

MCAS BEAUFORT
Office:-843-228-6000 /DSN 335-6000
Fax: 843-228-6422/DSN335-6422
Email:
BEAUFORT_HOUSING@USMC.MIL

Mail: Military Housing Office
P.O. Box 55012
Beaufort, SC 29904

**MCRD PARRIS ISLAND/NAVAL
HOSPITAL BEAUFORT**

Office: 843-228-2244/DSN 335-2244
Fax: 843-228-3190/DSN 335-3190
Email: **PARR_SMB_MCRDPI_HOUSING@USMC.MIL**
Mail: Commanding General Housing
P.O. Box 19001
Parris Island, SC 29905

From: Military Housing Office (MHO) Staff
To: Military Housing Applicant

Subj: HOUSING APPLICATION PACKET(CIVILIAN "WATERFALL" /OTHER THAN ACTIVE DUTY)

Thank you for your interest in housing. The following documents are **required** to complete your housing application packet and to be considered for referral to AMCC Tri-Command Communities (on-base housing). Please contact the appropriate Military Housing Office (listed above) to answer any questions you may have in regards to housing. Please send all documents to the MHO by email or fax and include a phone number and/or email address where we may contact you.

NOTE: All documents must be received by the Military Housing Office to complete your application packet. If any documentation is missing or not completed, your application will not be referred to AMCC Tri-Command Communities.

FORMS:

DATE MHO RECEIVED

Housing Application (Form DD 1746)

Privacy Act Release Form

Registered Sex Offender Policy

Pertinent Facts

Pet Documentation Forms (please include shot records, microchip documentation and photo of pet(s) ***no prohibited dog breeds*** (see attached order)

Acknowledgment of Plain Language Briefing

Department of the Navy Local Population ID card/base access Pass Registration
(make additional copies for all occupants listed on DD form 1746)

DD214 (if applicable)

Copy of front and back of Military ID, CAC, Driver's License, Student ID and Social Security Cards (as applicable for all occupants in the home)

Current copy of Leave and Earnings Statement (LES) or Employment Verification Letter (if LES is not available)

Copy of most recent tax return Form 1040, front page only

Marriage Certificate

Birth Certificate(s) of children

Custody Paperwork for children from previous marriages (if applicable) Pregnancy

Verification Letter from Primary Care Manager (if applicable)

General or Specific Power of Attorney (if applicable)

Must say the following....to sign for and clear government or other housing in the best

Interests of my family members and in accordance with the law and military regulations.

Spouse must sign as follows... "Military Member's Signature" POA "Spouse's Signature"

Enclosed in the packet is **The Acknowledgment of Plain Language Briefing and The Bill of Rights**. The Public Private Venture (PPV) Mandatory PPV Housing Resident In-Brief slides will be sent in a separate attachment.

If the applicant is in person, the slides will be reviewed, and the Acknowledgment of Plain Language Briefing will be initialed, signed and dated by the applicant and with a counselor's signature and date.

APPLICANT MUST RETURN THE ACKNOWLEDGEMENT OF PLAIN LANGUAGE BRIEFING TO APPLY FOR HOUSING.

APPLICATION FOR ASSIGNMENT TO HOUSING <small>(Before completing form, read Privacy Act Statement and Instructions on reverse)</small>					1. TYPE SERVICE DESIRED <small>(X one or both)</small>	
					a. MILITARY HOUSING	
					b. HOUSING REFERRAL	
SECTION I - APPLICANT INFORMATION						
2. NAME OF SPONSOR <small>(Last, First, Middle Initial)</small>			3. PAY GRADE		4. SSN	
					5. DOD COMPONENT	
6. ADDRESS <small>(Street, City, State, Zip Code)</small>			7. TELEPHONE NUMBER		8. STATUS OF APPLICANT <small>(X one)</small>	
			a. HOME <small>(Area Code)</small>		b. DUTY <small>(DSN)</small>	
			9. MARITAL STATUS		10. I AM SEPARATED FROM MY DEPENDENTS <small>(X one)</small>	
					a. VOLUNTARILY	
					b. INVOLUNTARILY	
11. I REQUEST HOUSING FOR <small>(X one)</small>			SECTION II - MILITARY CAREER INFORMATION <small>(Civilians skip to Item 15.)</small>			
a. SELF ONLY			b. SELF AND DEPENDENTS		14. DATES <small>(Enter in YYMMDD order)</small>	
12. INSTALLATION/ORGANIZATION TRANSFERRED FROM					MILITARY APPLICANT	
					MILITARY SPOUSE	
13. INSTALLATION/ORGANIZATION TRANSFERRED TO						
SECTION III - DEPENDENT DATA						
15. DEPENDENTS RESIDING WITH ME <small>(If more space is needed, continue on plain paper.)</small>						
a. NAME <small>(Last, First, Middle Initial)</small>			b. DATE OF BIRTH <small>(YYMMDD)</small>		c. SEX	
					d. RELATIONSHIP	
					e. REMARKS <small>(Handicap, health problems, expected additions to family, etc.)</small>	
SECTION IV - HOUSING DATA						
16. COMMUNITY HOUSING DESIRED <small>(X as applicable)</small>						
a. PURCHASE HOUSE			d. RENT HOUSE		g. RENT MOBILE HOME SPACE	
b. PURCHASE CONDOMINIUM			e. RENT APARTMENT		h. SHARE	
c. PURCHASE MOBILE HOME			f. RENT MOBILE HOME		i. RENT ROOM	
					j. ROOM AND BOARD	
					k. SUBLET	
					l. TRANSIENT	
17. AMENITIES DESIRED <small>(X as applicable. Write number in d. and e.)</small>			18. DATE HOUSING NEEDED <small>(YYMMDD)</small>		19. PRICE RANGE <small>(Community Housing)</small>	
a. FURNISHED			e. NO. BATHS			
b. UNFURNISHED			f. PETS <small>(Allowed)</small>			
c. AIR CONDITIONING			g. OTHER <small>(Explain)</small>			
d. NO. BEDROOMS						
20. LOCATION PREFERENCE <small>(Community Housing)</small>						
21. REMARKS						
D.O.B. _____						
EMAIL: _____						
SPOUSE CELL _____						
22. SIGNATURE OF APPLICANT					23. DATE SUBMITTED <small>(YYMMDD)</small>	
SECTION V - DISPOSITION <small>(To be completed by the Housing Office.)</small>						
24. MILITARY HOUSING						
a. APPLICATION RECEIVED <small>(YYMMDD and time)</small>		b. APPLICATION EFFECTIVE <small>(YYMMDD)</small>		c. DD FORM 1747 PROVIDED <small>(YYMMDD)</small>		d. HOUSING AVAILABILITY <small>(Boxes indicated on DD Form 1747)</small>
e. APPLICANT PLACED ON WAITING LIST		f. EFFECTIVE PLACEMENT <small>(YYMMDD)</small>		g. BEDROOMS REQUIRED		h. DATE UNIT ASSIGNED <small>(YYMMDD)</small>
SECTION VI - HOUSING REFERRAL CERTIFICATE						
On this date I have received a listing of the housing restrictions approved by the Installation Commander, and I will not reside in any property on the restricted list. I have been briefed on (1) the services provided by the Housing Office, (2) the DoD program on equal opportunity for military personnel in off-base housing, and (3) nondiscrimination based on physical or mental handicaps.				In addition, if any facility refuses to rent or sell to me or I have reason to believe I am being discriminated against, I will promptly notify the Housing Office.		
25. SIGNATURE OF APPLICANT				26. DATE SIGNED <small>(YYMMDD)</small>		

APPLICATION FOR ASSIGNMENT TO HOUSING

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 5911 & 5912.
PRINCIPAL PURPOSE: To identify customer needs for assistance and housing requirements.
ROUTINE USE: None.
DISCLOSURE: Voluntary; however, failure to provide the requested information will result in our inability to assist you.

GENERAL INSTRUCTIONS

This form provides the Housing Office with information that will be used to provide you with military and/or community housing. **All items not listed are self-explanatory.** SECTION I (APPLICANT INFORMATION), SECTION II (MILITARY CAREER INFORMATION), SECTION III (DEPENDENT DATA), AND SECTION VI (HOUSING DATA) are to be completed by the applicant. Information on military spouses is now being requested for Basic Allowance for Quarters (BAQ) entitlement which must be included on your Military Pay Order that is forwarded to your respective financial center.

1. TYPE SERVICE DESIRED

Military Applicants: If temporary community housing is desired while awaiting military housing, mark both boxes in Item 1, and answer all questions.

Civilian Applicants: Mark the box "Housing Referral" services in Item 1b, and answer all questions.

