

**IMMEDIATE ACTION**

**FOIA REQUEST**

#2010-01392-F



**AIR MOBILITY COMMAND**

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OPR ACTION

15 Dec

**HANDCARRY**

**(DO NOT USE BASE INFORMATION TRANSFER SYSTEM (BITS))**

**IMMEDIATE ACTION**



DEPARTMENT OF THE AIR FORCE  
60<sup>TH</sup> COMMUNICATIONS SQUADRON (AMC)

8 Dec 09

MEMORANDUM FOR 60 CONS/CC

FROM: 60 CS/SCOKR (FOIA) (4-5668)

SUBJECT: Freedom of Information Act (FOIA) Request #2010-01392-F  
(SUSPENSE: 15 DEC 09)

1. We are sending you the attached FOIA request for action per **DOD Reg 5400.7/AF/SUP**. Please reply by close of business on the above suspense date. If you:

a. **RECOMMEND RELEASE.** Provide a letter to this office recommending release and include a copy of the requested record(s). The SJA Office must coordinate before returning to us. (See para 2.)

b. **RECOMMEND DENIAL OR PARTIAL DENIAL.** Provide written rationale citing the specific exemption(s) from DOD 5400.7, paragraphs C3.2.1.1 through C3.2.1.9. When recommending complete denial, include one copy of the record to be denied. When recommending partial denial, provide one copy of the record with portions recommended for denial highlighted in **YELLOW (DOD Reg 5400.7/AF SUP, para C1.5.3.6.2)**.

c. **DO NOT POSSESS THE REQUESTED RECORDS.** Explain why; i.e., destroyed because they have met their retention period (cite table and rule from AF Records Disposition Schedule at <https://www.my.af.mil/gcss-af61/afirms/afirms/>, at another location (where), etc.

d. **CANNOT IDENTIFY THE REQUESTED RECORDS.** So indicate and tell us what specific information the requester should provide in order for you to identify the requested records.

e. **DISCLOSURE AUTHORITY IS ANOTHER AGENCY.** If you have a copy of the records but they originated at another command/agency, furnish a copy of the records to send to the disclosure authority.

f. **CLASSIFIED RECORDS.** Make a line-by-line review of the responsive record to determine if classification is proper and current. Coordinate any declassification actions with Security Forces. Provide a copy of the record to be released. **Yellow** highlight all areas which are to be withheld. If you cannot declassify records, please provide guidance on where to refer the request for action. If you are the release authority and the records are properly classified, so advise.

**2. REPLIES MUST INDICATE THE CONCURRENCE OF THE SJA OFFICE:**

**Requests for contract information: This office must first contact the submitter (contractor) of the data for their views on releasability of the requested information. Provide contractor(s) name and address, contact information, requested records, and your recommendation on releasability. When contractor(s) response is received, we will process through SJA. Coordination by SJA is sufficient on recommendations for release. Recommendations for denial/partial denial require a written legal review. JA review is NOT necessary if you have no responsive records.**

**3. KEEP A COPY** of the entire case file, including a copy of any records released or recommended for denial. File under T37-19, R24.

**4. Please complete the attached DD Form 2086, Record of Freedom of Information Processing Costs, and return with your reply. THIS WILL SHOW US WHAT TO CHARGE THE REQUESTER.**

