DATA CALL 64
CONSTRUCTION COST AVOIDANCES

Table 1: Military Construction (MILCON) Projects (Excluding Family Housing Construction Projects)

Installation Name:	**OSO JIM CREEK WA NRS**
Unit Identification Code (UIC):	**N70273**
Major Claimant:	**NAVTELCM**

Project FY	Project No.	Description	Appn	Project Cost Avoid ($000)
2001	088	ELEC SUBSTATION REPLACEMNT	MCON	3,000
		Sub-Total - 2001		3,000
		Grand Total		3,000

BRAC-95 CERTIFICATION

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

MICHAEL D. THORNTON
NAME (Please type or print)

CDR, CEC, USN
Title

MILCON PROGRAMMING DIVISION
Division

NAVAL FACILITIES ENGINEERING COMMAND
Activity

MD Thornton
Signature

9 Dec 94
Date

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)

Signature

COMMANDER
Title

12/9/94
Date

NAVAL FACILITIES ENGINEERING COMMAND
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 (Please type or print)

Signature

Title

12/9/94
Date

Document Separator

DATA CALL 64

CONSTRUCTION COST AVOIDANCES

Table 1: Military Construction (MILCON) Projects (Excluding Family Housing Construction Projects)

Installation Name:	**JIM CREEK WA NRS**
Unit Identification Code (UIC):	**N70273** #70
Major Claimant:	**NAVTELCM**

Project FY	Project No.	Description	Appn	Project Cost Avoid ($000)
2001	088	ELEC SUBSTATION REPLACEMNT	MCON	3,000
		Sub-Total - 2001		**3,000**
		Grand Total		**3,000**

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)

Signature

COMMANDER
Title

7/13/94
Date

NAVAL FACILITIES ENGINEERING COMMAND
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 (Please type or print)

Signature

Title

2/18/94
Date

BRAC-95 CERTIFICATION

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

MARK E. DONALDSON
NAME (Please type or print)

Signature

CDR, CEC, USN
Title

12 July 1994
Date

MILCON PROGRAMMING DIVISION
Division

FACILITIES PROGRAMMING AND CONSTRUCTION DIRECTORATE
Department

NAVAL FACILITIES ENGINEERING COMMAND
Activity

Enclosure (1)

BRAC DATA CALL NUMBER 64
CONSTRUCTION COST AVOIDANCE

Information on cost avoidance which could be realized as the result of cancellation of on-going or programmed construction projects is provided in Tables 1 (MILCON) and 2 (FAMILY HOUSING). These tables list MILCON/FAMILY HOUSING projects which fall within the following categories:

1. all programmed construction projects included in the FY1996 - 2001 MILCON/FAMILY HOUSING Project List,

2. all programmed projects from FY1995 or earlier for which cost avoidance could still be obtained if the project were to be canceled by 1 OCT 1995, and,

3. all programmed BRAC MILCON/FAMILY HOUSING projects for which cost avoidance could still be obtained if the project were to be canceled by 1 OCT 1995.

Projects listed in Tables 1 and 2 with potential cost avoidance were determined as meeting any one of the following criteria:

Projects with projected Work in Place (WIP) less than 75% of the Current Working Estimate (CWE) as of 1 OCT 1995 .

Projects with projected completion dates or Beneficial Occupancy Dates subsequent to 31 March 1996.

Projects with projected CWE amount greater than $15M.

The estimated cost avoidance for projects terminated after construction award would be approximately one-half of the CWE for the remaining work. Close-out, claims and other termination costs can consume the other half.

Document Separator

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DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Activity Identification: Please complete the following table, identifying the activity for which this response is being submitted.

Activity Name:	NAVAL RADIO STATION T JIM CREEK
UIC:	N70273
Major Claimant:	COMNAVCOMTELCOM

1. Workforce Data

a. Average Federal Civilian Salary Rate. Provide the projected FY 1996 average gross annual appropriated fund **civil service** salary rate for the activity identified as the addressee in this data call. This rate should include all cash payments to employees, and exclude non-cash personnel benefits such as employer retirement contributions, payments to former employees, etc.

Average Appropriated Fund Civilian Salary Rate:	32,453.00

Source of Data (1.a. Salary Rate): COMPTROLLER DEPARTMENT

ENCL (10)

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

b. Location of Residence. Complete the following table to identify where employees live. Data should reflect current workforce.

1) Residency Table. Identify residency data, by county, for both military and civilian (civil service) employees working at the installation (including, for example, operational units that are homeported or stationed at the installation). For each county listed, also provide the estimated average distance from the activity, in miles, of employee residences and the estimated average length of time to commute one-way to work. For the purposes of displaying data in the table, any county(s) in which 1% or fewer of the activity's employees reside may be consolidated as a single line entry in the table, titled "Other".

County of Residence	State	No. of Employees Residing in County		Percentage of Total Employees	Average Distance From Base (Miles)	Average Duration of Commute (Minutes)
		Military	Civilian			
SNOHOMISH	WA	5	43	86	20	30
SKAGIT	WA	1	6	12	35	40
PIERCE	WA	0	1	2	85	120

56 = 100%

2) Location of Government (DoD) Housing. If some employees of the base live in government housing, identify the county(s) where government housing is located: SNOHOMISH

Source of Data (1.b. 1) & 2) Residence Data): LOCAL PERSONNEL FILES

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

c. Nearest Metropolitan Area(s). Identify all major metropolitan area(s) (i.e., population concentrations of 100,000 or more people) which are within 50 miles of the installation. If no major metropolitan area is within 50 miles of the base, then identify the nearest major metropolitan area(s) (100,000 or more people) and its distance(s) from the base.

City	County	Distance from base (miles)
EVERETT/LYNNWOOD	SNOHOMISH	40

Source of Data (1.c. Metro Areas): ECONOMIC DEVELOPEMENT COUNCIL

d. Age of Civilian Workforce. Complete the following table, identifying the age of the activity's **civil service** workforce.

Age Category	Number of Employees	Percentage of Employees
16 - 19 Years	0	0
20 - 24 Years	0	0
25 - 34 Years	3	6
35 - 44 Years	19	39
45 - 54 Years	21	42
55 - 64 Years	7	14
65 or Older	0	0
TOTAL	50	100 %

Source of Data (1.d.) Age Data): PERSONNEL RECORDS

e. Education Level of Civilian Workforce

1) Education Level Table. Complete the following table, identifying the education level of the activity's civil service workforce.

Last School Year Completed	Number of Employees	Percentage of Employees
8th Grade or less	0	0
9th through 11th Grade	0	0
12th Grade or High School Equivalency	32	64
1-3 Years of College	17	34
4 Years of College (Bachelors Degree)	1	2
5 or More Years of College (Graduate Work)	0	0
TOTAL	50	100 %

2) Degrees Achieved. Complete the following table for the activity's **civil service** workforce. Identify the number of employees with each of the following degrees, etc. To avoid double counting, only identify the highest degree obtained by a worker (e.g., if an employee has both a Master's Degree and a Doctorate, only include the employee under the category "Doctorate").

Degree	Number of Civilian Employees
Terminal Occupation Program - Certificate of Completion, Diploma or Equivalent (for areas such as technicians, craftsmen, artisans, skilled operators, etc.)	7
Associate Degree	2
Bachelor Degree	1
Masters Degree	0
Doctorate	0

Source of Data (1.e.1) and 2) Education Level Data): PERSONNEL RECORDS

f. Civilian Employment By Industry.

Industry	SIC Codes	No. of Civilians	% of Civilians
1. Agriculture, Forestry & Fishing	01-09	0	0
2. Construction (includes facility maintenance and repair)	15-17	0	0
3. Manufacturing (includes Intermediate and Depot level maintenance)	20-39		
3a. Fabricated Metal Products (include ordnance, ammo, etc.)	34	0	0
3b. Aircraft (includes engines and missiles)	3721 et al	0	0
3c. Ships	3731	0	0
3d. Other Transportation (includes ground vehicles)	various	0	0
3e. Other Manufacturing not included in 3a. through 3d.	various	0	0
Sub-Total 3a. through 3e.	20-39	0	0
4. Transportation/Communications/Utilities	40-49		
4a. Railroad Transportation	40	0	0
4b. Motor Freight Transportation & Warehousing (includes supply services)	42	1	2
4c. Water Transportation (includes organizational level maintenance)	44	0	0
4d. Air Transportation (includes organizational level maintenance)	45	0	0

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Industry	SIC Codes	No. of Civilians	% of Civilians
4e. Other Transportation Services (includes organizational level maintenance)	47	5	10
4f. Communications	48	16	32
4g. Utilities	49	11	22
Sub-Total 4a. through 4g.	40-49	33	66
5. Services	70-89		
5a. Lodging Services	70	0	0
5b. Personal Services (includes laundry and funeral services)	72	0	0
5c. Business Services (includes mail, security guards, pest control, photography, janitorial and ADP services)	73	12	24
5d. Automotive Repair and Services	75	0	0
5e. Other Misc. Repair Services	76	0	0
5f. Motion Pictures	78	0	0
5g. Amusement and Recreation Services	79	1	2
5h. Health Services	80	0	0
5i. Legal Services	81	0	0
5j. Educational Services	82	0	0
5k. Social Services	83	0	0
5l. Museums	84	0	0
5m. Engineering, Accounting, Research & Related Services (includes RDT&E, ISE, etc.)	87	1	2
5n. Other Misc. Services	89	0	0

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Industry	SIC Codes	No. of Civilians	% of Civilians
Sub-Total 5a. through 5n.:	70-89	14	28
6. Public Administration	91-97		
6a. Executive and General Government, Except Finance	91	1	2
6b. Justice, Public Order & Safety (includes police, firefighting and emergency management)	92	1	2
6c. Public Finance	93	0	0
6d. Environmental Quality and Housing Programs	95	1	2
Sub-Total 6a. through 6d.		3	6
TOTAL		50	100 %

Source of Data (1.f.) Classification By Industry Data): Activity Position Descriptions

g. Civilian Employment by Occupation.

Occupation	Number of Civilian Employees	Percent of Civilian Employees
1. Executive, Administrative and Management	0	0
2. Professional Specialty		
2a. Engineers	0	0
2b. Architects and Surveyors	0	0
2c. Computer, Mathematical & Operations Research	0	0
2d. Life Scientists	0	0
2e. Physical Scientists	0	0
2f. Lawyers and Judges	0	0
2g. Social Scientists & Urban Planners	0	0
2h. Social & Recreation Workers	0	0
2i. Religious Workers	0	0
2j. Teachers, Librarians & Counselors	0	0
2k. Health Diagnosing Practitioners (Doctors)	0	0
2l. Health Assessment & Treating(Nurses, Therapists, Pharmacists, Nutritionists, etc.)	0	0
2m. Communications	16	32
2n. Visual Arts	0	0
Sub-Total 2a. through 2n.:	16	32
3. Technicians and Related Support		
3a. Health Technologists and Technicians	0	0
3b. Other Technologists	0	0
Sub-Total 3a. and 3b.:	0	0

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Occupation	Number of Civilian Employees	Percent of Civilian Employees
4. Administrative Support & Clerical	3	6
5. Services		
5a. Protective Services (includes guards, firefighters, police)	13	26
5b. Food Preparation & Service	0	0
5c. Dental/Medical Assistants/Aides	0	0
5d. Personal Service & Building & Grounds Services (includes janitorial, grounds maintenance, child care workers)	0	0
Sub-Total 5a. through 5d.	13	26
6. Agricultural, Forestry & Fishing	0	0
7. Mechanics, Installers and Repairers	7	14
8. Construction Trades	4	8
9. Production Occupations	0	0
10. Transportation & Material Moving	1	2
11. Handlers, Equipment Cleaners, Helpers and Laborers (not included elsewhere)	6	12
TOTAL	50	100 %

Source of Data (1.g.) Classification By Occupation Data): Activity Position Descriptions

h. Employment of Military Spouses. Complete the following table to provide estimated information concerning **military spouses** who are also employed in the area defined in response to question 1.b., above. **Do not fill in shaded area.**

1. Percentage of Military Employees Who Are Married:	66.6
2. Percentage of Military Spouses Who Work Outside of the Home:	25
3. Break out of Spouses' Location of Employment (Total of rows 3a. through 3d. should equal 100% and reflect the number of spouses used in the calculation of the "Percentage of Spouses Who Work Outside of the Home".	
3a. Employed "On-Base" - Appropriated Fund:	
3b. Employed "On-Base" - Non-Appropriated Fund:	100
3c. Employed "Off-Base" - Federal Employment:	
3d. Employed "Off-Base" - Other Than Federal Employment	

Source of Data (1.h.) Spouse Employment Data): PERSONNEL OFFICE

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

2. Infrastructure Data. For each element of community infrastructure identified in the two tables below, rate the community's ability to accommodate the relocation of additional functions and personnel to your activity. Please complete each of the three columns listed in the table, reflecting the impact of various levels of increase (20%, 50% and 100%) in the number of personnel working at the activity (and their associated families). In ranking each category, use one of the following three ratings:

A - Growth can be accommodated with little or no adverse impact to existing community infrastructure and at little or no additional expense.

B - Growth can be accommodated, but will require some investment to improve and/or expand existing community infrastructure.

C - Growth either cannot be accommodated due to physical/environmental limitations or would require substantial investment in community infrastructure improvements.

Table 2.a., "Local Communities": This first table refers to the local community (i.e., the community in which the base is located) and its ability to meet the increased requirements of the installation.

Table 2.b., "Economic Region": This second table asks for an assessment of the infrastructure of the economic region (those counties identified in response to question 1.b., (page 3) - taken in the aggregate) and its ability to meet the needs of additional employees and their families moving into the area.

For both tables, annotate with an asterisk (*) any categories which are wholly supported on-base, i.e., are not provided by the local community. These categories should also receive an A-B-C rating. Answers for these "wholly supported on-base" categories should refer to base infrastructure rather than community infrastructure.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

a. Table A: Ability of the local community to meet the expanded needs of the base.

1) Using the **A - B - C** rating system described above, complete the table below.

Category	20% Increase	50% Increase	100% Increase
Off-Base Housing	A	A	A
Schools - Public	A	B	B
Schools - Private	A	A	A
Public Transportation - Roadways	A	B	B
Public Transportation - Buses/Subways	C	C	C
Public Transportation - Rail	C	C	C
Fire Protection	A	B	B
Police	A	B	B
Health Care Facilities	A	A	A
Utilities:			
Water Supply	*B	*B	*B
Water Distribution	*B	*B	*B
Energy Supply	A	A	A
Energy Distribution	A	A	A
Wastewater Collection	*B	*B	*B
Wastewater Treatment	*B	*B	*B
Storm Water Collection	*B	*B	*B
Solid Waste Collection and Disposal	A	A	A
Hazardous/Toxic Waste Disposal	A	A	A
Recreational Activities	A	A	A

Remember to mark with an asterisk any categories which are wholly supported on-base.

2) For each rating of **"C"** identified in the table on the preceding page, attach a brief narrative explanation of the types and magnitude of improvements required and/or the nature of any barriers that preclude expansion.

Currently, no buses, subways, or rail transportation exist in the area. To build such an infrastructure would require a substantial investment.

Source of Data (2.a. 1) & 2) - Local Community Table): Snohomish Transportation and Public Works Department; Arlington School District #16

b. Table B: Ability of the region described in the response to question 1.b. (page 3) (taken in the aggregate) to meet the needs of additional employees and their families relocating into the area.

1) Using the **A - B - C** rating system described above, complete the table below.

Category	20% Increase	50% Increase	100% Increase
Off-Base Housing	A	A	A
Schools - Public	A	A	A
Schools - Private	A	A	A
Public Transportation - Roadways	A	A	A
Public Transportation - Buses/Subways	A	A	A
Public Transportation - Rail	A	A	A
Fire Protection	A	A	A
Police	A	A	A
Health Care Facilities	A	A	A
Utilities:			
Water Supply	A	A	A
Water Distribution	A	A	A
Energy Supply	A	A	A
Energy Distribution	A	A	A
Wastewater Collection	A	A	A
Wastewater Treatment	A	A	A
Storm Water Collection	A	A	A
Solid Waste Collection and Disposal	A	A	A
Hazardous/Toxic Waste Disposal	A	A	A
Recreation Facilities	A	A	A

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Remember to mark with an asterisk any categories which are wholly supported on-base.

2) For each rating of "**C**" identified in the table on the preceding page, attach a brief narrative explanation of the types and magnitude of improvements required and/or the nature of any barriers that preclude expansion.

NONE

Source of Data (2.b. 1) & 2) - Regional Table):

3. Public Facilities Data:

a. **Off-Base Housing Availability.** For the counties identified in the response to question 1.b. (page 3), in the aggregate, estimate the current average vacancy rate for community housing. Use current data or information identified on the latest family housing market analysis. For each of the categories listed (rental units and units for sale), combine single family homes, condominiums, townhouses, mobile homes, etc., into a single rate:

Rental Units: 8.5 %

Units for Sale: 9.0 %

Source of Data (3.a. Off-Base Housing): Snohomish County board of Realtors

b. **Education.**

1) Information is required on the current capacity and enrollment levels of school systems serving employees of the activity. Information should be keyed to the counties identified in the response to question 1.b. (page 3).

School District	County	Number of Schools			Enrollment		Pupil-to-Teacher Ratio		Does School District Serve Gov't Housing Units? *
		Elementary	Middle	High	Current	Max. Capacity	Current	Max. Ratio	
ARLINGTON	SNOHOMISH	4	1	1	3903	4058	1:21.139	30-32	YES

* Answer "Yes" in this column if the school district in question enrolls students who reside in government housing.

Source of Data (3.b.1) Education Table): ARLINGTON SCHOOL DISTRICT ADMINISTRATION

2) Are there any on-base "Section 6" Schools? If so, identify number of schools and current enrollment.

NO

Source of Data (3.b.2) On-Base Schools):

3) For the counties identified in the response to question 1.b. (page 3), in the aggregate, list the names of undergraduate and graduate colleges and universities which offer certificates, Associate, Bachelor or Graduate degrees:

Everett Community College.

