PRIVACY IMPACT ASSESSMENT (PIA)

PRESCRIBING AUTHORITY: DoD Instruction 5400.16, "DoD Privacy Impact Assessment (PIA) Guidance". Complete this form for Department of Defense (DoD) information systems or electronic collections of information (referred to as an "electronic collection" for the purpose of this form) that collect, maintain, use, and/or disseminate personally identifiable information (PII) about members of the public, Federal employees, contractors, or foreign nationals employed at U.S. military facilities internationally. In the case where no PII is collected, the PIA will serve as a conclusive determination that privacy requirements do not apply to system.

1. DOD INFORMATION SYSTEM/ELECTRONIC COLLECTION NAME: on Laisung Historia Drinking Water (CLHDW) Registrat

2. DOD COMPONENT NAME:			3. PIA APPROVAL DATE:
Department of the Navy/United States Marine Corps		•	
SECTION 1: PII DESCRIPTION S	UMMA	ARY (FOR PUBLIC RELEASE)	
a. The PII is: (Check one. Note: foreign nationals are included in general pub	alic.)		
X From members of the general public		From Federal employees and/or Fede	eral contractors
From both members of the general public and Federal employees and/or Federal contractors		Not Collected (if checked proceed to	Section 4)
b. The PII is in a: (Check one)			
New DoD Information System		New Electronic Collection	
x Existing DoD Information System		Existing Electronic Collection	
Significantly Modified DoD Information System			
Describe the purpose of this DoD information system or electronic co- collected in the system. The Camp Lejeune Historic Drinking Water Registry was developed.			
Ace for Fiscal Year 2008. The registry provides a means for Departs by the formerly impacted drinking water at Camp Lejeume, as well as SEC. 315 NOTIFICATION OF CERTAIN RESIDENTS AND CIVI EXPOSURE TO DRINKING WATER CONTAMINATION. (a) Notification of Individuals Served by Tarawa Terrace Water Dafter the date of the enactment of this Act, the Secretary of the Navy who were served by the Tarawa Terrace Water Distribution System, the years 1958 through 1987 that they may have been exposed to drin (b) Notification of Individuals Served by Hadnot Point Water Dis Substances and Disease Registry (ATSDR) completes its water mode of the Navy shall make reasonable efforts to identify and notify direct identified in the study of the drinking water contamination to which the period identified in the ATSDR drinking water study of the drinking (d) Circulation of Health Survey.— (1) Findings.—Congress makes the following findings: (A) Notification and survey efforts related to the drinkin potential negative health impacts of these contaminants. (B) The Secretary of the Navy will not be able to identify	s provi LIAN Distribution shall reinclude nking vertribution elling si- tly indi- they me- Not li- otify de ing water	ide a method for the mandated healt EMPLOYEES AT CAMP LEJEU ution System, Including Knox Trail make reasonable efforts to identify a ling Knox Trailer Park, at Camp Legwater contaminated with tetrachlor toon System.—Not later than 1 year attitudy of the Hadnot Point water dist dividuals who were served by the syazy have been exposed. Later than 1 year after the date of the directly civilian employees who won atter contamination to which they mer contamination described in this server.	th survey to be mailed. NE, NORTH CAROLINA, O er Park.—Not later than 1 year and notify directly individuals jeune, North Carolina, during oethylene (PCE). firer the Agency for Toxic ribution system, the Secretary ystem during the period e enactment of this Act, the rked at Camp Lejeune during ay been exposed. ection are necessary due to the
condition, no-existence, or accessibility of records. (C) It is the intent of Congress that the Secretary of the N	Navy c	contact as many former residents an	d former employees as quickl
as possible. (2) ATSDR health survey (A) Development (i) In generalNot later than 120 days after the date	of the	e enactment of this Act, the ATSDR	, in consultation with a well-
qualified contractor selected by the ATSDR, shall develop a health st subsections (a),(b), and (c) personal health information that may lead trichloroethylene (TCE), PCE, vinyl chloride, and the other contamin further reliable scientific studies of potentially advers health impacts	to sci ants io of exp	ientifically useful health information dentified in the ATSDR studies that posure to contaminated water at Car	n associated with exposure to t may provide a basis for mp Lejeune.
(ii) FundingThe Secretary of the Navy is authorized	l to pr	ovide from availabel funds the nece	essary funding for the ATSDI
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to develop the health survey. (B) Inclusion with notificationThe survey developed under subparagraph (A) shall be distributed by the Secretary of the Na
concurrently with the direct notification required under subsection (a), (b), and (c).
(e) Use of Media to Supplement NotificationThe Secretary of the Navy may use media notification as a supplement to direct
notification of individuals described under subsections (a), (b), and (c). Media notification may reach those individuals not identifiable via
remaining records. Once individuals respond to media notifications, the Secretary will add them to the contact list to be included in future information updates.
internation updates.
The PII on the system includes: Name, home address, home phone number, and personal email.
d. Why is the PII collected and/or what is the intended use of the PII? (e.g., verification, identification, authentication, data matching, mission-related us administrative use)
Administrative - PII is collected in order to have a means to respond to registrants with information/data as well as provide a way for the mandated health survey to be mailed.
e. Do individuals have the opportunity to object to the collection of their PII?
(1) If "Yes," describe the method by which individuals can object to the collection of PII.
(2) If "No," state the reason why individuals cannot object to the collection of PII.
In order to be included in the registry the individual must provide at a minimum name and mailing address. The individual may object to t
collection of a phone number and/or email address. When using the Marine Corps website to register, the individual must enter a telephon
number, however, if the user enters zero it is accepted. When registering through the call center, the individual does not have to provide a telephone number. At anytime, individuals can request that their information be removed from the system.
f. Do individuals have the opportunity to consent to the specific uses of their PII? Yes X No
(1) If "Yes," describe the method by which individuals can give or withhold their consent.
(2) If "No," state the reason why individuals cannot give or withhold their consent.
The Marine Corps is mandated by Congress to use the information collected to provide information and updates with regards to the Camp
Lejeune Historic Drinking Water. Consent is originally given when the individual provides the information to be included in the registry.
g. When an individual is asked to provide PII, a Privacy Act Statement (PAS) and/or a Privacy Advisory must be provided. (Check as appropriate ar provide the actual wording.)
x Privacy Act Statement Privacy Advisory Not Applicable
In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose of this data collection and how the
collected data will be used. Please read it carefully.
AUTHORITY: 10 U.S.C. 5041. Headquarters, U.S. Marine Corps: Function: composition: PL 110-181, Sec 315, Notification of Certain Residents and Civilian Employees at Camp Lejeune, North Carolina, of Exposure to Drinking Water Contamination; and SORN M05100-
SORN M05100-6 can be viewed at the following: http://dpcid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/
Article/570632/m05100-6/
PRINCIPLE PURPOSE: Information collected in this database will be used to provide notification to persons potentially exposed to
drinking water containing tetrachloroethylene (PCE) or trichloroethylene (TCE) on MCB Camp Lejeune, NC, 1987 and before.
ROUTINE USES: information may be disclosed to:
To the officials and employees of the United States Marine Corps to facilitate the registration of individuals and the communication of the
information regarding Camp Lejeune Historic Drinking Water to these registrants.
Also, pursuant to 5 U.S.C. 522a(b)(8) to federal and state public health and environmental agencies in the performance of their official dut
related to the protection and study of human health and the environment as affected by potential exposure to toxic contamination.
Furthermore, to the Department of Veterans Affairs (DVA) for the purpose of providing medical care to former service members and retirees, to determine the eligibility for or entitlement to benefits, to coordinate cost sharing activities, and to facilitate collaborative research.
activities between the DoD and DVA.
To officials and employees of the Agency for Toxic Substances and Diseases Registry (ATSDR) to facilitate ATSDR research activities.
A complete list and explanation of the applicable routine uses is published in the authorizing SORN available at: http://dpcid.defense.gov/
Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570632/m05100-6/

