NES-33-5

RECEIVE
AUG 14 2003
Air/Toxics & Inspectio
Coordination Branch
SEN-A

HoustonRefining

Houston Refining LP
12000 Lawndale
Houston, TX 77017-2470
P.O. Box 2451 (77252-2451)

August 13, 2009

Certified Mail Returned
Receipt Requested # 7002 2030 0004 7982 5687

ENVIRONMENTAL HEALTH NOTIFICATIONS GROUP
TEXAS DEPARTMENT OF STATE HEALTH SERVICES
PO BOX 143538
AUSTIN, TX 78714-3538

Re: Asbestos Demolition/Renovation Notification Form
TNRCC Account ID No. HG-0048-L

Dear TX DSHS:

Houston Refining LP is submitting this Asbestos / Demolition Notification Form for the abatement of 138TK0663.

Start Date: August 27, 2009
End Date: October 19, 2009

If you have any questions or require further information, you may contact me at (713) 321-5327. Please send all written correspondence to me at the above listed address.

Sincerely,

Jeff Scott
Industrial Hygienist II

Attachment:

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

HSE Library

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:___/___/___

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

☒ **ORIGINAL** ☐ **AMENDMENT No. ___** ☐ **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? _____
Date: __/__/__ Time: _____ ☐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. _____
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: **JEFF SCOTT** Phone #: **(713) 321-5327**

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

3. Facility Details
☐..... Description of Area/Room Number: **138TK0663**
☐..... Age of Building: **44YR** Size: **42'X48'** Number of Floors: **1**
☐..... Is this building occupied? ☐ Yes ☒ No
☐..... Prior Use: **REFINERY PROCESS**
☐..... Future Use: **REFINERY PROCESS**
☐..... 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: **8/27/09** and End date: **10/19/09**
☐..... 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: _____ ☐ a.m. ☐ p.m. to _____ ☐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		☐	☐		☐	☐	
☐ RACM left in place during demolition		☐	☐		☐	☐	
☐ Interior Category I non-friable removed		☐	☐		☐	☐	
☐ Exterior Category I non-friable removed		☐	☐	6333	☒	☐	
☐ Category I non-friable left in place during demolition		☐	☐		☐	☐	
☐ Interior Category II non-friable removed		☐	☐		☐	☐	
☐ Exterior Category II non-friable removed		☐	☐		☐	☐	
☐ Category II non-friable left in place during demolition		☐	☐		☐	☐	
☐ RACM Off-Facility Component							

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: **AREA SHAL BE REGULATED, HEPA VACUUMKED, DOUBLE BAGGED AND DISPOSED OF PROPERLY, PROPER PPE SHALL BE UTILIZED, NOTIFY TDSHS.**

☐..... 2. Description of planned demolition or abatement work, type of material, and method(s) to be used: **ACM TO BE REMOVED IS NONFRIABLE MASTIC WHICH COVERS THE EXTERIOR OF THE TANK. MATERIAL SHALL BE REMOVED VIA HAND TOOLS.**
6MIL POLY SHALL BE PLACED ON THE GROUND TO CATCH ANY DEBRIS, ADEQUATE WETTING SHALL BE APPLIED DURING REMOVAL.

☐..... 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, 6MIL POLY SHALL BE PLACED ON THE GROUND TO CATCH ANY AND ALL DEBRIS, DEBRIS WILL BE DOUBLE BAGGED, PROPERLY LABLED,AND DISPOSED OF IN AN APPROATEELY DESIGNATED DUMPSTER.**

PROJECT INFORMATION

☐..... **A. FACILITY OWNER**
Facility Owner Name: **HOUSTON REFINING, LP**
Phone #: **(713) 321-5327**
Attention: **JEFF SCOTT**
Mailing Address: **P.O. BOX 2451**
City: **HOUSTON** State: **TEXAS** Zip: **77252-2451**

☐..... **B. ASBESTOS ABATEMENT CONTRACTOR #1**
DSHS Asbestos Contractor License #: **80-0834**
Contractor Name: **BROCK SERVICES,LTD**
Address: **P O BOX 306**
City: **BEAUMONT** State: **TX** Zip: **77704**
Office Phone #: **(409) 266-6226** Job-Site Phone #: **(713) 321-4583**

☐..... **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 #: **N/A** Site Supervisor: **MARIO MONREAL**
☐..... DSHS Supervisor License #: **N/A** Site Supervisor: **MARIO MONREAL**

(x)
Below if
Amended **E. NESHAP TRAINED INDIVIDUAL**

☐..... NESHAP Trained Individual: _____
Certification Date: __/__/__

☐.....**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**
Address: **312 SOUTH RICHEY**
City: **HOUSTON** State: **TX** Zip: **77253** Phone #: **(713) 475-9003**

☐..... **H. Waste Transporter**
DSHS Waste Transporter License #: **15701**
Waste Transporter: **ALLIED WASTE**
Address: **5301 BROOKGLEN DR.**
City: **HOUSTON** State: **TX** Zip: **77017**
Contact Person: **BOB SELVAGE** Phone #: **(713) 671-1560**

☐.....**I. Waste Disposal Site**
TCEQ Permit #: **980864078**
Waste Disposal Site: **GULF WASTE LANDFILL**
Address: **2601 SOUTH JENKINS RD.**
City: **ANAHUAC** State: **TX** 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.

_____ Date: **8/13/09**
(Signature of Owner, Operator or Delegated Agent)

Jeff Scott, Industrial Hygienist
(Printed Name & Title)

E-mail Address: **jeffery.scott@lyondellbasell.com** Phone #: **(713) 321-5327**

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