Source of Data (3.b.3) Colleges): Administration office, Everett Community College

4) For the counties identified in the response to question 1.b. (page 3), in the aggregate, list the names and major curriculums of vocational/technical training schools:

Sno-Isle Skill Center. Supports a variety of vocational classes.

Source of Data (3.b.4) Vo-tech Training): Telephone book.

c. **Transportation.**

1) Is the activity served by public transportation?

	Yes	No
Bus:	___	X
Rail:	___	X
Subway:	___	X
Ferry:	___	X

Source of Data (3.c.1) Transportation): Adminstrative Office

2) Identify the location of the nearest passenger railroad station (long distance rail service, not commuter service within a city) and the distance from the activity to the station.

EVERETT, WA 30 MILES

Source of Data (3.c.2) Transportation): ROAD MAPS

3) Identify the name and location of the nearest commercial airport (with public carriers, e.g., USAIR, United, etc.) and the distance from the activity to the airport.

Seattle-Tacoma International Airport - approximately 75 miles.

Source of Data (3.c.3) Transportation): ROAD MAPS

4) How many carriers are available at this airport?

24 scheduled carriers, 9 charter carriers, 15 cargo only carriers

Source of Data (3.c.4) Transportation): PORT OF SEATTLE PLANNING OFFICE

5) What is the Interstate route number and distance, in miles, from the activity to the nearest Interstate highway?

Interstate 5 - 15 MILES

Source of Data (3.c.5) Transportation): ROAD MAP

6) Access to Base:

a) Describe the quality and capacity of the road systems providing access to the base, specifically during peak periods. (Include both information on the area surrounding the base and information on access to the base, e.g., numbers of gates, congestion problems, etc.)

There is one road leading to only one gate with virtually no traffic except for base personnel.

b) Do access roads transit residential neighborhoods?

No, but the main road to the base is a rural two lane country road with residences along the road.

c) Are there any easements that preclude expansion of the access road system? No

d) Are there any man-made barriers that inhibit traffic flow (e.g., draw bridges, etc.)? No

Source of Data (3.c.6) Transportation): DUTCH HARTMAN

d. **Fire Protection/Hazardous Materials Incidents.** Does the activity have an agreement with the local community for fire protection or hazardous materials incidents? Explain the nature of the agreement and identify the provider of the service.

There is a generic mutual aid agreement with Snohomish County Fire District #21 for fire protection. There is no agreement for hazardous material incidents.

Source of Data (3.d. Fire/Hazmat): SAFETY TECHNICIAN

e. **Police Protection.**

1) What is the level of legislative jurisdiction held by the installation? None

2) If there is more than one level of legislative jurisdiction for installation property, provide a brief narrative description of the areas covered by each level of legislative jurisdiction and whether there are separate agreements for local law enforcement protection. N/A

3) Does the activity have a specific written agreement with local law enforcement concerning the provision of local police protection? NO

4) If agreements exist with more than one local law enforcement entity, provide a brief narrative description of whom the agreement is with and what services are covered. N/A

5) If military law enforcement officials are routinely augmented by officials of other federal agencies (BLM, Forest Service, etc.), identify any written agreements covering such services and briefly describe the level of support received. N/A

Source of Data (3.e. 1) - 5) - Police): SAFETY/FIRE TECHNICIAN

f. **Utilities.**

1) Does the activity have an agreement with the local community for water, refuse disposal, power or any other utility requirements? Explain the nature of the agreement and identify the provider of the service.

Bonneville Power Administration provides and maintains primary power to the station. Northwest Garbage provides refuse disposal.

2) Has the activity been subject to water rationing or interruption of delivery during the last five years? If so, identify time period during which rationing existed and the restrictions imposed. Were activity operations affected by these situations? If so, explain extent of impact. No.

3) Has the activity been subject to any other significant disruptions in utility service, e.g., electrical "brown outs", "rolling black outs", etc., during the last five years? If so, identify time period(s) covered and extent/nature of restrictions/disruption. Were activity operations affected by these situations? If so, explain extent of impact.

No. The base has an emergency generator that provides electricity in case of any outages.

Source of Data (3.f. 1) - 3) Utilities): Station records.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

4. **Business Profile.** List the top ten employers in the geographic area defined by your response to question 1.b. (page 3), taken in the aggregate, (include your activity, if appropriate):

Employer	Product/Service	No. of Employees
1. BOEING	AIRCRAFT MANUFACTURING	29,500
2. EDMONDS SCHOOL DISTRICT	PUBLIC EDUCATION	2400
3. SNOHOMISH COUNTY GOVERNMENT	GOVERNMENT	2028
4. GTE NORTHWEST	COMMUNICATIONS	1905
5. EVERETT SCHOOL DISTRICT	PUBLIC EDUCATION	1550
6. TRAMCO	AIRCRAFT MAINTENANCE	1500
7. JOHN FLUKE	ELECTRONIC TEST EQUIPMENT	1463
8. ADVANCED TECHNOLOGY LABS	MEDICAL EQUIPMENT	1399
9. PROVIDENCE HOSPITAL	MEDICAL	1325
10. SCOTT PAPER	PAPER PRODUCTS	1296

Source of Data (4. Business Profile): SNOHOMISH COUNTY ECONOMIC DEVELOPEMENT COUNCIL

5. **Other Socio-Economic Impacts.** For each of the following areas, describe other recent (past 5 years), on-going or projected economic impacts (both positive and negative) on the geographic region defined by your response to question 1.b. (page 3), in the aggregate:

a. Loss of Major Employers:

WEYERHAEUSER CO KRAFT PULP MILL

b. Introduction of New Businesses/Technologies:

ALLSTATE INSURANCE
SEATTLE TIMES NEWSPAPER
BUCHER AEROSPACE AEROSPACE

c. Natural Disasters:

1989 FLOODS

d. Overall Economic Trends:

SNOHOMISH COUNTY IS GROWING RELATIVELY WELL, IN THE RANGE OF 3% OVER THE 12 MONTH PERIOD OF JULY 93 TO JUNE 94.

Source of Data (5. Other Socio/Econ): SNOHOMISH COUNTY ECONOMIC DEVELOPMENT COUNCIL

6. **Other.** Identify any contributions of your activity to the local community not discussed elsewhere in this response. None.

Source of Data (6. Other):

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

REBECCA D. DEARBORN
NAME (Please type of print)

OFFICER-IN-CHARGE
Title

NAVRAD STA (T) JIM CREEK
Activity

Rebecca D. Dearborn, LCDR
Signature

13 July 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)

D.A. GROSS
NAME (Please type or print)

Signature

Commanding Officer
Title

15 July 1994
Date

NAVCOMTELSTA Puget Sound
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

T. A. STARK
NAME (Please type or print)

Signature

Commander,
Title

29 July 1994
Date

Naval Computer and Telecommunications Command
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 (Please type or print)

Signature

Title

8/8/94
Date

70273

DATA CALL 1: GENERAL INSTALLATION INFORMATION

1. ACTIVITY:

- NAVAL RADIO STATION T JIM CREEK

Official name	*Naval Radio Station T Jim Creek Arlington, WA.*
Acronym(s) used in correspondence	*NAVRADSTA T Jim Creek or NRST Jim Creek*
Commonly accepted short title(s)	*NRST Jim Creek*

- Complete Mailing Address

Officer in Charge
Naval Radio Station T Jim Creek
21027 Jim Creek Road
Arlington, WA. 98223-8599

- PLAD: NAVRADSTA T JIM CREEK OSO WA

- PRIMARY UIC: 70273 (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): N/A

PLANT ACCOUNT HOLDER:

. YES NO XXXXX NAVCOMTELSTA Puget Sound is Holder.

end (10)

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 XXX 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 XXX (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 XXX (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
N/A		

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

Name	UIC	Location	Host name	Host UIC
N/A				

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.

_NO_

7. MISSION:

Current Missions

- To operate and maintain the AN/FRT-3 Very Low Frequency (VLF) Radio Transmitting System, for COMSUBPAC/CINCPACFLT.

- Maintain computerized orderwire circuit between NAVRADSTA T Jim Creek and NAVCOMTELSTA Puget Sound and the NAVCOMM Det Whidbey Island.

- To maintain Primary and Secondary Transmitter Keying Circuits from NAVCOMMSTA Stockton via leased telephone lines and/or UHF microwave circuit.

- To maintain a UHF Microwave Link between NAVCOMM Det Whidbey Island and NAVRADSTA T Jim Creek.

- To maintain a UHF Voice Orderwire between NAVCOMM Det Whidbey Island and NAVRADSTA T Jim Creek.

. To maintain approximately 4899 acres of land of which 40 acres are improved for buildings, structures etc., 11 acres of lawns, 840 acres of antenna ground field, 2.5 miles of paved road between the main gate and the VLF transmitter building, 20.5 miles of compacted gravel roads to the tops of Wheeler and Blue mountains and to the Twin Lakes, 24 miles of dirt based roads into the antenna ground fields, 67 various buildings and numbered structures or areas.

. To maintain 325 miles of antenna ground wire and 35 towers in the antenna support tower complex along with the antenna wires and downleads themselves.

. To maintain two potable and non-potable water distribution systems.

. To maintain an electrical distribution system which includes two 115,000 volt transmission switching sub-stations, a 4160 volt distribution and a backup generating system for emergency power source.

Projected Missions for FY 2001

- NO MISSION CHANGES KNOWN.

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

- Operate and maintain a Coho Salmon fish hatchery in cooperation with the Stilliguamish Indian Tribe and Washington Department of Fisheries.

- Operate the Wilderness Regional Outdoor Recreation Center.

- Protect the 225 acres of OLD GROWTH FOREST which includes the last Sitka Spruce Grove in the Puget Sound Basin.

. Provide tactical and classroom training facilities for the Naval Mobile Construction Battalion Eighteen (NMCB 18) and other Naval Detachments and Security Groups (NIS, SEAL, USMC).

Projected Unique Missions for FY 2001

- NO MISSION CHANGES KNOWN

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.

- NAVCOMTELSTA PUGET SOUND UIC 68660
- Funding Source UIC

10. PERSONNEL NUMBERS:

On Board Count as of 01 January 1994

	Officer	Enlisted	Civilian
• Reporting Command	2	2	51
• Tenants (total)	N/A	N/A	N/A

Authorized Positions as of 30 September 1994

• Reporting Command	2	2	51
• Tenants (total)	N/A	N/A	N/A

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.

	DSN	FAX	HOME #
M. W. THAYER, LCDR, USN, OIC	891-1220	206-653-0206	206-435-1892
R. N. AZUCENA, CWO3, USN, AOIC	SAME	SAME	206-652-2591

12. TENANT ACTIVITY LIST:

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
NMCB 18 (DET)	08917	1	35	0

- 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	Officer	Enliste d	Civilian
N/A					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enliste d	Civilian
N/A					

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.)
BUREAU OF TOBACCO AND FIREARMS	*SEATTLE, WA*	*MOU*
UNIVERSITY OF WASHINGTON	*ARLINGTON, WA*	*MOU*
WASHINGTON DEPT OF NATURAL RESOURCES (DNR)	*ARLINGTON, WA*	*MOU*
DISTRICT #21 FIRE DEPARTMENT		*MOU*

14. FACILITY MAPS:

Maps and Photos are Attachments (1), (2) and (3).

70273

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

M. W. THAYER
NAME (Please type or print)

M. W. Thayer
Signature

OFFICER IN CHARGE
Title

2/7/94
Date

NAVRADSTA T JIM CREEK
Activity

70273

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

NEXT ECHELON LEVEL (if applicable)

D. A. GROSS
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

8 Feb 94
Date

NAVCOMTELSTA PUGET SOUND
Activity

UIC 70273

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.

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

T. A. STARK
NAME (Please type or print)

T.A. Stark
Signature

Commander
Title

11 February 1994
Date

Naval Computer & Telecommunications Command
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and 2belief.

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

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

Signature

18 FEB 1994
Date

Title

70273

70

NAVRADSTA Jim Creek

ENVIRONMENTAL DATA CALL: 33
DATA CALL TO BE SUBMITTED TO
ALL NAVY/MARINE CORPS HOST ACTIVITIES

20 APRIL 1994

Enclosure (3)

ACTIVITY: N70273

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

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ACTIVITY: N70273

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.

None.

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.

S P E C I E S (plant or animal)	Designation (Threatened / Endangered)	Federal/ State	Critical / Designated Habitat (Acres)	Important Habitat (acres)
example: Haliaeetus leucocephalus - bald eagle	*threatened*	*Federal*	*25*	*0*
Haliaeetus leucocephalus - bald eagle	**threatened**	**federal**	**100**	**N/A**
Marbeled murrelet	threatened	federal	125	N/A

Source Citation: N/A

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.

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.	**NO**

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?	**NO**
When was the survey conducted or when will it be conducted? N/A / /	**N/A**
What percent of the base has been surveyed?	**N/A**
What is the total acreage of jurisdictional wetlands present on your base?	**N/A**

Source Citation: **N/A**

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.

Provided in DATA CALL 1.

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.	**YES**

Survey conducted. Nothing listed or eligible for listing.

3b.

	YES/NO
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.	NO

3c.

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

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			
N/A	N/A	N/A	N/A	N/A	N/A

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

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

4b. If there are any non-Navy users of the landfill, describe the user and conditions/agreements. NO.

4c.

Does your base have any disposal, recycling, or incineration facilities for solid waste?					NO
Facility/Type of Operation	Permitted Capacity	Ave Daily Throughput	Maximum Capacity	Permit Status	Comments
N/A	N/A	N/A	N/A	N/A	N/A

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

4d.

Does your base own/operate a Domestic Wastewater Treatment Plant (WWTP) ?					NO
ID/Location of WWTP	Permitted Capacity	Ave Daily Discharge Rate	Maximum Capacity	Permit Status	Level of Treatment/Year Built
N/A	N/A	N/A	N/A	N/A	N/A

List permit violations and discuss any projects to correct deficiencies.

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.

NONE. Station uses septic tanks for wastewater.

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**
N/A	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**

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.

Each building is served by a septic tank.

4h.

Does your base operate drinking Water Treatment Plants (WTP)?					YES
ID/Location of WTP	Operating (GPD)		Method of Treatment	Maximum Capacity	Permit Status
	Permitted Capacity	Daily Rate			
N/A	N/A	N/A	CHLORINE	N/A	N/A

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

NAVRADSTA (T) Jim Creek is in violation of Washington State Surface Water Treatment Rule (SWTR), Part 6 of WAC Chapter 246-290. Special Project C6-92, Construct Water Well, estimated to start May 94 with completion March 95, will resolve the violation.

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.

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.	**N/A**

4l.

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

Explain: NAVRADSTA (T) Jim Creek is an inland activity, not supporting or berthing ships.

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.

NO

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

NO

5. AIR POLLUTION

5a.* NOTE BELOW.

What is the name of the Air Quality Control Areas (AQCAs) in which the base is located? **Puget Sound Air Pollution Control Agency (PSAPCA)**
Is the installation or any of its OLFs or non-contiguous base properties located in different AQCAs? **No.** List site, location and name of AQCA.

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.* **NOTE BELOW.**

Site: **NAVRADSTA (T) Jim Creek** AQCA: **PSAPCA**

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.

Baseline Survey has not been accomplished.

	Emission Sources (Tons/Year)				
Pollutant	Permitted Stationary	Personal Automobiles	Aircraft Emissions	Other Mobile	Total
CO					
NOx					
VOC					
PM10					

Source Document: **N/A**

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.

NOT AVAILABLE.

	Emissions Sources (Tons/Year)				
Pollutant	Permitted Stationary	Personal Automobiles	Aircraft Emissions	Other Mobile	Total
CO					
NOx					
VOC					
PM10					

Source Document: **SURVEY NOT ACCOMPLISHED.**

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?

Yes.

EAST/SOUTH PUGET SOUND REGION (nonattainment)
OLYMPIC NATIONAL PARK

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?

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
Station	4,901	**N/A**

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

LAND USE CATEGORY		ACRES
Total Developed: (administration, operational, housing, recreational, training, etc.)		**902.21**
Total Undeveloped (areas that are left in their natural state but are under specific environmental development constraints, i.e.: wetlands, endangered species, etc.)		Wetlands: 250
		All Others: 3,639
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**
Breakout of undeveloped, restricted areas. Some restricted areas may overlap:	ESQD	**840**
	HERF	**840**
	HERP	**840**
	HERO	**840**
	AICUZ	**N/A**
	Airfield Safety Criteria	**N/A**
	Other	**61.8**

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.

None

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

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.

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.

N/A

8h.

Are there available **designated dredge disposal areas** for maintenance dredging material? List location, remaining capacity, and future limitations.	**NO**
Are there available **designated dredge disposal areas** for new dredge material? List location, remaining capacity, and future limitations.	**NO**
Are the dredged materials considered contaminated? List known contaminants.	**NO**

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

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

NONE.

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.

N/A.

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.

NO

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.

70273

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

MICHAEL W. THAYER
NAME (Please type or print)

Michael W. Thayer
Signature

OFFICER-IN-CHARGE
Title

26 MAY 1994
Date

NAVAL RADIO STATION (T) VIM CREEK
Activity

70273

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

NEXT ECHELON LEVEL (if applicable)

C L. SPOHNHOLTZ
NAME (Please type or print)

C. L. Spohnholtz
Signature

COMMANDING OFFICER
ACTING
Title

Date 27 MAY 94

NAVCOMTELSTA PUGET SOUND
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

BRAC-95 Data Call 33 for UIC 70273

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.

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

S. L. STOUTAMIRE (Acting)
NAME (Please type or print)

Signature

Commander,
Title

Date 8 JUN 94

Naval Computer and Telecommunications Command
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. DRENNON
NAME (Please type or print)

Signature

ACTING
Title

Date 6/24/94

70

MILITARY VALUE ANALYSIS

DATA CALL WORK SHEET

FOR COMMUNICATION FACILITY: NAVRADSTA (T) JIM CREEK

PRIMARY UIC: N70273

Category.....Operational Support
Sub-category.....Telecommunications and Computers

ENCLOSURE (2)

Data for Military Value Analysis

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Base Infrastructure and Investment

1. List the project number, description, funding year, and value of the **capital improvements at your base completed (beneficial occupancy) during 1988 through 1994**. Indicate if the capital improvement is a result of BRAC realignments or closures.

