RECEIVE

OCT 2 - 2007

Air/Toxics & Inspection Coordination Branch 6EN-A

TEXAS Department of State Health Services

For Office Use Only:

Notification #: _____

ASBESTOS/DEMOLITION NOTIFICATION FORM

DO NOT WRITE IN THIS BOX- FOR DEPARTMENT USE ONLY
Date received: __/__/__ Postmark date: __/__/__ Walk-in date: __/__/__

TYPE OF NOTIFICATION: ***(Select one and fill in the requested information)***

☒ **ORIGINAL** ☐ **AMENDMENT** No. 1 ☐ **CANCELLATION**

☐ **EMERGENCY**

- Was emergency request made to the Regional Office or Environmental Health Notifications Group (EHNG) by phone? ☐Yes ☐No
- If yes, the DSHS reference #: N.A. and name of the Regional or EHNG representative with whom you spoke? _____ Date: __/__/__ Time: _____ ☐a.m. ☐p.m.
- Describe the reason for emergency: N.A.

☐ **ORDERED:** ***(For structurally unsound facilities, attach copy of demolition order and identify Governmental Official)***
Name: N.A. Registration No. N.A.
Title: N.A.
Date of order (MM/DD/YY): __/__/__ Date order to begin (MM/DD/YY): __/__/__

(x) Below if Amended

AMENDMENTS: You must complete the entire form and mark the appropriate check box(es) along the left-hand side of this form to indicate amended information.

TYPE OF WORK

☒ Asbestos Abatement ☐ Demolition ☐ Annual Consolidated O&M ☐ Abatement/Demolition
Is this a phased project? ☐ Yes ☒ No

FACILITY INFORMATION

1. Facility Location

☐..... Description or Facility Name: HOUSTON REFINING, LP

☐..... Physical Address: 12000 LAWNDALE
☐..... County: HARRIS City: HOUSTON Zip: 77017
☐..... Facility Contact: CORDY SONKA Phone #: (713) 321-4111

2. Type of Facility ***(Select one)***
☐ Public ☐ Federal ☒ Industrial/Manufacturing ☐ NESHAP-Only ☐ Public School K-12

3. Facility Details

☐..... Description of Area/Room Number: 134TK891
☐..... Age of Building: 30 Size: 180' X 40' Number of Floors: 4
☐..... Is this building occupied? ☐ Yes ☒ No
☐..... Prior Use: REFINERY PROCESS
☐..... Future Use: N.A.
☐..... Date of Asbestos Survey/NESHAP Inspection: 06 / 18 / 07
☐..... DSHS Inspector License No.: N.A.
☐..... Analytical Method: ☒ PLM ☐ TEM ☐ Assumed Asbestos ☐ No Suspect Material
☐..... DSHS Laboratory License #: N.A.

WORK SCHEDULE/ASBESTOS AMOUNTS *(Note: if the start date(s) entered below cannot be met, the DSHS Regional or Local Program office must be notified prior to the scheduled start date. Failure to do so is a violation of TAHPA Section 295.61.)*

1. Asbestos Abatement Work Schedule:

☐..... Start date: 10/09/07 and End date: 12/10/07
☐..... Work days: ☒Mon. ☒Tues. ☒Wed. ☒Thurs. ☒Fri. ☒Sat. ☐Sun.
☐..... Working hours: 7:00 ☒ a.m. ☐ p.m. to 5:30 ☐a.m. ☒p.m.

2. Demolition Work Schedule:

☐..... Start date: __/__/__ and End date: __/__/__
☐..... Work days: ☐Mon. ☐Tues. ☐Wed. ☐Thurs. ☐Fri. ☐Sat. ☐Sun.

☐..... Working hours: _____ ☐ a.m. ☐ p.m. to _____ ☐a.m. ☐p.m.

(x) Below if Amended

C. ASBESTOS AMOUNTS

☐... ... Is Asbestos Present? ☒ Yes ☐ No *(Complete the table below if asbestos is present)*

Asbestos-Containing Building Material Type	Approximate amount of Asbestos		Ln Ft	Ln M	SQ Ft	SQ M	Cu Ft	Cu M
**Only mark the boxes below on this chart if they are being amended*	Pipes	Surface Area						
☐RACM to be removed		25434			XX			
☐RACM left in place during demolition								
☐Interior Category I non-friable removed								
☐Exterior Category I non-friable removed								
☐Category I non-friable left in place during demolition								
☐Interior Category II non-friable removed								
☐Exterior Category II non-friable removed								
☐Category II non-friable left in place during demolition								
☐RACM Off-Facility Component								

