~~AT/AT/CA~~
AMES-3-3-5 Elma
(70)

LYONDELL-CITGO Refining Company Ltd.

12000 Lawndale
P.O. Box 2451
Houston, Texas 77252-2451
(713) 321-4111
Fax (713) 321-4700

RECEIVED
DEC 21 1998
Toxics Enforcement
Section 6EN-AT

DEC 21 1998
Air Enforcement
Section 6EN-AA

RECEIVED
DEC 21 1998
Air Enforcement
Section 6EN-AA

December 16, 1998

Certified Mail Returned
Receipt Requested Z 401 894 633

Deborah Marlow, Coordinator
Asbestos Notification and Information Section
Division of Occupational Health
Texas Department of Health
Asbestos Program Branch
1100 West 49th St.
Austin, TX 78756-3199

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

Dear Ms. Marlow,

LYONDELL-CITGO Refining Co. Ltd. is submitting this notification of an asbestos abatement project on the Phase 1, Switch Gear Building, ARU Unit at the LYONDELL-CITGO Refinery.

Phase 1, Switch Gear Building

Scheduled Dates of Asbestos Abatement

Start Date	January 4, 1999
End Date	January 7, 1999

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
Sr. Industrial Hygienist

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

TEXAS DEPARTMENT OF HEALTH DEMOLITION / RENOVATION NOTIFICATION FORM

NOTE: CIRCLE ITEMS THAT ARE AMENDED **Notification#** _____

1) Abatement Contractor: **Service Environmental Co.** TDH License No.: **80-0446**
Address: **P.O. Box 2355** City: **Beaumont** State: **TX** Zip: **77704-2355**
Office Phone Number: **(409) 838-2282** Job Site Phone Number: _____
Site Supervisor: **J. R. Blake** TDH License Number: 80-3263
Site Supervisor: **Charles Whitmire** TDH License Number: N/A
Trained On-Site NESHAP Individual: **J. R. Blake** Certification Date: **8/25/97**

Demolition Contractor: N/A Office Phone Number: ( )
Address: _____ City: _____ State: ___ Zip:

2) Project Consultant or Operator: **Envirotest, Inc.** TDH License Number: **10-0006**
Mailing address: **3902 Braxton** City: **Houston** State: **TX** Zip: **77063** Office Phone Number: **(713) 782-4101**

3) Facility Owner: **LYONDELL- CITGO Refining Co., Ltd**
Mailing Address: **PO Box 2451**
City: **Houston** State: **TX** Zip: **77252** Owner Phone Number: **(713) 321-4111**

4) Description or Facility Name: **LYONDELL-CITGO Refining Co., Ltd.**
Address: **12000 Lawndale** County: **Harris**
City: **Houston** Zip: **77252** Facility Phone Number: **(713) 321-4263**
Facility Contact Person: **Cordy Sonka**
Description of Area/Room Number: **ARU Phase 1 Swithch Gear Room (roof & AC duct)**

Prior Use: **Switch Gear Room** Future Use: **Switch Gear Room**
Age of Building: 28 Size: 1288 sq. ft. Number of Floors: 1

5) Type of Work: ☐ Demolition ☒ Renovation ☐ Annual O&M
Work will be during: ☒ Day ☐ Evening ☐ Night Weekends only? ☐ YES ☒ NO

6) Is this a Public Building? ☐ YES ☒ NO Federal Facility? ☐ YES ☒ NO
Industrial Site? ☒ YES ☐ NO Is building occupied? ☐ YES ☒ NO

7) Notification Type **CHECK ONLY ONE**
☒ 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 _____
Date and Hour of Emergency (HH/MM/DD/YY) N/A
Description of the sudden, unexpected event: N/A

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, the ACM wet, HEPA vacuumed, properly bagged, proper disposal;PPE, donned; Notify the TDH.

9) Was an Asbestos survey performed? ☒ YES ☐ NO TDH Inspector License No: NA
Survey Date: 12/10/98 Analytical Method: ☒ PLM ☐ TEM TDH Laboratory License No: 30-0005

10) Description of planned demolition or renovation work, type of material, and method(s) to be used:
Removal of designated category 1 non-friable ACM insulation from roof and AC duct using wet methods HEPA vacuum and bagging of material.

For Office Use Only ☐ TAMPA ☐ NESHAP ☐ T ☐ H ☐ L Violation? ☐ YES

11) Description of work practices and engineering controls to be used to prevent emissions of asbestos at th demolition/renovation site: area will be regulated, wet removal; HEPA vacuumed, properly doubled bagged and seale proper disposal, Workers will be fully suited-up.

12) ALL applicable items in the following table must be completed: IF NO ASBESTOS PRESENT CHECK ☐

Asbestos-Containing Material Type	Approximate amount of Asbestos		Check unit of measurement					
	Pipes	Surface Area	Ln Ft	Ln M	SQ Ft	SQ M	Cu Ft	Cu I
RACM to be removed (friable)	**N/A**	**NA**						
RACM NOT removed (friable)	N/A	N/A						
Category I removed (non-friable)	N/A	1648				x		
Category I NOT removed (non-friable)	N/A	N/A						
Category II removed (non-friable)	274	N/A						
Category II NOT removed (non-friable)	N/A	N/A						
RACM Off-Facility Component (friable)	N/A	N/A						

13) Waste Transporter Name: **Browning-Ferris Industries** TDH License No: **40-0199**
Address: **8101 West Little York** City: **Houston** State: **TX** Zip: **77016**
Contact Person: **Boyce Phillips** Phone Number: **(713) 633-5666**

14) Waste Disposal Site Name: **BFI McCarty Road Landfill**
Address: **11013 Old Beaumont Highway** City: **Houston** State: **TX** Zip: **77078**
Telephone: **(713) 675-6101** TNRCC Permit Number: **261A**

15) For structurally unsound facilities, attach a copy of demolition order and identify Governmental Official below:
Name: N/A Registration No: _____
Title: _____
Date of order (MM/DD/YY) __/__/__ Date order to begin (MM/DD/YY) __/__/__

16) Scheduled Dates of Asbestos Abatement (MM/DD/YY) Start: **1/4/99** Complete **1/7/99**

17) Scheduled Dates Demolition/Renovation (MM/DD/YY) Start: **1/4/99** Complete: 1/7/99

Note: If the start date on this notification can not be met, the Asbestos Notification Section must be contacted by phone prior to the start date. Failure to do so is a violation and will result in official action being taken in accordance with 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 th building owner/operator is responsible for all aspects of the notification form, including, but not limiting, content and submission date The maximum penalty is $10,000 per day per violation.

Faheem Kazimi	**Faheem Kazimi**	**16-Dec-98**	**(713) 321-5272**	**(713) 321-6820**
(Signature of Building Owner/ Operator)	(Printed Name)	(Date)	(telephone)	(FAX Number)

MAIL TO:

TEXAS DEPARTMENT OF HEALTH
DIVISION OF OCCUPATIONAL HEALTH
ASBESTOS PROGRAMS BRANCH
1100 WEST 49th STREET
AUSTIN, TX 78756

Faxes are not accepted PH: 512-834-6600, 1-800-572-5548 *Faxes are not accepted*

Form dated 10/10/94. Replaces TDH form dated 04/01/94. For assistance in completing form, call 800-572-5548, in Texas.