NOTE: Projects below are non-BRAC improvements.

Table 1.1 **Capital Improvement Expenditure**

Project	Description	Fund Year	Value ($000)
R3-88 (Ph 1)	Repair Water Distribution System	88	328.3
R3-88 (Ph 2)	Repair Water Distribution System	91	340
R11-88	Replace PCB Transformer	88	51
R3-88 (Ph 3)	Repair Water Distribution System	92	140
R3-90	Replace Fuel Tanks B-8 & B-20	91	80
R16-88	Asbestos Removal B-9 & B-12	92	260
R6-90	Replace Fuel Tank B-1	91	20
R4-90	Remove Fuel Tanks B-7 & B-49	91	40
R8-90	Replace Emergency Generator Fuel Tanks	92	250
R9-91	Replace Underground Storage Tank B-135	92	38
C6-88	(NAF) Re-roof building 3	92	113
P-070	Emergency Generators/Facility	92	2,100
R3-88 (Ph 4)	Water System Upgrade	93	284
E14-92	SSPA Equipment Shelter	94	200

2.a. List the project number, description, funding year, and value of the **non-BRAC related capital improvements planned** for years 1995 through 1997.

Table 2.1 **Planned Capital improvements**

Project	Description	Fund Year	Value ($000)
P-088	Electrical System Upgrade (Substation)	1996	2,500
-	Cable/Telephone System Upgrade	UF	200
R8-91	Paving Improvements	UF	413
R10-92	(NAF) Rehabilitate Recreation Building 4	94	118
CR5-93	Rehabilitate Recreation Building 3	94	430
C1-94	Construct outdoor heads	94	69
CR2-94	Upgrade gymnasium	94	149
RC11-90	Repair tennis court	94	70
-	Facilities Demolition	UF	100
R3-88	Water Systems Upgrade Phase V	UF	275

2.b. List the project number, description, funding year, and value of the **BRAC related capital improvements planned** for 1995 through 1999. **NONE.**

Table 2.2 **Planned BRAC Capital improvements**

Project	Description	Fund Year	Value

2.b. List the project number, description, funding year, and value of the **BRAC related capital improvements planned** for 1995 through 1999. **NONE**.

Table 2.2 **Planned BRAC Capital improvements**

Project	Description	Fund Year	Value

3.a. List the **encroachments of record** at your station, base, or facility?

NONE

3.b. Do current estimates of **population growth and development or environmental constraints** pose problems for the station, base, or facility? Why or why not?

No population growth. Future development and mission requirements not projected.

3.c. Provide a description of **local zoning ordinances** which might impact on future encroachment.

NONE

Logistics Support

4. Do you or any of your detachments have **special non-DOD or civilian support** missions? Describe the missions and state which activity performs the mission. If realignments planned between today and FY 1997 will add non-DOD or civilian support missions describe them.

NAVRADSTA (T) Jim Creek has a Mutual Aid Fire Protection agreement with the Arlington Washington Fire District 21.

5. List all **inter-service support agreements (ISSAs)** that involve supporting military (non-DON) and civilian activities at the base. **NAVRADSTA (T) Jim Creek provides on station support to 3 non-DON and civilian activites. MOA/MOUs, not ISSAs are the vehicle used for the agreement due to the minimal cost and minimal impact on station operations. The 3 activities are listed in Table 5.1.**

Table 5.1 **Non-DON Support Agreements**

Agency/ Service	Tenant name	Tenant UIC/ DODAAC	Description of Support Role	Degree of support
Treasury Departme nt	Bureau of Alcohol, Tobacco and Firearms	NA	Space and utilities are provided to ATF for communications equipment (radio and antenna).	Electrical power, and approximately 4 square feet of floor space are provided at no cost.
Washingt on State	University of Washington	NA	Space and utilities are provided for seismic monitoring equipment.	Electrical power, and approximately 4 square feet of floor space are provided at no cost.
Washingt on State	Department of Natural Resources	NA	Space and utilities are provided for communications equipment (radio and antenna).	Electrical power, and approximately 4 square feet of floor space are provided at no cost.

Personnel Support Facilities

6.a. In the following table, indicate the available space (SF), individual workstation (PN), and condition for each **facility designated or used for administrative purposes.**

Table 6.1 **Administrative Support Spaces**

Building Type	NAVFAC (P-80) category code	Adequate		Substandard		Inadequate		Total	
		SF	PN	SF	PN	SF	PN	SF	PN
Administrative office	610-10	5296	8	0	0	0	0	5296	8
ADP installations	610-20	0	0	0	0	0	0	0	0
Legal services	610-40	0	0	0	0	0	0	0	0

Admin storage	610-77	0	NA	0	NA	0	NA	0	NA
Underground administrative office	620-10	0	0	0	0	0	0	0	0
Underground ADP installation	620-20	0	0	0	0	0	0	0	0
Underground admin storage	620-77	0	NA	0	NA	0	NA	0	NA

6.b. For all **facilities that were classified as inadequate** in the preceding table, identify the type of facility and describe why the facility is inadequate; indicate how the facility is being used and list other possible uses; and specify the costs to remove the deficiencies that make it inadequate (do not be concerned with the economic justification for these costs). Indicate current plans to remove these deficiencies and the amount of any programmed funds.

N/A

7. Describe any **administrative support facility limitations**. Describe the potential for expansion of the services that personnel support facilities provide.

NONE

Operational Suitability

8.a. List the features of this station, base, or facility that make it a **candidate for basing other units in the future.**

NONE

8.b. List the features of this station, base, or facility that **inhibit the basing of other units.**

Of the approximately 4900 acres total land area, 98% is restricted for development due to operational restrictions and environmental constraints. Station has four housing units and zero BEQ/BOQ.

9.a. Are there any **assets in the vicinity** of the station, base, or facility that are currently not used because of a deficiency or O&M,N funding shortages but **could be improved to enhance the station's contingency or mobilization capabilities**? Provide details.

NONE

9.b. Describe the size, composition and support provided to any **reserve units** that train at your installation. Describe the size, composition and support provided by those reserve units.

A 35 man SEABEE reserve detachment conducts unit operational and contingency type training for two day weekend per month (ACDUCTRA). Provides construction services and manpower support for station self help projects.

10. Does the infrastructure meet current requirements and provide capabilities for future expansion or change in mission? Provide details.

Infrastructure meets current mission requirements and can accommodate/support future expansion, however, not a change in mission.

11.a. In the table provide the percent of time communications are precluded due to weather. Add any further descriptions on how **weather** generally **impacts base operations** (high winds, below freezing, high temperature, or snow, fog, or other visibility restricting conditions, etc.)

Table 11.1 **Operational Weather Impact**

	% outage CY 1990	% outage CY 1991	% outage CY 1992	% outage CY 1993
JAN	0	0	0	0
FEB	0	0	0	0
MAR	0	0	0	0
APR	0	0	0	0
MAY	0	0	0	0
JUN	0	0	0	0
JUL	0	0	0	0
AUG	0	0	0	0
SEP	0	0	0	0
OCT	0	0	0	0
NOV	0	0	0	0
DEC	0	0	0	0

Remarks: VLF antenna is extremely difficult to maintain in tune from October thru March due to high winds, heavy rains and heavy snowfall. Weather has not caused any transmitter or antenna outages during past 4 years on the VLF broadcast system. During periods of heavy snowfall, the mountain roads are closed to normal access due to hazardous driving conditions. Freezing temperatures hamper outside work on the antenna system, including the ground field.

11.b What percentage of the time (on average, by month) does the local weather affect maintenance operations? Use the chart below and add any further descriptions on how **weather** generally **impacts base maintenance evolutions** (high winds, below freezing, high temperature, or snow, fog, or other visibility restricting conditions.

Table 11.2 **Maintenance Weather Impact**

	Inches of Rain/Snow			Days under 40°F			% maint. days cancelled due to low or high temperatures or precipitation		
	CY 1991	CY 1992	CY 1993	CY1991	CY 1992	CY 1993	CY 1991	CY1992	CY 1993
JAN							0	0	0
FEB							0	0	0
MAR							0	0	0
APR							0	0	0
MAY							0	0	0
JUN							0	0	0
JUL							0	0	0
AUG							0	0	0
SEP							0	0	0
OCT							0	0	0
NOV							0	0	0
DEC							0	0	0

Remarks: The meteorological data requested in the first six columns is not recorded or maintained. High and low temperatures or heavy precipitation do not cause cancellation of transmitter scheduled maintenance, but could cause cancellation of antenna system, including antenna groundfield work. Antenna work is not scheduled during winter months because of unpredictable weather.

11.c. Describe any **unique training opportunities afforded by the local climate or geography**.

1. Cold weather work, hazardous climbing of towers due to freezing rain and snow.

2. Affords training in use of SNO-CATS and sno-mobiles to access mountain terrain and building located above the snowline. Mountain tops accumulate 3-10 feet of snow each winter.

Quality of Life

12. Military Housing

a. Family Housing:

(1) Do you have mandatory assignment to on-base housing? (circle) YES no
NOTE: For the Officer-in-Charge only.

(2) For military family housing in your locale provide the following information:

Type of Quarters	Number of Bedrooms	Total number of units	Number Adequate	Number Substandard	Number Inadequate
Officer	4+	0	0	0	0
Officer	3	2	2	0	0
Officer	1 or 2	0	0	0	0
Enlisted	4+	0	0	0	0
Enlisted	3	2	2	0	0
Enlisted	1 or 2	0	0	0	0
Mobile Homes		0	0	0	0
Mobile Home lots		0	0	0	0

(3) In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means". For all the categories above where inadequate facilities are identified provide the following information: N/A

Facility type/code:
What makes it inadequate?
What use is being made of the facility?
What is the cost to upgrade the facility to substandard?
What other use could be made of the facility and at what cost?
Current improvement plans and programmed funding:
Has this facility condition resulted in C3 or C4 designation on your BASEREP?

12.a.(4) Complete the following table for the military housing waiting list. NONE

Pay Grade	Number of Bedrooms	Number on List[1]	Average Wait
O-6/7/8/9	1		
	2		
	3		
	4+		
O-4/5	1		
	2		
	3		
	4+		
O-1/2/3/CWO	1		
	2		
	3		
	4+		
E7-E9	1		
	2		
	3		
	4+		
E1-E6	1		
	2		
	3		
	4+		

[1]As of 31 March 1994

12.a.(5) What do you consider to be the top five factors driving the demand for base housing? Does it vary by grade category? If so provide details.

	Top Five Factors Driving the Demand for Base Housing
1	Remote location of base.
2	Lack of rental housing off-base.
3	High utility cost.
4	High average rental cost.
5	Operational necessity.

(6) What percent of your family housing units have all the amenities required by "The Facility Planning & Design Guide" (Military Handbook 1190 & Military Handbook 1035-Family Housing)? 100%

(7) Provide the utilization rate for family housing for FY 1993.

Type of Quarters	Utilization Rate
Adequate	100%
Substandard	0
Inadequate	0

(8) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 98% (or vacancy over 2%), is there a reason? No.

12.b. BEQ:

(1) Provide the utilization rate for BEQs for FY 1993. N/A

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(2) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason?

(3) Calculate the Average on Board (AOB) for geographic bachelors as follows:

$$\textbf{AOB} = \frac{\textbf{(\# Geographic Bachelors x average number of days in barracks)}}{\textbf{365}}$$

(4) Indicate in the following chart the percentage of geographic bachelors (GB) by category of reasons for family separation. Provide comments as necessary. N/A

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)			
Spouse Employment (non-military)			
Other			
TOTAL		100	

(5) How many geographic bachelors do not live on base? NONE

12.c. BOQ:

(1) Provide the utilization rate for BOQs for FY 1993. N/A

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(2) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason?

(3) Calculate the Average on Board (AOB) for geographic bachelors as follows:

$$\textbf{AOB} = \frac{\textbf{(\# Geographic Bachelors x average number of days in barracks)}}{\textbf{365}}$$

(4) Indicate in the following chart the percentage of geographic bachelors (GB) by category of reasons for family separation. Provide comments as necessary. N/A

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)			
Spouse Employment (non-military)			
Other			
TOTAL		100	

(5) How many geographic bachelors do not live on base? NONE

On Base MWR Facilities

13. For on-base MWR facilities[1] available, complete the following table for each separate location. For off-base government owned or leased recreation facilities indicate distance from base. If there are any facilities not listed, include them at the bottom of the table.

LOCATION NAVRADSTA (T) JIM CREEK **DISTANCE** ON STATION

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Auto Hobby	Indoor Bays	0	
	Outdoor Bays	0	
Arts/Crafts	SF	400	NO
Wood Hobby	SF	0	
Bowling	Lanes	0	
Enlisted Club	SF	0	
Officer's Club	SF	0	
Library	SF	0	
Library	Books	0	
Theater	Seats	0	
ITT	SF	0	
Museum/Memorial	SF	0	
Pool (indoor)	Lanes	0	
Pool (outdoor)	Lanes	0	
Beach	LF	0	
Swimming Ponds	Each	0	
Tennis CT	Each	0	

[1]Spaces designated for a particular use. A single building might contain several facilities, each of which should be listed separately.

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Volleyball CT (outdoor)	Each	1000	N
Basketball CT (outdoor)	Each	0	
Racquetball CT	Each	0	
Golf Course	Holes	0	
Driving Range	Tee Boxes	0	
Gymnasium	SF	4000	N
Fitness Center	SF	0	
Marina	Berths	0	
Stables	Stalls	0	
Softball Fld	Each	0	
Football Fld	Each	0	
Soccer Fld	Each	0	
Youth Center	SF	0	
Picnic Pavilion	SF	1000	N
Camp Sites	EA	23	Y
ALL-HANDS Club	SF	3000	N

14. Is your library part of a regional interlibrary loan program? Station does not have a library.

15. Base Family Support Facilities and Programs

a. Complete the following table on the availability of child care in a child care center on your base. **NOTE:** There are no family support facilities on station.

Age Category	Capacity (Children)	SF			Number on Wait List	Average Wait (Days)
		Adequate	Substandard	Inadequate		
0-6 Mos						
6-12 Mos						
12-24 Mos						
24-36 Mos						
3-5 Yrs						

b. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

Facility type/code:
What makes it inadequate?
What use is being made of the facility?
What is the cost to upgrade the facility to substandard?
What other use could be made of the facility and at what cost?
Current improvement plans and programmed funding:
Has this facility condition resulted in C3 or C4 designation on your BASEREP?

c. If you have a waiting list, describe what programs or facilities other than those sponsored by your command are available to accommodate those on the list.

d. How many "certified home care providers" are registered at your base?

e. Are there other military child care facilities within 30 minutes of the base? State owner and capacity (i.e., 60 children, 0-5 yrs).

16. Complete the following table for services available on your base. If you have any services not listed, include them at the bottom.

Service	Unit of Measure	Qty
Exchange	SF	
Gas Station	SF	
Auto Repair	SF	
Auto Parts Store	SF	
Commissary	SF	
Mini-Mart	SF	225
Package Store	SF	
Fast Food Restaurants	Each	
Bank/Credit Union	Each	
Family Service Center	SF	
Laundromat	SF	
Dry Cleaners	Each	
ARC	PN	
Chapel	PN	
FSC Classrm/Auditorium	PN	

17. Proximity of closest major metropolitan areas (provide at least three):

City	Distance (Miles)
EVERETT/LYNWOOD	35
BELLINGHAM	65
SEATTLE	65

18. Standard Rate VHA Data for Cost of Living:

Paygrade	With Dependents	Without Dependents
E1	210.23	117.62
E2	210.23	132.20
E3	204.67	150.81
E4	215.55	150.44
E5	249.94	174.51
E6	289.44	197.03
E7	334.95	232.68
E8	322.77	244.01
E9	323.29	245.42
W1	302.59	229.80
W2	338.13	265.20
W3	308.38	250.69
W4	315.28	279.54
O1E	309.36	229.47
O2E	283.36	225.92
O3E	306.74	259.51
O1	261.37	192.60
O2	274.77	214.76
O3	287.52	242.07
O4	302.39	262.96
O5	311.64	257.73
O6	285.74	236.51
O7	216.88	176.21

19.a. Off-base housing rental and purchase

a. Fill in the following table for average rental costs in the area for the period 1 April 1993 through 31 March 1994.

Type Rental	Average Monthly Rent		Average Monthly Utilities Cost
	Annual High	Annual Low	
Efficiency			N/A
Apartment (1-2 Bedroom)	700.00	550.00	INCLUDED
Apartment (3+ Bedroom)	850.00	750.00	INCLUDED
Single Family Home (3 Bedroom)	900.00	800.00	95.00
Single Family Home (4+ Bedroom)	950.00	875.00	110.00
Town House (2 Bedroom)	750.00	600.00	85.00
Town House (3+ Bedroom)	850.00	700.00	95.00
Condominium (2 Bedroom)	750.00	650.00	90.00
Condominium (3+ Bedroom)	900.00	800.00	95.00

NOTE Information provided by local area rental/lease including Delta Property Management Services, Residential Management Inc. (Snohomish County, WA)

19.b. What was the rental occupancy rate in the community as of 31 March 1994?

Type Rental	Percent Occupancy Rate
Efficiency	N/A
Apartment (1-2 Bedroom)	95
Apartment (3+ Bedroom)	98
Single Family Home (3 Bedroom)	90
Single Family Home (4+ Bedroom)	92
Town House (2 Bedroom)	98
Town House (3+ Bedroom)	95
Condominium (2 Bedroom)	96
Condominium (3+ Bedroom)	88

(c) What are the median costs for homes in the area?

Type of Home	Median Cost
Single Family Home (3 Bedroom)	150K
Single Family Home (4+ Bedroom)	175K
Town House (2 Bedroom)	99K
Town House (3+ Bedroom)	130K
Condominium (2 Bedroom)	125K
Condominium (3+ Bedroom)	140K

19.d. For calendar year 1993, from the local MLS listings provide the number of 2, 3, and 4 bedroom homes available for purchase. Use only homes for which monthly payments would be within 90 to 110 percent of the E5 BAQ and VHA for your area.

