11001892 7210.

NES 3-3-5

HoustonRefining

RECEIVE

MAY 13 2008

Air/Toxics & Inspection
Coordination Branch
6EN-A

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

May 5, 2008
Certified Mail Returned
Receipt Requested # 7003 2260 0003 2187 2287

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 Asbestos Demolition / Renovation Notification Form for the abatement of several heat exchangers in Unit 233.

Start Date: May 19, 2008
End Date: June 7, 2008

If you have any questions or require further information, you may contact me at (713) 321-5694. Please send all written correspondence to me at the above listed address.

Sincerely,

Duane O. Campbell
Health & Safety Team Leader

Attachment:

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

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:___/___/___

RECEIVED
MAY 13 2008
Air/Toxics & Inspection Coordination Branch

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: **Haris** City: **Houston** Zip: **77017**
☐..... Facility Contact: **Greg Carrigan** Phone #: **(713) 321-4249**

2. Type of Facility ***(Select one)***
☐ Public ☐ Federal ☒ Industrial/Manufacturing ☐ NESHAP-Only ☐ Public School K-12

3. Facility Details

☐..... Description of Area/Room Number: **Unit 233**
☐..... Age of Building: **N/A** Size: **N/A** Number of Floors: **01**
☐..... Is this building occupied? ☐ Yes ☒ No
☐..... Prior Use: **Heat Exchangers and associated piping**
☐..... Future Use: **Same**
☐..... Date of Asbestos Survey/NESHAP Inspection: **04/07/08**
☐..... DSHS Inspector License #: **602723**
☐..... Analytical Method: ☒ PLM ☐ TEM ☐ Assumed Asbestos ☐ No Suspect Material
☐..... DSHS Laboratory License #: **30-0075**

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: **05/19/08** and End date: **06/07/08**
☐..... Work days: ☒Mon. ☒Tues. ☒Wed. ☒Thurs. ☒Fri. ☒Sat. ☒Sun.
☐..... Working hours: **0600** ☒ a.m. ☐ p.m. to **1800** ☐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	150	☒	☐	450	☒	☐	
☐ 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: **Work will be stopped immediately. The area will be barricaded. All debris will be cleaned up using wet methods and hand tools. Debris will be double-bagged and placed in an appropriate dumpster.**

☐..... 2. Description of planned demolition or abatement work, type of material, and method(s) to be used: _____
Most of the ACM will be placed in a negative pressure.enclosure. Wet methods and hand tools will be used for removal. 70 LF of pipe insulation will be glovebagged.

☐..... 3. Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition site:
Wet methods with a double layer of 6 mil poly negative air enclosure using negative air machines to ensure continued negative pressure. Air sampling inside and outside the containment will be done during the abatement project.

PROJECT INFORMATION

☐..... **A. FACILITY OWNER**
Facility Owner Name: **lyondellbasell Industries**
Phone #: **(713) 321-4249**
Attention: **Greg Carrigan**
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: **2022 Humble Place Dr.**
City: **Humble** State: **TX** Zip: **77338**
Office Phone #: **(281) 319-4275** Job-Site Phone #: **(281) 319-4275**

☐..... **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 #: **N/A** Site Supervisor: _____
☐..... DSHS Supervisor License #: **N/A** Site Supervisor: _____

(x)
Below if
Amended

E. NESHAP TRAINED INDIVIDUAL

☐..... NESHAP Trained Individual: **Joe Garcia**
Certification Date: **07/02/08**

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

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

☐..... **H. Waste Transporter**
DSHS Waste Transporter License #: **39039**
Waste Transporter: **Allied Waste**
Address: **2601 South Jenkins Rd.**
City: **Anahuac** State: **TX** Zip: **77514**
Contact Person: **Bob Selvage** Phone #: **(409) 267-6666**

☐..... **I. Waste Disposal Site**
TCEQ Permit #: **39039**
Waste Disposal Site: **Allied Waste**
Address: **2601 South Jenkins Rd.**
City: **Anahuac** 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.

Greg G. Carrigan Date: **05/05/08**
(Signature of Owner, Operator or Delegated Agent)

Greg Carrigan, HSE Specialist
(Printed Name & Title)

E-mail Address: **greg.carrigan@lyondellbasell.com** Phone #: **(713) 321-4249**

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

NES-3-3-5
V.10

HoustonRefining

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

June 22, 2009

7/1/09
AW

Certified Mail Returned
Receipt Requested # 7002 2030 0004 7982 5632

ENVIRONMENTAL HEALTH NOTIFICATIONS GROUP
TEXAS DEPARTMENT OF STATE OF HEALTH SERVICES
PO BOX 143538
AUSTIN, TX 78714-9598

Re: 2009 Asbestos Removal O&M Notification
TNRCC Account ID No. HG-0048-L

Dear DSHS:

Houston Refining LP is submitting the amended annual notification of estimated small scale asbestos notification projects at the Houston Refinery for the calendar year of 2009.

