For Office Use Only ☐ TAHPA ☐ NESHAP ☐ TDH ☐ LVio lation? ☐ YES ☐ NO

TEXAS DEPARTMENT OF HEALTH

T D H

DEMOLITION / RENOVATION NOTIFICATION FORM

NOTE: CIRCLE ITEMS THAT ARE AMENDED
NOTIFICATION#_____

1) Abatement Contractor: **Service Environmental Company** TDH License Number: **80-0446**
Address: **1670 East Cardinal Drive** City: **Beaumont** State: **TX** Zip: **77705**
Office Phone Number: **(409) 838-2282** Job Site Phone Number **(713) 321-4649**
Site Supervisor: **Randy Beard** TDH License Number: **N/A**
Site Supervisor: **Mario Monreal** TDH License Number: **N/A**
Trained On-Site NESHAP Individual: **Mario Monreal** Certification Date: **06/15/2002**
Demolition Contractor: **N/A** Office Phone Number **N/A**
Address: **N/A** City: **N/A** State: **N/A** Zip: **N/A**

2) Project Consultant or Operator: **CAM ENVIRONMENTAL** License Number: **10-0083**
Mailing Address: **312 SOUTH RICHEY**
City: **PASADENA** State: **TX** Zip: **77253** Office Phone Number: **(713) 475-9003**

3) Facility Owner: **LYONDELL CITGO REFINING CO., Ltd**
Attention: **CORDY SONKA**
Mailing Address: **P.O. BOX 2451**
City: **HOUSTON** State: **TX** Zip: **77252** Owner Phone Number **(713) 321-4263**

4) Description or Facility Name: **LYONDELL-CITGO REFINING.,Ltd**
Physical Address: **12000 LAWNDALE** County: **HARRIS** City: **HOUSTON** Zip: **77252**
Facility Phone Number **(713) 321-4111** Facility Contact Person: **Cordy Sonka**
Description of Area/Room Number: **Unit 732, Heaters E72-2-001B1 & E72-E-001B2**
Prior Use: **Refinery Process Equipment** Future Use: **Refinery Process Equipment**
Age of Building/Facility: **30 yrs** Size: **8'OD x 30'L / each** Number of Floors: **0** School (K - 12): ☐ YES **XX**NO

5) **Type of Work:** **Demolition** **XX Renovation (Abatement)** ☐ **Annual Consolidated**
Work will be during: **XX** Day ☐ Evening ☐ Night Phased Project
Description of work schedule: **SEVEN TEN HOUR DAYS (Monday-Sunday)**

6) Is this a **Public Building?** ☐ YES **XX**NO **Federal Facility?** ☐ YES **XX**NO **Industrial Site? XX**YES ☐ NO
NESHAP-Only Facility? ☐ YES **XX**NO Is Building/Facility Occupied? ☐ YES **XX**NO

7) Notification Type **CHECK ONLY ONE**
XX 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#: **N/A**
Date and Hour of Emergency (HH/MM/DD/YY): **N/A**
Description of the sudden, unexpected event and 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: **AREA SHALL BE REGULATED. WET ACM, HEPA VACUUM, BAG, AND DISPOSE PROPERLY. PROPER PPE SHALL BE UTILIZED. NOTIFY TDH.**

9) Was an Asbestos survey performed? **XX** YES NO Date: **01/08/2002** TDH Inspector License No: **105099**
Analytical Method: **XX** PLM ☐ TEM ☐ Assumed TDH Laboratory License No: **30-0075**
(For TAHPA (public building) projects: an assumption must be made by a TDH Licensed Inspector)

10) Description of planned demolition or renovation work, type of material, and method(s) to be used: **Removal of designated ACM, TSI, from heater exchanger's using wet methods, and negative containment.**

11) Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition/renovation: **Area will be regulated, negative containment utilized, wet methods utilized, HEPA vacuumed, properly double bagged and sealed, and properly disposed. Workers shall utilize required PPE.**

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

Asbestos-Containing Building 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		1635			XX			
RACM NOT removed								
Interior Category I non-friable removed								
Exterior Category I non-friable removed								
Category I non-friable NOT removed								
Interior Category II non-friable removed								
Exterior Category II non-friable removed								
Category II non-friable NOT removed								
RACM Off-Facility Component								

13) Waste Transporter Name: **BROWNING FERRIS INDUSTRIES** TDH License Number: **40-0199**
Address: **8101 WEST LITTLE YORK** City: **HOUSTON** State: **TX** Zip: **77016**
Contact Person: **RICHARD NEEDHAM** Phone Number: **(713) 948-7600**

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: **N/A**
Title: **N/A**
Date of order (MM/DD/YY) **N/A** Date order to begin (MM/DD/YY) **N/A**

16) Scheduled Dates of Asbestos Abatement (MM/DD/YY) Start: **02/04/2002** Complete: **02/10/2002**

17) Scheduled Dates Demolition/Renovation (MM/DD/YY) Start: **02/04/2002** Complete: **02/10/2002**

**** Note: If the start date on this notification can not be met, the TDH Regional or Local Program office *Must* be contacted by phone prior to the start date. Failure to do so is a violation in accordance to 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 I am 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.

Faheem Kazimi / C Sorko — **FAHEEM KAZIMI** — **01-17-2002** — **(713) 321-5272**
(Signature of Building Owner/ Operator or Delegated Consultant/Contractor) — (Printed Name) — (Date) — (Telephone)
(713) 321-6820
(Fax Number)

MAIL TO:

ASBESTOS NOTIFICATION SECTION
TOXIC SUBSTANCES CONTROL DIVISION
TEXAS DEPARTMENT OF HEALTH
EXCHANGE BUILDING, SUITE N320
8407 WALL STREET
AUSTIN, TX 78754
PH: 512-834-6600, 1-800-572-5548

Faxes are not accepted

Faxes are not accepted

Form APB#5, dated 12/08/98. Replaces TDH form dated 09/15/97. For assistance in completing form, call 1-800-572-5548