NES-3-3-5

LYONDELL-CITGO
Refining LP

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

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

February 4, 2004

Certified Mail Returned
Receipt Requested 7002 1000 0005 2214 9984

RECEIVE
FEB 9 2004
Air/Toxics & Inspection
Coordination Branch
6EN-A

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 removal of asbestos containing material from the T-31 Tower located in Unit 431.

Start Date: February 21, 2004

End Date: February 24, 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 ☐ TDH ☐ 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: **N/A** Office Phone Number: **N/A**
Address: **N/A** City: **N/A** State: **N/A** Zip: **N/A**

RECEIVE FEB 9 2004 AirTexas

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 b 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: **UNIT 431/EXTERIOR INSULATION ON TOWER T-31**
Prior Use: **REFINERY PROCESS EQUIPMENT** Future Use: **N/A**
Age of Building/Facility: **25** Size: **7.5'ODx60'H** Number of Floors: **5** School (K - 12): ☐ YES **XX** ☐ NO

5) **Type of Work:** ☐ **Demolition** **XX**☐ **Renovation (Abatement)** ☐ **Annual Consolidated**
Work will be during: **XX**☐ Day ☐ Evening **XX**☐ Night ☐ Phased Project
Description of work schedule: **SATURDAY THRU TUESDAY, 24 HOURS A DAY (2-12 HOUR SHIFTS)**

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, HEP VACUUM, DOUBLE BAG INSIDE NEG. PRESSSURE ENCLOSURE. DISPOSE PROPERLY. PROPER PPE SHALL B UTILIZED. NOTIFY TDH.**

9) Was an Asbestos survey performed? **XX** ☐ YES ☐ NO Date: **05/20/03** 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: **N/A**

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		1410			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: 02/ 21 / 04 Complete: 02 /24/04

17) Scheduled Dates Demolition/Renovation (MM/DD/YY) Start: 02 / 21 /04 Complete: 02/ 24 /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 tha 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)

02/04/2004
(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