) Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition/renovation site: Negative pressure glovebags, H.E.P.A. Vacuums, Double Bagging of waste.

2) ALL applicable items in the following table must be completed: IF NO ASBESTOS PRESENT CHECK ☐

Asbestos-Containing Material Type	Approximate amount of Asbestos		Check unit of measurement					
	Pipes	Surface Area	Ln Ft	Ln M	SQ Ft	SQ M	Cu Ft	Cu M
RACM to be removed (friable)	2500 Ln Ft	4000 ft2						
RACM NOT removed (friable)								
Category I removed (non-friable)								
Category I NOT removed (non-friable)								
Category II removed (non-friable)								
Category II NOT removed (non-friable)								
RACM Off-Facility Component (friable)								

3) Waste Transporter Name: Browning Ferris Industries TDH License No: 34734
Address: 1700 North "E" Street City: LaPorte State: TX Zip: 77571
Contact Person: Kay Crowell Phone Number: (713) 471-9142

4) Waste Disposal Site Name: B.F.I. McCarty Road Landfill
Address: 11013 Old Beaumont Highway City: Houston State: Texas Zip: 77078
Telephone: (713) 675-6101 TNRCC Permit Number: 261 - A

5) For structurally unsound facilities, attach a copy of demolition order and identify Governmental Official below:
Name: N/A Registration No:
Title:
Date of order (MM/DD/YY) / / Date order to begin (MM/DD/YY) / /

6) Scheduled Dates of Asbestos Abatement (MM/DD/YY) Start: 01/01/96 Complete: 12/31/96

7) Scheduled Dates Demolition/Renovation (MM/DD/YY) Start: 01/01/96 Complete: 12/31/96

Note: If the start date on this notification can not be met, the Asbestos Notification Section must be contacted by phone prior to the start date. Failure to do so is a violation and will result in official action being taken in accordan with TAHPA, Section 295.61.

I hereby certify that all information I have provided is correct, complete, and true to the best of my knowledge. I acknowledge that the building owner/operator is responsible for all aspects of the notification form, including, but not limiting, content and submission dates. The maximum penalty is $10,000 per day per violation.

for Dale T. Edwards — Dale T. Edwards — 12/21/95 — 713 321-4111
Signature of Building Owner/ Operator) (Printed Name) (Date) (Telephone)
713 321-6820
(Fax Number)

MAIL TO:

TEXAS DEPARTMENT OF HEALTH
DIVISION OF OCCUPATIONAL HEALTH
ASBESTOS PROGRAMS BRANCH
1100 WEST 49th STREET
AUSTIN, TX 78756

Faxes are not accepted PH: 512-834-6600, 1-800-572-5548 *Faxes are not accepted*