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HoustonRefining

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6EN - H
HAZARDOUS WASTE
ENFORCEMENT BRANCH

RECEIVE

OCT 2 2 2008

Air/Toxics & Inspection
Coordination Branch
6EN-A

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

October 13, 2008

Certified Mail Returned
Receipt Requested # 7003 2260 0003 2187 5639

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 D:

Houston Refining LP is submitting this Asbestos Demolition / Renovation Notification Form for the abatement of the 134TK0813.

Start Date: October 28, 2008
End Date: December 31, 2008

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

RECEIVE

OCT 2 2 2008

Air/Toxics & Inspection Coordination Branch 8EN-A

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 #:_____ and name of the Regional or EHNG representative with whom you spoke? _____
Date: __/__/__ Time: _____ ☐a.m. ☐p.m.

•Describe the reason for Emergency: _____

☐ **ORDERED:** ***(For structurally unsound facilities, attach copy of demolition order and identify Governmental Official)***
Name: _____ Registration No. _____
Title: _____
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: **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: **134 TK 0813**
☐..... Age of Building: **NA** Size: **180' x 47'** Number of Floors: **2**
☐..... Is this building occupied? ☐ Yes ☒ No
☐..... Prior Use: **Process Equipment**
☐..... Future Use: **Not Determined**
☐..... Date of Asbestos Survey/NESHAP Inspection: **10/02/08**
☐..... DSHS Inspector License #: **NA**
☐..... Analytical Method: ☒ PLM ☐ TEM ☐ Assumed Asbestos ☐ No Suspect Material
☐..... DSHS Laboratory License #: **NA**

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: **10/28/08** and End date: **12/31/08**
☐..... Work days: ☒Mon. ☒Tues. ☒Wed. ☒Thurs. ☒Fri. ☒Sat. ☐Sun.
☐..... Working hours: **0700** ☒ a.m. ☐ p.m. to **1730** ☐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		☐	☐	18000	☒	☐	
☐ RACM left in place during demolition		☐	☐		☐	☐	
☐ Interior Category I non-friable removed		☐	☐		☐	☐	
☐ Exterior Category I non-friable removed		☐	☐		☐	☐	
☐ 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 shall be regulated, HEPA vacuumed, double bagged and disposed properly. Proper PPE shall be utilized. Notify TX DSHS.

☐..... **2.** Description of planned demolition or abatement work, type of material, and method(s) to be used:

ACM to be removed is non-friable mastic which covers the exterior of the roof of the tank. Material shall be removed via hand tools. 6-Mil poly shall be placed on the ground to catch any excess and all debris and will be double bagged. Properly labeled and disposed of in a appropriately designated dumpster. 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:

N/A

Area shall be regulated and ACM properly double bagged and sealed and properly disposed of.

PROJECT INFORMATION

☐..... **A. FACILITY OWNER**

Facility Owner Name: **LyondellBasell Industries**
Phone #: **(713) 321-5327**
Attention: **Jeff Scott**
Mailing Address: **PO Box 2451**
City: **Houston** State: **TX** Zip: **77252-2451**

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

DSHS Asbestos Contractor License #: **80-0834**
Contractor Name: **Brock Specialty 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 #: **NA**
Contractor Name: **NA**
Address: **NA**
City: **NA** State: **NA** Zip: **NA**
Office Phone #: **(NA) NA -** Job-Site Phone #: **(NA) -**

D. ASBESTOS SUPERVISOR

☐..... DSHS Supervisor License #: **803677** Site Supervisor: **Mario Monreal**
☐..... DSHS Supervisor License #: _____ Site Supervisor: _____

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

☐..... NESHAP Trained Individual: **NA**
Certification Date: __/__/__

☐.....**F. DEMOLITION CONTRACTOR**
Demolition Contractor: **NA**
Address:
City: State: Zip: Phone #:

☐.....**G. PROJECT CONSULTANT OR OPERATOR**
DSHS License No.: **NA**
Project Consultant or Operator: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone #: (___) ___-____

☐..... **H. Waste Transporter**
DSHS Waste Transporter License #: **40-278**
Waste Transporter: **BFI Waste Services of Texas, LP**
Address: **8101 West Little York**
City: **Houston** State: **TX** Zip: **77016**
Contact Person: **Richard Needham** Phone #: **(713) 948-7600**

☐.....**I. Waste Disposal Site**
TCEQ Permit #: **261A**
Waste Disposal Site: **BFI McCarty Road Landfill**
Address: **11013 Old Beaumont Highway**
City: **Houston** State: **TX** Zip: **77078**
Phone #: **(713) 675-6101**

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: 10/13/08
(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