NES 3-3-5

LYONDELL-CITGO
Refining LP

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

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

RECEIVED
04 NOV 31 PM 1:03
TOXICS SECTION
EPA DALLAS, TEXAS

November 16, 2004

Certified Mail Returned
Receipt Requested # 7002 2030 0003 4990 3866

RECEIVE
DEC 1 - 2004
Air/Toxics & Inspection
Coordination Branch

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

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

Dear Sirs:

LYONDELL-CITGO Refining LP is submitting this Demolition / Renovation Notification for the demolition of Tanks 700, 711, 712, 259, 258, 247, 248, 709, 710, 257, 256, 249, 255, 254, 268, the Hot Water Tank and J Tank.

Start Date: November 30, 2004

End Date: January 18, 2005

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
Principal Industrial Hygienist

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

DEMOLITION / RENOVATION NOTIFICATION FORM

TEXAS Department of State Health Services

NOTE: CIRCLE ITEMS THAT ARE AMENDED
NOTIFICATION#_____

FOR OFFICE USE ONLY ☐ TAHPA ☐ NESHAP ☐ T ☐ H ☐ L VIOLATION? ☐ YES ☐ NO

1) Abatement Contractor: **AMX ENVIRONMENTAL LTD.** DSHS License Number: **80-0744**
Address: **8701 GULF FWY.** City: **HOUSTON** State: **TX** Zip: **77017**
Office Phone Number: **(713)378-9911** Job Site Phone Number: **(214)952-5380**
Site Supervisor: **JOSE SALAS** DSHS License Number: **80-3862**
Site Supervisor: **JOSE LOPEZ** DSHS License Number: **80-2031**
Trained On-Site NESHAP Individual: **JOSE SALAS** Certification Date: **5/18/04**

Demolition Contractor: **BAY AREA INDUSTRIAL CONTRACTORS LTD.** Office Phone Number **(281)471-0400**
Address: **P.O. BOX 966** City: **LAPORTE** State: **TX** Zip: **77572**

2) Project Consultant or Operator: **CAM ENVIRONMENTAL CO.** DSHS License Number: **10-0083**
Mailing Address: **P.O.BOX 2451**
City: **HOUSTON** 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 at the address listed in this section after the project is completed.**

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: **TKS. #700, 711, 712, 259, 258, 247, 248, 709, 710, 257, 256, 249, 255, 254, 268, HOT WATER TANK AND J TANK**
Prior Use: **REFINERY PROCESS** Future Use: **N/A**
Age of Building/Facility: **50** Size: **EA.10'X22'** Number of Floors: **1** School (K - 12): ☐ YES **XX** ☐ NO

5) Type of Work **(CHECK ONLY ONE): XX☐ Demolition ☐ Renovation (Abatement) ☐ Annual Consolidated**
Work will be during: **XX** ☐ Day ☐ Evening ☐ Night ☐ **XX** Phased Project
Description of work schedule: **MON. THRU THURS., 7:00AM-5:30PM**

6) Type of Building **(CHECK ONLY ONE): ☐ Public Building ☐ Federal Facility ☐ XXIndustrial Site ☐ NESHAP-Only Facility**
Is Building/Facility Occupied? ☐ YES ☐**XX** NO

7) Notification Type **(CHECK ONLY ONE):**
☐**XX Original (10 Working Days)** ☐ **Amendment** ☐ **Cancellation** ☐ **Emergency** ☐ **Ordered (see item 15)**
If this is an amendment, which amendment number is this? **N/A** **(Enclose copy of original and/or last amendment)**
If an emergency, who did you talk with at DSHS? **N/A** Emergency#: **N/A**
Date and Hour of Emergency (HH/MM/DD/YY): ___/___/___/___
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 OF PROPERLY. PROPER PPE SHALL BE UTILIZED. NOTIFY TDSHS.**

9) Was an Asbestos survey performed? ☐ **XX** YES ☐ NO Date: **06 /22/ 04** DSHS Inspector License No: **N/A**
Analytical Method: **XX** ☐ PLM ☐ TEM ☐ Assumed DSHS Laboratory License No: **N/A**
(For TAHPA (public building) projects: an assumption must be made by a DSHS Licensed Inspector).

10) Description of planned demolition or renovation work, type of material, and method(s) to be used: **ALL EQUIPMENT SHALL BE DEMOLISHED VIA MECHANICAL MEANS. ASBESTOS PRESENT ON "J" TANK AND ASSOCIATED PIPING ONLY SHALL BE REMOVED PRIOR TO THEIR DEMOLITION.**

11) Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition/renovation: **ALL ASBESTOS SHALL BE REMOVED UTILIZING WET METHODS/ GLOVEBAG OR NEGATIVE PRESSURE ENCLOSURE.**

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	**1000**	**1200**	**XX**		**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** DSHS 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: **11/30/04** Complete: **01/18/05**

17) Scheduled Dates Demolition/Renovation (MM/DD/YY) Start: **11/30/04** Complete: **01/18/05**
**** Note: If the start date on this notification can not be met, the DSHS 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) **11/16/2004** (Date) **(713)321-5272** (Telephone)

(713)321-6820 (Fax Number)

MAIL TO:

Faxes are not accepted

ENVIRONMENTAL HEALTH NOTIFICATIONS GROUP
DEPARTMENT OF STATE HEALTH SERVICES
PO BOX 143538
AUSTIN, TX 78714-3538
PH: 512-834-6600, 1-800-572-5548

Faxes are not accepted

Form APB#5, dated 10/01/04. Replaces TDH form. For assistance in completing form, call 1-800-572-5548