Month	Number of Bedrooms		
	2	3	4+
January	23	85	42
February	23	85	42
March	23	83	42
April	23	83	42
May	23	83	41
June	24	83	41
July	24	82	41
August	24	82	40
September	24	82	40
October	24	84	40
November	24	84	41
December	24	84	41

(e) Describe the principle housing cost drivers in your local area. Anticipated relocation of civilian jobs at Boeing. Also the anticipated influx of military personnel at the new Everett Naval Base.

NOTE Information provided by Snohomish County, WA. local real estate agencies. MLS to include Arlington Properties, Century 21, Windermere, and Realty World.

20. For the top five sea intensive ratings in the principle warfare community your base supports, provide the following: **NOTE:** There are no Sea intensive ratings at NAVRADSTA (T) Jim Creek.

Rating	Number Sea Billets in the Local Area	Number of Shore billets in the Local Area

21. Complete the following table for the average one-way commute for the five largest concentrations of military and civilian personnel living off-base.

Location	% Employees	Distance (mi)	Time(min)
Arlington, WA.	29	11	15
Marysville, WA.	4	20	30
Everett, WA	9	25	40
Mount Vernon, WA.	4	30	40
Stanwood, WA.	3	20	25

22. Complete the tables below to indicate the civilian educational opportunities available to service members stationed at the air station (to include any outlying fields) and their dependents:

22.a. List the local educational institutions which offer programs available to dependent children. Indicate the school type (e.g. DODDS, private, public, parochial, etc.), grade level (e.g. pre-school, primary, secondary, etc.), what students with special needs the institution is equipped to handle, cost of enrollment, and for high schools only, the average SAT score of the class that graduated in 1993, and the number of students in that class who enrolled in college in the fall of 1994.

Institution	Type	Grade Level(s)	Special Education Available	Annual Enrollment Cost per Student	1993 Avg SAT/ ACT Score	% HS Grad to Higher Educ	Source of Info
K-6	Public	K-6	Yes	4020.00	N/A	N/A	Arlington School District
Middle School	Public	7-8	Yes	4020.00	N/A	N/A	Arlington Scholl District
High School	Public	9-12	Yes	4020.00	983	57	Arlington School District

22.b. List the educational institutions within 30 miles which offer programs off-base available to service members and their adult dependents. Indicate the extent of their programs by placing a "Yes" or "No" in all boxes as applies.

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational/ Technical	Undergraduate		Graduate
				Courses only	Degree Program	
Arlington High School	Day	-	Yes	NO	No	No
	Night	Yes	-	Yes	Yes	Yes
Everett Community College	Day	Yes	No	Yes	Yes	No
	Night	Yes	No	Yes	Yes	No

22.c. List the educational institutions which offer programs on-base available to service members and their adult dependents. Indicate the extent of their programs by placing a "Yes" or "No" in all boxes as applies. No on base classes available.

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational/ Technical	Undergraduate		Graduate
				Courses only	Degree Program	
N/A	Day					
	Night					
	Corres-pondence					
N/A	Day					
	Night					
	Corres-pondence					
N/A	Day					
	Night					
	Corres-pondence					
N/A	Day					
	Night					
	Corres-pondence					

23. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

Skill Level	Number of Military Spouses Serviced by Family Service Center Spouse Employment Assistance			Local Community Unemployment Rate
	1991	1992	1993	
Professional	N/A			
Manufacturing	N/A			
Clerical	N/A			
Service	N/A			
Other	N/A			

NOTE: There are only 3 spouses on board this station. There is no Family Service Center on this station.

24. Do your active duty personnel have any difficulty with access to medical or dental care, in either the military or civilian health care system? Develop the why of your response.

NO.

25. Do your military dependents have any difficulty with access to medical or dental care, in either the military or civilian health care system? Develop the why of your response.

NO.

26. Complete the table below to indicate the crime rate for your air station for the last three fiscal years. The source for case category definitions to be used in responding to this question are found in NCIS - Manual dated 23 February 1989, at Appendix A, entitled "Case Category Definitions." Note: the crimes reported in this table should include 1) all reported criminal activity which occurred on base regardless of whether the subject or the victim of that activity was assigned to or worked at the base; and 2) all reported criminal activity off base.

Crime Definitions	FY 1991	FY 1992	FY 1993
1. Arson (6A)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
2. Blackmarket (6C)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
3. Counterfeiting (6G)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
4. Postal (6L)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0

Crime Definitions	FY 1991	FY 1992	FY 1993
5. Customs (6M)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
6. Burglary (6N)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
7. Larceny - Ordnance (6R)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
8. Larceny - Government (6S)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0

Crime Definitions	FY 1991	FY 1992	FY 1993
9. Larceny - Personal (6T)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
10. Wrongful Destruction (6U)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
11. Larceny - Vehicle (6V)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
12. Bomb Threat (7B)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0

Crime Definitions	FY 1991	FY 1992	FY 1993
13. Extortion (7E)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
14. Assault (7G)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
15. Death (7H)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
16. Kidnapping (7K)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0

Crime Definitions	FY 1991	FY 1992	FY 1993
18. Narcotics (7N)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
19. Perjury (7P)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
20. Robbery (7R)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
21. Traffic Accident (7T)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0

Crime Definitions	FY 1991	FY 1992	FY 1993
22. Sex Abuse - Child (8B)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
23. Indecent Assault (8D)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
24. Rape (8F)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
25. Sodomy (8G)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0

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

R.D. DEARBORN	R. D. Dearborn
NAME (Please type or print)	Signature
OFFICER-IN-CHARGE	16 June 94
Title	Date
NRST JIM CREEK	
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)

D. A. GROSS
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

6/29/94
Date

NAVCOMTELSTA PUGET SOUND
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

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.
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

T. A. Stark
NAME

Signature T. A. Stark

Commander,
Title

Date 15 July 94

Naval Computer and
Telecommunication Command
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 (Please type or print)

Signature W A Earner

Title

Date 8/3/94

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	NAVRADSTA T Jim Creek, WA (Host)
UIC:	N70273
Host Activity Name (if response is for a tenant activity):	
Host Activity UIC:	N70273

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

DATA CALL 66
INSTALLATION RESOURCES

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: NAVRADSTA (T) Jim Creek, WA		UIC: N70273	
Category	FY 1996 BOS Costs ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	113	340	453
1b. Minor Construction			
1c. Sub-total 1a. and 1b.	113	340	453
2. Other Base Operating Support Costs:			
2a. Utilities	344	112	456
2b. Transportation	30	212	242
2c. Environmental	1		1
2d. Facility Leases			
2e. Morale, Welfare & Recreation	24	46	70
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Service Centers			
2i. Administration	7	218	225
2j. Other (Specify)	59	1,364	1,423
2k. Sub-total 2a. through 2j:	465	1,952	2,417
3. Grand Total (sum of 1c. and 2k.):	578	2,292	2,870

DATA CALL 66
INSTALLATION RESOURCES

2j. (1) Other Engineering Support Refuse & all other services	7	129	136
(2) Retail Supply Ops	4	76	80
(3) Physical Security	0	305	305
(4) Base Communications	14	0	14
(5) Station Operations	34	854	888
Total Other	**59**	**1,364**	**1,423**

Note: This information does not include;
(1) Fed Employee Compensation Act (FECA) under Subhead BA4
(2) Training/Travel costs under Subhead BA4

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:

Appropriation	Amount ($000)

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..

DATA CALL 66
INSTALLATION RESOURCES

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name: NAVRADSTA (T) Jim Creek, WA		UIC: N70273	
Category	FY 1996 Net Cost From UC/FUND-4 ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>$15K)			
1b. Real Property Maintenance (<$15K)			
1c. Minor Construction (Expensed)			
1d. Minor Construction (Capital Budget)			
1c. Sub-total 1a. through 1d.			
2. Other Base Operating Support Costs:			
2a. Command Office			
2b. ADP Support			
2c. Equipment Maintenance			
2d. Civilian Personnel Services			
2e. Accounting/Finance			
2f. Utilities			
2g. Environmental Compliance			
2h. Police and Fire			
2i. Safety			
2j. Supply and Storage Operations			
2k. Major Range Test Facility Base Costs			
2l. Other (Specify)			
2m. Sub-total 2a. through 2l:			
3. Depreciation			
4. Grand Total (sum of 1c., 2m., and 3.) :	0	0	0

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: NAVRADSTA (T) Jim Creek, WA	**UIC:** N70273
Cost Category	**FY 1996 Projected Costs ($000)**
Travel:	
Material and Supplies (including equipment):	107
Industrial Fund Purchases (other DBOF purchases):	
Transportation:	
Other Purchases (Contract support, etc.):	302
Total:	409

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: NAVRADSTA (T) Jim Creek, WA	**UIC: N70273**
Contract Type	**FY 1996 Estimated Number of Workyears On-Base**
Construction:	
Facilities Support:	
Mission Support:	
Procurement:	
Other:*	
Total Workyears:	0

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

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)):

N/A

2) Estimated number of workyears which would be eliminated:

N/A

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):

N/A

DATA CALL 66
INSTALLATION RESOURCES

c. "Off-Base" Contract Workyear Data. Are there any contract workyears located in the local community, but not on-base, which would either be eliminated or relocated if your activity were to be closed or relocated? If so, then provide the following information **(ensure that numbers reported below do not double count numbers included in 3.a. and 3.b., above):**

No. of Additional Contract Workyears Which Would Be Eliminated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
0	

No. of Additional Contract Workyears Which Would Be Relocated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
0	

INSTALLATION RESOURCES, DATA CALL 66 for COMNAVCOMTELCOM

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.

NEXT ECHELON LEVEL (if applicable)

(Please type or print) _____ Signature _____ Name

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

T. A. STARK
Name (Please type or print)

T. A. Stark
Signature

Commander,
Title

25 Aug 1994
Date

Naval Computer and Telecommunications Command
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 (Please type or print)

W A Earner
Signature

Title

9/6/94
Date

Enclosure (2)

DATA CALL 63
FAMILY HOUSING DATA 70

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

Installation Name:	NAVRADSTA JIM CREEK WA
Unit Identification Code (UIC):	N70273
Major Claimant:	NCTC

Percentage of Military Families Living On-Base:	0
Number of Vacant Officer Housing Units:	0
Number of Vacant Enlisted Housing Units:	0
FY 1996 Family Housing Budget ($000):	0
Total Number of Officer Housing Units:	0
Total Number of Enlisted Housing Units:	0

Line 4, Percentage of Military Families Living on Base, is taken from DD Form 1377.
Lines 7-9, represents the activitys' "fair share" of the complex total of the family housing budget and inventory of officer and enlisted units. This data was provided by COMNAVFACENGCOM.

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.

Enclosure (1)

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)

Signature

COMMANDER
Title

7/20/94
Date

NAVAL FACILITIES ENGINEERING COMMAND
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 (Please type or print)

Signature

Title

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.

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

ACTIVITY COMMANDER

THOMAS A. DAMES
NAME (Please type of print)

Rear Admiral, CEC, USN
Title

LANTNAVFACENGCOM
Activity

J.B. Venable
Signature J.B. VENABLE
Acting

JUL 06 1994
Date

ENCLOSURE(2)

BRAC-95 CERTIFICATION

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

for Paulette C. Brown
Name (Please type or print)

for J. R. Hindstoff
Signature

Head, Operations & Projects Branch
Title

7-6-94
Date

Housing Division
Division

Facilities Management
Department

LANTNAVFACENGCOM
Activity

BRAC-95 CERTIFICATION

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

J. Richard Grindstaff
Name (Please type or print)

J. Richard Grindstaff
Signature

Head, Requirements & Acquisition Branch
Title

7-6-95
Date

Housing Division
Division

Facilities Management
Department

LANTNAVFACENGCOM
Activity

BRAC-95 CERTIFICATION

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

Mark D. Raker
Name (Please type or print)

Mark D. Raker
Signature

Housing Management Specialist
Title

7/6/94
Date

Housing Division
Division

Facilities Management
Department

LANTNAVFACENGCOM
Activity

BRAC-95 CERTIFICATION

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

for Moses L. Meadows
Name (Please type or print)

for J. Richard Grindstaff
Signature

Director
Title

7-6-99
Date

Housing Division
Division

Facilities Management
Department

LANTNAVFACENGCOM
Activity

70

CAPACITY ANALYSIS

DATA CALL WORK SHEET

FOR COMMUNICATION FACILITY:NAVAL RADIO STATION (T) JIM CREEK

PRIMARY UIC:___N70273_____
(Insert this UIC in "Header A' on every page)

Category.....Operational Support
Sub-category.....Telecommunications and Computers

**********If any responses are classified, attach separate classified annex.**********

Enclosure (16)

Data for Capacity Analysis

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Station/Facility Equipment Information 2
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- Antennas 3
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Special Features and Services 4
- Broadcast Services 4
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- Base Infrastructure 14
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STATION/FACILITY EQUIPMENT INFORMATION

1. List the **Transmitters, Receivers, and Transceivers** located at your facility. For each device provide the information listed in the table below.

Table 1.1

Equipment Type	Year Placed In Service	Transmit Power	Frequency Range	Dedicated Antenna Y/N	Normal Assigned Mission(s)
AN/FRT-3 TRANSMITTER	1953	1000KW	13-30KHZ	YES	PAC SUB BCST
AN/FRC-166TRANSCEIVER	1981	50 WATTS	138-154MHZ	YES	SECURITY NET
MR-46 TRANSCEIVER	1982	50 WATTS	406-420MHZ	YES	INTER-SITE LINK
AN/BRR-3 RECEIVER	1965		13-30KHZ	NO	AUDIO MONITOR
R-1051B RECEIVER	1984		3-30MHZ	YES	CONTINGENCY
R-1051B RECEIVER	1984		3-30MHZ	YES	CONTINGENCY

2. For each of the equipments listed in question 1, provide the following **usage and maintenance outage information.**

Table 2.1

Equipment Type	# of Channels	FY 1991		FY 1992		FY 1993	
		Days Used	Maint Days	Days Used	Maint Days	Days Used	Maint Days
AN/FRT-3 TRANSMITTER	4	329.6	35.4	345.5	19.5	317	48
AN/FRC-166 TRANSCEIVER	1	364	1	364	1	364	1
MR-46 TRANSCEIVER	4	364	1	364	1	364	1

Communication Station/Facility Capacity Analysis Data Call . . . . . UIC:__N70273___

Equipment Type	# of Channels	FY 1991		FY 1992		FY 1993	
		Days Used	Maint Days	Days Used	Maint Days	Days Used	Maint Days
AN/BRR-3 RECEIVER	1	364	1	364	1	364	1
R-1051B RECEIVER	1	364	1	364	1	364	1
R-1051B RECEIVER	1	264	1	364	1	364	1

3. List **antennas** that are located at or directly controlled by your facility. For each of the antennas provide the average number of days out of service (OOS) per year because of weather or maintenance.

Table 3.1

Antenna	Yr Built/ Last Modern	Freq Range	FY 1989		FY 1990		FY 1991		FY 1992		FY 1993	
			OOS Maint Days	OOS Weather Days	OOS Maint Days	OOS Weather Days	OOS Maint Days	OOS Weather Days	OOS Maint Days	OOS Weather Days	OOS Maint Days	OOS Weather Days
*VLF	1951/ 1989	13-30KHZ	46	0	0	0	14	0	2.7	0	0	0
#UHF	1982	406-420 MHZ	1	0	1	0	1	0	1	0	1	0
AT-853/ FRC	1981	138-154 MHZ	1	0	1	0	1	0	1	0	1	0
NT66047	1984	300 KHZ-30MHZ	1	0	1	0	1	0	1	0	1	0

*** TEN SPAN CATENARY ARRAY # UHF PARABOLIC REFLECTOR**

4. Provide the **required space** in square feet for each equipment used to support each frequency band. There should be a totaling of space within each band for transmit equipment and receive equipment. Also include all other spaces required and annotate in the remarks section the primary use of the space.

Table 4.1

CAT CODE	Space Requirement	FY 1989	FY 1991	FY 1993	FY 1994	FY 1995	FY 1999	FY 2001
610-xx	ADMIN BLDG	3240	3240	3240	3240	3240	3240	3240
610-xx	PW ADMIN	2056	2056	2056	2056	2056	2056	2056
123-10	PW FILLING STATION	80	80	80	80	80	80	80
131-30	HELIX HOUSE	11590	11590	11590	11590	11590	11590	11590
131-40	TELEPHONE EXCHANGE ROOM	146	146	146	146	146	146	146
131-50	AN/FRT-3	25000	25000	25000	25000	25000	25000	25000
131-20	COMM CTL LINK BLDG	867	867	867	867	867	867	867
131-10	AN/FRC-166	9	9	9	9	9	9	9
131-10	MR-46	25	25	25	25	25	25	25
131-10	AN/BRR-3	9	9	9	9	9	9	9
131-10	R-1051 HF RCVRS	18	18	18	18	18	18	18
214-20	AUTO VEH SHOP	5605	5605	5605	5605	5605	5606	55605
214-40	VEH HOLD SHED	1149	1149	1149	1149	1149	1149	1149
219-10	PW SHOPS	8579	8579	8579	8579	8579	8579	8579
219-20	PAV/GRNDS EQUIP SHED	645	645	645	645	645	645	645

219-25	PW SHOP STOR	835	835	835	835	835	835	835
219-30	PAINT/RELAT OPS	650	650	650	650	650	650	650
219-77	PW MAINT STRGE	15180	15180	15180	15180	15180	15180	15180
441-10	GEN WHSE BULK STRGE	5960	5960	5960	5960	5960	5960	5960
441-30	HAZ FLAM STHSE	840	840	840	840	840	840	840
730-10	FIRE STATION	5780	5780	5780	5780	5780	5780	5780
730-20	POLICE STATION	243	243	243	243	243	243	243
740-54	REC CENTER	7027	7027	7027	7027	7027	7027	7027
740-63	SERVICE CLUB	1740	1740	1740	1740	1740	1740	1740
811-59	STD-BY GENERATOR BLDG	3774	3774	3774	3974	3974	3974	3974
TOTAL		101047	101047	101047	101247	101247	101247	101247

Remarks: The primary mission of NAVRADSTA (T) Jim Creek is to operate and maintain the VLF transmitter and associated antenna system and are listed under CAT CODE 131-xx, less 131-40 (Telephone Exchange Room). The remaining CAT CODE's listed support the primary mission CAT CODE.

