

**4187**

**AMENDED NOTIFICATION OF ASBESTOS  
REMOVAL: FEMP-92-031B**

**01/14/93**

**FERMCO/OEPA**

**C:RTP:93-011**

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**LETTER**



Restoration Management Corporation P.O. Box 398704 Cincinnati, Ohio 45239-8704 (513) 738-6200

January 14, 1993

U. S. Department of Energy  
Fernald Environmental Management Project  
Letter No. C:RTP:93-011

Mr. Bradley Miller  
Environmental Scientist  
Dept. of Environmental Services  
Air Quality Programs  
1632 Central Parkway  
Cincinnati, OH 45210

Dear Mr. Miller:

**AMENDED NOTIFICATION OF ASBESTOS REMOVAL: FEMP - 92 - 031B**

The enclosed Asbestos Demolition/Renovation Notification has been amended in the following manner:

Notification No. FEMP-92-031A: **VIII.** Dates for asbestos removal.

Old:	Start: <u>01/18/93</u>	End: <u>06/15/93</u>
New:	Start: <u>02/01/93</u>	End: <u>06/15/93</u>

If you have any questions concerning this removal, please contact Ervin Fisher of my staff at 738-6053.

Very truly yours,

Donald P. Dubois, Vice President  
Regulatory & Technology Programs

DPD/ef  
Attachment

cc: P. J. Beirne  
D. Duncan, Insul-Craft, Inc.  
P. B. Spotts, w/o attachment

AR Files  
PR Files  
RTP Files

**OHIO ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF DEMOLITION AND RENOVATION**

Operator Project # FEMP-92-031B	Postmark	Date received	Notification #
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I. TYPE OF NOTIFICATION:      | Original                      | Revised    X                      | Canceled

II. FACILITY INFORMATION:

Owner Name: U. S. Department of Energy  
 Address: DOE Field Office, Fernald Post Office Box 398705  
 City: Cincinnati                      State: OH                      Zip-code: 45239

Removal Contractor: Insul-Craft Inc.                      License #: 1015  
 Address: P. O. Box 15521  
 City: Cincinnati                      State: OH                      Zip-code: 45215  
 Contact: Debbie Duncan                      Telephone: (513) 761-9191

Other Operator: (demolition/general) Fernald Environmental Restoration Corp  
 Address: FEMP, P.O. Box 398704  
 City: Cincinnati                      State OH                      Zip-code 45239  
 Contact: Ervin Fisher                      Telephone: (513) 738-6053

III. TYPE OF OPERATION: (D= Demo O=Ordered Demo R= Renovation E=Emer. Reno) | R

IV. IS ASBESTOS PRESENT? (check one)                      YES | X | NO |

V. FACILITY DESCRIPTION (Include building name, number and floor number)

Building Name: Fernald Environmental Management Project  
 Address: 7400 Willey Rd.  
 City: Fernald                      State: OHIO                      County: Hamilton  
 Site Location (specific): Equipment Rooms in Bldg 28 East and West  
 Facility Size (Square feet) 6 Million # of Floors:        Age in years: 39  
 Present Use: Site Remediation                      Prior Use: Uranium Products Mfg.

VI. PROCEDURE, AND ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:

Material assumed to be asbestos based on prior testing of similar material.

VII. APPROXIMATE AMOUNT OF ASBESTOS MATERIALS

	RACM To Be Removed	Nonfriable ACM Not to be Removed		Unit of measure	
		Cat I	Cat II	Feet	Meters
Pipe	110			Linear	X
Surface Area	292			Square	X
Volume RACM off Facility Components				Cubic	

VIII. DATES FOR ASBESTOS REMOVAL (MM/DD/YY)      Start: 02/01/93      End: 06/15/93  
 Hours of Operation: Shift work, (24 hours)  
 Days of the Week: | Mon. | X | Tue. | X | Wed. | X | Thur. | X | Fri. | X | Sat. | X | Sun. | X |

IX. SCHEDULE DATES DEMOLITION OR RENOVATION:      Start: 02/01/93      End: 06/15/93

OHIO ENVIRONMENTAL PROTECTION AGENCY  
Asbestos Demolition and Renovation Notification Form Page 2

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X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHODS(S) TO BE USED:

Removal pipe and duct insulation. Manual Removal.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Glove-bag w/negative air or full enclosure as required, adequate wetting with amended water, material kept wet until collected, complete cleaning and lockdown, leak-tight containers.

XII. WASTE TRANSPORTER #1

Name: Not presently contracted  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip-code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

WASTE TRANSPORTER #2

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip-code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

XIII. WASTE DISPOSAL

Name: Nevada Test Site  
Address: P.O. Box 98518  
City: Las Vegas State: NV Zip-code: 89193-8518  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

XIV. EMERGENCY DEMOLITION  
Not applicable

XV. EMERGENCY RENOVATION  
Not applicable

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED OR REDUCED TO POWDER.

All asbestos related work will stop until proper notification and controls are in place.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF NESHAP (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE DURING NORMAL BUSINESS HOURS.  
Not applicable until 11/20/91

Ervin Fisher, Jr. 01/14/93 Ervin Fisher, Jr. Sr. Engineer  
Signature Date Type Name and Title

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, ACCURATE AND COMPLETE:

Ervin Fisher, Jr. 01/14/93 Ervin Fisher, Jr. Sr. Engineer  
Signature Date Type Name and Title