SECTION I - APPLICANT INFORMATION

5. DOD COMPONENT

Army, Navy, Air Force, etc.

6. ADDRESS

Enter complete current address (*street number and name, apartment number, city, state/country and the 9-digit ZIP code*).

12. INSTALLATION/ORGANIZATION TRANSFERRED FROM

Enter the name of the installation you transferred from.

13. INSTALLATION/ORGANIZATION TRANSFERRED TO

Enter the name of the installation to which you are applying for housing. Include the name of the Organization/Department you will be assigned to.

SECTION II - MILITARY CAREER INFORMATION

14. DATES (*Military Applications/Military Spouse Only*)

Enter dates in order of YYMMDD. (*May 17, 1993, would be entered as 930517*).

- Enter the date your current rate/rank was effective.
- Enter your active duty service computation date.
- Enter the time (*in months*) that you have remaining on active duty.
- Enter the effective date you were dropped from accountability at your previous duty station and gained on the rolls at your new duty station for record purposes. For overseas assignment, enter your date of departure from CONUS.
- Enter your official report date (*from your PCS orders*).
- Enter your estimated arrival date.

SECTION III - DEPENDENT DATA

15. DEPENDENTS RESIDING WITH ME

a. through d. List requested data for all authorized dependents who will be residing with you.

e. Provide the Housing Office with information regarding any handicapped dependent or special family health problems that might influence your preference for a particular type of housing; *i.e., single level vs. two story, ramps for wheelchairs, expected additions to family, etc.*

SECTION IV - HOUSING DATA

16 - 21. Self-explanatory.

22. SIGNATURE

The applicant must sign the DD Form 1746.

23. DATE SUBMITTED

Enter the date the application was submitted to the Housing Office.

SECTION V - DISPOSITION (*To be completed by the Housing Office*)

24. MILITARY HOUSING

- Application Received.** Enter the year, month, day and time the application was received in the Housing Office.
- Application Effective.** Enter the date of change of duty station (*Line 14d*) or other date that will be the effective (*control*) date.
- DD Form 1747 Provided.** Enter the date that the DD Form 1747 was sent to the military applicant.
- Housing Availability.** Enter the item letter for the applicable box(es) marked under Item 4 of the DD Form 1747 returned to the applicant.
- Applicant Placed on Waiting List.** Enter the identification of the assignment waiting list(s) to which the applicant is placed.
- Effective Placement.** The effective date and time of the applicant's placement on the list(s).
- Bedrooms Requirement.** Enter the number of bedrooms required, based on dependent data in Item 15.
- Date Unit Assigned.** Enter the date the unit was assigned.

**MCAS BEAUFORT/MCRD PARRIS ISLAND
MILITARY HOUSING OFFICE
PRIVACY ACT RELEASE FORM**

To Whom It May Concern:

I am aware that the Privacy Act of 1974 prohibits release of personal information without my approval. I do hereby authorize the Military Housing Office to release the information contained in this family housing application to the Marine Corps Public-Private Venture Partner, Atlantic Marine Corps Communities at Tri-Command, for purposes of placement on the family housing waiting list and placement in a public-private venture home. I also authorize release of information from AMCC at Tri-Command to the MHO.

I understand that if I am not Active Duty, it is necessary to conduct a Landlord, Credit and Criminal Background check as part of my qualification for housing; therefore I authorize Atlantic Marine Corps Communities at Tri-Command permission to conduct the additional screening. I also authorize release of my dependents names to the Provost Marshall Office for the purpose of providing my dependents access to the Pine Grove and Laurel Bay housing areas.

Signature

Name (please print)

Date:

MCAS BEAUFORT/MCRD PARRIS ISLAND
MILITARY HOUSING OFFICE

**Registered Sex Offender Policy
Prohibited Occupancy and Access to Family Housing**

Specific Objective: To comply with prohibited Registered Sex Offender occupancy and access to USMC Family Housing policy stipulated in the following directives:

- A. SECNAV Memo of 07 Oct 2008 -- "Policy for Sex Offender Tracking and Assignment and Access Restrictions within the Department of the Navy"
- B. CMC I&L Policy Letter of 31 Dec 2008 -- "Registered Sex Offenders Prohibited Occupancy and Access to Marine Corps Government-Owned, Leased, or Privatized family Housing"

Disclosure Statement: Information provided is for public safety disclosure purposes in accordance with the Sex Offender Registration and Notification Act (SORNA), (P.L. 109-248), and to check names against national/ state sex offender registries.

Family Housing Applicant Action:

1. Are you or any member of your family for whom you seek authorized housing under this application a sex offender as defined in the enclosure, or required to register as a sex offender? (circle one)

YES NO

Note: If you answered "Yes", your application will be referred to the Installation Commander and Legal for processing.

2. CERTIFICATION OF APPLICANT

I hereby certify that my response contained herein is true and correct, and I understand that the omission of any material fact may result in denial of my application for housing, or eviction from housing if the omission is discovered after assignment.

Signature: _____

Date: _____

Printed Name: _____

**MCAS BEAUFORT/MCRD PARRIS ISLAND
MILITARY HOUSING OFFICE
PERTINENT FACTS CONCERNING HOUSING AT MCAS BEAUFORT AND MCRD PARRIS ISLAND**

1. Keep in mind that acceptance to on-base housing WILL NOT allow you to break a lease in town. Read your lease agreement carefully, and if you have questions contact Legal Assistance, 228-7330 for MCAS Beaufort and 228-2559 for MCRD Parris Island. **MOST RENTALS IN TOWN REQUIRE A 30 DAY WRITTEN NOTICE TO VACATE.**
2. Once assigned to housing at Laurel Bay, the MHO at MCAS Beaufort and AMCC at Tri-Command must be notified of any overnight guests visiting you. You must bring your guest to the MHO with their ID or driver's license and vehicle information. If all requirements are met, guest passes are issued for a maximum of 15 days. If a pass is requested for more than 15 days, an Administrative Action (AA) Form must be submitted through your chain of command to the MHO with justification. If overnight guest visiting MCRD Parris Island and Beaufort Naval Hospital housing are required to present their ID and driver's license to PMO. If your guest visit exceeds 14 days, an Administrative Action (AA) Form must be submitted through your chain of command to the MHO at MCRD Parris Island with justification.
3. Any extended absence from housing must be reported to AMCC at Tri-Command. You will need to provide a leave address, emergency telephone number and name of person who will be taking care of your home while you are absent. THIS IS IMPORTANT for maintenance issues, hurricane evacuations and Provost Marshal Occurrences. You are still responsible for your home during your absence.

HOUSING REGULATIONS YOU SHOULD BE AWARE OF PRIOR TO OCCUPANY

1. Parking in housing has been a serious problem. Vehicles must be parked on the driveway NOT ON THE GRASSED AREA. If you have several vehicles be aware parking in housing is limited. There is a recreational vehicle parking area for boats, campers, etc. located on Laurel Bay. Space and key information can be provided by personnel at the AMCC at Tri-Command Welcome Center or your area Residence Services Coordinator.

2. PETS: Regulations allow only 2 (two) domestic pets per household in AMCC at Tri-Command. Pets must be registered with the Parris Island Veterinarian Clinic within 30 days of occupying on base housing and approved by the MHO and AMCC at Tri-Command prior to moving a pet into the home.

Residents are required to provide documentation of vaccinations, microchip and a photograph of the pet before permission is granted. Pets are neither to run free nor be tied or chained nor to become a nuisance to other residents. LEASH LAW ENFORCED. No barnyard, exotic, or wild animals allowed. Violations of community standards may result in the loss of your pet privilege.

MCRD Parris Island Veterinarian, 228-3317. _____ Int.

We sincerely hope that the above information will be helpful regarding housing occupancy. Please feel free to call MCAS Beaufort Military Housing Office, at 228-6000 and MCRD Parris Island at 228-2853, if you have any questions.

Signature/Date

**MCAS BEAUFORT/MCRD PARRIS ISLAND
MILITARY HOUSING OFFICE PET DOCUMENTATION FORM**

Instructions: If you do not have a pet, complete 1 & 5. If you have a pet, complete 1, 2, 3, & 4 and provide current pet's rabies vaccine, and microchip records from your veterinarian to the Parris Island veterinarian along with a picture and the pet form for approval PRIOR to accepting a house on base. You may email the pet information to: parrislandvtf@gmail.com; the contact number is 843-228-3317. When the pet documents have been approved and signed, send a copy to the Military Housing Office (MHO).

