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**AMENDED NOTIFICATION OF ASBESTOS REMOVAL: FEMP-94-010A**

01/31/95

C:EC(RTS):95-0012  
FERMCO HAMILTON COUNTY  
3  
LETTER



Restoration Management Corporation

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

January 31, 1995

U. S. Department of Energy  
Fernald Environmental Management Project  
Letter No. C:EC(RTS):95-0012

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

Dear Mr. Miller:

**AMENDED NOTIFICATION OF ASBESTOS REMOVAL: FEMP-94-010A**

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

Old: Start:	<u>01/09/95</u>	End:	<u>02/28/95</u>
New: Start:	<u>01/09/95</u>	End:	<u>01/31/95</u>

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

Sincerely,

A handwritten signature in cursive script, appearing to read "Stephen M. Beckman".

Stephen M. Beckman, Manager  
Regulatory Technical Support

SMB:EF:mhv  
Attachment

c: D. T. Edwards, FERMCO/MS44  
L. A. Fisher, FERMCO/MS51  
P. B. Spotts, FERMCO, w/o attachment  
D. J. Tashjain, FERMCO/MS76  
AR Coordinator, MS78  
File Record Storage Copy 108.6  
RTS Files

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

Operator Project # FEMP-94-010A	Postmark	Date received	Notification #
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I. TYPE OF NOTIFICATION:      | Original                      | Revised      X                      | 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: 01/31/95

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: 01/31/95

OHIO ENVIRONMENTAL PROTECTION AGENCY

Asbestos Demolition and Renovation Notification Form Page 2

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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, Jr. 01/31/95 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, Jr. 01/31/95 Ervin Fisher Reg/Tech Specialist  
Signature Date Type Name and Title