For Office Use Only ☐ TAHPA ☐ NESHAP ☐ TDH ☐ Violation? ☐ YES ☐ NO

TEXAS DEPARTMENT OF HEALTH

T D H

DEMOLITION / RENOVATION NOTIFICATION FORM

NOTE: CIRCLE ITEMS THAT ARE AMENDED
NOTIFICATION#_____

RECEIVE SEP 3 2003 Air/Toxics & Inspection Coordination Branch 6EN-A

1) Abatement Contractor: **Service Environmental Company** TDH License Number:**80-0446**
Address :**1670 E Cardinal Drive** City: **Beaumont** State: **TX** Zip: **77705**
Office Phone Number:**(409)838-2282** Job Site Phone Number:**(713)321-4649**
Site Supervisor: **Julian Dominguez** License Number: **N/A**
Site Supervisor: **Steve R. Jones** TDH License Number: **N/A**
Trained On-Site NESHAP Individual: **Julian Dominguez** Certification Date: **07/10/2004**
Demolition Contractor: **N/A** Office Phone Number **N/A**
Address: **N/A** City: **N/A** State: **N/A** Zip: ___

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 LP**
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 LP**
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 342, #12 Boiler/East Air Duct**
Prior Use: **Refinery Process Equipment** Future Use: **N/A**
Age of Building/Facility:**29** Size:**8'x8'x30'** Number of Floors:**2** 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: **Monday thru Sunday, 7:00 am – 7:00 pm**

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**
☐ **Original (10 Working Days)** ☐ **Cancellation** ☐**XXAmendment** ☐ **Emergency/Ordered**
If this is an amendment, which amendment number is this? **1** **(Enclose copy of original)**
If an emergency, who did you talk with at TDH? **MARY SALAZAR (713-767-3224)** Emergency#:**N03-226-1-6**
Date and Hour of Emergency (HH/MM/DD/YY):**10:00a.m.-08/14/2003**
Description of the sudden, unexpected event and explanation of how the event caused unsafe conditions or would cause equipment damage (computers, machinery, etc: **The insulation covering this overhead ductwork has become oversaturated with condensation/rainwater and is in imminent danger of collapse.**

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 under negative pressure enclosure regulated, wet ACM, HEPA vacuum, double bag and dispose properly. Proper PPE shall be utilized. Notify TDH**

9) Was an Asbestos survey performed? **XX** ☐ YES ☐ NO Date: **08 / 13 /03** TDH Inspector License No: **N/A**
Analytical Method: ☐XX PLM ☐ TEM ☐ Assumed TDH Laboratory License No: **N/A**
(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 from process equipment 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: **All removal will be performed in compliance with all state and federal regulations.**

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		960			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: **BFI Waste Services of Texas, LP** ____ TDH 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** _____ 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 **08 / 15 / 03** Complete: **08 / 29/03**

17) Scheduled Dates Demolition/Renovation (MM/DD/YY) Start: **08 / 15 /03** Complete: **08 / 29 /03**

**** 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 / Key Corp Solutions — (Signature of Building Owner/Operator or Delegated Consultant/Contractor)
FAHEEM KAZIMI (Printed Name)
08/26/2003 (Date)
(713) 321-5272 (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