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NOTIFICATION OF ASBESTOS REMOVAL: FEMP-94-010

12/22/94

**C:EC(RTS)94-0139
FERMCO HAMILTON COUNTY
3
LETTER**



Restoration Management Corporation

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

December 22, 1994

U. S. Department of Energy
Fernald Environmental Management Project
Letter No. C:EC(RTS):94-0139

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

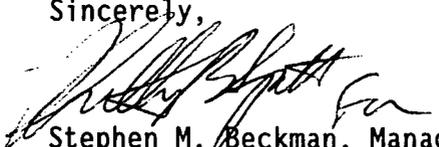
Dear Mr. Miller:

NOTIFICATION OF ASBESTOS REMOVAL: FEMP-94-010

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,



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. K. Tashjian, FERMCO/MS51-1
AR Coordinator
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RTS Files

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

Operator Project # FEMP-94-010	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): Slag Recycling Building Bldg 55A
 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	336			Linear	X
Surface Area				Square	
Volume RACM off Facility Components				Cubic	

VIII. DATES FOR ASBESTOS REMOVAL (MM/DD/YY) Start: 01/09/95 End: 02/28/95

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: 01/09/95 End: 02/22/95

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 12/22/94 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 12/22/94 Ervin Fisher Reg/Tech Specialist
Signature Date Type Name and Title