included in this designation if not covered elsewhere.

- Yes _____ No X (check one)

4. SPECIAL AREAS: List all Special Areas. Special Areas are defined as Class 1/Class 2 property for which your command has responsibility that is not located on or contiguous to main complex.

Name	Location	UIC
Naval Aux. Landing Field (NALF)	Alice, TX 78332-9315	30776
McMullen Target Range	Tilden, TX 78072	30780
Texas Terrace Family Housing	Kingsville, TX 78363	60241

5. DETACHMENTS: If your activity has detachments at other locations, please list them in the table below.

*delete NKS
is not Kingsville
DETS as defined
by data call
Further, the
TRAINING STRIKE
DET is assigned
to the WING
not the NKS
S. S. Schum
NKS*

Name	UIC	Location	Host name	Host UIC
TRAINING STRIKE DET N/A EL CENTRO	55259	EL CENTRO CA	TRAINING TWO	09239
TRAINING 2 A/C OPS MIRAMAR	47464	MIRAMAR CA	TRAINING TWO	09239

J
CNATRA N15

6. BRAC IMPACT: Were you affected by previous Base Closure and Realignment decisions (BRAC-88, -91, and/or -93)? If so, please provide a brief narrative.

⁹¹BRAC-93 impacted this station due to closure of NAS Chase Field, Beeville, TX. The Pilot Training Rates (PTR) increased. Additionally, McMullen Target Range was transferred to NAS Kingsville's plant account. McMullen's current plant value is \$1.68 million. Forty-five civilian billets, 16 enlisted billets and 128 student aviator billets were also transferred to NAS Kingsville from NAS Chase Field. TRAINING TWO STRIKE DET EL CENTRO (UIC 55259) AUTHORIZED 1 OFFICER AND 26 ENLISTED AND TRAINING TWO A/C OPS MIRAMAR (UIC 47464) AUTHORIZED 15 ENLISTED TRANSFERRED FROM TRAINING THREE DUE TO CLOSURE OF NAS CHASE FIELD.

CNATRA N15
PHOW CARD
WITH N15
7 FEB 94
APW

7. **MISSION:** Do not simply report the standard mission statement. Instead, describe important functions in a bulletized format. Include anticipated mission changes and brief narrative explanation of change; also indicate if any current/projected mission changes are a result of previous BRAC-88, -91,-93 action(s).

Current Missions

-
- Organize, operate and maintain the naval air station and associated facilities in support of aviation activities and units of the Naval Air Training Command. Functions include:
 - Conduct effective and aggressive aviation, industrial and ground safety programs.
 - Conduct a viable program to maintain NATOPS qualifications of station aircrew personnel.
 - Provide maintenance and operational support to the assigned outlying field and target range.
 - Provide operational training facilities and services.
 - Provide operational, logistic and administrative support to tenants and activities.
 - Provide and administer supply support to station and tenant activities.
 - Maintain and update financial plan.

Projected Missions for FY 2001

- No change is anticipated.

8. **UNIQUE MISSIONS:** Describe any missions which are unique or relatively unique to the activity. Include information on projected changes. Indicate if your command has any National Command Authority or classified mission responsibilities.

Current Unique Missions

- Provide support for T-45TS jet strike training.

Projected Unique Missions for FY 2001

- No change is anticipated.

9. IMMEDIATE SUPERIOR IN COMMAND (ISIC): Identify your ISIC. If your ISIC is not your funding source, please identify that source in addition to the operational ISIC.

- Operational name UIC
Commander, Training Air Wing TWO 09239
- Funding Source UIC
Chief of Naval ~~Education and~~ Training ~~68566~~ - 63110

10. PERSONNEL NUMBERS: Host activities are responsible for totalling the personnel numbers for all of their tenant commands, even if the tenant command has been asked to separately report the data. The tenant totals here should match the total tally for the tenant listing provided subsequently in this Data Call (see Tenant Activity list). (Civilian count shall include Appropriated Fund personnel only.)