SPECIAL FEATURES and SERVICES

5. For all **communication broadcasts** transmitted from your facility, list the primary and any backup incoming data sources and their origination point. Also provide the number of channels for each broadcast.

PRIMARY BBED/7KKT "A" NAVCOMMSTA STOCKTON 1-4 CHANNELS
BACK-UP BBED/7KKT "J" NAVCOMMSTA STOCKTON 1-4 CHANNELS

6. List all **other services** provided by your facility which were not captured by the above questions, include the unit of measure. (e.g. daily message delivery, data processing, etc.)

Table 6.1

Services Provided	Units	FY 1991	FY 1993	FY 1995	FY 1997	FY 1999	FY 2001
SATCOM Gateways to DSCS-UHF	No. of Ckts	NA	NA	NA	NA	NA	NA
SATCOM Gateways to DSCS-EHF	No. of Ckts	NA	NA	NA	NA	NA	NA
SATCOM Gateways to DSCS-SHF	No. of Ckts	NA	NA	NA	NA	NA	NA
Fleet Center Interface	No. of Ckts	NA	NA	NA	NA	NA	NA
	Message Volume	NA	NA	NA	NA	NA	NA
Ashore Mobile Contingency Comms	Days/YR[1]	NA	NA	NA	NA	NA	NA
DCCS	Hrs of SAT Connectivity	NA	NA	NA	NA	NA	NA
Autovon	No. of Ckts	1	1	1	1	1	1
Autodin	No. of Ckts	NA	NA	NA	NA	NA	NA
Leased Lines	No. of Ckts	1	1	1	1	1	1
Navnet	No. of Ckts	NA	NA	NA	NA	NA	NA
Local Digital Message Exchange	No. of Messages/Day	NA	NA	NA	NA	NA	NA
Remote Information Exchange Terminal[2]	No. of Terminals	NA	NA	NA	NA	NA	NA
Activity Providing Telephone Service	No. of Lines	17	17	17	17	17	17
	No. of Customers	1	1	1	1	1	1
Technical Control Facility (Include ANCC and ATC)	No. of Ckts Transitioning Facility	0	0	0	0	0	0
Base Level Computing	Labor Hrs	425	425	600	700	900	1000

Services Provided	Units	FY 1991	FY 1993	FY 1995	FY 1997	FY 1999	FY 2001
Naval Comms Processing and Routing System	No. of Messages/Day	NA	NA	NA	NA	NA	NA
Naval Telecomms Center	No. of Customers	NA	NA	NA	NA	NA	NA
	No. of Messages/Day	NA	NA	NA	NA	NA	NA
Other GATEGUARD CKT. (Installed FY-94)	MGS/DAY	0	0	30	30	30	30

1. Operational deployment days per year. NA
2. Include RIXT/SRT, MDT and PCMT which are located at or controlled by your command. Indicate their current operational status. NA
3. When projections are made, provide the assumptions and calculations used in determining your answer. NA

7. List all **unique equipments, capabilities** etc. located at or controlled by your facility. (e.g. Switching Node, etc.)

NONE

8.a. List all facilities which can **currently** substitute for your communications transmit or receive missions **with existing equipment**. Indicate the type of operations they can substitute for and the amount of time this substitution can take place. (e.g. continuously, 48 hrs., etc.)

TRANSMIT CAPABILITY OF THE VLF BROADCAST CAN BE SUBSTITUTED BY VLF LLL IN HAWAII CONTINUOUSLY.
RECEIVE CAPABILITY IS NA.

8.b. List any Naval Activity which could manage your transmit or receive assets on a remote basis. If additional funding is required to accomplish this remote operation, discuss the extent of the funding required and the use of the funds in detail.

MANAGEMENT OF TRANSMIT ASSETS CAN BE ACOMPLISHED BY COMSUBPAC OR ANY ALT BCA WITH FULL ISABPS CAPABILITY.
RECEIVE ASSETS CAN BE MANAGED BY NCTS PUGET SOUND.

9.a. Given **no funding or manning limits**, what modifications or improvements would you make to your facilities infrastructure to increase the radio message transmission/reception capacity of your installation? Provide a description, cost estimates, and additional capacity gained.

UNABLE TO INCREASE TRANSMISSION CAPACITY DUE TO NARROW BANDWIDTH OF VLF ANTENNA. WE ARE TRANSMITTING 4 CHANNELS OF INFORMATION NOW.

9.b. What **site modifications/facility improvements are budgeted** in Presidential Budget 1995 through FY 1997 (including all BRACON) that would improve the message transmission/reception at your facility? Provide a description, cost, and additional capacity that could be realized.

NONE KNOWN

9.c. Given **unconstrained funding** and manning levels, what **Personal Property & Equipment** would you change (add, delete, or modify) to increase your message transmission/reception capacity? Provide a description, cost estimates, and additional capacity that could be realized.

UNKNOWN

9.d. Are there any environmental, legal or other **factors that inhibit further increase** in message transmission/reception capacity (e.g. encroachments, pollutant discharge, electromagnetic interference, etc.)? Provide details and possible solutions.

NONE KNOWN

PERSONNEL SUPPORT CAPACITY

10.a. By facility Category Code Number (CCN), provide the usage requirements for each course of instruction required for all formal schools on your installation. Do not include requirements for maintaining unit readiness, GMT, sexual harassment, etc. Include all applicable 171-XX and 179-xx CCN's.

CCN:__N/A_____

Type of Training Facility	School	Type of Training	FY 1993 Requirements			FY 2001 Requirements		
			A	B	C	A	B	C
NONE								

A = Students per year
B = Number of hours each student spends in this training facility for the type of training received
C = A X B

10.b. By Category Code Number (CCN), complete the following table for all **training facilities** aboard the installation. Include all 171-xx, 179-xx CCN's.

For example: In the category 171-10, a type of training facility is academic instruction classroom. If you have 10 classrooms with a capacity of 25 students per room, the design capacity would be 250. If these classrooms are available 8 hours a day for 300 days a year, the capacity in student hours per year would be 600,000.

CCN:__N/A_____

Type Training Facility	Total Number	Design Capacity (PN)[1]	Capacity (Student HRS/YR)[2]
NONE			

[1] Design Capacity (PN) is the total number of seats available for students in spaces used for academic instruction; applied instruction; and seats or positions for operational trainer spaces and training facilities other than buildings, i.e., ranges. Design Capacity (PN) must reflect current use of the facilities.___NA___

[2] Describe how the Student HRS/YR value in the preceding table was derived.
___NA___

11.a.. Provide data on the BOQs and BEQs assigned to your current plant account. The desired unit of measure for this capacity is people housed. Use CCN to differentiate between pay grades, i.e., E1-E4, E5-E6, E7-E9, CWO-O2, O3 and above. ___NA___

Facility Type, Bldg. # & CCN	Total No. of Beds	Total No. of Rooms	Adequate		Substandard		Inadequate	
			Beds	Sq Ft	Beds	Sq Ft	Beds	Sq Ft
NONE								

11.b. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means". For all the categories above where inadequate facilities are identified provide the following information:___NA___

a. FACILITY TYPE/CODE:
b. WHAT MAKES IT INADEQUATE?
c. WHAT USE IS BEING MADE OF THE FACILITY?
d. WHAT IS THE COST TO UPGRADE THE FACILITY TO SUBSTANDARD?
e. WHAT OTHER USE COULD BE MADE OF THE FACILITY AND AT WHAT COST?
f. CURRENT IMPROVEMENT PLANS AND PROGRAMMED FUNDING:
g. HAS THIS FACILITY CONDITION RESULTED IN C3 OR C4 DESIGNATION ON YOUR BASEREP?

12.a. Provide data on the BOQs and BEQs projected to be assigned to your plant account in FY 1997. The desired unit of measure for this capacity is people housed. Use CCN to differentiate between pay grades, i.e., E1-E4, E5-E6, E7-E9, CWO-O2, O3 and above.___NA___

Facility Type, Bldg. # & CCN	Total No. of Beds	Total No. of Rooms	Adequate		Substandard		Inadequate	
			Beds	Sq Ft	Beds	Sq Ft	Beds	Sq Ft
NONE								

12.b. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means". For all the categories above where inadequate facilities are identified provide the following information: ___NA___

a. FACILITY TYPE/CODE:
b. WHAT MAKES IT INADEQUATE?
c. WHAT USE IS BEING MADE OF THE FACILITY?
d. WHAT IS THE COST TO UPGRADE THE FACILITY TO SUBSTANDARD?
e. WHAT OTHER USE COULD BE MADE OF THE FACILITY AND AT WHAT COST?
f. CURRENT IMPROVEMENT PLANS AND PROGRAMMED FUNDING:
g. HAS THIS FACILITY CONDITION RESULTED IN C3 OR C4 DESIGNATION ON YOUR BASEREP?

13.a. Provide data on the messing facilities assigned to your current plant account.

Facility Type, CCN and Bldg. #	Total Sq. Ft.	Adequate		Substandard		Inadequate		Avg # Noon Meals Served
		Seats	Sq Ft	Seats	Sq Ft	Seats	Sq Ft	
NONE								

13.b. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means". For all the categories above where inadequate facilities are identified provide the following information:___NA___

a. FACILITY TYPE/CODE:
b. WHAT MAKES IT INADEQUATE?
c. WHAT USE IS BEING MADE OF THE FACILITY?
d. WHAT IS THE COST TO UPGRADE THE FACILITY TO SUBSTANDARD?
e. WHAT OTHER USE COULD BE MADE OF THE FACILITY AND AT WHAT COST?
f. CURRENT IMPROVEMENT PLANS AND PROGRAMMED FUNDING:
g. HAS THIS FACILITY CONDITION RESULTED IN C3 OR C4 DESIGNATION ON YOUR BASEREP?

14.a. Provide data on the messing facilities projected to be assigned to your plant account in FY 1997.

Facility Type, CCN and Bldg. #	Total Sq. Ft.	Adequate		Substandard		Inadequate		Avg # Noon Meals Served
		Seats	Sq Ft	Seats	Sq Ft	Seats	Sq Ft	
NONE								

14.b. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means". For all the categories above where inadequate facilities are identified provide the following information:___NA___

a. FACILITY TYPE/CODE:
b. WHAT MAKES IT INADEQUATE?
c. WHAT USE IS BEING MADE OF THE FACILITY?
d. WHAT IS THE COST TO UPGRADE THE FACILITY TO SUBSTANDARD?
e. WHAT OTHER USE COULD BE MADE OF THE FACILITY AND AT WHAT COST?
f. CURRENT IMPROVEMENT PLANS AND PROGRAMMED FUNDING:
g. HAS THIS FACILITY CONDITION RESULTED IN C3 OR C4 DESIGNATION ON YOUR BASEREP?

15. For military **married family housing assigned to your plant account** provide the following information:

Table 15.1

Type of Quarters	Number of Bedrooms	Total number of units	Number Adequate	Number Substandard	Number Inadequate
Officer	4+				
Officer	3	2	2	0	0
Officer	1 or 2				
Enlisted	4+				
Enlisted	3	2	2	0	0
Enlisted	1 or 2				
Mobile Homes					
Mobile Home lots					

In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means". For all the categories above where inadequate facilities are identified describe why the housing is inadequate; indicate how the housing is being used and list other possible uses; and specify the costs to remove the deficiencies that make it inadequate. Indicate current plans to remove these deficiencies and the amount of any programmed funds.___NA___

16. For personnel assigned to your base and tenant activities who live in **government quarters other than yours**, indicate the plant account holder UIC for their quarters.___NA___

BASE INFRASTRUCTURE

17.a. Utilize Table 17.1 below to provide information on your activity's base infrastructure capacity and load.

Table 17.1 Base Infrastructure Capacity & Load

	On Base Capacity	Off base long term contract	Normal Steady State Load	Peak Demand
Electrical Supply (KWH)	(see note below)	11,899 total per year	11,101 ave per year	12,696 total 1992
Natural Gas (CFH)	500 gal tank	None	New tank	No data avail
Sewage (GPD)	25K gallons septic tank	None	21K gallons	25K gallons
Potable Water (GPD)	250K tank	None	22K gallons	27K gallons
Steam (lbm/Hr)	None	None	None	None
Long Term Parking	None	None	None	None
Short Term Parking	75 cars	None	75 cars	250 cars

Note: Station has a 2500KW diesel generating system for an emergency power source.

17.b. Maintenance, Repair & Equipment Expenditure Data: Use Table 17.2 (below) to provide data on facilities and equipment expenditures at your activity. Project expenditures to FY97. Do not include data on Detachments who have received this Data Call directly. The following definitions apply:

Maintenance of Real Property (MRP) Dollars: MRP is a budgetary term used to gather the expenses or budget requirements for facility work including recurring maintenance, major repairs & minor construction (non-MILCON) inclusive of all Major Claimant funded Special Projects. It is the amount of funds spent on or budgeted for maintenance and repair of real property assets to maintain the facility in satisfactory operating condition. For purposes of this Data Call MRP includes all M1/R1 and M2/R2 expenditures.

Current Plant Value (CPV) of Class 2 Real Property: The hypothetical dollar amount to replace a Class 2 facility in kind with today's dollars. Example: the cost today to replace a wood frame barracks with a wood frame barracks.

Acquisition Cost of Equipment (ACE): The total cumulative acquisition cost of all "personal property" equipment maintained at your activity which includes the cost of installed equipment directly related to mission execution, such as lab test equipment. Class 2 installed capital equipment that is an integral part of the facility will not be reported as ACE.

Table 17.2 Maintenance, Repair & Equipment Expenditure Data for NAVRADSTA(T) JIM CREEK (UIC: N70273)

Fiscal Year	MRP ($M)	CPV ($M)	ACE ($M)
1985	NOT AVAIL		3.5
1986	NOT AVAIL		3.5
1987	0.28	52.6	3.5
1988	0.27	56.1	3.5
1989	0.28	57.5	3.5
1990	0.48	58.2	3.5
1991	0.79	59.4	3.5
1992	0.42	61.2	3.5
1993	0.43	61.8	5.5
1994	0.37	62.0	5.5
1995	UNKNOWN	UNKNOWN	UNKNOWN
1996	UNKNOWN	UNKNOWN	UNKNOWN
1997	UNKNOWN	UNKNOWN	UNKNOWN

18. Real Estate Resources. Identify in the table below the real estate resources which have the potential to facilitate future development and for which you are the plant account holder or into which, though a tenant, your activity could reasonably expect to expand. Complete a separate table for each individual site, i.e., main base, outlying airfields, special off-site areas, etc. The unit of measure is acres. Developed area is defined as land currently with buildings, roads, and utilities where further development is not possible without demolition of existing improvements. Include in "Restricted" areas that are restricted for future development due to environmental constraints (e.g. wetlands, landfills, archaeological sites), operational restrictions (e.g. ESQD arcs, HERO, HERP, HERF, AICUZ, ranges) or cultural resources restrictions. Identify the reason for the restriction when providing the acreage in the table. Specify any entry in "Other" (e.g. submerged lands).

Site Location: NAVRADSTA(T) JIM CREEK

Land Use	Total Acres	Developed Acreage	Available for Development	
			Restricted	Unrestricted
Maintenance	61.80	61.80	61.80	0.00
Operational	840.00	840.00	840.00	0.00
Training	0.00	0.00	0.00	0.00
R & D	0.00	0.00	0.00	0.00
Supply & Storage	0.14	0.14	0.14	0.00
Admin	0.12	0.12	0.12	0.00
Housing	0.15	0.15	0.15	0.00
Recreational	6.68	0.00	0.00	6.68
Navy Forestry Program	3888.81	0.00	3888.81	0.00
Navy Agricultural Outlease Program	0.00	0.00	0.00	0.00
Hunting/Fishing Programs	0.00	0.00	0.00	0.00
Other (Easement)	103.74	0.00	103.74	0.00
Total:	4,901.44	902.21	4,894.76	6.68

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

MICHAEL W. THAYER
NAME (Please type or print)

Michael W. Thayer
Signature

OFFICER-IN-CHARGE
Title

26 MAY 1994
Date

NAVAL RADIO STATION (T) Jim CREEK
Activity

BRAC-95 DATA CALL 34 FOR UIC 70273

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

NEXT ECHELON LEVEL (if applicable)

D.A. GROSS
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

2 June 1994
Date

NAVCOMTELSTA PUGET SOUND
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

S.L. STOUTAMIRE (Acting)
NAME (Please type or print)

Signature

Commander,
Title

9 June 1994
Date

Naval Computer and
Telecommunications Command
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 (Please type or print)

Signature

ACTING
Title

6/20/94
Date

69

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	NAVCOMTELSTA WASHINGTON, DC
UIC:	63165
Host Activity Name (if response is for a tenant activity):	Commandant, Naval District Washington Washington Navy Yard
Host Activity UIC:	00171

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

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INSTALLATION RESOURCES

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: NAVCOMTELSTA Washington, DC		UIC: N63165	
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.):	0	0	0

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:

Appropriation	Amount ($000)

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..