**5. Hand carry your reply to enable us to meet the required suspense. Direct questions to me at 4-5668.**

//SIGNED//

LUCILLE M. LAMPMAN  
Freedom of Information Act Officer

**Attachments:**

1. Request
2. DD Form 2086

Report Date: 12/08/2009

Time: 8:20:04 AM

**Request Details Report****Request Information:**

Request # : 2010-01392-F  
Action Office : AMC  
Request Type : FOIA  
Reference : -  
Requested Date : 12/07/2009  
Original Received Date : 12/07/2009  
Received Date : 12/07/2009  
Original Perfected Date : -  
Last Perfected Date : -  
Disposition Accepted Date : -  
Delivery Date : -  
Closed Date : -  
Original Target Date : 01/06/2010  
Target Date : 01/06/2010  
Total Days on Hold : 0  
Days Remaining : 19  
Request Age : 1  
Delivery Mode : E-mail  
Multi-Track Type :  
Priority : Routine  
Request Status : Assigned  
Final Disposition : -  
Denial Authority : -  
Expedite Requested : Yes  
Expedite Description : Need the information by June 2010 to compile the data to meet my Federal Pipeline Study Grant deadline of September 2010.  
Adjudicate Days (Expedite) : -

**Custom Fields:**

Records Search Location  
Location to be searched : AMC - Travis AFB

**Description of the Request :**

We are looking for the MIL-SPECS\* and MIL-STD\* for the 8 jet fuel pipeline that was put in about 1970 by the U. S. Army Corps of Engineers. That information will include coating types. A copy of the original procurement and installation requirements would have all this information plus the cathodic protection requirements and shut-off valve types. The cathodic protection requirements should include voltage, anodes type, and test point spans. If Travis AFB does not have this information, then a request by Travis AFB for this information to the U. S. Army Corps of Engineers (USACE) with the procurement number would help with this study. We are willing to pay the necessary costs as per Freedom of Information Act requires for the Base and the USACE. The widening of Highway 12 required the replacing of the 8 jet fuel pipeline on the Southern side of the Highway. Cal-Trans utilities maps drawn in 1993 show the abandoned 8 and 6 pipelines with the new located 8 pipeline that replaced the abandoned one. For the new 8 pipeline we would like the same requested MIL-SPECS\* and MIL-STD\* information. We are aware that the Base contracted their own 8 pipeline installation as stated by Cal-Trans. We would also like the same cathodic protection information for the newer pipeline system. We would also like copies of the maintenance records and cathodic testing records for the 8 inch Jet Fuel pipeline.

**Sub-requests :**

Default

**Requester Information:**

Requester Name : Moscarelli, Anthony  
Job Title : Project Coordinator  
Created Date : 12/07/2009  
Requester Login : HCRSC  
Requester Type : Educational/Non-Commercial  
Organization : Healthy Community Research of Suisun City  
Work Phone 1 : 707-759-4617  
Work Phone 2 : -  
Mobile : -  
Fax : -  
E-Mail : AnthonyM\_HCRSC@comcast.net

**Address:**

Address 1 : P.O. Box 1814  
Address 2 : -  
City : Suisun City  
State : California  
Country : United States  
Zip Code : 94585

**Billing Address:**

Address 1 : -  
Address 2 : -  
City : -  
State : -  
Country : -  
Zip Code : -

**Shipping Address:**

Address 1 : P.O. Box 1814  
Address 2 : -  
City : Suisun City  
State : California  
Country : United States  
Zip Code : 94585

**Other Address:**

Name : -  
Organization : -  
Address 1 : -  
Address 2 : -  
City : -  
State : -  
Country : -  
Zip Code : -  
Phone : -  
Fax : -

E-Mail : -

**Action History :**

Action	Comment	Action Taken By	Action Date/Time
Assigned		Lampman, Lucille	12/08/2009 10:18:10
Assigned		Perry, Kenneth	12/07/2009 14:24:21
Assigned		Perry, Kenneth	12/07/2009 14:24:05
Received		Queue, SAF Staff	12/07/2009 14:11:52
Transfer Case	Case '2010-01392-F' transfer from 'SAF' to 'AMC' With comments: Please accept this case as a transfer, SAF received this request from the (PAL)	Perry, Kenneth	12/07/2009 14:11:52
Assigned		Perry, Kenneth	12/07/2009 14:11:00
Assigned		Queue, SAF Staff	12/07/2009 14:04:13

