RECEIVED NES 3-3-5

MAY 26 1998

Toxics Enforcement Section GEN-AT

LYONDELL-CITGO Refining Company Ltd.

12000 Lawndale
P.O. Box 2451
Houston, Texas 77252-2451
(713) 321-4111
Fax (713) 321-4700

May 14, 1998

Certified Mail Returned
Receipt Requested Z 436 464 887

Deborah Marlow, Coordinator
Asbestos Notification and Information Section
Division of Occupational Health
Texas Department of Health
1100 West 49th St.
Austin, TX 78756-3199

Re: Asbestos Removal Notification
TNRCC Account ID No. HG-0048-L

Dear Ms. Marlow,

LYONDELL-CITGO Refining Co. Ltd. is submitting this amended notification of an asbestos abatement project on the Amine Stripper Tower in the Sulfur Recovery Unit at the LYONDELL-CITGO Refinery. The amended notifcation is due to the inability to begin the job on May 14. Rquired scaffolding for the project has not been completed.

Amine Stripper Tower

Scheduled Dates of Asbestos Abatement

Start Date	**May 14, 1998**
End Date	**May 21, 1998**

If you have any questions or require further information, you may contact me at (713) 321-5535. Please send all written correspondence to me at the above listed address.

Sincerely,

David Snyder

David B. Snyder, CSP
Sr. Industrial Hygienist

Attachment:
cc: U. S. Environmental Protection Agency
Asbestos NESHAP Division
1445 Ross Avenue
Dallas, Texas 75202-2733

TEXAS DEPARTMENT OF HEALTH DEMOLITION / RENOVATION NOTIFICATION FORM

NOTE: CIRCLE ITEMS THAT ARE AMENDED **Notification#** _____

1) Abatement Contractor: **Service Environmental Co.** TDH License No.: **80-0446**
Address: **P.O. Box 2355** City: **Beaumont** State: **TX** Zip: **77704-2355**
Office Phone Number: **(409) 838-2282** Job Site Phone Number: _____
Site Supervisor: **J. R. Blake** TDH License Number: 80-3263
Site Supervisor: **Charles Whitmire** TDH License Number: N/A
Trained On-Site NESHAP Individual: **J. R. Blake** Certification Date: **8/25/97**

Demolition Contractor: _____ Office Phone Number:( ) _____ Address: _____ City: _____ State: ___ Zip:

2) Project Consultant or Operator: **Envirotest, Inc.** TDH License Number: **10-0006**
Mailing address: **3902 Braxton**
City: **Houston** State: **TX** Zip: **77063** Office Phone Number: **(713) 782-4101**

3) Facility Owner: **LYONDELL- CITGO Refining Co., Ltd**
Mailing Address: **PO Box 2451**
City: **Houston** State: **TX** Zip: **77252** Owner Phone Number: **(713) 321-4111**

4) Description or Facility Name: **LYONDELL-CITGO Refining Co., Ltd.**
Address: **12000 Lawndale** County: **Harris**
City: **Houston** Zip: **77252** Facility Phone Number: **(713) 321-5535**
Facility Contact Person: **David B. Snyder**
Description of Area/Room Number: **Amine Stripper Tower at the SRU**
Prior Use: **Opertions process unit** Future Use: **Operations process unit**
Age of Building: _____ Size: _____ Number of Floors: _____

5) Type of Work: ☒ Demolition ☐ Renovation ☐ Annual O&M
Work will be during: ☒ Day ☐ Evening ☐ Night Weekends only? ☐ YES ☒ NO

6) Is this a Public Building? ☐ YES ☒ NO Federal Facility? ☐ YES ☒ NO
Industrial Site? ☒ YES ☐ NO Is building occupied? ☐ YES ☒ NO

7) Notification Type **CHECK ONLY ONE**
☐ Original (10 Working Days) ☐ Cancellation ☒ Amendment ☐ 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? _____ Emergency #
Date and Hour of Emergency (HH/MM/DD/YY): _____
Description of the sudden, unexpected event: _____

Explanation of how the event caused unsafe conditions or would cause equipment damage (computers, machinery, etc.): _____

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, ACM wet, HEPA vacuumed bagged, proper disposal; if necessary, pressure differential containment erected, PPE donned; TDH will be notified

9) Was an Asbestos survey performed? ☐ YES ☒ NO TDH Inspector License No: _____
Survey Date: _____ Analytical Method: ☐ PLM ☐ TEM TDH Laboratory License No: _____

10) Description of planned demolition or renovation work, type of material, and method(s) to be used:
Removal of designated AMC insulation from equipment and piping using wet methods, negative containment, including glove bags.

Office Use Only ☐ TAMPA ☐ NESHAP ☐ TH ☐ LV Violation? ☐ YES

11) Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition/renovation site: **Pressure differential containment shall be utilized, wet removal; properly doubled bagged and sealed; proper disposal**

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

Asbestos-Containing 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 (friable)	**N/A**	**1085 sq. ft.**			**X**			
RACM NOT removed (friable)	N/A	N/A						
Category I removed (non-friable)	N/A	N/A						
Category I NOT removed (non-friable)	N/A	N/A						
Category II removed (non-friable)	N/A	N/A						
Category II NOT removed (non-friable)	N/A	N/A						
RACM Off-Facility Component (friable)	N/A	N/A						

13) Waste Transporter Name: **Browning-Ferris Industries** TDH License No: **40-0050**
Address: **1700 North E. St.** City: **La Porte** State: **TX** Zip: **77571**
Contact Person: **Boyce Phillips** Phone Number: **(713) 471-9142**

14) Waste Disposal Site Name: **BFI McCarty Road Landfill**
Address: **11013 Old Beaumont Highway** 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: _____ Registration No: _____
Title: _____
Date of order (MM/DD/YY) ___/___/___ Date order to begin (MM/DD/YY) ___/___/___

16) Scheduled Dates of Asbestos Abatement (MM/DD/YY) Start: **05/14/98** Complete **5/20/98**

17) Scheduled Dates Demolition/Renovation (MM/DD/YY) Start: **5/14/98** Complete: **5/20/98**

Note: If the start date on this notification can not be met, the Asbestos Notification Section must be contacted by phone prior to the start date. Failure to do so is a violation and will result in official action being taken in accordance with 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 the building owner/operator is 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.

(Signature of Building Owner/ Operator)	(Printed Name)	(Date)	(Telephone)	(FAX Number)
	Greg R. Heagler	~~12/8/97~~ 4-30-98	(713) 321-4323	(713) 321-6820

MAIL TO:

TEXAS DEPARTMENT OF HEALTH
DIVISION OF OCCUPATIONAL HEALTH
ASBESTOS PROGRAMS BRANCH
1100 WEST 49th STREET
AUSTIN, TX 78756
Faxes are not accepted PH: 512-834-6600, 1-800-572-5548 *Faxes are not accepted*

Form dated 10/10/94. Replaces TDH form dated 04/01/94. For assistance in completing form, call 800-572-5548, in Texas.