DATA CALL 66
INSTALLATION RESOURCES

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name: NAVCOMTELSTA Washington, DC		UIC: 63165	
Category	FY 1996 Net Cost From UC/FUND-4 ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>$15K)			
1b. Real Property Maintenance (<$15K)	281		281
1c. Minor Construction (Expensed)			
1d. Minor Construction (Capital Budget)	37		37
1c. Sub-total 1a. through 1d.	318		318
2. Other Base Operating Support Costs:			
2a. Command Office			
2b. ADP Support			
2c. Equipment Maintenance	237		237
2d. Civilian Personnel Services	399		399
2e. Accounting/Finance	174		174
2f. Utilities	837		837
2g. Environmental Compliance	113		113
2h. Police and Fire	148		148
2i. Safety			
2j. Supply and Storage Operations			
2k. Major Range Test Facility Base Costs			
2l. Other (Specify)			
2m. Sub-total 2a. through 2l:	1,908		1,908
3. Depreciation			
4. Grand Total (sum of 1c., 2m., and 3.) :	2,226		2,226

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: NAVCOMTELSTA Washington, DC	**UIC: N63165**
Cost Category	**FY 1996 Projected Costs ($000)**
Travel:	534
Material and Supplies (including equipment):	1,648
Industrial Fund Purchases (other DBOF purchases):	2,648
Transportation:	7
Other Purchases (Contract support, etc.):	23,374
Total:	28,211

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. **N/A**

Table 3 - Contract Workyears	
Activity Name: NAVCOMTELSTA Washington, DC	**UIC: N63165**
Contract Type	**FY 1996 Estimated Number of Workyears On-Base**
Construction:	
Facilities Support:	
Mission Support:	
Procurement:	
Other:*	
Total Workyears:	0

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

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)):

0

2) Estimated number of workyears which would be eliminated:

0

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):

0

DATA CALL 66
INSTALLATION RESOURCES

c. "Off-Base" Contract Workyear Data. Are there any contract workyears located in the local community, but not on-base, which would either be eliminated or relocated if your activity were to be closed or relocated? If so, then provide the following information **(ensure that numbers reported below do not double count numbers included in 3.a. and 3.b., above):**

No. of Additional Contract Workyears Which Would Be Eliminated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
0	

No. of Additional Contract Workyears Which Would Be Relocated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
0	

INSTALLATION RESOURCES, DATA CALL 66 for COMNAVCOMTELCOM

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.

NEXT ECHELON LEVEL (if applicable)

(Please type or print) _____ Signature _____ Name

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

T. A. STARK
Name (Please type or print)

T. A. Stark
Signature

Commander,
Title

25 Aug 1994
Date

Naval Computer and Telecommunications Command
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 (Please type or print)

W A Earner
Signature

Title

9/6/94
Date

Enclosure (2)

MILITARY VALUE ANALYSIS

DATA CALL WORK SHEET

FOR COMMUNICATION FACILITY: NAVCOMTELSTAWASHDC

PRIMARY UIC: N63165
(Insert this UIC in "Header A' on every page)

Category.....Operational Support
Sub-category.....Telecommunications and Computers

**********If any responses are classified, attach separate classified annex.**********

MILITARY VALUE ANALYSIS

DATA CALL WORK SHEET

FOR COMMUNICATION FACILITY: NAVCOMTELSTA WASHDC

PRIMARY UIC: N63165
(Insert this UIC in "Header A' on every page)

Category.....Operations Support
Sub-category.....Telecommunications and Computers

**********If any responses are classified, attach separate classified annex.**********

Communication Facility Listing

Type	Title	Location
NCTAMS	NCTAMS LANT	NORFOLK VA
NCTAMS	NCTAMS EASTPAC	WAHAIWA HI
NCTAMS	NCTAMS WESTPAC	GUAM
NCTAMS	NCTAMS ELF DET	CLAM LAKE WI
NCTS	NCTS PUERTO RICO	ROOSEVELT ROADS PR
NCTS	NCTS NEWPORT	NEWPORT RI
NCTS	NCTS CUTLER	CUTLER ME
NCTS	**NCTS WASHINGTON DC**	**WASHINGTON DC**
NCTS	NCTS PENSACOLA	PENSACOLA FL
NCTS	NCTS NEW ORLEANS	NEW ORLEANS LA
NCTS	NCTS PUGET SOUND	SILVERDALE WA
NCTS	NCTS JACKSONVILLE	JACKSONVILLE FL
NCTS	NCTS SAN DIEGO	SAN DIEGO CA
NAVCOM	NAVCOM DET CHELTENHAM	CHELTENHAM, MD
NCS	NCS STOCKTON	STOCKTON CA
NCTAMS DET	NCTAMS DET KEY WEST	KEY WEST FL
NRS T	NRS T JIM CREEK	ARLINGTON WA

Data for Military Value Analysis

Table of Contents

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- Historic investment 2
- Planned investment 2
- Encroachment issues 3

Logistics Support 3
- Non-DOD support missions 3
- Inter-service Support Agreements 4

Personnel support 4
- Administrative spaces 4

Operational Suitability 5
- Mobilization potential 5
- Support missions 5
- Weather and climate 6

Qualtiy of Life 8

Base Infrastructure and Investment

1. List the project number, description, funding year, and value of the **capital improvements at your base completed (beneficial occupancy) during 1988 through 1994.** Indicate if the capital improvement is a result of BRAC realignments or closures.

Table 1.1 **Capital Improvement Expenditure**

Project	Description	Fund Year	Value
NOT AVAILA-BLE	ROOF REPAIR BLDG # 196	FY91	$450,000
93WR10009	LOBBY RENOVATION BLDG# 196	FY92	$101,215
93WR10008	BLDG #143 6TH FLOOR RENOVATION	FY92	$618,143
10006-4	CARPET INSTALLED BLDG #196	FY93	$33,862
10028-3	WATER DETECTION FOR COMPUTER FLOOR BLDG #196	FY93	$18,334
10033-3	PAINT BLDG #196	FY93	$13,000
10037-3	UPGRADE COMPUTER FLOORS BLDGS #143/196	FY93	$1,211,745
93WR10038	CUBICLE REPAIRS BLDG #143	FY94	$22,563
10094-3	REPLACE COOLING TOWERS BLDGS #143/#196	FY94	$56,551
*10025-4	RENOVATION OF BLDG #220	FY94	$18,320

*** Required as a result of Defense realignment initiative.**

2.a. List the project number, description, funding year, and value of the **non-BRAC related capital improvements planned** for years 1995 through 1997.

Table 2.1 **Planned Capital improvements**

Project	Description	Fund Year	Value
NOT AVAILA-BLE	DUCT CLEANING BLDG # 196	FY94	$122,028
-	PAINT BLDG #143	FY94	$16,250
-	RENOVATION OF BATHROOMS BLDGS #143 /#196	FY94	$108,837
-	RENOVATION OF LOBBY BLDG #143	FY95	$58,862

2.b. List the project number, description, funding year, and value of the **BRAC related capital improvements planned** for 1995 through 1999. **N/A**

Table 2.2 **Planned BRAC Capital improvements**

Project	Description	Fund Year	Value

3.a. List the **encroachments of record** at your station, base, or facility? **N/A**

3.b. Do current estimates of **population growth and development or environmental constraints** pose problems for the station, base, or facility? Why or why not?

RESPONSE TO THIS ITEM PROVIDED BY NAVALDISTRICT WASHINGTON, UIC: N00171

3.c. Provide a description of **local zoning ordinances** which might impact on future encroachment.

RESPONSE TO THIS ITEM PROVIDED BY NAVALDISTRICT WASHINGTON, UIC: N00171

Logistics Support

4. **Do you or any of your detachments have special non-DOD or civilian support** missions? Describe the missions and state which activity performs the mission. If realignments planned between today and FY 1997 will add non-DOD or civilian support missions describe them.

NO.

5. List all **inter-service support agreements (ISSAs)** that involve supporting military (non-DON) and civilian activities at the base. **NONE**

Table 5.1 **Non-DON Support Agreements**

Agency/ Service	Tenant name	Tenant UIC/ DODAAC	Description of Support Role	Degree of support

Personnel Support Facilities

6.a. In the following table, indicate the available space (SF), individual workstation (PN), and condition for each **facility designated or used for administrative purposes.**

Table 6.1 **Administrative Support Spaces**

Building Type	NAVFAC (P-80) category code	Adequate		Substandard		Inadequate		Total	
		SF	PN	SF	PN	SF	PN	SF	PN
Administrative office	610-10	105283	-	-	-	-	-	105283	-
ADP installations	610-20	N/A	-	-	-	-	-	-	-
Legal services	610-40	N/A	-	-	-	-	-	-	-
Admin storage	610-77	N/A	NA	-	NA	-	NA	-	NA
Underground administrative office	620-10	N/A	-	-	-	-	-	-	-
Underground ADP installation	620-20	N/A	-	-	-	-	-	-	-
Underground admin storage	620-77	N/A	NA	-	NA	-	NA	-	NA

6.b. For all **facilities that were classified as inadequate** in the preceding table, identify the type of facility and describe why the facility is inadequate; indicate how the facility is being used and list other possible uses; and specify the costs to remove the deficiencies that make it inadequate (do not be concerned with the economic justification for these costs). Indicate current plans to remove these deficiencies and the amount of any programmed funds.

N/A

7. Describe any **administrative support facility limitations.** Describe the potential for expansion of the services that personnel support facilities provide. **There is no potential for expansion of present administrative facilities.**

Operational Suitability

8.a. List the features of this station, base, or facility that make it a **candidate for basing other units in the future.**

RESPONSE TO THIS ITEM PROVIDED BY NAVAL DISTRICT WASHINGTON, UIC: N00171

8.b. List the features of this station, base, or facility that **inhibit the basing of other units.**

RESPONSE TO THIS ITEM PROVIDED BY NAVALDISTRICT WASHINGTON, UIC: N00171

9.a. Are there any **assets in the vicinity** of the station, base, or facility that are currently not used because of a deficiency or O&M,N funding shortages but **could be improved to enhance the station's contingency or mobilization capabilities**? Provide details.

RESPONSE TO THIS ITEM PROVIDED BY NAVALDISTRICT WASHINGTON, UIC: N00171

9.b. Describe the size, composition and support provided to any **reserve units** that train at your installation. Describe the size, composition and support provided by those reserve units. No units drill at NCTS Washington JFE, NOOC 7/1/94

RESPONSE TO THIS ITEM PROVIDED BY NAVALDISTRICT WASHINGTON, UIC: N00171

10. Does the infrastructure meet current requirements and provide capabilities for future expansion or change in mission? Provide details.

NO; THE FACILITIES ARE NOT SUITABLE TO SUPPORT A SOFTWARE CENTRAL DESIGN ACTIVITY.

11.a. In the table provide the percent of time communications are precluded due to weather. Add any further discriptions on how **weather** generally **impacts base operations** (high winds, below freezing, high temperature, or snow, fog, or other visibility restricting conditions, etc.)
N/A

Table 11.1 **Operational Weather Impact**

	% outage CY 1990	% outage CY 1991	% outage CY 1992	% outage CY 1993
JAN				
FEB				
MAR				
APR				
MAY				
JUN				
JUL				
AUG				
SEP				
OCT				
NOV				
DEC				

Remarks:

11.b What percentage of the time (on average, by month) does the local weather affect maintenance operations? Use the chart below and add any further descriptions on how **weather** generally **impacts base maintenance evolutions** (high winds, below freezing, high temperature, or snow, fog, or other visibility restricting conditions. **N/A**

Table 11.2 **Maintenance Weather Impact**

	Inches of Rain/Snow			Days under 40°F			% maint. days cancelled due to low or high temperatures or precipitation		
	CY 1991	CY 1992	CY 1993	CY1991	CY 1992	CY 1993	CY 1991	CY1992	CY 1993
JAN									
FEB									
MAR									
APR									
MAY									
JUN									
JUL									
AUG									
SEP									
OCT									
NOV									
DEC									

Remarks:

11.c. Describe any **unique training opportunities afforded by the local climate or geography.**

N/A

Quality of Life

12. Military Housing

a. Family Housing:

(1) Do you have mandatory assignment to on-base housing? (circle) yes (no)

(2) For military family housing in your locale provide the following information:

RESPONSE TO THIS ITEM PROVIDED BY NAVALDISTRICT WASHINGTON, UIC: N00171

Type of Quarters	Number of Bedrooms	Total number of units	Number Adequate	Number Substandard	Number Inadequate
Officer	4+				
Officer	3				
Officer	1 or 2				
Enlisted	4+				
Enlisted	3				
Enlisted	1 or 2				
Mobile Homes					
Mobile Home lots					

(3) In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means". For all the categories above where inadequate facilities are identified provide the following information:

RESPONSE TO THIS ITEM PROVIDED BY NAVALDISTRICT WASHINGTON, UIC: N00171

Facility type/code:
What makes it inadequate?
What use is being made of the facility?
What is the cost to upgrade the facility to substandard?
What other use could be made of the facility and at what cost?
Current improvement plans and programmed funding:
Has this facility condition resulted in C3 or C4 designation on your BASEREP?

12.a.(4) Complete the following table for the military housing waiting list.

RESPONSE TO THIS ITEM PROVIDED BY NAVALDISTRICT WASHINGTON, UIC: N00171

Pay Grade	Number of Bedrooms	Number on List[1]	Average Wait
O-6/7/8/9	1		
	2		
	3		
	4+		
O-4/5	1		
	2		
	3		
	4+		
O-1/2/3/CWO	1		
	2		
	3		
	4+		
E7-E9	1		
	2		
	3		
	4+		
E1-E6	1		
	2		
	3		
	4+		

[1]As of 31 March 1994

12.a.(5) What do you consider to be the top five factors driving the demand for base housing? Does it vary by grade category? If so provide details.

RESPONSE TO THIS ITEM PROVIDED BY NAVALDISTRICT WASHINGTON, UIC: N00171

	Top Five Factors Driving the Demand for Base Housing
1	
2	
3	
4	
5	

(6) What percent of your family housing units have all the amenities required by "The Facility Planning & Design Guide" (Military Handbook 1190 & Military Handbook 1035-Family Housing)?

RESPONSE TO THIS ITEM PROVIDED BY NAVALDISTRICT WASHINGTON, UIC: N00171

(7) Provide the utilization rate for family housing for FY 1993.

RESPONSE TO THIS ITEM PROVIDED BY NAVALDISTRICT WASHINGTON, UIC: N00171

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(8) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 98% (or vacancy over 2%), is there a reason?

RESPONSE TO THIS ITEM PROVIDED BY NAVALDISTRICT WASHINGTON, UIC: N00171

12.b. BEQ:

(1) Provide the utilization rate for BEQs for FY 1993.

RESPONSE TO THIS ITEM PROVIDED BY NAVALDISTRICT WASHINGTON, UIC: N00171

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(2) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason?

RESPONSE TO THIS ITEM PROVIDED BY NAVALDISTRICT WASHINGTON, UIC: N00171

(3) Calculate the Average on Board (AOB) for geographic bachelors as follows:

$$\text{AOB} = \frac{(\text{\# Geographic Bachelors x average number of days in barracks})}{365}$$

AOB=.72

(4) Indicate in the following chart the percentage of geographic bachelors (GB) by category of reasons for family separation. Provide comments as necessary.

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)	2	67	-
Spouse Employment (non-military)	-	-	-
Other	1	33	-
TOTAL	**3**	**100**	

(5) How many geographic bachelors do not live on base?

NONE.

12.c. BOQ:

(1) Provide the utilization rate for BOQs for FY 1993.

RESPONSE TO THIS ITEM PROVIDED BY NAVALDISTRICT WASHINGTON, UIC: N00171

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(2) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason?

RESPONSE TO THIS ITEM PROVIDED BY NAVALDISTRICT WASHINGTON, UIC: N00171

(3) Calculate the Average on Board (AOB) for geographic bachelors as follows:

$$\text{AOB} = \frac{(\text{\# Geographic Bachelors x average number of days in barracks})}{365}$$

NONE.

(4) Indicate in the following chart the percentage of geographic bachelors (GB) by category of reasons for family separation. Provide comments as necessary.

NONE.

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)			
Spouse Employment (non-military)			
Other			
TOTAL		100	

(5) How many geographic bachelors do not live on base?

NONE.

On Base MWR Facilities

13. For on-base MWR facilities[1] available, complete the following table for each separate location. For off-base government owned or leased recreation facilities indicate distance from base. If there are any facilities not listed, include them at the bottom of the table.

RESPONSE TO THIS ITEM PROVIDED BY NAVALDISTRICT WASHINGTON, UIC: N00171

LOCATION_____ **DISTANCE**_____

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Auto Hobby	Indoor Bays		
	Outdoor Bays		
Arts/Crafts	SF		
Wood Hobby	SF		
Bowling	Lanes		
Enlisted Club	SF		
Officer's Club	SF		
Library	SF		
Library	Books		
Theater	Seats		
ITT	SF		
Museum/Memorial	SF		
Pool (indoor)	Lanes		
Pool (outdoor)	Lanes		
Beach	LF		
Swimming Ponds	Each		
Tennis CT	Each		

[1]Spaces designated for a particular use. A single building mignt coatain several facilities, each of which should be listed spearately.

RESPONSE TO THIS ITEM PROVIDED BY NAVALDISTRICT WASHINGTON, UIC: N00171

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Volleyball CT (outdoor)	Each		
Basketball CT (outdoor)	Each		
Racquetball CT	Each		
Golf Course	Holes		
Driving Range	Tee Boxes		
Gymnasium	SF		
Fitness Center	SF		
Marina	Berths		
Stables	Stalls		
Softball Fld	Each		
Football Fld	Each		
Soccer Fld	Each		
Youth Center	SF		

14. Is your library part of a regional interlibrary loan program?

RESPONSE TO THIS ITEM PROVIDED BY NAVALDISTRICT WASHINGTON, UIC: N00171

15. Base Family Support Facilities and Programs

RESPONSE TO THIS ITEM PROVIDED BY NAVALDISTRICT WASHINGTON, UIC: N00171

a. Complete the following table on the availability of child care in a child care center on your base.

Age Category	Capacity (Children)	SF			Number on Wait List	Average Wait (Days)
		Adequate	Substandard	Inadequate		
0-6 Mos						
6-12 Mos						
12-24 Mos						
24-36 Mos						
3-5 Yrs						

b. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

Facility type/code:
What makes it inadequate?
What use is being made of the facility?
What is the cost to upgrade the facility to substandard?
What other use could be made of the facility and at what cost?
Current improvement plans and programmed funding:
Has this facility condition resulted in C3 or C4 designation on your BASEREP?

c. If you have a waiting list, describe what programs or facilities other than those sponsored by your command are available to accommodate those on the list.

d. How many "certified home care providers" are registered at your base?

e. Are there other military child care facilities within 30 minutes of the base? State owner and capacity (i.e., 60 children, 0-5 yrs).

