

6047

R-030-103 .147

**NOTIFICATION OF ASBESTOS REMOVAL: FEMP-94-009**

10/10/94

**C:RP(RTS):94-0104**

**FERMCO HAMILTON COUNTY**

---

**3**

**LETTER**



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

October 10, 1994

U. S. Department of Energy  
Fernald Environmental Management Project  
Letter No. C:RP(RTS):94-0104

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-94-009**

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".

Stephen M. Beckman  
Manager  
Regulatory Technical Support

SMB:EF:mhv  
Attachment

cc: L. A. Fisher, FERMCO/MS51  
P. B. Spotts, FERMCO/MS65-2, w/o attachment  
D. J. Tashjian, FERMCO/MS51-1  
AR Coordinator  
File Record Storage Copy 108.6  
RTS Files

000001

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

Operator Project # FEMP-94-009	Postmark	Date received	Notification #
<b>I. TYPE OF NOTIFICATION:</b>   Original      X        Revised        Canceled			
<b>II. FACILITY INFORMATION:</b>			
Owner Name: <u>U. S. Department of Energy</u> Telephone: <u>(513) 648-3148</u>			
Address: <u>DOE Field Office, Fernald</u> Post Office Box <u>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>			
<b>III. TYPE OF OPERATION:</b> (D= Demo O=Ordered Demo R=Renovation E=Emer. Reno)   R			
<b>IV. IS ASBESTOS PRESENT?</b> (check one)      YES   X   NO			
<b>V. FACILITY DESCRIPTION</b> (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>Water Treatment Building Bldg 20B</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>			
<b>VI. PROCEDURE, AND ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</b>			
Material assumed to be asbestos based on prior testing of similar material.			
<b>VII. APPROXIMATE AMOUNT OF ASBESTOS MATERIALS</b>			
	RACM To Be Removed	Nonfriable ACM Not to be Removed Cat I      Cat II	Unit of measure Feet      Meters
Pipe	1270		Linear   X
Surface Area			Square
Volume RACM off Facility Components			Cubic
<b>VIII. DATES FOR ASBESTOS REMOVAL (MM/DD/YY)</b> Start: <u>10/24/94</u> End: <u>02/17/95</u>			
Hours of Operation: <u>Shift work, (24 hours)</u>			
Days of the Week:   Mon.   X   Tue.   X   Wed.   X   Thur.   X   Fri.     Sat.     Sun.			
<b>IX. SCHEDULE DATES DEMOLITION OR RENOVATION:</b> Start: <u>10/24/94</u> End: <u>02/17/95</u>			

**OHIO ENVIRONMENTAL PROTECTION AGENCY**

Asbestos Demolition and Renovation Notification Form Page 2

FEMP-94-009

**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 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 10/10/94 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 10/10/94 Ervin Fisher Reg/Tech Specialist  
 Signature Date Type Name and Title

000003