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: Northwinds Abatement, Inc. TDH License No.: 80-0054
Address: 903 Port Houston Street City: Houston State: TX Zip: 77029
Office Phone Number: (713) 671-5350 Job Site Phone Number: (713) 475-4623
Site Supervisor: Richard Perez TDH License Number: 80-6348
Trained On-Site NESHAP Individual: Richard Perez Certification Date: 1/31/94

2) Project Consultant or Operator: Gulf Coast Safety and Health TDH License Number: 10-5313
Mailing Address: 7401 Gulf Freeway, Suite 204
City: Houston State: TX Zip: 77017 Office Phone Number: (713) 649-7707

3) Facility Owner: Lyondell-Citgo Refining Company, Ltd.
Mailing Address: 12000 Lawndale
City: Houston State: TX Zip: 77252 Owner Phone Number: (713) 475-4629

4) Description or Facility Name: Lyondell-Citgo Refining Company, Ltd.
Address: 12000 Lawndale County: Harris
City: Houston Zip: 77252 Facility Phone Number: (713) 475-4623
Description of Area/Room Number: Coker Unit Miscellaneous Piping
Prior Use: Process Unit Future Use: Process Unit
Age of Building: _____ Size: N/A Number of Floors: N/A

5) Type of Work: ☐ Demolition: ☒ Renovation: ☐ O&M:

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? N/A **(Enclose copy of original)**
If an emergency, who did you talk with at TDH? N/A Emergency # _____
Date and Hour of Emergency (HH/MM/DD/YY): N/A
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:
Please see attached

9) Was an Asbestos survey performed? ☒ YES ☐ NO TDH Inspector License No.: 10-5313
Analytical Method: ☒ PLM ☐ TEM Laboratory License Number: 30-0005

10) Description of planned demolition or renovation work, and method(s) to be used: Removal of asbestos containing insulation for repair/inspection during Coker Unit Turnaround.

11) Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition/renovation site: Wet method, full pressure differential containment; PPE - double tyvek, Type C; Properly labeled double bagged, proper disposal.

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)	1500		X					
RACM NOT removed (friable)	N/A	N/A						
Category I removed (non-friable)	N/A	N/A						
Category I NOT removed (non-friable)	N/A	N/A						
Category II removed (non-friable)	N/A	N/A						
Category II NOT removed (non-friable)	N/A	N/A						
RACM Off-Facility Component (friable)	1368	N/A					X	

13) Waste Transporter Name: Browning Ferris Industries TDH License No: 40-0050
Address: 1700 North "E" Street City: LaPorte State: TX Zip: 77571
Contact Person: Debra Bobbiea Phone Number: (713) 471-4192

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: 261A

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: 10/05/94 Complete: 11/23/94

17) Scheduled Dates Demolition/Renovation (MM/DD/YY) Start: 10/06/94 Complete: 11/23/94

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.

John Yoar — John YOARS — 9/19/94 — (713) 475-4541
(Signature of Building Owner/ Operator) (Printed Name) (Date) (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