DEMOLITION / RENOVATION NOTIFICATION FORM

TEXAS Department of State Health Services

NOTE: CIRCLE ITEMS THAT ARE AMENDED
NOTIFICATION#_____

FOR OFFICE USE ONLY ☐ TAHPA ☐ NESHAP ☐ T ☐ H ☐ L VIOLATION? ☐ YES ☐ NO

1) Abatement Contractor: BROCK SPECIALTY SERVICES, LTD. DSHS License Number: 80-0834
Address: PO BOX 306 City: BEAUMONT State: TX Zip: 77704
Office Phone Number: 409-266-6226 Job Site Phone Number: 713-321-4583
Site Supervisor: MARIO MONREAL DSHS License Number: N/A
Site Supervisor: JULIAN DOMINGUEZ DSHS License Number: N/A
Trained On-Site NESHAP Individual: GARY L. GERALD Certification Date: 12/05/2006

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 DSHS License Number: 10-0083
Mailing Address: 312 SOUTH RICHEY
City: HOUSTON State: TX Zip: 77253 Office Phone Number: (713)475-9003

3) Facility Owner: HOUSTON REFINING, LP
Attention: CORDY SONKA
Mailing Address: PO BOX 2451
City: HOUSTON State: TX Zip: 77252 Owner Phone Number (713)321-4263
Note: The invoice for the notification fee will be sent to the owner of the building at the address listed in this section after the project is completed.

4) Description or Facility Name: HOUSTON REFINING, LP
Physical Address: 12000 LAWNDALE County: HARRIS City: HOUSTON Zip: 77017
Facility Phone Number (713)321-4111 Facility Contact Person: CORDY SONKA
DescriptionofArea/RoomNumber: UNIT 233/ T-70, E-48, E-58
Prior Use: REFINERY PROCESS Future Use: N/A
Age of Building/Facility: 54 YRS Size: (T70)7'ODX95'H, (E48)6'ODX23.5'L, (E58)15"ODX14"L Number of Floors: 8
School (K - 12): ☐ YES XX NO

5) Type of Work **(CHECK ONLY ONE):** ☐ Demolition ☐ **XX Renovation (Abatement) Annual Consolidated**
Work will be during: ☐**XX** Day ☐ Evening ☐ Night ☐ Phased Project
Description of work schedule: SIX Ten Hour Days (Monday-Saturday)

6) Type of Building **(CHECK ONLY ONE):** ☐ **Public Building** ☐ **Federal Facility XX Industrial Site** ☐ **NESHAP-Only Facility**
Is Building/Facility Occupied? YES ☐ **XX** NO

7) Notification Type **(CHECK ONLY ONE):**
XX Original (10 Working Days) ☐ **Amendment** ☐ **Cancellation** ☐ **Emergency** ☐ **Ordered (see item 15)**
If this is an amendment, which amendment number is this? N/A **(Enclose copy of original and/or last amendment)**
If an emergency, who did you talk with at DSHS? 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, HEPA VACUUMED, DOUBLE BAGGED AND DISPOSED PROPERLY. PROPER PPE SHALL BE UTILIZED. NOTIFY TDSHS.

9) Was an Asbestos survey performed? ☐**XX** YES NO Date: 10/25/2006 DSHS Inspector License No: N/A
Analytical Method: ☐ **XX**PLM ☐ TEM ☐ Assumed DSHS Laboratory License No: N/A
(For TAHPA (public building) projects: an assumption must be made by a DSHS Licensed Inspector)

10) Description of planned demolition or renovation work, type of material, and method(s) to be used: REMOVAL SHALL BE PERFORMED ON FRIABLE ASBESTOS CONTAINING INSULATION COVERING THE EXTERIOR OF EACH STRUCTURE. REMOVAL SHALL BE ACCOMPLISHED VIA HAND TOOLS. ADAQUATE WETTING SHALL BE APPLIED.

11) Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition/renovation: REMOVAL WILL BE PERFORMED INSIDE NEGATIVE PRESSURE ENCLOSURES.

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		**2537**			**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								

RECEIVE
MAR 26 2007
Air/Toxics & Inspection Coordination Branch 6EN-A

13) Waste Transporter Name: **BFI Waste Services of Texas, LP** DSHS License Number: **40-0278**
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** TCEQ 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: **04/04/2007** Complete: **04/26/2007**

17) Scheduled Dates Demolition/Renovation (MM/DD/YY) Start: **N/A** Complete: **N/A**
**** Note: If the start date on this notification can not be met, the DSHS 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.

(Signature of Building Owner/Operator or Delegated Consultant/Contractor)	**STEPHANIE PARR** (Printed Name)	**03-20-2007** (Date)	**(713)321-5272** (Telephone)

(713)321-6820
(Fax Number)

MAIL TO:

Faxes are not accepted

ENVIRONMENTAL HEALTH NOTIFICATIONS GROUP
DEPARTMENT OF STATE HEALTH SERVICES
PO BOX 143538
AUSTIN, TX 78714-3538
PH: 512-834-6600, 1-800-572-5548

Faxes are not accepted

Form APB#5. dated 10/01/04. Replaces TDH form. For assistance in completing form, call 1-800-572-5548