On Board Count as of 01 January 1994

	Officers		Enlisted		Civilian (Appropri.)
	Non-Stu	Stu	Non-Stu	Stu	
Reporting Command	24	0	324	0	281 277
Tenants (total)	130	234	203	0	78

g 2
CHET
NS14
2/8/94



Authorized Positions as of 30 September 1994

	Officers		Enlisted		Civilian (Appropri.)
	Non-Stu	Stu	Non-Stu	Stu	
Reporting Command	25	0	348 343	0	287 286
Tenants (total)	170 169	273	215 225	44 46	79 80

R

GT
CNET
2/13/94
CNATRA I
PAWCON
CNATRA N
7 FEB 94

11. KEY POINTS OF CONTACT (POC): Provide the work, FAX, and home telephone numbers for the Commanding Officer or OIC, and the Duty Officer. Include area code(s). You may provide other key POCs if so desired in addition to those above.

206
CNET N-443A 1076L RESNATRA FAX

SIL (HERTEL)
CNET N44331
6/20/94

<u>Title/Name</u>	<u>Office</u>	<u>Fax</u>	<u>Home</u>
CO: J. D. MAXEY	DSN 861-6481	861-6931	N/A
	COM 512-595-6481	512-595-6931	512-592-4802
DUTY OFFICER	DSN 861-6136	861-6175	N/A
	COM 512-595-6136	512-595-6175	N/A
BRAC COORDINATORS			
LCDR A. S. GRIFFITH	DSN 861-6464	861-6950	N/A
	COM 512-595-6464	512-595-6950	512-853-4196
J. E. WOITAS	DSN 861-6202	861-6937	N/A
	COM 512-595-6202	512-595-6937	512-516-1046

6-R (6/20/94)



Authorized Positions as of 30 September 1994

	Officers		Enlisted		Civilian (Appropri.)
	Non-Stu	Stu	Non-Stu	Stu	
Reporting Command	25	0	348 343	0	287 ²⁹² 286
Tenants (total)	170	273	215 204 213	44 46	79 77

*Get N81,
CNATRA
2/8/94*

CNATRA NI

*PHONOCOM WII
CNATRA NIS
7 FEB 94 46*

11. KEY POINTS OF CONTACT (POC): Provide the work, FAX, and home telephone numbers for the Commanding Officer or OIC, and the Duty Officer. Include area code(s). You may provide other key POCs if so desired in addition to those above.

<u>Title/Name</u>	<u>Office</u>	<u>Fax</u>	<u>Home</u>
CO: J. D. MAXEY	DSN 861-6481	861-6931	N/A
	COM 512-595-6481	512-595-6931	512-592-4802
DUTY OFFICER	DSN 861-6136	861-6175	N/A
	COM 512-595-6136	512-595-6175	N/A
BRAC COORDINATORS			
LCDR A. S. GRIFFITH	DSN 861-6464	861-6950	N/A
	COM 512-595-6464	512-595-6950	512-853-4196
J. E. WOITAS	DSN 861-6202	861-6937	N/A
	COM 512-595-6202	512-595-6937	512-516-1046

*1076L REACTOR
N-443A
FAX*

12. **TENANT ACTIVITY LIST:** This list must be all-inclusive. Tenant activities are to ensure that their host is aware of their existence and any "subleasing" of space. This list should include the name and UIC(s) of all organizations, shore commands and homeported units, active or reserve, DOD or non-DOD (include commercial entities). The tenant listing should be reported in the format provide below, listed in numerical order by UIC, separated into the categories listed below. Host activities are responsible for including authorized personnel numbers, end strength as of **30 September 1994**, for all tenants, even if those tenants have also been asked to provide this information on a separate Data Call. (Civilian count shall include Appropriated Fund personnel only.)

