EPA
Region III

JUST THE FAX

TO: name NANCY A. MUGAVERO
of (agency) U.S. EPA REGION 5
location CHICAGO, ILLINOIS
office phone 312-353-4890

FROM: name DOUGLAS E. FOSTER
of USEPA Wheeling Office
303 Methodist Blg.
Wheeling, WV 26003
FAX NO. COM: (304)234-0282
OFFICE PHONE: COM: (304)234-0266

DATE: 11-7-1996

Number of pages not including cover page 3

NOTE:

NANCY: HERE IS THE NOTIFICATION FROM THE CARDINAL GENERATING STATION AT BRILLIANT, OHIO

Doug

OHIO ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #

I. TYPE OF NOTIFICATION: Original X | Revised | Cancelled

II. FACILITY INFORMATION:

Owner Name: Cardinal Operating Company
Address: P.O. Box B
City: Brilliant State: Ohio Zip-code: 43913
Contact: C. Hewett Telephone: (614)598-6617
Removal Contractor: Global Power Company License # 1600
Address: 185 Plumpton Avenue
City: Washington State: PA Zip-code: 15301
Contact: Dan White Telephone: (412)225-2700
Other Operator: (demolition/general)
Address:
City: State: Zip-code:
Contact: Telephone:

III. TYPE OF OPERATION: (D=Demo O=Ordered Demo R=Renovation E=Emergency renovation): R

IV. IS ASBESTOS PRESENT? (check one) YES X NO

V. FACILITY DESCRIPTION (Include building name, number and floor or room number)

Building Name: Cardinal Generating Station
Address: P.O. Box B (State Route 7)
City: Brilliant State: OHIO County: Jefferson
Site Location (specific): Unit #1
Building Size (Square feet) # of Floors: Age in Years: 30
Present Use: Electric Generation Prior Use Same

VI. PROCEDURE AND ANALYTICAL METHOD, IF APPROPRIATE, USED DETECT THE PRESENCE OF ASBESTOS MATERIAL:

OhioAsbestos Hazard Evaluation Specialist: Name Certification #

VII. APPROXIMATE AMOUNT OF ASBESTOS MATERIALS

	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed: Category I	Category II	Indicate Unit of Measurement Below (Check Box) UNIT			
Pipes	3,700			Linear Feet	X	Linear Meters	
Surface Area	50			Square Feet	X	Square Meters	
Volume RACM off Facility Components				Cubic Feet		Cubic Meters	

VIII. DATES FOR ASBESTOS REMOVAL (MM/DD/YY) Start: 10/23/96 Complete 12/20/96
Hours of Operation: 24 hours per day
Days of the Week: Monday X | Tuesday X | Wednesday X | Thursday X | Friday X | Saturday | Sunday

IX. SCHEDULED DATES DEMOLITION OR RENOVATION: Start: 10/23/96 Complete 12/20/96

Complete all unshaded spaces, except, demolitions which involve less than 160 square feet, 260 linear feet or 1 cubic meter of RACM, need not complete spaces VII, XI, XII, XIII, XIV, and XV. Notifications for Emergency Demolitions or Emergency Renovations must supply attachments

OHIO ENVIRONMENTAL PROTECTION AGENCY

Asbestos Demolition and Renovation Notification Form Page 2

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

During the Unit #1 Outage, glovebags, enclosures & wet methods will be used to abate: main steam, reheat exhaust, reheat steam, turbine exhaust, feedwater, sootblower and combustion air piping. Also included are some valves and other small maintenance areas.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: ACM will be removed after being adequately wetted with amended water and/or lock down and kept wet until collected. Material will be sealed into leak tight double 6 mil bags and disposed in an approved landfill. ACM removal shall be done within an enclosure and/or glove bags.

XII. WASTE TRANSPORTER #1

Name: CAT Leasing

Address: 522 Parkview Avenue

City: Barberton State: Ohio Zip-code: 44203

Contact Person: Bernie Hone Telephone: (216)745-4453

WASTE TRANSPORTER #2

Name:

Address:

City: State: Zip-code:

Contact Person: Telephone:

XIII. WASTE DISPOSAL

Name: Meadowfill, Inc.

Address: State Route 2, Box 68

City: Bridgeport State: WV Zip-code: 26330

Contact Person: Telephone: (304)842-2784

XIV. EMERGENCY DEMOLITION - (complete Item XIV and all other sections, only if this project is an Emergency Demolition)

1. Attach a copy of the Order to this notice.
2. Name of Authority Issuing Order: Title:
3. Authority of Order (Citation of Code):
4. Date of Order (MM/DD/YY): Date Ordered to Begin:

XV. EMERGENCY RENOVATION (Attach separate sheet with the following information if project is Emergency Renovation)

1. Date and Hour of the Emergency
2. Description of the Sudden, Unexpected Event.
3. Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden.

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. In the event that unexpected asbestos is to be removed. Proper notification and appropriate approved removal methods will be utilized. Any nonfriable asbestos which becomes crumbled, pulverized or reduced to powder will be handled with approved friable asbestos removal procedures. (Wet methods, HEPA vac, etc.)