16. Complete the following table for services available on your base. If you have any services not listed, include them at the bottom.

RESPONSE TO THIS ITEM PROVIDED BY NAVALDISTRICT WASHINGTON, UIC: N00171

Service	Unit of Measure	Qty
Exchange	SF	
Gas Station	SF	
Auto Repair	SF	
Auto Parts Store	SF	
Commissary	SF	
Mini-Mart	SF	
Package Store	SF	
Fast Food Restaurants	Each	
Bank/Credit Union	Each	
Family Service Center	SF	
Laundromat	SF	
Dry Cleaners	Each	
ARC	PN	
Chapel	PN	
FSC Classrm/Auditorium	PN	

17. Proximity of closest major metropolitan areas (provide at least three):

City	Distance (Miles)
WASHINGTON,DC	**0**
BALTIMORE,MD	**40**
PHILADELPHIA,PA	**139**

18. Standard Rate VHA Data for Cost of Living:

RESPONSE TO THIS ITEM PROVIDED BY NAVALDISTRICT WASHINGTON, UIC: N00171

Paygrade	With Dependents	Without Dependents
E1		
E2		
E3		
E4		
E5		
E6		
E7		
E8		
E9		
W1		
W2		
W3		
W4		
O1E		
O2E		
O3E		
O1		
O2		
O3		
O4		
O5		
O6		
O7		

19.a. Off-base housing rental and purchase

RESPONSE TO THIS ITEM PROVIDED BY NAVALDISTRICT WASHINGTON, UIC: N00171

a. Fill in the following table for average rental costs in the area for the period 1 April 1993 through 31 March 1994.

Type Rental	Average Monthly Rent		Average Monthly Utilities Cost
	Annual High	Annual Low	
Efficiency			
Apartment (1-2 Bedroom)			
Apartment (3+ Bedroom)			
Single Family Home (3 Bedroom)			
Single Family Home (4+ Bedroom)			
Town House (2 Bedroom)			
Town House (3+ Bedroom)			
Condominium (2 Bedroom)			
Condominium (3+ Bedroom)			

19.b. What was the rental occupancy rate in the community as of 31 March 1994?

RESPONSE TO THIS ITEM PROVIDED BY NAVALDISTRICT WASHINGTON, UIC: N00171

Type Rental	Percent Occupancy Rate
Efficiency	
Apartment (1-2 Bedroom)	
Apartment (3+ Bedroom)	
Single Family Home (3 Bedroom)	
Single Family Home (4+ Bedroom)	
Town House (2 Bedroom)	
Town House (3+ Bedroom)	
Condominium (2 Bedroom)	
Condominium (3+ Bedroom)	

(c) What are the median costs for homes in the area?

RESPONSE TO THIS ITEM PROVIDED BY NAVALDISTRICT WASHINGTON, UIC: N00171

Type of Home	Median Cost
Single Family Home (3 Bedroom)	
Single Family Home (4+ Bedroom)	
Town House (2 Bedroom)	
Town House (3+ Bedroom)	
Condominium (2 Bedroom)	
Condominium (3+ Bedroom)	

19.d. For calendar year 1993, from the local MLS listings provide the number of 2, 3, and 4 bedroom homes available for purchase. Use only homes for which monthly payments would be within 90 to 110 percent of the E5 BAQ and VHA for your area.

RESPONSE TO THIS ITEM PROVIDED BY NAVALDISTRICT WASHINGTON, UIC: N00171

Month	Number of Bedrooms		
	2	3	4+
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

(e) Describe the principle housing cost drivers in your local area.

RESPONSE TO THIS ITEM PROVIDED BY NAVALDISTRICT WASHINGTON, UIC: N00171

20. For the top five sea intensive ratings in the principle warfare community your base supports, provide the following:

Rating	Number Sea Billets in the Local Area	Number of Shore billets in the Local Area
ET	**0**	**4**
MM	**0**	**4**
MR	**0**	**1**
RM	**0**	**2**
YN	**0**	**4**

21. Complete the following table for the average one-way commute for the five largest concentrations of military and civilian personnel living off-base.

Location	% Employees	Distance (mi)	Time(min)
WASHINGTON,DC	**10**	**10**	**15**
PRINCE GEORGES COUNTY	**20**	**20**	**30**
MONTGOMERY COUNTY	**20**	**30**	**40**
FAIRFAX COUNTY	**40**	**20**	**35**
OTHER	**10**	-	-

22. Complete the tables below to indicate the civilian educational opportunities available to service members stationed at the air station (to include any outlying fields) and their dependents:

22.a. List the local educational institutions which offer programs available to dependent children. Indicate the school type (e.g. DODDS, private, public, parochial, etc.), grade level (e.g. pre-school, primary, secondary, etc.), what students with special needs the institution is equipped to handle, cost of enrollment, and for high schools only, the average SAT score of the class that graduated in 1993, and the number of students in that class who enrolled in college in the fall of 1994.

RESPONSE TO THIS ITEM PROVIDED BY NAVALDISTRICT WASHINGTON, UIC: N00171

Institution	Type	Grade Level(s)	Special Education Available	Annual Enrollment Cost per Student	1993 Avg SAT/ACT Score	% HS Grad to Higher Educ	Source of Info

22.b. List the educational institutions within 30 miles which offer programs off-base available to service members and their adult dependents. Indicate the extent of their programs by placing a "Yes" or "No" in all boxes as applies.

RESPONSE TO THIS ITEM PROVIDED BY NAVALDISTRICT WASHINGTON, UIC: N00171

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational/ Technical	Undergraduate		Graduate
				Courses only	Degree Program	
	Day					
	Night					
	Day					
	Night					
	Day					
	Night					
	Day					
	Night					

22.c. List the educational institutions which offer programs on-base available to service members and their adult dependents. Indicate the extent of their programs by placing a "Yes" or "No" in all boxes as applies.

RESPONSE TO THIS ITEM PROVIDED BY NAVALDISTRICT WASHINGTON, UIC: N00171

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational/ Technical	Undergraduate		Graduate
				Courses only	Degree Program	
	Day					
	Night					
	Corres-pondence					
	Day					
	Night					
	Corres-pondence					
	Day					
	Night					
	Corres-pondence					
	Day					
	Night					
	Corres-pondence					

23. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

RESPONSE TO THIS ITEM PROVIDED BY NAVALDISTRICT WASHINGTON, UIC: N00171

Skill Level	Number of Military Spouses Serviced by Family Service Center Spouse Employment Assistance			Local Community Unemployment Rate
	1991	1992	1993	
Professional				
Manufacturing				
Clerical				
Service				
Other				

24. Do your active duty personnel have any difficulty with access to medical or dental care, in either the military or civilian health care system? Develop the why of your response.

NONE.

25. Do your military dependents have any difficulty with access to medical or dental care, in either the military or civilian health care system? Develop the why of your response.

NONE.

26. Complete the table below to indicate the crime rate for your air station for the last three fiscal years. The source for case category definitions to be used in responding to this question are found in NCIS - Manual dated 23 February 1989, at Appendix A, entitled "Case Category Definitions." Note: the crimes reported in this table should include 1) all reported criminal activity which occurred on base regardless of whether the subject or the victim of that activity was assigned to or worked at the base; and 2) all reported criminal activity off base.

RESPONSE TO THIS ITEM PROVIDED BY NAVALDISTRICT WASHINGTON, UIC: N00171

Crime Definitions	FY 1991	FY 1992	FY 1993
1. Arson (6A)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
2. Blackmarket (6C)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
3. Counterfeiting (6G)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
4. Postal (6L)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

RESPONSE TO THIS ITEM PROVIDED BY NAVAL DISTRICT WASHINGTON, UIC: N00171

Crime Definitions	FY 1991	FY 1992	FY 1993
5. Customs (6M)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
6. Burglary (6N)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
7. Larceny - Ordnance (6R)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
8. Larceny - Government (6S)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

RESPONSE TO THIS ITEM PROVIDED BY NAVALDISTRICT WASHINGTON, UIC: N00171

Crime Definitions	FY 1991	FY 1992	FY 1993
9. Larceny - Personal (6T)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
10. Wrongful Destruction (6U)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
11. Larceny - Vehicle (6V)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
12. Bomb Threat (7B)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

RESPONSE TO THIS ITEM PROVIDED BY NAVAL DISTRICT WASHINGTON, UIC: N00171

Crime Definitions	FY 1991	FY 1992	FY 1993
13. Extortion (7E)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
14. Assault (7G)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
15. Death (7H)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
16. Kidnapping (7K)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

RESPONSE TO THIS ITEM PROVIDED BY NAVALDISTRICT WASHINGTON, UIC: N00171

Crime Definitions	FY 1991	FY 1992	FY 1993
18. Narcotics (7N)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
19. Perjury (7P)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
20. Robbery (7R)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
21. Traffic Accident (7T)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

RESPONSE TO THIS ITEM PROVIDED BY NAVALDISTRICT WASHINGTON, UIC: N00171

Crime Definitions	FY 1991	FY 1992	FY 1993
22. Sex Abuse - Child (8B)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
23. Indecent Assault (8D)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
24. Rape (8F)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
25. Sodomy (8G)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Data Call # 52

UIC: N63165

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

CAPT John R. Wood
NAME (Please type or print)

Signature

Commanding Officer
Title

7/1/94
Date

Naval Computer and
Telecommunications Station, Washington DC
Activity

Enclosure (2)

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.
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

T. A. Stark
NAME

Signature T. A. Stark

Commander,
Title

Date 15 July 94

Naval Computer and
Telecommunication Command
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 (Please type or print)

Signature W A Earner

Title _____

Date 8/3/94

Enclosure (2)

CAPACITYANALYSIS

DATA CALL WORK SHEET

FOR COMMUNICATION FACILITY: NAVCOMTELSTAWASHDC

PRIMARY UIC: N63165
(Insert this UIC in "Header A' on every page)

Category.....Operat Support
Sub-category.....Telecommunications and Computers

**********If any responses are classified, attach separate classified annex.**********

ENCLOSURE (7)

Data for Capacity Analysis

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- Transmitters/Receivers/Transceivers 2
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- Base Infrastructure 14
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STATION/FACILITYEQUIPMENT INFORMATION

1. List the **Transmitters, Receivers, and Transceivers** located at your facility. For each device provide the information listed in the table below. **N/A**

Table 1.1

Equipment Type	Year Placed In Service	Transmit Power	Frequency Range	Dedicated Antenna Y/N	Normal Assigned Mission(s)

2. For each of the equipments listed in question 1, provide the following **usage and maintenance outage information. N/A**

Table 2.1

Equipment Type	# of Channels	FY 1991		FY 1992		FY 1993	
		Days Used	Maint Days	Days Used	Maint Days	Days Used	Maint Days

3. List **antennas** that are located at or directly controlled by your facility. For each of the antennas provide the average number of days out of service (OOS) per year because of weather or maintenance.
N/A

Table 3.1

Antenna	Yr Built/ Last Modern	Freq Range	FY 1989		FY 1990		FY 1991		FY 1992		FY 1993	
			OOS Maint Days	OOS Weather Days	OOS Maint Days	OOS Weather Days	OOS Maint Days	OOS Weather Days	OOS Maint Days	OOS Weather Days	OOS Maint Days	OOS Weather Days

4. Provide the **required space** in square feet for each equipment used to support each frequency band. There should be a totaling of space within each band for transmit equipment and receive equipment. Also include all other spaces required and annotate in the remarks section the primary use of the space. N/A

Table 4.1

CAT CODE	Space Requirement	FY 1989	FY 1991	FY 1993	FY 1994	FY 1995	FY 1999	FY 2001
610-xx								
610-xx								
610-xx								
610-xx								
610-xx								
610-xx								
TOTAL								

Remarks:

rev

SPECIAL FEATURES and SERVICES

5. For all **communication broadcasts** transmitted from your facility, list the primary and any backup incoming data sources and their origination point. Also provide the number of channels for each broadcast.

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N/A

6. List all **other services** provided by your facility which were not captured by the above questions, include the unit of measure. (e.g. daily message delivery, data processing, etc.) (Note: Communication services terminate at NCD Cheltenham location. All applicable fiscal table 6.1 service levels are reflected in NCD Data Call submission

Services Provided	Units	FY 1991	FY 1993	FY 1995	FY 1997	FY 1999	FY 2001
SATCOM Gateways to DSCS-UHF	No. of Ckts	N/A	-	-	-	-	-
SATCOM Gateways to DSCS-EHF	No. of Ckts	N/A	-	-	-	-	-
SATCOM Gateways to DSCS-SHF	No. of Ckts	N/A	-	-	-	-	-
Fleet Center Interface	No. of Ckts	N/A	-	-	-	-	-
	Message Volume	N/A	-	-	-	-	-
Ashore Mobile Contingency Comms	Days/YR[1]	N/A	-	-	-	-	-
DCCS	Hrs of SAT Connectivity	N/A	-	-	-	-	-
Autovon	No. of Ckts	N/A	-	-	-	-	-
Autodin	No. of Ckts	N/A	-	-	-	-	-
Leased Lines	No. of Ckts	N/A	-	-	-	-	-
Navnet	No. of Ckts	N/A	-	-	-	-	-
Local Digital Message Exchange	No. of Messages/Day	N/A	-	-	-	-	-
Remote Information Exchange Terminal[2]	No. of Terminals	N/A	-	-	-	-	-
Activity Providing Telephone Service	No. of Lines	N/A	-	-	-	-	-
	No. of Customers	N/A	-	-	-	-	-
Technical Control Facility (Include ANCC and ATC)	No. of Ckts Transitioning Facility	N/A	-	-	-	-	-
Base Level Computing	Labor Hrs	507K	616K	551K	551K	551K	551K

SPECIAL FEATURES and SERVICES

5. For all **communication broadcasts** transmitted from your facility, list the primary and any backup incoming data sources and their origination point. Also provide the number of channels for each broadcast.

N/A

6. List all **other services** provided by your facility which were not captured by the above questions, include the unit of measure. (e.g. daily message delivery, data processing, etc.)

Table 6.1

Services Provided	Units	FY 1991	FY 1993	FY 1995	FY 1997	FY 1999	FY 2001
SATCOM Gateways to DSCS-UHF	No. of Ckts	N/A	-	-	-	-	-
SATCOM Gateways to DSCS-EHF	No. of Ckts	N/A	-	-	-	-	-
SATCOM Gateways to DSCS-SHF	No. of Ckts	N/A	-	-	-	-	-
Fleet Center Interface	No. of Ckts	N/A	-	-	-	-	-
	Message Volume	N/A	-	-	-	-	-
Ashore Mobile Contingency Comms	Days/YR[1]	N/A	-	-	-	-	-
DCCS	Hrs of SAT Connectivity	N/A	-	-	-	-	-
Autovon	No. of Ckts	N/A	-	-	-	-	-
Autodin	No. of Ckts	N/A	-	-	-	-	-
Leased Lines	No. of Ckts	N/A	-	-	-	-	-
Navnet	No. of Ckts	N/A	-	-	-	-	-
Local Digital Message Exchange	No. of Messages/Day	N/A	-	-	-	-	-
Remote Information Exchange Terminal[2]	No. of Terminals	N/A	-	-	-	-	-
Activity Providing Telephone Service	No. of Lines	N/A	-	-	-	-	-
	No. of Customers	N/A	-	-	-	-	-
Technical Control Facility (Include ANCC and ATC)	No. of Ckts Transitioning Facility	N/A	-	-	-	-	-
Base Level Computing	Labor Hrs	507K	616K	551K	551K	551K	551K

Services Provided	Units	FY 1991	FY 1993	FY 1995	FY 1997	FY 1999	FY 2001
Naval Comms Processing and Routing System	No. of Messages/Day	N/A	-	-	-	-	-
Naval Telecomms Center	No. of Customers	25	25	-	-	-	-
	No. of Messages/Day	208	208	-	-	-	-
Other		-	-	-	-	-	-

1. Operational deployment days per year.
2. Include RIXT/SRT, MDT and PCMT which are located at or controlled by your command. Indicate their current operational status.
3. When projections are made, provide the assumptions and calculations used in determining your answer.

7. List all **unique equipments, capabilities** etc. located at or controlled by your facility. (e.g. Switching Node, etc.)

Military Sealift Command Center Commercial Message Refile, estimated closure FY 95.

8.a. List all facilities which can **currently** substitute for your communications transmit or receive missions **with existing equipment**. Indicate the type of operations they can substitute for and the amount of time this substitution can take place. (e.g. continuously, 48 hrs., etc.)

N/A

8.b. List any Naval Activity which could manage your transmit or receive assets on a remote basis. If additional funding is required to accomplish this remote operation, discuss the extent of the funding required and the use of the funds in detail.

NONE.

9.a. Given **no funding or manning limits**, what modifications or improvements would you make to your facilities infrastructure to increase the radio message transmission/reception capacity of your installation? Provide a description, cost estimates, and additional capacity gained.

~~Maximum use of commercial off-the-shelf hardware and software products for increased E-Mail capabilities.~~ None (Note: There is no radio message transmission/reception at the WNY facility. LAN capability is used to support E-mail related communications requirements.

JFC 8.31.94 NOOC CNCTC

9.b. What **site modifications/facility improvements are budgeted** in Presidential Budget 1995 through FY 1997 (including all BRACON) that would improve the message transmission/reception at your facility? Provide a description, cost, and additional capacity that could be realized.

NONE.

9.c. Given **unconstrained funding** and manning levels, what **Personal Property & Equipment** would you change (add, delete, or modify) to increase your message transmission/reception capacity? Provide a description, cost estimates, and additional capacity that could be realized.

NONE.

9.d. Are there any environmental, legal or other **factors that inhibit further increase** in message transmission/reception capacity (e.g. encroachments, pollutant discharge, electromagnetic interference, etc.)? Provide details and possible solutions.

NONE.

9.a. Given **no funding or manning limits**, what modifications or improvements would you make to your facilities infrastructure to increase the radio message transmission/reception capacity of your installation? Provide a description, cost estimates, and additional capacity gained.

Maximum use of commercial off-the-shelf hardware and software products for increased E-Mail capabilities.

