



P.O. Box 538704 Cincinnati, Ohio 45253-8704 (513) 648-3000

1718

September 21, 1998

Fernald Environmental Management Project
Letter No. C:FCDP(PSI):98-0051

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

Dear Mr. Miller:

AMENDED NOTIFICATION OF ASBESTOS WASTE DISPOSAL SITE

Effective immediately the Asbestos Waste Disposal Site is amended as follows: All previously removed asbestos that is awaiting disposition, and any future asbestos removals that meet the "Waste Acceptance Criteria" will be sent to the "On Site Disposal Facility" (OSDF) for disposal.

XIII: Old: Waste Disposal Site Address	<u>Nevada Test Site</u> <u>PO Box 98518</u> <u>Las Vegas, NV. 89193-8518</u>
New: Waste Disposal Site Address	<u>On Site Disposal Facility (OSDF)</u> <u>7400 Willey Road</u> <u>Fernald, OH. 45013-9402</u>
Waste Disposal Site Mailing Address	<u>OSDF</u> <u>PO Box 538704</u> <u>Cincinnati, OH. 45253-8704</u> <u>Michael J. Hickey (513) 648-5971</u>

If you have any question concerning this change, please contact Dan Griffith, of my staff, at (513) 648-4195.

Sincerely,

Lewis C. Goidell
Manager, Environmental Compliance
Project Support & Integration

LCG:DG:mhv
Enclosure



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- c: T. Hastings, FDF
- M. J. Hickey, FDF
- R. B. Grant, FDF
- D. Griffith, FDF
- P. B. Spotts, FDF, w/o enclosure
- AR Coordinator, FDF
- File Record Storage Copy 108.6
- PSI(EC) Files

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

Operator Project #	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) 648-3151
 Address: DOE Field Office, Fernald Post Office Box 538705
 City: Cincinnati State: OH Zip-code: 45253

Removal Contractor: Fluor Daniel Fernald License # _____
 Address: FEMP PO Box 538704
 City: Cincinnati State: OH Zip-code: 45253
 Contact: Dan Griffith Telephone: (513) 648-4195

Other Operator: (demolition/general) Fluor Daniel Fernald
 Address: FEMP, P.O. Box 538704
 City: Cincinnati State OH Zip-code 45253
 Contact: Dan Griffith Telephone: (513) 648-4195

III. TYPE OF OPERATION: (D= Demo O=Ordered Demo R= Renovation E=Emer. Reno) | D

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): CERCLA Demolition of Buildings & O & M Operations
 Facility Size (Square feet) 6 Million # of Floors: _____ Age in years: 45+
 Present Use: Site Remediation Prior Use: Production of Uranium

VI. PROCEDURE, AND ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:
 Material tested by PLM or TEM or 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	All			Linear	X
Surface Area	All			Square	X
Volume RACM off Facility Components	All			Cubic	X

VIII. DATES FOR ASBESTOS REMOVAL (MM/DD/YY) Start: 09/15/98 End: 12/31/98
 Hours of Operation: Shift work, ONE 8HR. SHIFT
 Days of the Week: Mon. | X | Tue. | X | Wed. | X | Thur. | X | Fri. | X | Sat. | X | Sun. | X |

IX. SCHEDULE DATES DEMOLITION OR RENOVATION: Start: 09/15/98 End: 12/31/98

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Asbestos Demolition and Renovation Notification Form Page 2

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: HEPA vacuum, adequate wetting with amended water, material kept wet until collected, complete cleaning and lockdown. leak-tight containers.

XII. WASTE TRANSPORTER #1

Name: _____
Address: _____
City: _____ State: _____ Zip-code: _____
Contact Person: _____ Telephone: _____

WASTE TRANSPORTER #2

Name: _____
Address: _____
City: _____ State: _____ Zip-code: _____
Contact Person: _____ Telephone: _____

XIII. WASTE DISPOSAL

Name: OSDF
Address: P.O. Box 538704
City: Cincinnati State: OH Zip-code: 45253-8704
Contact Person: Michael J. Hickey Telephone: (513)648-5971

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 CRUMBLER, 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

Dan Griffith 09/15/98 Dan Griffith Team Tech. Specialist.
Signature Date Type Name and Title

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

Dan Griffith 09/15/98 Dan Griffith Team Tech. Specialist
Signature Date Type Name and Title

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