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: Texas Zip: 77242
Office Phone Number: (713) 321-4676 Job Site Phone Number: (713) 321-4458
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) 321-4839

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) 321-4839
Facility Contact Person: Alan Timme
Description of Area/Room Number: 535 Unit
Prior Use: Refining Process Future Use: Same
Age of Building: N/A Size: N/A Number of Floors: N/A

5) Type of Work: ☐ Demolition ☐ Renovation ☐ Annual O&M Emergency ✓
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: 04/20/95 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, insulation will be metal jacketed, or removed using glovebags.

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

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

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)	150		✓					
RACM NOT removed (friable)	300		✓					
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)								

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: 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

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: 04/20/95 Complete: 04/30/95
16)(a) Scheduled Dates of Site Preparation (MM/DD/YY) Start: 04/20/95 Complete: 04/30/95
17) Scheduled Dates Demolition/Renovation (MM/DD/YY) Start: 04/20/95 Complete: 05/15/95

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 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.

John P Yoan John P Yoan 4/20/95 (713) 321-4941
(Signature of Building Owner/ Operator) (Printed Name) (Date) (Telephone)
(713) 321-6900
(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*

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