**Assign:**

Assigned By	: Lampman, Lucille	
Assigned Date	: 12/08/2009	
Assigned To	: <u>User/Group</u>	<u>Action Office</u>
	Lampman, Lucille (Primary)	AMC
	<b>Admin</b>	HAF
Comments	: -	

**Perfect:**

Perfect By	: -
Original Perfected Date	: -
Last Perfected By	: -
Last Perfected Date	: -
Comments	: -

**Link Cases :**

Request #	Request Type	Requester Name	Primary User	Received Date	Target Date	Request Status
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No link cases found

**FOIA Documents Details:**

File Cabinet Drawer	Folder Name	Disposition	Layer Name	No. of Pages	Date Added
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No folders have been added to this case.

**Page Details:**

# of pages attached to case folder	: 0
# of pages attached to case folder with partial redactions	: 0
# of pages attached to case folder with full redactions	: 0
# of pages attached to case folder without redactions	: 0

# of pages reviewed : 0  
 # of pages delivered : 0  
 # of documents delivered : 0

**Partially Applied Redaction Code Details:**

Redaction Code	Description	No. of Pages Used
	No Page with partial redactions was added to this case.	

**Fully Applied Redaction Code Details:**

Redaction Code	Description	No. of Pages Used
	No Page with full redactions was added to this case	

**Manually - Partially Applied Redaction Code Details:**

Redaction Code	Description
	No partially applied redaction code details found

**Manually - Fully Applied Redaction Code Details:**

Redaction Code	Description
	No fully applied redaction code details found

**Manually Applied - Other Redaction Code Details:**

Redaction Code	Description
	No other applied redaction code details found

**Fee Details :**

Payment Status : No Charges  
 Invoice Amount : \$ 0.00  
 Invoice Number : -  
 Invoice Date : -  
 Cost Estimated : \$ 0.00  
 Cost Incurred by the Agency : \$ 0.00  
 Total Amount Paid : \$ 0.00  
 Balance Amount : \$ 0.00  
 Amount Requester Willing to Pay : \$ 0.00  
 Fee Waiver Requested : Yes  
 Fee Waiver Status : TBD  
 Adjudicate Days (Fee Waiver) : -

**Fee Details Description:**

Fee Items	Charge Type	Unit Rate (\$)	Quantity	Extended Value (\$)
No Fee Details have been Found for this Request.				

**Administrative Cost :**

Program Office	Created By	Rate	Hours	Total Cost	Comments
No Administrative cost details found.					

**Transfer Details:**

<b>Transfer To</b>	<b>Transfer By</b>	<b>Transfer Date</b>	<b>Comment</b>
AMC	Perry, Kenneth	12/07/2009	Please accept this case as a transfer, SAF received this request from the (PAL)

**Correspondence Log :**

<b>Date</b>	<b>Letter Description</b>	<b>User</b>	<b>Status</b>	<b>Mode</b>	<b>eSigned?</b>	<b>E-mail</b>
No Correspondence have been created for this Request						

**Consultation Review Log :**

<b>Review ID</b>	<b>Location(s) Referred</b>	<b>Due Date</b>	<b>Created Date</b>	<b>Imported Date</b>	<b>Disposition</b>	<b>Accepted Date</b>	<b>Status</b>
No consultation review log records found							

**Requests For Documents:**

<b>ID</b>	<b>Location(s) Referred</b>	<b>Request Date</b>	<b>Due Date</b>	<b>Status</b>
No Request For Documents log details found				

**Document Review Log:**

<b>File Cabinet Drawer</b>	<b>Folder Name</b>	<b>No. of Pages</b>	<b>Created By</b>	<b>Date Added</b>
No Document Review log details found				



