TEXAS DEPARTMENT OF HEALTH DEMOLITION / RENOVATION NOTIFICATION FORM

NOTE: CIRCLE ITEMS THAT ARE AMENDED

1. Abatement Contractor: _Service Environmental Company _TDH License No: _80-446__
Address:_P.O.Box 2355_____City: Beaumont___State:_Tx__Zip:_77704____
Office Phone Number:_(409) 838-2282___ Job Site Phone Number:_____
Site Supervisor:_Steve LaGrone_____ TDH License Number:_80-2805_____
Site Supervisor:_Jim Greer_____ TDH License Number:__NA_____

Demolition Contractor:_NA_____ Office Phone Number_____
Address:_____City:_____State:_____Zip:_____
Trained On-Site NESHAP Individual:_____ Certification Date:_____

2. Project Consultant or Operator:_Envirotest_____ TDH License Number:_10-006
Mailing Address:_3902 Braxton_____
City:_Houston__ State:_Tx___ Zip:_77063___ Owner Phone Number:_(713) 782-4101

3. Facility Owner:___Lyondell Petrochemical_____
Mailing Address:__8280 Sheldon Rd_____
City:_Channelview_ State:_Texas _ Zip:_77530_ Owner Phone Number_(713) 452-8856

4. Description of Facility Name: _Lyondell Petrochemical Company_- Mt. Belvieu_____
Address:_ 11815 Highway 146 _____ County _____Harris_____
City:__Mont Belvieu Zip:_77580__ Facility Phone Number:_(713) 576-2146
Facility Contact Person__Sheryl L. Kuhfeldt_____
Description of Area/Room_____Asbestos (mastic) removal on 6 bullet tanks_____
Prior Use:__storage_____ Future Use:_storage_____
Age of Building:_NA_____ Size:_____ Number of Floors:_____

5. Type of Work: ___ Demolition _X_ Renovation ___ Annual O & M
Work will be during: _X_ Day __ Evening __ Night Weekends only? __Yes __ No

6) Is this a Public Building?_ Yes X No Federal Facility?_ Yes _ No
Industrial Site? _**X_Yes**_No Is Building occupied? ___ Yes _X_ No

7) Notification Type **CHECK ONLY ONE**
_X_ Original (10 working days) __ Cancellation __ Amendment __ Emergency/Ordered
If this is an amendment, which amendment number is this? ____ Emergency # _____
If an emergency, who did you talk to at TDH?____NA_____
Date and Hour of Emergency (HH/MM/DD/YY):__NA_____
Description of the sudden, unexpected event:___NA_____
_____
_____
Explaination of how the event caused unsafe conditions or would cause equipment damage (computers, machinery, etc.):____NA_____
_____

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: _Contractor will stop work and advise Lyondell, and then follow all procedures for proper abatement._____

9) Was an Asbestos survey performed? _X__Yes ___ No TDH Inspector Number:_____

10) Description of planned demolition or renovation work, type of material, and method(s) to be used:_Establish regulated area and begin removal of non-friable mastic using wet removal methods.
_____

11) Description of work practices and engineering controls to be prevent emissions of asbestos at the demolition/renovation site:__All employees will be fitted with proper safety equipment for his type of removal within the regulated area for this type open air removal_____

12) ALL applicable items in the efollowing 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)								
RACM NOT removed (friable)								
Category I removed (non-friable)								
Category I NOT removed (non-friable)								
Category II removed (non-friable)		16,550			X			
Category II NOT removed (non-friable)								
RACM Off-Facility Component (friable)								

13) Waste Transporter Name_Browning Ferris Industries___ TDH Lisence No:_40-0050___
Address:_1700 north "E" Street_____City:_La Porte____State:_Tx__Zip:_77571____
Contact Person: _Andy Tarango_____ 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, attachment a copy of demolition order and identify Governmental Official below:
Name:__NA_____ Registration No: _____
Title: _____
Date of order (MM/DD/YY) __/__/__ Date order to begin Start: __/__/__ Complete __/__/__

16) Scheduled Dates Asbestos Abatement (MM/DD/YY) Start: _2/21/95 Complete 4_/_4/_95

17) Scheduled Dates Demolition/Renovation (MM/DD/YY) Start: _2/21/95 Complete 4_/_4/_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.

_____ _____Ken Eckroth_____ _2_/_3_/_95 (713) 452-8757__
Signature of Building owner/operator Printed name Date Telephone
_(713) 457-8098_
(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: 512-834-572-5548 "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.