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.** ___ ☐ **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? N/A
  Date: / / Time: N/A ☐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: LYONDELLBASELL HOUSTON REFINING LP
☐..... Physical Address: 12000 LAWNDALE
☐..... County: HARRIS City: HOUSTON Zip: 77017
☐..... Facility Contact: YASSER ELOURI Phone #: (713) 321-5029

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

3. Facility Details

☐..... Description of Area/Room Number: Pipe Rack 12
☐..... Age of Building: 45YR Size: _ Number of Floors: ___
☐..... Is this building occupied? ☐ Yes ☒ No
☐..... Prior Use: REFINERY PROCESS
☐..... Future Use: REFINERY PROCESS
☐..... Date of Asbestos Survey/NESHAP Inspection: 8/26/10
☐..... DSHS Inspector License #: 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: 9/12/11 and End date: 10/06/11
☐..... 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: N/A ☐ a.m. ☐ p.m. to N/A ☐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						
**Only mark the boxes below on this chart if they are being amended*	Pipes	Ln Ft	Ln M	Surface Area	SQ Ft	SQ M	Cu Ft
☒ RACM to be removed	460	☒	☐		☐	☐	
☐ 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 OF 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: FRIABLE ACM WHICH COVERS THE EXTERIOR OF THE EQUIPMENT SHALL BE REMOVED VIA HAND TOOLS. REMOVAL FROM EQUIPMENT SHALL BE PERFORMED INSIDE NEGATIVE PRESSURE CONTAINMENT.

☐..... 3. Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition site: AREA SHALL BE REGULATED, ACM, ADEQUATE WETTING SHALL BE APPLIED DURING REMOVAL. REMOVAL SHALL BE PERFORMED INSIDE A NEGATIVE PRESSURE CONTAINMENT. MATERIAL SHALL BE DOUBLE BAGGED, PROPERLY LABLED AND DISPOSED OF IN AN APPROPIATE DESIGNATED DUMPSTER.

PROJECT INFORMATION

☐..... A. FACILITY OWNER
Facility Owner Name: HOUSTON REFINING, LP
Phone #: (713) 321-5029
Attention: YASSER ELOURI
Mailing Address: P.O. BOX 2451
City: HOUSTON State: TEXAS Zip: 77252-2451

☐..... B. ASBESTOS ABATEMENT CONTRACTOR #1
DSHS Asbestos Contractor License #: 800807
Contractor Name: BROCK 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 Monrewal
☐..... DSHS Supervisor License #: N/A Site Supervisor: Amy Thomas

(x)
Below if
Amended **E. NESHAP TRAINED INDIVIDUAL**

☐..... NESHAP Trained Individual: _____
Certification Date: __/__/__

☐.....**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 #: **15701**
Waste Transporter: **ALLIED WASTE**
Address: **5301 BROOKGLEN DR.**
City: **HOUSTON** State: **TX** Zip: **77017**
Contact Person: **BOB SELVAGE**Phone #: **(713) 671-1560**

☐.....**I. Waste Disposal Site**
TCEQ Permit #: **61538**
Waste Disposal Site: **BFI McCARTY LANDFILL**
Address: **11013 OLD BEAUMENT 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.

_____ Date: **08/25/11**
(Signature of Owner, Operator or Delegated Agent)

Yasser Elouri , Industrial Hygienist
(Printed Name & Title)

E-mail Address: **Yasser.elouri@lyondellbasell.com** Phone #: **(713) 321-5029**

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
AUSTIN, TX 78714-3538

TEXAS Department of State Health Services

For Office Use Only:

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

☐ **ORIGINAL** ☒ **AMENDMENT No. 01** ☐ **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? **N/A**
  Date: __/__/__ Time: **N/A** ☐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): __/__/__

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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: **LYONDELLBASELL HOUSTON REFINING LP**
☐..... Physical Address: **12000 LAWNDALE**
☐..... County: **HARRIS** City: **HOUSTON** Zip: **77017**
☐..... Facility Contact: **YASSER ELOURI** Phone #: **(713) 321-5029**

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

3. Facility Details

☐..... Description of Area/Room Number: **Pipe Rack 12**
☐..... Age of Building: **45YR** Size: _ Number of Floors: ___
☐..... Is this building occupied? ☐ Yes ☒ No
☐..... Prior Use: **REFINERY PROCESS**
☐..... Future Use: **REFINERY PROCESS**
☐..... Date of Asbestos Survey/NESHAP Inspection: **8/26/10**
☐..... DSHS Inspector License #: **N/A**
☐..... Analytical Method: ☒ PLM ☐ TEM ☐ Assumed Asbestos ☐ No Suspect Material
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☐..... Working hours: **N/A** ☐ a.m. ☐ p.m. to **N/A** ☐a.m. ☐p.m.

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

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Address: N/A
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Office Phone #: ( ) N/A- Job-Site Phone #: ( ) N/A-

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☐..... DSHS Supervisor License #: N/A Site Supervisor: Mario Monreal
☐..... DSHS Supervisor License #: N/A Site Supervisor: Amy Thomas

(x)
Below if
Amended **E. NESHAP TRAINED INDIVIDUAL**

☐..... NESHAP Trained Individual: **Mario Monreal**
Certification Date: __/__/__

☐.....**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.: **N/A**
Project Consultant or Operator: **HSE SOLUTIONS, INC**
Address: **2816 KIMWOOD Dr**
City: **Charleston** State: **IL** Zip: **61920** Phone #: **(217) 345-2725**

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(Signature of Owner, Operator or Delegated Agent) Date: **09/07/11**

Yasser Elouri , Industrial Hygienist
(Printed Name & Title)

E-mail Address: **Yasser.elouri@lyondellbasell.com** Phone #: **(713) 321-5029**

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