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
NAVAIR FLSET	00019	0	0	1
TRARON 21	0400A	25	21	3
TRARON 22	0401A	25 24	20 21	2
TRARON 23	0402A	41	23	3
MATSG	06080	36	1	0
TRAWING TWO	09239	13	32 38 22	14 15
STU NAS KINGSVILLE	30777	273	44	0
NAVHOSPBRCL	32647	5	33	6
NAVBRDENCL	41791	2	4	0
NAVCRIMINSERV	42936	0	0	1
PERSUPDET	43096	1	10	13
ROICC	45974	1	0	3
TRAWING TWO ITU	47734	17	15	0
DECA	49033	0	6	14
NATMSACT	49149	1	8	9
MOMAG	55642	1	22	0
NAWCTSD	61339	0	0	5
NAVY EXCHANGE	63348	1	0	0
HRO NETPMSA	68322	0	0	2
MARINE SECURITY FORCE BN	MCC272	0	1	0
NAVTRAMETOC DET	65774	0	11	2

J CNATRANIE

PHONCON
WITH CNATERA
WIS 7 FEB 94
APN

CNET N44:
ADD 2/10
PER CNATRA
FAX

FEB-07-94 MON 16:27

PUBLIC WORKS MASKINGS

FAX NO. 5125956950

P. 09

60241

07 FEB 1994

*Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

• Tenants residing in Special Areas (Special Areas are defined as real estate owned by host command not contiguous with main complex; e.g. outlying fields).

Tenant Command Name	UIC	Location	Off	Enl	Civ
149th Fighter Gp TXANG	FB6432	McMullen	1	6	0
924th Fighter GP AFRES	FB66BX	McMullen	0	0	1
NAVHOSPBR NALF OG	33045	NALF OG	0	2	0
ROTC Texas A&M University		Kingsville TX	0	0	0
Enrique's Painting		Kingsville TX	0	0	0

(R

(R

• Tenants (Other than those identified previously)

(R

Tenant Command Name	UIC	Location	Off	Enl	Civ
US Dept of Justice-Border Patrol		Kingsville TX	0	0	0
Joint Task Force 6		Ft Bliss TX			
Victoria Bank & Trust		Kingsville TX			
Navy-Army Fed Cr Union		Kingsville TX			
Embry-Riddle Aero. University		Kingsville TX			
Am Fed of Govt Employees		Kingsville TX			
UNC Strike		Kingsville TX			
McDonnell Douglas		Kingsville TX			
Hughes Trng Inc		Kingsville TX			

60241

07 FEB 1994

(R

Tenant Command Name	UIC	Location	Off	Enl	Civ
Loral Aerospace Svs		Kingsville TX	0	0	0
AVANTRA Corp		Kingsville TX			
Teltara		Kingsville TX			
Ken Wilder & Assoc		Kingsville TX			
Coastal Sweeping		Kingsville TX			
FEDSERV Inc		Kingsville TX			
C&G Sandblasting		Kingsville TX			
Stephens Computer Ctr		Kingsville TX			
SYSCON Corp		Kingsville TX			
P O Substation		Kingsville TX			
Dental Power		Kingsville TX			
12th Flying Training Wing		Randolph AFB San Antonio TX			

60241

07 FEB 1994

13. REGIONAL SUPPORT: Identify your relationship with other activities, not reported as a host/tenant, for which you provide support. Again, this list should be all-inclusive. The intent of this question is capture the full breadth of the mission of your command and your customer/supplier relationships. Include in your answer any Government Owned/Contractor Operated facilities for which you provide administrative oversight and control.

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
N/A		

(R

14. FACILITY MAPS: This is a primary responsibility of the plant account holders/host commands. Tenant activities are not required to comply with submission if it is known that your host activity has complied with the request. Maps and photos should not be dated earlier than 01 January 1991, unless annotated that no changes have taken place. Any recent changes should be annotated on the appropriate map or photo. Date and label all copies.

