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R-030-103 .142

NOTIFICATION OF ASBESTOS REMOVAL: FEMP-94-008

09/21/94

**C:RP(RTS):94-0097
FERMCO HAMILTON COUNTY
3
LETTER**



Restoration Management Corporation

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

September 21, 1994

U. S. Department of Energy
Fernald Environmental Management Project
Letter No. C:RP(RTS):94-0097

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

Dear Mr. Miller:

NOTIFICATION OF ASBESTOS REMOVAL: FEMP-94-008

The enclosed Asbestos Demolition/Renovation Notification is submitted in accordance with 40 CFR Part 61, Subpart M and the OAC 3745-20. This project will be conducted as part of a Removal Action in accordance with the Consent Agreement, as amended, under CERCLA Sections 120 and 106(a). The check to cover the required fee of \$100.00 will be submitted under separate cover.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Stephen M. Beckman". The signature is fluid and cursive.

Stephen M. Beckman
Manager
Regulatory Technical Support

SMB:EF:mhv
Attachment

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

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

5968

Operator Project # FEMP-94-008	Postmark	Date received	Notification #
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I. TYPE OF NOTIFICATION: | Original X | Revised | Canceled

II. FACILITY INFORMATION:

Owner Name: U. S. Department of Energy Telephone: (513) 648-3148
 Address: DOE Field Office, Fernald Post Office Box 538705
 City: Cincinnati State: OH Zip-code: 45253

Removal Contractor: Fernald Env. Rest. Mgt. Corp. License #: _____
 Address: FEMP, P.O. Box 538704
 City: Cincinnati State: OH Zip-code: 45253
 Contact: Ervin Fisher Telephone: (513) 738-6053

Other Operator: (demolition/general) Fernald Environmental Restoration Corp
 Address: FEMP, P.O. Box 538704
 City: Cincinnati State OH Zip-code 45253
 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): Bldg 26A the Fire Protection Bldg
 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	Nonfriable ACM		Unit of measure	
	To Be Removed	Not to be Removed Cat I	Cat II	Feet	Meters
Pipe	500			Linear	X
Surface Area				Square	
Volume RACM off Facility Components				Cubic	

VIII. DATES FOR ASBESTOS REMOVAL (MM/DD/YY) Start: 10/05/94 End: 11/21/94
 Hours of Operation: Shift work, (24 hours)
 Days of the Week: | Mon. | X | Tue. | X | Wed. | X | Thur. | X | Fri. | | Sat. | | Sun. | |

IX. SCHEDULE DATES DEMOLITION OR RENOVATION: Start: 10/05/94 End: 11/21/94

OHIO ENVIRONMENTAL PROTECTION AGENCY

Asbestos Demolition and Renovation Notification Form Page 2

FEMP-94-008

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHODS(S) TO BE USED:
Remove 500 linear feet of pipe 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, 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 09/21/94 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 09/21/94 Ervin Fisher Reg/Tech Specialist
 Signature Date Type Name and Title