NES-3-3-5

LYONDELL-CITGO
Refining LP

12000 Lawndale
Houston, TX 77017
(713) 321-4111

P.O. Box 2451
Houston, TX 77252-2451

June 22, 2004
Certified Mail Returned
Receipt Requested 7002 1000 0005 2214 8802

RECEIVE
JUN 30 2004
Air/Toxics & Inspection
Coordination Branch
AEN-A

Asbestos Notification Section
Toxic Substances Control Division
Texas Department of Health
PO Box 143538
Austin, TX 78714-3538

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

Dear Sirs,

LYONDELL-CITGO Refining LP is submitting a Texas Department of Health, Demolition Notification for Phase 2 , demolition of support stanchions in pipe rack #12.

Start Date: July 8, 2004

End Date: August 14, 2004

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

TEXAS DEPARTMENT OF HEALTH

ProtectTexas™
Texas Department of Health

DEMOLITION / RENOVATION NOTIFICATION FORM

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

NOTE: CIRCLE ITEMS THAT ARE AMENDED
NOTIFICATION#_____

1) Abatement Contractor: **SERVICE ENVIRONMENTAL COMPANY** TDH License Number: **80-0446**
Address : **1670 E 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** License Number: **N/A**
Site Supervisor: **STEVE R. JONES** TDH License Number: **N/A**
Trained On-Site NESHAP Individual: **GARY L. GERALD** Certification Date: **12/08/2003**
Demolition Contractor: **J. E. MERIT CONSTRUCTORS, INC.** Office Phone Number: **(832) 351-7163**
Address: **5995 ROGERDALE ROAD** City: **HOUSTON** State: **TX** Zip: **77072**

2) Project Consultant or Operator: **CAM ENVIRONMENTAL CO.** License Number: **10-0083**
Mailing Address: **P.O.BOX 2451**
City: **PASADENA** State: **TX** Zip: **77253** Office Phone Number: **(713)475-9003**

3) Facility Owner: **LYONDELL-CITGO REFINING LP**
Attention: **CORDY SONKA**
Mailing Address: **P.O. 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 and the billing address for the invoice will be obtained from the information that is provided in this section.**

4) Description or Facility Name: **LYONDELL-CITGO REFINING LP**
Physical Address: **12000 LAWNDALE** County: **HARRIS** City: **HOUSTON** Zip: **77252**
Facility Phone Number **(713) 321-4111** Facility Contact Person: **CORDY SONKA**
Description of Area/Room Number: **138PR-12-6000**
Prior Use: **REFINERY PROCESS EQUIPMENT** Future Use: **N/A**
Age of Building/Facility: **25** Size: **16' ODx25'H** Number of Floors: **1** School (K - 12): ☐ YES **XX** ☐ NO

5) **Type of Work: XX ☐ Demolition ☐ Renovation (Abatement) ☐ Annual Consolidated**
Work will be during: **XX** ☐ Day ☐ Evening ☐ Night ☐ Phased Project
Description of work schedule: **MONDAY THRU THURSDAY, 7:30 am – 4:30 pm**

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**
☐XX Original (10 Working Days) ☐ Cancellation ☐ Amendment ☐ Emergency/Ordered
If this is an amendment, which amendment number is this? **N/A** **(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, DOUBLE BAG AND DISPOSE PROPERLY. PROPER PPE SHALL BE UTILIZED. NOTIFY TDH.**

9) Was an Asbestos survey performed? **XX** ☐ YES ☐ NO Date: **12/30/03** TDH Inspector License No: **N/A**
Analytical Method: **XX** ☐ PLM ☐ TEM ☐ Assumed TDH Laboratory License No: **N/A**
(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:
EQUIPMENT WILL BE DEMOLISHED VIA MECHANICAL MEANS.

11) Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition/renovation: **ALL REMOVAL WILL BE PERFORMED IN COMPLIANCE WITH ALL STATE AND FEDERAL REGULATIONS.**

12) ALL applicable items in the following table must be completed: **IF NO ASBESTOS PRESENTCHECK 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	**136**				**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** TDH 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: **07 / 08 / 04** Complete: **08 /14 /04**

17) Scheduled Dates Demolition/Renovation (MM/DD/YY) Start: **07 / 08 /04** Complete: **08/ 14 /04**

**** 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 / C Sorka — (Signature of Building Owner/ Operator or Delegated Consultant/Contractor)

FAHEEM KAZIMI (Printed Name)

06/22/2004 (Date)

(713) 321-5272 (Telephone)

(713) 321-6820 (Fax Number)

MAIL TO:

ASBESTOS NOTIFICATION SECTION
TOXIC SUBSTANCES CONTROL DIVISION
TEXAS DEPARTMENT OF HEALTH
PO BOX 143538
AUSTIN, TX 78714-3538
PH: 512-834-6600, 1-800-572-5548

Faxes are not accepted

Faxes are not accepted

Form APB#5, dated 11/05/03. Replaces TDH form dated 04/30/03. For assistance in completing form, call 1-800-572-5548