- **Local Area Map.** This map should encompass, at a minimum, a 50 mile radius of your activity. Indicate the name and location of all DoD activities within this area, whether or not you support that activity. Map should also provide the geographical relationship to the major civilian communities within this radius. (Provide 12 copies.)
- **Installation Map / Activity Map / Base Map / General Development Map / Site Map.** Provide the most current map of your activity, clearly showing all the land under ownership/control of your activity, whether owned or leased. Include all outlying areas, special areas, and housing. Indicate date of last update. Map should show all structures (numbered with a legend, if available) and all significant restrictive use areas/zones that encumber further development such as HERO, HERP, HERF, ESQD arcs, agricultural/forestry programs, environmental restrictions (e.g., endangered species). (Provide in two sizes: 36"x 42" (2 copies, if available); and 11"x 17" (12 copies).)
- **Aerial photo(s).** Aerial shots should show all base use areas (both land and water) as well as any local encroachment sites/issues. You should ensure that these photos provide a good look at the areas identified on your Base Map as areas of concern/interest - remember, a picture tells a thousand words. Again, date and label all copies. (Provide 12 copies of each, 8½"x 11".) Aerial photos are dated prior to January 1991. Minimal changes have occurred since these photos. New photos will be forwarded as soon as possible.
- **Air Installations Compatible Use Zones (AICUZ) Map.** (Provide 12 copies.)

Command: NAS Kingsville

Data Call Number One

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

T. L. McCLELLAND
NAME


Signature

Acting CNET
Title

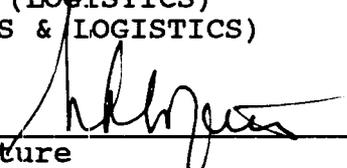
2/10/94
Date

CNET
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

S. F. Loftus
Vice Admiral, U.S. Navy
NAME (Please type or print)
Deputy Chief of Naval Operations (Logistics)
Title


Signature
17 FEB 1994
Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

S. L. COUNTS, CAPT
NAME (Please type or print)

S. L. Counts
Signature

COMMANDER
Title

1/28/94
Date

TRAINING AIR WING TWO
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

W. B. HAYDEN, RADM, USN
NAME (Please type or print)

W. B. Hayden
Signature

Chief of Naval Air Training
Title

Date 3 FEB 94

Naval Air Training Command
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

NAME (Please type or print)

Signature

Title

Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

NAME (Please type or print)

Signature

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

J. D. MAXEY, CAPT, USN
NAME (Please type or print)

J. D. Maxey
Signature

COMMANDING OFFICER
Title

1/28/94
Date

NAS KINGSVILLE, TX
Activity

Document Separator

DATA CALL 63 FAMILY HOUSING DATA

226

Information on Family Housing is required for use in BRAC-95 return on investment calculations.

Installation Name:	NAS Kingsville
Unit Identification Code (UIC):	N60241
Major Claimant:	CNET

Percentage Of Military Families Living on-Base:	41.3
Number of Vacant Officer Housing Units:	0
Number of Vacant Enlisted Housing Units:	0
Fy 1996 Family Housing Budget (\$000):	\$363
Total Number of Officer Housing Units:	3
Total Number of Enlisted Housing Units:	54

NOTE: Closure of this UIC may not result in closure of all housing units.

Note: All data should reflect figures as of the beginning of FY 1996. If major DON installations share a family housing complex, figures should reflect an estimate of the installation's prorated share of the family housing complex.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

J. E. BUFFINGTON, RADM, CEC, USN
NAME (Please type or print)

COMMANDER
Title

NAVAL FACILITIES ENGINEERING COMMAND
Activity



Signature
7/20/94

Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER

NAME (Please type or print)

