[redacted]

NES-3-3-5

RECEIVE

OCT 2 2 2008

Air/Toxics & Inspec
Coordination Bran

RECEIVED

08 OCT 23 AM 10: 38

6EN - H
HAZARDOUS WASTE
ENFORCEMENT BRANCH

HoustonRefining

Houston Refining LP 6EN-A
12000 Lawndale
Houston, TX 77017-2470
P.O. Box 2451 (77252-2451)

October 17, 2008

Certified Mail Returned
Receipt Requested # 7003 2260 0003 2187 5127

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 Demolition / Renovation Notification Form for the abatement of storage tank 138TK0651.

Start Date: October 29, 2008
End Date: November 12, 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,

Nameer Youssef
Sr. Industrial Hygienist

Attachment:

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

HSE Library
Library # 0314-400-600

TEXAS
Department of
State Health Services

RECEIVE
OCT 2 2 2008
Air/Toxics & Inspecti
Coordination Branc

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: **N/A** 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: **LyondellBasell Houston Refining**
☐..... 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: **FLN# 138TK0651**
☐..... Age of Building: **N/A** Size: _____ Number of Floors: ___
☐..... Is this building occupied? ☐ Yes ☒ No
☐..... Prior Use: **Above Ground Storage Tank**
☐..... Future Use: **Above Ground Storage Tank**
☐..... 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: **10/29/08** and End date: **11/12/08**
☐..... Work days: ☒Mon. ☒Tues. ☒Wed. ☒Thurs. ☒Fri. ☒Sat. ☒Sun.
☐..... Working hours: **7:00** ☒ a.m. ☐ p.m. to **6:00** ☐a.m. ☒p.m.

2. Demolition Work Schedule:

☐..... Start date: **N/A/** 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		☐	☐	4,477	☒	☐	
☐ 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: **Contractor will stop work, advise LyondellBasell and follow all procedures for proper abatement.**

☐..... 2. Description of planned demolition or abatement work, type of material, and method(s) to be used: **All work will use an assortment of approved abatement procedures.**

☐..... 3. Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition site: **Total containment with negative air pressure, glove bagging, wet methods, HEPA vacuums, negative pressure air machines, Asbestos will be double bagged in properly marked bags for transporting and disposal,**

PROJECT INFORMATION

☐..... **A. FACILITY OWNER**

Facility Owner Name: **LyondellBasell**
Phone #: **(713) 321-5327**
Attention: **Jeff Scott**
Mailing Address: **12000 Lawndale**
City: **Houston** State: **TX** Zip: **77017**

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

DSHS Asbestos Contractor License #: **804769**
Contractor Name: **UHP Projects, Inc.**
Address: **4811 Mercantile Drive**
City: **Newport News** State: **VA** Zip: **23607**
Office Phone #: **(757) 928-1890** Job-Site Phone #: **(225) 445-3607**

☐..... **C. ASBESTOS ABATEMENT CONTRACTOR #2** (*Only if there is more than one Contractor*)

DSHS Asbestos Contractor License #: **N/A**
Contractor Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Office Phone #: ( ) - _____ Job-Site Phone #: ( ) - _____

D. ASBESTOS SUPERVISOR

☐..... DSHS Supervisor License #: **804769** Site Supervisor: **Tim Holeman**
☐..... DSHS Supervisor License #: _____ Site Supervisor: _____

(x)
Below if
Amended

E. NESHAP TRAINED INDIVIDUAL

☐..... NESHAP Trained Individual: **N/A**
Certification Date: __/__/__

☐.....**F. DEMOLITION CONTRACTOR**
Demolition Contractor: **N/A**
Address: _____
City: _____ State: _____ Zip: _____ Phone #: (___) ___-____

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

☐..... **H. Waste Transporter**
DSHS Waste Transporter License #: **15701**
Waste Transporter: **Allied Waste**
Address: **2601 South Jenkins Rd.**
City: **Anahauc** State: **TX** Zip: **77514**
Contact Person: **Bob Savage**Phone #: **(713) 671-1560**

☐.....**I. Waste Disposal Site**
TCEQ Permit #: **980864078**
Waste Disposal Site: **Allied Waste**
Address: **2601 South Jenkins Rd.**
City: **Anahauc** 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: **10/17/08**
(Signature of Owner, Operator or Delegated Agent)