# RECORD OF FREEDOM OF INFORMATION (FOI) PROCESSING COST

**REPORT CONTROL SYMBOL**  
DD-DA&M(A)1365

*Please read instructions on back before completing form.*

<b>1. REQUEST NUMBER</b> 2010-01392	<b>2. TYPE OF REQUEST (X one)</b> a. INITIAL <input checked="" type="checkbox"/> b. APPEAL <input type="checkbox"/>	<b>3. DATE COMPLETED (YYYYMMDD)</b>	<b>4. ACTION OFFICE</b>
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5. CLERICAL HOURS (E-9/GS-8 and below)		FEE CODE	(1) TOTAL HOURS	(2) HOURLY RATE	(3) COST
a. SEARCH		1		X \$20.00 =	
b. REVIEW/EXCISING		2			
c. OTHER ADMINISTRATIVE COSTS		3			
6. PROFESSIONAL HOURS (O-1 - O-8/GS-9-GS-15)/CONTRACTOR			(1) TOTAL HOURS	(2) HOURLY RATE	(3) COST
a. SEARCH		1		X \$44.00 =	
b. REVIEW/EXCISING		2			
c. OTHER/COORDINATION/DENIAL		3			
7. EXECUTIVE HOURS (O-7 - ES 1 and above)			(1) TOTAL HOURS	(2) HOURLY RATE	(3) COST
a. SEARCH		1		X \$75.00 =	
b. REVIEW/EXCISING		2			
c. OTHER/COORDINATION/DENIAL		3			
8. COMPUTER SEARCH			(1) TOTAL TIME	(2) RATE	(3) COST
a. MACHINE TIME (Not PC, desktop, laptop)		4		X \$20.00/hr \$44.00/hr =	
b. PROGRAMMER/OPERATOR TIME (Human)					
(1) Clerical Hours		1			
(2) Professional Hours		1			
9. OFFICE MACHINE COPY REPRODUCTION			(1) NUMBER	(2) RATE	(3) COST
a. PAGES REPRODUCED FOR FILE COPY		3		X .15 .15 =	
b. PAGES RELEASED		5			
10. PRE-PRINTED PUBLICATIONS			(1) TOTAL PAGES	(2) RATE	(3) COST
a. PAGES PRINTED		5		X .02 =	
11. COMPUTER PRODUCT OUTPUT/ACTUAL COST CHARGES			(1) NUMBER	(2) ACTUAL COST	(3) COST
a. TAPE/DISC/CD		6		X =	
b. PAPER PRINTOUT		3			
12. OTHER ADMINISTRATIVE FEES			(1) NUMBER	(2) ACTUAL COST	(3) COST
a. ALL POSTAGE/ADMINISTRATIVE (See instructions)		3		X =	
13. AUDIOVISUAL MATERIALS			(1) NUMBER	(2) ACTUAL COST	(3) COST
a. MATERIALS REPRODUCED		4		X =	
14. SPECIAL SERVICES			(1) NUMBER	(2) ACTUAL COST	(3) COST
a. ALL SPECIAL SERVICES (See instructions)		6		X =	
15. MICROFICHE REPRODUCED			5	X .25 =	

- FEE CODES**
- 1 Chargeable to "commercial" requesters. Chargeable to "other" requesters after deducting 2 hours.
  - 2 Chargeable to "commercial" requesters only.
  - 3 Not chargeable to any fee category.
  - 4 Chargeable to "commercial". Chargeable to "other" after deduction of the equivalent of 2 hours. (Example: deduct \$88.00 professional rate.)
  - 5 Chargeable to all fee categories after deduction of 100 pages (DOES NOT include "commercial").
  - 6 Chargeable to all fee categories. No deductions.

16. FOR FOI OFFICE USE ONLY			
a. TOTAL COLLECTABLE FEES			
b. TOTAL PROCESSING FEES			
c. TOTAL CHARGED			
d. FEES WAIVED/REDUCED (X one)	Yes	No	
e. FEES NOT APPLICABLE (X one)	Yes	No	

*See Chapter 6, Fee Schedule, DoD 5400.7-R, to determine appropriate assessment of fees.*