Title



Signature
7/25/94

Date

BRAC-95 CERTIFICATION

Reference: SECNAV NOTE 11000 dtd 8 Dec 93

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

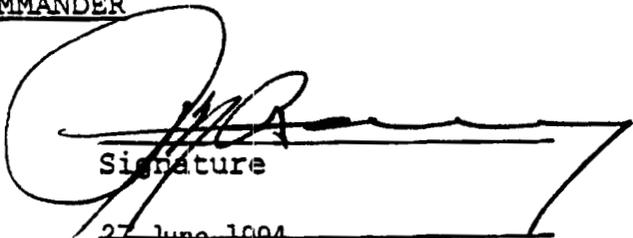
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

J. R. REVER
NAME (Please type of print)
CAPT. CEC, USN
COMMANDING OFFICER
Title


Signature
27 June 1994
Date

SOUTHNAVFACENGCOM
Activity

Enclosure (1)

Document Separator

**DATA CALL 66
INSTALLATION RESOURCES**

Activity Information:

Activity Name:	NAVAL AIR STATION, KINGSVILLE, TEXAS
UIC:	60241
Host Activity Name (if response is for a tenant activity):	N/A
Host Activity UIC:	N/A

General Instructions/Background. A separate response to this data call must be completed for each Department of the Navy (DON) host, independent and tenant activity which separately budgets BOS costs (regardless of appropriation), and, is located in the United States, its territories or possessions.

1. Base Operating Support (BOS) Cost Data. Data is required which captures the total annual cost of operating and maintaining Department of the Navy (DON) shore installations. Information must reflect FY 1996 budget data supporting the FY 1996 NAVCOMPT Budget Submit. Two tables are provided. Table 1A identifies "Other than DBOF Overhead" BOS costs and Table 1B identifies "DBOF Overhead" BOS costs. These tables must be completed, as appropriate, for all DON host, independent or tenant activities which separately budget BOS costs (regardless of appropriation), and, are located in the United States, its territories or possessions. Responses for DBOF activities may need to include both Table 1A and 1B to ensure that all BOS costs, including those incurred by the activity in support of tenants, are identified. If both table 1A and 1B are submitted for a single DON activity, please ensure that no data is double counted (that is, included on both Table 1A and 1B). The following tables are designed to collect all BOS costs currently budgeted, regardless of appropriation, e.g., Operations and Maintenance, Research and Development, Military Personnel, etc. Data must reflect FY 1996 and should be reported in thousands of dollars.

a. Table 1A - Base Operating Support Costs (Other Than DBOF Overhead). This Table should be completed to identify "Other Than DBOF Overhead" Costs. Display, in the format shown on the table, the O&M, R&D and MPN resources currently budgeted for BOS services. O&M cost data must be consistent with data provided on the BS-1 exhibit. Report only direct funding for the activity. Host activities should not include reimbursable support provided to tenants, since tenants will be separately reporting these costs. Military personnel costs should be included on the appropriate lines of the table. Please ensure that individual lines of the table do not include duplicate costs. Add additional

**DATA CALL 66
INSTALLATION RESOURCES**

lines to the table (following line 2j., as necessary, to identify any additional cost elements not currently shown). Leave shaded areas of table blank.

~~THIS TABLE TO BE COMPLETED BY CNET.~~ See page 2a.

*Asst
Heard
CNET
N-4432
7/27/94*

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: NAVAL AIR STATION, KINGSVILLE, TEXAS		UIC: 60241	
Category	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair			
1b. Minor Construction			
1c. Sub-total 1a. and 1b.			
2. Other Base Operating Support Costs:			
2a. Utilities			
2b. Transportation			
2c. Environmental			
2d. Facility Leases			
2e. Morale, Welfare & Recreation			
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Service Centers			
2i. Administration			
2j. Other (Specify)			
2k. Sub-total 2a. through 2j:			
3. Grand Total (sum of 1c. and 2k.):			