Nameer Youssef Sr. Industrial Hygienist
(Printed Name & Title)

E-mail Address: **nameer.youssef@lyondellbasell.com** Phone #: **(713) 321-5694**

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

A1/A1/Co

~~H0048-37010~~
NES-3-3-5

HoustonRefining

RECEIVE
OCT 3 1 2008
Air/Toxics & Inspection
Coordination Branch
8EN-A

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

Rec'd
11/04/08

October 29, 2008

Certified Mail Returned
Receipt Requested # 7003 2260 0003 2187 5165

Environmental Health Notifications Group
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 Sirs:

Houston Refining LP is submitting this amended Demolition / Renovation Notification Form for the abatement of the 138TK0651

Start Date: November 5, 2008
End Date: November 19, 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
0313-400-600

RECEIVE
OCT 3 1 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: **N/A** 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: **LyondellBasell Houston Refining**
☐..... 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: **FLN# 138TK0651**
☐..... Age of Building: **N/A** Size: _____ Number of Floors: ___
☐..... Is this building occupied? ☐ Yes ☒ No
☐..... Prior Use: **Above Ground Storage Tank**
☐..... Future Use: **Above Ground Storage Tank**
☐..... 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: **11/05/08** and End date: **11/19/08**
☐..... Work days: ☒Mon. ☒Tues. ☒Wed. ☒Thurs. ☒Fri. ☒Sat. ☒Sun.
☐..... Working hours: **7:00** ☒ a.m. ☐ p.m. to **6:00** ☐a.m. ☒p.m.

2. Demolition Work Schedule:

☐..... Start date: **N/A/**__ 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)*

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☐ Exterior Category II non-friable removed		☐	☐		☐	☐	
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PROJECT INFORMATION

☐..... **A. FACILITY OWNER**
Facility Owner Name: **LyondellBasell**
Phone #: **(713) 321-5327**
Attention: **Jeff Scott**
Mailing Address: **12000 Lawndale**
City: **Houston** State: **TX** Zip: **77017**

☐..... **B. ASBESTOS ABATEMENT CONTRACTOR #1**
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Contractor Name: **UHP Projects, Inc.**
Address: **4811 Mercantile Drive**
City: **Newport News** State: **VA** Zip: **23607**
Office Phone #: **(757) 928-1890** Job-Site Phone #: **(225) 445-3607**

☐..... **C. ASBESTOS ABATEMENT CONTRACTOR #2 (*Only if there is more than one Contractor*)**
DSHS Asbestos Contractor License #: **N/A**
Contractor Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Office Phone #: ( ) - Job-Site Phone #: ( ) -

D. ASBESTOS SUPERVISOR
☐..... DSHS Supervisor License #: **804769** Site Supervisor: **Tim Holeman**
☐..... DSHS Supervisor License #: _____ Site Supervisor: _____

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

☐..... NESHAP Trained Individual: **N/A**
Certification Date: __/__/__

☐..... **F. DEMOLITION CONTRACTOR**
Demolition Contractor: **N/A**
Address: _____
City: _____ State: _____ Zip: _____ Phone #: (__) __-____

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

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Contact Person: **Bob Savage**Phone #: **(713) 671-1560**

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City: **Anahauc** 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: **10/28/08**
(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:
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MAIL FORM TO: ENVIRONMENTAL HEALTH NOTIFICATIONS GROUP
TEXAS DEPARTMENT OF STATE HEALTH SERVICES
PO BOX 143538
AUSTIN, TX 78714-3538

Confirmation Report — Memory Send

Date & Time: Oct-29-2008 09:17
Tel line : 713-321-6820
Machine ID : HOU REF HSE

Job number	:	851
Date & Time	:	Oct-29 09:14
To	:	97137673299
Number of pages	:	007
Start time	:	Oct-29 09:14
End time	:	Oct-29 09:17
Pages sent	:	007
Status	:	OK

Job number : 851 *** SEND SUCCESSFUL ***

HoustonRefining

FAX COVER SHEET

DATE: 10/29/08
TO: Region VI Inspector
COMPANY: TXDSHS
FAX NUMBER: 713-767-3299

Number of Pages: 7 (Including cover page)

FROM: Jeff Scott
PHONE NUMBER: 713-321-5327
FAX NUMBER: 713-321-6820

COMMENTS:

Provided is an amendment to a previously submitted notification. Please contact me should you have questions. Thanks.