For Office Use Only ☐ TAHPA ☐ NESHAP ☐ T ☐ H ☐ L Violation? ☐ YES ☐ NO RCVD / / POSTMARK / /

TEXAS DEPARTMENT OF HEALTH
DEMOLITION/RENOVATION NOTIFICATION FORM

Remittance #
7C790-089

NOTE: CIRCLE ITEMS THAT ARE AMENDED

Amount:
Notification#

1) Abatement Contractor: CLEARWATER Loaders, Inc. TDH License No.: 449-86-2796
Address: P.O. Box 720986 City: Houston State: TX Zip: 77042
Office Phone Number: (713) 475-4676 Job Site Phone Number: (713) 475-4458
Site Supervisor: H. V. HUYNH TDH License Number: 586-36-842
Trained On-Site NESHAP Individual: H. V. Huynh Certification Date: 1/11/94

2) Project Consultant or Operator: N/A TDH License Number: ____
Mailing Address: ____
City: ____ State: ____ Zip: ____ Office Phone Number: ____

3) Facility Owner: LYONDELL-CITGO Refining Company Limited
Mailing Address: P.O. Box 2451
City: Houston State: TX Zip: 77252-2451 Owner Phone Number: (713) 652-7309

4) Description or Facility Name: COKER UNIT - Piperack, LYONDELL-CITGO Refinery
Address: 12000 LAWNDALE County: HARRIS
City: Houston Zip: 77017 Facility Phone Number: (713) 475-4629
Description of Area/Room Number: OUTDOORS: Pipes in piperack
Prior Use: Same Future Use: Same
Age of Building: N/A Size: N/A Number of Floors: N/A

5) Type of Work: ☐ Demolition: ☒ Renovation: ☐ O&M:
Removal of ACM, Inspection, possible Renovation.

6) Is this a Public Building? ☐ YES ☒ NO Federal Facility? ☐ YES ☒ NO Industrial Site? ☒ YES ☐ NO

7) Notification Type **CHECK ONLY ONE**
☐ Original (10 Working Days) ☐ Cancellation ☐ Amendment ☒ Emergency/Ordered
If this is an amendment, which amendment number is this? ____ (**Enclose copy of original**)
If an emergency, who did you talk with at TDH? Deborah Marlow Emergency #
Date and Hour of Emergency (HH/MM/DD/YY): 10:50 PM - 12:27 AM, 8/31/94 - 9/1/94
Description of the sudden, unexpected event: Fire on pump, ruptured line caught on fire, extinguished after 2 hours. Fire and fire-fighting activities caused disruption of asbestos containing insulation
Explanation of how the event caused unsafe conditions or would cause equipment damage (computers, machinery, etc.): Fire damage to equipment in unit (ruptured lines, etc.) pose a hazard to safety of personnel.

8) 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: Agencies will be notified. Material will be encapsulated to stabilize it, and then removed, if necessary

9) Was an Asbestos survey performed? ☒ YES ☐ NO TDH Inspector License No.: N/A
Analytical Method: ☒ PLM ☐ TEM Laboratory License Number: 30-0005

10) Description of planned demolition or renovation work, and method(s) to be used: Damaged insulation will be encapsulated, and if necessary, removed utilizing glove bags, wet methods, HEPA vacuums, double bagging of waste, and appropriate PPE.

11) Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition/renovation site: Encapsulation, OR Removal if necessary using glove bags, wet methods, HEPA vacuum, double bagging of waste, and appropriate PPE.

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

RACM 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)								
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)	270						X	

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

14) Waste Disposal Site Name: BFI McCarty Road Landfill
Address: 11013 OLD Beaumont Hwy City: Houston State: TX Zip: 77078
Telephone: (713) 671-1550 TNRCC Permit Number: 261-A

15) 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) / /

16) Scheduled Dates of Asbestos Abatement (MM/DD/YY) Start: 9/01/94 Complete: 9/12/94

17) Scheduled Dates Demolition/Renovation (MM/DD/YY) Start: 9/13/94 Complete: 9/30/94

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 accordance 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.

(Signature of Building Owner/ Operator) John Yoars (Printed Name) 09/02/94 (Date) (713) 475-4111 (Telephone)

MAIL TO:

TEXAS DEPARTMENT OF HEALTH
DIVISION OF OCCUPATIONAL HEALTH
ASBESTOS PROGRAMS BRANCH
1100 WEST 49th STREET
AUSTIN, TX 78756
PH:512-834-6600, 1-800-572-5548

Faxes are not accepted *Faxes are not accepted* *Faxes are not accepted* *Faxes are not accepted*

Form dated 04/01/94. This form replaces TDH form (04/07/93) and TNRCC form (ACB-99B&C)(3/1/91)
For assistance in completing this form, call 800-572-5548 toll-free in Texas