REVISED PAGE

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)
Claimant :CNET

Activity Name: NAS KINGSVILLE TX

UIC: 60241

Category	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor	Total
1. REAL PROPERTY MAINTENANCE COSTS:			
1a. Maintenance and Repair	8258	3013	11271
1b. Minor Construction	281	12	293
1c. Sub-total 1a. and 1b.	8539	3025	11564
2. OTHER BASE OPERATING COSTS:			
2a. Utilities	625	186	811
2b. Transportation	167	238	405
2c. Environmental	2320	367	2687
2d. Facility Leases	0	0	0
2e. Morale, Welfare & Recreation	45	1398	1443
2f. Bachelor Quarters	1	791	792
2g. Child Care Centers	9	247	256
2h. Family Service Centers	43	210	253
2i. Administration	27	4056	4083
2j. Other	875	6790	7665
2k. Sub-total 2a. through 2j.	4112	14283	18395
3. GRAND TOTAL (sum of 1c. and 2k.)	12651	17308	29959
Appropriation:			
O&M,N	24287		
MPN	5672		
Other:			
Other Engineering Support	875	6790	7665
Retail Supply Operations	387	2903	3290
Other Personnel Support	29	1952	1981
Base Communications	249	560	809
Physical Security	202	98	300
	8	1277	1285

WJ
N812
CNET
8-5-94

2a R (8/10/94) 544
CNET
24434
-11-194

MICD
 DONALDSON
 N812
 CNET
 7-26-94

Table 1A - Base Operating Support Costs (Other Than DBDF Overhead)
 Claimant : CNET

Activity Name: NAS KINGSVILLE TX

UIC: 60241

Category	FY 1996 EOS Costs (\$000)		
	Non-Labor	Labor	Total
1. REAL PROPERTY MAINTENANCE COSTS:			
1a. Maintenance and Repair	8258	3013	11271
1b. Minor Construction	281	12	293
1c. Sub-total 1a. and 1b.	8539	3025	11564
2. OTHER BASE OPERATING COSTS:			
2a. Utilities	625	184	811
2b. Transportation	167	238	405
2c. Environmental	2320	367	2687
2d. Facility Leases	0	0	0
2e. Morale, Welfare & Recreation	45	1398	1443
2f. Bachelor Quarters	1	791	792
2g. Child Care Centers	9	247	256
2h. Family Service Centers	43	210	253
2i. Administration	27	4056	4083
2j. Other	875	6790	7665
2k. Sub-total 2a. through 2j.	4112	14283	18395
3. GRAND TOTAL (sum of 1c. and 2k.)	12651	17308	29959

b. Funding Source

Appropriation:	
D&M,N	24287
MPN	5672

**DATA CALL 66
INSTALLATION RESOURCES**

b. Funding Source. If data shown on Table 1A reflects more than one appropriation, then please provide a break out of the total shown for the "3. Grand-Total" line, by appropriation:

~~THIS QUESTION TO BE COMPLETED BY CNET.~~ *See page 2a.*

<u>Appropriation</u>	<u>Amount (\$000)</u>
----------------------	-----------------------

*Ann
Heard
CNET
7/27/94*

c. Table 1B - Base Operating Support Costs (DBOF Overhead). This Table should be submitted for all current DBOF activities. Costs reported should reflect BOS costs supporting the DBOF activity itself (usually included in the G&A cost of the activity). For DBOF activities which are tenants on another installation, total cost of BOS incurred by the tenant activity for itself should be shown on this table. It is recognized that differences exist among DBOF activity groups regarding the costing of base operating support: some groups reflect all such costs only in general and administrative (G&A), while others spread them between G&A and production overhead. Regardless of the costing process, all such costs should be included on Table 1B. The Minor Construction portion of the FY 1996 capital budget should be included on the appropriate line. Military personnel costs (at civilian equivalency rates) should also be included on the appropriate lines of the table. Please ensure that individual lines of the table do not include duplicate costs. Also ensure that there is no duplication between data provided on Table 1A. and 1B. These two tables must be mutually exclusive, since in those cases where both tables are submitted for an activity, the two tables will be added together to estimate total BOS costs at the activity. Add additional lines to the table (following line 21., as necessary, to identify any additional cost elements not currently shown). Leave shaded areas of table blank.

