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**AMENDED NOTIFICATIONS OF ASBESTOS REMOVAL:
FEMP-94-004C, FEMP-94-006A, AND FEMP-94-007A**

08/25/94

**C:RP(RTS):94-0085
FERMCO HAMILTON COUNTY
8
NOTICE**



Restoration Management Corporation

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

August 25, 1994

U. S. Department of Energy
 Fernald Environmental Management Project
 Letter No. C:RP(RTS):94-0085

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

Dear Mr. Miller:

AMENDED NOTIFICATIONS OF ASBESTOS REMOVAL: FEMP-94-004C, FEMP-94-006A, AND FEMP-94-007A

The enclosed Asbestos Demolition/Renovation Notifications have been amended in the following manner:

FEMP-94-004B

Old: Start:	<u>07/07/94</u>	End:	<u>08/27/94</u>
New: Start:	<u>07/07/94</u>	End:	<u>09/29/94</u>

FEMP-94-006

Old: Start:	<u>08/29/94</u>	End:	<u>10/27/94</u>
New: Start:	<u>09/29/94</u>	End:	<u>10/27/94</u>

FEMP-94-007

Old: Start:	<u>08/29/94</u>	End:	<u>10/27/94</u>
New: Start:	<u>09/10/94</u>	End:	<u>10/27/94</u>

Days of the week worked changed to Saturday and Sunday only.

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Mr. Bradley Miller
C:RP(RTS):94-0085
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If you have any question concerning these removals, please contact Ervin Fisher,
of my staff, at (513) 738-6053.

Sincerely,

A handwritten signature in black ink that reads "Stephen M. Beckman".

Stephen M. Beckman
Manager
Regulatory Technical Support

SMB:EF:tss
Attachments

c: D. T. Edwards, FERMCO
L. A. Fisher, FERMCO
D. J. Tashjain, FERMCO
P. B. Spotts, FERMCO, w/o attachment
AR Coordinator
RTS Files
File Record Storage Copy 108.6

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OHIO ENVIRONMENTAL PROTECTION AGENCY

Asbestos Demolition and Renovation Notification Form Page 2

FEMP-94-004C

X.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHODS(S) TO BE USED: 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, HEPA vacuum, adequate wetting with amended water, material kept wet until collected, complete cleaning and lockdown, leak-tight containers.
XII.	WASTE TRANSPORTER #1 Name: <u>Not presently contracted</u> Address: _____ City: _____ State: _____ Zip-code: _____ Contact Person: _____ Telephone: _____ WASTE TRANSPORTER #2 Name: _____ Address: _____ City: _____ State: _____ Zip-code: _____ Contact Person: _____ Telephone: _____
XIII.	WASTE DISPOSAL Name: <u>Nevada Test Site</u> Address: <u>P.O. Box 98518</u> City: <u>Las Vegas</u> State: <u>NV</u> Zip-code: <u>89193-8518</u> 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 <u>Ervin Fisher</u> 08/25/94 <u>Ervin Fisher Reg/Tech Specialist</u> Signature Date Type Name and Title
XVIII.	I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, ACCURATE AND COMPLETE: <u>Ervin Fisher</u> 08/25/94 <u>Ervin Fisher Reg/Tech Specialist</u> Signature Date Type Name and Title

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OHIO ENVIRONMENTAL PROTECTION AGENCY

Asbestos Demolition and Renovation Notification Form Page 2

FEMP-94-006A

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHODS(S) TO BE USED: 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, HEPA vacuum, 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 Signature Date 08/25/94 Ervin Fisher Reg/Tech Specialist Type Name and Title

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

Ervin Fisher Signature Date 08/25/94 Ervin Fisher Reg/Tech Specialist Type Name and Title

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

Operator Project # FEMP-94-007A	Postmark	Date received	Notification #
I. TYPE OF NOTIFICATION:		Original	Revised X
II. FACILITY INFORMATION: Owner Name: <u>U. S. Department of Energy</u> Telephone: <u>(513) 648-3148</u> Address: <u>DOE Field Office, Fernald Post Office Box 538705</u> City: <u>Cincinnati</u> State: <u>OH</u> Zip-code: <u>45253</u> Removal Contractor: <u>Fernald Env. Rest. Mgt. Corp.</u> License #: _____ Address: <u>FEMP, P.O. Box 538704</u> City: <u>Cincinnati</u> State: <u>OH</u> Zip-code: <u>45253</u> Contact: <u>Ervin Fisher</u> Telephone: <u>(513) 738-6053</u> Other Operator: (demolition/general) <u>Fernald Environmental Restoration Corp</u> Address: <u>FEMP, P.O. Box 538704</u> City: <u>Cincinnati</u> State <u>OH</u> Zip-code <u>45253</u> Contact: <u>Ervin Fisher</u> Telephone: <u>(513) 738-6053</u>			
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: <u>Fernald Environmental Management Project</u> Address: <u>7400 Willey Rd.</u> City: <u>Fernald</u> State: <u>OHIO</u> County: <u>Hamilton</u> Site Location (specific): <u>Plant 3 Maintenance Building No. 3A</u> Facility Size (Square feet) <u>6 Million</u> # of Floors: _____ Age in years: <u>39</u> Present Use: <u>Site Remediation</u> Prior Use: <u>Uranium Products Mfg.</u>			
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 Cat I Cat II	Unit of measure Feet Meters
Pipe	310		Linear X
Surface Area			Square
Volume RACM off Facility Components			Cubic
VIII. DATES FOR ASBESTOS REMOVAL (MM/DD/YY) Start: <u>09/10/94</u> End: <u>10/27/94</u> Hours of Operation: <u>Shift work</u> Days of the Week: Mon. Tue. Wed. Thur. Fri. Sat. X Sun. X			
IX. SCHEDULE DATES DEMOLITION OR RENOVATION: Start: <u>09/10/94</u> End: <u>11/15/94</u>			

OHIO ENVIRONMENTAL PROTECTION AGENCY

Asbestos Demolition and Renovation Notification Form Page 2

FEMP-94-007A

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHODS(S) TO BE USED:
Manual Removal. Remove 530 sq. ft. of non-friable floor tile also.

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, HEPA vacuum, 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 08/25/94 Ervin Fisher Reg/Tech Specialist
Signature Date Type Name and Title

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

Ervin Fisher 08/25/94 Ervin Fisher Reg/Tech Specialist
Signature Date Type Name and Title

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