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: **80-0734**
Address: **PO Box 306** City: **Beaumont** State: **TX** Zip: **77704**
Office Phone Number: **(409)833-6226** Job Site Phone Number :**(713)321-4583**
Site Supervisor: **Julian Dominguez** DSHS License Number: **N/A**
Site Supervisor: **Steve Jones** DSHS License Number: **N/A**
Trained On-Site NESHAP Individual: **Gary Gerald** Certification Date: **12-06-2006**

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**
Description of Area/Room Number: **UNIT 733 COOLING TOWER (4" LINE AND 2-8" LINES**
Prior Use: **Refinery Process Equipment** Future Use: **Same**
Age of Building/Facility: **60 yrs** Size: **4" & 8" STM LINES** Number of Floors: **N/A** 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: **FOUR Ten Hour Day (Monday-Thursday)On holiday weeks, schedule will shift Tues.-Fri.**

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? __ **(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: **3/10/05** 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: **ACM to be removed is a friable thermal system insulation which covers the exterior of the designated equipment. Material shall be removed via glovebag methods. Adequate wetting shall be applied during removal.**

11) Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition/renovation: **Area will be regulated and ACM properly double bagged and sealed and properly disposed of. Workers shall utilize required PPE.**

12) ALL applicable items in the following table must be completed: **IF NO ASBESTOS PRESENT CHECK HERE** ☐

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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	**350**		**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** 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: **12 / 26 / 2006** Complete: **01 / 09 /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.

Stephanie Parr / Cindy Smith — **Stephanie Parr** — **12-08-2006** — **(713)321-5272**
(Signature of Building Owner/ Operator or Delegated Consultant/Contractor) (Printed Name) (Date) (Telephone)

(713)321-6820
(Fax Number)

MAIL TO:

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

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