Other Notes: All costs of operating the five Major Range Test Facility Bases at DBOF activities (even if direct RDT&E funded) should be included on Table 1B. Weapon Stations should include underutilized plant capacity costs as a DBOF overhead "BOS expense" on Table 1B..

Not applicable - not a DBOF activity.

*Ann
Heard
7/27/94*

**DATA CALL 66
INSTALLATION RESOURCES**

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name: N/A		UIC: N/A	
Category	FY 1996 Net Cost From UC/FUND-4 (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:	N/A	N/A	N/A
1a. Real Property Maintenance (> \$15K)	N/A	N/A	N/A
1b. Real Property Maintenance (< \$15K)	N/A	N/A	N/A
1c. Minor Construction (Expensed)	N/A	N/A	N/A
1d. Minor Construction (Capital Budget)	N/A	N/A	N/A
1c. Sub-total 1a. through 1d.	N/A	N/A	N/A
2. Other Base Operating Support Costs:	N/A	N/A	N/A
2a. Command Office	N/A	N/A	N/A
2b. ADP Support	N/A	N/A	N/A
2c. Equipment Maintenance	N/A	N/A	N/A
2d. Civilian Personnel Services	N/A	N/A	N/A
2e. Accounting/Finance	N/A	N/A	N/A
2f. Utilities	N/A	N/A	N/A
2g. Environmental Compliance	N/A	N/A	N/A
2h. Police and Fire	N/A	N/A	N/A
2i. Safety	N/A	N/A	N/A
2j. Supply and Storage Operations	N/A	N/A	N/A
2k. Major Range Test Facility Base Costs	N/A	N/A	N/A
2l. Other (Specify)	N/A	N/A	N/A
2m. Sub-total 2a. through 2l:	N/A	N/A	N/A
3. Depreciation	N/A	N/A	N/A
4. Grand Total (sum of 1c., 2m., and 3.) :	N/A	N/A	N/A

**DATA CALL 66
INSTALLATION RESOURCES**

2. Services/Supplies Cost Data. The purpose of Table 2 is to provide information about projected FY 1996 costs for the purchase of services and supplies by the activity. (Note: Unlike Question 1 and Tables 1A and 1B, above, this question is not limited to overhead costs.) The source for this information, where possible, should be either the NAVCOMPT OP-32 Budget Exhibit for O&M activities or the NAVCOMPT UC/FUND-1/IF-4 exhibit for DBOF activities. Information must reflect FY 1996 budget data supporting the FY 1996 NAVCOMPT Budget Submit. Break out cost data by the major sub-headings identified on the OP-32 or UC/FUND-1/IF-4 exhibit, disregarding the sub-headings on the exhibit which apply to civilian and military salary costs and depreciation. Please note that while the OP-32 exhibit aggregates information by budget activity, this data call requests OP-32 data for the activity responding to the data call. Refer to NAVCOMPTINST 7102.2B of 23 April 1990, Subj: Guidance for the Preparation, Submission and Review of the Department of the Navy (DON) Budget Estimates (DON Budget Guidance Manual) with Changes 1 and 2 for more information on categories of costs identified. Any rows that do not apply to your activity may be left blank. However, totals reported should reflect all costs, exclusive of salary and depreciation.

Table 2 - Services/Supplies Cost Data	
Activity Name: NAVAL AIR STATION, KINGSVILLE, TEXAS	UIC: 60241
Cost Category	FY 1996 Projected Costs (\$000)
Travel:	726
Material and Supplies (including equipment):	14,686
Industrial Fund Purchases (other DBOF purchases):	0
Transportation:	0
Other Purchases (Contract support, etc.):	9,596
Total:	25,008

**DATA CALL 66
INSTALLATION RESOURCES**

3. Contractor Workyears.

a. On-Base Contract Workyear Table. Provide a projected estimate of the number of contract workyears expected to be performed "on base" in support of the installation during FY 1996. Information should represent an annual estimate on a full-time equivalency basis. Several categories of contract support have been identified in the table below. While some of the categories are self-explanatory, please note that the category "mission support" entails management support, labor service and other mission support contracting efforts, e.g., aircraft maintenance, RDT&E support, technical services in support of aircraft and ships, etc.