1. RANK/FULL NAME: _____ DATE: _____

2. ADDRESS: _____

3. UNIT: _____ PHONE: _____

PET #1

NAME: _____

TYPE OF PET: ☐ DOG ☐ CAT ☐ OTHER _____

SEX: ☐ FEMALE ☐ MALE

BREED: _____ COLOR: _____

RABIES TAG NUMBER: _____ EXPIRES: _____

MICROCHIP NUMBER: _____ FUNCTIONING ☐ YES ☐ NO

Place Photo Here
Pet #1

PET #1

NAME: _____

TYPE OF PET: ☐ DOG ☐ CAT ☐ OTHER _____

SEX: ☐ FEMALE ☐ MALE

BREED: _____ COLOR: _____

RABIES TAG NUMBER: _____ EXPIRES: _____

MICROCHIP NUMBER: _____ FUNCTIONING ☐ YES ☐ NO

Place Photo Here
Pet #2

4. ☐ I have read and understand **MCO 11000.22.Ch-1 dtd 22 Jan 18** and acknowledge my pet(s) **are not** on the restricted breed list and I will comply with all the provisions of the MCO noted above to include registration of the pet(s) via the Parris Island Veterinarian Clinic.

5. ☐ I currently do not have a pet. However, I acknowledge if I wish to obtain any type of pet, I must notify the Military Housing Office **PRIOR** to obtaining and bringing the pet to my housing unit.

SIGNATURE _____ **DATE** _____

----- **TO BE**

COMPLETED BY PARRIS ISLAND VETERINARIAN

☐ I certify the above pet(s) **DO** meet the requirements of MCO 11000.22.Ch-1 dtd 22 Jan 18.

Parris Island Pet Registration # _____ **Expiration Date:** _____

☐ I certify the above pet(s) **DO NOT** meet the requirements of MCO 11000.22.Ch-1 dtd 22 Jan 18. Reason for non-compliance: ☐ breed restricted

☐ vaccinations are not up to date

☐ non-functioning or no microchip in pet

☐ other _____

VETERINARIAN SIGNATURE _____ **DATE:** _____

DATE: _____

FROM: MCRD PARRIS ISLAND

TO: _____

ACKNOWLEDGEMENT OF PLAIN LANGUAGE BRIEFING

Note: This document acknowledges the receipt of a plain language briefing from the Military Housing Office on all rights and responsibilities associated with tenancy of the housing unit, including information regarding the existence of any additional fees authorized by the lease, any utilities payments, the procedures for submitting and tracking work orders, the identity of the military tenant advocate, and the dispute resolution process.

_____ I acknowledge receipt of plain language briefing _____ prior to my lease signing OR _____ after move-in. I have reviewed and understood the information provided in the document, including my rights and responsibilities as a tenant of privatized housing.

Applicant's Signature: _____ Date: _____

Counselor Signature: _____ Date: _____

Please sign and return acknowledgement within 3 business days. Return completed document to your **MCRD PARRIS ISLAND** Counselor.



Military Housing Privatization Initiative Tenant Bill of Rights

The Department of Defense is fully committed to ensuring that Military Housing Privatization Initiative (MHPI) housing projects provide our Nation's most valued resource—its military members and their families—safe, quality, and well-maintained housing where our members and their families want and choose to live.

The Department of Defense has issued all policy guidance necessary to implement prospectively all rights for military members and their families residing in privatized family and unaccompanied housing (Tenants) at all MHPI housing projects. However, as Congress recognized, retroactive application of the requirements at existing projects requires voluntary agreement by the respective MHPI company; the Department cannot unilaterally change the terms of the complex, public-private partnerships that established the MHPI housing projects. The Department of Defense has been seeking to secure voluntary agreements, and nearly all of the MHPI companies have agreed to implement all 18 Tenant rights at their existing projects. The Department will continue to pursue agreements not yet reached. Tenants should contact their installation housing office to confirm the rights fully available to them.

The following rights are effective on August 1, 2021:

1. The right to reside in a housing unit and a community that meets applicable health and environmental standards.
2. The right to reside in a housing unit that has working fixtures, appliances, and utilities and to reside in a community with well-maintained common areas and amenity spaces.
3. The right to be provided with a summary of the maintenance conducted with respect to a prospective housing unit by the landlord for the previous seven years, before signing a lease, and upon request, all information possessed by the landlord regarding such maintenance within two business days after making the request. Upon request, a current Tenant who did not receive maintenance information before signing a lease has the right to receive such information within five business days after making the request.
4. The right to a written lease with clearly defined rental terms to establish tenancy in a housing unit, including any addendums and other regulations imposed by the landlord regarding occupancy of the housing unit and use of common areas.
5. The right to a plain-language briefing, before signing a lease and 30 days after move-in, by the installation housing office on all rights and responsibilities associated with tenancy of the housing unit, including information regarding the existence of any additional fees authorized by the lease, any utilities payments, the procedures for submitting and tracking work orders, the identity of the Military Tenant Advocate, and the dispute resolution process.
6. The right to have sufficient time and opportunity to prepare and be present for move-in and move-out inspections, including an opportunity to obtain and complete necessary paperwork.
7. The right to report inadequate housing standards or deficits in habitability of the housing unit to the landlord, the chain of command, and housing management office without fear of reprisal or retaliation, including reprisal or retaliation in the following forms: (A) unlawful recovery of, or attempt to recover, possession of the housing unit; (B) unlawfully increasing the rent, decreasing services, or increasing the obligations of a Tenant; (C) interference with a Tenant's right to

privacy; (D) harassment of a Tenant; (E) refusal to honor the terms of the lease; or (F) interference with the career of a Tenant.

8. The right of access to a Military Tenant Advocate through the housing management office of the installation of the Department at which the housing unit is located or a military legal assistance attorney to assist in the preparation of requests to initiate dispute resolution.
9. The right to receive property management services provided by a landlord that meet or exceed industry standards and that are performed by professionally and appropriately trained, responsive, and courteous customer service and maintenance staff.
10. The right to have multiple, convenient methods to communicate directly with the landlord maintenance staff, and to receive consistently honest, accurate, straightforward, and responsive communications.
11. The right to have access to an electronic work order system through which a Tenant may request maintenance or repairs of a housing unit and track the progress of the work.
12. With respect to maintenance and repairs to a housing unit, the right to the following: (A) prompt and professional maintenance and repair; (B) to be informed of the required time frame for maintenance or repairs when a maintenance request is submitted; and (C) in the case of maintenance or repairs necessary to ensure habitability of a housing unit, to prompt relocation into suitable lodging or other housing at no cost to the Tenant until the maintenance or repairs are completed.
13. The right to receive advice from military legal assistance on procedures involving mechanisms for resolving disputes with the property management company or property manager to include mediation, arbitration, and filing claims against a landlord.
14. The right to enter into a standardized, formal dispute resolution process, should all other methods be exhausted, to ensure the prompt and fair resolution of disputes that arise between landlords and Tenants concerning maintenance and repairs, damage claims, rental payments, move-out charges, and such other issues relating to housing units. The dispute resolution process shall contain the following elements: installation or regional commander as deciding authority; a process for withholding allotment of rental payments; standard mechanisms and forms for requesting dispute resolution; minimal costs to Tenants for participation; a completed investigation within seven days; and except in limited circumstances, a decision within 30 days and in no event longer than 60 days. A decision in favor of the Tenant may include a reduction in rent or an amount to be reimbursed or credited to the Tenant.
15. The right to have the Tenant's basic allowance housing payments segregated, with approval of a designated commander, and not used by the property owner, property manager, or landlord pending completion of the dispute resolution process.
16. The right to have reasonable, advance notice of any entrance by a landlord, installation housing staff, or chain of command into the housing unit, except in the case of an emergency or abandonment of the housing unit.
17. The right to not pay non-refundable fees or have application of rent credits arbitrarily held.
18. The right to expect common documents, forms, and processes for housing units will be the same for all installations of the Department, to the maximum extent applicable without violating local, State, and Federal regulations.

Tenants seeking assistance with housing issues should continue to engage their installation housing office, installation leadership, or chain of command.

DEPARTMENT OF THE NAVY LOCAL POPULATION ID CARD/BASE ACCESS PASS REGISTRATION

PRIVACY ACT STATEMENT:

AUTHORITY: 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; OPNAVINST 5530.14E, Navy Physical Security; Marine Corps Order 5530.14A, Marine Corps Physical Security Program Manual; and E.O. 9397 (SSN), as amended, SORN [NM05512-2](#).

