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**AMENDED NOTIFICATION OF ASBESTOS
REMOVAL: FEMP-93-001A**

09/21/93

C:RP:(PR):93-0165

FERMCO/OEPA

3

LETTER



Restoration Management Corporation

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

September 21, 1993

U. S. Department of Energy
Fernald Environmental Management Project
Letter No. C:RP:(PR):93-0165

Mr. Bradley Miller
Environmental Scientist
Hamilton County Department
of Environmental Services
Air Quality Management Division
1632 Central Parkway
Cincinnati, OH 45210

Dear Mr. Miller:

AMENDED NOTIFICATION OF ASBESTOS REMOVAL: FEMP - 93 - 001A

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

Notification No. FEMP-93-001: VII. Approximate amounts of asbestos material

Old: Pipe:	<u>3000 Ln. Ft.</u>
New: Pipe:	<u>5000 Ln. Ft.</u>

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

Sincerely,

Stephen M. Beckman
Manager
Permitting and Reporting

SMB:EF:mhv
Attachment

cc: L. A. Fisher - MS73
R. P. McCullough - MS51
P. B. Spotts, w/o attachment - MS65

AR Coordinator
PR Files
File Record Storage Copy 108.6.1

476 8

OHIO ENVIRONMENTAL PROTECTION AGENCY

Asbestos Demolition and Renovation Notification Form Page 2

FEMP-93-001A

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHODS(S) TO BE USED:
Individual removals that are planned but do not exceed the reportable quantities.

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 CRUMBLED, 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. 09/20/93 Ervin Fisher, Jr. Tech/Program Spec.
Signature Date Type Name and Title

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

Ervin Fisher, Jr. 09/20/93 Ervin Fisher, Jr. Tech/Program Spec.
Signature Date Type Name and Title