This facility will be using Brock Specialty Services, Ltd. to perform this work.

The ACM will be disposed of at BFI McCarty Road Landfill, 11013 Old Beaumont Hwy, Houston, Texas.

Please refer to the attached notification form for complete details.

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

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. 1 ☐ **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 #: N/A and name of the Regional or EHNG representative with whom you spoke?
_____ Date: ___/___/___ Time: _____ ☐a.m. ☐p.m.
•Describe the reason for emergency: N/A

☐ **ORDERED:** ***(For structurally unsound facilities, attach copy of demolition order and identify Governmental Official)***
Name: N/A Registration No. _____
Title: N/A
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: OIL REFINERY PROCESS UNITS
☐..... Age of Building: 61YRS Size: N/A Number of Floors: N/A
☐..... Is this building occupied? ☒ Yes ☐ No
☐..... Prior Use: REFINERY PROCESS UNITS
☐..... Future Use: SAME
☐..... Date of Asbestos Survey/NESHAP Inspection: N/A ___/___/___
☐..... DSHS Inspector License No.: 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: 01/01/09 and End date: 12/31/09
☐..... Work days: ☒Mon. ☒Tues. ☒Wed. ☒Thurs. ☒Fri. ☒Sat. ☒Sun.
☐..... Working hours: 7:00 ☒ a.m. ☐ p.m. to 5:30 ☐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		Ln Ft	Ln M	SQ Ft	SQ M	Cu Ft	Cu M
Only mark the boxes below on this chart if they are being amended	**Pipes**	**Surface Area**						
☒ **RACM to be removed**	**3200**	**5000**	**XX**		**XX**			
☐ **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 TDSHS.**

☐..... 2. Description of planned demolition or abatement work, type of material, and method(s) to be used: **REMOVE ACM FROM EQUIPMENT AND PIPING USING WET METHODS, NEGATIVE CONTAINMENTS AND/OR GLOVEBAGS.**

☐..... 3. Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition site: **AREA WILL BE REGULATED AND ACM PROPERLY DOUBLE BAGGED AND SEALED AND PROPERLY DISPOSED OF. WORKERS SHALL UTILIZE REQUIRED PPE.**

PROJECT INFORMATION

☐..... **A. FACILITY OWNER**

Facility Owner Name: **HOUSTON REFINING, LP**
Phone #: (713) **321-4111**
Attention: **JEFF SCOTT**
Mailing Address: **PO BOX 2451**
City: **HOUSTON** State: **TX** Zip: **77252**

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

DSHS Asbestos Contractor License #: **80-0734**
Contractor Name: **BROCK SPECIALTY SERVICES, LTD.**
Address: **PO BOX 306**
City: **BEAUMONT** State: **TX** Zip: **77704**
Office Phone #: (409) **833-6226** Job-Site Phone #: (713) **321-4583**

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

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

D. ASBESTOS SUPERVISOR

☐..... DSHS Supervisor License #: **803677** Site Supervisor: **MARIO MONREAL**
☐..... DSHS Supervisor License #: **N/A** Site Supervisor: **STEVE JONES**

Below if Amended **E. NESHAP TRAINED INDIVIDUAL**

☐..... NESHAP Trained Individual: MARIO MONREAL
Certification Date: 01 /29 /08

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

☐.....**G. PROJECT CONSULTANT OR OPERATOR**
DSHS License No.: 10-0083
Project Consultant or Operator: CAM ENVIRONMENTAL
Address: 312 SOUTH RICHEY
City: HOUSTON State: TX Zip: 77253 Phone #: (713) 475-9003

☐..... **H. Waste Transporter**
DSHS Waste Transporter License #: 40-0278
Waste Transporter: BFI WASTE SERVICES OF TEXAS, LP
Address: 5301 BROOK GLEN DRIVE
City: HOUSTON State: TX Zip: 77017
Contact Person: RICHARD NEEDHAM Phone #: (713) 948-7600 EXT. 409

☐.....**I. Waste Disposal Site**
TCEQ Permit #: 261A
Waste Disposal Site: BFI McCarty ROAD LANDFILL
Address: 11013 OLD BEAUMONT HWY.
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.

Mark Sasek Date: 6 / 22 / 09
(Signature of Owner, Operator or Delegated Agent)

MARK SASEK MANAGER, HEALTH & SAFETY
(Printed Name & Title)

E-mail Address: mark.sasek@lyondellbasell.com Phone # :(713) 321-3050

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