PURPOSE(S): To control physical access to Department of Defense (DoD), Department of the Navy (DON) or U.S. Marine Corps Installations/Units controlled information, installations, facilities, or areas over which DoD, DON, or U.S. Marine Corps has security responsibilities by identifying or verifying an individual through the use of biometric databases and associated data processing/information services for designated populations for purposes of protecting U.S./Coalition/allied government/national security areas of responsibility and information; to issue badges, replace lost badges, and retrieve passes upon separation; to maintain visitor statistics; collect information to adjudicate access to facility; and track the entry/exit times of personnel.

ROUTINE USE(S): To designated contractors, Federal agencies, and foreign governments for the purpose of granting Navy officials access to their facility.

DISCLOSURE: Providing registration information is voluntary. Failure to provide requested information may result in denial of access to benefits, privileges, and DoD installations, facilities and buildings.

IDENTITY PROOFING AND APPLICANT INFORMATION

1. LAST NAME:		2. FIRST NAME:		3. MIDDLE NAME:		4. NAME SUFFIX: <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV	
5. HISPANIC OR LATINO (Check one): <input type="checkbox"/> YES <input type="checkbox"/> NO		6. RACE (Check one or more): <input type="checkbox"/> WHITE <input type="checkbox"/> AFRICAN AMERICAN OR BLACK <input type="checkbox"/> ASIAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER					
7. GENDER (Check one): <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		8. DATE OF BIRTH:		9. CITY OF BIRTH:		10. STATE OF BIRTH:	
11. BIRTH COUNTRY:		12. US CITIZEN (Check): <input type="checkbox"/> YES <input type="checkbox"/> NO					
13. DUAL CITIZENSHIP: <input type="checkbox"/> YES <input type="checkbox"/> NO						CITIZENSHIP IF OTHER THAN US (Country) :	

U.S. Citizen Minimum Documentation Required:

By Birth - Social Security No and/or State ID/Drivers License.

Naturalized - Certification Number, Petition Number, Date, Place and Court, United States passport number, Social Security No and/or State ID/Drivers License.

Derived - Parent's certification number, Social Security No and/or State ID/Drivers License.

Alien Minimum Documentation Required:

Registration Number, Expiration date, Date of entry, Port of entry.

14. IDENTITY SOURCE DOCUMENTS PRESENTED:	15. DOCUMENT NUMBER:	16. ISSUED BY STATE/COURT:	17. ISSUED BY COUNTRY:	18. ISSUED:	19. EXPIRES:
<input type="checkbox"/> Social Security No.			United States		
<input type="checkbox"/> State ID/Drivers License			United States		
<input type="checkbox"/> Passport No.					
<input type="checkbox"/> Certification Number and Petition Number					
<input type="checkbox"/> Derived - Parent's Certification Number:			United States		
<input type="checkbox"/> Alien Registration No.			United States		
		Date of Entry:		Port of Entry:	

OTHER APPROVED IDENTITY SOURCE DOCUMENTS:

<input type="checkbox"/>					
<input type="checkbox"/>					

20. WEIGHT (Pounds):	21. HEIGHT (Inches):	22. HAIR COLOR (Check one): <input type="checkbox"/> Blond <input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> White <input type="checkbox"/> Silver <input type="checkbox"/> Auburn <input type="checkbox"/> Bald	23. EYE COLOR (Check one): <input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Blue <input type="checkbox"/> Hazel <input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> Violet <input type="checkbox"/> Unknown
24. HOME ADDRESS (Include city, state, zip code):			HOME PHONE (Include Area Code):
25. BASE SPONSOR'S NAME:			SPONSOR PHONE (Include Area Code):

EMPLOYMENT ACTIVITY INFORMATION

26. EMPLOYER NAME AND ADDRESS (Include city/state/zip code):	EMPLOYER PHONE (Include Area Code):
27. SUPERVISOR NAME AND ADDRESS (Include city/state/zip code):	SUPERVISOR PHONE (Include Area Code):

28. Check the applicable box for WORK HOURS box or check the OTHER box and enter the work hours, then check the applicable for WORK DAYS:

WORK HOURS: ☐ 0600-1800 ☐ 0800-1700 ☐ OTHER _____ WORK DAYS: ☐ SN ☐ M ☐ T ☐ W ☐ TH ☐ F ☐ ST

PRIOR FELONY CONVICTIONS

29. Have you ever been convicted of a Felony? ☐ YES ☐ NO _____ Initial

REQUIREMENT TO RETURN LOCAL POPULATION ID CARD

30. I understand that I am required to return my Local Population Identification Card to the Base Pass Office when it expires or if my employment is terminated for any reason. _____ (initial)

AUTHORIZATION AND RELEASE AND CERTIFICATION

31. I hereby authorize the DOD/DON and other authorized Federal agencies to obtain any information required from the Federal government and/or state agencies, including but not limited to, the Federal Bureau of Investigation (FBI), the Defense Security Service (DSS), the U.S. Department of Homeland Security (DHS).

I have been notified of DON right to perform minimal vetting and fitness determination as a condition of access to DON installation/facilities. I understand that I may request a record identifier; the source of the record and that I may obtain records from the State Law Enforcement Office as may be available to me under the law. I also understand that this information will be treated as privileged and confidential information.

I release any individual, including records custodians, any component of the U.S. Government or the individual State Criminal History Repository supplying information, from all liability for damages that may result on account of compliance, or any attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative(s) of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.

FALSE STATEMENTS ARE PUNISHABLE BY LAW AND COULD RESULT IN FINES AND/OR IMPRISONMENT UP TO FIVE YEARS.

BEFORE SIGNING THIS FORM, REVIEW IT CAREFULLY TO MAKE SURE YOU HAVE ANSWERED ALL QUESTIONS FULLY AND CORRECTLY.

I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE BY ME ON THIS FORM ARE TRUE, COMPLETE AND CORRECT

DATE _____ SIGNATURE _____

FINAL DETERMINATION ON YOUR ACCESS: The Base Commanding Officer has final authority for determination on granting physical access to DON controlled installations/facilities under his/her jurisdiction.

BELOW COMPLETED BY BASE REGISTRAR PERSON CONDUCTING IDENTITY PROOFING and NCIC CHECK

32. INFORMATION VERIFIED BY:	33. ENTERED IN C/S SYSTEM BY:	34. PASS ISSUE DATE:	35. PASS EXPIRATION DATE:
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36. NCIC CHECK PERFORMED BY:	37. RESULTS OF NCIC CHECK: <input type="checkbox"/> NO RECORDS <input type="checkbox"/> RECORD IDENTIFIER RECORD NUMBER:	38. RESULTS OF LOCAL RECORDS CHECK: <input type="checkbox"/> NO RECORDS <input type="checkbox"/> RECORD IDENTIFIER RECORD NUMBER:
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Office of Under Secretary of Defense Directive-Type Memorandum (DTM) 09-012, "Interim Policy Guidance for DoD Physical Access Control," December 8, 2009. DTM 09-012 requires that DoD installation government representatives query the National Crime Information Center (NCIC) and Terrorist Screening Database to vet the claimed identity and to determine the fitness of non-federal government and non-DoD-issued card holders (i.e. visitors) who are requesting unescorted access to a DoD installation. The minimum criteria to determine the fitness of a visitor is: 1) not on a terrorist watch list; 2) not on a DoD installation debarment list; and 3) not on a FBI National Criminal Information Center (NCIC) felony wants and warrants list. Additionally, SECNAV Memo, Policy for Sex Offender Tracking and Assignment and Access Restrictions within the Department of the Navy, of 7 Oct 08 and OPNAVINST 1752.3 established the Navy's policy on sex offenders, requiring Region Commanders (REGCOMs) and Installation Commanding Officers (COs) to prohibit sex offender access to DoN facilities and Navy owned, leased or PPV housing. This form describes the authority and purpose to collect and share the required information; and identifies the applicant/visitor and sponsor; and authorizes the DoD to perform the minimum vetting and fitness determination criteria. A favorable response on the vetting and fitness determination is required to receive access to DOD-controlled installation/facilities.

