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:___/___/___

RECEIVED DEC 19 2007 Air/Toxics & Inspection Coordination Branch 8EN-A

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?
_____ 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. _____
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: CARLA PRUITT 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: OIL REFINERY PROCESS UNITS
☐..... Age of Building: 60YRS Size: N/A Number of Floors: N/A
☐..... Is this building occupied? ☒ Yes ☐ No
☐..... Prior Use: REFINERY PROCESS UNITS
☐..... Future Use: SAME
☐..... Date of Asbestos Survey/NESHAP Inspection: N/A ___/___/___
☐..... 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: 01/01/08 and End date: 12/31/08
☐..... 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: N/A ___/___/___ 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	3200	2500	XX		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: REMOVE ACM FROM EQUIPMENT AND PIPING USING WET METHODS, NEGATIVE CONTAINMENTS AND/OR GLOVEBAGS.

☐..... 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. WORKERS SHALL UTILIZE REQUIRED PPE.

PROJECT INFORMATION

☐..... A. FACILITY OWNER

Facility Owner Name: HOUSTON REFINING, LP
Phone #: (713) 321-4111
Attention: CARLA PRUITT
Mailing Address: PO BOX 2451
City: HOUSTON State: TX Zip: 77252

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

DSHS Asbestos Contractor License #: 80-0734
Contractor Name: BROCK SPECIALTY SERVICES, LTD.
Address: PO BOX 306
City: BEAUMONT State: TX Zip: 77704
Office Phone #: (409) 833-6226 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: STEVE JONES

Below if Amended

E. NESHAP TRAINED INDIVIDUAL

☐..... NESHAP Trained Individual: GARY L. GERALD
Certification Date: 12 /04 /07

☐.....**F. DEMOLITION CONTRACTOR**
Demolition Contractor: N/A
Address: N/A
City: N/A State: TX 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: 5301 BROOK GLEN DRIVE
City: HOUSTON State: TX Zip: 77017
Contact Person: RICHARD NEEDHAM Phone #: (713) 948-7600 EXT. 409

☐.....**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.

Carla Pruitt for S. Parr Date: 12 / 11 / 07
(Signature of Owner, Operator or Delegated Agent)

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

E-mail Address: sjparr@lyondell.com Phone # :(713) 321-4862

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