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: 12-07-2006

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: Lyondell-Citgo 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: Lyondell-Citgo 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: 138TK0118
Prior Use: Refinery Process Equipment Future Use: Same
Age of Building/Facility: 64 yrs Size 60'D X 40'H Number of Floors: 3 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: FIVE Ten Hour Day (Monday-Friday)

6) Type of Building (CHECK ONLY ONE): ☐ Public Building ☐ Federal Facility XX Industrial Site ☐ NESHAP-Only Facility
Is Building/Facility Occupied? XX YES ☐ 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? N/A (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? ☐ YES NOXX Date: N/A 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: PACM to be removed is nonfriable mastic which covers the roof of the designated equipment. Material shall be removed via hand tools. 6mil poly shall be placed on the ground to catch any excess and all debris will be double bagged, properly labeled and disposed of in a appropriately designated dumpster. 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 PACM properly double bagged and sealed and properly disposed

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								
RACM NOT removed								
Interior Category I non-friable removed								
Exterior Category I non-friable removed		1256			XX			
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								

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6EN-A

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: **09 / 18 / 2006** Complete: **10 / 02 /2006**

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.

S Parr	Stephanie Parr	09-01-2006	(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