Instruction for completing the Local Population Access Registration Form

INSTRUCTIONS: Please complete all information in black ink (printed) or by typing. By voluntarily providing your Personal Information, you agree to the following terms and restrictions:

RESTRICTIONS: Local Population Identification Card/Base Access Pass may only be used by person to whom they are issued and for the specific business/purpose issued. Applicants are reminded that soliciting (i.e., door-to-door sales) is prohibited on the base, and that such activity is grounds for cancellation of the Pass. Additionally, such action may result in debarment from the base and legal action. The Base Commanding Officer has discretion over specifying the period of validity for any Local Population ID Cards/Base Access Passes that are issued under his/her jurisdiction. Review the Privacy At Statement that is printed at the top of the form

<p>Block 1: Enter the Last Name. Block 2: Enter the First Name. Block 3: Enter the Middle Name. Block 4: If applicable, check the box for Name Suffix. Block 5: Check the applicable box for Hispanic or Latino. Block 6: Check the applicable box for Race. Block 7: Check the applicable box for Gender. Block 8: Enter Date of Birth. Block 9: Enter City of Birth. Block 10: Enter State of Birth. Block 11: Enter Country of Birth. Block 12: Check the applicable box for US Citizenship. Block 13: If not a US Citizen, enter the name of the Country of Citizenship. Block 14: Two forms of identity source documents from the list of acceptable documents listed below must be presented to the base registrar with this completed form. Check the box for the type of Documents that will be presented for identity proofing. If the document type is not listed, use the two rows under Other Approved Identity Source Documents to enter the type of document(s) that you will present. Block 15: Enter the Document Number located on the Identity Proofing Source document that was checked in Block 14. Block 16: Enter the State that issued the Identity Source Document. Block 17: Enter the Country that issued the Identity Source Document.</p>	<p>Block 18: Enter the Date that the Identity Source Document was issued. Block 19: Enter the Date that the Identity Source Document will expire. Block 20: Enter Weight in pounds. Block 21: Enter Height in inches. Block 22: Check the applicable box for Hair Color. Block 23: Check the applicable box for Eye Color. Block 24: Enter Home Address Including City, State, Zip Code, and Home Telephone Number. Block 25: Enter Name of Registrant's Base Sponsor and Base Sponsor's Telephone Number. Block 26: Enter Employer Name and address including City, State, Zip Code, and Employer's Telephone Number. Block 27: Enter Supervisor's Name including City, State, Zip Code, and Supervisor's Telephone Number. Block 28: Check the applicable box for Work Hours box or check the OTHER box and enter the work hours, then check applicable boxes for Work Days. Block 28: Check the applicable answer if you have been convicted of Felony and enter initials. Block 29: Check the applicable box for felony conviction. Block 30: Enter initials to accept terms for returning Local Population Identification Card. Block 31: Sign and date the form to attest that the foregoing information is true and complete to best of your knowledge.</p>
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LIST OF ACCEPTABLE DOCUMENTS - All documents must not be expired.

Must present one selection from List A or a combination of one selection from List B and one selection from List C.

List A - Documents that Establish Identity and Employment Authorization	OR	List B - Documents that Establish Identity	AND	List C - Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card. 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551). 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa. 4. Employment Authorization Document that contains a photograph (Form I-766). 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign Passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with and restrictions or limitations identified on form. 6. Passport from the Federal States of Micronesia (FSM) or the Republic of the Marshall Islands (RM) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and FSM or RM. 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address. 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address. 3. School ID card with a photograph 4. Voter's registration card. 5. U.S. Military card or draft record. 6. Military dependent's ID card. 7. U.S. Coast Guard Merchant Mariner Card. 8. Native American tribal document. 9. Driver's license issued by a Canadian government authority. <p style="text-align: center;">For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> 10. School record or report card. 11. Clinic, doctor, or hospital record. 12. Day-care or nursery school record. 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION. (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION. 2. Certification of Birth Abroad issued by the Department of State (Form FS-545). 3. Certification of Birth issued by the Department of State (Form DS-1360). 4. Original or certified copy of birth certificate issued by a State, county, municipal authority or territory of the United States bearing an official seal. 5. Native American tribal document. 6. U.S. Citizen ID Card (Form I-197). 7. Identification Card for Use of Resident Citizen in the United States (Form I-179). 8. Employment authorization document issued by the Department of Homeland Security.

The remainder of the form will be completed by the Base Registrar Person conducting Identify Proofing process and NCIC check.

AGENCY DISCLOSURE STATEMENT:

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100 OMB 0703-0061. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN COMPLETED FORM TO THE ABOVE ADDRESS.

Completed form should be submitted to the Base Registrar.

Chapter 3

Domestic Animal Control

1. Purpose. To provide Marine Corps policy on the control of domestic animals aboard Marine Corps installations.

2. Applicability

a. Animals. This policy applies only to privately owned animals, specifically those pet cats and dogs owned by service members and/or their family members and is not intended to address control of Department of Defense (DoD)-owned animals, e.g. Military Working Dogs, Government-owned (non-Department of Defense) animals, or Non-appropriated Fund-owned animals (NAF-owned animals) such as horses, aboard Marine Corps installations. Control of all other types of household pets (hamsters, guinea pigs, aquarium fish, etc.) should be addressed via local policy as required. Non-domesticated ("wild") animals and farm animals are prohibited in family housing and as such are not addressed in this policy. This policy does not address feral animals, which are covered under installation pest management plans. This policy is applicable to accredited service animals and companion/comfort/therapy (hereafter referred to as "companion animals") animals.

b. Family Housing. This policy pertains to all Government-owned family housing and Public Private Venture (PPV) privatized housing areas located or accessed via the Marine Corps installation. In the case of off-base privatized housing serving Marine Corps families, where the Department of Navy (DON) is a partner, this policy is applicable to the greatest extent possible and will be fully implemented in the next PPV business agreement revision. For those Marine Corps installations where another Service exercises executive agency responsibility for housing (specifically, MCB Camp Butler, Japan, and MCAS Miramar, California), this policy will apply to the greatest extent possible. Local Installation Commanders will work collaboratively with other services exercising executive agency responsibility to ensure compliance by Marines and their families.

c. Bachelor Housing. Unaccompanied residents are prohibited from keeping pets in bachelor housing, but may be authorized, through the waiver process identified below, to keep an accredited service animal.

3. Background Information. Pet ownership for those service members and their families residing in Government-owned or PPV family housing provides a real and tangible benefit and contributes to quality of life for resident families. However, the rise in ownership of large dog breeds with a predisposition toward aggressive or dangerous behavior and the increased risk of tragic incidents involving these dogs necessitates a uniform policy to provide for the health, safety, and tranquility of all residents of family housing areas.

4. Prohibited Dog Breeds. Pit Bulls, Rottweilers, canid/wolf hybrids, and any other canine breed with dominant traits of aggression, present an unreasonable risk to the health and safety of personnel on Marine Corps installations. Consequently, full or mixed breeds of Pit Bulls, Rottweilers, and canid/wolf hybrids are prohibited aboard Marine Corps installations.

a. Requests for Waiver for Accredited Service Animals: Installation Commanders desiring relief from this policy must submit a formal exception to

policy request via the chain of command to Headquarters, Marine Corps, Assistant Deputy Commandant, Installations and Logistics, Facilities for consideration.

b. Requests for Waiver for Companion Animals: Installation Commanders desiring relief from this policy must submit a formal exception to policy request via the chain of command to Headquarters, Marine Corps, Assistant Deputy Commandant, Installations and Logistics, Facilities for consideration. At a minimum, companion animals to be waived under this policy must pass a nationally recognized temperament test, administered and interpreted by individual(s) who have been certified in the technique and evaluation of such test results, at the service member's expense. Such tests include Canine Good Citizen (AKC) and the Delta Test (Delta Society). Questionable animals may be referred to a board certified veterinary behaviorist.

c. When a domestic animal is deemed dangerous or vicious, it will be prohibited from Marine Corps installations. Installation Commanders will establish local policies that address investigation of complaints against dangerous or vicious animals and determination of whether an animal fits the stated criteria above and direct expeditious disposition of such animals. Failure to comply with the procedures and guidelines contained in this policy may result in disciplinary action taken against the sponsor through the appropriate chain of command, involuntary removal and confinement of the animal by proper authority, or serve as grounds for administrative action up to and including eviction from family housing.

d. Visitors, sponsors, and their family members will not bring prohibited canine breeds as defined in paragraph 4 of this chapter aboard any Marine Corps installation at any time. In every case, sponsors are fully responsible for their visitors' pet dogs while aboard Marine Corps installations. However, no provision of this Order is intended to limit authorized patrons' access to services provided by on-base U.S. Army Veterinary Treatment Facilities. Entry of authorized patrons with pets that are otherwise prohibited access aboard Marine Corps installations under this Order will be for the sole purpose to obtain care, involving travel immediately to and from the veterinary treatment facility only, with no other stops aboard the installation authorized.

