

4609

**AMENDED NOTIFICATION OF ASBESTOS  
REMOVAL: FEMP-93-0030**

**07/13/1993**

**C:RP:(PR)93-0140**

**FERMCO/OEPA**

**3**

**LETTER**



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

July 13, 1993

U. S. Department of Energy  
Fernald Environmental Management Project  
Letter No. C:RP:(PR):93-0140

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-93-003D**

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

Old: Start:	<u>07/14/93</u>	End:	<u>10/06/93</u>
New: Start:	<u>07/15/93</u>	End:	<u>10/06/93</u>

If you have any question concerning this removal, please contact Ervin Fisher, of my staff, at (513) 738-6053.

Very truly yours,

Stephen M. Beckman, Manager  
Permitting and Reporting

SMB:RKR:mhv  
Attachment

cc: L. A. Fisher  
R. P. McCullough  
P. B. Spotts, w/o attachment

AR Files  
PR Files  
File 108.6.1

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

**- 4 609**

Operator Project # FEMP-93-003d	Postmark	Date received	Notification #
------------------------------------	----------	---------------	----------------

**I. TYPE OF NOTIFICATION:**      | Original                      | Revised                      X      | Canceled

**II. FACILITY INFORMATION:**  
 Owner Name: U. S. Department of Energy      Telephone: (513) 648-3148  
 Address: DOE Field Office, Fernald      Post Office Box 398705  
 City: Cincinnati      State: OH      Zip-code: 45239  
  
 Removal Contractor: Fernald Env. Rest. Mgt. Corp.      License #: \_\_\_\_\_  
 Address: FEMP, P.O. Box 398704  
 City: Cincinnati      State: OH      Zip-code: 45239  
 Contact: Ervin Fisher      Telephone: (513) 738-6053  
  
 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): \_\_\_\_\_  
 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	3000			Linear	X
Surface Area	156			Square	X
Volume RACM off Facility Components				Cubic	

**VIII. DATES FOR ASBESTOS REMOVAL (MM/DD/YY)**      Start: 07/15/93      End: 10/06/93  
 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: 06/21/93      End: 12/01/94

OHIO ENVIRONMENTAL PROTECTION AGENCY

Asbestos Demolition and Renovation Notification Form Page 2

-4609

FEMP-XX-XXX

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

Robert Roulston 07/13/93 Robert Roulston, Senior Reg. Spec.  
 Signature Date Type Name and Title

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

Robert Roulston 07/13/93 Robert Roulston, Senior Reg. Spec.  
 Signature Date Type Name and Title