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF NESHAPS (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 (Required after November 20, 1991).

C.M. Hewett 10/9/96 C.M. Hewett/Environmental

(Signature of Owner/Operator) Date Type or print Name and Title

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

C.M. Hewett 10/9/96 C.M. Hewett/Environmental

(Signature of Owner/Operator) Date Type or print Name and Title

All notices must be submitted at least ten days before demolition or renovation begins, except emergency demolitions and emergency renovations (see regulation) which must be submitted as soon as possible before operations begin.

POST MARK	DATE RECEIVED	NOTIFICATION No.

OHIO DEPARTMENT OF HEALTH
PRIOR NOTIFICATION OF ASBESTOS HAZARD ABATEMENT PROJECT

READ CAREFULLY ALL THE INSTRUCTIONS AND QUESTIONS PRIOR TO COMPLETING THE NOTIFICATION FORM.

1. NOTIFICATIONS INCLUDING CHECK SHALL BE TYPED AND SENT TO THE OHIO DEPARTMENT OF HEALTH, ATTN: ACCOUNTS RECEIVABLE UNIT P.O. BOX 15278 COLUMBUS, OHIO 43215
2. CHECKS SHALL BE MADE PAYABLE TO: TREASURER STATE OF OHIO, FOR THE AMOUNT OF TWENTY-FIVE DOLLARS ($25.00).
3. ANY LICENSED ASBESTOS HAZARD ABATEMENT CONTRACTOR WHO PERFORMS ANY ASBESTOS HAZARD ABATEMENT PROJECTS WITHIN THE STATE OF OHIO SHALL SUBMIT PRIOR NOTIFICATIONS TO THE DIRECTOR POSTMARKED AT LEAST TEN DAYS BEFORE BEGINNING EACH PLANNED ASBESTOS HAZARD ABATEMENT PROJECT AS REQUIRED BY CHAPTER 3701-34 OF THE OHIO ADMINISTRATIVE CODE.

4. TYPE OF NOTIFICATION: ( ) BLANKET (x) ORIGINAL ( ) EMERGENCY ( ) CANCELLATION ( ) REVISION #____

5. TYPE OF ABATEMENT INVOLVING AT LEAST 50 LINEAR FEET OR 50 SQUARE FEET
CHECK ONE: ( ) REPAIR ( ) ENCAPSULATION ( ) ENCLOSURE ( ) REMOVAL (x) RENOVATION

6. OWNER NAME: Cardinal Operating Company — ADDRESS: P.O. Box B
CITY: Brilliant — STATE: OH — ZIP CODE: 43913
CONTACT: Chuck Hewett — TELEPHONE No. AREA CODE 614) 598-6617

7. ABATEMENT CONTRACTOR: Global Power Company — LICENSE No. 1600 — EXPIRES: 11/17/96
ADDRESS: 807 E. Turkeyfoot Lake Road — CITY: Akron — STATE: OH
ZIP CODE: 44319 — CONTACT: Dan White — TELEPHONE No. AREA CODE (330) 896-4202

8. NAME OF ASBESTOS HAZARD ABATEMENT SPECIALIST FOR PROJECT:
NAME: Michael Weiss — CERTIFICATION No. 24721 — EXPIRES: 3/2/97

9. PROJECT INFORMATION:
BUILDING NAME: Cardinal Generating Station — ADDRESS: P.O. Box B (State Route 7)
CITY: Brilliant — STATE: OH — COUNTY: Jefferson
SITE LOCATION (Specific): Unit #1

10. PROJECT DESCRIPTION:
TYPE OF ASBESTOS MATERIAL: ( ) SURFACING (x) MECHANICAL ( ) OTHER____
ASBESTOS REMOVAL FROM: (x) PIPE ( ) BOILER ( ) OTHER____
ENGINEERING CONTROLS: ( ) AFD (x) GLOVE BAG ( ) OTHER enclosures

11. ESTIMATE OF ASBESTOS CONTAINING MATERIAL: LINEAR FEET 3700 — SQUARE FEET 50

12. ABATEMENT DATES: SET UP 10/23/96 — ABATEMENT 10/28/96 — COMPLETION (acm work only) 12/20/96
HOURS OF OPERATION: 24 hours per day

DAYS OF THE WEEK	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	x	x	x	x	x		

13. APPROVED LANDFILL: NAME: Meadowfill Corporation — EPA PERMIT No. 8426
CITY: Route 3, Box 563 — STATE: WV — TELEPHONE No. (304) 842-2989

14. NAME OF PERSON FILING THIS NOTICE: Dan White — DATE: 10/9/96

HEA 5121 (REV. 06/92)

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Electric Generation Prior Use Same

Post-it® Fax Note 7671	Date 11/7/96	# of pages ▸ 2
To NANCY	From AL CARUCCI	
Co./Dept. USEPA	Co. NOVAA	
Phone #	Phone # 614-282-3303	
Fax #	Fax # EXT: 18	

PPROPRIATE, USED DETECT THE PRESENCE OF ASBESTOS

Certification #

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