5. Registration, Vaccination, Identification and Control of Domestic Animals. All dogs and cats, whether a pet, service animal or companion animal, must be registered with the local Veterinary Treatment Facility (VTF) or other agency aboard the base as designated by the Installation Commander and proof of registration submitted to the local Family Housing Office prior to entry to family housing units. The Family Housing Office will ensure the animal's information is recorded in the installation's files and provided to the PPV partner, if the member is referred for privatized housing. Proof of registration will consist of civilian or military veterinarian certification of required vaccinations and a functioning microchip identification device. Vaccination and identification services may be offered by VTFs, per SECNAVINST 6401.1B (Reference (c)).

a. Vaccination and microchip implantation services will be procured at the individual owner's expense for all cats and dogs, regardless of breed at the local VTF or via commercial veterinary medical service providers, but certification must be made by the installation VTF or other agency aboard the base as designated by the Installation Commander. Microchips will be

14 JUL 2014

International Standards Organization (ISO) compatible to help facilitate overseas travel.

b. Dogs and cats, whether a pet, service animal or companion animal, will be vaccinated at the individual owner's expense against rabies every one to three years depending upon age, vaccination history, local laws and installation regulations. All owners must furnish proof of current rabies vaccination to the VTF at the time of registration. In the case of animals that are less than four months of age, this information will be furnished before the animal reaches the age of five months.

c. There is no requirement that dogs or cats, whether a pet, service animal or companion animal, be spayed or neutered, but owners are strongly encouraged to pursue this procedure for their animal. Owners of animals that have reproductive organs intact must maintain awareness of the risks of unwanted animal pregnancy. Animals that are "in heat" can induce unwanted behavior in other animals such as increased aggression and produce unwanted puppies and kittens that are often abandoned or subjected to inhumane treatment. Choosing to spay or neuter an animals a responsible and prudent measure that ultimately benefits all residents.

d. All dogs and cats, whether a pet, service animal or companion animal, must wear a collar at all times with a valid current rabies vaccination tag or animal registration tag, which should be in compliance with applicable state and local law, attached to the collar. Upon assignment to family housing, owners will ensure an additional tag with the current address of the owner is attached within 30 days of occupancy in family housing.

e. Owners are responsible at all times for controlling the behavior of their animals. No animal will be allowed to roam free at any time.

6. Breeding of Animals. Breeding of animals, whether intentional or accidental, is expressly prohibited aboard Marine Corps installations.

7. Number of animals Allowed. Residents of family housing will be limited to no more than two animals.

Mold and Allergy Resources

Knowledge is power! The more you know, the more you can be the best advocate for your own health.

North Carolina Department of Health and Human Services: Health Effects of Indoor Mold

- <http://epi.publichealth.nc.gov/oii/mold/healtheffects.html>

Environmental Protection Agency: Asthma Triggers

- <http://www.epa.gov/asthma/triggers.html>

American Academy of Allergy, Asthma, and Immunology

- <http://www.aaaai.org/home.aspx>

BeAllergyWise.com: 12 Tips for Managing Seasonal Allergies

- <http://www.beallergywise.com/articles/managing-seasonal-allergies/>

WebMD: links to allergy and asthma information

- <http://www.webmd.com>

Naval Hospital Beaufort

Vision

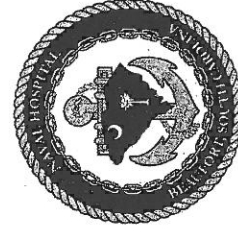
- To be your preferred healthcare organization.

Mission

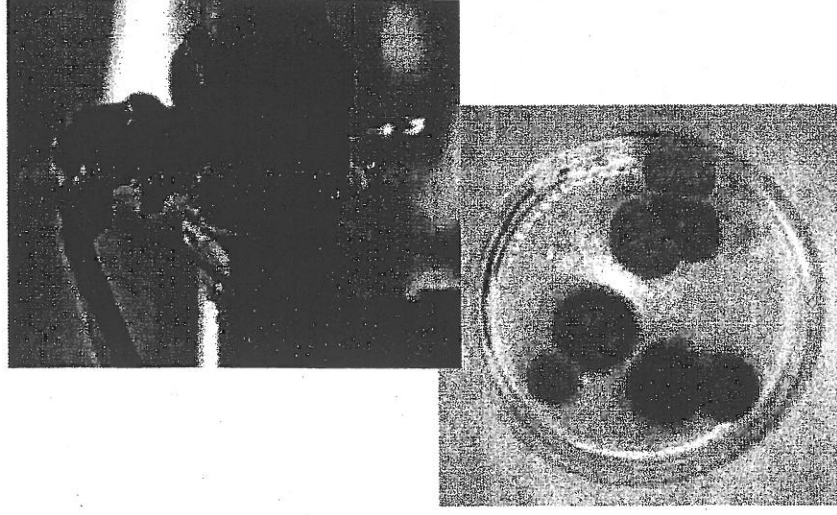
- To provide safe, efficient, effective patient and family centered health care while ensuring operational readiness.

Guiding Principles

- We are the face of Navy Medicine
- We are one command working as an integrated team
- We are collectively accountable for mission accomplishment
- We actively embrace process improvement opportunities and ensure a culture of patient safety
- We are good stewards of resources: people, space, dollars, environment, and external partnerships



"Always Caring"
Since April 29, 1949



Mold 101

Mold 101

MOLD AND HEALTH: KNOWLEDGE IS POWER!

Mold is everywhere, not just in Beaufort. Mold is quite capable of sustaining itself anywhere in the world where there is moisture and a food source, which includes:

- Wood
- Wallpaper
- Upholstery
- Dust

According to both the Environmental Protection Agency (EPA) and the Centers for Disease Control (CDC), there are two basic rules of thumb for handling mold:

- Control the source of moisture
- Clean or remove mold contaminated surfaces

There are over 100,000 species of mold and currently there are no legal limits established for sampling to determine if the level of mold in a building or home is acceptable or not.

Great information about mold is readily available at reputable sites like www.epa.gov/mold/ or www.cdc.gov/mold/fags.htm.

WHAT ARE COMMON SOURCES OF EXCESS MOISTURE?

Common sources of excess moisture include:

- Air conditioning set so low condensate appears on windows
- Leaving windows open with the air conditioning on
- Rainwater leaking through faulty gutters or a damaged roof
- A foundation leak
- Plumbing or sewage system leaks inside a structure
- Improperly ventilated showers, kitchens, and laundry rooms
- Steam-cleaning carpets and not extracting most of the water
- Spills on soft surfaces that aren't cleaned immediately
- Wet towels or laundry left on floors or carpets
- Overflowing air conditioning drip pans

Studies have shown that mold can grow on building materials, such as plywood, that are wet for 48-72 hours.

WHAT IS THE FIRST LINE OF DEFENSE IN MOLD TREATMENT?

The #1 way to prevent mold growth is to control moisture! Tips for managing mold include:

- If you see signs of water damage or leaks, or experience flooding, make repairs immediately or contact the facilities maintenance department
- Check your building after heavy rains and flooding for damage or sources of water intrusion
- When you see mold, clean it up right away
- Conduct routine housekeeping – this removes dust and other sources of mold "food"
- Use a vacuum with a filter – this keeps dust and mold spores from getting back into the air
- Avoid dry sweeping and using feather dusters – these cleaning methods generally just re-introduce dust and mold spores back into the air

How you clean mold will depend on a variety of factors, such as, whether the surface is hard (like floor tile) or soft (like furniture). Some items that cannot be fully cleaned may have to be discarded.

Both the CDC and EPA websites have great guidance for cleaning mold and how to determine when you might need assistance with bigger problems.

ISN'T MOLD GOING TO MAKE ME SICK?

Not necessarily. Just because mold is present, doesn't mean it will make you sick. According to the CDC, fewer than 500 mold species have been described as human pathogens that can cause infections. Individual factors that contribute to how susceptible a person is to mold as an allergen include:

- General health
- Age
- Pre-existing conditions, such as asthma

Only a medical provider can determine if an actual allergy to a specific mold exists the same way they would determine if you are allergic to your cat, oak pollen, or grass.

Additionally, there are many environmental causes other than mold that can lead to respiratory illnesses or act as respiratory irritants, including:

- Air fresheners and other perfumes
- Scented candles
- Tobacco smoke
- Pet dander
- Household dust
- Household cleaning products

It is also important to use cleaning products properly; don't mix them together and, in this case, less is more because the vapors from excessive cleaning products can irritate the respiratory tract.

WHAT ELSE COULD BE MAKING ME FEEL ILL?

In the Tri-Command area, there are a wide variety of pollens in the air due to the high humidity/moisture and the lush vegetation in the area. Websites, such as, <http://www.weather.com> or www.accuweather.com display grass pollen, tree pollen, dust, and dander maps, which provide reports of these common respiratory irritants and recommendations for reducing them indoors.

