Los Alamos
NATIONAL LABORATORY
EST. 1943 Division
Ecology and Air Quality Group
P.O. Box 1663, MS J978
Los Alamos, New Mexico 87545
(505) 665-8855/FAX: (505) 665-8858

Date: November 30, 2007
Refer to: ENV-EAQ:07-277

Mr. James Hastings
NMENV-AQB
Compliance/Enforcement
1301 Siler Road Building B
Santa Fe, NM 87507

FORCAST OF ANTICIPATED ASBESTOS REMOVAL FOR YEAR 2008

Dear Mr. James Hastings:

Enclosed is the standard Asbestos Demolition/Renovation Notification form with the forecast of anticipated small jobs removal amounts for calendar year beginning January 1, 2008 on LANL-owned property. Also please note that any potentially radioactive contaminated Asbestos waste would be disposed of on site at TA-54, Area G.

This notification is required under 40 CFR 61, Subpart M, National Emission Standard for Hazardous Air Pollutants, and under 20 NMAC 2.78, Emission Standard for Hazardous Air Pollutants. For further information, please contact me at 665-8866 or Steve Story at 665-2169.

Sincerely,

Debra Archuleta
ENV-EAQ

DA:alb

Enc: a/s

Cy:
Steve Fong, LASO-CMRR, w/enc., E550
Mark Romero, SSS-FS-C03, w/enc., A199
Steve Story, ENV-EAQ, J978
Carroll Lowe, SSS-AE-V02: ENVIRONMENTAL w/enc., A199
ENV-EAQ File

LOS ALAMOS NATIONAL LABORATORY (LANL)
FORCAST OF ANTICIPATED ASBESTOS REMOVAL FOR YEAR 2007

Enclosure 1

Copies of Asbestos Notification

NEW MEXICO ENVIRONMENT DEPARTMENT
ASBESTOS DEMOLITION/RENOVATION NOTIFICATION

This section NMED use only:	
NR Date:	Start Date:
Reply Date:	Finish Date:
Co. Reply:	Waste Man. YES NO
Target: TP HI LO	Airs Entered:
Inspect Date:	NV NW Comp SV
Inspect Ltr. Date:	Compliance Status C W B
Methods: F G	Source: 0 1 2

I. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)
OWNER: Los Alamos National Laboratories
ADDRESS: PO BOX 1663
CITY: LOS ALAMOS STATE: NM ZIP: 87545
CONTACT: DEBRA ARCHULETA darchuleta@lanl.gov TELE: 665-8866

REMOVAL CONTRACTOR: EBERLINE SERVICES **(Annual Blanket St. Notification for Asbestos throughout LANL Areas, Calendar Yr. 2008)**
ADDRESS: PO BOX 50
CITY: LOS ALAMOS STATE: NM ZIP: 87544
CONTACT: CARROLL E. LOWE lowe_carroll_e@lanl.gov TELE: 667-5991 Cell: 699-5005

II. TYPE OF NOTIFICATION (O = Original / R = Revised) O (original)
III. TYPE OF OPERATION (D = Demolition / R = Renovation) D/R
IV. IS ASBESTOS PRESENT (Y = Yes / N = No) Y

V. FACILITY DESCRIPTION (i.e. oil refinery, brick schoolhouse): Shops, Offices, Laboratories, etc:

BLDG. NAME: Los Alamos National Laboratory
ADDRESS: 528 , 35 ST.
CITY: LOS ALAMOS STATE: NM ZIP: 87544
SITE LOCATION: Los Alamos N.M.
BLDG. SIZE: (sq. ft. or sq. meters) 8,015,236 Sq. Ft. NUM. of FLOORS: 1 Thru 5 AGE: 1/63