dela	CLOSURE: Provide information for this database in voluntar yed notification regarding developments concerning the Cam, be of interest to you or you family.		r, failure to provide the requested information may result in Notification Registry - Privacy Notice drinking water issue that
		hin your Do	D Component and outside your Component? (Check all that apply)
×	Within the DoD Component	Specif	Department of the Navy
	Other DoD Components	Specif	,
		5303 85	Agency for Toxic and Disease Registry
×	Other Federal Agencies	Specif	Department of Veterans Affairs
x	State and Local Agencies	Specif	/. Environmental/Health agencies
×	Contractor (Name of contractor and describe the language in the contract that safeguards PII. Include whether FAR privacy clauses, i.e., 52.224-1, Privacy Act Notification, 52.224-2, Privacy Act, and FAR 39.105 are included in the contract.)	Specif	CAC that will be provided by the government. Contractor personnel providing support under this contract will require background checks in order to obtain user account at the IT
	Other (s. a.	C	level 3. Specific FAR privacy clauses are not included.
	Other (e.g., commercial providers, colleges).	Specif	77
	ource of the PII collected is: (Check all that apply and list all informa	tion systems	
X	Individuals		Databases
Ц	Existing DoD Information Systems Other Federal Information Systems		Commercial Systems
_	w will the information be collected? (Check all that apply and list a E-mail Face-to-Face Contact Fax Information Sharing - System to System	III Official Fo	m Numbers if applicable) Official Form (Enter Form Number(s) in the box below) Paper Telephone Interview Website/E-Form
	Other (If Other, enter the information in the box below)		Websiter offi
A Pris 15 15 15 15 15 15 15 15 15 15 15 15 15	trieved by name or other unique identifier. PIA and Privacy Act SORI Yes No No Yes," enter SORN System Identifier M05100-6 RN Identifier, not the Federal Register (FR) Citation. Consult the DoD racy/SORNs/ or	lection conta N information	ins information about U.S. citizens or lawful permanent U.S. residents the must be consistent. Privacy Office for additional information or http://dpcld.defense.gov/
Div	SORN has not yet been published in the Federal Register, enter date ision (DPCLTD). Consult the DoD Component Privacy Office for this No," explain why the SORN is not required in accordance with DoD Re	date	
ı. W	hat is the National Archives and Records Administration (NARA)	approved, p	ending or general records schedule (GRS) disposition authority