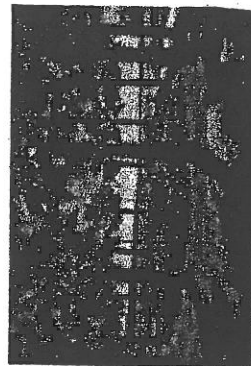
Seasonal colds and flu, which are exacerbated by weather and passed around within the office space or the home, can also be the cause of respiratory illnesses. Anyone experiencing a respiratory illness should seek care from their health care provider to identify the specific health conditions or allergy that is causing the illness and receive appropriate treatment.

OUT WITH THE MOLD!

By performing proper moisture control and clean up of mold, you will reduce mold growth in the home and work environments.

Using information from this brochure and the sites listed will help you to minimize the health effects from other environmental sources and may ultimately help you and your health care provider pinpoint the cause of individual illness or discomfort.

Once environmental factors are better controlled and any allergies or underlying medical conditions are treated, hopefully you will breathe easier — literally.



Fact Sheet

Underground Home Heating Oil Tanks

Laurel Bay Military Housing Area,
Marine Corps Air Station Beaufort, South Carolina



February 2017



Introduction and Background Information

The Marine Corps Air Station (MCAS) Beaufort and the Naval Facilities Engineering Command (NAVFAC) have prepared this Fact Sheet to provide information about environmental sampling related to past underground home heating oil tanks in the Laurel Bay Housing Area.

Capehart style homes within the Laurel Bay Housing Area were formerly heated using heating oil stored in underground storage tanks (UST) at each residence. Heating oil has not been used at Laurel Bay since the mid-1980s. As was the accepted practice at the time, USTs were drained, filled with dirt, capped, and left in place when they were removed from service.

In 2007, MCAS Beaufort began a voluntary program to remove the heating oil USTs and conduct soil and groundwater sampling to determine if, and to what extent, tanks may have impacted the surrounding environment.

Why were USTs removed?

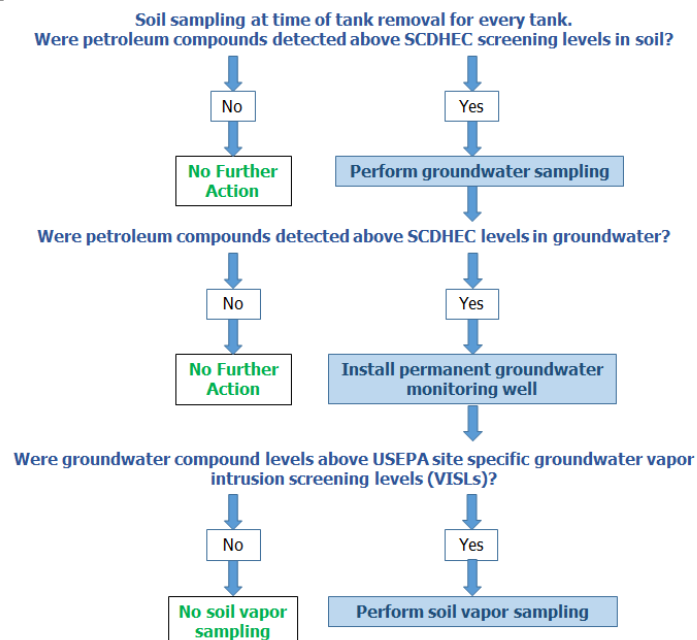
Residential heating oil tanks are not regulated in the State of South Carolina – meaning there are no federal or state laws governing installation, management, or removal. When home heating was converted to other fuel sources in the 1980s, heating oil tanks were abandoned in place, as was the normal practice for unregulated tanks. In

2007, MCAS Beaufort began a voluntary program to remove home heating oil tanks. Since that time, MCAS Beaufort has removed more than 1,250 tanks. Through review of historical documents and other location efforts using ground penetrating radar, metal detectors, and probes, MCAS Beaufort has identified and removed all known tanks at Laurel Bay.

Because there are no regulations governing removal procedures, MCAS Beaufort coordinated with South Carolina Department of Health and Environmental Control (SCDHEC) to develop removal procedures that were consistent with procedural requirements for regulated tanks. All tank removals and follow-on actions are conducted in coordination with SCDHEC.

How were tank removals performed?

The following flow chart explains the tank removal process:



This screening process was developed and implemented

For More Information

MCAS Beaufort wants to keep you informed about the environmental activities being conducted in your neighborhood and will continue to update you as new information becomes available. For questions or further information, please contact the Public Affairs Office at (843) 228-6229 or email at laurelbayhealthstudy@usmc.mil.

with the assistance of SCDHEC and using United States Environmental Protection Agency (U.S. EPA) guidance. As shown above, the screening process typically begins with soil sampling followed, if necessary, by groundwater analysis. Exceptions to the process have been made to account for instances where existing structures or planned structures could potentially be built on top of former heating oil tank locations. Exceptions are explained below. None of the 73 locations noted below had results that indicated vapor intrusion.

In 2014, the public private venture that manages Laurel Bay began a residential reconstruction project whereby old homes were demolished with the intent to construct new homes. Because of the potential for new structures to be constructed on top of soils that could impact the vapor intrusion pathway, 39 former tank locations were selected for a soil vapor evaluation to determine the risk, if any, to the occupants of future homes constructed in these areas. Locations for evaluation were selected based on concentrations of chemicals detected in soil during the UST removal. In most cases, the soils exhibiting the highest concentrations of volatile chemicals were selected for evaluation. However, a few locations with lower volatile concentrations were selected in an attempt to develop a correlation between soil and soil vapor concentrations that could later be used to establish site-specific soil screening levels which could be applied in the selection process of future vapor intrusion assessment locations at Laurel Bay. None of the 39 locations tested showed potential for vapor intrusion into the home.

In 2016, a review of housing records indicated that 34 houses had a heating oil tank under a portion of the house that was added on after initial construction (such as a porch, storage shed, garage, or sun room) and could not be removed without damaging the house foundation. Given there was a suspected tank under a portion of the house, these houses were considered to have the highest potential for vapor intrusion. However, during the vapor intrusion sampling, ground penetrating radar (GPR) surveys confirmed there were no tanks present at the houses. Vapor intrusion sampling has been completed at each house and none have indicated the potential for vapor intrusion.

How am I affected if the former tank at my home leaked?

Heating oil is relatively thick and has limited ability to move when released to soil and groundwater. Testing typically reveals that the impacts to soil, groundwater, and soil vapor remain very close to the vicinity of the tank.

Based on the depth of the heating oil tank (approximately 6 feet below ground surface), surface soil was not impacted by heating oil tanks. Playing in soil or gardening does not create an exposure to contaminated

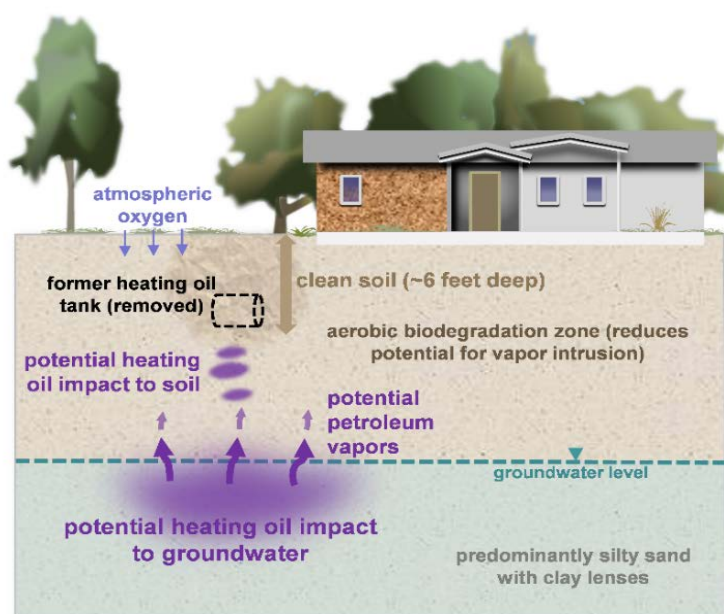
soil. Soil management procedures during tank removal were to place excavated soil on a plastic sheet to keep it isolated. After the tank was removed and soil sample taken, the excavated soil from the tank site was placed back into the excavated hole, then covered with clean fill dirt.

Has drinking water been effected?

Since 1965, water has been supplied to the residents and schools in Laurel Bay by Beaufort Jasper Water and Sewer Authority (BJWSA). Likewise, BJWSA provides the water for MCAS Beaufort and MCRD Parris Island. BJWSA follows U.S. EPA (Safe Drinking Water Act) and SCDHEC protocol for testing the quality of the water they provide to your home. Water quality reports, available on the BJWSA website at <http://www.bjwsa.org/>, indicate water meets all U.S. EPA standards.