9.b. What **site modifications/facility improvements are budgeted** in Presidential Budget 1995 through FY 1997 (including all BRACON) that would improve the message transmission/reception at your facility? Provide a description, cost, and additional capacity that could be realized.

NONE.

9.c. Given **unconstrained funding** and manning levels, what **Personal Property & Equipment** would you change (add, delete, or modify) to increase your message transmission/reception capacity? Provide a description, cost estimates, and additional capacity that could be realized.

NONE.

9.d. Are there any environmental, legal or other **factors that inhibit further increase** in message transmission/reception capacity (e.g. encroachments, pollutant discharge, electromagnetic interference, etc.)? Provide details and possible solutions.

NONE.

PERSONNEL SUPPORT CAPACITY

10.a. By facility Category Code Number (CCN), provide the usage requirements for each course of instruction required for all formal schools on your installation. Do not include requirements for maintaining unit readiness, GMT, sexual harassment, etc. Include all applicable 171-XX and 179-xx CCN's.

CCN:_____

N/A

Type of Training Facility	School	Type of Training	FY 1993 Requirements			FY 2001 Requirements		
			A	B	C	A	B	C

A = Students per year
B = Number of hours each student spends in this training facility for the type of training received
C = A X B

10.b. By Category Code Number (CCN), complete the following table for all **training facilities** aboard the installation. Include all 171-xx, 179-xx CCN's. **N/A**

For example: In the category 171-10, a type of training facility is academic instruction classroom. If you have 10 classrooms with a capacity of 25 students per room, the design capacity would be 250. If these classrooms are available 8 hours a day for 300 days a year, the capacity in student hours per year would be 600,000.

CCN:_____

Type Training Facility	Total Number	Design Capacity (PN)[1]	Capacity (Student HRS/YR)[2]

[1] Design Capacity (PN) is the total number of seats available for students in spaces used for academic instruction; applied instruction; and seats or positions for operational trainer spaces and training facilities other than buildings, i.e., ranges. Design Capacity (PN) must reflect current use of the facilities.

[2] Describe how the Student HRS/YR value in the preceding table was derived.

11.a.. Provide data on the BOQs and BEQs assigned to your current plant account. The desired unit of measure for this capacity is people housed. Use CCN to differentiate between pay grades, i.e., E1-E4, E5-E6, E7-E9, CWO-O2, O3 and above.

N/A

Facility Type, Bldg. # & CCN	Total No. of Beds	Total No. of Rooms	Adequate		Substandard		Inadequate	
			Beds	Sq Ft	Beds	Sq Ft	Beds	Sq Ft

11.b. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means". For all the categories above where inadequate facilities are identified provide the following information:

N/A

a. FACILITY TYPE/CODE:
b. WHAT MAKES IT INADEQUATE?
c. WHAT USE IS BEING MADE OF THE FACILITY?
d. WHAT IS THE COST TO UPGRADE THE FACILITY TO SUBSTANDARD?
e. WHAT OTHER USE COULD BE MADE OF THE FACILITY AND AT WHAT COST?
f. CURRENT IMPROVEMENT PLANS AND PROGRAMMED FUNDING:
g. HAS THIS FACILITY CONDITION RESULTED IN C3 OR C4 DESIGNATION ON YOUR BASEREP?

12.a. Provide data on the BOQs and BEQs projected to be assigned to your plant account in FY 1997. The desired unit of measure for this capacity is people housed. Use CCN to differentiate between pay grades, i.e., E1-E4, E5-E6, E7-E9, CWO-O2, O3 and above.

N/A

Facility Type, Bldg. # & CCN	Total No. of Beds	Total No. of Rooms	Adequate		Substandard		Inadequate	
			Beds	Sq Ft	Beds	Sq Ft	Beds	Sq Ft

12.b. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means". For all the categories above where inadequate facilities are identified provide the following information:

N/A

a. FACILITY TYPE/CODE:
b. WHAT MAKES IT INADEQUATE?
c. WHAT USE IS BEING MADE OF THE FACILITY?
d. WHAT IS THE COST TO UPGRADE THE FACILITY TO SUBSTANDARD?
e. WHAT OTHER USE COULD BE MADE OF THE FACILITY AND AT WHAT COST?
f. CURRENT IMPROVEMENT PLANS AND PROGRAMMED FUNDING:
g. HAS THIS FACILITY CONDITION RESULTED IN C3 OR C4 DESIGNATION ON YOUR BASEREP?

13.a. Provide data on the messing facilities assigned to your current plant account.
N/A

Facility Type, CCN and Bldg. #	Total Sq. Ft.	Adequate		Substandard		Inadequate		Avg # Noon Meals Served
		Seats	Sq Ft	Seats	Sq Ft	Seats	Sq Ft	

13.b. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means". For all the categories above where inadequate facilities are identified provide the following information:
N/A
a. FACILITY TYPE/CODE:
b. WHAT MAKES IT INADEQUATE?
c. WHAT USE IS BEING MADE OF THE FACILITY?
d. WHAT IS THE COST TO UPGRADE THE FACILITY TO SUBSTANDARD?
e. WHAT OTHER USE COULD BE MADE OF THE FACILITY AND AT WHAT COST?
f. CURRENT IMPROVEMENT PLANS AND PROGRAMMED FUNDING:
g. HAS THIS FACILITY CONDITION RESULTED IN C3 OR C4 DESIGNATION ON YOUR BASEREP?

14.a. Provide data on the messing facilities projected to be assigned to your plant account in FY 1997.
N/A

Facility Type, CCN and Bldg. #	Total Sq. Ft.	Adequate		Substandard		Inadequate		Avg # Noon Meals Served
		Seats	Sq Ft	Seats	Sq Ft	Seats	Sq Ft	

14.b. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means". For all the categories above where inadequate facilities are identified provide the following information:
N/A
a. FACILITY TYPE/CODE:
b. WHAT MAKES IT INADEQUATE?
c. WHAT USE IS BEING MADE OF THE FACILITY?
d. WHAT IS THE COST TO UPGRADE THE FACILITY TO SUBSTANDARD?
e. WHAT OTHER USE COULD BE MADE OF THE FACILITY AND AT WHAT COST?
f. CURRENT IMPROVEMENT PLANS AND PROGRAMMED FUNDING:
g. HAS THIS FACILITY CONDITION RESULTED IN C3 OR C4 DESIGNATION ON YOUR BASEREP?

15. For military **married family housing assigned to your plant account** provide the following information:
N/A

Table 15.1

Type of Quarters	Number of Bedrooms	Total number of units	Number Adequate	Number Substandard	Number Inadequate
Officer	4+				
Officer	3				
Officer	1 or 2				
Enlisted	4+				
Enlisted	3				
Enlisted	1 or 2				
Mobile Homes					
Mobile Home lots					

In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means". For all the categories above where inadequate facilities are identified describe why the housing is inadequate; indicate how the housing is being used and list other possible uses; and specify the costs to remove the deficiencies that make it inadequate. Indicate current plans to remove these deficiencies and the amount of any programmed funds.

16. For personnel assigned to your base and tenant activities who live in **government quarters other than yours**, indicate the plant account holder UIC for their quarters.

N/A

BASE INFRASTRUCTURE

17.a. Utilize Table 17.1 below to provide information on your activity's base infrastructure capacity and load.

Table 17.1 Base Infrastructure Capacity & Load

	On Base Capacity	Off base long term contract	Normal Steady State Load	Peak Demand
Electrical Supply (KW)	44,500	N/A	9,800	15,000
Natural Gas (CFH)	140,000	N/A	81,250	104,200
Sewage (GPD)	8,000,000	N/A	1,920,000	3,120,000
Potable Water (GPD)	10,000,000	N/A	2,400,000	3,900,000
Steam (lbm/Hr)	170,000	N/A	65,000	85,000
Long Term Parking	3,907	* 2,473	5,811	6,380
Short Term Parking	455	* 119	546	574

*Naval District Washington owns off-base parking.

17.b. Maintenance, Repair & Equipment Expenditure Data: Use Table 17.2 (below) to provide data on facilities and equipment expenditures at your activity. Project expenditures to FY97. Do not include data on Detachments who have received this Data Call directly. The following definitions apply:

Maintenance of Real Property (MRP) Dollars: MRP is a budgetary term used to gather the expenses or budget requirements for facility work including recurring maintenance, major repairs & minor construction (non-MILCON) inclusive of all Major Claimant funded Special Projects. It is the amount of funds spent on or budgeted for maintenance and repair of real property assets to maintain the facility in satisfactory operating condition. For purposes of this Data Call MRP includes all M1/R1 and M2/R2 expenditures.

Current Plant Value (CPV) of Class 2 Real Property: The hypothetical dollar amount to replace a Class 2 facility in kind with today's dollars. Example: the cost today to replace a wood frame barracks with a wood frame barracks.

Acquisition Cost of Equipment (ACE): The total cumulative acquisition cost of all "personal property" equipment maintained at your activity which includes the cost of installed equipment directly related to mission execution, such as lab test equipment. Class 2 installed capital equipment that is an integral part of the facility will not be reported as ACE.

Table 17.2 Maintenance, Repair & Equipment Expenditure Data
for (COMMOPS) NAVCOMTELSTAWASHDC (UIC: N63165 / N00788)

Fiscal Year	MRP ($M)	CPV ($M)	ACE ($M)
1985	N/A	N/A	N/A
1986	-	-	-
1987	-	-	-
1988	-	-	-
1989	-	-	-
1990	-	-	-
1991	-	-	-
1992	1.22 -	-	1.86
1993	2.96 -	-	2.75 ~~.10~~
1994	1.10 -	-	.11 ~~.09~~
1995	.25 -	-	.11 ~~.09~~
1996	.25 -	-	.11 ~~.09~~
1997	.25 -	-	.11 ~~.09~~

JFE
8.31.94
NOOC
CNCTC

Acquisition Cost of Equipment (ACE): The total cumulative acquisition cost of all "personal property" equipment maintained at your activity which includes the cost of installed equipment directly related to mission execution, such as lab test equipment. Class 2 installed capital equipment that is an integral part of the facility will not be reported as ACE.

Table 17.2 Maintenance, Repair & Equipment Expenditure Data for (COMMOPS) NAVCOMTELSTAWASHDC (UIC: N63165 / N00788)

Fiscal Year	MRP ($M)	CPV ($M)	ACE ($M)
1985	N/A	N/A	N/A
1986	-	-	-
1987	-	-	-
1988	-	-	-
1989	-	-	-
1990	-	-	-
1991	-	-	-
1992	-	-	1.86
1993	-	-	.10
1994	-	-	.09
1995	-	-	.09
1996	-	-	.09
1997	-	-	.09

18. Real Estate Resources. Identify in the table below the real estate resources which have the potential to facilitate future development and for which you are the plant account holder or into which, though a tenant, your activity could reasonably expect to expand. Complete a separate table for each individual site, i.e., main base, outlying airfields, special off-site areas, etc. The unit of measure is acres. Developed area is defined as land currently with buildings, roads, and utilities where further development is not possible without demolition of existing improvements. Include in "Restricted" areas that are restricted for future development due to environmental constraints (e.g. wetlands, landfills, archaeological sites), operational restrictions (e.g. ESQD arcs, HERO, HERP, HERF, AICUZ, ranges) or cultural resources restrictions. Identify the reason for the restriction when providing the acreage in the table. Specify any entry in "Other" (e.g. submerged lands).

Site Location: N/A

Land Use	Total Acres	Developed Acreage	Available for Development	
			Restricted	Unrestricted
Maintenance				
Operational				
Training				
R & D				
Supply & Storage				
Admin				
Housing				
Recreational				
Navy Forestry Program				
Navy Agricultural Outlease Program				
Hunting/Fishing Programs				
Other				
Total:				

Data Call # 34

UIC: N63165

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

CAPT John R. Wood
NAME (Please type or print)

Signature

Commanding Officer
Title

6/3/94
Date

Naval Computer and
Telecommunications Station, Washington DC
Activity

ENCLOSURE (2)

BRAC-95 Data Call 34 for UIC 63165

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.

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

S. L. STOUTAMIRE (Acting)
NAME (Please type or print)

Signature

Commander,
Title

9 June 1994
Date

Naval Computer and Telecommunications Command
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 (Please type or print)

Signature

ACTING
Title

6/20/94
Date

Document Separator

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Pgs. 4, 6, 15

Revised COMM FACILITY CAPACITY, DATA CALL 34 for NCTS WASHINGTON, UIC 63165

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.

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

T. A. STARK
Name (Please type or print)

J.A. Stark
Signature

Commander,
Title

31 Aug 1994
Date

Naval Computer and Telecommunications Command
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 (Please type or print)

WAEarner
Signature

Title

9/12/94
Date

Encl (10)

Data Call # 34

UIC: N63165

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."

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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

CDR Charles D. Moore
NAME (Please type or print)

Charles D. Moore CDR/NO
Signature

Acting Commanding Officer
Title

22 August '94
Date

Naval Computer and
Telecommunications Station, Washington DC
Activity

Document Separator

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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	*Naval Computer and Telecommunications Station, Washington*
Acronym(s) used in correspondence	*NAVCOMTELSTAWASHDC*
Commonly accepted short title(s)	*NCTSWASHDC, NCTS, NCTS WASHINGTON*

- Complete Mailing Address:

Commanding Officer, Naval Computer and Telecommuincations
Station, Washington
901 M Street SE, Building 143, Washington Navy Yard
Washington, DC 20374-5069

- PLAD

NAVCOMTELSTA WASHINGTON DC

- PRIMARY UIC: 63165 (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): 39215 PURPOSE: NARDAC CNO WWMCCS (N62)

00788 NCD CHELTENHAM
47402 NARDAC CNO WWMCCS (N61)
66935 NTCC CRYSTAL PLAZA
48388 NTCC DAHLGREN
35327 NTCC WARD CIRCLE
30054 OPNAV

Encl (2)

63165

2. PLANT ACCOUNT HOLDER:

- Yes _X_ No ____ (check one)

63165

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 ___ No _X_ (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 _X_ No ___ (check one)

· Primary Host (current) UIC: _00171_

· 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
NONE		

63165

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

Name	UIC	Location	Host name	Host UIC
NCD CHELTENHAM	00788	CHELTENHAM, MD	NAVCOMTELSTA WASHINGTON DC	00788

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.

THE TRANSFER OF 319 CIVILIAN POSITIONS SUPPORTING THE DPI TO DISA MANDATED BY BRAC-93.

63165

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

- SOFTWARE DEVELOPMENT
- DPI SERVICES
- FUNCTIONAL PROCESS IMPROVEMENT
- DESIGN AND IMPLEMENTATION OF NETWORKS
- LIFE CYCLE MANAGEMENT
- TELECOMMUNICATIONS MANAGEMENT
- DEFENSE MESSAGE SYSTEM

Projected Missions for FY 2001

- SOFTWARE DEVELOPMENT
- FUNCTIONAL PROCESS IMPROVEMENT
- DESIGN AND IMPLEMENTATION OF NETWORKS
- LIFE CYCLE MANAGEMENT
- TELECOMMUNICATIONS MANAGEMENT
- DEFENSE MESSAGE SYSTEM

63165

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

- CNO HOST SITE FOR WWMCCS
- MILITARY SEALIFT COMMAND SEASTRAT PROCESSING
-

Projected Unique Missions for FY 2001

- N/A
-
-

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

NAVCOMTELCOM 00063

- Funding Source UIC

NAVCOMTELCOM (5% APPROPRIATED MISSION) 00063
(NCTS WASH IS 95% DBOF)

63165

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 (UIC 63165)

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	24	12	806
• Tenants (total)			

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	26	17	784
• Tenants (total)			

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.

Title/Name	Office	Fax	Home
• CO/OIC			
J. R. WOOD, CAPTAIN USN, N00		202-685-1001/202-433-3517	703-435-3922
• Duty Officer		202-896-6407/202-433-3517	[N/A]
•			
•			

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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, on board 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	Civil ian
NONE				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
NONE				

- 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	Officer	Enlisted	Civilian
NONE					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
NONE					

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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.)

63165

NAVCOMTELCOM	*WASH DC*	*DPI SUPPORT AND SOFTWARE DEVELOPMENT.*
MSC	*IBID*	*IBID*
COMNAVMILPERSCOM	*IBID*	*IBID*
NAVSEA	*IBID*	*IBID*
CNO	*IBID*	*IBID*
DFAS	*CLEVELAND OH*	*IBID*
DEFENSE CONT AUDIT AGENCY	*CAMERON STATION VA*	*IBID*
MSC PAC	*OAKLAND CA*	*DPI SUPPORT*
MSC LANT	*BAYONNE NJ*	*IBID*
NPPSMO	*WASH DC*	*IBID*
NAVAL RECRUITMENT COMMAND	*ARLINGTON VA*	*IBID*
INTERNAL REVENUE SERVICE	*WASH DC*	*IBID*
DCA	*ARLINGTON VA*	*SOFTWARE DEVELOPMENT AND LAN SUPPORT*
AFIS	*LOS ANGELES CA*	*IBID*
ARMED FORCES COURRIER SERVICE	*FT MEADE MD*	*IBID*
CHARLSTON NAVAL SHIPYARD	*CHARLSTON NC*	*IBID*
	WASHINGTON	

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NOTE- Plus over 100 lesser projects for DOD servies/agencies.

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".)

- Air Installations Compatible Use Zones (AICUZ) Map. (Provide 12 copies.)

63165

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

ACTIVITY COMMANDER

J. R. WOOD, CAPT, USN	
NAME (Please type or print)	Signature
COMMANDING OFFICER	2/15/94
Title	Date
NAVCOMTELSTA WASHINGTON DC	
Activity	

UIC 63165

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.

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

T. A. STARK, CAPT USN
NAME (Please type or print)

Signature

COMMANDER
Title

17 February 1994
Date

COMNAVCOMTELCOM
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 _____

UIC 70243

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.

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

T. A. STARK
NAME (Please type or print)

Signature

Commander
Title

11 February 1994
Date

Naval Computer & Telecommunications Command
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and 2belief.

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

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

Signature

18 FEB 1994
Date

Title