for the system or for the records maintained in the system?	
(1) NARA Job Number or General Records Schedule Authority.	N1-NU-89-4/5090/3, DAA-0127-2014-0022-0002
(2) If pending, provide the date the SF-115 was submitted to NARA.	
(3) Retention Instructions.	
	Executive Order must authorize the collection and maintenance of a system of ords, the collection or maintenance of the PII must be necessary to discharge the
 If this system has a Privacy Act SORN, the authorities in this PI If a SORN does not apply, cite the authority for this DoD inform. (If multiple authorities are cited, provide all that apply). 	IA and the existing Privacy Act SORN should be similar. ation system or electronic collection to collect, use, maintain and/or disseminate PII.
(a) Cite the specific provisions of the statute and/or EO that aut	thorizes the operation of the system and the collection of PII.
operation or administration of a program, the execution of v	exist, indirect statutory authority may be cited if the authority requires the which will require the collection and maintenance of a system of records.
	ts can use their general statutory grants of authority ("internal housekeeping") as tion implementing the statute within the DoD Component must be identified.
SORN authorities:	
10 U.S.C. 5041, Headquarters, U.S. Marine Corps	
PL 110-181, Sec. 315 Notification of Certain Residents and Civ Water Contamination	rilian Employees at Camp Lejeune, North Carolina, of Exposure to Drinking
	an active and approved Office of Management and Budget (OMB) Control
Number?	an acuve and approved office of management and budget (Omb) control
Contact the Component Information Management Control Officer or I collect data from 10 or more members of the public in a 12-month per	DoD Clearance Officer for this information. This number indicates OMB approval to riod regardless of form or format.
X Yes No Pending	
(1) If "Yes," list all applicable OMB Control Numbers, collection titles (2) If "No," explain why OMB approval is not required in accordance Procedures for DoD Public Information Collections." (3) If "Pending," provide the date for the 60 and/or 30 day notice an	with DoD Manual 8910.01, Volume 2, " DoD Information Collections Manual:
OMB Control Number: 0703-0057	o trie receiai Registei citation.
Expires on 12/31/19	

