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

TEXAS DEPARTMENT OF HEALTH **DEMOLITION / RENOVATION NOTIFICATION FORM**

NOTE: CIRCLE ITEMS THAT ARE AMENDED

Notification#

1) Abatement Contractor: Clearwater Loaders, Inc. TDH License No.: 449-86-2796
Address: P.O. Box 720986 City: Houston State: TX Zip: 77242
Office Phone Number: (713) 475-4676 Job Site Phone Number: (713) 475-4458
Site Supervisor: Kelly Haws TDH License Number: 449-86-2796
Site Supervisor: Hung V. Huynh TDH License Number: 586-36-8424

Demolition Contractor: N/A Office Phone Number: ( )
Address: City: State: Zip:
Trained On-Site NESHAP Individual: Hung V. Huynh Certification Date: 01-11-94

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

3) Facility Owner: Lyondell Citgo Refinery
Mailing Address: 12000 Lawndale
City: Houston State: TX Zip 77017 Owner Phone Number: (713) 475-4255

4) Description or Facility Name: Lyondell Citgo Refining Co., Ltd./ 768 Tank
Address: 12000 Lawndale County: Harris
City: Houston Zip: 77017 Facility Phone Number: (713) 475-4255
Facility Contact Person: Roxane Lambert
Description of Area/Room Number: Tank #768 at heavy oil Tank Farm
Prior Use: Refining process Future Use: SAME
Age of Building: 38 Size: 60ft X 40ft Number of Floors: N/A

5) Type of Work: ☐ Demolition ☒ Renovation ☐ Annual O&M
Work will be during: ☒ Day ☐ Evening ☐ Night Weekends only? ☐ YES ☐ NO

6) Is this a Public Building? ☐ YES ☒ NO Federal Facility? ☐ YES ☒ NO Industrial Site? ☒ YES ☐ NO
Is building occupied? ☐ 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? N/A **(Enclose copy of original)** N/A
If an emergency, who did you talk with at TDH? N/A Emergency#
Date and Hour of Emergency (HH/MM/DD/YY):
Description of the sudden, unexpected event:
N/A

Explanation of how the event caused unsafe conditions or would cause equipment damage (computers, machinery, etc.): N/A

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: Encapsulant liquid will be applied, abatement or encapsulation will follow. If necessary, additional notification will be applied.

9) Was an Asbestos survey performed? ☒ YES ☐ NO TDH Inspector License No: N/A
Survey Date: 5 /12/94 Analytical Method: ☒ PLM ☐ TEM TDH Laboratory License No: 10-0006

10) Description of planned demolition or renovation work, type of material, and method(s) to be used:
Scaffolds will be erected, plastic barrier will be established at each landing to prevent dropping of paint mastic and migration of fibers, wet scraping methods, waste will be double bagged, full-face respirators with H.E.P.A. cartridges, disposable coveralls, gloves, boots, personal and area monitors

11) Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition/renovation site: CONTAINMENT, HEPA VACUUMS, DOUBLE BAGGING OF WASTE.

12) 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)					X			
RACM NOT removed (friable)								
Category I removed (non-friable)								
Category I NOT removed (non-friable)								
Category II removed (non-friable)		12,000			X			
Category II NOT removed (non-friable)								
RACM Off-Facility Component (friable)								

13) 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

14) Waste Disposal Site Name: BFI McCarty Road Landfill
Address: 11013 Old Beaumont Hwy City: Houston State: TX Zip: 77078
Telephone: (713) 675-6101 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: 2/8/95 Complete: 3/10/95

17) Scheduled Dates Demolition/Renovation (MM/DD/YY) Start: 3/13/95 Complete: 3/31/95

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.

John Young — (Signature of Building Owner/ Operator)
JOHN YOUNG — (Printed Name)
2/3/95 — (Date)
(713) 773-4961 — (Telephone)
(713) 475-4700 — (Fax Number)

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*

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