scription of work practices and engineering controls to be used to prevent emissions of asbestos the demolition/renovation site: Full pressure differential containment, wet removal, double bagged, proper disposal, PPE includes Type C, double Tyvek; decon

L 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	In Ft	In M	Sq Ft	Sq M	Cu Ft	Cu M
RACM to be removed (friable)	see attached for totals	notification						
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)								

Waste Transporter Name: Browning Ferris Industries TDH License No.: 40-0050
Address: 1700 North "E" Street City: LaPorte State: TX Zip: 77571-
Contact person: Boyce Phillips Phone Number: (713) 471-9142

Waste Disposal Site Name: BFI McCarty Road Landfill
Address: 11013 Old Beaumont Highway City: Houston State: TX Zip: 77078-
Telephone: (713) 675-6101 TNRCC Permit Number: 261A

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

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

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

te: 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 accordance with TAHPA, Section 295.61.

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

for Dale T. Edwards — Dale T. Edwards — 12/20/95 — (713) 321-9111 — (713) 321-8820
ignature of Building Owner/Operator) (Printed Name) (Date) (Telephone) (Fax Number)

AIL 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*

orm dated 10/10/94. Replaces TDH form 04/01/94. For assistance in completing form call 1-800-572-5548, in Texas.