a. What PII will be collected (a data element alone or in combination that can uniquely identify an individual?? (Check all that apply) Biometries Gitzenship Gitzenship Driver's License Employment Information Mailing's Home Address Mailing's Home Address Mother's Middle Malatine Midling Necords Mother's Middle Malatine Mother's Middle Malatine Midling Necords Mother's Middle Malatine Protocol Passport Information Mother's Middle Malatine Protocol Protoco	l			SECTION 2: PII RISK REV	<u>IEW</u>	
Citizenship	a. W	hat PII will be collected (a data eler	ment alone or i	n combination that can uniquely ide	entify an individua	al)? (Check all that apply)
Envelopment Information		Biometrics	100	Birth Date		Child Information
Employment Information Financial Information Legal Status Legal Status Legal Status Legal Status Mailray Piccords Mailray Piccords Mother's Middle/Maidren Name Name(s)		Citizenship	100	Disability Information	1	DoD ID Number
MailingHome Address		Driver's License		Education Information		Emergency Contact
MailingHome Address		Employment Information		Financial Information		Gender/Gender Identification
Military Records	×	Home/Cell Phone	100	Law Enforcement Information		Legal Status
Official Duty Address Passport Information Protected Health Information (PHI)¹ Rank/Grade Religious Preference Social Security Number (SSN) (Full or in any form) Work E-mail Address If the SSN is collected, complete the following questions. (DoD Instruction 1000.30 states that all DoD personnel shall reduce or eliminate the use of SSNs wherever possible. SSNs shall not be used in spreadshed hard copy lists, electronic reports, or collected in surveys unless they meet one or more of the acceptable use criteria.) (1) Is there a current (dated within two (2) years) DPCLTD approved SSN Justification on Memo in place? Yes No If "Yes," provide the signatory and date approval. If "No," explain why there is no SSN Justification Memo. (2) Describe the approved acceptable use in accordance with DoD Instruction 1000.30 "Reduction of Social Security Number (SSN) Use within DoD". (3) Describe the miligation efforts to reduce the use including visibility and printing of SSN in accordance with DoD Instruction 1000.30, "Reduction of Social Security Number (SSN) Use within DoD". (4) Has a plan to eliminate the use of the SSN or mitigate its use and or visibility been identified in the approved SSN Justification request? If "Yes," provide the unique identifier and when can it be eliminated? If "Yes," explain. Yes No Moderate High The defition of P4 trovice enabling continus takes in the IPPA Consul with General Counse to make the actemination. Yes that the intervence of the state of the categoration receives the coun under the definition of the confortation was the two passing or the categoration consists and passing the intervence that the describation under the Righ of the Confortation in the Confortation of the Confortation of the Confortation of t	×	Mailing/Home Address	100	Marital Status		Medical Information
Passport Information Passport Information Passport Information Passport Information Passport Information Passport Passport Information Passport Passp		Military Records		Mother's Middle/Maiden Name	3	Name(s)
Pace of Birth		Official Duty Address	160	Official Duty Telephone Phone		Other ID Number
Race/Ethnicity Rank/Grade Religious Preference Records Security Information Social Security Number (SSN) (Full or in any form) Work E-mail Address If Other, enter the information in the box below If Other, enter the information in the box below If Other, enter the information in the box below If Other, enter the information in the box below If Other, enter the information in the box below If Other, enter the information in the box below If Other, enter the information in the box below If Other, enter the information in the box below If Other, enter the information in the box below If Other, enter the information in the box below If Other, enter the information in the box below If Other, enter the information in the box below If Other, enter the information in the box below If Other, enter the information in the box below If Other, enter the information in the box below If Other enter the information in the box below If Other enter the information in the box below If Other enter the information in the box below If Other enter the information in the box below If Other enter the information in the box below If Other enter the information in the box below If Other enter the information in the box below If Other enter the information in the box below If Other enter the information If Other enter the informat		Passport Information	×	Personal E-mail Address		Photo
Records Security Information Social Security Number (SSN) (Full or in any form)		Place of Birth		Position/Title		Protected Health Information (PHI) ¹
Work E-mail Address If Other, enter the information in the box below		Race/Ethnicity		Rank/Grade		Religious Preference
Work E-mail Address If Other, enter the information in the box below		Records		Security Information	Г	Social Security Number (SSN) (Full or in any
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manager of search descriptions are the desire combinate content to the desire to the desired to the des	Guidan low, mos conducts most eff	ce on determining the PII confidentially impact to detaile, or high. This activity may be conducted as editing the information types described in NISTS ective when done in collaboration with the informa-	vel, see Section 2.5 part of the categori Special Publication (ation Owner, Informa	*Categorization of PII Using NIST SP 800-12/ ization exercise that occurs under the Risk Ma (SP) 800-60, which are not as granular as the ation System Owner, Information System Secu	2." Use the identified P nagement Framework PII data elements lister	(RMF). Note that categorization under the RMF is typically d in the PIA table. Determining the PII confidentially impact level is

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c. Ho	w will the PII be secured?			
(1) Physical Controls. (Check all that apply)			
×	Cipher Locks		Closed Circuit TV (CCT\	v)
	Combination Locks	X	Identification Badges	
	Key Cards		Safes	
	Security Guards		If Other, enter the inform	nation in the box below
(2 X X) Administrative Controls. (Check all that app Backups Secured Off-site Encryption of Backups Methods to Ensure Only Authorized Perso Periodic Security Audits Regular Monitoring of Users' Security Prac If Other, enter the information in the box by	nnel Access to PII		
(3) Technical Controls. (Check all that apply)			
	Biometrics	Common Access Card (C	Total Board	
×	Encryption of Data at Rest	Encryption of Data in Trans	CCCCCCC	External Certificate Authority Certificates
×	Firewall	Intrusion Detection Syster		Least Privilege Access
	Role-Based Access Controls	Used Only for Privileged (User Identification and Password
	Virtual Private Network (VPN)	If Other, enter the informa	tion in the box below	
d. Wf	nat additional measures/safeguards have b	een put in place to address privac	y risks for this informatio	on system or electronic collection?