Table 3 - Contract Workyears	
Activity Name: NAVAL AIR STATION, KINGSVILLE, TEXAS	UIC: 60241
Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	57.5
Facilities Support:	17.0
Mission Support:	TO BE COMPLETED 732 BY CNATRA
Procurement:	45.5
Other:*	Ø
Total Workyears:	852 120.0 124.0

*Auth
HEARD
7/29/94
(BROCK)
Cmt 08
7/22/94*

* Note: Provide a brief narrative description of the type(s) of contracts, if any, included under the "Other" category.

NOTE: CONTRACT WORKYEARS ARE BASED ON LOCAL PROJECT FUNDING ONLY (INCLUDING HOUSING).

**DATA CALL 66
INSTALLATION RESOURCES**

b. Potential Disposition of On-Base Contract Workyears. If the mission/functions of your activity were relocated to another site, what would be the anticipated disposition of the on-base contract workyears identified in Table 3.?

1) Estimated number of contract workyears which would be transferred to the receiving site (This number should reflect the number of jobs which would in the future be contracted for at the receiving site, not an estimate of the number of people who would move or an indication that work would necessarily be done by the same contractor(s)):

NONE. THE ONLY CONTRACT WORKYEARS ANTICIPATED TO BE TRANSFERRED WOULD BE IN MISSION SUPPORT I. E., AIRCRAFT MAINTENANCE AND TRAINING CONTRACTS. ~~THIS ITEM WILL BE COMPLETED BY CNATRA.~~

732

*AA
HEARD
CNAT
N4432
7/29/94*

2) Estimated number of workyears which would be eliminated:

^{120.0}
~~124.0~~ CONTRACT WORKYEARS WHICH ARE ALL EXCEPT MISSION SUPPORT.

*Per (Brock)
CNAT 18
7/22/94*

3) Estimated number of contract workyears which would remain in place (i.e., contract would remain in place in current location even if activity were relocated outside of the local area):

NONE.

Command: NAS Kingsville

Data Call Number Sixty-Six

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

P. E. TOBIN
NAME

PE T
Signature

CNET
Title

29 JUL 1994
Date

CNET
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.

NAME
ACTING

J B Greene Jr.
Signature
15 AUG 1994

Title

Date

21 JUL RECS

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief, and applies only to sections 2 and 3 and within CNET established controls. NEXT ECHELON LEVEL (if applicable)

P.R. STATSKEY, CAPT, USN
NAME (Please type or print)

P.R. Statskey
Signature

Chief of Naval Air Training (Acting)
Title

7/20/94
Date

Naval Air Training Command
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

NAME (Please type or print)

Signature

Title

Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

NAME (Please type or print)

Signature

Title

Date

NAS KINGSVILLE TX
DATA CALL 66

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

S. L. COUNTS, CAPT, USN
NAME (Please type or print)

S. L. Counts
Signature

COMMANDER
Title

19 Jul 94
Date

TRAINING AIR WING TWO, KINGSVILLE, TX
Activity

**NAS KINGSVILLE TX
DATA CALL 66**

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

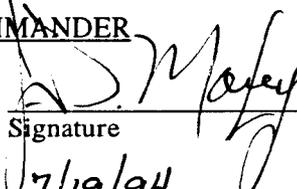
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

J. D. MAXEY, CAPT, USN
NAME (Please type or print)



Signature

COMMANDING OFFICER
Title

7/19/94

Date

NAVAL AIR STATION, KINGSVILLE, TX
Activity