What is Petroleum Vapor Intrusion?

Vapor intrusion is the term used to describe the migration of vapors from a contaminant source in soil or groundwater upward through the soil and into buildings through cracks or holes in building foundations or slabs. The term petroleum vapor intrusion is used when those vapors are the result of a release from a petroleum product. Heating oil previously used in Laurel Bay has compounds common to all petroleum products that can vaporize easily. These are known as volatile organic compounds (VOCs). Examples of the vapors from VOCs are the smell of gasoline, fingernail polish remover, solvents, oil, etc. Soil vapor sampling in Laurel Bay is



being done to determine if there is a potential for heating oil from UST leaks to have created petroleum vapor intrusion into homes.

U.S. EPA screening levels are concentrations of chemicals below which the SCDHEC and the U.S. EPA recognize as unlikely to pose a health concern. Based on comparison of ground water samples to U.S. EPA established screening levels, SCDHEC determined whether or not more sampling was needed to check for the potential for vapor intrusion.

Vapor Intrusion Sampling

Vapor intrusion sampling is an iterative process that starts by sampling soil vapors at the point where the UST was located. The UST location will typically have the highest concentration of compounds from heating oil that may have leaked from a tank. Soil vapor samples taken at the tank location are compared to U.S. EPA established screening levels. If the potential for vapor intrusion cannot be ruled out from samples at the UST location, subsequent samples will be taken from directly beside the house, then under the house, and finally inside the house. Each result is compared to the U.S. EPA screening levels to see if there is a concentration of vapors that would create the potential for migration into a house and cause a potential health concern. Laboratory analytical results from each sampling stage are available approximately six to eight weeks after the sample is taken.

What happens if a problem is found?

The presence of heating oil vapors in a home is a concern if there is long term exposure to a concentration level that exceeds guidance recommended by the U.S. EPA. The U.S. EPA has developed risk screening levels for vapor intrusion based on a 30 year period of residential exposure. If heating oil vapor intrusion is identified as a concern at any home, timely and appropriate measures will be taken to address the problem.

How do I find sampling results?

We encourage all residents to review the information at: <http://www.beaufort.marines.mil/Resources/Laurel-Bay-Health-Study/>. You may also email questions to LaurelBayHealthStudy@usmc.mil.



PHR Summary

Navy & Marine Corps Public Health Center (NMCPHC) completed a Public Health Review (PHR) which included an environmental and occupational exposure pathway investigation and an epidemiologic investigation. The PHR included a review of documents from:

- ◆ Laurel Bay Military Housing (LBMH)
- ◆ Marine Corps Air Station Beaufort (MCAS Beaufort)
- ◆ Marine Corps Recruit Depot Parris Island (MCRD Parris Island)
- ◆ Naval Hospital Beaufort Housing (NHBH)



Summary

In 2015, at the request of the U.S. Marine Corps (USMC), the NMCPHC investigated the incidence of pediatric cancers in current and former residents of LBMH, which residents believe may be associated with environmental exposures. NMCPHC was asked to identify and validate all pediatric cancers in children who lived or were conceived in the Beaufort area to determine if the observed cancer rates exceeded the rates that which would be expected in this population. This fact sheet summarizes the results of the PHR.

What We Did

NMCPHC followed the U.S. Centers for Disease Control and Prevention's (CDC's) process for conducting investigations of suspected cancer clusters to conduct the PHR. This process is comprised of two steps: (1) an epidemiologic investigation and (2) an environmental and occupational (workplace) exposure pathway investigation. The results of these two investigations were integrated in the final PHR. Subject matter experts (SMEs) in industrial hygiene, drinking water, toxicology, environmental restoration, risk assessment, radon assessment and mitigation, radiation health, occupational and environmental medicine, and epidemiology conducted the PHR. Numerous environmental documents and medical records data associated with LBMH, MCAS Beaufort, MCRD Parris Island, and NHBH were reviewed to evaluate the potential relationship, if any, between exposures to environmental risk factors and pediatric cancers in the population.

Environmental and Occupational Investigations

A review of all available documents and reports pertaining to both occupational and environmental sites at LBMH, MCAS Beaufort, MCRD Parris Island, and NHBH was performed as part of the PHR to determine if a potential public health hazard exists as a result of environmental releases from past disposal, handling practices, and workplace exposures.

Reports and other documents identified and reviewed for the PHR were primarily produced under the U.S. Navy Environmental Restoration Program (ER Program) which began in the early 1980s in response to the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA), or under the U.S. Navy Safety and Occupational Health Program (NAVOSH Program) which began in the 1970s in response to the Occupational Safety and Health Act (OSHA Act).

Process: Documents and reports associated with each environmental or occupational site were reviewed to determine the relevance of each in answering the question: "Is there a complete exposure pathway for air, water, soil, or soil gas by ingestion, inhalation, or dermal

Quick Summary

Based on the types and number of pediatric cancers observed, and the evaluation of the recognized risk factors, it is unlikely that an environmental or occupational exposure is associated with these cancers. The term unlikely means that the evidence is insufficient to connect the environmental and occupational conditions to the observed cancers.

Cancer Cluster Investigations – We Follow the Centers for Disease Control's Process





Key Elements of a Cancer Cluster:

- More than the expected number of valid cancer cases.
- Occurrence of the same or etiologically-related cancer types.
- Valid cancer cases located in the same geographic area.
- Cancer cases occurred over a defined period of time.
- Latency (the time from first exposure to diagnosis) must be consistent with the cancer type.

Valid Cancer Case – A diagnosis consistent with cancer and associated treatment records (e.g., chemotherapy, radiation, etc.).

Questions? Contact us at:

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contact which could have contributed to the incidence of pediatric cancer?” The review was an iterative process. In some instances, the findings and/or recommendations in one report led to looking for a follow-up report or resulted in the identification of a data gap. As we identified data gaps, we requested additional information to fill the data gaps and reduce the uncertainty.

Environmental Investigation Summary:

- Documents were reviewed to determine potential health risks related to occupational (workplace) and environmental releases from past disposal/handling practices at

Location	Number of Documents Reviewed
LBMH	275
MCAS Beaufort	269
MCRD Parris Island	~ 1,000
NHBH	10

houses, solid waste management units, underground storage tanks, etc.

- Ionizing radiation was one of the two potential environmental risk factors for three of the five types of pediatric cancers identified in the Epidemiologic Investigation. Based on the results of the Radiation Safety and Radon Programs, and radiation surveys and measurements, it is not likely that an individual would be exposed to any additional radiation (above normal background radiation) in the occupied areas at LBMH, MCAS Beaufort, MCRD Parris Island, or NHBH.
- Benzene was one of the two potential environmental risk factors for one of the five types of pediatric cancers identified in the Epidemiologic Investigation. Based on the results of the documents reviewed to-date as part of the environmental investigation, there is not a complete exposure pathway of concern for benzene in the occupied areas at LBMH, MCAS Beaufort, MCRD Parris Island, or NHBH.

Epidemiologic Investigation

NMCPHC was asked to identify and validate all pediatric cancers in children who lived or were conceived in the Beaufort area from January 2002 to December 2016 to determine if the observed cancer rates exceeded what would be expected in this population.

Process: The epidemiologic investigation followed the CDC’s Guidelines for Investigating Suspected Cancer Clusters.

Epidemiologic Investigation Summary:

- The study area included children (including those conceived) of active duty Marine Corps and Navy service members assigned to work at MCAS Beaufort and MCRD Parris Island from January 2002 to December 2016. The study was based on sponsors’ zip codes within a 30-mile radius of LBMH and MCRD Parris Island. The population scope was expanded to include air squadrons that deployed through MCAS Beaufort with zip codes outside the study area.
- Fifteen (15) cases were validated through the review of electronic health records.
- Five (5) types of cancers were validated to date: acute lymphocytic leukemia (ALL), acute myeloid leukemia (AML), neuroblastoma, soft tissue sarcoma (e.g., infantile rhabdomyosarcoma) and Wilms tumor.
- Three (3) of the five (5) validated cancer types have known environmental risk factors (ionizing radiation [therapeutic x-rays] and benzene).
- All cancer cases were consistent with normal pediatric cancer type distribution for the same types of cancers in the general pediatric population.

CDC defines a cancer cluster as a greater-than-expected number of cancer cases that occurs within a group of people in a geographic area over a defined period of time. Multiple factors affect the likelihood of developing cancer, including age, genetic factors, and lifestyle behaviors such as diet and smoking.