DESCRIPTION OF WORK PRACTICES AND PROCEDURES

☐..... 1. 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.**

☐..... 2. Description of planned demolition or abatement work, type of material, and method(s) to be used: **ACM TO BE REMOVED IS NONFRIABLE MASTIC WHICH COVERS THE EXTERIOR OF THE TANK. MATERIAL SHALL BE REMOVED VIA HAND TOOLS. 6 MIL POLY SHALL BE PLACED ON THE GROUNND TO CATCH ANY EXCESS AND ALL DEBRIS AND WILL BE DOUBLE BAGGED, PROPERLY LABELED AND DISPOSED OF IN A APPROPRIATELY DESIGNATED DUMPSTER. ADEQUATE WETTING SHALL BE APPLIED DURING REMOVAL.**

☐..... 3. Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition site: **AREA WILL BE REGULATED AND ACM PROPERLY DOUBLE BAGGED AND SEALED AND PROPERLY DISPOSED OF.**

PROJECT INFORMATION

☐... ... **A. FACILITY OWNER**

Facility Owner Name: **HOUSTON REFINING, LP**
Phone #: (713) **321-4111**
Attention: **CORDY SONKA**
Mailing Address: **12000 LAWNDALE**
City: **HOUSTON** State: **TX** Zip: **77017**

☐... ... **B. ASBESTOS ABATEMENT CONTRACTOR #1**

DSHS Asbestos Contractor License #: **80-0834**
Contractor Name: **BROCK SPECIALTY SERVICES, LTD.**
Address: **P O BOX 306**
City: **BEAUMONT** State: **TX** Zip: **77704**
Office Phone #: (409) **266-6226** Job-Site Phone #: (713) **321-4583**

☐... ... **C. ASBESTOS ABATEMENT CONTRACTOR #2 (*Only if there is more than one Contractor*)**

DSHS Asbestos Contractor License #: **N.A.**
Contractor Name: **N.A.**
Address: **N.A.**
City: **N.A.** State: **N.A.** Zip: **N.A.**
Office Phone #: ( ) **N.A.** Job-Site Phone #: ( ) **N.A.**

D. ASBESTOS SUPERVISOR

☐... ... DSHS Supervisor License #: **N.A.** Site Supervisor: **MARIO MONREAL**
☐... ... DSHS Supervisor License #: **N.A.** Site Supervisor: **JULIAN DOMINGUEZ**

(x)
Below if
Amended

E. NESHAP TRAINED INDIVIDUAL

☐ ... ... NESHAP Trained Individual: **GARY L. GERALD**
Certification Date: **12/05/06**

☐ ... ... **F. DEMOLITION CONTRACTOR**
Demolition Contractor: **N.A.**
Address: **N.A.**
City: **N.A.** State: **N.A.** Zip: **N.A.** Phone #: ( ) **N.A.**

☐ ... ... **G. PROJECT CONSULTANT OR OPERATOR**
DSHS License No.: **10-0083**
Project Consultant or Operator: **CAM ENVIRONMENTAL**
Address: **312 SOUTH RICHEY**
City: **HOUSTON** State: **TX** Zip: **77253** Phone #: (**713**) **475-9003**

☐ ... ... **H. Waste Transporter**
DSHS Waste Transporter License #: **40-0278**
Waste Transporter: **BFI WASTE SERVICES OF TEXAS, LP**
Address: **8101 WEST LITTLE YORK**
City: **HOUSTON** State: **TX** Zip: **77016**
Contact Person: **RICHARD NEEDHAM** Phone #: (**713**) **948-7600**

☐ ... ... **I. Waste Disposal Site**
TCEQ Permit #: **261A**
Waste Disposal Site: **BFI McCARTY ROAD LANDFILL**
Address: **11013 OLD BEAUMONT HWY**
City: **HOUSTON** State: **TX** Zip: **77078**
Phone #: (**713**) **675-6101**

CERTIFICATION STATEMENT

I hereby declare that I have examined this notification and, to the best of my knowledge and belief, all information provided is complete, true, and correct. I affirm that I am the owner, operator, or delegated agent and that I am responsible for the fee associated with this notification. I also understand that the owner, operator, or delegated agent is responsible for notification to the department.

Stephanie Parr / Ly C Smith
(Signature of Owner, Operator or Delegated Agent)

Date: **09 / 25 / 07**

STEPHANIE PARR **MANAGER, HEALTH & SAFETY**
(Printed Name & Title)

E-mail Address: **stephanie.parr@lyondell.com** Phone # :(**713**) **321-5272**

IMPORTANT INFORMATION

NOTIFICATION TIMELINESS REQUIREMENT:
Your Asbestos/Demolition Notification form must be postmarked no less than ten working days (not calendar days) prior to the start of any asbestos abatement or demolition.

FILING FEE: An invoice will be mailed to the facility owner upon completion of the project.

CALL FOR ASSISTANCE: (512) 834-6747 or (888) 778-9440 (toll free in Texas)

MAIL FORM TO: ENVIRONMENTAL HEALTH NOTIFICATIONS GROUP
TEXAS DEPARTMENT OF STATE HEALTH SERVICES
PO BOX 143538