NES-3-3-5 (10)

LYONDELL-CITGO Refining Company Ltd.

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

April 16, 2002

Certified Mail Returned
Receipt Requested 7001 2510 0003 6873 2166

Deborah Marlow, Coordinator
Asbestos Notification Section
Toxic Substances Control Division
Texas Department of Health
Exchange Building, Suite N320
8407 Wall Street
Austin, TX 78754

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

Dear Ms. Marlow,

LYONDELL-CITGO Refining Co. LP. is submitting this amended notification of an asbestos abatement project for tank 652. We are changing the abatement and renovation completion dates from 4/23/2002 to 5/23/2002.

If you have any questions or require further information, you may contact me at (713) 321-4263. Please send all written correspondence to me at the above listed address.

Sincerely,

Cordy Sonka

Cordy Sonka
Principal Industrial Hygienist

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

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

TEXAS DEPARTMENT OF HEALTH

T D H

DEMOLITION / RENOVATION NOTIFICATION FORM

NOTE: CIRCLE ITEMS THAT ARE AMENDED
NOTIFICATION# _____

1) Abatement Contractor: **Service Environmental Company** TDH License Number: **80-0446**
Address: **1670 East Cardinal Drive** City: **Beaumont** State: **TX** Zip: **77705**
Office Phone Number: **(409) 838-2282** Job Site Phone Number **(713) 321-4649**
Site Supervisor: **Mario Monreal** TDH License Number: **N/A**
Site Supervisor: **Steve R. Jones** TDH License Number: **N/A**
Trained On-Site NESHAP Individual: **Steve R. Jones** Certification Date: **03/01/2002**
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** 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 CO., Ltd**
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.,Ltd**
Physical Address: **1200 LAWNDALE** County: **HARRIS** City: **HOUSTON** Zip: **77252**
Facility Phone Number **(713) 321-4111** Facility Contact Person: **Cordy Sonka**
Description of Area/Room Number: **652 Tank**

Prior Use: **Storage of process product** Future Use: **Storage of process product**
Age of Building/Facility: **50 years** Size: **60'od X 40'h** Number of Floors: **One** 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: **FOUR TEN HOUR DAYS (Monday-Thursday)**

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** **XX 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? **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. WET ACM, HEPA VACUUM, BAG, AND DISPOSE PROPERLY. PROPER PPE SHALL BE UTILIZED. NOTIFY TDH.**

9) Was an Asbestos survey performed? **XX** YES NO Date: **8/16/2001** TDH Inspector License No: **105099**
Analytical Method: **XX** PLM ☐ TEM ☐ Assumed TDH Laboratory License No: **30-0075**
(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 (mastic) from tank 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: **Area will be regulated, HEPA vacuumed, properly double bagged and sealed, and properly disposed. Workers shall utilize required PPE.**

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								
Category I non-friable NOT removed								
Interior Category II non-friable removed								
Exterior Category II non-friable removed		**7540**			**XX**			
Category II non-friable NOT removed								
RACM Off-Facility Component								

13) Waste Transporter Name: **BROWNING FERRIS INDUSTRIES** TDH License Number: **40-0199**
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: **03/25/2002** Complete: **05/23/2002**

17) Scheduled Dates Demolition/Renovation (MM/DD/YY) Start: 03/25/2002 Complete: **05/23/2002**

**** 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 — (Signature of Building Owner/ Operator or Delegated Consultant/Contractor)
FAHEEM KAZIMI (Printed Name)
04/16/2002 (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