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
FEB 16 2011
Air/Toxics & Inspection Coordination Branch

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

☐ **ORIGINAL** ☒ **AMENDMENT No. 02** ☐ **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: **Charla Hollister** Phone #: **(713) 321-4735**

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

3. Facility Details

☐..... Description of Area/Room Number: **6" - 4"Clarified Oil Piping in Piperack**
☐..... Age of Building: **N/A** Size: **N/A** Number of Floors: **N/A**
☐..... Is this building occupied? ☐ Yes ☒ No
☐..... Prior Use: **Oil Refining**
☐..... Future Use: **Oil Refining**
☐..... Date of Asbestos Survey/NESHAP Inspection: __/__/__
☐..... 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: **09/07/10** and End date: **02/15/11**
☐..... 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	7,500	☒	☐	N/A	☐	☐	
☐ RACM left in place during demolition	N/A	☐	☐	N/A	☐	☐	
☐ Interior Category I non-friable removed	N/A	☐	☐	N/A	☐	☐	
☐ Exterior Category I non-friable removed	N/A	☐	☐	N/A	☐	☐	
☐ Category I non-friable left in place during demolition	N/A	☐	☐	N/A	☐	☐	
☐ Interior Category II non-friable removed	N/A	☐	☐	N/A	☐	☐	
☐ Exterior Category II non-friable removed	N/A	☐	☐	N/A	☐	☐	
☐ Category II non-friable left in place during demolition	N/A	☐	☐	N/A	☐	☐	
☐ RACM Off-Facility Component							N/A

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: **Isolate the area, wet down materials build a containment depending on size of job either build a containment with full negative pressure enclosure or if amount is small, utilize the glove bag method and wet method and disposed of properly. Proper PPE shall be utilized.**

☐..... 2. Description of planned demolition or abatement work, type of material, and method(s) to be used: **Removal of thermal system insulation asbestos containing material, utilizing glove bag method technique and double bag ACM in 6- mi and label bags. Using hand tools and wet methods.**

☐..... 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 PERFORME INSIDE A NEGATIVE PRESSURE ENCLOSURE / GLOVEBAGS. MATERIAL SHALL BE DOUBLE BAGGED, PROPERLY LABLED AND DISPOSED OF IN AN APPROPRIATE DESIGNATED DUMPSTER.**

PROJECT INFORMATION

☐..... A. FACILITY OWNER

Facility Owner Name: **LyondellBasell Houston Refining LP**
Phone #: **(713) 321-5029**
Attention: **Yasser Elouri**
Mailing Address: **12000 Lawndale**
City: **Houston** State: **TX** Zip: **77017**

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

DSHS Asbestos Contractor License #: **800845**
Contractor Name: **Brand Energy Solutions LLC**
Address: **1830 Jasmine**
City: **Pasadena** State: **TX** Zip: **77503**
Office Phone #: **(713) 473-0022** Job-Site Phone #: **(281) 404-5100**

☐..... 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 #: **NSR121109-3668** Site Supervisor: **Abel Jimenez**
☐..... DSHS Supervisor License #: **NSR021910-0171** Site Supervisor: **Juan Salinas**

(x)
Below if
Amended

E. NESHAP TRAINED INDIVIDUAL

☐..... NESHAP Trained Individual: **Victor Lopez**
Certification Date: **02/19/10**

☐.....**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 Services**
Address: **312 Richey**
City: **Pasadena** State: **TX** Zip: **77506** Phone #: **(713) 475-9003**

☐..... **H. Waste Transporter**
DSHS Waste Transporter License #: **15701**
Waste Transporter: **Allied Waste**
Address: **5301 BrookGlen Dr**
City: **Houston** State: **Texas** Zip: **77017**
Contact Person: **Bob Selvage**Phone #: **(713) 671-1560**

☐.....**I. Waste Disposal Site**
TCEQ Permit #: **980864078**
Waste Disposal Site: **Gulf Waste Landfill**
Address: **2601South Jenkins Rd**
City: **Anahuac** State: **Texas** Zip: **77514**
Phone #: **(409) 267-6666**

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.

(Signature of Owner, Operator or Delegated Agent) Date: **12/16/10**

Yasser N. 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