VI. PROCEDURE (including analytical method, if appropriate) USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: PCM

VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING: 1. REGULATED ACM TO BE REMOVED 2. CATEGORY I ACM NOT REMOVED 3. CATEGORY II ACM NOT REMOVED	RACM TO BE REMOVED	NON-FRIABLE ASBESTOS MATERIAL NOT TO BE REMOVED		INDICATE UNIT OF MEASUREMENT BELOW	
		CAT. I	CAT. II	UNIT	
PIPES:	PIPE INSULATION	XXX		Ln. Ft: 4,000	Ln. M:
SURFACE:	FLOOR TILE, IE;	XXX	XXX	Sq. Ft: 15,000	Sq. M:
VOL. RACM OFF FACILITY COMPONENT				Cu. Ft:	Cu. M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL:(MM/DD/YY)		START: 1/1/2008		COMPLETE: 12/31/2008	
IX. SCHEDULED DATES DEMOLITION/RENOVATION: (MM/DD/YY)		START: 1/1/2008		COMPLETE: 12/21/2008	

SHADED AREA: DAY AND TIME OF ACTUAL REMOVAL	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S
7:30 AM	am	am	am	am	am	am	am	am	am	am	am	am	am	am	am	am	am	am	am	am	am
4:00 PM	pm	pm	pm	pm	pm	pm	pm	pm	pm	pm	pm	pm	pm	pm	pm	pm	pm	pm	pm	pm	pm

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK AND METHOD(S) TO BE USED, AND DESCRIPTION OF AFFECTED FACILITY COMPONENTS (i.e. acoustical ceiling scrape, whole pipe removal-plastic wrapped, TSI removal or roofing material removal, etc.: SCOPE OF WORK COVERS ALL RENOVATION/DEMOLITION JOBS OF LESS THAN 260 LINEAR FEET AND 160 SQ. FT. FOR THE DURATION OF CALENDAR YEAR 2008, THE ESTIMATE AMOUNTS OF ASBESTOS WILL BE ENCAPSULATED OR REMOVED ON TSI AND SURFACING MATERIALS. THIS NOTIFICATION DOES NOT INCLUDE REPORTABLE QUANTITIES OF CAT-I OR CAT-II ASBESTOS MATERIALS.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMO/RENO SITE (i.e. asbestos removal techniques and emission control procedures such as containment, glove bagging, wetting, and air filtration devices, etc.): CONDITIONS PERMITTING , MOST WORK WILL PERFORMED DURING NORMAL WORKING HOURS. HIGH TRAFFIC AREAS AND POPULATED AREAS MAY REQUIRE VARIOUS HOURS OF ABATEMENT WORK, ALL WORK WILL CONDUCTED IN COMPLIANCE WITH ASBESTOS REMOVAL/ENCAPSULATION REGULATIONS, IE: GLOVE BAG AND, WET METHODS, CONTAINMENT AND ENGINEERING CONTROLS.

XII. WASTE TRANSPORTER
NAME: South West Abatement
ADDRESS: 4609 Kenny ST.
CITY: ALBUQUERQUE STATE: NEW MEXICO ZIP: 87109
CONTACT PERSON: CLIFF BARNEY TEL: (505) 873-2967 EXT-102

XIII. WASTE DISPOSAL SITE
NAME: Painted Desert Regional Landfill
ADDRESS: 9001 North Porter AVE
CITY: Joseph City STATE: Arizona ZIP: 85004
TELEPHONE:

XIV. IF DEMOLITION ORDERED BY A **GOVERNMENT AGENCY**, PLEASE IDENTIFY THE AGENCY BELOW:
NAME: N/A TITLE:
AUTHORITY:
DATE OF ORDER (MM/DD/YY): ORDERED TO BEGIN (MM/DD/YY)

XV. FOR EMERGENCY RENOVATION
DATE AND HOUR OF EMERGENCY (MM/DD/YY): N/A
DESCRIPTION OF THE SUDDEN, UNEXPECTED EVENT:
EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS OR SERIOUS DISRUPTION OF INDUSTRIAL OPERATIONS:

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS MATERIAL BECOMES, CRUMBLED, PULVERIZED, OR REDUCED TO POWDER: WORK WILL BE STOPPED. AFTER THE SITUATION HAS BEEN EVALUATED AND AN ALTERNATIVE REMOVAL METHODS CHOSEN, WORK WILL RESUME.

XVII. *I CERTIFY* THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.

DATE: 11/29/07

(SIGNATURE OF OWNER / OPERATOR)
Carroll E. Lowe

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Carroll E. Lowe DATE: 11/29/07